

(The Agency) TREATMENT FOSTER CARE

Purpose: To promote the health, safety and welfare of children and adolescents in need of mental health services through treatment foster care placement.

(The Agency) Treatment Foster Care Services

7.20.11.29 A (The Agency) provides Treatment Foster Care Services, Level I and II, specifically designed to accommodate the needs of psychologically or emotionally disturbed and/or behaviorally disordered clients. Eligible clients are those who are at risk for failure or have failed in regular foster homes, are unable to live with their own families, or are going through a transitional period from residential care as part of the process of return to family and community.

(1) (The Agency) provides Treatment Foster Care Services, Level I and II, targeted to children who meet the following criteria:

- (a) Are at risk for placement in a higher level of care or are returning from a higher level of care and are appropriate for a lower level of care; or
- (b) Have complex and difficult psychiatric, psychological, neurobiological, behavioral, psychosocial problems; and
- (c) Require, and would optimally benefit from, the Behavioral Health Services and supervision provided in a treatment foster home setting.

(2) (The Agency) provides Treatment Foster Care Services Level II (TFC II) services targeted to children who, besides, meeting the criteria in 7.20.11.29A (1) a-c, also meet one of the following criteria:

- (a) Have successfully completed Treatment Foster Care Services Level I (TFC I), as indicated by the treatment team; or
- (b) Require the initiation or continuity of the treatment and support of the treatment foster family to secure or maintain therapeutic gains; or
- (c) Require this treatment modality as an appropriate entry-level service from which the client will optimally benefit.

(3) Treatment Foster Care Services, Level I or Level II, may change treatment foster homes only under the following circumstances:

- (a) An effort is being made to reunite siblings; or
- (b) A change of treatment foster home is clinically indicated, as documented in the client's record by the treatment team.

Personnel Qualifications and Responsibilities:

7.20.11.29 B All staff of (The Agency) will be subject to a criminal records check and clearance. See general provisions for all programs 7.20.11.15. In addition, a full and complete employment history will be completed. (The Agency) will verify employment for all staff including names, addresses, and telephone numbers of employers, immediate supervisors as well as dates of and explanations for any period(s) of unemployment for a minimum of three years immediately prior to hire

(The Agency) clinical positions meet the following requirements to fulfill the responsibility of their job description:

(1) Treatment Coordinator qualifications: The treatment coordinator possesses one of the following: a master's degree from an accredited program in social work or another human-services field; or a bachelor's degree in social work or another related human-service field and two years experience with this population.

(2) Treatment Coordinator responsibilities are:

- (a) Treatment planning: Under supervision, and in coordination with the rest of the treatment team, the treatment coordinator:
 - (i) Prepares the initial and comprehensive treatment plans in accordance with the timelines established in these Certification Requirements;
 - (ii) Coordinates the implementation of the treatment plan;

(iii) Monitors the client and his/her situation for events related to the treatment plan or otherwise significant to provision of treatment;

(iv) Documents revisions to the treatment plan;

(v) Assures that all members of the treatment team, including the client as clinically indicated, participate in the treatment planning process, as documented by the signatures of treatment team members on the treatment planning documents; and

(vi) Involves the client's parents or legal guardians in treatment team meetings and in all plans and decisions affecting the client and keeps them informed of the client's progress in the program unless prohibited by the court or otherwise contraindicated according to documentation in the client's record.

(b) Contact with client: The treatment coordinator has a private face-to-face visit with the client within the first two weeks of placement, and at least twice monthly thereafter for TFC I clients and once monthly for TFC II clients. These contacts are conducted both in-home and out-of-home.

(c) Contact with Treatment Foster Parent(s): The treatment coordinator has a face-to-face interview with the client's treatment foster parents within the first two weeks of placement and at least twice monthly thereafter TFC I clients and once monthly for TFC II clients. The treatment coordinator has a minimum of one phone contact with the treatment foster parent(s) weekly. Phone contact is not necessary in the same week that face-to-face contact has been made.

(d) All contacts are documented in the client's record and include a summary related to the treatment plan, significant events and the communications between treatment coordinator, client, treatment parent(s) and the biological/adoptive family. All documentation includes the date, time, location of the contact, and names of persons present.

(e) Support of the client's relationship with his or her biological/adoptive family: The treatment coordinator supports and enhances the client's relationship with his or her family to the extent determined by the treatment team. The treatment team reviews any restrictions at the time of the writing of the comprehensive treatment plan or at the time the restriction is imposed. The treatment coordinator documents in the client's case record the reason(s) for any restriction, and the treatment team's involvement. Thereafter, the restriction is reviewed at least every 30 days and documented in the treatment plan review.

(f) Assistance to Treatment Foster Parents: The treatment coordinator assists the treatment foster parents in the implementation and development of treatment strategies, including goal-setting and planned interventions. This assistance is done through the following:

- (i) The provision of ongoing client-specific training and problem solving;
- (ii) Facilitation of professional development training for the treatment foster parents as described in Section 29.B (10) of these Certification Requirements;
- (iii) Observation/assessment of family interactions;
- (iv) Assessment of safety issues involving the client(s) in the home.

(g) Community Liaison and Advocacy: Based upon an assessment of the client's and biological/adaptive family's needs, the treatment coordinator advocates for and coordinates the provision of community-based services, as related to identified goals, and provides technical assistance to community providers as needed to maximize the utilization of services by the client and family.

(h) A treatment coordinator is physically available within 60 minutes of a treatment foster home so that quality of care, appropriate supervision and timely responsiveness to the treatment foster family are possible.

(3) (The Agency) Clinical Supervisor Qualifications are: An individual providing supervision to the treatment coordinator possesses one of the following New Mexico licenses: Physician (Physicians must be Board-certified in Psychiatry or eligible to attain such certification), Psychologist, Registered Nurse (RN) with a masters degree in Psychiatric Nursing, Clinical Nurse Specialist in a related field, Licensed Independent Social Worker (LISW), licensed Professional Clinical Mental Health Counselor (LPCC), Licensed Marriage and Family Therapist (LMFT) or other Licensed Independent Practitioner in a related field. In addition to having one of the above licenses, the clinical supervisor is required to have a minimum of three years experience in clinical practice with children, adolescents and families.

(4) It is the responsibility of the clinical supervisor is to provide support, consultation and oversight to the treatment coordinator(s) and therapist(s) through a minimum of four hours of supervision each month.

(a) The clinical supervisor is responsible for supervising ongoing treatment planning and implementation of the treatment plan for each client. The clinical supervisor evaluates progress in treatment and signs the treatment plan documents.

(b) The clinical supervisor provides coordination and back up coverage allowing for 24-hour on-call crisis intervention services for treatment parents, clients and their families.

(c) The clinical supervisor monitors the caseload of each treatment coordinator, and monitors each treatment coordinator in fulfilling his/her responsibilities. The maximum number of Treatment Foster Care Services client(s) that maybe assigned to a single treatment coordinator shall not exceed eight. Caseloads are reduced based on case complexity, travel times and non-direct service times. The actual number of clients in a single caseload is based upon the ability of the treatment coordinator and/or agency to meet all applicable regulations as well as on the following considerations:

(i) The difficulty of the total client caseload; including the amount of time needed for support of, contact with, and assistance to the treatment foster parent(s) based on the complexity of client needs;

(ii) The availability of paraprofessional support and assistance;

(iii) The skills and abilities of the treatment foster parent(s);

(iv) geographical areas to be served; and

(v) Additional duties assigned to the treatment coordinator.

(5) (The Agency) Therapist Qualifications are as follows: Therapists providing individual, family, and/or group therapy meet either the necessary licensing qualifications as listed for clinical supervisor or possess one of the following New Mexico licenses: Licensed Master Social Worker (LMSW), Licensed Professional Mental Health Counselor (LPC), Licensed Art Therapist (LAT) or Licensed Mental Health Counselor (LMHC).

(6) Responsibilities of the therapist include: Individual, family and/or group psychotherapy to clients as described in the treatment plan. The therapist documents all therapeutic contacts in the client's record. Therapy notes will be kept current and submitted to the treatment coordinator for inclusion in the client's record within one week of the session date. The therapist is an active treatment team member and participates fully in the treatment planning process.

(7)(The Agency) Supervision/Consultation is conducted in this manner: An independently licensed therapist consults with the supervisor for a minimum of two times per month. A non-independently licensed therapist receives supervision from the supervisor at a minimum of two times per month. All consultation/supervision is documented with the date, time, duration, and topics discussed.

(8) Staff Training: (The Agency) staff will be trained per the standards and in the noted time period.

(a) Therapists, treatment coordinators, and other professional staff participate in knowledge/skill based pre-service training relevant to the services provided including:

(i) Child and adolescent development;

(ii) Prevention and de-escalation of aggressive behavior and the use of therapeutic holds;

(iii) Crisis management, and intervention;

(iv) Grief and loss issues for client(s) in foster care;

(v) Cultural competence and knowledge of the means for obtaining and providing culturally responsive services;

(vi) Specific agency policies and procedures including documentation;

(vii) Recognition of abuse/neglect symptoms and State abuse/neglect/exploitation reporting requirements;

(viii) Actions and potential side-effects of medications;

(ix) Certification in emergency first aid and CPR; and

(x) Behavior management.

(b) Professional staff who can provide verifiable documentation of previous training in one or more of the above areas are not required to repeat the training if the staff and the clinical supervisor agree in writing as to which specific training is equivalent and therefore not required. This exception does not apply to training regarding an agency's policies and procedures.

(c) All professional staff attends annual, ongoing professional development/ training relevant to the agency's treatment foster care model and to their individual job responsibilities.

(9) Treatment Parent Qualifications/Requirements are: Prior to hiring or contracting with prospective Treatment Foster Parents, (The Agency) documents that each prospective treatment foster parent, including those who provide therapeutic leave, meets and conforms to the Certification Requirements set forth in 8.27.3 NMAC (Licensing Requirements for Treatment Foster Care Services), as well as the following qualifications and requirements:

(a) Hold a current and valid license as treatment foster parent issued by an agency licensed by the Department as a child placement agency. No home can be licensed for Treatment Foster Care Services until any previous foster care license is surrendered to the issuing agency;

(b) Have signed a release of information that permits the Department to share with the Treatment Foster Care Services agency a summary of any substantiated complaints involving abuse/neglect pertaining to the prospective treatment foster family;

(c) Have signed a release to allow the agency to read prior foster home and prior treatment foster home records that exist through any previous foster home licensure or certification;

(d) Understand the placement in Treatment Foster Care Services as temporary, except when adoption by the treatment foster parents has become the permanency plan;

(e) Have access to reliable transportation, and when driving a car have a valid New Mexico driver's license and liability insurance;

(f) Have read, expressed understanding of, and agreed in writing to fulfill the requirements and responsibilities of a treatment foster parent.

(g) Prior to hiring or contracting with prospective treatment foster parent(s), (The Agency) documents that it has requested and reviewed the prospective parent(s)' substantiated reports of abuse/neglect, if any, and previous foster-parent records, if any, and determined that such history does not disqualify the prospective parent(s) from becoming treatment foster parent(s). The agency will inquire about any previous Treatment Foster Care Services or regular foster care experience applicant families may have had.

(10)(The Agency) Treatment Foster Parent Training: training of treatment foster parents is systematic, planned, documented and may include modalities other than didactic instruction. Training is consistent with the program's treatment philosophy and methods and equips treatment foster parents with the skills to carry out their responsibilities as agents of the treatment process. Prospective treatment foster parents are provided with a written list of duties clearly detailing their responsibilities prior to their approval by the program. The written professional development plan is placed in the treatment foster parent(s) record.

(a) All treatment foster parents receive 40 hours of training, at least 30 hours of which are completed prior to placement of client(s). Any remaining hours are completed within two months of first placement. The training, at a minimum, includes:

(i) First aid and CPR training, provided by a certified instructor before receiving a client for placement;

(ii) Child and adolescent development;

(iii) Behavioral management;

(iv) Prevention and de-escalation of aggressive behavior and the use of therapeutic holds;

(v) Crisis management/intervention;

(vi) Grief and loss issues for client(s) in foster care;

(vii) Cultural competence and culturally responsive services;

(viii) Specific agency policies and procedures including documentation,

(ix) Recognition of abuse/neglect symptoms, and State abuse/neglect/exploitation reporting requirements;

(x) Side-effects of psychotropic medication; and

(xi) Role of treatment foster parent in treatment planning.

(b) Treatment foster parents who can provide verifiable documentation of previous training in one or more of the above areas are not required to repeat the training if the staff and the clinical supervisor agree in writing which specific training is equivalent and therefore not required. This exception does not apply to training regarding an agency's policies and procedures.

(c) Twenty-four hours of in-service training is required annually after receiving a client for placement. The 24 hours may include:

(i) Up to four hours of video when supplemented by discussion in a classroom or clinical training setting.

(ii) Up to four hours of supplemental reading may be part of the 24-hour annual in-service training when supplemented by discussion in a classroom or clinical training setting.

(11) (The Agency) Treatment Foster Parent Responsibilities: The treatment foster parents work with the treatment team and with agency supervision to develop and implement the treatment plan. Treatment foster parents provide front-line treatment interventions. The family living experience is the basic service to which individualized treatment interventions are added. Treatment foster parents are responsible for meeting the client's basic needs, and providing daily care and supervision. In addition to their basic foster parenting responsibilities, treatment foster parents perform the following tasks and functions:

(a) Treatment Planning: Treatment foster parents actively participate in the treatment planning process and implement specified provisions of the treatment plan.

(b) Treatment foster parents work with the treatment team to maximize the likelihood that all services are provided in a culturally competent and culturally proficient manner.

(c) Contact with the Client's Family: Unless contraindicated in the client's treatment plan, or by court order, treatment foster parents assist the client in maintaining contact with his or her family, and actively work to support and enhance those relationships. When reunification with the client's family is planned, the treatment foster parents work in conjunction with the treatment team toward the accomplishment of the reunification objectives outlined in the treatment plan.

(d) Permanency Planning Assistance: The treatment foster parents assist with efforts specified in the treatment plan to meet the client's permanency planning goal(s).

(e) Record Keeping: The treatment foster parents systematically record information and document client behaviors/activities and significant events related to the treatment plan. Documentation occurs on a weekly basis at a minimum, and more often in response to the occurrence of significant events. Daily logging is preferable.

(f) Agency Contact: The treatment foster parents keep the agency informed of the occurrence of significant events. Daily logging is preferable.

(g) Confidentiality: Treatment foster parents maintain agency standards of confidentiality.

(h) Incident Reporting: Treatment foster parents report all serious incidents to the agency, consistent with agency policy and Certification Requirements.

(i) Availability: At least one treatment foster parent is readily accessible at all times and is able to be physically present, if necessary, to meet the client's emotional and behavioral needs; e.g., a treatment foster parent responds if the school requires immediate parental attention. A single treatment foster parent may not schedule work hours when a client is normally at home.

(j) Care and Supervision: Treatment foster parents ensure that proper and adequate supervision is provided at all times. Guardians ad litem, court-appointed special advocates, and CYFD employees may meet privately with clients as necessary. Clients are not left in the care or unsupervised presence of friends, relatives, neighbors, or others who have not received both criminal records clearance and training. Treatment teams determine that all out-of-home activities are appropriate for the client's level of need, including the need for supervision.

(k) Community-based Resources: The treatment foster parents work with all appropriate and available community-based resources to secure services for and/or advocate for the client(s).

Assessment, Pre-Placement, and Placement:

7.20.11.29 C Prior to placement of any treatment foster care client in any home, including therapeutic leave or interim placement, the agency will determine that the placement is therapeutically appropriate. The placement process includes documented consideration of the home and all residents.

(1) The comprehensive assessment includes face-to-face interviews with the client; with the-client's biological or adoptive family whenever possible and when not contraindicated; and contact with any previous care providers. The comprehensive assessment meets the following requirements, in addition to those listed in the general provisions:

(a) The client's and his/her family's priorities and concerns, as appropriate, are documented; and

(b) If the client is in Department custody, (The Agency) requests information from the client's social worker, including the permanency plan, collateral assessment(s), and any known or suspected history of abuse/neglect.

(2) Placement does not occur until after a comprehensive assessment of how the prospective treatment foster family can meet the client's needs and preferences, and a documented determination by (The Agency) that the prospective placement is a reasonable "match" for the client.

(3) A documented match assessment includes, but is not limited to:

- (a) The identified needs of the client;
- (b) The strengths of the treatment foster parents to implement the client's specific services and treatment plan;
- (c) Composition of the treatment foster family; including the name, age, and gender of each person residing in the home or visiting on a regular basis;
- (d) Treatment foster parents' specific knowledge, skills, abilities and attitudes as related to the specific needs of each client including high risk behaviors or the potential for such;
- (e) Treatment foster family's ability to speak the primary language of the client;
- (f) Treatment foster family's willingness and ability to work with the client's family;
- (g) Proximity of the treatment foster parent to the client's family, friends and school. If the client is placed more than an hour's driving time from the family, the justification is documented in the client's record;
- (h) Client and client's family's (if applicable) preference for placement;
- (i) Availability of, and access to, community resources required to meet the client's needs; and;
- (j) A summary/rationale of the client's placement in the particular treatment foster home chosen. The clinical rationale includes consideration of all residents of the home, including anticipated effects of the placement on all clients present and potential health and safety risks, and is documented in each client record prior to the placement.

(4) Pre-Placement Process : (The Agency) will ensure the following process proceeds placement.

(a) Prior to placement, the client's family of origin meets with his or her child's prospective treatment foster parent(s) unless clinically contraindicated, prohibited by court order, or prevented by refusal or unavailability. If a pre-placement meeting does not occur, the reasons are documented in the client's record.

(b) Following completion of the match assessment, the client visits with the treatment foster family for a full 72 hours. The dates and times of the visit are documented in the client's record. At the end of the 72 hours, the treatment coordinator documents an assessment of the visit and the therapeutic appropriateness of the match, including the client's reaction and the treatment foster parent(s) response. When it is clinically indicated, the client may remain in the placement at the end of the 72-hour visitation, provided that the clinically based reasons are documented in the client's record.

(c) All information that the Treatment Foster Care Services agency receives concerning a client waiting for placement is explained to the prospective treatment foster family prior to placement. Prospective treatment foster parents are responsible for maintaining agency standards of confidentiality regarding such information.

(d) For all clients in the custody of the Department, the Treatment Foster Care Services agency shares the home study of a prospective licensed treatment foster family with the client's Department social worker and invites the social worker to meetings in which the prospective placement is discussed.

(e) The treatment foster parent(s) can refuse placement of any treatment foster client whom they consider inappropriate for the home or to protect the safety of any children currently in the home.

(f) Treatment home composition and capacity, including capacity for therapeutic leave: Prior to any placement, the agency determines that the match is consistent with the following limits:

(i) A Treatment Foster family is eligible to care for Level I and Level II treatment foster clients, non-treatment siblings of treatment clients, and/or children who were previously treatment

foster clients in the same home, but are no longer qualified for TFC. Non-treatment regular foster or shelter care children may be temporarily placed in the home for therapeutic leave or shelter care for up to 30 days, after the agency assesses and documents that such a temporary placement will not compromise the treatment of any current client. Regular foster care children who were in the home previously or foster children who are siblings or children of treatment foster clients currently in the treatment foster home may be placed without the 30 day limit pertaining to therapeutic leave or shelter care clients. Arrangements pertaining to placement of regular foster children are made with the Department social worker.

(ii) The total number of children in a Treatment Foster Care Services home, including-treatment foster care clients, therapeutic leave children, and any other children, may not exceed six, except in rare circumstances such as placing sibling groups together. Such exceptions are approved in advance by the treatment teams, guardians of all children, and by the agency's clinical director. The clinical rationale for the exception is documented in each client's record.

(iii) The total number of treatment foster clients placed in a two-parent treatment foster care home is limited to three. At no time may more than two TFC I children be placed in the same home, except when they are siblings. In the case of multiple treatment foster care children placements, at least one treatment foster care parent will not be employed outside the home.

(iv) The total number of treatment foster care clients placed in a single-parent treatment foster care home cannot exceed two. No more than one Level I treatment foster care client may be placed in a single-parent treatment foster care home, unless both are siblings.

(g) The agency obtains written agreement of the treatment team, including Guardians ad Litem (GALs), and legal guardians, for all placements.

(h) A client with a history of more than one incident of substantiated sexual aggression may not be placed in a home with any other client, including client(s) temporarily present for therapeutic leave or shelter purposes, without prior written approval by the treatment teams of all treatment clients in the home. In the case of non-treatment minors, written permission must be obtained from the legal guardian(s) prior to such placement. The rationale for such placement will distinguish the sexually reactive from the sexually aggressive client. The sexually reactive child may have presented with a history of symptoms such as public masturbation, sex play and/or developmentally incongruent preoccupation with sexual matters or topics. This behavior by itself should not present a barrier to the placement of other children. The sexually aggressive child has had more than one incident of using force or intimidation to make another child comply with a sexual activity. The treatment team is responsible for evaluating all collateral information, evaluating any high risk behaviors or the potential for such, regardless of when it occurred or when an evaluation was performed, and the severity of the force or intimidation, regardless of how recently it occurred, prior to placing the child in a home where there are other children.

(i) (The Agency) trains the treatment foster family in cultural and physical care issues related to the client's race and culture prior to the client's placement.

(5) Therapeutic Leave: (Agency policy and practice) provide for treatment foster parent(s)' access to therapeutic leave, both planned and crisis-based.

(a) Treatment foster parents providing therapeutic leave placements are licensed and trained by (The Agency), are given a copy of the client's treatment plan, and are supervised by the treatment coordinator in the implementation of the in-home strategies.

(b) Therapeutic leave placements may be provided by a licensed and appropriately trained treatment foster family from another licensed and certified Treatment Foster Care Services agency, provided that the (placing agency) ensures the client's treatment plan is implemented appropriately.

(c) It is the (Treatment Foster Care Services agency's) responsibility to determine that treatment foster parents into whose home a therapeutic leave client has been placed are sufficiently skilled to work with the mix of treatment clients in their home, and document this determination in their records prior to placement.

(d) If a (Treatment Foster Care Services agency) cannot secure a trained and licensed treatment foster care family to provide therapeutic leave for a client, (The Agency) may place the client in a licensed Residential Treatment Services or licensed Group Home Services, if clinically appropriate and documented, for a period not to exceed seven days. The Residential Treatment Services or Group Home Services program must adhere to the client's treatment plan and document the services provided and the client's behavior, consistent with these Certification Requirements for treatment foster parent documentation.

(e) Therapeutic leave placements comply with all Certification Requirements stated herein, including capacity limits. (The Agency) documents assessment of treatment home/family composition, physical and sexual safety issues, and language(s) spoken, prior to therapeutic leave placement.

Service Planning and Provision:

7.20.1129 D (1) (The Agency) provides Treatment Foster Care Services, as described in these Certification Requirements. Services are furnished either through agency staff or contracted persons.

(2) (The Agency) staff provides intensive support, technical assistance, and supervision of all treatment foster parents.

(3) (The Agency) provides clinically appropriate therapy services to the client, and involves the treatment foster parents and the client's family to achieve the goals of the treatment plan. Each treatment client receives regularly scheduled therapy, including family therapy, as clinically indicated and specified in the client's treatment plan. Family involvement in treatment, including family therapy is not required when contraindicated by court order, or temporarily contraindicated by the clinical judgment of the Department's legal guardian or treatment team.

(a) Therapy cannot be suspended or terminated unless there is concurrence by the treatment team that therapy is not presently indicated.

(b) All efforts are made to place a client in close enough proximity to biological/adoptive family so that family therapy will not be hindered.

(c) Family therapy is required when reunification is the goal.

(d) In cases where family involvement is contraindicated, the agency documents the clinical or legal basis for that determination and documents regular review of the determination.

(4) Professional/clinical staff provide or locate resources most suited to the individual needs of the client in Treatment Foster Care Services and helps the client, his or her parent(s) and the treatment foster families to make effective use of them.

(5) Client's access to agency staff: (An agency staff person), who is a member of the client's treatment team, is designated as a contact person for each client. The client has direct access to that staff member. The client is informed of his or her designated staff person and how to reach that person. The means for such communication is available to the client for his or her use at all times. This is documented in the client's record at admission, and each time a change is made.

(6) Crisis on Call will include: The treatment coordinator, or another professional clinical staff member or contractor who meets the qualifications for treatment coordinator, is on-call to treatment foster parents, client(s) and their families on a 24-hour, seven-day-per-week basis.

(7) (The Agency) works with the local school district to access for the client the most appropriate educational services in the least restrictive setting.

(8) (The Agency) facilitates the creation of formal and/or informal support networks for its treatment foster parents through coordination of parent support groups and/or other systems.

(9) Documentation: (The Agency) provides the following documentation:

(a) All contacts between agency staff and clients' biological/adoptive parents, and/or treatment foster parent(s) are documented in the client's records.

(b) All therapy notes are documented and placed in the client's record within one week of the session date.

(c) Therapy notes explicitly address the goals/objectives identified in the treatment plan.

(10) (The Treatment Foster Care Services agency) provides intensive support, technical assistance and supervision to all treatment foster parents. The agency trains the treatment foster family in cultural and physical care issues related to the client's race and culture prior to placement and throughout its duration, with the intention of the treatment foster family becoming culturally competent.

(11) (The Agency) determines that the treatment foster parent(s) effectively manage the individual treatment needs, acuity-based safety needs, and cultural needs of all clients placed in the home.

(12)(The Agency) develops and implements a plan to connect the treatment foster client with other children and adults in the community who share the same culture, race and ethnicity.

(13) (The Agency) Provides services to each client as determined by the treatment team. No one member of the treatment team has veto power except for those provision set forth in the Children's Code regarding change of placement notification. No services are terminated and/or suspended without the review and concurrence of the team. This Certification Requirement does not limit a managed care entity's right to determine, or the agency's or legal guardians right to appeal, based on medical necessity criteria, the authorization of continued placement of a Treatment Foster Care Services client.

(14) (The Agency) Develops treatment plans through a process that utilizes a treatment team comprised of the following individuals, as applicable and appropriate: the client, the client's family, treatment foster parent(s), treatment coordinator, Department social worker, juvenile probation/parole officer, education agency, guardian ad litem and other significant individuals in the client's life.

(15) Treatment plans adhere to the treatment planning requirements contained in the general provisions section of these Certification Requirements.

(16) The initial treatment plan includes specific tasks to be carried out by the treatment team within the first 14 days of placement.

(17) The initial and comprehensive treatment plans address strategies to ease the client's adjustment to the treatment home and to assess directly the client's strengths, skills, interests and needs for treatment within the home.

(18) (The Agency) treatment plan reviews address discharge planning and strategies to prepare for the client's return to the biological, or adoptive, regular foster care home or independent living as appropriate.

(19) The treatment plan is reviewed every 30 days by the treatment team, in accordance with the general provisions, and revised when clinically indicated. The review occurs face-to-face, telephonically or through teleconference.

(The Agency) Oversight:

7.20.11.29E (1) Except in emergencies, a client is removed from a Treatment Foster Care Services home only after the treatment team has documented that the move is in the client's best interest. When such a move is necessary, the agency complies with pre-placement, placement and treatment planning requirements.

(2) In the event that the treatment foster parents request that a treatment foster client be removed from their home, a treatment team meeting is held and there is agreement that a move is in the best interest of the involved client. Any treatment foster parent(s) who demands removal of a treatment foster client from his or her home without first discussing with and obtaining consensus of the treatment team will have their license revoked.

(3) (The Agency) If a treatment foster parent(s) wish to transfer between agencies, there must be written documentation from both agencies that the transfer is in the best interest of any client(s) currently in the

home, including consideration of change of treatment team members, and a written statement from the previous agency that the transferring treatment foster family is in good standing.

(a) If any clients are currently placed in the transferring treatment home, the receiving agency will evaluate the appropriateness of the match and update the treatment plan.

(b) The receiving agency completes a new home study, or an addendum to the original home study reflecting any changes that have occurred in the composition of the home since the date of the client's admission.

(c) The receiving agency notifies the previous agency that the treatment foster parent(s) has been hired, and the previous agency, upon receipt of that notice, cancels its previous license.

(4) At the time of new licensure of a treatment foster care home, if non-treatment foster care client(s) placed through prior licensing arrangements must be removed, the process is conducted through an orderly and purposeful plan which is approved in writing by the previous licensing agency as meeting the best interests of the clients.

Property Damage and Liability:

7.20.11.29F (1) (The Agency) has a written policy concerning compensation for damages to a treatment foster family's property by client(s) placed in their care. A copy of the written plan is provided and explained to the prospective treatment foster parents during the pre-service training.

(2) Liability Insurance will be in place as such: Treatment foster parent(s) document and verify on a regular basis that they continuously maintain liability insurance for automobiles, home and persons, including owner and occupants of the home.

(3) Property damage caused by client(s) in CYFD custody may be reimbursed by the Protective Services Division of the Department, consistent with Protective Services "Maintenance Payments to Substitute Care Providers" PR 8.10.22.10.9 Property Loss and Damage.

Transition to Independent Living:

7.20.11.29G (1) (The Agency) will provide older adolescents in treatment foster care with a series of developmental activities and supportive services designed to enable them to prepare to lead self-sufficient adult lives, in accord with their treatment plan. For those clients 16-20 years old for whom family reunification, placement with extended family or with previous caretakers, or adoption has been found to be infeasible or inappropriate, the agency provides or arranges for a set of service components to be delivered which are designed to enable the client to prepare for a successful transition to independent living.

(2) Services provided are coordinated to address the client's identified needs for:

- (a) Life skills training;
- (b) Education with regard to health concerns including human sexuality;
- (c) Vocational and technical training;
- (d) Housing needs during transition;
- (e) Legal services;
- (f) Arrangements for support services, aftercare services and socialization, and
- (g) Cultural, religious and recreational activities, as appropriate to the client's needs.