State of California—Health and Human Services Agency

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August 16, 2016

ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-52-16E
MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES (MHSUDS)
INFORMATION NOTICE NO. 16-031E

ERRATA

TO: ALL ADOPTION DISTRICT OFFICES
ALL CHIEF PROBATION OFFICERS
ALL COUNTY ADOPTION AGENCIES
ALL COUNTY WELFARE DIRECTORS
ALL FOSTER FAMILY AGENCIES
ALL GROUP HOME PROVIDERS
ALL TITLE IV-E AGREEMENT TRIBES
COUNTY ALCOHOL AND DRUG PROGRAM ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES

SUBJECT: THERAPEUTIC FOSTER CARE (TFC) SERVICE MODEL AND CONTINUUM OF CARE REFORM (CCR)

REFERENCE: ACL 16-10 (February 17, 2016)
ACIN I-06-16 (January 12, 2016)
ACL 14-79 (October 16, 2014)
MHSUDS INFORMATION NOTICE NO. 14-036
MHSD INFORMATION NOTICE NO. 13-03

The purpose of this errata to ACIN I-52-16 and MHSUDS Information Notice 16-031 is to provide further clarification to counties, Mental Health Plans (MHPs), Child Welfare departments (CWDs), and providers with information on the Therapeutic Foster Care (TFC) service model as part of the *Katie A. v. Bontá* settlement agreement. Additional clarifications have been made to the letter and attached TFC service model to underscore the importance of this model and the connection to the Continuum of Care Reform (CCR) efforts.

BACKGROUND

As a result of the *Katie A. v. Bontá* class action Settlement Agreement in December 2011, the State of California took a series of actions to transform the way children and youth in foster care, or at risk of placement in California's foster care system, access mental health services in a more intensive array of well-coordinated, clinically-appropriate, and community-based mental health service settings. Accordingly, in 2013, California began screening, assessing, and providing children and youth with Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS). The Settlement Agreement also includes developing a TFC service model as part of the service array available to eligible children and youth.

On September 11, 2015, the California Legislature passed Assembly Bill 403 (hereafter referred to as CCR). The CCR changes include, but are not limited to, providing services and supports to youth and families to reduce the reliance on congregate care, thereby increasing placements in home-based settings. One of the goals of CCR is to advance the shared commitments of county child welfare departments, county probation departments, and county MHPs to address the mental health needs of children and youth. One of the ways to do this is to provide certain components of Medi-Cal Specialty Mental Health Services (SMHS), provided through Early and Periodic Screening, Diagnostic and Treatment (EPSDT), as appropriate, and delivered through the TFC service model.

The Centers for Medicare and Medicaid Services (CMS) approved State Plan Amendment (SPA) 09-004 on February 16, 2016. This SPA provides a reimbursement methodology for the TFC service model.

This CMS-approved reimbursement methodology allows MHPs to claim for a combination of certain SMHS service components under one TFC rate, rather than claiming through different SMHS, as is current practice. Nothing in the reimbursement methodology approval changes the nature of the pre-existing and ongoing EPSDT service entitlement.

The TFC service model will be implemented, effective January 1, 2017.

THE TFC SERVICE MODEL

The TFC service model allows for the delivery of short-term, intensive, highly-coordinated, and individualized SMHS, to children and youth up to age 21 who have complex emotional and mental health needs and who are placed with trained, intensely supervised and supported TFC parents.

The TFC service model is intended for youth who require intensive and frequent mental health support in a one-on-one environment. The TFC service model is a home-based alternative to high-level care in institutional settings such as group homes and, in the future, as an alternative to Short-Term Residential Therapeutic Programs (STRTPs). The TFC homes may also serve as a transitional placement from STRTPs to other care levels. The TFC service model is but one service option in the continuum of care for eligible youth. Counties are encouraged to continue to further develop the resources, supports, and services needed to maintain foster youth in family-based home settings while promoting permanency for the youth through family reunification, adoption, or legal guardianship. These efforts may include the provision of ICC, IHBS, and Wraparound services, as appropriate.

Counties should use the Child and Family Team (CFT) process as outlined in the Pathways to Mental Health Core Practice Model, and as required under Assembly Bill 403 (Statutes of 2015) to determine whether the youth can benefit from the TFC service model. Additional guidance will be issued regarding the CFT process and its role in determining appropriate mental health services for children in foster care.

The draft "Service Model for Therapeutic Foster Care" and "Therapeutic Foster Care Service Model Parent Qualifications" are included as attachments to this information notice. The Department of Health Care Services (DHCS) and the California Department of Social Services (CDSS) continue to work closely and collaboratively with stakeholders on these documents. Please note that these documents are subject to change as DHCS and CDSS continue to partner with stakeholders. Further information on other critical components of the TFC service model will be forthcoming.

THE TFC SERVICE MODEL OVERVIEW

TARGET POPULATION

The TFC service model, will be provided to full scope Medi-Cal children and youth up to age 21 who have more complex emotional and mental health needs and therefore meet medical necessity criteria (California Code of Regulations, Title 9, Chapter 11, Section 1830.205 or Section 1830.210) for SMHS delivered through the TFC service model.

TFC SERVICE MODEL PROGRAM OPERATIONAL REQUIREMENTS

Under the TFC service model, SMHS will be delivered by resource parents under the direction of a Foster Family Agency (FFA). The FFA must meet licensure and accreditation requirements as established by CDSS. In order to operate a TFC Program, the FFA must also meet applicable specialty mental health Medi-Cal

requirements and be certified by the county MHP as a Medi-Cal provider. If the FFA is county owned or operated, DHCS will conduct the Medi-Cal certification. The FFAs must have a contract with an MHP to provide SMHS services under the TFC service model.

Alternatively, if the county does not have a FFA available or suitable to serve as a TFC provider, the county may assume the functions of the FFA. Under this approach, the county child welfare services agency may recruit, train, approve, and provide direct supervision and support of the TFC parents as resource parents. The MHP may provide a Licensed Mental Health Professional (LMHP) to provide supervision to the TFC parents. Additional instructions regarding this alternative model will be forthcoming.

ROLE OF THE AGENCY OPERATING A TFC SERVICE MODEL PROGRAM

The FFA or county agency is responsible for ensuring that resource families who become TFC parents meet the Resource Family Approval (RFA) standards established by CDSS in addition to the TFC service model training requirements and qualifications. The agency must provide support to TFC parents that includes, but is not limited to, competency-based training and on-going supervision and support. The agency will also ensure that the TFC parent, approved as a Medi-Cal service provider, meets and maintains all relevant requirements as a Medi-Cal provider and complies with Medi-Cal documentation standards. These requirements include, but are not limited to: having a National Provider Identifier, using a taxonomy code, only providing services that TFC parents are allowed to provide, completing progress notes that meet Medi-Cal specialty mental health documentation standards, participating on the child and family team; and meeting privacy and confidentiality Health Insurance Portability and Accountability Act requirements. In addition, the agency must have a qualified LMHP as part of their staff in order to provide clinical and program oversight to the TFC parent to ensure their service meets Medi-Cal and other applicable requirements.

ROLE OF THE TFC RESOURCE PARENT

The TFC parent is a key participant in the provision of trauma-informed, therapeutic treatment. The TFC parent will operate under the direction of a LMHP. The TFC parent will provide daily therapeutic services and support to the child or youth, and be available 24 hours per day, 7 days per week so that the treatment and services are timely and meet the individual needs of the child. The TFC parent will receive extensive training prior to rendering SMHS under the TFC service model, and will receive extensive support and supervision under the direction of a LMHP that is able to direct services and is employed by the FFA. The TFC resource family will also provide daily care and supervision as an approved foster care provider paid for by the child welfare agency.

The TFC parent will also need to meet the requirements of the RFA training requirements. The TFC parent activities will include participating as a member in the CFT, implementing in-home evidence-based, trauma informed interventions, in consultation with the CFT, and assisting the child or youth in accessing needed services to meet the child or youth's mental health treatment needs and achieve client plan goals (see attached TFC parent qualifications for additional details).

RATES

RATE FOR CARE AND SUPERVISION

Resource families providing care and supervision for children and youth who qualify for Aid to Families with Dependent Children-Foster Care payments will receive an enhanced rate for the board, care, and supervision of the child or youth. Additional information regarding the rate level will be provided in a forthcoming CDSS All County Letter.

RATE FOR SMHS SERVICES UNDER THE TFC SERVICE MODEL

The DHCS will reimburse the MHPs a per diem rate based upon the cost incurred by the MHP to provide SMHS under the TFC service model. The MHPs will receive an interim payment based upon an approved claim. Interim payments will be settled to the lower of the MHP's certified public expenditures or its non-risk upper payment limit as described in MHSD Information Notice 12-06.

The interim per diem rate under the TFC service model depends upon whether or not the FFA is a contractor of the MHP or is county owned and operated.

- If the FFA is a contractor of the MHP, the FFA will be paid by the MHP a rate that is negotiated between the MHP and the FFA. The MHP submits a claim to DHCS for federal reimbursement based upon the per diem rate the MHP paid the FFA. After approving the claim, DHCS will reimburse the MHP the federal share of the approved amount.

- If the FFA is county owned and operated, DHCS will reimburse the MHP the federal share of the MHP's interim rate. The county interim rate is currently set at $87.40 per day. Each county's interim rate will be updated annually based upon its most recently filed cost report.

CCR AND RFA

To advance the implementation of CCR, CDSS has formed additional workgroups and is actively completing early development of structures and processes required by CCR, including but not limited to licensure, audits, protocols, a new rate structure, and identification of Core Services.

The CDSS released ACL 16-10 on February 17, 2016, to provide information about the RFA process, a new foster caregiver approval process that improves the way related and non-related caregivers are approved by preparing families to better meet the needs of vulnerable children and youth in the county child welfare and/or probation systems. The process is streamlined and unifies approval standards for all caregivers regardless of the child's case plan, thereby eliminating process duplication.

The CDSS and DHCS are mindful of the need for counties to have as much time as possible to implement these approaches in time to meet the January 1, 2017 statewide implementation date for CCR, RFA, and the TFC service model. Counties should continue preparing for implementation while additional guidance is finalized. At a minimum, county MHPs, child welfare departments, and probation departments should discuss how fiscal and programmatic decision makers will engage one another to determine local application and impact of the myriad changes underway. Some topics for decision makers to consider include: revenue sharing, client and program data, information sharing, child and family teaming, and interagency policy and management.

The DHCS and CDSS strongly encourage counties to review the Pathways to Mental Health Core Practice Model Readiness Assessment and Service Delivery Plans submitted in accordance with the Katie A. Settlement Agreement[1] and consider updating the information to reflect planning for TFC service model implementation and integrating any relevant content into their RFA readiness assessment and implementation plans prior to submitting to CDSS. Many of the elements of the RFA readiness assessment and planning tools, such as the Workload Data Analysis, Placement Resources Action Plan, and the tasks and timeframes described in the RFA/CCR Implementation Guide for Counties, can be applied to the efforts of a multi-agency county team to prepare for TFC implementation in a manner that coordinates with CCR and RFA. Counties and providers may find the following resource documents helpful in early planning and implementation at the local level:

[1] See Mental Health Services Division Information Notice 13-03.

- Continuum of Care Reform Communications Toolkit – A series of 11 fact sheets that provide an overview of each primary area of impact under CCR.

- County Child Welfare/Mental Health Implementation Toolkit – A library of tools and forms for counties to use in assessing their readiness for implementation of the TFC service model within the CPM. The Planning Tools section includes the Overview of the Integrated Core Practice Model: Pathways to Well-Being—Implementation as Intended, the Pathways to Well-Being Implementation Planning Tool, and the Initiative, Program, or Intervention Readiness Assessment Tool.

- Resource Family Approval Program – This website includes information and updates on the RFA Program, readiness assessments and planning tools, a link to the California Social Work Education Center RFA Implementation Toolkit, and resources from early implementing counties.

    - RFA/CCR Implementation Guide for Counties – A framework to guide planning and implementation of RFA within CCR, including suggested committees or workgroups, tasks, and timeframes. Multi-agency county teams including CWS, MHP, and Probation may be able to leverage the activities described in this document to guide preparation for TFC service model implementation.

County welfare departments, probation departments and mental health authorities are encouraged to develop policies, procedures, and practices, such as support and training for caregivers that establish a shared and collaborative recruitment strategy. These strategies should include recruiting and preparing Resource Parents to also serve as TFC parents and mobilization of local resources that can assist resource parents of all types to become "TFC ready." These strategies may include providing access to services for the parents such as General Education Diploma preparation courses, and TFC specific trainings including documentation and Health Insurance Portability and Accountability Act requirements. Having these services and supports in place can facilitate the acceptance of a child or youth that needs SMHS delivered by way of the TFC service model. This will facilitate the process for resource parents to become TFC parent's sooner than if they were not prepared for this role in advance.

Please address questions regarding this information notice to the Department of Health Care Services, Mental Health Services Division, at (916) 322-7445 or email KatieA@DHCS.ca.gov or the CDSS, Children and Family Services Division, Integrated Services Unit, at (916) 651-6600 or email KatieA@DSS.ca.gov.

Sincerely,

Original Document Signed By:

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Attachments

SERVICE MODEL FOR THERAPEUTIC FOSTER CARE

Key Service Components	Description
TFC Service Model Definition	The Therapeutic Foster Care (TFC) service model is a short-term, intensive, highly coordinated, trauma informed and individualized rehabilitative service covered under Medi-Cal that is provided to a child/youth up to age 21 with complex emotional and behavioral needs who is placed with trained and intensely supervised and supported TFC parents. The TFC parents[1] serve as a key participant in the therapeutic treatment process of the child/youth. TFC services assist the child/youth in achieving client plan goals and objectives, improve functioning and well-being and help the child/youth to remain in community settings, thereby avoiding residential, inpatient, or institutional care.[2] The TFC service model is intended for children and youth who require intensive and frequent mental health support in a one-on-one environment. The TFC service model allows for the provision of certain Medi-Cal Specialty Mental Health Services (SMHS) components available under the ESPDT benefit as a home-based alternative to high level care in institutional settings such as group homes and, in the future, as an alternative to Short Term Residential Therapeutic Programs (STRTPs). TFC homes may also serve as a step down from STRTPs. The TFC service model is but one service option in the continuum of care for eligible youth. Counties are encouraged to continue to develop the resources, supports, and services needed to maintain foster youth in family-based home settings while promoting permanency for the youth through family reunification, adoption, or legal guardianship. These efforts may include the provision of ICC, IHBS, and Wraparound services, as appropriate.

[1] As described under the section on TFC parent qualifications, due to the unique characteristics of this service and their role, it is understood that TFC parents are not required to be part of the child/youth's long term permanency plan. However, the program design does not prohibit relative caregivers and "non-related extended family members from being TFC parents if they meet the TFC parent qualifications.

[2] Receipt of Medi-Cal SMHS service components provided under the a TFC service model does not limit the availability of other Specialty Mental Health Services. TFC parents are not expected to provide other Specialty Mental Health Services that may be medically necessary.

Key Service Components	Description
Eligibility Criteria[3]	
Role of TFC Service Model Program Agency	The TFC service model Program Agency is responsible for ensuring the TFC parents meet both Resource Family Approval (RFA) Program standards and meet the required qualifications as a TFC Parent. TFC parents will work under supervision of that agency. A Licensed Practitioner of the Healing Arts (LPHA) or a Licensed Mental Health Professional (LMHP) that is able to direct services employed by the TFC Agency will provide direction to the TFC parent and will ensure that the TFC parent is following the client plan. The LPHA or LMHP that is able to direct services will be acting as the team leader, providing direct and ongoing supervision of service delivery, or review and approval of the individual client plans. The LPHA or LMHP responsible for directing services assumes ultimate responsibility of the TFC services provided by the TFC parent. The agency will provide the management oversight of a network of TFC parents. This includes: • Recruiting, approving (unless already approved by the county), and annually re-approving foster care parents following both RFA process and Medi-Cal SMHS requirements as TFC parents who have the ability to meet the diverse therapeutic needs of the child/youth; • Actively participate on the Child and Family Team (CFT) to identify supports for the child and family, including linking with a TFC parent who can best meet the child/youth's

[3] DHCS is in the process of finalizing specific eligibility criteria for TFC services.

Key Service Components	Description
	individual needs; • Integrating the TFC parent and appropriate staff into the existing CFT; • Providing competency-based training to TFC parents both initially and ongoing; • Providing ongoing supervision and intensive support to the TFC parents; • Monitoring the child/youth's progress in meeting plan goals related to the provision of EPSDT services provided under a TFC service model; • Maintaining of documentation (progress notes) related to TFC parents and child/youth which is included in the child/youth's plan[4]; • Providing Medi-Cal-related reports, as required, to the County Mental Health Plan or designee; • Providing peer role supports to foster parent(s) and youth (both foster parent peer roles and former foster youth peer roles); and As it relates to the care of the individual child/youth, the TFC Program Agency is responsible for the following: • Collaborating and coordinating between and among the ICC coordinator and CFT with the TFC services in the development and implementation of the plan; • Assessing the child/youth's progress in meeting plan goals related to provision of TFC services and communicating progress through the CFT; • Providing or arranging for the provision of, as appropriate, if included in their contract with the MHP, (i.e., set forth in the plan) non-TFC Specialty Mental Health Services such as crisis intervention services that may need to be available 24-hours a day, 7 days a week[5]; and, • Incorporation of evidence informed practices in the training of TFC parents and the treatment of the child/youth.

[4] See definition of "the plan" in the Medi-Cal Manual for Intensive Care Coordination (ICC), IHBS and TFC for Medi-Cal Beneficiaries.

[5] A TFC Program Agency would not have to be qualified to provide other mental health services (i.e., other mental health agencies could provide these services), but services such as 24/7 crisis intervention services will need to be available through the FFA or county MHP to the TFC parent related to the child's or youth's client plan. The TFC Agency would provide or arrange for SMHS under the authority of the MHP contract.

SERVICE MODEL FOR THERAPEUTIC FOSTER CARE

Key Service Components	Description
Qualifications for TFC Program Agency	TFC Program Agency is: • A California Foster Family Agency (FFA) who meets licensure and accreditation requirements established by the California Department of Social Services (CDSS) and that is able to approve TFC homes; and accept for placement from county placing agencies; and, • A Medi-Cal Mental Health provider that has a contract with a County Mental Health Plan as a Medi-Cal provider (or a County Mental Health Plan that has been certified by DHCS) to provide both TFC services, and as appropriate if included in their contract with the MHP, a wide array of other specialty mental health services (e.g., ICC, IHBS, therapy services, therapeutic behavioral services; crisis intervention and stabilization).
Role of TFC Parent as a Provider of Medicaid TFC Services	The child/youth placed with a TFC parent(s) will receive certain Medi-Cal SMHS service components under a TFC service model operating under the direction of a LPHA or LMHP able to direct services from the TFC Program Agency, as described below. The TFC parent(s) serve as one of the primary change agents for the trauma-informed, rehabilitative treatment of the child/youth as set forth in the client plan. A child/youth who is receiving certain Medi-Cal SMHS service components under a TFC service model through the TFC foster parent will continue to be eligible for and should receive other Specialty Mental Health Services including ICC and IHBS in and out of the home as set forth in their client plan. TFC parents provide a range of activities and services activities which include: • Implementing in-home evidence informed practices that include trauma informed rehabilitative treatment strategies set forth in the child/youth's client plan. Examples of services to be provided include: providing skills-based interventions (including coaching and modeling), developing functional skills to improve self-care, and improving self-management in areas of anger management or self-esteem or peer relations; • Implementing the risk management/safety components of the child/youth's plan; • Participating as a member in the CFT in care planning, monitoring, and review processes; • Assisting or linking the child/youth in accessing needed medical, vocational, or other services

Key Service Components	Description
	needed to meet plan goals; • Observing, monitoring, and alerting TFC Program Agency and members of the CFT about changes in the child/youth's needs; • The TFC service model is provided face-to-face at the TFC home or anywhere in the community. This service includes one or more of the following service components and is provided by the TFC parent: • Plan development (limited to when it is part of the CFT) • Rehabilitation • Collateral
Service Authorization	Service authorization should be consistent with County Mental Health Plan process for authorizing mental health services. As the nature of the TFC service model is high intensity and relatively short-term, the progress of this service should be reviewed in coordination with the CFT, at a minimum, initially at three months and every three months thereafter (or as determined by the CFT)[6].
Medi-Cal Documentation Requirements	While Medi-Cal documentation requirements should be consistent with the County Mental Health Plan's policies and procedures and the contract between DHCS and the County Mental Health Plan, at a minimum for Medi-Cal SMHS service components provided under the TFC service model: • The TFC parents must write and sign a daily progress note and the TFC Program Agency's LPHA/LMHP must review and co-sign the daily progress note which meets state Medicaid

[6] Additional guidance on this aspect will be forthcoming.

Key Service Components	Description
	documentation standards of the child/youth's qualifying behavior, activities, progress, and achievements or progress toward specific outcomes outlined in the child/youth's Plan. • The TFC Program Agency must comply with the mental health documentation requirements prescribed by the County Mental Health Plan and the contract between DHCS and the local mental health plan. • The SMHS service components provided under a TFC service model must be reflected in the child/youth's Plan.
Service Limitations/Lockouts	The TFC service model does not include: 1) reimbursement for the cost of room and board which will be paid separately to the TFC parents utilizing federal, state or local foster care funding sources; or 2) other foster care program related services (e.g., assessing adoption placements, serving legal papers, home investigations, administering foster care subsidies); or other parenting functions such as providing food or transportation. Medi-Cal SMHS service components provided under the TFC service model are not reimbursable on days when Psychiatric Inpatient Hospital Services, Psychiatric Health Facility Services, or Psychiatric Nursing Facility Services are reimbursed, except for the day of admission to these services or prior to discharge when a child/youth is transitioning to a TFC home.
Payment Methodology	Rate for Medi-Cal SMHS service components Under the TFC Service Model: : An all-inclusive per diem rate under Medi-Cal that will be paid to cover the Medi-Cal SMHS service components provided under the TFC service model by the TFC parent to the child/youth living in the TFC home. The TFC Agency shall be reimbursed for specialty mental health services in accordance with terms of the contract with a Local Mental Health Plan. Non-Medi-Cal Rate for Board and Care: A rate that will be received by the TFC Program Agency and paid to the TFC parent for board, care,

Key Service Components	Description
	and supervision and will be paid using federal IV-E or other state or local funding sources.
Role of Other Entities	
• County Mental Health Plan	The County Mental Health Plan is responsible for: • Providing directly or arranging and paying for Medi-Cal SMHS service components provided under a TFC service model to Medi-Cal beneficiaries; • Providing directly or arranging and paying for other medically necessary SMHS as determined by the client mental health plan; • Certifying and monitoring the TFC Program Agency to ensure Medi-Cal SMHS requirements are met; •
• County Child Welfare and Probation Agencies	County Child Welfare and Probation Agencies retain social work case management and placement responsibilities and file reports with courts of jurisdiction.
• California Department of Health Care Services (DHCS)	The California Department of Health Care Services is the designated single state agency for Medicaid and responsible for: • Supporting statewide implementation of the TFC service model consistent with the intent of the model, including providing technical assistance, resources, and tools to county agencies and private providers • Providing overall oversight of the TFC service model • Coordinating with CDSS in the administration of the TFC service model, where appropriate.
• California Department of Social Services (CDSS)	The California Department of Social Services is responsible for: • Developing, implementing, and maintaining a rate setting system for the board, care, and supervision provided to child/youth receiving Medi-Cal SMHS service components under the

Key Service Components	Description
	TFC service model • Licensing FFAs and performing audits of agencies • Conducting oversight of program and licensing of agencies, including investigations for licensing violations • Coordinating with DHCS in the implementation of the program, where appropriate

Therapeutic Foster Care (TFC) Service Model Parent Qualifications

Therapeutic Foster Care Service Model

Under the Therapeutic Foster Care service model, to qualify as a Medicaid TFC provider, a TFC parent must be approved as a TFC provider and approved as a resource parent by the TFC Agency[1]. This means that TFC parents must:

- Meet and comply with all basic foster care or resource parent requirements as set forth in California Code of Regulations (CCR) Title 22, Division 6, Chapter 9.5 or Welfare and Institutions (W&I) Code 16519.5[2]; and
- Meet and comply with all requirements related to their role as a TFC parent which is outlined below TFC parents will have access to the support of a Child and Family Team (CFT).

Resource Family Approval (RFA)

Pursuant to Assembly Bill (AB) 403 (Statutes of 2015) all new family-based foster care providers will be required to meet Resource Family Approval standards starting January 1, 2017 and existing licensed/certified foster care providers will be required to complete the process by January 1, 2020.

[1] TFC Agency would need to be: 1) A California licensed Family Foster Agency (FFA) or comparable agency that at a minimum is able to certify TFC homes; and 2) A Medi-Cal Mental Health provider that has a contract with a County Mental Health Plan as a Medi-Cal provider (or a County Mental Health Plan that has been certified by DHCS) to provide both TFC services and a wide array of other community behavioral health services.

[2] Pursuant to AB 403 (Statutes of 2015) all new family-based foster care providers will be required to meet Resource Family Approval standards starting January 1, 2017 and existing licensed/certified foster care providers will be required to complete the process by December 31, 2019.

	Resource Family Approval	Additional Requirements for Therapeutic Foster Care
Resource Parent	Must be at least 18 years of age. • All new caregivers, related and non-related, interested in providing care to children in child welfare or probation must go through RFA process • An approved Resource Family (RF) is approved for foster care, legal guardianship and adoption • A RF has been determined to have ability and willingness to provide permanency and/or ability and willingness to support permanency for a child • Counties, CDSS, FFA shall adhere to RFA standards for all families	For TFC parents the minimum age will be 21 rather than 18 years of age. • TFC parent must meet California's Medicaid rehabilitation provider qualification for "other qualified provider" [3] (i.e., has a high school degree or equivalent degree)" and meet provider qualifications and other requirements regarding certification, oversight, etc. as established by the Mental Health Plan.
Application Process	Forms: • Application and Criminal Records Statement • Home Environment Checklist • Risk Assessment • Written Assessment Report • Annual Update Supporting Documentation: • Proof of Identity • Department of Motor Vehicles (DMV) report for applicants and adults who may frequently transport children or non-minor dependents • Verification of good physical & mental health screening & psychosocial assessment etc. for applicants	No additional requirements.

[3] See California State Medicaid Plan Attachment 3.1 A Rehabilitation Mental Health Services.

	Resource Family Approval	Additional Requirements for Therapeutic Foster Care
	• Tuberculosis (TB) screening on all adults in home • Employment Verification • Verification of Income/expenses • Proof of home ownership or rental agreement • Prior history of applicant's status as Foster Family Home (FFH), Certified Family Home (CFH), approved relative or nonrelative extended family member, or employee, volunteer or licensee of a Community Care Facility (CCF) • Personal references Additional Requirements: • Home Environment Assessment (Building and Grounds) • Background Checks Assessment • Psychosocial Assessment • Pre-Approval Training	

	Resource Family Approval	Additional Requirements for Therapeutic Foster Care

Background Checks	• Fingerprint based criminal records check on applicant and all adults in the home at adoption clearance levels
	  ○ Department of Justice (DOJ)
	  ○ Federal Bureau of Investigation (FBI)
	  ○ Child Abuse Central Index (CACI)
	• Full criminal history considered in psychosocial assessment
	• Megan's Law check
	• DMV Report
	• Legal Administration Action Records System (LAARS) check
	  ○ Licensing Information System (LIS)
		No additional requirements.

	Resource Family Approval	Additional Requirements for Therapeutic Foster Care

Home Study Process and Inspection	Information provided to applicants:
	• Benefits associated with foster care, Adoption Assistance Program (AAP), Kin- GAP, Approved Relative Caregiver (ARC) funding, and any other assistance that may apply.
	• Personal Rights of foster children
	• The applicant's right to a due process hearing.
	• Access to health, mental health, and dental care through Medi-Cal, in home supportive services, and developmental or other services based on the needs of a child or non-minor dependent in the care of a Resource Family.
	• The Reasonable and Prudent Parent Standard[4].
	• The Quality Parenting Initiative Partnership Plan[5], if applicable.
	
	Comprehensive RFA Assessment includes:
	• Home Environment Assessment Check
	  ○ Building and Grounds
	  ○ Fire Clearance (if required)
	  ○ Capacity determination
	• Psychosocial Assessment
		This review process includes:
		• A thorough psychosocial evaluation for each TFC parent
		• A minimum of 2 to 3 pre-approval home visits
		• Individual interviews with every adult present in the home and a group interview session with all family members
		• A comprehensive written report which includes a discussion of family strengths, challenges, risk management concerns, the family's appropriateness for providing EPSDT services under the TFC service model and a recommendation for approval including the child/youth best served by the family and any restrictions.
		• The review process and inspection would occur prior to, or simultaneous with TFC parent training.

[4] As defined in W&I Code Section 362.05 (c), "reasonable and prudent parent standard" means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the state to participate in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities.

[5] "Quality Parenting Initiative Partnership Plan" means the document that describes the roles of a Resource Family and a County in mutually supporting a child or non-minor dependent in care and meets the case plan objectives.

	Resource Family Approval	Additional Requirements for Therapeutic Foster Care
	○ Minimum 3 face-to-face interviews with each applicant (at least one jointly and one individually) ○ Minimum 1 face-to-face interview with everyone in the home (including children) ○ Interviews include at minimum: • Childhood upbringing and experiences. • Adult experiences and personal characteristics. • A risk assessment, which shall include: A. Past and current alcohol and other substance use and abuse history. B. Physical, emotional, sexual abuse and family domestic violence history. C. Past and current physical and mental health of the applicant. • Current marital status and history of marriages, domestic partnerships, or significant relationships. • Children living in or out of the home. A. Name. B. Gender. C. Date of birth. D. Relationship to applicant. E. General health. F. Past and current behavioral issues. G. If children are not living in the home, the reason. H. Custody arrangements and disputes. • Parenting approaches. A. Family values. B. Lifestyles, activities, and home environment.	

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	C. Parenting practices and discipline procedures. • Social support system. • Employment. • Financial situation. A. Ability within the home to ensure the stability and financial security of the family. B. Understanding of legal and financial responsibilities when caring for a child or non-minor dependent. • Motivation to become a Resource Family. • Characteristics and demographics of a child or non-minor dependent best served by the Resource Family. • Discussion of the results of the background checks. • Pre-Approval Training (See below for more information) • Written Assessment (Final product that summarizes, evaluates and makes final determination on approvability of family including strengths and weaknesses)	
Initial Training Requirements	Minimum of 12 hours of pre-approval training which shall include: • A Resource Family orientation. • An overview of the child protective system. • Role of the resource family, including working cooperatively with service providers and agencies to	40 hours of initial TFC parent training must be completed prior to the parent being eligible to provide services as a TFC parent. Training shall include but is not limited to: • Introduction to therapeutic foster parenting and role in mental health treatment planning • Working with children who have been abused,

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	develop and implement the case plan. • Child and adolescent development and the effects of child abuse and neglect on child development. • Positive discipline and the importance of self- esteem. • Common health issues of foster children including administration of psychotropic medications. • A current certificate verifying completion of an age-appropriate Cardio-Pulmonary Resuscitation and First Aid course. • Accessing education and health services available to foster children or non-minor dependents in care. • Personal rights of foster youth. • Options for permanency. • Birth parent relationships and safety issues regarding contact, as applicable. • Instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of- home care. • Basic instruction on the existing laws and procedures regarding the safety of foster youth at school and the ensuring of a harassment and violence free school environment. • Any other training a County or approving agency determines to be appropriate.	neglected and/or delinquent. • Trauma informed care • Developmental stages and age appropriate interventions • Prevention of aggressive behavior and de- escalation techniques • Positive behavioral reinforcement techniques • Behavior management techniques • Introduction to individualized mental health treatment of children • Effective communication and relationship building techniques • Understanding and monitoring medications • Crisis management/de-escalation techniques • Cultural competence and culturally responsive services • Client sensitivity training (including stories and content developed and delivered by peer roles (e.g. foster parents, former foster youth, bio parents, etc.) • Training around stress and well-being/self- care • Involvement and role in Child and Family Team (CFT) • Progress note training/medical necessity criteria • Health Insurance Portability and Accountability Act (HIPAA) • Access to other Specialty Mental Health Services (SMHS)
Ongoing Training	Minimum of 8 hours of post-approval training on an annual basis • Trauma informed care and attachment. • Core Practice Model.	24 hours of annual ongoing training related to providing TFC services and which includes an emphasis on skill development and application and SMHS knowledge acquisition. This training can be provided in a variety of

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	• Crisis intervention. • Behavior Management. • Supporting children and non-minor dependents in school. • Effects of drug and alcohol abuse on children and non-minor dependents. • Administration of psychotropic medications. • Emancipation and independent living. • Any other training a County or approving agency determines to be appropriate. In addition to the training specified above, the Resource Family shall maintain a current certificate for CPR and First Aid.	formats (videos, readings, internet training, and webinars).
Supervision of Resource Parents	Approved Resource Families shall be provided with monthly financial assistance, agency sponsored resources, at least once monthly visits from the child, youth, or NMD's social worker, and other supports. A county or approving agency shall monitor Resource Families through the following: • Conducting annual updates as required by Section 08-01. • Conducting periodic evaluations and home environment assessments, as necessary. • Investigating complaints against a Resource Family. • Developing corrective action plans to correct identified deficiencies. • Requiring a Resource Family to comply with corrective	TFC parents provide EPSDT services under the TFC service model under the direction of a Licensed Practitioner of the Healing Arts or a Licensed Mental Health Professional able to direct services that is affiliated with the TFC Provider Agency. The TFC Provider Agency has overall responsibility for monitoring the TFC parents. The Licensed Practitioner/Professional will meet as frequently as needed with the TFC parent to review the treatment plan, documentation and progress of that treatment, and will provide support to the TFC parent.

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	action plans. • Investigating possible address matches of registered sex offenders as provided for in All County Letter (ACL) 13-64. CDSS shall review annually a random sample of Resource Families in a county for compliance with applicable laws and the Written Directives. The review shall include the following Resource Family information: • Application. • Background checks, including any exemptions. • Annual updates. • Complaints and investigations. • Enforcement actions and administrative reviews. • Reports of serious complaints and incidents involving Resource Families. • Any other information deemed necessary to evaluate compliance with applicable laws and the Written Directives.	
Annual Evaluation and Renewal	At least annually a county or approving agency shall update the approval of a Resource Family. • The update shall begin no sooner than 60 days prior to their anniversary date and shall be completed no later than 30 days after. Included in an annual update is the following: • Interview all individuals living in the home. • Updated home environment assessment • Verify that a subsequent arrest notification (rap back)	Incorporates input from the child and family team members as well as a self-evaluation by the TFC parents. The home visit should be strength-based and solution-focused. It should address: • TFC parent role and performances as therapeutic change agent; including treatment strategies • Case records and documentation

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	service is in place for all adults living in the home. • If there are new adults in the home, a background clearance must be completed for each new adult living in the home, including a subsequent arrest notification service. • A change in the number of people residing in the home, including when the resource family becomes a guardian or conservator for any child or other person, or an adult moves out of the home, • Updated psychosocial assessment to address any changes that have occurred in the Resource Family's circumstances • A change in the physical or mental health of a child, NMD or any other residents in the home, including the Resource Family. • A move to a new home location within the County, to another early implementation County, to a non-participating county, or returning to the approving County. • A change in marital status. • An update to an existing approval may be completed earlier than annually if in the county's judgment changes have occurred in the family's circumstances that warrant such an update • Personal and professional development goals and training • Barriers encountered and strategies for resolution through positive reinforcement	