



**2008 LEVEL
OF CARE
GUIDELINES:
COMMUNITY
SUPPORT
SERVICES**

Therapeutic Foster Care

Therapeutic foster care provides a structured home environment in which specially trained foster parents teach social, behavioral, and emotional skills to children and adolescents who have a history of chronic antisocial behavior, abuse, neglect, or serious emotional disturbance.

Placements in a therapeutic foster home are usually limited to two youths per family. Whenever appropriate therapeutic foster care supports family permanence by also training the parent(s)/guardian(s) to manage the individual's needs and behavior, and by providing case management.

Any one of the following criteria must be met...

1. The member has a history of chronic antisocial behavior or serious emotional disturbance, and his/her living environment is unsafe or unable to properly care for the child/adolescent.
2. The member is at risk for abuse or neglect, and his/her living environment is unsafe or unable to properly care for the child/adolescent.

And all of the following...

1. The foster parents have completed training to provide therapeutic foster care, and are licensed/registered.
2. The member is actively participating in treatment at an ambulatory setting, or it is reasonable to expect that the member will participate in treatment with support from the foster parents.
3. The member's home cannot provide sufficient structure or is otherwise inappropriate to meet the member's needs.
4. A service plan shall be developed. As appropriate, the plan shall be developed with the member and his/her family/social supports. It will include the following:
 - a. An initial assessment that includes the member's:
 - i. History, mental status and diagnosis;

- ii. Medical history;
 - iii. Educational history and status;
 - iv. Social development and functioning;
 - v. Capacity for managing Activities of Daily Living;
 - vi. Family structure and relationships.
- b. A description of the member's problems, specific measurable short- and long-term goals for each problem, and specific approaches and interventions that will allow the member to meet his/her goals.
 - c. A plan to include the member's family/social supports in service and discharge planning as appropriate.
 - d. A plan to promote effective parenting skills with the member's family/social supports as appropriate.
 - e. A plan to link the member and his/her family/social supports with available community resources.
7. With the member's documented consent, providers who are involved with the member's treatment are contacted within 48 hours of admission to obtain all relevant information. With the member's documented consent, they should also be contacted prior to the cessation of therapeutic foster care to discuss the discharge plan, when appropriate. Whenever possible, the therapeutic foster care provider should meet with the member/member's parents/guardian and the provider prior to discuss the discharge plan.
8. At a minimum the treatment/service plan is reviewed formally every six months. However, revisions are made immediately in response to changes in the member's condition and needs.
9. A discharge plan is developed when any of the following occur:
- a. Staff and, as appropriate, the member's family/social supports, agree that the member has achieved his/her short- and long-term goals and no longer requires the structure provided by Therapeutic Foster Care; or
 - b. The member is going to move outside of the geographic area served by the program; or
 - c. The member's family/social supports requests discharge despite staff's recommendation that Therapeutic Foster Care be continued; or
 - d. The member or his/her family/social supports are unwilling to comply with the requirements of Therapeutic Foster Care; or
 - e. The member requires treatment in a residential setting.