Attachment “D”

**Specialized Foster Care**

|  |  |
| --- | --- |
|  | Specialized foster homes may be used to bridge the transition of a child with special needs from a higher level of care back into the community, or to prevent placement in a higher level of care. |
| **Number of Children Per Home** | A specialized foster home may not be licensed for more than one child without prior approval of the Tribal Social Services Director. |
| **Definitions**    **Regional Administrator Approval of Specialized Foster Care Payments, Checklist and Supporting Documentation** | **Specialized foster homes** (SFF) are licensed foster homes that provide care and treatment for children with problems that cannot be adequately addressed through the regular foster care services.  A child who requires specialized foster care includes a child who:   * has a medical condition making the child non-ambulatory; * a colostomy or feeding tube; * requires prescribed physical therapy provided by the foster parent;*.* * has severe or profound mental retardation; * has a terminal illness; * cancer; * blood disorders; * multiple handicaps; * serious burns requiring special care by the foster parent; * serious emotional disturbance; * HIV or AIDS; * has been exposed to drugs or alcohol; and exhibits moderate to severe symptoms;   **DRAFT DRAFT DRAFT**   * has been diagnosed with fetal alcohol syndrome or effect and exhibits moderate to severe symptoms; or * has other severe physical or mental health problems but whose needs are more appropriately met in a family setting. The child protection specialist will determine if the child’s needs require specialized foster care.   **A professional support person** is a person who has experience and training related to the type of medical problem for which the specialized foster parents are expected to provide care. The professional support person is available to consult with the foster parents on specific concerns.  All specialized foster care payments require approval in CAPS by the appropriate CFSD regional administrator. Before the regional administrator can approve a specialized foster care payment the Tribe must provide the appropriate regional administrator with a signed and dated copy of the Tribal Specialized Foster Care checklist attached below. This checklist certifies the Tribe has the required documentation identifying the child’s special needs and other supporting documentation in the child’s case file and that this information will be made available to CFSD immediately upon request. This additional supporting documentation shall include the following:   1. Name and CAPS ID# of the child with the special needs. 2. Name and CAPS ID# of the foster care provider who is to receive the specialized payment. 3. Name and contact information of the professional support person (defined above) and a copy of the Tribe’s approval of the professional support person. 4. Copy of an SSI referral made on behalf of the child (see **SSI Referral** on pg 5 of 7). 5. Copy of the foster care provider’s license that will be associated with the placement 6. Documentation demonstrating the ability of the foster care provider to meet the specific needs of the child and/or documentation showing the foster care provider has received pre-service training on the special problem area. 7. Any written agreement between the foster care providers and Tribal Social Services regarding mutual expectations related to the child’s case plan (see **Case Plan** on pg 5 of 7). 8. Approval of the Specialized Foster Care rate signed by the Tribal Social Services Director or designee.   **DRAFT DRAFT DRAFT**   1. Other information as requested by the regional administrator.   The regional administrator will provide the Tribal Social Services Director with written approval of the specialized foster care rate.  The regional administrator is responsible for maintaining audit information including:   * The Tribe’s request for approval of specialized foster care. * The checklist cited above. * A copy of the written approval provided to the Tribal case worker authorizing the specialized foster care rate.   Tribal Social Services is responsible to maintain all identifying information listed above in the child’s case file.  **NOTE: Once the regional administrator approves a specialized foster care payment in CAPS he/she is to send e-mail notification of this to the following Central Office staff: CFSD Contracts Officer (Andy Isola) and the Foster Care Payment Specialist (Kat McKay).** |
| **Tribal Social Services Responsibility**  CAPS | Tribal Social Services will:   * assess the child’s needs and eligibility for specialized foster care and enter the special needs on SPND; * obtain the supporting documentation referred to above **(including SSI referral**); * identify and approve the professional support person (defined above); * submit a request for approval of specialized foster care along with supporting documentation to the appropriate regional administrator.   Once the appropriate regional administrator has provided written approval of the specialized ***foster care rate*** for the child, the Tribal case worker shall:  **DRAFT DRAFT DRAFT**   * work with the Tribal licensing worker to determine the ability of the prospective specialized foster family to meet the needs of the child, or to identify a family able to meet the child’s needs.   When a foster home is able to meet the child’s special needs as determined by the licensing worker and is recommended for approval as a specialized foster home for the child, the recommendation is submitted to the Licensing Supervisor or designee. |
| **CAPS** | The licensing worker should notify the placing worker and the appropriate regional administrator when the appropriate license has been approved. **The specialized license must be approved before the worker will be able to enter the specialized foster care service on SERP.** Then the placement must be attached to the license in CAPS.  Once the appropriate license has been approved, the worker should close regular foster care and open foster care at the specialized rate on SERP, using service code PFSPC.  **NOTE**:  **Tribal Social Services staff shall not request clothing, transportation or diaper allowances (for children under 3) for children placed in a specialized foster home**. **These allowances are already included in the specialized rate.** |
| **Intensive Training and Supervision** | In addition to meeting the training requirements for a foster home license, the specialized foster parents must have a demonstrated ability to meet the specific needs of the child or receive pre-service training on the special problem area. |
| **CAPS** | The training must be approved by the licensing worker and will be recorded in the same manner as regular foster parent training on PRTD (Provider Training Detail). Documentation of this training must be included in the supporting documentation that is sent to the regional administrator when requesting approval of the specialized foster care rate.  The specialized foster parents must have regular contact with their professional support person (defined above) and participate in any other required training. |
| **Case Plan** | The placing worker should review the case plan with the foster parents and discuss mutual expectations. A written agreement between the foster parents and the agency regarding mutual expectations is recommended. |
| **Ongoing Review for Appropriate Placement**  CAPS | **DRAFT DRAFT DRAFT**  Tribal Social Services shall review the child’s continuing special needs on an ongoing basis. A formal assessment shall be entered on the ACTD screen as a progress report (SPR) every six months by Tribal Social Services. If the identified problems/special needs of the child are eliminated, payments will be reduced to the regular foster care rate.  It is the responsibility of the appropriate Tribal Social Servcies Supervisor to review the formal assessments entered on ACTD every 6 months, determine if the specialized foster care payments are to continue or be reduced to the regular foster care rate, and to notify the appropriate Regional Administrator of the determination. |
| **Payment**  CAPS  **SSI Referral**  **Hospitalization** | The specialized foster care rate will be paid only for those children named on the license specifically identified as requiring specialized foster care. Payment will be entered on SERP, service code PSFPC. **This payment must also be approved by the appropriate regional administrator on CAPS**.  **Any child considered for specialized foster care must also be referred to SSI to determine if the child is eligible to receive SSI payments**. **This referral should be documented and included as part of the supporting documentation sent to the regional administrator**. If the child is eligible for SSI, SSB, VA benefits or other monthly financial payments, these payments must be handled as described in the **Title IVE Child Welfare Services and Related Indian Child Welfare (ICWA) Services** **Agreement;** **Section 8: Benefits Received On Behalf Of The Child**.  If a child in specialized foster care needs hospitalization, the foster parents may continue to receive payment for up to one month or longer with the approval of the appropriate Tribal Social Services Supervisor. During the child’s hospitalization, the foster parent is expected to continue regular contact with the child, such as visitation in the hospital. |
|  |  |
| **Medicaid** | **Medicaid will only pay for medically necessary service.** The DPHHS Health Policy and Services Division determines the definition of medically necessary services, not the physician. If a worker has a question as to whether Medicaid will provide payment for a particular medical service, treatment or travel, the worker and foster parent may refer to the recipient booklet  **DRAFT DRAFT DRAFT**  entitled, Medicaid - Your Health Care Program and What You Need to Know (DPHHS-MA-65). Copies of this booklet are available at the county Office of Public Assistance (OPA). |
| Travel | Medicaid travel reimburses only necessary covered services from the nearest provider, and is limited to the least costly means to meet the child’s needs. Reimbursement is only available when there is no other way of reimbursing the travel.  **If emergency transportation is needed, call the Medicaid Transportation Hotline (1-800-262-1545) as soon as a medical appointment is made and before the travel occurs.** |
| General  Information | Medicaid information regarding the coverage of any service may be obtained by calling 1-800-362-8312 or accessing the Division’s web site at http://www.dphhs.state.mt.us/hpsd. If the worker is unable to get the necessary information, they may call the Health Policy and Services Division at 444-4540. |
| Mental Health Services | Financial eligibility will be determined by the OPA. Clinical assessments must be provided by alicensed mental health professional to determine the mental health needs. Travel is approved in the same manner as authorizing Medicaid travel.  For information on Mental Health covered Services or for problems accessing services, call 1-888-866-0328 toll free. |
| **Community Support Services** | Each foster parent should be advised of support services available in the community, and other types of financial and educational assistance for children with severe problems who are in foster care.  The placing worker makes appropriate referrals to other programs. These programs may provide services such as purchase of equipment, supplies, clothing, physical therapy, occupational therapy, gastrostomy feeding, tracheostomy care and debridement. |
| **References** | Mont. Admin. R. 37.50.310-320 |

**DRAFT DRAFT DRAFT DRAFT DRAFT**

**Specialized Foster Care Checklist/ Regional Administrator Approval For Tribal Children Under The Jurisdiction Of Tribal Courts**

Name & CAPS ID# of Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical/Special Condition of the Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & CAPD ID# of the Foster Care Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & Contact Info of Professional Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This document certifies that the information listed below is contained in the case file of the child listed above and that any or all of this information will be made available to CFSD immediately upon request. It is understood that should this information not be available immediately upon request or if it cannot be retrieved the \_\_\_\_\_\_\_\_\_\_\_\_ Tribe may be required to repay all or part of the specialized foster care payment provided to the foster care provider for the above named child.

Items in the child’s case file:

1. Copy of an SSI referral made on behalf of the child (see **SSI Referral** in contract Attachment “D”).
2. Copy of the foster care providers license that will be associated with the placement
3. Documentation demonstrating the ability of the foster care provider to meet the specific needs of the child and/or documentation showing the foster care provider has received pre-service training on the special problem area.
4. Any written agreement between the foster care providers and Tribal Social Services regarding mutual expectations related to the child’s case plan (see **Case Plan** in contract Attachment “D”).
5. Approval of the Specialized Foster Care rate signed by the Tribal Social Services Director or designee .
6. Additional information as requested by the regional administrator.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tribal Social Worker Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tribal Social Services Director/Designee Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional Administrator Date

Approved\_\_\_\_\_\_ Disapproved\_\_\_\_\_