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## I. STATEMENT OF POLICY

It is the philosophy of DCFS to utilize treatment foster homes to move foster children currently in restrictive care settings into less restrictive family treatment homes and also to possibly prevent children from entering residential care. Treatment foster homes allow children the opportunity to benefit from a home environment and community based setting while receiving intensive treatment and clinical services as needed.


## II. PROCEDURES

Both the Alternate Family Care Program (AFC) and the \*\*\* \* Therapeutic Foster Care (TFC) programs, \*\* which DCFS administers, \*\*\* a family \* home care setting to children in foster care. \*\* Treatment foster homes provide therapeutic foster family care and comprehensive services to foster children with \*\*\* physical, medical, developmental disabilities or emotional/behavior problems. An AFC or TFC certification requires all children placed in the home meet the extraordinary needs/problems requirement unless it is a sibling or an infant of the foster child.

\* TFC \*\* services are provided through written agreement, [Form 427 G](#), Agreement between DCFS and Residential Provider, with private provider agencies for foster homes they recruit and certify. The DCFS foster parent provides services through written agreement, [Form 427](#), Agreement between DCFS and Foster/Adoptive Parent and DCFS 427 Supplement E, Therapeutic Family Care Services Agreement. \*\*\* Therapeutic Foster Care and Alternate Family Care programs provide \*\*\* family home care services for foster children \*\*\* \* physical, medical, developmental disabilities or emotional/behavior problems \*\* \*\*\* which prevent placement in regular and/or DCFS specialized foster homes. \*\*\*

\* All family options including biological, relative placement, fictive kin and \*\* regular certified foster homes utilizing supportive services shall be sought within the region and through a statewide search prior to seeking a TFC or AFC placement for a child. Refer to [6-500](#), Identifying and Locating Placement Resources. When DCFS foster care settings have been considered and an appropriate placement is not available to meet the special needs of the child, a Treatment Foster Home should be considered. \*\*\* If a child does not have a higher level of need, \* other family-based options are prioritized over TFC as the care-setting for the child. \*\* \*\*\*

All treatment foster homes must have placement or availability for placement of one to two children with \*\*\* physical, medical, developmental disabilities or emotional/behavioral problems. A child shall not be moved from one Treatment Foster Home to another foster home within the same private agency without the approval of and actual placement by the Foster Care case \* worker \*\* or Supervisor.

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In order to keep siblings together or an infant with his mother who is in foster care, related children may be placed in the same home with the child who requires Treatment Foster Home placement with the approval of State Office **\* Behavioral Health and Residential Services \*\*** Unit. Only regular foster home care is provided to the sibling or infant.

## A. TREATMENT FOSTER HOME AND RESPITE CARE

Respite care must be provided for foster **\* caregivers \*\*** in accordance with the child's **\*\*\*** plan for alternative temporary care of the child. **\* Refer to policy [6-920](#) regarding respite care for children placed in AFC homes. \*\***

**\*\*\***


**\* TFC private providers must provide respite homes for TFC home within their agencies.** Respite care **for a child placed in a TFC home \*\*** must be provided in a certified Treatment Foster Home able to meet the child's specialized needs. There must be a placement available in the Treatment Foster Home respite home. The Treatment Foster Home for which respite services are being provided may not offer respite services to another child during the respite period. When-feasible, the foster child shall be allowed to visit the respite provider prior to entering respite care.

**\* Respite care used to prevent placement disruption in a TFC placement requires immediate notification of the DCFS worker. A Staffing (refer to policy [6-1205](#)) shall be convened to address measures to preserve the placement. \*\***

Respite care is limited to 25 days a calendar year, with a maximum of 14 consecutive days. The TFC provider should only submit respite reimbursement requests for a twenty-four hour period. The rate for respite care is \$2.50 per hour and the maximum allowable rate is \$25.00 for a 24 hour period.

A maximum of \$625 may be approved for each child in need of Treatment Foster Home services annually for respite care. The Treatment Foster Home in which the child normally resides will continue to be paid the board rate without interruption during respite care for the child, as long as the child returns to that home.

Agencies providing Treatment Foster Home care are expected to provide respite care through the use of their certified foster families. Only when the needs of the child are so intense that no certified treatment foster home can provide respite care for the child may a residential care facility be used. If respite must be provided in a residential facility, approval is given by the **\* Child Welfare Manager. \*\***

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Treatment Foster Home respite in a certified foster home is authorized on the 106b, Client Service Authorization, by the case \*\*\* supervisor using TIPS major minor code 060 060. The TIPS 211 Form is used for payment.

Treatment Foster Home respite in a residential facility is authorized on the 106b, Client Service Authorization, by the \* Congregate Care Specialist \*\* for TFC Respite and the Child Welfare Manager for AFC Respite using TIPS major minor code 060 063. The TIPS 211 Form is used for payment.

## B. AFC PAYMENTS AND SPECIAL BOARD RATES

Alternate Family Care Foster \* Caregivers are paid a difficulty of care stipend of \$600 a month per child in addition to the regular board rate. The \$600 stipend is authorized using TIPS major minor code 150-155 for one year by the Home Development Supervisor. A Regional designee shall track the occupancy of the AFC home to ensure appropriate compensation. Refer to 9-616, Recertification of Alternate Family Care Homes (AFC).

In some cases, AFC caregivers \*\* may also receive special board compensation for a foster child. The Child Welfare Manager can consider approving a special board request up to \$300. If the request is over \$300, a memo per the Supervisor and Child Welfare Manager's approval and signature, must be submitted to State Office Home Development \*\*\* for review and approval. This is due to the difficulty of care being included in the \$600 per month per child stipend. Refer to [6-1605](#), Board Payments for Foster Children.


## C. AFC SERVICE AUTHORIZATION

The placement service authorization code for AFC homes is 100 170. The family's TIPS number must be entered when the placement service authorization is entered. For a sibling or infant in department custody placed with his mother, the placement service authorization code 100 100 is entered into TIPS along with the foster \* caregiver's TIPS number. For an infant not in department custody, the Child Welfare Manager authorizes the TIPS code 010 018 under the minor mother/father's name and TIPS number along with the AFC caregiver's \*\* TIPS number.

## D. TFC PAYMENTS AND SERVICE AUTHORIZATIONS

### 1. General

Expenditures in addition to the TFC Provider services may be requested for reimbursement. The foster child placed in TFC is eligible for services or items allowed for

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any other foster child. The foster care case \* worker \*\* assigned to the child shall provide information on separate reimbursable items.

## 2. Administrative, Daily and Subsidy Rates

Therapeutic Foster Care Services \*\*\* receive a per diem \*\*\* \* based on a Tiered Rate system. The reimbursement rate for Level 1 is \$51.30 for administration of a private therapeutic foster care program and a daily foster care board rate of \$35.20 for a total daily rate of \$86.50. The reimbursement rate for level 2 is \$62.66 for administration of a private therapeutic foster care program and a daily foster care board rate of \$59.93 for a total daily rate of \$122.59. The level of reimbursement will be determined by the child's need of supervision, care and behavior management. The case worker will collaborate with the Provider and the Congregate Care Specialist and/or Treatment Specialist to complete a Level of Determination Form to determine if the child meets criteria for Level 1 or Level 2.

When it is determined that a provider will receive Level 2 compensation for the care of a child, a re-determination staffing will be completed every six months to determine if the level of care will be continued or must be changed. The case worker will convene the staffing with the supervisor, and provider. The provider, case worker, and Congregate Care Specialist maintain copies of the level determination and level re-de-termination forms. \*\*

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\* The TFC foster care board rate is \*\* combined with the administrative rate and paid to the provider rather than directly to the TFC parents. \*\*\*

## 3. Documentation and Approval for Special Board Rate

\* The Tiered Level Rate System for TFC allows providers to tailor care and resources to the varied levels of children. In very rare circumstances, special boards for the TFC level of care may be approved by State Office. \*\*

TFC homes receive a specialized rate to care for one or two children with special needs. \*\*\* Should the child's needs exceed the basis for the TFC placement, the TFC Parents may receive a special board, but \* the special board \*\* must be evaluated on a case by case basis. \*\*\*

The TFC Worker shall submit a memo to request special board compensation to the DCFS foster care case \* worker. The memo shall describe the condition, need, difficulty, care required, or specific behavior of the child that justifies the special board compensation requested. Each problem area shall be documented. If it appears a particular problem can be resolved, the TFC Worker should indicate the corrective actions planned, and those that

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have already been initiated. All behaviors must be specifically defined with the noted frequencies (e.g., one time per day, four times per week, etc.) and the duration. Pertinent evaluations, medical reports, etc. which document the child's condition should be attached to the request. Obtaining a current psychological, psychiatric, or social evaluation is not required to request special board compensation. Observations of the TFC worker and/or TFC caregiver \*\* may suffice to justify special board compensation. The memo shall specify recommended beginning and end dates, not to exceed a six-month timeframe. Retroactive payment requests will only be approved for two previous months.

\*\*\* \* All special board requests must be reviewed and approved by the child welfare supervisor and Congregate Care Specialist and submitted to State Office Behavioral Health and Residential Services Unit for final approval. \*\*

When special board compensation is approved, it shall be documented in the child's TFC service plan as part of the TFC agency's responsibility. Whatever is being done to correct or alleviate the need, condition, or difficulty shall be included in the child's service plan.

The necessity for a special board compensation shall be reviewed every six months by the DCFS Foster Care case \* worker and shall be discussed at each case plan review. When the need/problem no longer exists, the special board compensation shall be discontinued.


The special board rate is paid to the TFC Provider for reimbursement to the TFC Caregiver each month. It is not considered taxable income for the foster caregivers. \*\*

#### 4. Payment for Sibling or Infant in TFC Placement

When approval has been given by State Office to place a child needing TFC services and their sibling or infant who does not require specialized services, payment shall be made for the sibling or infant at the regular foster care board rate according to age. The payment is made to the TFC Provider agency for the foster \* caregiver \*\* to assist in caring for the sibling or infant.

The TIPS major minor code 100 100 is used to authorize payment for the foster care board rate.

For an infant/child not in department custody, the \* Congregate Care Specialist or Regional Administrator designee authorizes the care setting \*\* service code 010 018 under the minor parent's name and TIPS number to be entered into TIPS along with the TFC private agency TIPS number.

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The TIPS record for the foster child (mother of the infant) must have “NI” entered for the infant/child on the Significant Other screen in TIPS. If there is more than one non-custody infant in the same home, an authorization must be entered for each child.

### III. FORMS AND INSTRUCTIONS

CW [Form 106B](#) / [Instructions](#) Client Service Authorization

CW [Form 427](#) / [Instructions](#) Agreement Between DCFS and Foster Adoptive Parent

CW [Form 427 G](#) / [Instructions](#) Agreement Between DCFS and Residential Provider

### IV. REFERENCES

CW [Policy 6-500](#), Identifying and Locating Placement Resources

CW [Policy 6-1605](#), Board Payments for Foster Children

CW [Policy 9-616](#), Recertification of Alternative Family Care Homes (AFC)

Louisiana Behavioral Health Partnership