



Texas Child-Centered Care (T3C) System

BLUEPRINT

July 2024



Texas Department of
Family and Protective Services

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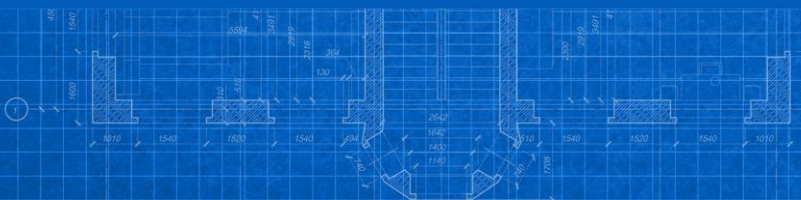


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Purpose of the Blueprint

The *Texas Child-Centered Care (T3C) System Blueprint* is a guide for Texas foster care stakeholders to gain an understanding of the framework and base parameters inherent in each of the twenty-four Service Packages and three Add-On Services descriptions.

The *Texas Child-Centered Care System Blueprint* is a product of the Texas Department of Family and Protective Services (DFPS) and will be updated quarterly (January, April, July, October) to include revisions (if necessary) and provide detailed information related to transition and implementation of the T3C System. DFPS will include the T3C System Blueprint Change Log to show modifications made between versions for ease and to ensure transparency.

The current version of the *T3C System Blueprint*, and any prior versions of the document will be found on the [DFPS Texas Child-Centered Care](#) webpage. If you have not already done so, we encourage you to subscribe for T3C news and updates on this page. DFPS will notify all subscribers when updated versions of the *T3C System Blueprint* and other T3C information is posted.

We welcome questions and feedback related to the *T3C System Blueprint*, which can be directed to dfpstexaschildcenteredcare@dfps.texas.gov.

Disclaimer: The contents of the T3C System Blueprint are in no way intended to supersede statute, rule, license, regulatory standards, or current DFPS or Single Source Continuum Contract requirements. Contractual requirements resulting from the transition and implementation of the T3C System will be memorialized in the actual contract.

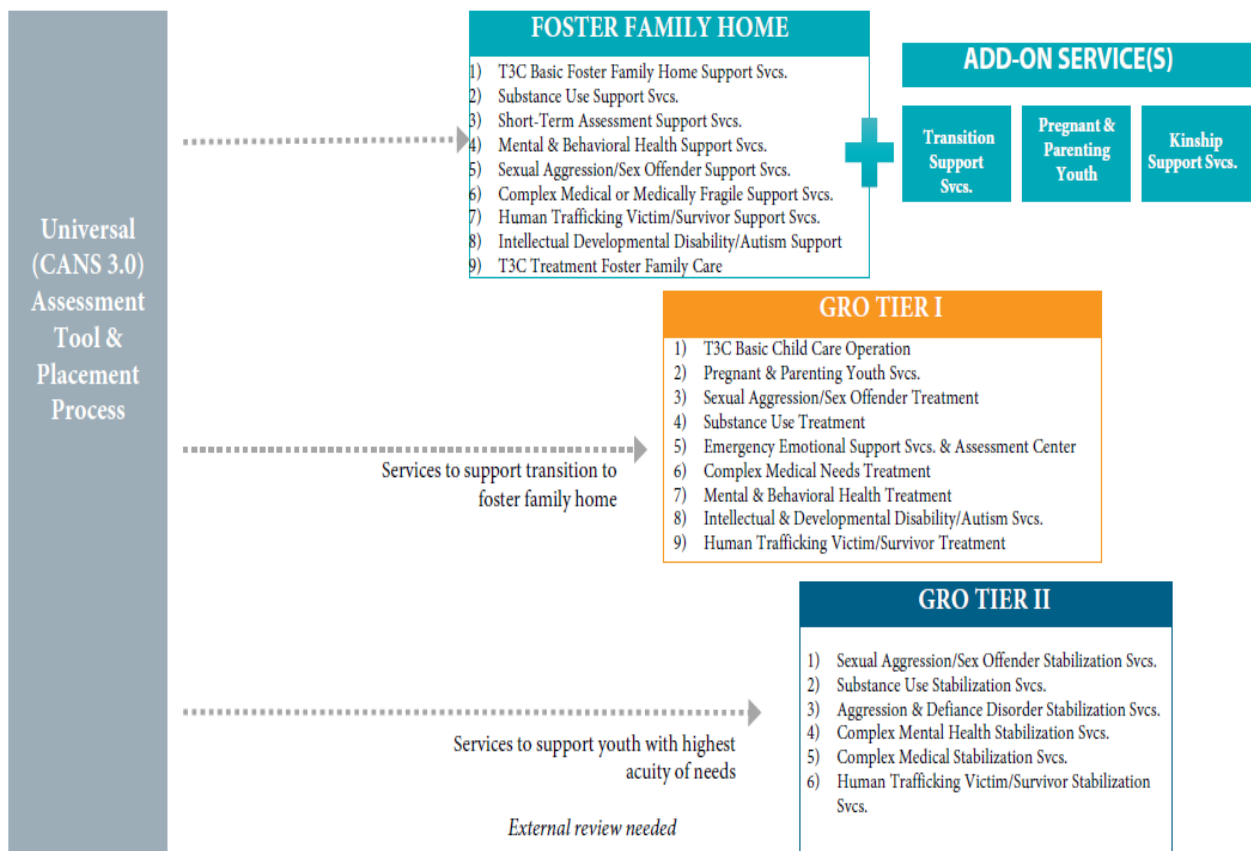


What is the T3C System and How Does it Work?

T3C Foster Care Continuum and Full Array of Services

Under T3C children, youth, and young adults are assessed, matched, and placed with a Child Placing Agency/foster family home, or a General Residential Operation that specializes in providing a specific type of service, known as a “Service Package”. There are nine distinct Service Packages offered in Foster Family Homes, nine distinct Service Packages offered in General Residential Operation Tier I facilities, and six distinct Service Packages offered in General Residential Operation Tier II facilities.

Based on the child, youth, or young adult’s unique needs, they may also be eligible for up to three distinct Add-On Services if placed with a Child Placing Agency/foster family home that specializes in providing the needed service(s).



Commonly Used Terms

The *T3C System Blueprint* includes terminology and concepts that are important to understand when interpreting what is required in each of the twenty-four T3C Service Packages and three T3C Add-On Services. To ensure common understanding, some of these key terms and concepts, which apply only to the T3C system, are described below.

- **Active Interim Credential:** The provider has met all necessary requirements to operate under the Active Interim Credential specific to the approved Service Package or Add-On Service, and contingent on contract amendment(s), may begin serving children under T3C. The Active Interim Credential period starts when the provider receives DFPS' approval that they have satisfied all requirements identified as "Required to be In Place on 1st Day Operating under Active Interim Credential" (see APPENDIX II.A: T3C Interim Credential Requirements). The Active Interim Credential period expires on the last day of the twelfth calendar month after the date that DFPS issues initial approval. To avoid a lapse in service and for the provider to continue to provide the specific Service Package or Add-On Service to children and youth in DFPS conservatorship, the provider must meet all requirements, apply for, and obtain the Full Credential by the time the Active Interim Credential expires. During the Active Interim Credential period, the provider must supply status reports on their progress towards meeting all of the requirements to obtain the Full Credential for the Service Package or Add-On Service.
- **Add-On Service (Child Placing Agencies Only):** A set of clearly defined criteria with an established daily rate that supports eligible children, youth, and young adults with specific needs living with a Credentialed Foster Family Home Caregiver supported by a Credentialed Child Placing Agency that includes one or more of the following services:
 - Transition Support Services for Youth & Young Adults 14 years and older,
 - Kinship Caregiver Support Services (Paid to Child Placing Agency only) for verified kinship foster family homes, and
 - Pregnant & Parenting Support Services.
 Each Add-On Service has a unique daily rate, and dependent on child and provider eligibility for service(s), is added to the daily rate for the primary Service Package.
- **Aftercare Services:** Support services planned in anticipation of discharge and provided post-discharge to children that have transitioned to a new placement. Aftercare Services vary by Service Package/Add-On Service. Funding to support the provision of Service Package-specific aftercare has been included in the applicable daily rate paid **while** the child is in placement to be used to support post-discharge services. While the type, resources, frequency, and duration of services may vary by Service Package/Add-



On Service, aftercare requirements include one, more than one, or all the following expectations:

- Collaboration with the child’s core Service Planning team, which dependent on the case, should include: the child, the child’s parents, the child’s CPS or SSCC caseworker, attorney ad-litem, guardian ad-litem and/or CASA volunteer, STAR Health Service Coordinator, relatives, subsequent Caregivers, and other stakeholders.
 - Collection, documentation, and tracking of child outcome data, related to the provision of Aftercare Services.
 - Prior to transition, administration, and completion of the CANS 3.0 Assessment. Review of assessment with Service Planning team members to identify strengths and needs to build on and address in subsequent placement.
 - Assistance with school enrollment (if applicable per the child’s age). Prior to discharge and if possible, the child must be enrolled in school. Any issues should be addressed with assistance of the education liaison for the operation.
 - Development and maintenance of the Education Portfolio.
 - Assistance with identification, facilitation and support of affirming, normative, age-appropriate, positive-peer relationships, and activities within the child’s community at the subsequent placement. Activities can include any number of things that are meaningful to the child and contribute to positive well-being, which may include sports, fine arts, volunteering, employment, extra-curricular, school activities, etc.
 - Organization and facilitation of the transition to other medical and mental health providers, as needed. This includes collaboration to ensure that there is no lapse in therapy or medication, if applicable.
 - Assessment, assistance, and support of the needs of parents and/or subsequent Caregivers and family.
 - Consistent and ongoing engagement with the child and families to support transition and to maintain healthy connections.
- **Caregiver:** For purposes of T3C, a person, including an employee, foster parent, cottage parent, contract service provider, or volunteer, whose day-to-day responsibilities include direct care, supervision, guidance, and protection of a child, youth, or young adult in care.
- **Child and Adolescent Needs and Strengths (CANS) 3.0 Assessment:** A multi-purpose tool developed for children’s services to support customized decision making, including identification of the optimal Service Package (for T3C) and planning, to facilitate quality

improvement initiatives, and to allow for the monitoring of outcomes of children, youth, and young adults in care.

- **Continued Stay Guidelines:** Incorporated in the provider’s policy and procedures, these guidelines directly link to the Evidence-informed or Evidence-based Treatment Model and are used as the means for determining a child’s continued need for placement beyond the expectation established by the provider for the individual Service Package. The timeline for review should coincide with the expected duration of stay based on the provider’s selected and approved Treatment Model, and any time limitations of the Service Package. These guidelines at a minimum must address:
 - The primary reason the child met the admission guidelines, and a detailed documented reason for how he or she continues to require on-going services established upon placement, or how those services are being changed or replaced with others.
 - How services are adjusted for the child based on an updated CANS 3.0 Assessment.
 - How services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans.
 - A less-restrictive placement type/service option is not appropriate to meet the child’s individual needs.

- **Continuous Quality Improvement:** For purposes of T3C, this means the formal structure and process used by the Child Placing Agency or General Residential Operation for defining and examining programs strengths and challenges and testing, improving, and learning from solutions on an on-going basis. This process is intended to be proactive and cyclical, using data to improve the quality of services and outcomes for children, youth, and young adults based on the individual Service Package and/or Add-On Service (if applicable).

- **Credential:** For purposes of T3C, this means a Child Placing Agency, General Residential Operation, or foster home has met the qualifications, as determined by DFPS, to offer a specific Service Package or Add-On Service (Child Placing Agencies only). DFPS will make the determination for Child Placing Agencies and General Residential Operations, while the individual Child Placing Agency will assess whether the individual foster home meets the qualifications.

- **Daily Foster Care Rate:** The per diem rate paid to an SSCC, or Child Placing Agency, or General Residential Operation for providing a distinct Service Package or Add-On Service(s).

- **Diagnostic and Statistical Manual of Mental Disorders (DSM-5):** Handbook used by health care professionals as the authoritative guide to the diagnosis of mental and behavioral disorders. DSM-5 contains descriptions, symptoms, and other criteria for diagnosing mental and behavioral disorders.
- **Evidence-based:** Practice that is shown to be effective based on *rigorous evaluation* and factors in expertise of professionals and the characteristics, culture, and preferences of those the practice will support.
- **Evidence-informed:** Component parts include knowledge gained through research, practice, and experience, use of data collection, tracking, and analyzation to ensure that desired outcomes are being achieved and are continuing to meet the customized needs of the unique population. Please note that use of an Evidence-based Treatment Model may be used in lieu of an Evidence-informed Treatment Model as referenced throughout the *T3C System Blueprint*.
- **Extended Foster Care:** A voluntary program that allows a young adult to reside in a paid foster care placement after DFPS legal conservatorship ends upon turning age 18. The young adult is eligible for Extended Foster Care if he or she is participating in qualifying activities which can be found in [Chapter 10400 of the Child Protective Services Handbook](#).
- **Inactive Interim Credential:** Provider has met the criteria for the Service Package or Add-On Service based on completion of the requirements that are identified as “Required to be In Place @ Time of Application” (see APPENDIX II.A: T3C Interim Credential Requirements). The Inactive Interim Credential period starts when the provider receives written confirmation from DFPS that they have satisfied all of the requirements identified as “Required to be In Place @ Time of Application for Interim Credential” (see APPENDIX II.A: T3C Interim Credential Requirements). The purpose of the Inactive Interim Credential is to allow time for the provider to complete all requirements necessary between the time of application to be eligible for the Active Interim Credential for the specific Service Package or Add-On Service. The Inactive Interim Credential is limited to 120 calendar days. If the provider is unable to meet all of the requirements necessary to move to the Active Interim Credential status by the 120th calendar day, they must start the application process for the Interim Credential again.
- **Information Technology (IT) System:** For purposes of T3C, there is a requirement that *all providers engage in selection and utilization of a computer system(s)* that includes hardware, software, and equipment operated by provider staff (users) and allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome

tracking processes in a manner that protects confidentiality, and meets industry standards for secure data storage.

- **Interim Credential:** An initial, short-term Credential that can be applied for by General Residential Operations and Child Placing Agencies that currently have a Residential Childcare Contract with either DFPS or with at least one SSCC, and meet certain eligibility requirements. Within state and federal statute and regulatory requirements, DFPS-approved providers could start providing T3C Service Packages and Add-On Services based on evaluation of a comprehensive plan, but prior to meeting all of the requirements to become fully Credentialed. Providers approved for the Interim Credential in a particular Service Package or Add-On Service are subsequently required to become Fully Credentialed before the Interim Credential expires on the last day of the twelfth calendar month after the date of issuance for the Active Interim Credential. The Interim Credential for any one Service Package is issued to an eligible provider one time only and is not renewable. The Interim Credentialing process will be time-limited during the transition and ***DFPS anticipates that it will be eliminated as an option to providers after October 2025.*** The Interim Credential is divided into two status periods, starting with the Inactive Interim Credential, and followed by the Active Interim Credential.
- **Intermittent Alternate Care:** Commonly referred to as “Respite Care”, this is a planned alternative 24-hour care provided for a child, youth, or young adult by a licensed Child Placing Agency as a part of the Child Placing Agency or home’s regulated childcare and lasts more than 72 consecutive hours. For purposes of T3C, funding to support Intermittent Alternate Care has been built into the daily foster care rate.
- **Kinship Caregiver:** Relatives and other people (known as fictive kin) who the child or family have a significant relationship with and who can provide stability for children when they can't safely reside with their parents. For purposes of T3C, Kinship Caregivers are ***verified Caregivers*** through a licensed Child Placing Agency.
- **Logic Model:** A graphic depiction, developed by the provider, that presents the shared relationships among the resources, activities, inputs, outputs, outcomes, and impact for each Service Package and/or Add-On Service. A Logic Model depicts how the provider’s program will work, what it is expected to achieve, and identifies the components that will be used to inform provider program improvements through the continuous quality improvement process and is intended to change through this process.
- **Minimum Standards:** [Chapter 42 of the Texas Human Resources Code](#) requires the Health and Human Services Commission to regulate childcare and child-placing activities in Texas, and to create and enforce Minimum Standards. HHSC develops rules for childcare in Texas. Once proposed, reviewed, and adopted, these rules become part of the Texas Administrative Code. [\(Read the childcare licensing rules.\)](#) Each set of

Minimum Standards is based on a particular chapter of the Texas Administrative Code and the corresponding childcare operation permit type(s). The Minimum Standards mitigate risk for children in out-of-home care settings by outlining basic requirements to protect the health, safety, and well-being of children in care. For purposes of T3C, providers must be licensed through HHSC-Child Care Regulation Division (CCR). Service Package and Add-On Service requirements that are consistent with Minimum Standards will be monitored through CCR.

- **Normalcy:** The ability of a child in foster care to engage in activities that are suitable for children, youth, and young adults of the same age, level of maturity, and developmental level as determined by a reasonable and prudent parent standard. Examples include, but are not limited to, extracurricular activities, in-school and out-of-school activities, enrichment activities, drivers' education and experience, cultural activities, employment opportunities, and frequent communication with family, friends, and peers via in-person visits, phone calls, and through social media (if safe and appropriate).
- **Permit Type:** For purposes of T3C, this refers to the operation's type (Child Placing Agency or General Residential Operation) that are a part of the permit issued by HHSC-Child Care Regulation Division and is distinct for each Service Package and/or Add-On Service.
- **Permit Services:** For purposes of T3C, this refers to the treatment, programmatic, and/or special services that are required of the operation (Child Placing Agency or General Residential Operation) that are a part of the permit issued by HHSC-Child Care Regulation Division and is distinct for each Service Package and/or Add-On Service.
- **Pre-Placement Visit:** Occurs before placement and allows the child, youth, or young adult to visit with potential Caregivers to determine if the child, youth, or young adult feels that the placement is a good fit and allows time to process the change.
- **Promising Practice:** A practice that is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child outcomes, such as mental health, substance abuse, well-being or safety) as established by at least one study that was rated by an independent systemic review for the quality of the study design and execution and determined to be well-designed and well-executed; and utilized some form of control group.
- **Service Coordination:** A special kind of care management that is performed by a Superior STAR Health Service Coordinator and is a benefit for **all** STAR Health members.

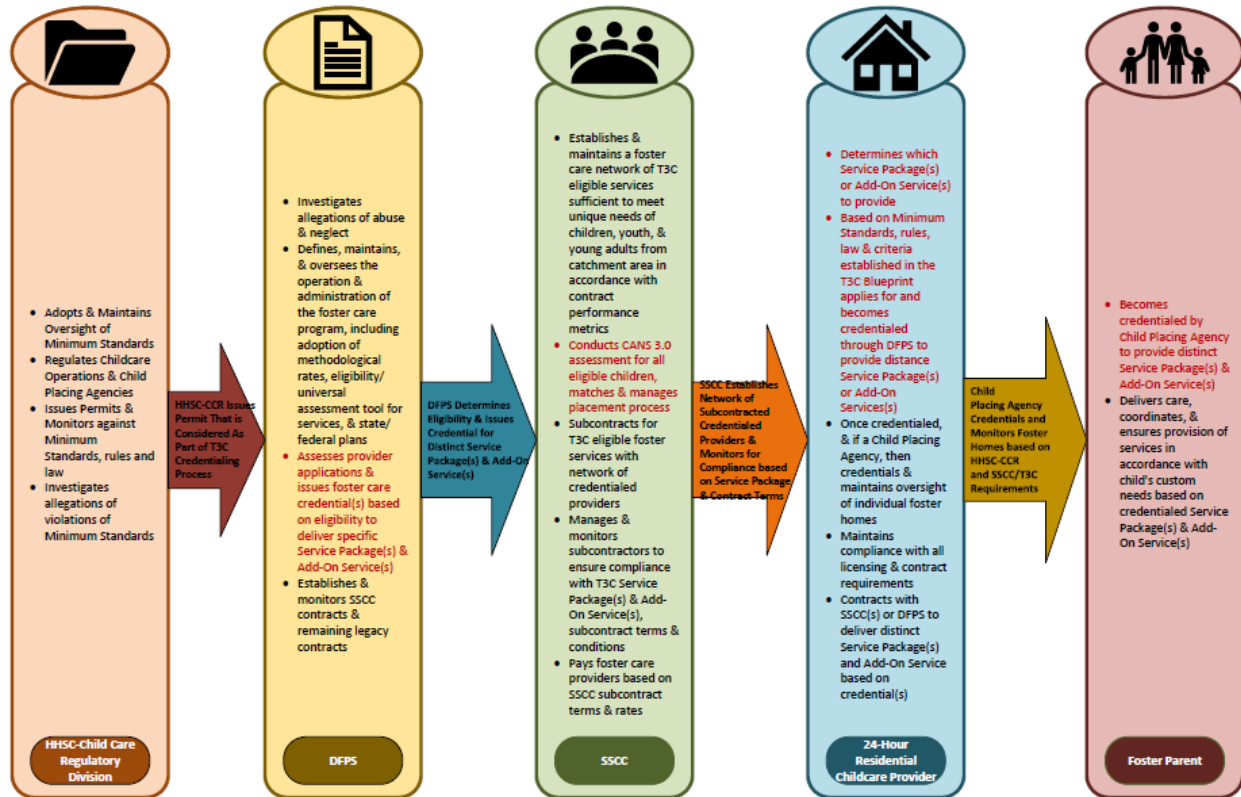
As a part of Service Coordination, the STAR Health Service Coordinator works with STAR Health members (children and youth in DFPS conservatorship or young adults in Extended Foster Care) and their medical consentor to:

- Identify healthcare needs.
 - Develop an Individual Service Plan (ISP) along with their medical consentor, community supports, and providers.
 - Ensure that services are received timely.
 - Help to find providers and access covered services.
 - Coordinate Medicaid covered services with social and community support services.
- **Service Package:** Clearly defined set of criteria that is intended to meet the custom needs of the child, which is used to evaluate a provider for a Credential. Each Service Package has a unique daily rate. Children, youth, and young adults may have competing needs, however only one primary Service Package will be determined at the time of placement and will serve as the basis for the single daily reimbursement rate.
 - **Service Plan:** Commonly referred to as the “Single Child’s Plan of Service”, for purposes of T3C, this is the provider's developed plan that is narrowly tailored to address the child’s custom goals, progress achieving goals, and services that will be provided to a child, youth, or young adult to meet specific goals while served by the provider. The Service Plan must incorporate the CANS 3.0 Assessment.
 - **Single Source Continuum Contract/Contractor (SSCC):** Entity with whom DFPS enters a contract for the provision of the full continuum of substitute care, case management, and reunification services in a designated geographic catchment area.
 - **Staff:** For purposes of T3C, Child Placing Agency or General Residential Operation staff includes a person an operation employs full-time or part-time to work for wages, salary, or other compensation. This includes all Child Placing Agency or General Residential Operation staff, agency or operation contractors, volunteers, and any owner who interacts with a child, youth, or young adult receiving the specified Service Package or Add-On Service.
 - **STAR Health:** A comprehensive, single source Medicaid managed care model for children and youth in DFPS conservatorship and young adults up to age 22 in Extended Foster Care. Benefits of STAR Health include:
 - Immediate access to services when the child or youth is taken into DFPS conservatorship.

- Support of a statewide (Medicaid) provider network.
 - Continuity of care supported by Health Passport, a proprietary healthcare data management system.
 - Ability to develop innovative and flexible solutions to support child welfare system changes and needs.
 - Simplification of system changes required to coordinate care.
 - A one stop shop to assist with physical health, behavioral health, dental, vision, pharmacy benefits, value-added services, and transportation.
 - Dedicated STAR Health staff with many years of prior child welfare experience and specific foster care training.
- **Time-limited Service:** Varies by Service Package and provider’s Treatment Model, it is the anticipated length of time that it will take for a child, youth, or young adult to successfully complete a program prior to discharge.
- **Trauma-informed agency or organization:** A Child Placing Agency or General Residential Operation that is trauma-informed is an organization or agency that:
- Realizes the widespread impact of trauma and the potential paths for recovery;
 - Recognizes the signs and symptoms of trauma in children, youth, young adults, families, staff, Caregivers, and others involved in the child welfare system;
 - Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
 - Seeks to actively resist re-traumatization.
- **Treatment Model:** Commonly referred to as a “program model”, it serves as the foundation and framework for the provider’s program. For purposes of T3C, a Treatment Model *is not solely* the therapeutic technique(s) or specific clinical intervention(s) being used to treat the individual child’s diagnosis (as may be offered through STAR Health). Rather it is the holistic, trauma-informed approach to care that considers the physical, emotional, social, and spiritual well-being needs of children requiring a distinct Service Package, and serves as the program’s structure for providing care, including the approach to planning, and providing therapeutic/clinical intervention(s), case management, training, policy and procedures, recreation, service planning, and Aftercare Services (if applicable). The provider’s Treatment Model can be one they have developed independently or one that they have purchased, so long as it meets the core elements listed above and is Evidence-informed, or a Promising Practice, or is Evidence-based. The T3C Treatment Model should be based on certain qualifying assumptions around the specific population (as defined by the Service Package and/or Add-On Service(s)) served and must be customized to treat and provide care based on

System Roles and Responsibilities under T3C

The Texas foster care system is an inter-agency and interdependent system. Each agency has a unique and specific role in the system that is defined by law, rule, statute or contract, and the T3C system strives to ensure that roles and responsibilities remain clearly defined. Most of the responsibilities identified are consistent with previously established service responsibilities for each entity, however, a few have been added that are specific to the T3C credentialing, service delivery, and oversight processes.



New T3C responsibilities are identified in red font.

The CANS 3.0 Assessment

One of the major systemic changes included in T3C is how the CANS Assessment tool is used. An enhanced 3.0 Assessment (customized based on the current CANS 2.0) will be conducted at different stages of a child’s case and will be used to help inform which one of the twenty-four T3C Service Packages is recommended to meet the child’s custom needs.

To ensure that the person administering the CANS 3.0 Assessment has access to the most current information on the case, administration of the CANS 3.0 Assessment will move from STAR Health credentialed assessors to the child welfare system under the T3C System. A new



type of staff, known as the CANS Assessor, will be a part of the placement team for each Single Source Continuum Contractor (SSCC) or DFPS (in areas that have not yet transitioned to CBC).

Under the T3C System, children, youth, and young adults ages 3 through 21 will receive a CANS 3.0 Assessment upon the occurrence of any of the following events:

- Within 30 days of removal, or for children turning 3 years old, within 30 days after their third birthday,
- Annually,
- At the time of a placement change,
- Every 90 days if they are receiving therapeutic services, or
- Upon request of the child's Single Source Continuum Contractor (SSCC) or DFPS Caseworker, to ensure appropriate Service Package selection and placement match.

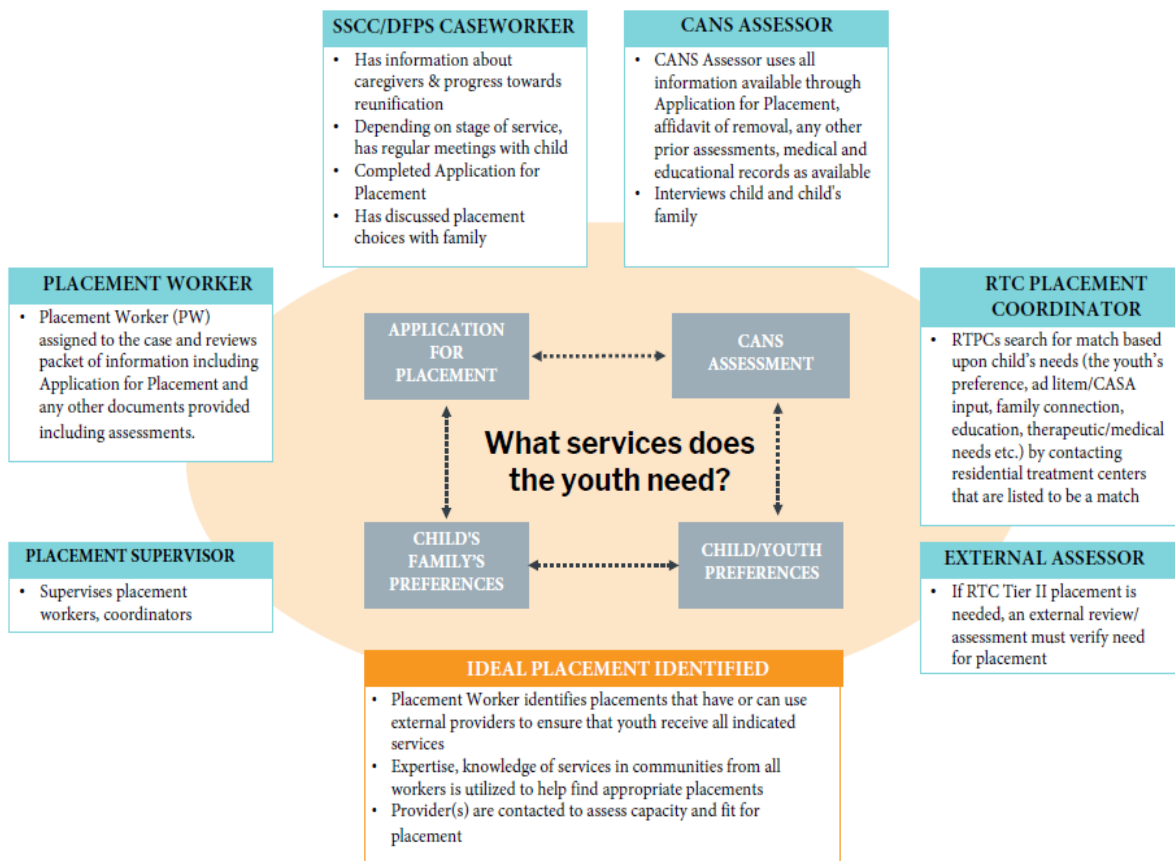


Selecting a Placement Under the T3C System

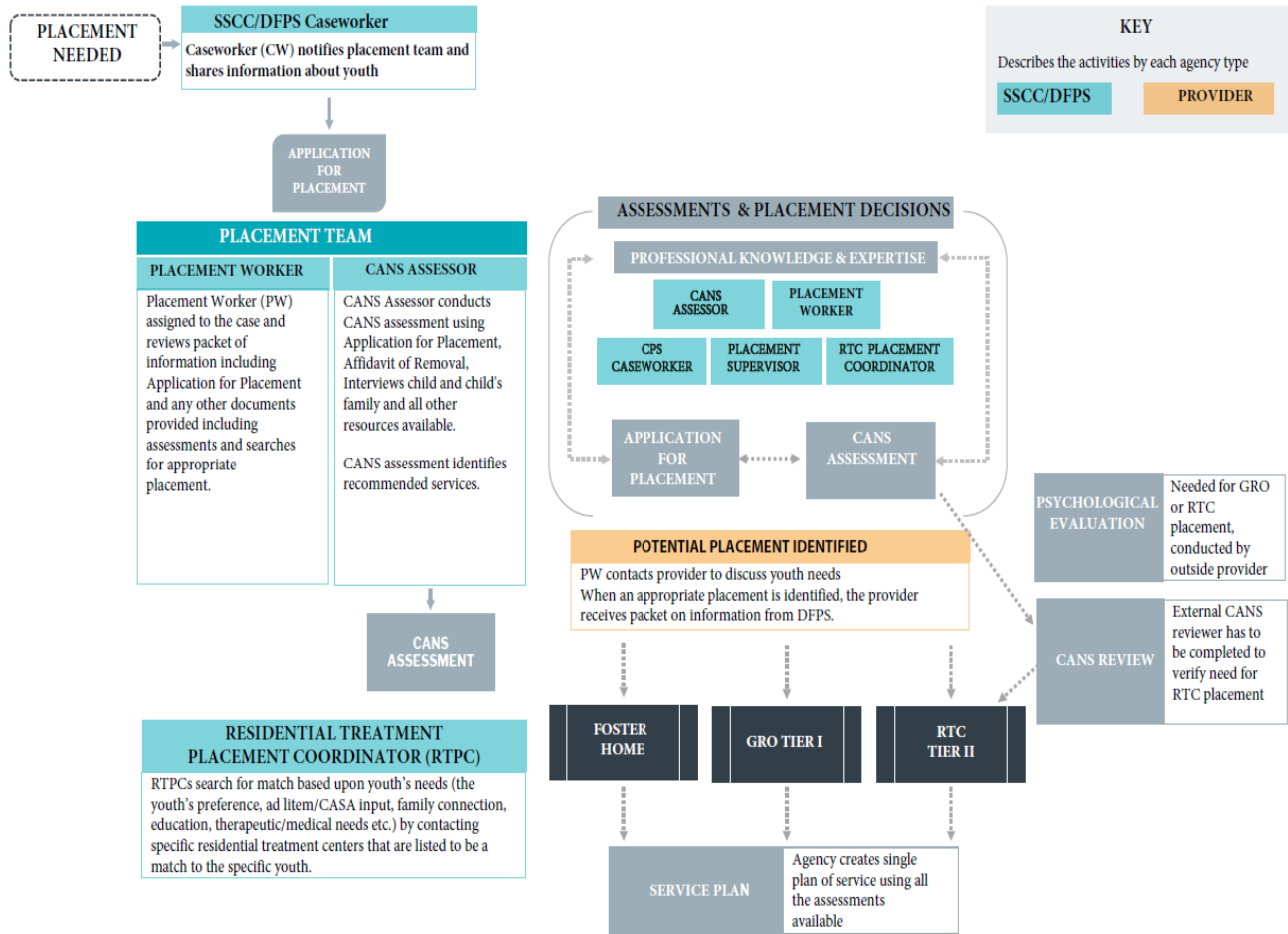
While the CANS 3.0 Assessment **recommended** Service Package, and other supporting documentation will be used to inform the process, the knowledge and professional judgement of the SSCC or DFPS staff working to secure placement based on the individual child’s needs and best interest will be the basis for the **selected** Service Package and placement type.

Case record information, including the removal affidavit and the Application for Placement, along with other information will continue to be shared with the provider as a part of the matching process.

Roles and Responsibilities of the SSCC or DFPS Placement Team under T3C



Example of the Placement Selection Process Under The T3C System



There will be situations where the need for a placement is urgent or the child’s needs are such that there is no time to complete the CANS 3.0 Assessment, Pre-Placement visit, etc. There are several Service Packages that contemplate this urgency, such as the Short-Term Assessment Support Services Package and the Emergency Emotional Support & Assessment Center offered in the General Residential Operation Tier I setting.

While the CANS 3.0 Assessment *recommended* Service Package, and other supporting documentation will be used to inform the process, the knowledge and professional judgement of the SSCC or DFPS staff working to secure placement based on the individual child’s needs and best interest will be the basis for the *selected* Service Package and placement type.

Each operation's plan and timeline for transitioning to the T3C System will be unique. Based on communication with stakeholders, DFPS has identified the following suggestions as some of the ways providers are approaching the transition:

- Review historical documents on Foster Care Rate Modernization, including the [Foster Care Rate Modernization Final Service Description Report-January 2022](#) and the [Foster Care Rate Modernization Pro Forma Modeled Rate Report- February 2023](#) to understand the process used to build out the modernized T3C System.
- Review the contents of the *T3C System Blueprint*, particularly the requirements for each Service Package and/or Add-On Service (see sections below) and identify which ones your operation may wish to provide.
- Conduct a gap analysis, based on the Service Packages and/or Add-On Services to determine what, if anything, is needed by the operation to provide the service, and use this information to develop a more thorough provider level transition plan.
- Visit T3C Ready at www.T3CReady.org an initiative of the SSCCs and the Texas Alliance of Child & Family Services. T3C Ready contains valuable information to help providers actively prepare for the transition, including a T3C Readiness Assessment tool, training opportunities and other resources.
- Apply for the T3C Provider Transition Grants. In state fiscal year 2024, ACH Child and Family Services-Our Community Our Kids (ACH-OCOK) entered into a contract with DFPS to administer the FY 2024 Provider Transition Grants. The first round of T3C Provider Transition Grants RFA was released on May 8, 2024 and closed on May 24, 2024. Award notifications occurred the week of June 17. 229 applications were received from 143 unique organizations. 80 awards were made of grants ranging from \$9,500 to \$150,000. Providers from every region and catchment area of the state received awards. Collectively, organizations receiving the grant awards have indicated their intent to Credential across the full array of T3C service packages. There will be additional opportunities for grant funding in state fiscal year 2025. More information is coming soon, so please visit the T3CReady.org website.
- Ask questions if something is unclear or if more information is needed – reach out to the Department via the dedicated email address: dfpstexaschildcenteredcare@dfps.texas.gov.
- Seek opportunities to learn more. DFPS is working with other stakeholders, including the various provider trade associations to share information and identify areas for



Services for Youth & Young Adults Add-On Service) + \$38.22 (Table 2 Kinship Caregiver Support Add-On Service) = \$158.91 Total Daily Rate. ***The exception to this is that the Short-Term Assessment Support Services Package is not eligible for any Add-On Services.***

Exceptional Foster Care Rate and Child Specific Contracts

Even with the robust service array and rate structure offered in the T3C System, there will likely continue to be a small number of children in DFPS conservatorship or in Extended Foster Care with service needs that exceed the framework/parameters of the Service Packages, and for which the Exceptional Foster Care Rate (under the CBC model) or a Child-Specific Contract (for areas that have not yet moved to CBC) will be needed. There will continue to be an Exceptional Foster Care Rate established for the SSCCs, and the use of Child-Specific-Contracts to ensure that this sub-set of children receive the unique services needed. With the expanded and clearly defined service array, universal assessment, and modernized rate structure offered under the T3C System, once fully implemented, there should be a decrease in the use of Exceptional Foster Care and Child-Specific Contracts.

HHSC will continue to maintain rates using updated cost report data (when available), along with continuing to leverage the other data sources used to calculate the below listed pro forma modeled rates. For more information on pro forma rates and the T3C rate setting methodology and process, please refer to [The Foster Care Rate Modernization: Pro forma Modeled Rates and Fiscal Impact Report](#) published by HHSC in February 2023.

Table 1. Child Placing Agency/Foster Family Home T3C Methodological Rates
Community-based Service Packages

Primary Service Package	Methodological Daily Rate Total	Child Placing Agency Retainage Portion	Foster Family Home Pass through Portion
T3C Basic Foster Family Home Support Services	\$83.29	\$36.39	\$46.90
Substance Use Support Services	\$148.14	\$88.57	\$59.57
Short-Term Assessment Support Services (Not eligible for Add-On Services)	\$150.40	\$77.22	\$73.18
Mental & Behavioral Health Support Services	\$169.49	\$109.92	\$59.57

Primary Service Package	Methodological Daily Rate Total	Child Placing Agency Retainage Portion	Foster Family Home Pass through Portion
Sexual Aggression/Sex Offender Support Services	\$186.47	\$88.57	\$90.78
Complex Medical Needs or Medically Fragile Support Services	\$187.80	\$94.53	\$93.27
Human Trafficking Victim/Survivor Support Services	\$217.26	\$117.05	\$100.21
Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services	\$219.98	\$129.20	\$90.78
T3C Treatment Foster Family Care Support Services	\$328.41	\$188.83	\$139.58

Table 2. Child Placing Agency/Foster Family Home T3C Methodological Rates
Community-based Add-On Services

Add-On Service	Methodological Daily Rate Total	Child Placing Agency Retainage Portion	Foster Family Home Pass through Portion
Transition Support Services for Youth & Young Adults Add-On Service	\$37.40	\$11.27	\$26.12
Kinship Caregiver Support Services Add-On Service	\$38.22	\$38.22	Not Applicable
Pregnant & Parenting Youth or Young Adult Support Services Add-On Service	\$51.22	\$24.94	\$26.28



BLUEPRINT

Table 3. General Residential Operations-Tier I T3C Methodological Rates
Treatment/Transition Service Packages

Service Package	Methodological Daily Rate Total
Tier I: T3C Basic Child Care Operation	\$270.80
Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting	\$365.60
Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition	\$366.17
Tier I: Substance Use Treatment Services to Support Community Transition	\$389.67
Tier I: Emergency Emotional Support & Assessment Center Services	\$390.91
Tier I: Complex Medical Needs Treatment Services to Support Community Transition	\$422.30
Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition	\$453.53
Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition	\$461.23
Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition	\$472.14

Table 4. General Residential Operations-Tier II T3C Methodological Rates
Treatment/Stabilization Service Packages

Service Package	Methodological Daily Rate Total
Tier II: Sexual Aggression/Sex Offender Services to Support Stabilization	\$540.60
Tier II: Substance Use Services to Support Stabilization	\$565.50
Tier II: Aggression/Defiant Disorder Services to Support Stabilization	\$574.65
Tier II: Complex Mental Health Services to Support Stabilization	\$583.33
Tier II: Complex Medical Services to Support Stabilization	\$623.53

Service Package	Methodological Daily Rate Total
Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization	\$669.03

Credentialing

The Credentialing Process

Beginning in 2024, new and existing providers electing to provide one or more of the T3C Service Packages and/or Add-On Services will need to apply to become Credentialed. Based on the current T3C roll-out schedule, **all providers will have to become Credentialed before September 1, 2027**, to provide services to children and youth in DFPS conservatorship or young adults in Extended Foster Care (except for providers only offering Supervised Independent Living Services).

DFPS is currently working with stakeholders to develop the process that will be used to Credential providers, based on one or more of the twenty-four Service Packages and three Add-On Services. Once the process has been finalized, DFPS will release an update to providers outlining the step-by-step process, including a comprehensive list of what providers will need to submit to become Credentialed. While information on the Interim Credential is being released in this edition of the *T3C System Blueprint*, details on the step-by-step process for the Full Credential is anticipated to be in the next edition of the *T3C System Blueprint* released in October of 2024. At a minimum, it is anticipated that providers will be required to demonstrate and articulate the ability to provide the distinct Service Package and/or Add-On Service(s) based on the provider's /operation's infrastructure, specific policy, procedures, organization charts, business and training plans, and the Treatment and Logic Models.

Based on the vision for the T3C System and stakeholder feedback, some of the assumptions that are being used to guide the development of this process include:

- Establishing a single-streamlined Credentialing process (as opposed to having multiple processes where providers would submit to both DFPS and the SSCCs) for providers, to support efficiency and consistency during transition. Providers will only need to submit one application for review, and once Credentialed, make the provider eligible to provide the distinct Service Package(s) and Add-On Service(s) approved to children, youth, and young adults under an SSCC and/or DFPS legacy contract at T3C rates.
- Prioritizing and expediting of applications based on the greatest Service Package and Add-On Service capacity need for the system.

Providers may apply for and become Credentialed to provide multiple Service Packages and/or Add-On Services, however each set of parameters will be assessed separately. If a Child Placing Agency or General Residential Operation wants to become Credentialed to provide additional Service Packages and/or Add-On Services (if applicable), they may submit subsequent applications at any time, as there is no limit on the number of applications an agency or operation can put forward.

For Child Placing Agencies, once Credentialed to provide one or more of the Service Packages and/or Add-On Services, the operation will be required to have a process (which will be evaluated as a part of the Child Placing Agency's Credentialing process) in place to assess individual foster homes and Foster Family Home Caregivers to provide the Child Placing Agency's Credentialed services. Child Placing Agencies will be responsible for assessing, Credentialing, and tracking outcomes for children, youth, and young adults at the foster home level.

Providers will maintain Credentialed status for a period. Prior to the expiration of the Credentialed timeframe, the provider will need to apply to become re-Credentialed. The timeline and process for re-Credentialing is currently under development. The following assumptions are being used to guide the re-Credentialing process:

- Capacity utilization including evaluation of provider-specific referral, admission and discharge data by Service Package and Add-On Service.
- Child outcome data.

DFPS anticipates providing updated information regarding both the Full Credentialing and re-Credentialing process, including the estimated timeline to begin the process and the expected timeline for completing the process, in the October 2024 *T3C System Blueprint*.

The Interim Credential

What is an Interim Credential?

Existing General Residential Operations and Child Placing Agencies that meet certain eligibility criteria will be able to apply for an initial, short-term Interim Credential. The purpose of the Interim Credential is to assist current providers in making the transition between the current foster care system (based largely on the Service Level structure) to the T3C System.

Within state and federal statute and regulatory requirements, DFPS-approved providers could start providing T3C Service Packages and Add-On Services based on evaluation of a comprehensive plan and prior to meeting all the requirements to become fully Credentialed.

Providers approved for an Interim Credential to provide a particular Service Package or Add-On Service are required to become fully Credentialed before the Interim Credential expires on the last day of the twelfth calendar month after the issuance of the Active Interim Credential status. The Active Interim Credential for any one Service Package or Add-On Service is issued to the eligible provider one time only and is not renewable.

DFPS anticipates that the Application for the Interim Credential will be available in September 2024, and providers will be able to submit completed Applications with the required attachments beginning in October 2024. ***Applications for the Interim Credential will be accepted through the end of October 2025, at which time the Interim Credential will no longer be an option. All providers seeking to offer a T3C System Service Package or Add-On Service after October 2025, will be required to apply for the Full Credential.*** Additional guides and specific submission instructions will be provided on the DFPS T3C webpage in September 2024, along with the Application.

Provider Eligibility for the Interim Credential

In order for a residential childcare provider to be eligible to apply for the Interim Credential, they must meet **all** of the following criteria on the day that the Application for the Interim Credential (specific to the Service Package or Add-On Service) is submitted:

1. Active Permit:

- The residential child care provider must have a “Full” Permit issued by HHSC-CCR (or similar body for out of state providers) to support the Permit Type required for the Service Package. A provider operating under an “Initial” Permit may qualify for the Interim Credential if that same provider already holds a “Full” Permit for another similar type of operation.
- The residential child care provider’s Permit must include all applicable Treatment Services required for each Service Package at the time of application for the Interim Credential, unless hiring certain staff is the only barrier. If hiring certain staff is the only barrier, the provider will be required to have these staff hired and in place before providing services under an active T3C Interim Credential (see APPENDIX II.A: T3C Interim Credential Requirements for more information on staffing requirements).
- The provider may be issued an Interim Credential if the Programmatic and Special Services required for each Service Package or Add-On Service is in process of being added to the Permit by HHS-CCR at the time of application for the Interim Credential. If HHS-CCR denies the addition of services to the Permit, the provider’s Interim Credential will subsequently be revoked.

2. Active Residential Child Care Contract:

- The residential child care provider must have an actively utilized standard residential child care contract with DFPS and/or an SSCC at the time of application.
- The residential child care provider may be serving children under “child-specific contract(s)” only at the time of application, but in addition must maintain a standard residential child care contract(s) with DFPS and/or an SSCC.

3. Performance Expectations:

- The residential child care provider has not been issued notification of intent to Revoke, Deny, or Involuntarily Suspend the license or permit at the time of application.
- The residential child care provider is not on Probation (or similar degree of consequence for out of state providers) at the time of application.
- The residential child care provider is not currently subject to contractual remedy, or other corrective actions related to placement safety, such as Safety Checks, Placement Suspension, or Corrective Action Plan for Failure to Report Abuse/Neglect without a contractor plan acceptance letter. If a contractor plan acceptance letter issued by the holder of the relevant contract (DFPS and/or SSCC) is in place at the time of application, then this would not be a bar.
- The residential child care provider does not have a history of termination of contract for cause (with DFPS and/or an SSCC), or for convenience initiated by DFPS.
- The residential child care provider is not on a vendor hold with the State of Texas at the time of application.

4. Experience serving children with like needs:

- The residential child care provider has at least six months of experience actively caring for children with like needs to those identified in the Service Package Description section for the specific Service Package, based on history of Service Levels of Care provided and/or consideration of historical Permit Type and Permitted Services offered.

Meeting the Programmatic/ Staffing/ Infrastructure Requirements for the Interim Credential

The tasks, activities, staffing plans, personnel and infrastructure requirements specific to each Service Package and Add-On Service for the Interim Credential are distributed across three categories depending on when they are required to be in place, as indicated in APPENDIX II.A: T3C Interim Credential Requirements. Those milestones are:

- **Required to be In Place @ Time of Application for Interim Credential** – Any requirement that must be fulfilled at the time of submission of the Application for the Interim Credential. Providers will submit documentation supporting that the requirement has been met for review with their Application.
- **Required to be In Place on 1st Day Operating under an Active Interim Credential** – Any requirement that allows the provider to submit a specific plan with a timeline detailing how the requirement will be fulfilled in no more than 120 calendar days after the date that the provider receives notification of the issuance of the **Inactive** Interim Credential. A provider does have the ability to be working towards completion of these plans during the time that the Application for Interim Credential is being reviewed, but it is not required. A provider also has the ability to complete and submit any requirement under this milestone and time frame at the time of Application for Interim Credential instead of waiting until after they have been awarded the Interim Credential. If the provider submits plans without the required level of specificity for action steps and time frames, they will have their Application returned for enhancements prior to Interim Credential award.
- **Required submission of a Plan Only @ Time of Application** – Any requirement that allows the provider to submit a specific plan with a timeline detailing how the requirement will be fulfilled between the time that the Inactive Interim Credential is issued, and when the provider will submit the Application for Full Credential with documentation of all required items for review. The provider’s plan can indicate submission for the Full Credential review any time before the expiration of the Active Interim Credential on the last day of the twelfth calendar month following issuance.

The *T3C System Blueprint*, APPENDIX II.B: Service Package Dependencies for T3C Interim Credential Requirements can be used to identify which Service Package(s) and Add-On Service(s) a particular requirement is related to, as identified in the “Service Package Dependent” column of APPENDIX II.A.

The Inactive and Active Interim Credential Status

The Interim Credential is divided into two status periods, starting with the **Inactive** Interim Credential, and followed by the **Active** Interim Credential.

The Inactive Interim Credential is issued to a qualifying provider after it has been determined that they are eligible and meet all of the requirements necessary at the time of application. During the Inactive Interim Credential period, the provider must complete all of their plans to fulfill the requirements identified as “Required to be In Place on 1st Day Operating under Active

Interim Credential” (see APPENDIX II.A: T3C Interim Credential Requirements). The Inactive Interim Credential is valid for up to 120 calendar days and failure to submit documentation of completion of all required plans to move to the Active Interim Credential status by that deadline will result in the provider losing their Interim Credential, and having to re-apply for a new Interim Credential with an updated eligibility review.

Once the provider has satisfied all requirements identified as “Required to be in Place on 1st Day Operating under Active Interim Credential”, the provider will be issued the Active Interim Credential, allowing for T3C paid placements into the Credentialed T3C Service Package(s) and Add-On Service(s) to be entered for children currently in placement, as well as acceptance of new placements into the Credentialed Service Packages. The Active Interim Credential status period must end by the expiration of the Interim Credential on the last day of the twelfth calendar month after the Active Interim Credential is issued.

The provider does not need to wait the entire term of the Active Interim Credential to apply for and obtain the Full Credential for the Service Packages awarded the Interim Credential.

There should be no expectation of extensions or renewals to the Active Interim Credential, although DFPS reserves the right to, for good cause as determined by the Department, issue one extension of up to six months. ***Failure to meet the requirements and obtain the Full Credential by the deadline will result in the loss of the Interim Credential and it’s resulting ability to offer T3C services, as well as one or more Contract Actions, up to and including Contract Termination.***

In order to ensure that providers are making sufficient timely progress towards submission for and award of the Full Credential, the provider will be required to submit status assessment reports during the Active Interim Credential period until the Full Credential is issued. A provider’s failure to submit a report timely, and/or if the provider reports insufficient progress on the plan or is having difficulties meeting the timelines established in their submitted plan will result in follow up and potential interventions with the provider, up to and including the possibility of contract action.

Interim Credential T3C Verification Form

After the provider has met all requirements of Inactive Interim Credential and before the Active Interim Credential is issued, the provider will be provided the T3C Verification form to review, sign, and return to the Department. This form will outline expectations associated with the Active Interim Credential, including the time frames, reporting requirements, possible compliance monitoring or other interventions, and consequences of not meeting their specified plans to have all requirements in place by certain milestones.

The T3C Verification Form will require the signatures of both the CEO/Chair of the provider’s Governing Body, and their Designee that signed the Application, as applicable. The purpose of

the T3C Verification Form is to ensure that all relevant individuals are informed and understand the parameters associated with the Active Interim Credential. Once the T3C Verification Form is received by the Department, the provider will be eligible for the Active Interim Credential, and subject to contract amendments, can begin providing the specific Service Package(s) and/or Add-On Service(s).

Prioritization of Interim Credential Applications

DFPS intends to prioritize the review of Interim Credential Applications based on T3C Service Packages that meet the greatest need for capacity at this time.

Applying for an Interim Credential in one or more of the following Service Packages will result in that Application being a higher priority for review:

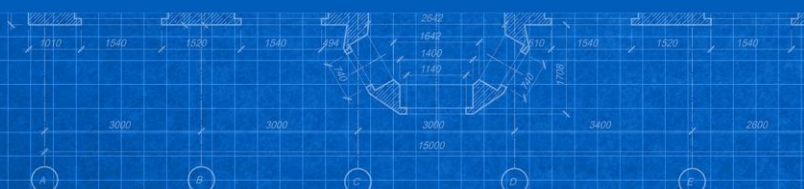
- CPA/Foster Family Home: Short-term Assessment Support Services
- CPA/Foster Family Home: T3C Treatment Foster Family Care Support Services
- CPA/Foster Family Home: Mental & Behavioral Health Support Services
- CPA/Foster Family Home: Complex Medical Needs or Medically Fragile Support Services
- CPA/Foster Family Home: Sexual Aggression/Sex Offender Support Services
- GRO Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
- GRO Tier II: Aggression/Defiant Disorder Services to Support Stabilization
- GRO Tier II: Sexual Aggression/Sex Offender Services to Support Stabilization
- GRO Tier II: Complex Mental Health Services to Support Stabilization

Contract Set-Up and Monitoring Under T3C

Once a provider becomes Credentialed to provide one or more of the Service Packages and/or Add-On Services, the operation will be added to the “Credentialed Provider Directory”. This Directory will be maintained and updated routinely by DFPS and shared with all the SSCCs. The file will include the exact Service Package(s) and/or Add-On Service(s) for which the individual provider is Credentialed.

Under T3C, the SSCC’s will continue to negotiate the terms and conditions of its contracts with individual providers; however, to provide any of the T3C Service Packages and/or Add-On Services, providers will have to be Credentialed and listed in the Credentialed Provider Directory.

For existing DFPS Residential Child Care Contractors, DFPS is currently in the process of modifying the Open Enrollment and Contract documents, including a new appendix to the 24-Hour RCC Requirements that will outline the provider’s contract obligations in providing the T3C



Service Packages and/or Add-On Services once they become Credentialed. At a yet to be determined time, new DFPS Residential Child Care Contractors will need to undergo the Credentialing process during or prior to their new contract application process.

As the foster care system transitions to the T3C System, there will be changes to the policy, process, and tools used to monitor SSCC and Residential Child Care Contracts. DFPS will be working internally, and with stakeholders to inform the modifications, and to finalize the new approach to monitoring and oversight. Details on the process will be provided in forthcoming versions of the *T3C System Blueprint*.

Service Package and Add-On Service Descriptions

DFPS worked with stakeholders to identify and clearly define/describe each of the twenty-four Service Packages and Add-On Services. The descriptions (listed in the tables below) for each Service Package and Add-On Service served as the basis for HHSC's development of the T3C System rate methodology and calculating the T3C daily foster care rates.

T3C System service descriptions are shown in the charts below based on the following listing of requirements:

- Service Package Name
- Service Package Setting
- Service Package Permit Type
- Service Package Permit Services
- Service Package Description
- Service Package Expectations
- Service Package Anticipated Length of Stay
- Service Package Staffing Requirements
- Service Package Generally Appropriate Staff to Child Ratio
- Service Package Hours of Operation
- Service Package Desired Individual Outcome
- Service Package Admission Guidelines
- Service Package Quality Assurance & Continued Stay Guidelines
- Service Package Aftercare Services (if applicable)
- Service Add-On Service Description (if applicable)
- Service Add-On Service Expectations (if applicable)
- Service Add-On Service Staffing Requirements (if applicable)
- Service Add-On Service Desired Individual Outcome (if applicable)
- Service Add-On Service Aftercare Services (if applicable)

the operation’s Licensing Representative to ensure that the operation’s permit and services aligns with the desired Service Package and Add-On Services as needed.

9. Each of the Service Packages and Add-On Services listed below include a “Generally Appropriate Staff to Child Ratio Based on Service Package” which includes information on staff to child ratios for various positions. *Except for child to staff ratios that are required by HHSC-CCR Minimum Standards*, these ratios have been provided in the *T3C System Blueprint* to offer agencies and operations a transparent view of the ratios generally considered in determining the daily foster care rate. As is inherent in the naming convention for the section, these ratios are considered “generally appropriate” as guidance and are *not* intended to serve as mandatory operating requirements. The operating staff to child ratios for various positions should be based on clinical expertise/judgement, and unless otherwise noted, under the T3C System it is understood to be based on the specific Evidence-informed Treatment Model, and dependent on the complexity of the case mix of children, youth, and young adults and the resulting caseload.
10. Most children, youth, and young adults served under all listed Service Packages and Add-On Services are eligible for STAR Health services. STAR Health is the Medicaid managed care program developed and funded to support the physical health, behavioral health, dental, vision, and pharmaceutical needs of children and youth in DFPS conservatorship and young adults in Extended Foster Care. Medicaid eligible services should be sought through STAR Health. In situations where a Child Placing Agency or General Residential Operation’s employee is credentialed and has a contract with the STAR Health managed care organization to deliver a particular service, and the child and service being provided is eligible for Medicaid reimbursement, the Child Placing Agency or General Residential Operation Provider should ensure billing occurs through the STAR Health Medicaid managed care organization system. Funding to address the complexity in tracking and assigning costs to the correct system has been included in the T3C System Child Placing Agency and General Residential Operation daily rates.
11. While DFPS does not anticipate modification to the service descriptions below, the Department reserves the right to modify as needed to best support children, youth, and young adults.

Child Placing Agency/Foster Family Home T3C Service Packages

Service Package Name	T3C Basic Foster Family Home Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> None Required	<u>Programmatic Services</u> Respite Child Care	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Service Package Description	<p>A trauma-informed foster home that provides a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular activities, which may vary based on age and developmental level.</p> <p>The T3C Basic Foster Family Home Support Services Package is designed to offer community-based care for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		
Service Package Expectations	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> Child Placing Agency must ensure that the child, youth, or young adult receives regular and frequent individual and family therapy (dependent on eligibility and if medical necessity criteria are met, therapy services should be authorized and paid for through STAR Health). The Service Planning team will determine the frequency which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The Child Placing Agency 		



Service Package Name	T3C Basic Foster Family Home Support Services
	<p>will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every six months. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal. • Evidence-informed Treatment Model(s) that incorporates trauma-informed care specifically for children that have been victims of abuse and/or neglect. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The Child Placing Agency must maintain a current Logic Model specific to the provision of the T3C Basic Foster Family Home Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the most recent CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults must receive a CANS 3.0 Assessment annually. • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in



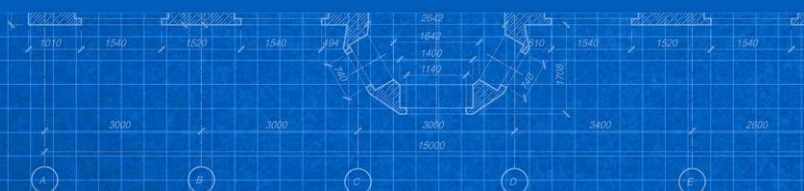
Service Package Name	T3C Basic Foster Family Home Support Services
	<p>accordance with the Child Placing Agency’s documented and planned method.</p> <ul style="list-style-type: none"> • Dedicated <i>Paid</i> Intermittent Alternative Care Program that supports Caregiver wellness and retention. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support quality assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking process, as well as tracking outcomes for children, youth, and young adults at the foster home level. The provider must have the ability to track T3C Basic Foster Family Home Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster homes where there are 7 or more children. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with court orders and the Service Plan. • Child Placing Agency and Foster Family Home Caregivers must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of services through STAR Health, HHSC Behavioral Health Services (if needed), Early Childhood Intervention (if applicable), and the education and child welfare systems specific to children, youth, and young adults that qualify for the T3C Basic Foster Family Home Support Services Package.



Service Package Name	T3C Basic Foster Family Home Support Services
	<ul style="list-style-type: none"> • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s). • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success. • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consenter and is required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy



Service Package Name	T3C Basic Foster Family Home Support Services
	<p>activities that are age appropriate and in accordance with the Service Plan.</p> <ul style="list-style-type: none"> To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement. The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan in the child’s case record maintained by the Child Placing Agency.
<p>Anticipated Length of Service</p>	<p>Length of service is individualized and based on the Child Placing Agency’s Treatment Model for providing T3C Basic Foster Family Home Support Services, Admission Guidelines, and Continued Stay Guidelines, as well as the child’s CANS 3.0 Assessment, and the child’s ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the Child Placing Agency’s policy must include an anticipated Length of Service for children, youth, and young adults served under the T3C Basic Foster Family Home Support Services Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> Full-time Licensed Child Placing Agency Administrator dedicated to single Child Placing Agency



Service Package Name	T3C Basic Foster Family Home Support Services
	<ul style="list-style-type: none"> • Child Placing Agency must have a Program Director (this position may serve as the Licensed Child Placing Agency Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the T3C Basic Foster Family Home Support Services Package. • Program Director must have a bachelor’s level or above degree; at least 5 years of experience working in a residential childcare setting can substitute for education. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Case Management ○ Intake/Placement ○ Staff Training and Workforce Development ○ Staff Recruitment and Retention ○ Foster Family Home Caregiver Recruitment and Retention ○ Education liaison for children in care ○ Continuous Quality Assurance and Improvement for Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the Child Placing Agency, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the Child Placing Agency (as opposed to being employed staff of the Child Placing Agency).</p> <p>If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p>



Service Package Name	T3C Basic Foster Family Home Support Services
	All Case Management functions must be performed by an employee of the Child Placing Agency.
Generally Appropriate Staff to Child Ratio Based on Service Package	<ul style="list-style-type: none"> 1 Child Placing Agency Case Manager for every 20 children being provided the T3C Basic Foster Family Home Support Services Package. <p>Staff to Child Ratio may vary based on an operation's specific Evidence-informed Treatment Model, and dependent on the complexity of the caseload.</p>
Hours of Operation	Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children requiring the T3C Basic Foster Family Care Services Package.
Desired Individual Outcome	<ul style="list-style-type: none"> Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation's T3C Basic Foster Family Home Support Services Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> Child Safety, Child's Permanency Goal, and Child's Well-Being. Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes, including being able to analyze outcomes based on individual foster family homes.
Admission Guidelines	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> Placement type and Service Package aligns with the child's needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child's Service Planning team.

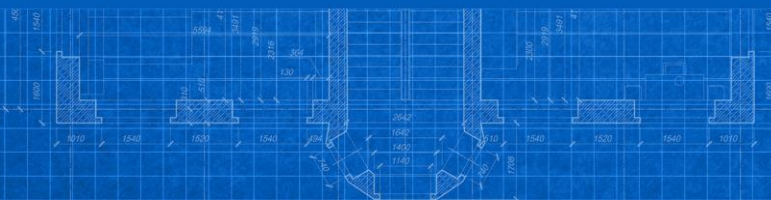
Service Package Name	T3C Basic Foster Family Home Support Services
	<ul style="list-style-type: none"> • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the Child Placing Agency and selected Caregivers. • The Child Placing Agency and Foster Family Home are Credentialed to provide the T3C Basic Foster Family Home Support Services Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessment(s) and on the Service Plan. • The primary reason the child met the Admission Guidelines continues to require on-going services or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. • A less-restrictive placement type is not appropriate to meet the child’s individual needs. • Considering the latest CANS 3.0 Assessment, and <i>in conjunction with each six-month</i> Service Plan review, the Child Placing Agency’s <i>Program Director</i> responsible for the T3C Basic Foster Family Home Support Services Package must review the child’s goals and services to ensure they align with the child’s custom strengths, needs, and permanency plan. The <i>Program Director must provide written confirmation</i> that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Evidence-informed Treatment Model offered through the program. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.



Service Package Name	T3C Basic Foster Family Home Support Services
	<ul style="list-style-type: none">• The Child Placing Agency and Foster Family Home continues to maintain the Credential necessary to provide the T3C Basic Foster Family Home Support Services Package.



Service Package Name	Substance Use Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> Emotional Disorders	<u>Programmatic Services</u> Respite Child Care	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Service Package Description	<p>A trauma-informed foster home that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has enhanced training and skill in coordinating services and providing care for children, youth, and young adults that may present with a DSM-5 diagnosis of substance-related disorder or with challenges with recurring substance use, and who require routine clinical intervention to support and manage day-to-day activities.</p> <p>The Substance Use Support Services Package is designed to offer community-based care and treatment/recovery services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: <ul style="list-style-type: none"> • Child Placing Agency must ensure that child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed 		

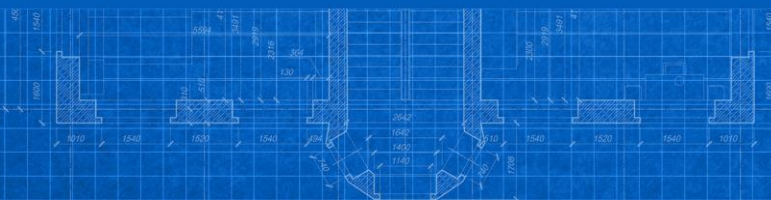


Service Package Name	Substance Use Support Services
	<ul style="list-style-type: none"> • Child Placing Agency must have case manager level or above staff available 24 hours a day/7days a week to respond in person, or by phone or video conference, to any crisis that arises. The operation must ensure that an on-call Licensed Chemical Dependency Counselor (LCDC), or Qualified Credentialed Counselor (QCC) is available to provide consultation. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the most recent CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method. • Dedicated <i>Paid</i> Intermittent Alternative Care Program that supports Caregiver wellness and retention. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes, as well as tracking outcomes for children, youth, and young adults at the foster home level. The provider must have the ability to track Substance Use Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), the number and percentage of referrals that did, and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on time from admission to discharge.

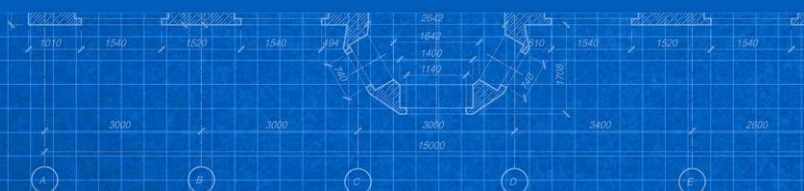


Service Package Name	Substance Use Support Services
	<ul style="list-style-type: none"> • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster homes where there are 7 or more children. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with court orders and the Service Plan. • Child Placing Agency and Foster Family Home Caregivers must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of services through STAR Health, HHSC Behavioral Health Services, Early Childhood Intervention (if applicable), and the education and child welfare systems specific to children, youth, and young adults who qualify for the Substance Use Support Services Package. • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing

Service Package Name	Substance Use Support Services
	<p>Agency must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success. • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consentor and is required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • Foster Family Home Caregiver is required to participate in STAR Health Service Coordination (dependent on eligibility). • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service



Service Package Name	Substance Use Support Services
	<p>documentation (if appropriate) in the child’s case record maintained by the Child Placing Agency.</p> <ul style="list-style-type: none"> • In addition to maintaining the necessary Credential to provide the Substance Use Support Service Package, the Child Placing Agency and Foster Family Home Caregivers must be Credentialed to provide the T3C Basic Foster Family Home Support Service Package. This will allow for the child, youth, or young adult to transition to, and receive the T3C Basic Foster Family Home Service Package in the same foster family home, when the SSCC or DFPS (in areas not operating under Community-Based Care) in collaboration with the Child Placing Agency (as informed by the Quality Assurance & Continued Stay Guidelines) determines the child has successfully completed, and no longer requires, the therapeutic and recovery services inherent in the Substance Use Support Service Package.
<p>Anticipated Length of Service</p>	<p>Length of service is individualized and based on the Child Placing Agency’s Treatment Model for providing the Substance Use Support Services, Admission Guidelines, and Continued Stay Guidelines, as well as the child’s CANS 3.0 Assessment, and the child’s ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the Child Placing Agency’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Substance Use Support Services Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Placing Agency Administrator dedicated to single Child Placing Agency. • Child Placing Agency must have a Program Director (this position may serve as the Licensed Child Placing Agency Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Substance Use Support Services Package.



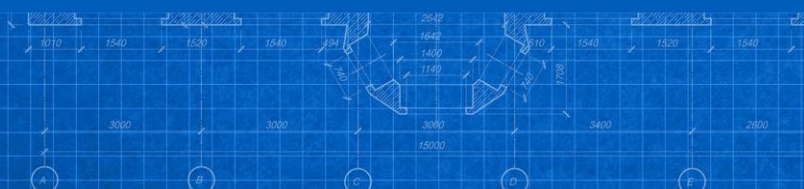
Service Package Name	Substance Use Support Services
	<ul style="list-style-type: none"> • Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • Child Placing Agency must have a Treatment Director whose responsibilities include supervision of LCDC and/or QCC therapists on staff. • The Treatment Director must be either: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist. ○ Have a master’s degree in human services field from an accredited college or university and three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Case Management ○ Intake/Placement ○ Staff Training and Workforce Development ○ Crisis Management Staff ○ Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC) to oversee treatment and service planning for children, youth, and young adults ○ Staff Recruitment and Retention ○ Foster Family Home Caregiver Recruitment and Retention ○ Education liaison for children in care ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that

Service Package Name	Substance Use Support Services
	<p>children, youth, and young adults in need of the Substance Use Support Services Package maximize benefits based on eligibility and meeting medical necessity for the service(s).</p> <p>Depending on the size of the Child Placing Agency, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the Child Placing Agency (as opposed to being employed staff of the Child Placing Agency).</p> <p>If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p> <p>All Treatment Director and Case Management functions must be performed by actual employees of the Child Placing Agency.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 Child Placing Agency Case Manager for every 15 children being provided Substance Use Support Services. • 1 Crisis Management Staff for every 25 children being provided Substance Use Support Services. • 1 Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC) for every 13 children being provided Substance Use Support Services. • 1 Aftercare Case Manager for every 25 children being provided Substance Use Support Services. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed Treatment Model and dependent on the complexity of the caseload.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Substance Use Support Services.</p>



Service Package Name	Substance Use Support Services
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation’s Substance Use Support Services Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes.
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the Child Placing Agency and selected Caregivers. • The Child Placing Agency and Foster Family Home are Credentialed to provide the Substance Use Support Services Package.
<p>Quality Assurance and Continued</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessment and on the Service Plan.

Service Package Name	Substance Use Support Services
<p>Stay Guidelines</p>	<ul style="list-style-type: none"> • The primary reason the child met the Admission Guidelines continues to require on-going services or are replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. • The child, youth, or young adult’s needs continue to require a level of intervention that cannot be offered under the less-restrictive T3C Basic Foster Family Home Service Package. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 90-day</i> Service Plan review, the Child Placing Agency’s <i>Program Director, and the Treatment Director</i> responsible for the Substance Use Support Services Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The <i>Program Director and Treatment Director must provide written confirmation</i> that the child, youth, or young adult continues to meet criteria for <i>and</i> is benefitting from the Evidence-informed Treatment Model offered through the program, <i>and</i> that the less-restrictive T3C Basic Foster Home Service Package is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation. • The Child Placing Agency and Foster Family Home continue to maintain the Credential necessary to provide the Substance Use Support Services Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The Substance Use Support Services Package requires the planning and provision of Aftercare Services. • Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily foster care rate while the child is in care, the agency <i>will not</i> receive a separate payment for the provision of the required Aftercare Services.



Service Package Name	Substance Use Support Services
	<ul style="list-style-type: none">• Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the Child Placing Agency’s Aftercare Services Case Manager, referrals for continued services, Education Portfolio, initial appointments set (if transition is needed), as well as a plan with times and dates set for twice a month follow-up calls and/or meetings for a period of 6 consecutive months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period.• The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



Service Package Name	Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i>		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> Emotional Disorders	<u>Programmatic Services</u> Assessment Services	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Service Package Description	<p>A trauma-informed foster home that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, provides short-term coordination of comprehensive assessments and evaluations for children, youth, and young adults who may present as:</p> <ul style="list-style-type: none"> • New to care, or transitioning from an unpaid placement, and where more information is needed to understand the child’s custom service need(s). or • Returning to foster care after an unauthorized absence or unauthorized placement. or • Transitioning based on a recent, un-planned, disruption in placement; and • In need of further assessment(s) and evaluation(s) to identify an appropriate Service Package and subsequent placement. <p>The Short-Term Assessment Support Services Package is designed to offer community-based care, assessment, and treatment services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		

<p>Service Package Name</p>	<p>Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i></p>
	<p>Due to the type of services offered, a foster home offering the Short-Term Assessment Support Services Package may have no more than four children in foster care placed in the home at the same time, unless necessary to accommodate placement of a sibling group.</p>
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Child Placing Agency must coordinate and ensure that comprehensive assessments, evaluations, screenings, and treatment services are provided within 21 days of admission (for children aged 5 and under) and 30 days of admission (for children aged 6 and older) and be based on the child’s individual need(s) (dependent on eligibility, services should be authorized and paid for through STAR Health.) Authorization requests will be sent to STAR Health as needed for Medicaid-covered services. If services are Medicaid-covered services, providers must be credentialed and contracted with the STAR Health managed care organization. • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 30 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal. • Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults with varying service needs as the process of assessment is completed. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be



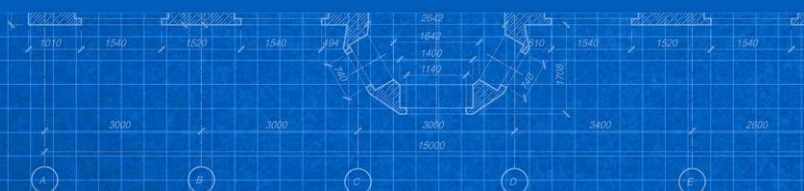
Service Package Name	Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i>
	<p>aware of, and all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Short-Term Assessment Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • Due to the varying needs of children, youth, and young adults eligible for this Service Package, the Child Placing Agency must have case manager level or above staff available 24 hours a day/7days a week to respond in person, or by phone or video conference to any crisis that arises. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements, but no later than 21 days (for children between the ages of 3 and 5) or 30 days (for children aged 6 and older) after entering the placement. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan and subsequent Service Package beyond the current Short-Term Assessment Support Services Package. • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, report, and child-level outcome tracking process, as well as tracking outcomes for children, youth, and young adults at the foster home level. The provider must have the ability to track Short-Term Assessment Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge.

Service Package Name	Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i>
	<ul style="list-style-type: none"> • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster homes where there are 7 or more children. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer enhanced logistical support, transportation, coordination, and documentation/record keeping of assessments to inform needed services in accordance with court orders and the Service Plan. • Child Placing Agency and Foster Family Home Caregivers must have enhanced knowledge and be skilled in assessing children, youth, and young adults via observation/interaction and use information collected to inform and coordinate services through STAR Health, HHSC Behavioral Health Services, CANS 3.0 Assessment, 3-day exam (if applicable), Early Childhood Intervention (if applicable), and other services as needed. • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing

<p>Service Package Name</p>	<p>Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i></p>
<p>Anticipated Length of Service</p>	<p>Length of service is Time-Limited: maximum stay is 30 days if the child is age 5 or under, or 45 days if the child is over the age of 5, with an option for one 15-day extension.</p> <p>Although the maximum Length of Service guideline are established for this Service Package, the Child Placing Agency’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Short-term Assessment Support Services Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Placing Agency Administrator dedicated to single Child Placing Agency. • Child Placing Agency must have a Program Director (this position may serve as the Licensed Child Placing Agency Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Short-Term Assessment Support Services Package. • Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • Child Placing Agency must have a Treatment Director whose responsibilities include supervision of Licensed Therapist on staff. • The Treatment Director must be either: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist. ○ Have a master’s degree in human services field from an accredited college or university and three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Case Management

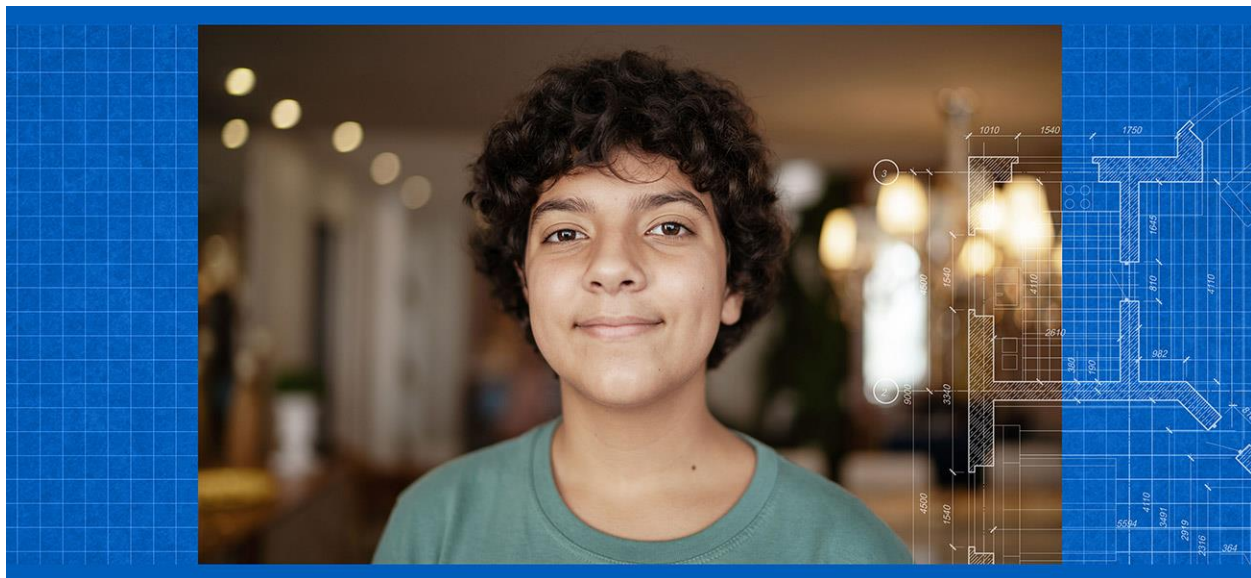


Service Package Name	Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i>
	<ul style="list-style-type: none"> ○ Intake/Placement ○ Staff Training and Workforce Development ○ Staff Recruitment and Retention ○ Crisis Management Staff ○ Foster Family Home Caregiver Recruitment and Retention ○ Licensed Therapist to oversee assessment coordination and service planning for children, youth, and young adults ○ Education liaison for children, youth, and young adults in care ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services, particularly in the areas of care coordination and assessment to ensure that children with varying needs maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the Child Placing Agency, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the Child Placing Agency (as opposed to being employed staff of the Child Placing Agency).</p> <p>If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p> <p>All Treatment Director and Case Management functions must be performed by actual employees of the Child Placing Agency.</p>
<p>Generally Appropriate Staff to Child</p>	<ul style="list-style-type: none"> ● 1 Child Placing Agency Case Manager for every 12 children being provided Short-Term Assessment Support Services.



Service Package Name	Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i>
Ratio Based on Service Package	<ul style="list-style-type: none"> 1 Licensed Therapist for every 12 children being provided Short-Term Assessment Support Services. 1 Crisis Management staff for every 25 children being provided Short-Term Assessment Support Services. <p>Staff to Child Ratio(s) may vary based on an operation's specific Evidence-informed Treatment Model and dependent on complexity of caseload.</p>
Hours of Operation	Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Short-Term Assessment Support Services.
Desired Individual Outcome	<ul style="list-style-type: none"> Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation's Short-Term Assessment Support Services Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> Child Safety, Child's Permanency Goal, and Child's Well-Being. Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes, including being able to analyze outcomes based on individual foster family homes.
Admission Guidelines	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> Placement type and Service Package aligns with the child's needs and strengths as demonstrated through the CANS 3.0 Assessment (once administered), Application for Placement, and/or based on the knowledge and professional judgment of the child's Service Planning team. A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful.

<p>Service Package Name</p>	<p>Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i></p>
	<ul style="list-style-type: none"> • Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the Child Placing Agency and selected Caregivers. • Foster Family Home must be available for admission at the time of placement match. • The Child Placing Agency and Foster Family Home are Credentialed to provide the Short-Term Assessment Support Services Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • Not Applicable, as this Service Package is intended to be short-term.



Service Package Name	Mental & Behavioral Health Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> Emotional Disorders	<u>Programmatic Services</u> Respite Child Care	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Service Package Description	<p>A trauma-informed foster home that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has enhanced training and skill in providing and coordinating services to children, youth, and young adults that may present with or are pending a DSM-5 diagnosis for an emotional, conduct, or behavioral disorder(s) and for whom routine clinical intervention (therapy, education, and/or medication) is needed to support and manage day-to-day activities.</p> <p>The Mental & Behavioral Health Support Services Package is designed to offer community-based care and treatment/recovery services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: <ul style="list-style-type: none"> • Child Placing Agency must ensure that child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed 		



Service Package Name	Mental & Behavioral Health Support Services
	<p>Therapist will determine the frequency which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The Child Placing Agency will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist with experience in treating children with emotional, behavioral, and conduct disorders, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 90 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal. • Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults who qualify for the Mental & Behavioral Health Support Services Package. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Mental & Behavioral Health Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process.

Service Package Name	Mental & Behavioral Health Support Services
	<ul style="list-style-type: none"> • Child Placing Agency must have case manager level or above staff available 24 hours a day/7days a week to respond in person, or by phone or video conference, to any crisis that arises. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method. • Dedicated <i>Paid</i> Intermittent Alternative Care Program that supports Caregiver wellness and retention. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes, as well as tracking outcomes for children, youth, and young adults at the foster home level. The provider must have the ability to track Mental & Behavioral Health Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements.



Service Package Name	Mental & Behavioral Health Support Services
	<ul style="list-style-type: none"> • Awake night supervision in foster homes where there are 7 or more children. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with court orders and the Service Plan. • Child Placing Agency and Foster Family Home Caregivers must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of services through STAR Health, HHSC Behavioral Health Services, Early Childhood Intervention (if applicable), and the education and child welfare systems specific to children, youth, and young adults who qualify for the Mental & Behavioral Health Support Services Package. • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success. • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consenter and is required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any

Service Package Name	Mental & Behavioral Health Support Services
	<p>service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • Foster Family Home Caregivers must participate in therapy with the child as needed. Caregivers must have the ability to attend multiple meetings and respond immediately based on the child’s mental and behavioral health needs. • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the Child Placing Agency.

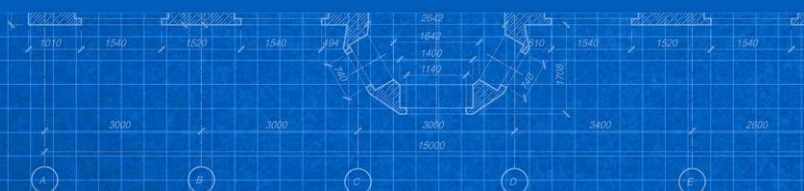


Service Package Name	Mental & Behavioral Health Support Services
	<ul style="list-style-type: none"> • The Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • Child Placing Agency must have a Treatment Director whose responsibilities include supervision of Licensed Therapists on staff. • The Treatment Director must be: <ul style="list-style-type: none"> ○ A psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university and three years of experience providing treatment services for children with an emotional disorder, including one year in a residential childcare setting; or ○ A licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an emotional disorder, including one year in a residential childcare setting. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Case Management ○ Intake/Placement ○ Staff Training and Workforce Development ○ Licensed Therapist to oversee treatment and service planning for children, youth, and young adults ○ Crisis Management Staff ○ Behavior Support Specialist or Mentor ○ Staff Recruitment and Retention ○ Foster Family Home Caregiver Recruitment and Retention ○ Education liaison for children in care ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health and HHSC Behavioral Health services to ensure that children, youth, and young adults

Service Package Name	Mental & Behavioral Health Support Services
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation’s Mental & Behavioral Health Support Services Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes.
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package align with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the Child Placing Agency and selected Caregivers. • The Child Placing Agency and Foster Family Home are Credentialed to provide the Mental & Behavioral Health Support Services Package.
<p>Quality Assurance and Continued</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessment and on the Service Plan.



Service Package Name	Mental & Behavioral Health Support Services
<p>Stay Guidelines</p>	<ul style="list-style-type: none"> • The primary reason the child met the Admission Guidelines continues to require on-going services or are replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. • A less-restrictive placement type is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and in conjunction with each 90-day Service Plan review, the Child Placing Agency’s Program Director, and the Treatment Director responsible for the Mental & Behavioral Support Services Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for and is benefitting from the Evidence-informed Treatment Model offered through the program, and that the less-restrictive T3C Basic Foster Home Service Package is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation. • The Child Placing Agency and the Foster Family Home continue to maintain the Credential necessary to provide the Mental & Behavioral Health Support Services Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The Mental & Behavioral Health Support Services Package requires the planning and provision of Aftercare Services. • Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily foster care rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services.



Service Package Name	Mental & Behavioral Health Support Services
	<ul style="list-style-type: none">• Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the Child Placing Agency’s Aftercare Services Case Manager, referrals for continued services, Education Portfolio, initial appointments set (if transition is needed), as well as a plan with times and dates set for twice a month follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period.• The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



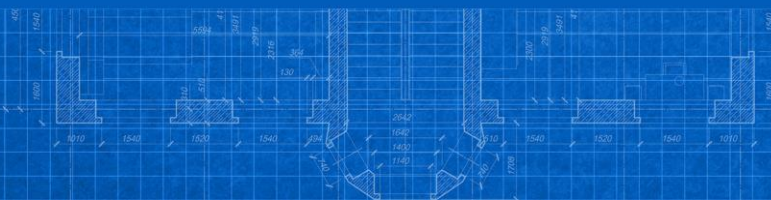
Service Package Name	Sexual Aggression/Sex Offender Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> Emotional Disorders	<u>Programmatic Services</u> Respite Child Care	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Service Package Description	<p>A trauma-informed foster home that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has enhanced training and skill in providing and coordinating services to treat and support children, youth, and young adults who may present with one or more of the following:</p> <ul style="list-style-type: none"> • On-going, socially, and developmentally inappropriate displays of sexualized behavior; or • Sexually aggressive behavior; or • DSM-5 diagnosis of a sexual behavior disorder; or • Adjudication as a sexual offender; and • <i>Requires routine clinical intervention and skilled Caregiver support to manage day-to day activities.</i> <p>The Sexual Aggression/Sex Offender Support Services Package is designed to offer community-based care and treatment/recovery services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		

Service Package Name	Sexual Aggression/Sex Offender Support Services
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Child Placing Agency must ensure that child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency which will be customized to align with child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The Child Placing Agency will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Sex Offender Treatment Provider, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 90 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal. • Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom and rehabilitation needs of children, youth, and young adults who require Sexual Aggression/Sex Offender Support Services. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be aware of, and



Service Package Name	Sexual Aggression/Sex Offender Support Services
	<p>all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Sexual Aggression/Sex Offender Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • Child Placing Agency must have case manager level or above staff available 24 hours a day/7days a week to respond in person, or by phone or video conference, to any crisis that arises. The operation must ensure that an on-call Licensed Sex Offender Treatment Provider is available to provide consultation. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the child’s customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method. • Dedicated Paid Intermittent Alternative Care Program that supports Caregiver wellness and retention. The Intermittent Alternative Care home must offer the same safety assurance as the placement for other children that the child, youth, or young adult may encounter while in Intermittent Alternative Care. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes, as well as tracking outcomes for

Service Package Name	Sexual Aggression/Sex Offender Support Services
	<p>children, youth, and young adults at the foster home level. The provider must have the ability to track Sexual Aggression/Sex Offender Support Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did, and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, average Length of Service, based on the time from admission to discharge.</p> <ul style="list-style-type: none"> • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster homes that aligns with plan (as documented in Service Plan) necessary to keep all children safe in the home. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The Child Placing Agency and all Foster Family Home Caregivers must understand the importance of applying strategies to the direct care of children, youth, and young adults receiving the Sexual Aggression/Sex Offender Service Package to ensure the safety, health, and well-being of children and youth in care. The Child Placing Agency and Foster Family Home Caregivers should understand the confidential nature of this information and agree not to disclose such information except for a necessary purposes authorized under a DFPS or SSCC Contract or to protect the safety, health, and well-being of children or youth. • Child Placing Agency and Foster Family Home Caregivers must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of services through STAR Health, HHSC Behavioral Health Services (if needed), Early Childhood Intervention (if applicable), the juvenile justice system (if applicable), community and county providers, and the education and child welfare systems specific to children, youth, and young adults who qualify for the Sexual Aggression/Sex Offender Support Services Package. The Child Placing Agency and Foster Family Home Caregivers must be



Service Package Name	Sexual Aggression/Sex Offender Support Services
	<p>skilled in navigating the multiple systems in a manner that not only keeps the child safe but mitigates any risk to other children in the community.</p> <ul style="list-style-type: none"> • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s). • Foster Family Home Caregivers must participate in therapy with the child as needed. • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success. • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consenter and are required to participate in STAR Health Service

Service Package Name	Sexual Aggression/Sex Offender Support Services
	<p>Coordination (dependent and based on child, youth, or young adult’s individual eligibility).</p> <ul style="list-style-type: none"> • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the Child Placing Agency. • In addition to maintaining the necessary Credential to provide the Sexual Aggression/Sex Offender Support Services Package, the Child Placing Agency and Foster Family Home Caregivers must be Credentialed to provide the T3C Basic Foster Family Home Support Service Package. This will allow for the child, youth, or young adult to transition to, and receive the T3C Basic Foster Family Home Service Package in the same foster family home, when the SSCC or DFPS (in areas not operating under Community-Based Care) in collaboration with the Child Placing Agency (as informed by the Quality Assurance & Continued Stay Guidelines) determines the



<p>Service Package Name</p>	<p>Sexual Aggression/Sex Offender Support Services</p>
	<p>child has successfully completed, and no longer requires, the therapeutic and recovery services inherent in the Sexual Aggression/Sex Offender Support Services Package.</p>
<p>Anticipated Length of Service</p>	<p>Length of service is individualized and based on the Child Placing Agency’s Treatment Model for providing Sexual Aggression/Sex Offender Support Services, Admission Guidelines, and Continued Stay Guidelines, as well as the child’s CANS 3.0 Assessment, and the child’s ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the Child Placing Agency’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Sexual Aggression/Sex Offender Support Services Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Placing Agency Administrator dedicated to single Child Placing Agency. • Child Placing Agency must have a Program Director (this position may serve as the Licensed Child Placing Agency Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Sexual Aggression/Sex Offender Support Services Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • The Child Placing Agency must have a Treatment Director whose responsibilities include supervision of LSOTPs on staff. • The Treatment Director must be: <ul style="list-style-type: none"> ○ A psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university and three years of experience providing treatment services for children with an emotional disorder, including one year in a residential childcare setting; or

Service Package Name	Sexual Aggression/Sex Offender Support Services
	<ul style="list-style-type: none"> ○ A licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an emotional disorder, including one year in a residential childcare setting. ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Case Management ○ Intake/Placement ○ Staff Training and Workforce Development ○ Licensed Sex Offender Treatment Provider (LSOTP) to oversee treatment and service planning for children, youth, and young adults ○ Crisis Management Staff ○ Staff Recruitment and Retention ○ Foster Family Home Caregiver Recruitment and Retention ○ Education liaison for children in care ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Sexual Aggression/Sex Offender Support Services maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the Child Placing Agency, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the Child Placing Agency (as opposed to being employed staff of the Child Placing Agency). If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must</p>



<p>Service Package Name</p>	<p>Sexual Aggression/Sex Offender Support Services</p>
	<p>be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p> <p>All Treatment Director and Case Management functions must be performed by actual employees of the Child Placing Agency.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 Child Placing Agency Case Manager for every 12 children being provided Sexual Aggression/Sex Offender Support Services. • 1 Licensed Sex Offender Treatment Provider for every 11 children being provided Sexual Aggression/Sex Offender Support Services. • 1 Crisis Management Staff for every 25 children being provided Sexual Aggression/Sex Offender Support Services. • 1 Aftercare Case Manager for every 25 children being provided Sexual Aggression/Sex Offender Support Services. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed Treatment Model and dependent on the complexity of the caseload.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Sexual Aggression/Sex Offender Support Services.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation’s Sexual Aggression/Sex Offender Support Services Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes.

Service Package Name	Sexual Aggression/Sex Offender Support Services
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the Child Placing Agency and selected Caregivers. • A safety and supervision plan (which may be incorporated as a part of the Service Plan) are developed upon admission to ensure that the child remains safe and to mitigate any risk to other children in the home and/or community. • At the time of admission and for situations where the child, youth, or young adult enters Intermittent Alternate Care, the Child Placing Agency must ensure that all Foster Family Home Caregivers are aware of the child, youth, or young adult’s history of sexual victimization and/or aggression. • The Child Placing Agency and the Foster Family Home are Credentialed to provide the Sexual Aggression/Sex Offender Support Services Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessment and on the child’s Service Plan. • The primary reason the child met the Admission Guidelines continues to require on-going services or are replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines.



Service Package Name	Sexual Aggression/Sex Offender Support Services
	<ul style="list-style-type: none"> • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child safety and supervision plan, and child and family Service Plans. • A less-restrictive placement type is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 90-day</i> Service Plan review, the Child Placing Agency’s Program Director, and the Treatment Director responsible for the Sexual Aggression/Sex Offender Support Services Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for and is benefitting from the Evidence-informed Treatment Model offered through the program, and that the less-restrictive T3C Basic Foster Home Service Package is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation. • The Child Placing Agency and Foster Family Home continue to maintain the Credential necessary to provide the Sexual Aggression/Sex Offender Support Services Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The Sexual Aggression/Sex Offender Support Services Package requires the planning and provision of Aftercare Services. • Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily foster care rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. • Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact

Service Package Name	Sexual Aggression/Sex Offender Support Services
	<p>information for the STAR Health Service Coordinator (if assigned) and the Child Placing Agency’s Aftercare Services Case Manager, Education Portfolio, referrals for continued rehabilitation services, initial appointments set (if transition is needed), as well as a plan with times and dates set for twice a month follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffing, as well as referrals for new or additional services, may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">• The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



<p>Service Package Name</p>	<p>Complex Medical Needs or Medically Fragile Support Services</p>
	<p>based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p> <p>Per Minimum Standards, a foster home offering the Complex Medical Needs or Medically Fragile Support Services Package may be limited, under certain conditions, in the number of children, youth, or young adults that can be cared for in the home.</p>
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • A Registered Nurse must be available 24 hours a day/7 days a week for new admissions, training, consultation (for the Child Placing Agency, Caregivers, and SSCC/DFPS staff as needed), and oversight of the child’s care plan. • Child Placing Agency must ensure that child receives regular and frequent individual and family therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team will determine the frequency which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The Child Placing Agency will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist with experience in treating children with complex medical needs, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 90 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help



Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<p>with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal.</p> <ul style="list-style-type: none"> • Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults who require the Complex Medical Needs or Medically Fragile Support Services Package. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Complex Medical Needs or Medically Fragile Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • The Complex Medical Needs or Medically Fragile Support Services Package necessitates a custom care plan for the child that should incorporate support and guidance from a Registered Nurse on how to care for the individual medical needs of the child, to include administering medication and the use of medically necessary equipment. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the custom Service Plan and care plan, including the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information (based on their ability and level of functioning) related

Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<p>to the prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method.</p> <ul style="list-style-type: none"> • Dedicated Paid Intermittent Alternative Care Program that supports Caregiver wellness and retention. For children, youth, and young adults with Primary Medical Needs, the Child Placing Agency must ensure that at least 72 hours of overnight care is made available to the Caregivers each year. The Intermittent Alternative Care home must offer the same medical competency as the child’s placement. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes, as well as tracking outcomes for children, youth, and young adults at the foster home level. The provider must have the ability to track Complex Medical Needs or Medically Fragile Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did, and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster homes where there are 7 or more children. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with the Service Plan. • Child Placing Agency and Foster Family Home Caregivers, through assessment of child via observation/interaction, must have enhanced skill in navigating across multiple systems. This includes,



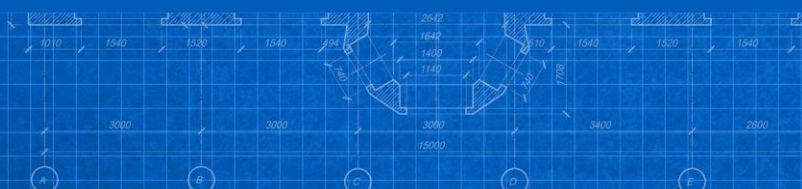
Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<p>but is not limited to, advocating for, and providing coordination of services through STAR Health, Early Childhood Intervention (if applicable), and the education and child welfare systems. This includes facilitating, incorporating, and supporting services such as home health, private duty nursing, and home and community-based services waiver programs (if applicable), psychological and/or psychiatric evaluations (if applicable), and specialized therapy (if applicable).</p> <ul style="list-style-type: none"> • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s). • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success, and the foster home is made accessible to teachers and

Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<p>other school staff as appropriate if home-based education is determined necessary.</p> <ul style="list-style-type: none"> • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consentor and are required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The Foster Family Home Caregivers must actively participate in the child, youth, or young adult’s medical and therapy appointments, and must have the ability to attend multiple meetings and respond immediately to the child’s medical needs. • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age and developmentally appropriate and in accordance with the Service Plan. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the Child Placing Agency.



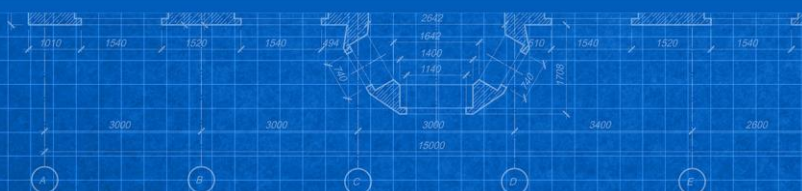
Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<p>in the Complex Medical Needs or Medically Fragile Support Services Package.</p> <ul style="list-style-type: none"> • The Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • The Child Placing Agency must have a Treatment Director. • The Treatment Director must be a physician or a licensed Registered Nurse. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Case Management ○ Intake/Placement ○ Registered Nurse ○ Staff Training and Workforce Development ○ Staff Recruitment and Retention ○ Foster Family Home Caregiver Recruitment and Retention ○ Education liaison for children in care ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults with Complex Medical Needs or who require services for the Medically Fragile are able to maximize benefits based on eligibility and meeting medical necessity for the service(s). <p>Depending on the size of the Child Placing Agency, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the Child Placing Agency (as opposed to being employed staff of the Child Placing Agency). If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p>

<p>Service Package Name</p>	<p>Complex Medical Needs or Medically Fragile Support Services</p>
	<p>All Treatment Director and Case Management functions, and the responsibilities of the Registered Nurse, must be performed by actual employees of the Child Placing Agency.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 Child Placing Agency Case Manager for every 17 children being provided Complex Medical Needs or Medically Fragile Support Services. • 1 Aftercare Case Manager for every 25 children being provided Complex Medical Needs or Medically Fragile Support Services. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed Treatment Model and dependent on the complexity of the caseload.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Complex Medical Needs or Medically Fragile Support Services.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation’s Complex Medical Needs or Medically Fragile Support Services Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes.
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p>



Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • A Primary Medical Needs staffing has been conducted (when applicable and appropriate) and successful. • Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the Child Placing Agency and selected Caregivers. • There is a plan to ensure that all necessary medical supports are available and in place in the foster home to support the child’s functioning and overall well-being. • The Child Placing Agency and Foster Family Home are Credentialed to provide the Complex Medical Needs or Medically Fragile Support Services Package.
Quality Assurance and Continued Stay Guidelines	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessment, medical/therapeutic assessment(s) and evaluation(s), and the Service Plan. • The primary reason the child met the Admission Guidelines continues to require on-going services or are replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child’s care plan, and the child and family Service Plans. • A less-restrictive placement type is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 90-day</i> Service Plan review, the Child Placing

Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<p>Agency’s Program Director, and the Treatment Director responsible for the Complex Medical Needs or Medically Fragile Support Services Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for and is benefitting from the Evidence-informed Treatment Model offered through the program, and that the less-restrictive T3C Basic Foster Home Service Package is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The Child Placing Agency and Foster Family Home continue to maintain the Credential necessary to provide the Complex Medical Needs or Medically Fragile Support Services Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Complex Medical Needs or Medically Fragile Support Services Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily foster care rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator and the Child Placing Agency’s Aftercare Services Case Manager, Education Portfolio, plan to transport all necessary medical equipment, referrals for continued services, initial medical/therapy appointments set (if transition is needed), as well as a plan with times and dates set for twice a month follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual



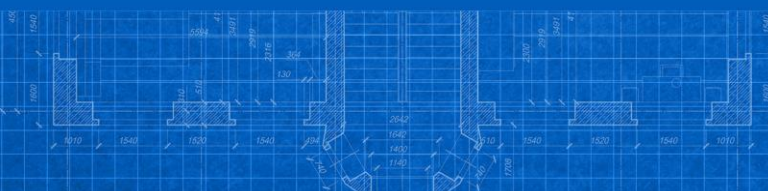
Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<p>ad-hoc meetings/staffing, as well as referrals for new or additional services, may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">• The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



Service Package Name	Human Trafficking Victim/Survivor Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> Emotional Disorders	<u>Programmatic Services</u> Respite Child Care	<u>Special Services</u> Human Trafficking Services Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Service Package Description	<p>A trauma-informed foster home that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has enhanced training and skill in providing and coordinating services to support children, youth, and young adults who present as suspected-unconfirmed or confirmed victims/survivors of sex and/or labor trafficking and who require routine clinical intervention to support and manage day-to-day activities.</p> <p>The Human Trafficking Victim/Survivor Support Services Package is designed to offer community-based care and treatment/recovery services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements:		



Service Package Name	Human Trafficking Victim/Survivor Support Services
	<ul style="list-style-type: none"> • Child Placing Agency must ensure that child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The Child Placing Agency will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist, that specializes in sex trafficking (all forms: no broker, gang, third-party [aka pimp], organized crime, familial), labor trafficking, and/or complex trauma, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 90 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal. • Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults who qualify for the Human Trafficking Victim/Survivor Support Services Package. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be aware of, and



Service Package Name	Human Trafficking Victim/Survivor Support Services
	<p>all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Human Trafficking Victim/Survivor Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • Child Placing Agency must have case manager level or above staff available 24 hours a day/7 days a week to respond in person, or by phone or video conference, to any crisis that arises. • The child’s CANS 3.0 Assessment must be administered in accordance with requirements. Results of the CANS 3.0 Assessment and reviews must be used to inform the child’s customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training specifically designed for victims/survivors of Human Trafficking is required for all staff and Caregivers. The Child Placing Agency may elect to design this training or purchase an already developed training model which will be reviewed as a part of the Credentialing process. Children, youth, and young adults must receive information related to prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method. • Dedicated Paid Intermittent Alternative Care Program that supports Caregiver wellness and retention. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes, as well as tracking outcomes for children, youth, and young adults at the foster home level. The

Service Package Name	Human Trafficking Victim/Survivor Support Services
	<p>provider must have the ability to track Human Trafficking Victim/Survivor Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), broken out by the number and percentage of referrals that did, and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge.</p> <ul style="list-style-type: none"> • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster homes where there are 7 or more children. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with court orders and the Service Plan. • Child Placing Agency and Foster Family Home Caregivers must have enhanced skill and training in assessing and addressing the specific needs of a victim/survivor of Human Trafficking. This includes skill in determining the need for intervention, advocating for, and providing coordination of services, through STAR Health, HHSC Behavioral Health Services, Early Childhood Intervention (if applicable), and other appropriate systems. Dependent on the case, service planning coordination may include a multi-disciplinary team consisting of mentors/advocates, and various judicial and legal systems. The Child Placing Agency and Foster Family Home Caregiver must coordinate between the judiciary, education, child welfare, and medical systems. Caregivers must have the ability to attend multiple meetings and respond immediately based on the child, youth, or young adults’ specific needs. • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred,



Service Package Name	Human Trafficking Victim/Survivor Support Services
	<p>and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success. • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consenter and are required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the

Service Package Name	Human Trafficking Victim/Survivor Support Services
	<p>duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the Child Placing Agency.</p> <ul style="list-style-type: none"> In addition to maintaining the necessary Credential to provide the Human Trafficking Victim/Survivor Support Services Package, the Child Placing Agency and Foster Family Home Caregivers must be Credentialed to provide the T3C Basic Foster Family Home Support Service Package. This will allow for the child, youth, or young adult to transition to, and receive the T3C Basic Foster Family Home Service Package in the same foster family home, when the SSCC or DFPS (in areas not operating under Community-Based Care) in collaboration with the Child Placing Agency (as informed by the Quality Assurance & Continued Stay Guidelines) determines the child has successfully completed, and no longer requires, the therapeutic and recovery services inherent in the Human Trafficking Victim/Survivor Support Services Package.
<p>Anticipated Length of Service</p>	<p>Length of service is individualized and based on the Child Placing Agency’s Treatment Model for providing the Human Trafficking Victim/Survivor Support Services, Admission Guidelines, and Continued Stay Guidelines, as well as the child’s CANS 3.0 Assessment, and the child’s ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the Child Placing Agency’s</p>



<p>Service Package Name</p>	<p>Human Trafficking Victim/Survivor Support Services</p>
	<p>policy must include an anticipated Length of Service for children, youth, and young adults served under the Human Trafficking Victim/Survivor Support Services Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Placing Agency Administrator dedicated to single Child Placing Agency • Child Placing Agency must have a Program Director (this position may serve as the Licensed Child Placing Agency Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Human Trafficking Victim/Survivor Support Services Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • The Child Placing Agency must have a Treatment Director whose responsibilities include supervision of Licensed Therapists on staff. • The Treatment Director must be: <ul style="list-style-type: none"> ○ A psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university and three years of practical experience providing treatment services for trafficking victims or children with an emotional disorder, including one year in a residential childcare setting; or ○ A licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for trafficking victims or children with an emotional disorder, including one year in a residential childcare setting. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Case Management ○ Intake/Placement ○ Staff Training and Workforce Development ○ Licensed Therapist, that specializes in sex trafficking (all forms: no broker, gang, third-party [aka pimp], organized crime, familial), labor trafficking, and /or complex trauma,

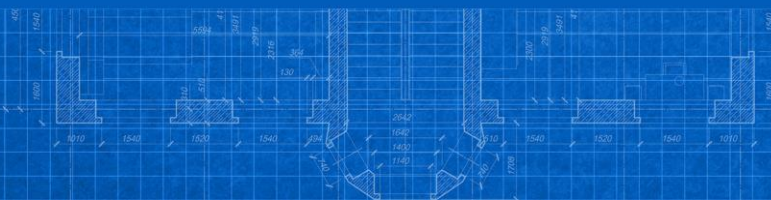
Service Package Name	Human Trafficking Victim/Survivor Support Services
	<p>to oversee treatment and service planning for children, youth, and young adults</p> <ul style="list-style-type: none"> ○ Crisis Management Staff ○ Behavior Support Specialist or Mentor ○ Staff Recruitment and Retention ○ Family Foster Home Caregiver Recruitment and Retention ○ Education liaison for children in care ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the Child Placing Agency, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the Child Placing Agency (as opposed to being employed staff of the Child Placing Agency). If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p> <p>All Treatment Director and Case Management functions must be performed by actual employees of the Child Placing Agency.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> ● 1 Child Placing Agency Case Manager for every 15 children being provided Human Trafficking Victim/Survivor Support Services. ● 1 Licensed Therapist for every 11 children being provided Human Trafficking Victim/Survivor Support Services. ● 1 Behavior Support Specialist or Mentor for every 15 children being provided Human Trafficking Victim/Survivor Support Services.

<p>Service Package Name</p>	<p>Human Trafficking Victim/Survivor Support Services</p>
	<ul style="list-style-type: none"> • Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the Child Placing Agency and selected Caregivers. • The Child Placing Agency and Foster Family Home are Credentialed to provide the Human Trafficking Victim/Survivor Support Services Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessment and on the Service Plan. • The primary reason the child met the Admission Guidelines continues to require on-going services or are replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. • A less-restrictive placement type is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and in conjunction with each 90-day Service Plan review, the Child Placing Agency’s Program Director, and the Treatment Director responsible for the Human Trafficking Victim/Survivor Support Services Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for and is benefitting from the Evidence-informed Treatment Model offered through the program, and that the less-restrictive T3C Basic Foster Home Service Package is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the



Service Package Name	Human Trafficking Victim/Survivor Support Services
	<p>SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The Child Placing Agency and Foster Family Home continue to maintain the Credential necessary to provide the Human Trafficking Victim/Survivor Support Services Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Human Trafficking Victim/Survivor Support Services Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily foster care rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the Child Placing Agency’s Aftercare Services Case Manager, Education Portfolio, referrals for continued services, initial appointments set (if transition is needed), as well as a plan with times and dates set for twice a month follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffing, as well as referrals for new or additional services, may be required during the 6-month aftercare period. The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> Intellectual or Development Disability Autism Spectrum Disorder	<u>Programmatic Services</u> Respite Child Care	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Service Package Description	<p>A trauma-informed foster home that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has enhanced training and skill in providing and coordinating services to care for and support children, youth, and young adults who may present with or who are pending a DSM-5 diagnosis for Intellectual or Developmental Disability and/or Autism Spectrum Disorder, and who require routine clinical intervention and structure to support and manage day-to-day activities.</p> <p>The Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package is designed to offer community-based care, therapy, and other rehabilitation services that promote development, independence, and improved life skills for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: <ul style="list-style-type: none"> • A Registered Nurse must be available 24 hours a day/7 days a week for new admissions, training, consultation (for the Child Placing 		



Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	<p>Agency, Caregivers, and SSCC/DFPS staff as needed), and oversight of the child’s care plan.</p> <ul style="list-style-type: none"> • Child Placing Agency must ensure that child receives regular and frequent individual and family therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The Child Placing Agency will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist, that specializes in providing therapy to children with DSM-5 diagnoses of Intellectual or Developmental Disability and/or Autism Spectrum Disorder, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 90 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal. • Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults who qualify for the Intellectual or Developmental Disability and/or Autism Spectrum Disorder Service Package. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	<p>practices related to this Service Package. Children, youth, and young adults must be aware of (based on their ability and level of functioning), and all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • The Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package necessitates a custom care plan for the child that should incorporate support and guidance from a Registered Nurse on how to care for the individual medical needs of the child, to include administering medication and the use of medically necessary equipment. • Child Placing Agency must have case manager level or above staff available 24 hours a day/7 days a week to respond in person, or by phone or video conference, to any crisis that arises. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information (based on their ability and level of functioning) related to the prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method. • Dedicated Paid Intermittent Alternative Care Program that supports Caregiver wellness and retention. When possible, the child should be introduced to and become familiar with the Intermittent Alternative Care Caregiver to ease transition and change in routine. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent



Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	<p>Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care.</p> <ul style="list-style-type: none"> • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes, as well as tracking outcomes for children, youth, and young adults at the foster home level. The provider must have the ability to track Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did, and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on time from admission to discharge. • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster homes where there are 7 or more children. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with the Service Plan. • Child Placing Agency and Foster Family Home Caregivers, through assessment of child via observation/interaction, CANS 3.0 Assessment, 3-day exam (if applicable), Texas Health Steps checkups, Early Childhood Intervention (if applicable), and other Medicaid and community eligible evaluations, must navigate across multiple systems and coordinate care and services based on the child's determined needs. This may include facilitating, incorporating, and supporting various forms of physical, speech, occupational, behavioral, and other forms of specialized therapy; psychological and/or psychiatric evaluations; and accessing home and community-based services waiver programs.

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	<ul style="list-style-type: none"> • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s). • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed as necessary, and accommodations and/or supports are in place to aid in the child’s educational success. • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consenter and are required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The Child Placing Agency and Foster Family Home Caregivers must have enhanced skill in advocating for and supporting coordination of services through STAR Health and HHSC Supports and Services



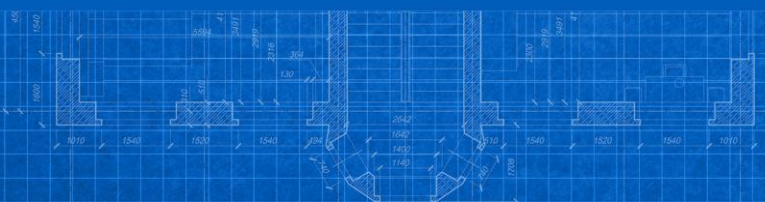
Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	<p>for children, youth, and young adults with Intellectual Developmental Disability and/or Autism Spectrum Disorder.</p> <ul style="list-style-type: none"> • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and developmentally appropriate, and in accordance with the Service Plan. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the Child Placing Agency. • In addition to maintaining the necessary Credential to provide the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package, the Child Placing Agency and Foster Family Home Caregivers must be Credentialed to provide the T3C Basic Foster Family Home Support Service Package. This will allow for the child, youth, or young adult to transition to, and receive the T3C Basic Foster Family Home Service Package in the same foster family home, when the SSCC or DFPS (in areas not operating under Community-Based Care) in collaboration with the

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	<p>Child Placing Agency (as informed by the Quality Assurance & Continued Stay Guidelines) determines the child no longer requires the level of intervention and services inherent in the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package.</p>
<p>Anticipated Length of Service</p>	<p>Length of service is individualized and based on the Child Placing Agency’s Treatment Model for providing Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services, Admission Guidelines, and Continued Stay Guidelines, as well as the child’s CANS 3.0 Assessment, and the child’s ability to sustain or improve overall well-being and functioning in accordance with evaluation and the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the Child Placing Agency’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Placing Agency Administrator dedicated to single Child Placing Agency. • Child Placing Agency must have a Program Director (this position may, serve as the Licensed Child Placing Agency Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • The Child Placing Agency must have a Treatment Director whose responsibilities include supervision of Licensed Therapists on staff. • Treatment Director must either:

<p>Service Package Name</p>	<p>Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services</p>
	<p>Agency (as opposed to being employed staff of the Child Placing Agency). If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p> <p>All Treatment Director and Case Management functions, and the responsibilities of the Registered Nurse, must be performed by actual employees of the Child Placing Agency.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 Child Placing Agency Case Manager for every 15 children being provided Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services. • 1 Behavior Support Specialist or Mentor for every 15 children being provided Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services. • 1 Licensed Therapist for every 12 children being provided Intellectual or Developmental Disability (IDD)/Autism Spectrum Support Services. • 1 Crisis Management Staff for every 25 children being provided Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services. • 1 Aftercare Case Manager for every 25 children being provided Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed Treatment Model and dependent on the complexity of the caseload.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services.</p>



Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessment, medical/therapeutic assessment(s) and evaluation(s), and the Service Plan. • The primary reason the child met the Admission Guidelines continues to require on-going services or are replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child’s care plan, and the child and family Service Plans. • A less-restrictive placement type is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 90-day</i> Service Plan review, the Child Placing Agency’s Program Director, and the Treatment Director responsible for the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for <i>and</i> is benefitting from the Evidence-informed Treatment Model offered through the program, <i>and</i> that the less-restrictive T3C Basic Foster Home Service Package is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation. • The Child Placing Agency and Foster Family Home continue to maintain the Credential necessary to provide the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package.



Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package requires the planning and provision of Aftercare Services. • Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily foster care rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. • Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the Child Placing Agency’s Aftercare Services Case Manager, Education Portfolio, referrals for continued services, initial appointments set (if transition is needed), as well as a plan with times and dates set for twice a month follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period. • The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.

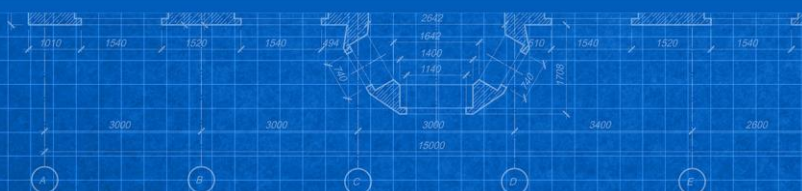


Service Package Name	T3C Treatment Foster Family Care Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> Emotional Disorders	<u>Programmatic Services</u> Respite Child Care	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Service Package Description	<p>A trauma-informed, highly-structured foster home that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has highly-trained Foster Family Home Caregivers with skill in providing Time-limited, strength-based therapeutic services to children, youth, and young adults who may present with a DSM-5 diagnosis for an emotional, conduct, or behavioral disorder and for whom structured and frequent clinical intervention and complex case management is needed to support and manage day-to-day activities.</p> <p>In addition to the DSM-5 diagnosis for an emotional disorder, the child may demonstrate two or more of the following:</p> <ul style="list-style-type: none"> • Major self-injurious actions, including a suicide attempt within the last 12 months; • Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; or • An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment. <p>The T3C Treatment Foster Family Care Support Services Package is designed to offer community-based, Time-Limited, concentrated</p>		



Service Package Name	T3C Treatment Foster Family Care Support Services
	<ul style="list-style-type: none"> • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but an initial Service Plan is due within 30 days of admission, and Service Plan reviews must occur every 60 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan Reviews must include documentation to show the progress made toward achieving each goal. • Evidence-informed, Promising Practice, or Evidence-based Treatment Model(s), specific to a Treatment Foster Care program and that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults that require the level of intervention required through services offered in the T3C Treatment Foster Family Care Support Services Package. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The Child Placing Agency must maintain a current Logic Model specific to the provision of the T3C Treatment Foster Family Care Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • Child Placing Agency must have case manager level or above staff available 24 hours a day/7 days a week to respond in person, or by phone or video conference, to any crisis that arises. The operation must ensure that an on-call Licensed Therapist is always available to provide consultation and respond in person if needed. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the child’s Service Plan, including adjustments to the type of, frequency, and duration of

Service Package Name	T3C Treatment Foster Family Care Support Services
	<p>services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days.</p> <ul style="list-style-type: none"> • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method. • Specialized Paid Intermittent Alternative Care Program with one (1) skilled Intermittent Alternative Care Caregiver available for every twenty (20) children receiving the T3C Treatment Foster Family Care Support Services Package. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes, as well as tracking outcomes for children, youth, and young adults at the foster home level. The provider must have the ability to track T3C Treatment Foster Family Care Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS) by the number and percentage of referrals that did, and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster home that aligns with plan necessary to keep all children safe in the home. Mandatory if there are 7 or more children in the home. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children.



Service Package Name	T3C Treatment Foster Family Care Support Services
	<ul style="list-style-type: none"> • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with the Service Plan. • Child Placing Agency and Foster Family Home Caregivers must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of services through STAR Health, HHSC Behavioral Health Services, Early Childhood Intervention (if applicable), and the child welfare systems specific to children, youth, and young adults with serious emotional disturbance. • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s). • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed and accommodations and/or supports are in place to aid in the child’s educational success.



Service Package Name	T3C Treatment Foster Family Care Support Services
	<ul style="list-style-type: none"> • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consenter and are required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • Caregivers must participate in therapy and other services with the child as needed and must have the ability to attend multiple meetings per week, and respond immediately when there is a need, or the child is in crisis. • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the Child Placing Agency.
	<p>Length of service is individualized and based on the Child Placing Agency’s Treatment Model for providing the T3C Treatment Foster Family Care</p>



Service Package Name	T3C Treatment Foster Family Care Support Services
Anticipated Length of Service	<p>Support Services Package, Guidelines for Admission, and Continued Stay Guidelines. The T3C Treatment Foster Family Care Support Services Package is a Time-limited Service lasting up to 274 days, with one extension of up to 91 days when necessary for the child to complete treatment. An individual child cannot be served under the T3C Treatment Foster Family Care Support Services Package for more than 365 days.</p> <p>Although the maximum Length of Service guidelines for this Service Package have been established, the Child Placing Agency’s policy must include an anticipated Length of Service for children, youth, and young adults served under the T3C Treatment Foster Family Care Support Services Package.</p>
Staffing Requirements	<ul style="list-style-type: none"> • Full-time Licensed Child Placing Agency Administrator dedicated to single Child Placing Agency. • Child Placing Agency must have a Program Director (this position may serve as the Licensed Child Placing Agency Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the T3C Treatment Foster Family Care Support Services Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • The Child Placing Agency must have a Treatment Director whose responsibilities include supervision of Licensed Therapists on staff. • Treatment Director must either be: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or ○ A licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an

Service Package Name	T3C Treatment Foster Family Care Support Services
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 Child Placing Agency Case Manager for every 6 children being provided T3C Treatment Foster Family Care Support Services Package. • 1 Licensed Therapist for every 11 children being provided T3C Treatment Foster Family Care Support Services Package. • 1 Behavior Support Specialist or Mentor for every 6 children being provided T3C Treatment Foster Family Care Support Services. • 1 Crisis Management Staff for every 25 children being provided T3C Treatment Foster Family Care Support Services Package. • 1 Aftercare Case Manager for every 25 children being provided T3C Treatment Foster Family Care Support Services Package. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Research-supported or Evidence-based Treatment Model, and dependent on the complexity of the caseload.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the T3C Treatment Foster Family Care Support Services Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation’s T3C Treatment Foster Family Care Support Services Treatment Model, and supports the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes.



Service Package Name	T3C Treatment Foster Family Care Support Services
	<p>permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for and is benefitting from the Evidence-informed Treatment Model offered through the program, and that the less-restrictive T3C Basic Foster Home Service Package is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> • The Child Placing Agency and Foster Family Home continue to maintain the Credential necessary to provide the T3C Treatment Foster Family Care Support Services Package. <p><i>This Service Package is Time-Limited, and an individual child cannot be served under the T3C Treatment Foster Family Care Support Services Package for more than 365 days.</i></p>
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The T3C Treatment Foster Family Care Support Services Package requires the planning and provision of Aftercare Services. • Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily foster care rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. • Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the Child Placing Agency’s Aftercare Services Case Manager, Education Portfolio, referrals for continued services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as



Service Package Name	T3C Treatment Foster Family Care Support Services
	<p>referrals for new or additional services, may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">• The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



Child Placing Agency/Foster Family Home T3C Add-On Services

The Transition Support Services for Youth & Young Adults, Kinship Caregiver Support Services, and the Pregnant & Parenting Youth Support Services Add-On Services are intended to augment what is already outlined in the T3C Foster Family Care Primary Settings. Child, youth, and young adults receiving the Short-Term Assessment Support Services Package (due to the duration and intent of this package) in a foster family home, and any Service Package offered under the General Residential Operation Tier I & Tier II Service Packages **are not eligible** for Add-On Services.

The Child Placing Agency must become Credentialed to provide a primary Service Package as well as the Add-On Service of Transition Support Services for Youth & Young Adults to be eligible for the daily rate associated with this Add-On Service described below.

Add-On Service Name	Transition Support Services for Youth & Young Adults		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> None Required	<u>Programmatic Services</u> Transitional Living	<u>Special Services</u> Young Adult Care <i>(Child Placing Agency must have permit to offer Service Package, individual Foster Family Homes must be verified for this service only if young adult is participating in Extended Foster Care program.)</i>
Add-On Service Description	<i>In addition to the youth or young adult’s primary Service Package, this is a trauma-informed foster home with enhanced training and skill in caring for, coordinating services, assisting in completion of forms/referrals, and</i>		

<p>Add-On Service Name</p>	<p>Transition Support Services for Youth & Young Adults</p>
	<p>supporting experiential learning opportunities for youth and young adults ages 14–22 years old. The Transitional Support Services for Youth & Young Adults Add-On Service is intended to support the youth and young adult’s transition to independence and adulthood.</p>
<p>Add-On Service Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Child Placing Agency and Foster Family Home Caregivers have expertise in the Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system (including any programs or supports offered by STAR Health). This expertise includes understanding the timing for and process required to complete and submit applications or other necessary documentation to obtain benefits. • The Child Placing Agency’s approach and delivery of the Transition Support Services for Youth & Young Adults Service Add-On must consider the youth and young adult’s custom needs, and be adaptable to supporting transition based on age, individual developmental needs, and in conjunction with the primary Service Package being offered by the Child Placing Agency and Foster Family Home Caregivers. • The Child Placing Agency should have policy, procedures, and a training plan specific to the program and delivery of the Transition Support Services for Youth & Young Adults Add-On Service. The operation’s approach to delivery of the Transition Support Services for Youth & Young Adults Add-On Service must align with the operation’s Evidence-informed Treatment Model. Youth and young adults must be aware of, and all staff and Caregivers must be trained in, practice, and remain current on policy, procedures, and expectations of the Transition Support Services for Youth & Young Adults Add-On Service program the operation has adopted. • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Transition Support Services for Youth & Young Adults Add-On Service, which is modified over time

Add-On Service Name	Transition Support Services for Youth & Young Adults
	<p>based on the Child Placing Agency’s Continuous Quality Improvement process.</p> <ul style="list-style-type: none"> • In collaboration with SSCC and DFPS Preparation for Adult Living staff, the Child Placing Agency, and Foster Family Home Caregivers, offer logistical support, transportation, coordination, and documentation/record keeping of services, specific to the population including, but not limited to, ensuring the youth and young adult: <ul style="list-style-type: none"> ○ Completes the Casey Life Skills Assessments, ○ Attends regularly scheduled Preparation for Adult Living program events, ○ Completes Preparation for Adult Living Life Skills Training, ○ Participates in after school and extracurricular activities as directed by the youth and young adult (if appropriate), ○ Participates (if interested) in Youth Leadership Council activities, ○ Attends and participates in Circles of Support or other permanency and/or transition planning meetings, ○ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area), and understands opportunities offered to transitioning youth and young adults through these offices/centers, and ○ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the Child Placing Agency and the Foster Family Home Caregivers offering support in navigating entry into these programs. • The Child Placing Agency’s Service Plan for a youth and young adult receiving the Transition Support Services for Youth & Young Adults Add-On Service should be informed and directed by the youth or young adult and should include (at a minimum) the following: <ul style="list-style-type: none"> ○ Status of any applications for state and/or federal benefits or guardianship for which the youth is eligible. ○ Thorough Plan for building and maintaining connections to those important to the youth and young adult including a

Add-On Service Name	Transition Support Services for Youth & Young Adults
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> ● Child Placing Agency must have clearly articulated youth and young adult-level outcome expectations that tie directly to the operation’s program for delivering the Transition Support Services for Youth & Young Adults Add-On Service, and support the following at a minimum: <ul style="list-style-type: none"> ○ Safety, ○ Permanency Goal, and ○ Improved Well-Being. ● Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze youth, and young adult outcomes (while in program and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes and by Transitional Support/Mentor staff.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> ● The Transition Support Services for Youth & Young Adults Add-On Service requires the planning and provision of Aftercare Services, once the youth or young adult leaves the care of the Child Placing Agency. ● Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily Add-On Service rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. ● Upon discharge (both successful and unsuccessful), the Child Placing Agency, in collaboration with the SSCC or DFPS Preparation for Adult Living caseworker, the Foster Family Home Caregivers and informed by the youth or young adult, will develop, and produce a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that includes referrals for continued services, benefits, and supports, and will include initial appointments set (if transition is needed). The plan should be customized around the youth or young adult’s planned living arrangement and include contact information for the DFPS or SSCC Preparation for Adult Living caseworker, and the Child Placing



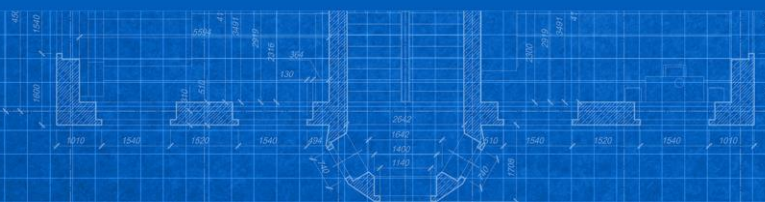
Add-On Service Name	Transition Support Services for Youth & Young Adults
	<p>Agency Transitional Support/Mentor Staff person assigned to the youth or young adult upon discharge.</p> <ul style="list-style-type: none"> • The Transitional Support/Mentor Staff must work with the youth or young adult to develop a plan with times and dates set for weekly, then transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months following discharge. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period. • As part of the Aftercare program, the Child Placing Agency must provide information to youth and young adults receiving Transitional Support Add-On Services to all known foster care alumni organizations, associations, or groups for youth with lived experience in the community. Information on the organizations, associations, and groups should be included in the Aftercare Services plan provided at the time of discharge. • The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



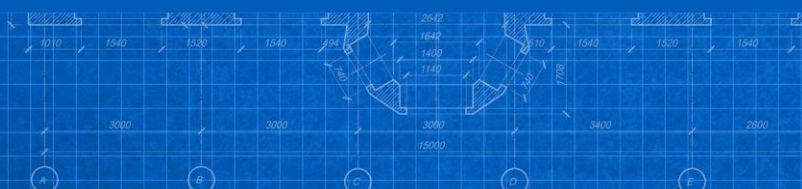
The Child Placing Agency must become Credentialed to provide a primary Service Package as well as the Add-On Service of Kinship Caregiver Support to be eligible for the daily rate associated with this Add-On Service described below.

Add-On Service Name	Kinship Caregiver Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> None Required	<u>Programmatic Services</u> None Required	<u>Special Services</u> None Required
Add-On Service Description	<i>In addition to the child, youth, or young adult's primary Service Package, the Child Placing Agency provides enhanced support services to the Kinship Foster Family Home Caregivers. These support services should be customized to the needs of the Kinship Caregivers and the child, youth, or young adult living in the Kinship Foster Family Home. A portion of the funding to support this Add-On Service is intended to reimburse the Child Placing Agency for costs incurred to support the Kinship Caregivers through the foster home verification process.</i>		
Add-On Service Expectations	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> The Child Placing Agency has expertise in Kinship Care, including the state and federal benefits that Kinship Caregivers may be eligible to receive while caring for children, youth, and young adults while in paid foster care. This expertise includes understanding the timing for, and process required to complete and submit applications or other necessary documentation to obtain assistance. The Child Placing Agency's approach and delivery of the Kinship Caregiver Support Services Add-On Service must consider the 		

Add-On Service Name	Kinship Caregiver Support Services
<p>Generally Appropriate Staff to Kinship Foster Family Home Ratio Based on Add-On Service</p>	<ul style="list-style-type: none"> • 1 Child Placing Agency Kinship Caregiver Home Support staff for every 7 Kinship Foster Family Homes receiving the Kinship Caregiver Support Services Add-On Service. • 1 Child Placing Agency Aftercare Kinship Support Staff for every 25 Kinship Foster Family Homes receiving the Kinship Support Services Add-On Service. <p>Staff to Home ratio may vary based on operation’s experience working with Kinship Caregivers and dependent on the complexity of the caseload.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated child-centered outcome expectations that tie directly to the operation’s Kinship Foster Family Home program and approach for delivering the Kinship Caregiver Support Services Add-On Service, and at a minimum supports the following: <ul style="list-style-type: none"> ○ Child Safety, ○ Child Permanency, and ○ Child Well-Being. • Additional measures must include the Child Placing Agency at a minimum tracking timeliness from referral to verification, placement stability, and percent and timeliness of permanency exits to reunification, relative adoption, and relative Permanent Managing Conservatorship (PMC) with Permanency Care Assistance for all children, youth, and young adults living in a Kinship Foster Family Home. • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child, youth, and young adult outcomes, including being able to analyze outcomes (both during placement and as a part of Aftercare Services) based on individual Kinship Foster Family Home and by Kinship Caregiver Home Support staff.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The Kinship Caregiver Support Services Add-On Service requires the planning and provision of Aftercare Services.

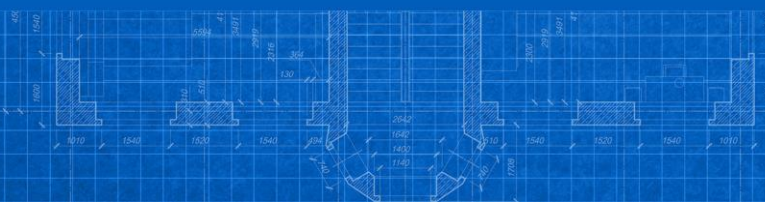


Add-On Service Name	Kinship Caregiver Support Services
	<ul style="list-style-type: none"> • Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily Add-On Service rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. • Upon child, youth, and young adult achieving permanency through Adoption or PMC with the Kinship Caregiver, and in situations where there may be the need for a temporary placement under a different Service Package or unpaid placement, but the SSCC or DFPS caseworker’s intent is for child, youth, or young adult to return to the Kinship Caregiver’s home, the Child Placing Agency, in collaboration with the Kinship Caregiver, will develop and produce a robust Aftercare Services plan (which may be incorporated as a part of the child’s Service Plan) that includes the name and contact information for the Child Placing Agency’s Aftercare Kinship Support Worker referrals for benefits, support, and continued services in the home, as well as a plan with times and dates set for weekly, then transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months following discharge. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period. • As part of the aftercare program, the Child Placing Agency must provide or refer Kinship Caregivers receiving the Kinship Caregiver Support Services Add-On Service to support group(s). Information on the support group(s) should be included in the Aftercare Services plan provided at the time of discharge. • The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



The Child Placing Agency must become Credentialed to provide a primary Service Package as well as the Add-On Service of Pregnant & Parenting Youth & Young Adults Support to be eligible for the daily rate associated with this Add-On Service described below.

Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> None Required	<u>Programmatic Services</u> None Required	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Add-On Service Description	<p><i>In addition to the youth or young adult’s primary Service Package</i> being offered through the Child Placing Agency, this Add-On Service is offered in a trauma-informed foster home that has enhanced training and skill in caring for, mentoring/coaching, and offering support services for youth who are pregnant or actively parenting their biological child(ren). Pregnant & Parenting Youth or Young Adult Support Services may be offered to the mother or the father, so long as the youth or young adult receiving the Add-On Service has their biological child placed with them and are residing in a Credentialed foster home.</p> <p>Funding to support the Pregnant & Parenting Youth or Young Adult Support Services Add-On is designed to cover the basic living needs for the youth or young adult’s biological child(ren) which includes, food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs.</p>		



Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services
	<p>The Pregnant & Parenting Youth or Young Adult Support Add-On Service only applies when DFPS does not have conservatorship of the child(ren) that the Youth or Young Adult is parenting, or in situations where the child(ren) of the Youth or Young Adult is in DFPS conservatorship and is placed in the same foster home with his or her parent and is actively working towards family reunification as the permanency goal.</p>
<p>Add-On Service Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The Child Placing Agency should have policy, procedures, and a training plan specific to the program and delivery of the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service. The operation’s approach to delivery of the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service must align with the operation’s Evidence-informed Treatment Model. Youth and young adults must be aware of, and all staff and Caregivers must be trained in, practice, and remain current on policy, procedures, and expectations of the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service program the operation has adopted. • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Pregnant & Parenting Youth & Young Adult Support Services Add-On Service, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • The Child Placing Agency’s approach and delivery of the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service must consider the youth or young adult’s custom needs, as well as the needs of their child(ren), and be adaptable to support individual developmental needs, and in conjunction with the primary Service Package being offered by the Child Placing Agency and Foster Family Home Caregiver. • The Pregnant & Parenting Youth or Young Adult Support Services Add-On Service incorporates a custom parenting plan (which may be incorporated as a part of the Service Plan). This plan should be developed in collaboration with the youth or young adult, and at a

Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services
	<p>minimum must address how the youth will receive information and support related to the following areas:</p> <ul style="list-style-type: none"> ○ Prenatal Care (if applicable); ○ Safe sleeping arrangements; ○ Suggestions for childproofing potentially dangerous settings in a home; ○ Child development and methods to cope with challenging behaviors; ○ Selection of appropriate substitute caregivers; ○ A child’s early brain development, including the importance of meeting an infant’s developmental needs by providing positive experiences and avoiding adverse experiences; ○ The importance of parental involvement in a child’s life and methods for coparenting; ○ The benefits of reading, singing, and talking to young children; ○ The importance of prenatal and postpartum care for both the parent and infant, including the impact of and signs for perinatal mood disorders; ○ Infant nutrition; and ○ Healthy Relationships, including the prevention of intimate partner violence. <ul style="list-style-type: none"> ● The Child Placing Agency and Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services, specific to not only the youth and young adult, but their child(ren) as needed. ● The Child Placing Agency’s Service Plan for a youth and young adult receiving the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service should be directed by the youth or young adult and should include (at a minimum) the following: <ul style="list-style-type: none"> ○ Support and aid in seeking, completing all necessary referrals, and providing coordination of services to both the youth or young adult that is pregnant or parenting, and for their child(ren), including but not limited to STAR Health, Early Childhood Intervention (if applicable) and other Medicaid programs, HHSC Women and Children’s Health programs, the DFPS (transitioning to HHSC in FY 2025)



Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services
	<p>Staff to youth and young adult ratio may vary based on operation’s Transition Support program and dependent on the complexity of the caseload.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated youth and young adult-level outcome expectations that tie directly to the operation’s program for delivering the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service, and support the following at a minimum: <ul style="list-style-type: none"> ○ Safety for the youth or young adult and their child(ren), ○ Youth or young adult’s Permanency Goal, and ○ Improved Well-Being for the youth or young adult and their child(ren). • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze youth and young adult outcomes (both while youth or young adult is in placement and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes and by Parenting Support/Mentor and Aftercare staff.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The Pregnant & Parenting Youth or Young Adult Support Services Add-On Service requires the planning and provision of Aftercare Services once the youth or young adult leaves the care of the Child Placing Agency. • Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily Add-On Service rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. • Upon discharge (both successful and unsuccessful), the Child Placing Agency, in collaboration with the Foster Family Home Caregiver, and the youth or young adult, will develop and produce a robust plan that includes referrals for benefits, supports, and continued services necessary to support the pregnant or parenting youth or young adult and their child(ren). This plan should be customized around the youth or young adult’s planned living

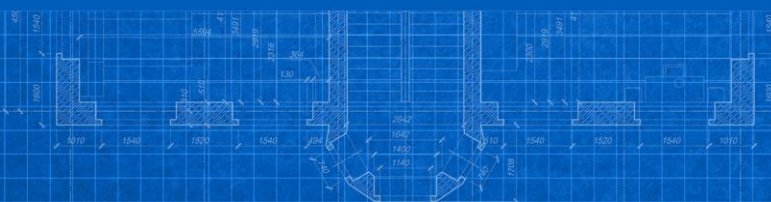


Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services
	<p>arrangement and include contact information for Child Placing Agency Parenting Support/Mentor Staff and the Child Placing Agency Aftercare Support staff assigned to the youth or young adult upon discharge.</p> <ul style="list-style-type: none">• The Aftercare Support Staff must work with the youth or young adult to develop a plan with times and dates set for weekly, then transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months following discharge. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period.• The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



General Residential Operations- Tier I T3C Treatment/Transition Service Packages
Information contained in the charts below outline the parameters/requirements associated with the Tier I Service Packages. The incorporation of these parameters/requirements are consistent with or may exceed the state’s Minimum Licensing Standards for a General Residential Operation and are not intended to change the existing character of the childcare operation. Providers may elect to become Credentialed to provide more than one T3C Service Package in a General Residential Operation Tier I or a Tier II setting.

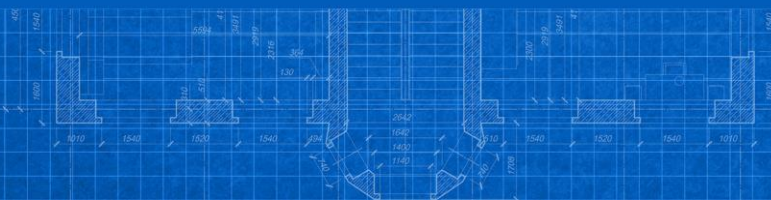
Service Package Name	Tier I: T3C Basic Child Care Operation		
Setting	Facility-Based or Cottage Home Setting		
Permit Type	General Residential Operation- Basic General Residential Operation- Multiple Services <i>Note: Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i>		
Permit Services	<u>Treatment Services</u> None Required	<u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i>	<u>Special Services</u> Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i>
Service Package Description	A trauma-informed facility or cottage home that provides a child’s basic living needs, including food, shelter, education, vocation, transportation, recreation, and extracurricular activities which may vary based on age and developmental level. The Tier I: T3C Basic Child Care Operation Service Package is designed to offer temporary facility-based, or cottage-home care for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.		



Service Package Name	Tier I: T3C Basic Child Care Operation
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must ensure that the child receives regular and frequent individual and family therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Service Planning Team Meetings must occur in accordance with the provider’s Evidence-informed Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every six months. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed care specifically for children that have been victims of abuse and/or neglect. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers and/or Cottage Parents providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.

Service Package Name	Tier I: T3C Basic Child Care Operation
	<ul style="list-style-type: none"> • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: T3C Basic Child Care Operation Services Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment annually. • A Universal Human Trafficking Prevention Training for all staff, Direct Delivery Caregivers, and/or Cottage Parents. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes Paid annual vacation and sick leave for all Direct Delivery Caregivers and/or Cottage Parents to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier I: T3C Basic Child Care Operation Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, reason for denial of admissions based on the referrals, and for children that were admitted, the average Length of Service, based on the time frame from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination,

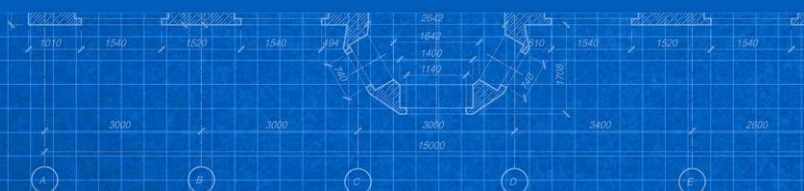
Service Package Name	Tier I: T3C Basic Child Care Operation
	<p>success, and the General Residential Operation or cottage home is made accessible to teachers and other school staff as appropriate, if home-based education is determined necessary.</p> <ul style="list-style-type: none"> • The General Residential Operation is required to coordinate care with the child or youth’s medical consentor (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, and young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation will outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement. The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, or young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach



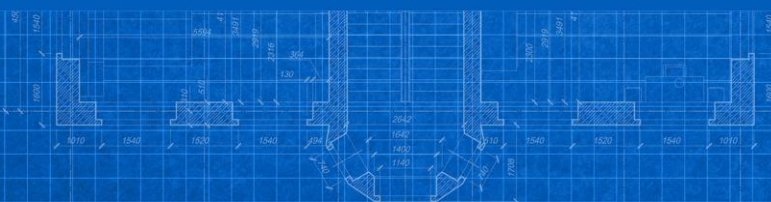
<p>Service Package Name</p>	<p>Tier I: T3C Basic Child Care Operation</p>
	<p>management record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult:</p> <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>Length of service is individualized and based on the General Residential Operation’s Treatment Model for providing the Tier I: T3C Basic Child Care Operation Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for</p>



<p>Service Package Name</p>	<p>Tier I: T3C Basic Child Care Operation</p>
	<p>children, youth, and young adults served under the Tier I: T3C Basic Child Care Operation Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier I: T3C Basic Child Care Operation Service Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years of experience working in a residential childcare setting can substitute for education. • The General Residential Operation must have a Treatment Director that is responsible for evaluating, assessing, and providing direction to the General Residential Operation’s Case Management staff on necessary services that the child, youth, or young adult receiving the Tier I: Basic Child Care Operation Service Package may require as a part of his or her Service Plan. The Treatment Director must be available to provide consultation, training, and technical assistance to Direct Delivery Caregivers and/or Cottage Parents regarding engagement, and child-centered, trauma-informed caregiving techniques based on the child, youth, or young adult’s custom needs. • The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an



Service Package Name	Tier I: T3C Basic Child Care Operation
	<p>emotional disorder, including one year in a residential setting.</p> <ul style="list-style-type: none"> • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers and/or Cottage Parents ○ Case Management ○ Intake/Placement ○ Driver ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver and/or Cottage Parent) Recruitment and Retention ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination, including but not limited to maintaining and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier I: T3C Basic Child Care Operation Service Package maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Evidence-informed Treatment Model.</p> <p>All Treatment Director, Direct Delivery Caregiver and/or Cottage Parent, and Case Management functions must be performed by actual employees of the operation.</p>



Service Package Name	Tier I: T3C Basic Child Care Operation
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime direct delivery staff and/or cottage parent for every 8 children, youth, or young adults being provided the Tier I: T3C Basic Child Care Operation Service Package. • 1 General Residential Operation awake nighttime direct delivery staff and/or cottage parent for every 7 children, youth, or young adults being provided the Tier I: Basic Child Care Operation Service Package. • 1 General Residential Operation Case Manager for every 15 children, youth, or young adults being provided the Tier I: T3C Basic Child Care Operation Service Package. <p>Staff to Child Ratio may vary based on an operation’s specific Evidence-informed Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier I: T3C Basic Child Care Operation Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the Tier I: T3C Basic Child Care Operation Service Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier I: T3C Basic Child Care Operation Service Package Treatment Model, and support the following at a minimum:



Service Package Name	Tier I: T3C Basic Child Care Operation
	<ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. ● The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes.
Admission Guidelines	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> ● Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. ● A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. ● The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children in the program. ● The General Residential Operation is Credentialed to provide the Tier I: T3C Basic Child Care Operation Service Package.
Quality Assurance and Continued Stay Guidelines	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider’s policy and procedures, that include:</p> <ul style="list-style-type: none"> ● On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and on the Service Plan reviews. ● The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. ● The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans.

Service Package Name	Tier I: T3C Basic Child Care Operation
	<ul style="list-style-type: none"> • A less-restrictive placement type is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each six-month</i> Service Plan review, the General Residential Operation’s Program Director, and the Treatment Director responsible for the Tier I: T3C Basic Child Care Operation Service Package, must review the child’s goals and services to ensure they align with the child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Evidence-informed Treatment Model offered through the program, and, with the exception of children, youth, and young adults residing in a cottage home, confirmation that a less-restrictive, community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation. • The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: T3C Basic Child Care Operation Service Package.



<p>Service Package Name</p>	<p>Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Basic General Residential Operation- Multiple Services</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> None Required</p>	<p><u>Programmatic Services</u> Transitional Living</p>	<p><u>Special Services</u> Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A trauma-informed facility, that in addition to providing for a youth, young adult, and their child’s (if applicable) basic living needs, including food, shelter, education, vocation, transportation, recreation, and extracurricular needs, has enhanced training and expertise in caring for, mentoring/coaching, and providing/coordinating Time-limited Services to support the needs of youth and young adults who are pregnant or actively parenting their own biological child(ren).</p> <p>The Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package may be offered to the mother and/or the father. This Service Package is designed to offer temporary, facility-based care, complex care coordination and case management, and therapeutic/skill-building services for youth and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		



Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	<p>documentation to show the progress made toward achieving each goal, and identification of any additional goals.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operations offering Tier I: Services to Support Community Transition for Youth & Youth Adults who are Pregnant or Parenting must incorporate a custom parenting plan (which may be incorporated as a part of the Service Plan). This plan should be developed in collaboration with the youth or young adult, and at a minimum, must address how the youth will receive information, training, and support in the following areas: <ul style="list-style-type: none"> ○ Prenatal care (if applicable); ○ Caring for a newborn-toddler, including safe sleeping arrangements; ○ Suggestions for childproofing potentially dangerous settings in a home; ○ Child development and methods to cope with challenging behaviors; ○ Selection of appropriate substitute caregivers; ○ A child’s early brain development, including the importance of meeting an infant’s developmental needs by providing positive experiences and avoiding adverse experiences; ○ The importance of parental involvement in a child’s life and methods for coparenting; ○ The benefits of reading, singing, and talking to young children; ○ The importance of prenatal and postpartum care for both the mother and infant, including the impact of and signs of perinatal mood disorders; ○ Infant nutrition; and ○ Healthy Relationships, including the prevention of intimate partner violence. • Additionally, the youth or young adult’s Service Plan should address the following:

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	<p>Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package referral, admission, and discharge data by youth or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, reason for denial of admissions based on the referrals, and for youth and young adults that were admitted, the average Length of Service, based on the time frame from admission to discharge.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with the Service Plan. • The General Residential Operation offering Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package must have enhanced skill and expertise in navigating multiple systems, and advocate for and provide coordination of services through STAR Health, HHSC Behavioral Health Services (if needed), Early Childhood Intervention (if applicable) and other Medicaid programs, HHSC Women and Children’s Health programs, the DFPS (transitioning to HHSC in FY 2025) Prevention and Early Intervention Program, day care (if applicable), as well as all other state, federal, and community benefits for which the youth/young adult parent and their child may be eligible. This expertise includes understanding the timing for, and process required to complete and submit applications or other necessary documentation to obtain benefits and supportive services. The General Residential Operation will assist the youth or young adult with completing all forms and referrals as needed. <i>It should be noted that individual services are voluntary, and the youth, young adult, and their child cannot be forced to participate in these programs, but the General Residential Operation must have clear policy and procedures, and staff must be trained on continued methods for engaging the parent in services and document all efforts.</i>



Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	<ul style="list-style-type: none"> • In collaboration with the Medical Consenter, the General Residential Operation must document all services the youth or young adult and/or their child is receiving through STAR Health and other Medicaid programs, HHSC Behavioral Health, Early Childhood Intervention, DFPS Prevention & Early Intervention Program, HHSC Women and Children’s Health programs, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the youth or young adult or their child is referred, and the service is not readily available and/or it is determined that the youth or young adult or their child is ineligible for the service must also be documented by the General Residential Operation in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s). • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success, and the General Residential Operation is made accessible to teachers and other school staff, as appropriate if facility-based education is determined necessary. • The General Residential Operation is required to coordinate care with the youth’s medical consenter (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent on eligibility).



Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	<ul style="list-style-type: none"> • The General Residential Operation must support Normalcy activities (for both the youth and young adult and their child(ren)) to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship and at least one awake night Direct Delivery

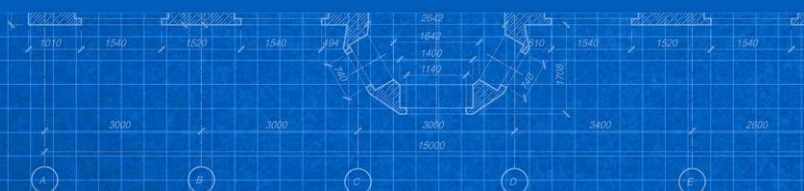
Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	<p>Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship.</p> <ul style="list-style-type: none"> ● The Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. ● The following requirements apply to General Residential Operations offering the Tier I: Services to Support Community Transition for Youth and Young Adults who are Pregnant or Parenting Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier I: Services to Support Community Transition for Youth and Young Adults who are Pregnant or Parenting Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult:

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	<ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly Attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>The Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting is a Time-limited-Service Package. Length of service is individualized and based on the General Residential Operation’s Treatment Model for providing the Tier I: Services to Support Community Transition for Youth and Young Adults who are Pregnant or Parenting Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the youth or young adult’s CANS 3.0 Assessment and their ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for youth and young adults served under the Tier I: Services to Support Community Transition for Youth and Young Adults who are Pregnant or Parenting Service Package.</p>



Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	<p>service planning for youth or young adults and their child(ren) (if applicable)</p> <ul style="list-style-type: none"> ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination, including but not limited to maintaining and supporting the youth or young adult’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that youth or young adults in need of Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Evidence-informed Treatment Model.</p> <p>All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.</p>
<p>Generally Appropriate Staff to Youth or Young Adult Ratio Based on</p>	<ul style="list-style-type: none"> ● 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package.

<p>Service Package Name</p>	<p>Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting</p>
<p>Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 7 children, youth, or young adults being provided the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package. • 1 General Residential Operation Case Manager for every 12 youth, or young adults being provided the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package. • 1 Licensed Therapist for every 10 youth or young adults being provided the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package. • 1 Aftercare Case Manager for every 20 youth or young adults being provided the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package. <p>Staff to Child Ratio may vary based on an operation’s specific Evidence-informed Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package contemplates that, to ensure safety, there will be times when a 1 Direct Delivery Caregiver to 1 youth or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual youth or young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit youth or young adults requiring the</p>



<p>Service Package Name</p>	<p>Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting</p>
	<p>Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated youth/young adult-level outcome expectations that tie directly to the operation’s Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Safety for the youth or young adult and their child(ren), ○ Youth or young adult’s Permanency Goal, and ○ Youth or young adult’s and their child’s Improved Well-Being. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze outcomes.
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with youth or young adult needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the youth or young adult’s information and determined that the youth or young adult’s needs align with services offered by the General Residential Operation, and the youth or young adult and their child(ren) (if applicable) is a good fit for the placement when considering the current census and case mix of other youth and young adult parents in the program.

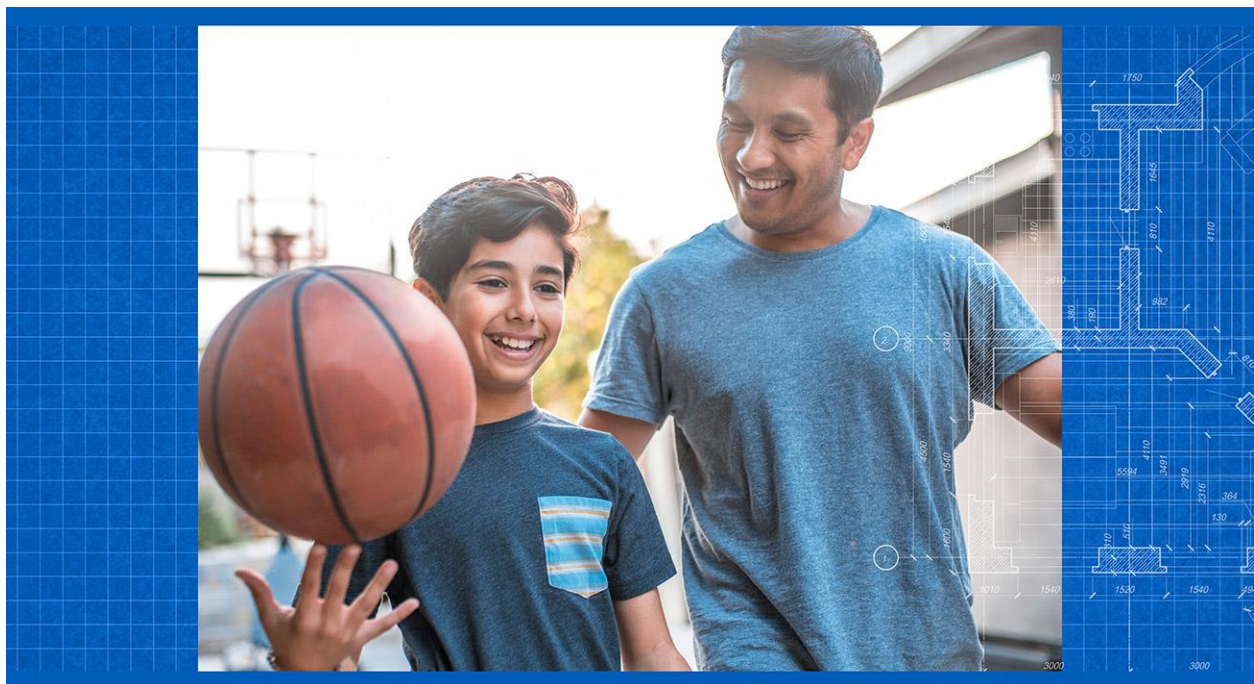


<p>Service Package Name</p>	<p>Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting</p>
	<ul style="list-style-type: none"> The General Residential Operation is Credentialed to provide the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include:</p> <ul style="list-style-type: none"> On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and on the Service Plan reviews. The primary reasons that the youth or young adult met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. The services continue to support the youth or young adult and their child's (if applicable) individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. A community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the youth or young adult's individual needs. Considering the most recent CANS 3.0 Assessment, and in conjunction with each 60-day Service Plan review, the General Residential Operation's Program Director, and the Treatment Director responsible for the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package, must review the child's goals and services to ensure they align with child's custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model and a less-restrictive, community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child's custom needs. Written confirmation should be documented in the General Residential Operation's case record for the child, a copy should be

<p>Service Package Name</p>	<p>Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting</p>
	<p>provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the General Residential Operation, in collaboration with the youth or young adult, will develop and produce a robust Aftercare Services plan that includes referrals for benefits, supports, and continued services necessary to support the pregnant or parenting youth or young adult and their child(ren). At a minimum, the plan should also include the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, and referrals for continued treatment or medical services, with initial appointments set (if transition is needed). This plan should be customized around the youth or young adult’s planned living arrangement, their desired outcomes, and include contact information for the General Residential Operation’s Aftercare Support staff assigned to the youth or young adult upon discharge. The Aftercare Support Staff must work with the youth or young adult to develop a plan with times and dates set for weekly, then transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months following discharge. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or



Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	<p>additional services, may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">• The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the youth or young adult. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



<p>Service Package Name</p>	<p>Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Emotional Disorders</p>	<p><u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i></p>	<p><u>Special Services</u> Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A trauma-informed facility, that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has a formal treatment program that specializes in providing and coordinating Time-limited Services to support the custom needs of children, youth, and young adults who present with one or more of the following:</p> <ul style="list-style-type: none"> • On-going, socially, and developmentally in appropriate displays of sexualized behavior; or • Sexually aggressive behavior; or • DSM-5 diagnosis of a sexual behavior disorder; or • Adjudication as a sex offender; and • <i>Requires structured and frequent on-site, clinical intervention by professionals with experience in serving this population, complex case management, and skilled and well-trained Caregivers to manage day-to-day activities.</i> 		



<p>Service Package Name</p>	<p>Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition</p>
	<p>In addition to the criteria listed above, children, youth, and young adults requiring Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package, often present with a DSM-5 diagnosis for an emotional disorder, and two or more of the following (which, if applicable, the General Residential Operation must be equipped to treat based on the custom needs of the child, youth, or young adult):</p> <ul style="list-style-type: none"> • Major self-injurious actions, including a suicide attempt within the last 12 months; • Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; or • An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment. <p>The Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package is designed to offer temporary, facility-based care, and treatment/recovery services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Sex Offender Treatment Provider, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers

Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<p>must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 60 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed care specifically for children that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and recovery needs of children, youth, and young adults who require Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults



Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<p>Community Transition Service Package to ensure the safety, health, and well-being of children and youth in care. The General Residential Operation Program Director, Admissions Staff, Case Manager, and all Direct Delivery Caregivers should understand the confidential nature of this information and agree not to disclose such information except for a necessary purpose authorized under a DFPS or SSCC Contract or to protect the safety, health, and well-being of children or youth.</p> <ul style="list-style-type: none"> • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), the juvenile justice system (if applicable), community and county providers, and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package. The General Residential Operation must be skilled in navigating the multiple systems in a manner that not only keeps the child safe but mitigates any risk to other children in the facility and/or community. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, the juvenile justice and education systems, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the General Residential Operation in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service



Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<p>referral denials within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success, and the General Residential Operation is made accessible to teachers and other school staff, as appropriate if facility-based education is determined necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consenter (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives

Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<p>(including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation.</p> <ul style="list-style-type: none"> • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • The Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they



Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<p>transition out of, the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits.</p> <ul style="list-style-type: none"> ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult: <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General

<p>Service Package Name</p>	<p>Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition</p>
	<p>Residential Operation offering support in navigating entry into these programs.</p>
<p>Anticipated Length of Service</p>	<p>The Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition is a Time-limited-Service Package. Length of service is individualized and based on the General Residential Operation’s Evidence-informed Treatment Model for providing the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years of experience working in a residential childcare setting can be substituted for education. • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of LSOTPs on staff. • The Treatment Director must:



Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services to children emotional disorders, including one year in a residential setting. <ul style="list-style-type: none"> ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Sex Offender Treatment Provider (LSOTP) to oversee treatment and service planning for children, youth, and young adults ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination, including but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified</p>



<p>Service Package Name</p>	<p>Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition</p>
	<p>personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Evidence-informed Treatment Model.</p> <p>All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.</p>
<p>Generally Appropriate Staff to Youth or Young Adult Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 7 children, youth, or young adults being provided the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation Case Manager for every 12 children, youth, or young adults being provided the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package. • 1 Licensed Sex Offender Treatment Provider for every 10 children, youth, or young adults being provided the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package. • 1 Aftercare Case Manager for every 20 children, youth, or young adults being provided the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed Treatment Model, and dependent on the complexity of the case mix and caseload.</p>



<p>Service Package Name</p>	<p>Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition</p>
	<p>(if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team.</p> <ul style="list-style-type: none"> • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program. • A safety and supervision plan (which may be incorporated as a part of the Service Plan) is developed upon admission to ensure that the child remains safe, and to mitigate any risk to other children in the program. • At the time of admission and during treatment, the General Residential Operation must ensure that the Program Director, Admissions staff, Case Manager, and all Direct Delivery Caregivers are aware of the child, youth, or young adult’s history of sexual victimization and/or aggression. • The General Residential Operation is Credentialed to provide the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with



Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<p>the child safety and supervision plan, and the child and family Service Plans.</p> <ul style="list-style-type: none"> • A community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and in conjunction with each 60-day Service Plan review, the General Residential Operation’s Program Director, and the Treatment Director responsible for the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model and a less-restrictive, community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation. • The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package.
Aftercare Services	<ul style="list-style-type: none"> • The Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package requires the planning and provision of Aftercare Services. • Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services.



Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<ul style="list-style-type: none"> • Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period. • The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC), unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 60 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed care specifically for children that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and recovery needs of children, youth, and young adults who require Tier I: Substance Use Treatment Services to Support Community Transition. The



Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	<p>leave for Direct Delivery Caregivers to support wellness and retention.</p> <ul style="list-style-type: none"> • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier I: Substance Use Treatment Services to Support Community Transition Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, reason for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), the juvenile justice system (if applicable), community and county providers, and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier I: Substance Use Treatment Services to Support Community Transition Service Package. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, the juvenile justice and education systems, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that



Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	<p>the child, youth, or young adult is ineligible for the service must also be documented by the General Residential Operation in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success, and the General Residential Operation is made accessible to teachers and other school staff, as appropriate if facility-based education is determined necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consenter (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation

Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	<p>Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package.</p> <ul style="list-style-type: none"> • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • The Tier I: Substance Use Treatment Services to Support Community Transition Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older.



<p>Service Package Name</p>	<p>Tier I: Substance Use Treatment Services to Support Community Transition</p>
	<p>to transitioning youth and young adults through these offices/centers; and</p> <ul style="list-style-type: none"> ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>The Tier I: Substance Use Treatment Services to Support Community Transition is a Time-limited-Service Package. Length of service is individualized and based on the General Residential Operation’s Evidence-informed Treatment Model for providing the Tier I: Substance Use Treatment Services to Support Community Transition Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier I: Substance Use Treatment Services to Support Community Transition Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier I: Substance Use Treatment Services to Support Community Transition Service Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years of experience working in a residential childcare setting can be substituted for education.



Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	<ul style="list-style-type: none"> • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of LCDC and/or QCC therapists on staff. • The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in human services field from an accredited college or university and three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC) to oversee treatment and service planning for children, youth, and young adults ○ Registered Nurse ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination, including but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier I: Substance Use

<p>Service Package Name</p>	<p>Tier I: Substance Use Treatment Services to Support Community Transition</p>
	<p>Treatment Services to Support Community Transition maximize benefits based on eligibility and meeting medical necessity criteria for the service(s).</p> <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Evidence-informed Treatment Model.</p> <p>All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier I: Substance Use Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 7 children, youth, or young adults being provided the Tier I: Substance Use Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation Case Manager for every 13 children, youth, or young adults being provided the Tier I: Substance Use Treatment Services to Support Community Transition Service Package. • 1 Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC) for every 10 children being provided the Tier I: Substance Use Treatment Services to Support Community Transition Service Package. • 1 Aftercare Case Manager for every 20 children being provided the Tier I: Substance Use Treatment Services to Support Community Transition Service Package.



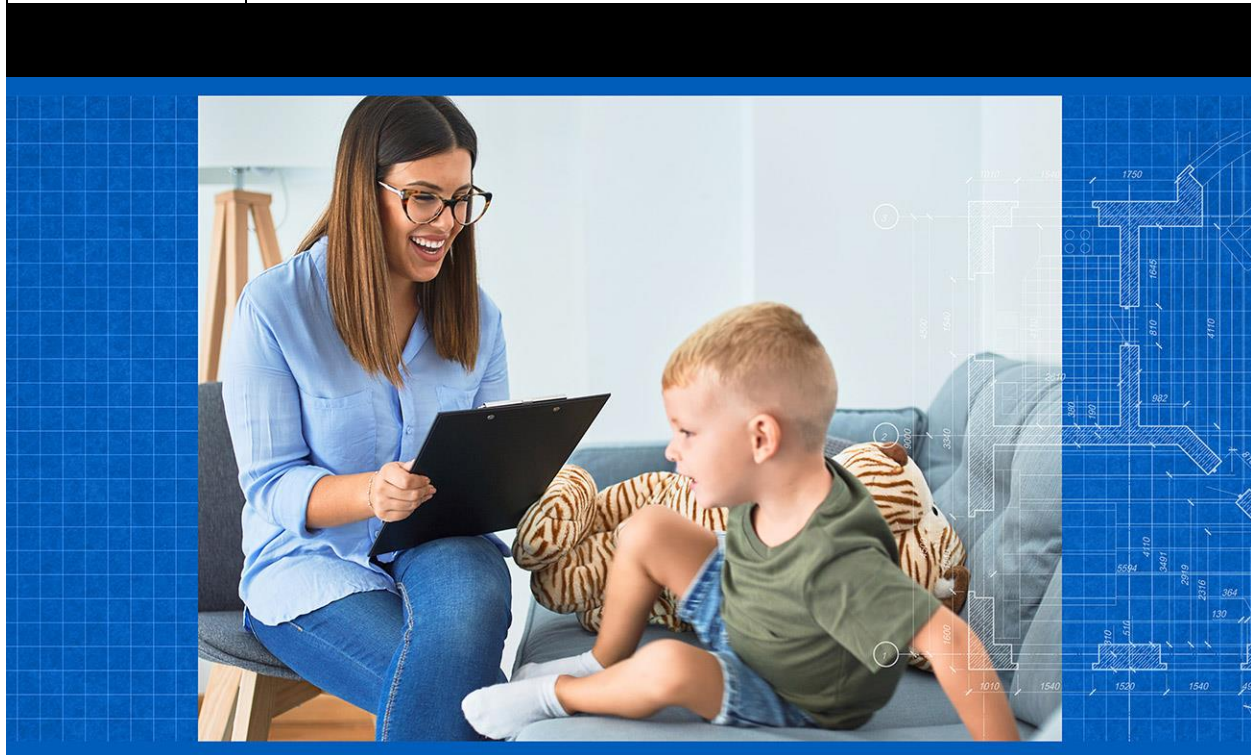
<p>Service Package Name</p>	<p>Tier I: Substance Use Treatment Services to Support Community Transition</p>
	<p>Staff to Child Ratio(s) may vary based on the operation’s specific Evidence-informed Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier I: Substance Use Treatment Services to Support Community Transition Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the Tier I: Substance Use Treatment Services to Support Community Transition Service Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier I: Substance Use Treatment Services to Support Community Transition Service Package Treatment Model, and supports the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).

<p>Service Package Name</p>	<p>Tier I: Substance Use Treatment Services to Support Community Transition</p>
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program. • The General Residential Operation is Credentialed to provide the Tier I: Substance Use Treatment Services to Support Community Transition Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. • A community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 60-day</i> Service Plan review, the General Residential Operation’s Program Director, and the Treatment



Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	<p>Director responsible for the Tier I: Substance Use Treatment Services to Support Community Transition Service Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model and a less-restrictive, community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: Substance Use Treatment Services to Support Community Transition Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier I: Substance Use Treatment Services to Support Community Transition Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for

Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	<p>a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">• As part of the aftercare program, the General Residential Operation must provide or refer children, youth, and young adults receiving Tier I: Substance Use Treatment Services to Support Community Transition Service Package to appropriate support group(s), unless the child’s therapist determines it to be unnecessary prior to discharge, and as documented in the Service Plan. Information on the support group(s) should be included in the Aftercare Services plan provided at the time of discharge.• The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



<p>Service Package Name</p>	<p>Tier I: Emergency Emotional Support & Assessment Center Services</p>
	<ul style="list-style-type: none"> • Transitioning based on a recent, un-planned disruption in placement, where a suspected but unconfirmed, or confirmed behavioral health need(s) was a factor contributing to the disruption; and • In need of further assessment(s) and evaluation(s) to identify an appropriate Service Package and subsequent placement. <p>Children, youth, and young adults requiring this Service Package require frequent, on-site clinical intervention, and complex care coordination and case management services to support and manage day-to-day activities.</p> <p>The Tier I: Emergency Emotional Support & Assessment Center Services Package is designed to offer temporary, facility-based care, and assessment/treatment services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p> <p>Due to the type of services offered, the Tier I: Emergency Emotional Support & Assessment Center Services Package is designed for older children, youth, and young adults. Children that are age 5 and younger should only receive this Service Package if it accommodates placement with members of their sibling group.</p>
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must ensure that a Licensed Physician is readily accessible and available to consult and provide direction regarding assessments, evaluations, and treatment care planning for children, youth, and young adults being cared for under the Tier I: Emergency Emotional Support & Assessment Center Service Package. The Physician should also provide necessary training and technical assistance to staff, including Direct Delivery Caregivers, regarding clinical and medical assessment, engagement, and child-centered, trauma-informed de-escalation techniques based on the child’s custom needs. The Licensed Physician may be on-staff with the operation or may provide



Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	<p>services under a contract or another form of written agreement with the operation.</p> <ul style="list-style-type: none"> • The General Residential Operation must coordinate and ensure that comprehensive assessments, evaluations, screenings, and treatment services are provided within 21 days of admission (for children aged 5 and under) and 30 days of admission (for children aged 6 and over); services should be customized based on individual strengths and needs (dependent on eligibility, services should be authorized and paid for through STAR Health). Authorization requests will be sent to STAR Health as needed for Medicaid-covered services, and if an eligible service, providers must be credentialed and contracted with the STAR Health managed care organization. • The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency, which will be customized to align with the child’s individual needs. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist, that specializes in treating children with severe emotional disturbance, unless the Service Planning team determines a different type of therapist is needed. • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 30 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed

Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	<p>care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults with varying service needs as the process of assessment and evaluation is completed. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: Emergency Emotional Support & Assessment Center Services Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Therapist that specializes in serving children with a DSM-5 diagnosis for emotional disorders is always available by phone and video conference to provide consultation and/or respond in-person in the event of a crisis, if needed. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements, but no later than 21 days after admission (for children between the ages of 3 and 5) and 30 days after admission (for children aged 6 and over) unless a CANS 3.0 Assessment was completed within the prior 90-day period and remains valid. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan and subsequent Service Package beyond the current Tier I: Emergency Emotional Support & Assessment Center Services Package. Children over the age of 3, youth, and young adults receiving this package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method.



Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	<ul style="list-style-type: none"> • The General Residential Operation must have a staff benefit package that, at a minimum, includes <i>Paid</i> annual vacation and sick leave for Direct Delivery Caregivers to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier I: Emergency Emotional Support & Assessment Center Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, reason for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation must have medical, mental/behavioral health, dental and other professionals readily accessible to provide a wide range of assessments and evaluations for children, youth, and young adults within 30 days of admission (dependent on eligibility, medical, mental/behavioral health, dental and other therapeutic services should be authorized and paid for through STAR Health). • The General Residential Operation must have <i>enhanced</i> skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), the juvenile justice system (if applicable), community and county providers, and the education, medical, and child welfare systems specific to children, youth, and young adults



Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	<p>that qualify for the Tier I: Emergency Emotional Support & Assessment Center Services Package.</p> <ul style="list-style-type: none"> • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, the education and juvenile justice systems, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the General Residential Operation in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s). • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success, and the General Residential Operation is made accessible to teachers and other school staff, as appropriate if facility-based education is determined necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consenter (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility).



Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	<ul style="list-style-type: none"> • General Residential Operation must support Normalcy activities to include, but not limited to clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate, and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation will outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement. The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, or young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan in the child’s case record maintained by the operation. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • The Tier I: Emergency Emotional Support & Assessment Center Services Package includes requirements to support preparation and

Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	<p>planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older.</p> <ul style="list-style-type: none"> • The following requirements apply to General Residential Operations offering the Tier I: Emergency Emotional Support & Assessment Center Services Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out, of the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier I: Emergency Emotional Support & Assessment Center Services Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult: <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities;

Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	<ul style="list-style-type: none"> • The Program Director must have a bachelor’s level or above degree; at least 5 years of experience working in a residential childcare setting can be substituted for education. • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of Licensed Therapists on staff. • The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist. ○ Have a master’s degree in human services field from an accredited college or university and three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Therapist ○ Physician ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Education liaison for children in care ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination, including but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other assessment/evaluation and service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in

<p>Service Package Name</p>	<p>Tier I: Emergency Emotional Support & Assessment Center Services</p>
	<p>The daily reimbursement rate for the Tier I: Emergency Emotional Support & Assessment Center Services Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the Tier I: Emergency Emotional Support & Assessment Center Services Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier I: Emergency Emotional Support & Assessment Center Services Treatment Model, and supports the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes.
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (most recent or once administered), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team.



<p>Service Package Name</p>	<p>Tier I: Emergency Emotional Support & Assessment Center Services</p>
	<ul style="list-style-type: none"> • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program. • The General Residential Operation is Credentialed to provide the Tier I: Emergency Emotional Support & Assessment Center Services Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • Not Applicable, as this Service Package is Time-limited and intended to be short-term.



<p>Service Package Name</p>	<p>Tier I: Complex Medical Needs Treatment Services to Support Community Transition</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Primary Medical Needs</p>	<p><u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i></p>	<p><u>Special Services</u> Physically Challenged Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A trauma-informed facility, that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has a formal treatment/therapeutic program that specializes in providing a holistic, comprehensive array of medical and therapeutic supports, services, and enhanced care coordination, complex case management, and on-site access to care.</p> <p>This Time-Limited Service is designed for children, youth, and young adults that present with complex medical conditions, that is defined as either one or more diagnoses that affect multiple organ systems, or one long-term health condition that results in functional limitations, high health care needs or utilization, and often the need for medical technology, or who may present with a medical diagnosis and who may not be able to live</p>		



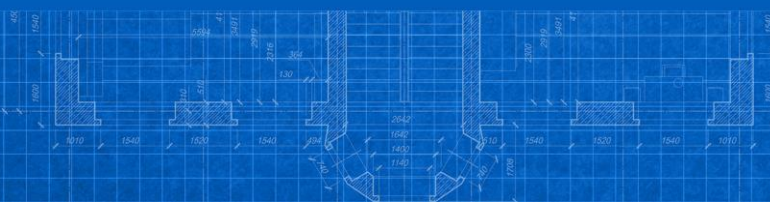
<p>Service Package Name</p>	<p>Tier I: Complex Medical Needs Treatment Services to Support Community Transition</p>
	<p>without mechanical supports or the services of others because of life threatening conditions, which may include:</p> <ul style="list-style-type: none"> • The inability to maintain an open airway without assistance; • The inability to be fed except through a feeding tube, gastric tube, or a parenteral route; • The use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown; or • Multiple physical disabilities including sensory impairments. <p>The Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package is designed to offer temporary, facility-based care, medical, and other therapy/rehabilitation services to support recovery (if applicable) and well-being, and improve the quality of life for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>
<p>Service Package Expectations</p>	<p>In addition to, and or/consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must ensure that a Registered Nurse is routinely on-site and is available via phone or video conference 24 hours a day/7 days a week to screen new admissions, offer training and consultation to Direct Delivery Caregivers, and direct and oversee the administration of a custom care plan, including distribution of medications to children, youth, and young adults receiving Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package. • The General Residential Operation must ensure that the child receives regular and frequent individual, family, group, occupational, speech, physical, and other therapy services (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team, Licensed Therapist, Registered Nurse, and other treatment providers will determine the frequency, which will be customized

Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	<p>to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist, that specializes in treating children with the customized complex medical need(s), unless the Service Planning team determines a different type of therapist is needed. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 60 days. As informed by the child, youth, or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed care specifically for children that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment, well-being, and recovery needs of children, youth, and young adults who require Tier I: Complex Medical Needs Treatment Services to Support Community Transition. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: Complex Medical



Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	<p>Needs Treatment to Support Community Transition Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process.</p> <ul style="list-style-type: none"> • The Tier I: Complex Medical Needs Treatment to Support Community Transition Service Package necessitates a custom care plan for the child that should incorporate support and guidance from a Registered Nurse on how to care for the individual medical needs of the child, to include administering medication and the use of medically necessary equipment. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information, based on their ability and level of functioning, related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes <i>Paid</i> annual vacation and sick leave for Direct Delivery Caregivers to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, reason for denial of admissions based on

Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	<p>referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The Treatment Director must ensure that the General Residential Operation’s Case Management, Direct Delivery Caregivers, and Licensed Therapist receive on-going training on interpretation and analysis of complex medical records, and care planning for children, youth, and young adults with Complex Medical Needs. • The General Residential Operation, through assessment of child, youth, or young adult via observation/interaction, must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of medical and clinical services offered through STAR Health, HHSC Behavioral Health Services (if needed), Early Childhood Intervention (if applicable), the juvenile justice system (if applicable), community and county providers, and the education, medical, and child welfare systems specific to children, youth, and young adults that qualify for the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package. This includes, but is not limited to, coordinating, and supporting nursing, medication management, evaluation/testing, coaching/life skills building, specialized therapy services, and installing medical and other assistive equipment to improve and meet the custom physical and emotional needs of the child. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined to be necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, but the service is not readily available and/or it is determined that the child, youth, or young adult is



Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	<p>ineligible for the service, must also be documented by the General Residential Operation in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials, immediately. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for and ensuring various educational testing and plans are completed, and that accommodations and/or supports are in place to aid in the child’s educational success, and that the General Residential Operation is made accessible to teachers and other school staff, as appropriate, if facility-based education is determined to be necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consentor (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to

Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	<p>the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package.</p> <ul style="list-style-type: none"> • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship, and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • The Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier I: Complex Medical Needs Treatment

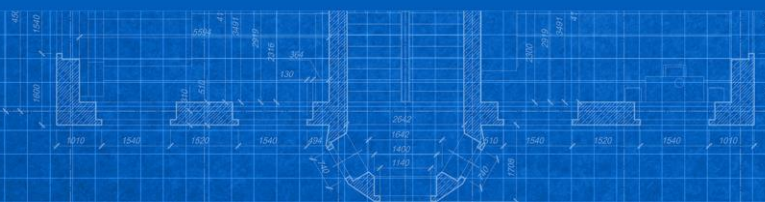


Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	<p>Services to Support Community Transition Service Package to youth 14 years of age and older:</p> <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out, of the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development, and medical needs, and in conjunction with the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, which depends on complexity of medical need(s) and abilities, includes, but is not limited to, ensuring that the youth or young adult: <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events (as safe and appropriate); ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings;

<p>Service Package Name</p>	<p>Tier I: Complex Medical Needs Treatment Services to Support Community Transition</p>
	<ul style="list-style-type: none"> ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs, if safe and appropriate.
<p>Anticipated Length of Service</p>	<p>The Tier I: Complex Medical Needs Treatment Services to Support Community Transition is a Time-limited-Service Package. Length of service is individualized and based on the General Residential Operation’s Evidence-informed Treatment Model for providing the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • The General Residential Operation must have a Program Director (this position may, <i>if approved by HHSC-Child Care Regulation Division</i>, serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent



<p>Service Package Name</p>	<p>Tier I: Complex Medical Needs Treatment Services to Support Community Transition</p>
	<p>personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Evidence-informed Treatment Model.</p> <p>All Treatment Director, Direct Delivery Caregiver, and Case Management functions, and the responsibilities of the Registered Nurse, must be performed by actual employees of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 7 children, youth, or young adults being provided the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation Case Manager for every 12 children, youth, or young adults being provided the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package. • 1 Licensed Therapist for every 10 children being provided the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package. • 1 Aftercare Case Manager for every 20 children being provided the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package. <p>Staff to Child Ratio(s) may vary based on the operation’s specific Evidence-informed Treatment Model, and dependent on the complexity of the case mix and caseload.</p>



<p>Service Package Name</p>	<p>Tier I: Complex Medical Needs Treatment Services to Support Community Transition</p>
	<p>Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team.</p> <ul style="list-style-type: none"> • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the child’s medical diagnosis and access to services, as well as the current census and case mix of other children, youth, and young adults in the program. • The General Residential Operation is Credentialed to provide the Tier I: Complex Medical Treatment Services to Support Community Transition Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. • A community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 60-day</i> Service Plan review, the General Residential Operation’s Program Director, and the Treatment Director responsible for the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan.



Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	<p>The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model and a less-restrictive, community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, plan to transport all necessary medical equipment, referrals for continued treatment/medical services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. In-person or virtual ad-hoc meetings/staffings, as well as referrals for new or

Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	<p>additional services may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">• The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



<p>Service Package Name</p>	<p>Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition</p>
	<ul style="list-style-type: none"> An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment. <p>The Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package is designed to offer temporary, facility-based care and treatment/recovery services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist, that specializes in treating children with a DSM-5 diagnosis for an emotional disorder, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. Service Planning team meetings must occur in accordance with the provider’s Evidence-informed Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 60 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews



Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	<p>must include documentation to show the progress made toward achieving each goal, and identification of any additional goals.</p> <ul style="list-style-type: none"> • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed care specifically for children that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and recovery needs of children, youth, and young adults who require Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Therapist that specializes in serving children with a DSM-5 diagnosis for emotional disorders is always available by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed. • The General Residential Operation must ensure that a Registered Nurse is routinely on-site and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the administration of psychotropic and other medications to children, youth, and young adults receiving Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of

Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	<p>services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days.</p> <ul style="list-style-type: none"> • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes <i>Paid</i> annual vacation and sick leave for Direct Delivery Caregivers to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, reason for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), the juvenile justice system (if applicable), community and county providers, and the education, medical, and



Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	<p>(dependent and based on child, youth, or young adult’s individual eligibility).</p> <ul style="list-style-type: none"> • The General Residential Operation must support Normalcy activities to include, but not limited to clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in



Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	<ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
Anticipated Length of Service	<p>The Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition is a Time-limited-Service Package. Length of service is individualized and based on the General Residential Operation’s Evidence-informed Treatment Model for providing the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package.</p>



Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	<p>treatment and Service Planning for children, youth, and young adults</p> <ul style="list-style-type: none"> ○ Registered Nurse ○ Behavior Support Specialist or Mentor ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination, including but not limited to maintaining and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Evidence-informed Treatment Model.</p> <p>All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on</p>	<ul style="list-style-type: none"> ● 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package.



Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
Hours of Operation	Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition.
Desired Individual Outcome	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package Treatment Model, and supports the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
Admission Guidelines	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program.

<p>Service Package Name</p>	<p>Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition</p>
	<p>CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services may be required during the 6-month aftercare period. The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



<p>Service Package Name</p>	<p>Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition</p>
	<p>Disorder, the child’s behavior may be characterized by prominent, severe deficits and pervasive impairment in one or more of the following areas:</p> <ul style="list-style-type: none"> • Conceptual, social, and practical adaptive skills to include daily living and self-care; • Communication, cognition, or expressions of affect; • Self-care activities or participation in social activities; • Responding appropriately to an emergency; or • Multiple physical disabilities, including sensory impairments. <p>The Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Services Package is designed to offer temporary, facility-based care, therapy, and other services that promote development, independence, and improved life skills for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist with experience providing services to children with a DSM-5 diagnosis of Intellectual or Developmental Disability and/or Autism Spectrum Disorder, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If



Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	<p>services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 60 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults who qualify for the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of (based on their ability and level of functioning), and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Therapist that specializes in serving children, youth, and young



Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	<p>adults requiring Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package is always available on-site, or by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed.</p> <ul style="list-style-type: none"> • The General Residential Operation must ensure that a Registered Nurse is routinely on-site and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the administration of psychotropic and other medications to children, youth, and young adults receiving Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package. • The Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package necessitates a custom care plan for the child that should incorporate support and guidance from a Registered Nurse on how to care for the individual medical needs of the child, to include administering medication and the use of medically necessary equipment. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information (based on their ability and level of functioning) related to the prevention of Human Trafficking in accordance with the organization’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes <i>Paid</i> annual vacation and sick leave for Direct Delivery Caregivers to support wellness and retention.



Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	<ul style="list-style-type: none"> • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, reason for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), community and county providers, and the education, medical, and child welfare systems specific to children, youth, and young adults that qualify for the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package. Provision of this Service Package requires facilitating, incorporating, and supporting various forms of physical, speech, behavioral, occupational, and other forms of specialized therapy; and psychological and/or psychiatric evaluations. Services should be sought through STAR Health and in conjunction with STAR Health Service Coordination (if applicable). • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth,

Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	<p>or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined to be necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, but the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service, must also be documented by the General Residential Operation in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials, within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for and ensuring various educational testing and plans are completed, and that accommodations and/or supports are in place to aid in the child’s educational success, and that the General Residential Operation is made accessible to teachers and other school staff, as appropriate, if facility-based education is determined to be necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consentor (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy



Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	<p>activities that are age appropriate and in accordance with the Service Plan.</p> <ul style="list-style-type: none"> • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship.

Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	<ul style="list-style-type: none"> • The Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out, of the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Services to Support Community Transition Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, which depends on developmental abilities and level of

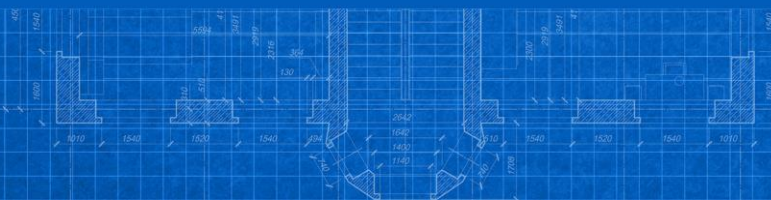
<p>Service Package Name</p>	<p>Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition</p>
	<p>Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of the Licensed Therapists on staff. • The Treatment Director must be: <ul style="list-style-type: none"> ○ A psychiatrist, psychologist, professional counselor, clinical social worker, marriage and family therapist, or registered nurse; or ○ Certified by the Texas Education Agency as an education diagnostician, have a master’s degree in special education or human services field, and have three years of experience working with children with intellectual disabilities or autism spectrum disorder. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Behavior Support Specialist/ Mentor ○ Registered Nurse



<p>Service Package Name</p>	<p>Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition</p>
<p>Staff to Child Ratio Based on Service Package</p>	<p>provided the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package.</p> <ul style="list-style-type: none"> • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 7 children, youth, or young adults being provided the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation Case Manager for every 13 children, youth, or young adults being provided the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package. • 1 Behavior Support Specialist/Mentor for every 15 children, youth, or young adults being provided the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package. • 1 Licensed Therapist for every 10 children being provided the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package. • 1 Aftercare Case Manager for every 20 children being provided the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package. <p>Staff to Child Ratio(s) may vary based on the operation’s specific Evidence-informed Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential</p>



<p>Service Package Name</p>	<p>Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition</p>
	<ul style="list-style-type: none"> • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program. • The General Residential Operation is Credentialed to provide the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider’s policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services or are replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child’s care plan, and the child and family Service Plans. • A community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 60-day</i> Service Plan review, the General Residential Operation’s <i>Program Director, and the Treatment Director</i> responsible for the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package, must review the child’s goals and services to ensure they align with child’s custom

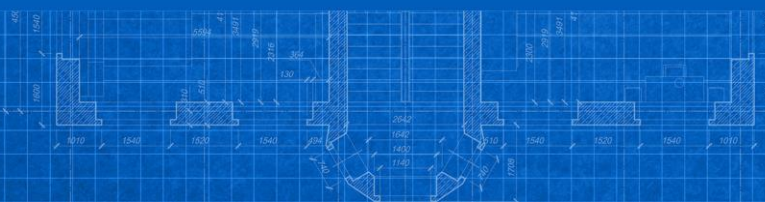


<p>Service Package Name</p>	<p>Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition</p>
	<p>strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model and a less-restrictive, community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for

Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	<p>a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">• The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.

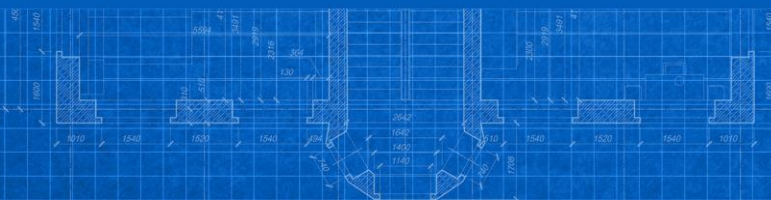


<p>Service Package Name</p>	<p>Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition</p>
	<ul style="list-style-type: none"> • As a result of a criminal prosecution or who is currently alleged to be a victim/survivor of trafficking in a pending criminal investigation or prosecution. • Identified by the parent or agency that placed the child, youth, or young adult in the operation as a victim/survivor of trafficking; or • Determined by the operation to be a victim/survivor of trafficking based on reasonably reliable criteria, including one or more of the following: <ul style="list-style-type: none"> ○ The child’s own disclosure as a victim/survivor of trafficking; ○ The assessment of a counselor or other professional; or ○ Evidence that the child was recruited, harbored, transported, provided to another person, or obtained for the purpose of forced labor or commercial sexual activity. <p>The Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package is designed to offer temporary, facility-based care and treatment/recovery services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist, that specialized in sex trafficking (all forms: no broker, gang, third-party [aka pimp], organized crime, familial), labor trafficking, and /or



Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	<p>complex trauma, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 60 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed care specifically for children that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and recovery needs of children, youth, and young adults who require Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a therapist that specializes in sex trafficking (all forms: no broker, gang, third-party [aka pimp], organized crime, familial), labor trafficking, and

Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	<p>/or complex trauma, is always available by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed.</p> <ul style="list-style-type: none"> • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training specifically designed for victims/survivors of Human Trafficking is required for all staff and Direct Delivery Caregivers. The operation may elect to design this training or purchase an already developed training model which will be reviewed as a part of the Credentialing process. Children, youth, and young adults must receive information related to prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes Paid annual vacation and sick leave for Direct Delivery Caregivers to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, reason for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge.



Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	<ul style="list-style-type: none"> • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation must have enhanced skill and training in assessing and addressing the specific needs of a victim/survivor of Human Trafficking. This includes skill in determining the need for intervention to ensure safety, advocating for, and providing coordination of services, through STAR Health, HHSC Behavioral Health Services, community and county providers, and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package. Dependent on the case, the General Residential Operation’s Service Planning coordination may be complex and include a multi-disciplinary team consisting of multiple law enforcement entities, care coordination teams, Court Systems (Criminal; Juvenile Justice; Prosecution) and Commercially Sexually Exploited Youth/Human Trafficking advocate agencies. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, the legal and education systems, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the General Residential Operation in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of

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	<p>any challenges encountered with access to services, and/or service referral denials within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success, and the General Residential Operation is made accessible to teachers and other school staff, as appropriate if facility-based education is determined necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consentor (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives



Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	<p>(including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation.</p> <ul style="list-style-type: none"> • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • The Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier I: Human Trafficking Victim Treatment Services to Support Community Transition Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system. This expertise

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	<p>includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits.</p> <ul style="list-style-type: none"> ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult: <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.



Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	<p>experience providing treatment services for trafficking victims or children with an emotional disorder, including one year in a residential setting; or</p> <ul style="list-style-type: none"> ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for trafficking victims or children with an emotional disorder, including one year in a residential setting. <ul style="list-style-type: none"> ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Behavior Support Specialist/Mentor ○ Driver ○ Licensed Therapist, that specializes in sex trafficking (all forms: no broker, gang, third-party [aka pimp], organized crime, familial), labor trafficking, and /or complex trauma, to oversee treatment and Service Planning. ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination, including, but not limited to maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more</p>



<p>Service Package Name</p>	<p>Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition</p>
	<p>The daily reimbursement rate for the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package Treatment Model, and supports the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for



Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	<p>Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning Team.</p> <ul style="list-style-type: none"> • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program. • The General Residential Operation is Credentialed to provide the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider’s policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. • A community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 60-day</i> Service Plan review, the General Residential Operation’s Program Director, and the Treatment Director responsible for the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package, must review the child’s goals and

Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	<p>services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model and a less-restrictive, community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc



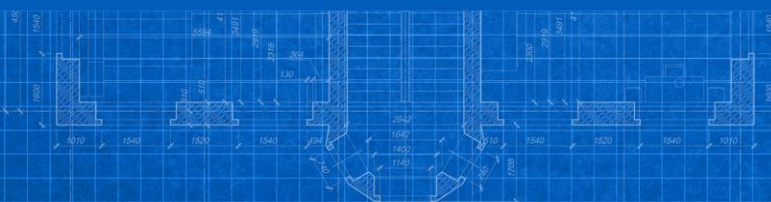
Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	<p>meetings/staffings, as well as referrals for new or additional services may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">• The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



General Residential Operations- Tier II T3C Stabilization Support Service Packages

Information contained in the charts below outline the parameters/requirements associated with the Tier II Service Packages. The incorporation of these parameters/requirements are consistent with or may exceed the state’s Minimum Licensing Standards for a General Residential Operation and are not intended to change the existing character of the childcare operation. Providers may elect to become Credentialed to provide more than one T3C Service Package in a General Residential Operation Tier I or a Tier II setting.

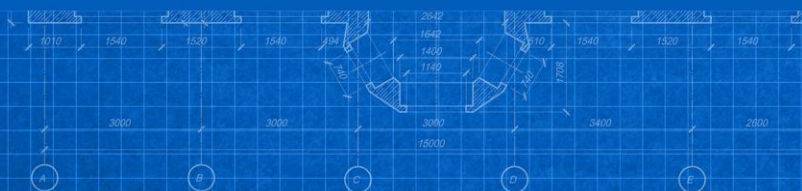
<p>Service Package Name</p>	<p>Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Emotional Disorder</p>	<p><u>Programmatic Services</u> Transitional Living (If offering Service Package to youth 14 and older)</p>	<p><u>Special Services</u> Young Adult Care (If General Residential Operation provides Extended Foster Care services)</p>
<p>Service Package Description</p>	<p>A highly structured, trauma-informed facility that, in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has an intensive treatment program that specializes in providing and coordinating Time-limited Services to support the emotional stability, well-being, and therapeutic needs of children, youth, and young adults who are experiencing challenges with a lack of impulse control, and may present with one or more of the following:</p> <ul style="list-style-type: none"> On-going, socially, and developmentally inappropriate displays of sexualized behavior; or 		



Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<ul style="list-style-type: none"> Sexually aggressive behavior; or DSM-5 diagnosis of a sexual behavior disorder; or Adjudication as a sex offender; and <i>For whom other forms of specialized treatment have been tried and rendered unsuccessful, and/or treatment in a less-restrictive setting such as in a Foster Family Home or General Residential Operation- Tier I facility is not safe and appropriate based on individualized need(s) and absent the Tier II intervention, the child, youth, or young adult’s well-being, or that of others they interact with, may be at risk.</i> <p>In addition to the criteria listed above, children, youth, and young adults requiring Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package may present with a DSM-5 diagnosis for an emotional, conduct, or behavioral disorder, and two or more of the following (which, if applicable, the General Residential Operation offering this Service Package must be equipped to treat based on the custom needs of the child, youth, or young adult):</p> <ul style="list-style-type: none"> Major self-injurious actions, including a suicide attempt within the last 12 months; Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; or An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment. <p>Children, youth, and young adults eligible for this Service Package require daily on-site clinical intervention, and highly complex care coordination and case management services to support their emotional stability and well-being.</p> <p>The Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package is designed to offer temporary, facility-based care, for children, youth, and young adults based on their individual strengths and needs, with the overall goal of achieving emotional and behavioral stability to the level that successful transition to a less restrictive placement offering treatment and recovery services can be achieved.</p>

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must be accredited by one of the following not-for-profit, accrediting bodies: <ul style="list-style-type: none"> ○ The Commission on Accreditation of Rehabilitation Facilities (CARF); ○ The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or ○ The Council on Accreditation (COA). • The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team, Licensed Therapist, Registered Nurse, and other clinicians (if applicable) will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services must be provided by a Licensed Sex Offender Treatment Provider (LSOTP), unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Upon request of the SSCC or DFPS (if child is from an area not yet under Community-Based Care), the General Residential Operation must provide all required clinical records and documentation to support initial and on-going independent and/or court assessments of services. • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and based on the child’s needs and permanency plan, but a Service Plan review must

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<p>occur once at least every 30 days. As informed by the child, youth, or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. A more frequent multi-disciplinary meeting may be required more frequently, dependent on child, youth, or young adult’s custom needs.</p> <ul style="list-style-type: none"> • The General Residential Operation must have an Evidence-informed, Promising Practice, or Evidence-based Treatment Model(s) that incorporates trauma-informed care specifically for children, youth, and young adults that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and stabilization needs of children, youth, and young adults who require Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Sex Offender Treatment Provider (LSOTP) with experience in serving children with a DSM-5 diagnosis for emotional disorders is always available by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed.



Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<ul style="list-style-type: none"> • The General Residential Operation must ensure that a Registered Nurse is on-site during regular business hours, and in accordance with the Treatment Model, and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the child’s treatment and stabilization progress, as well as the administration of psychotropic and other medications to children, youth, and young adults receiving Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes Paid annual vacation and sick leave for all Direct Delivery Caregivers to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that



Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<p>were admitted, the average Length of Service, based on the time from admission to discharge.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation’s Program Director, Admissions Staff, Case Manager, and all Direct Delivery Caregivers must understand the importance of applying strategies to the direct care of children, youth, and young adults receiving the Tier II: Sexual Aggression/Sex Offender Services to Support Stabilization Service Package to ensure the safety, health, and well-being of children and youth in care. The General Residential Operation Program Director, Admissions Staff, Case Manager, and all Direct Delivery Caregivers should understand the confidential nature of this information and agree not to disclose such information except for a necessary purpose authorized under a DFPS or SSCC Contract or to protect the safety, health, and well-being of children or youth. • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), the juvenile justice system (if applicable), community and county providers, and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package. The General Residential Operation must be skilled in navigating the multiple systems in a manner that not only keeps the child safe but mitigates any risk to other children in the facility and/or community. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, the juvenile justice and education systems,



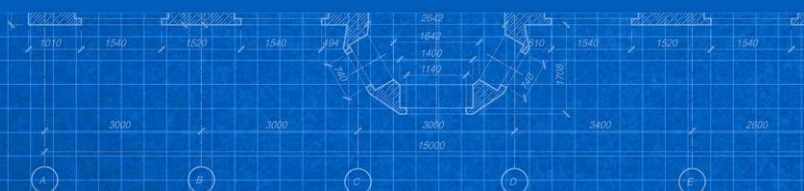
Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<p>and any other county, community, or state agency. Requests for specific services determined to be necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, but the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service, must also be documented by the General Residential Operation in the case record. This documentation should include the date that the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials, within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for and ensuring various educational testing and plans are completed, and that accommodations and/or supports are in place to aid in the child’s educational success, and that the General Residential Operation is made accessible to teachers and other school staff, as appropriate, if facility-based education is determined to be necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consentor (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other



Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<p>Normalcy activities that are age appropriate and in accordance with the Service Plan.</p> <ul style="list-style-type: none"> • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family finding, outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, or young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. The General Residential Operation must maintain contact information for any known biological and fictive kin of the child, youth, or young adult. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship, and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship.

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<ul style="list-style-type: none"> • Enhanced child safety/monitoring plan which may include incorporation of additional identified personnel, and/or equipment and technology. • The Tier II: Sexual Aggression/Sex Offender Services to Support Stabilization Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, and as determined safe and appropriate based on the youth or young adult’s treatment progress and stability, the General Residential Operation must provide transportation, coordination,

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<p>documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult:</p> <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>The Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization is Time-limited, and based on the following:</p> <ul style="list-style-type: none"> • Children aged 12 and under are eligible for this Service Package for a maximum of 6 consecutive or non-consecutive months. • Youth aged 13 and older are eligible for this Service Package for a maximum of 12 consecutive, or 18 non-consecutive months. <p>In accordance with the maximum timeframes listed above, the Length of Service is individualized and based on the General Residential Operation’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model for providing the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package, Admission</p>



Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<p>Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress towards emotional and behavioral stability in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package.</p>
Staffing Requirements	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package. • The Program Director must have a master’s level or above degree; at least 7 years of experience working in a residential childcare setting can be substituted for education. • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of LSOTPs on staff. • The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university, and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three

<p>Service Package Name</p>	<p>Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization</p>
	<p>All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 4 children, youth, or young adults being provided the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package. • 1 General Residential Operation Case Manager for every 10 children, youth, or young adults being provided the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package. • 1 Registered Nurse for every 16 children, youth, or young adults being provided the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package. • 1 Licensed Sex Offender Treatment Provider for every 10 children, youth, or young adults being provided the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package. • 1 Aftercare Case Manager for every 25 children, youth, or young adults being provided the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when,</p>



<p>Service Package Name</p>	<p>Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization</p>
	<p>and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the Tier II: Sexual Aggression/Sexual Offender Treatment Services to Support Stabilization Service Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being, as demonstrated through emotional and behavioral stability. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful.

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<ul style="list-style-type: none"> • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program. • A safety and supervision plan (which may be incorporated as a part of the Service Plan) is developed upon admission to ensure that the child remains safe and mitigates any risk to other children in the community. • At the time of admission and during treatment, the General Residential Operation must ensure that the Program Director, Admissions staff, Case Manager, and all Direct Delivery Caregivers are aware of the child, youth, or young adult’s history of sexual victimization and/or aggression. • The General Residential Operation is Credentialed to provide the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider’s policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being and stability, and permanency in accordance with the child safety and supervision plan, and the child and family Service Plans. • A community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs.



Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<ul style="list-style-type: none"> Considering the most recent CANS 3.0 Assessment, and in conjunction with each 30-day Service Plan review, the General Residential Operation’s Program Director, the Treatment Director, and the Registered Nurse responsible for the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package, must review the child’s goals and services to ensure they align with the child’s custom strengths, needs, and permanency plan. The Program Director, the Treatment Director, and the Registered Nurse must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model, and that a community-based, Foster Family Home setting, or a facility-based General Residential Operation-Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation. The General Residential Operation continues to maintain the Credential necessary to provide the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package.
Aftercare Services	<ul style="list-style-type: none"> The Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<p>information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">• The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



<p>Service Package Name</p>	<p>Tier II: Substance Use Services to Support Stabilization</p>
	<ul style="list-style-type: none"> <p><i>For whom other forms of specialized substance use and addictive disorder treatment have been tried and rendered unsuccessful, and/or treatment in a less-restrictive setting such as a Foster Family Home or General Residential Operation- Tier I facility is not safe and appropriate based on individualized needs and absent the Tier II intervention, the child, youth, or young adult’s well-being, or that of others they interact with, may be at risk.</i></p> <p>Children, youth, and young adults eligible for this Service Package require daily on-site clinical intervention, and highly complex care coordination and case management services to support their emotional stability and well-being.</p> <p>The Tier II: Substance Use Services to Support Stabilization Service Package is designed to offer temporary, facility-based care, for children, youth, and young adults based on their individual strengths and needs, with the overall goal of achieving emotional and behavioral stability to the level that successful transition to a less restrictive placement offering treatment and recovery services can be achieved.</p>
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> <p>The General Residential Operation must be accredited by one of the following not-for-profit, accrediting bodies:</p> <ul style="list-style-type: none"> ○ The Commission on Accreditation of Rehabilitation Facilities (CARF); ○ The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or ○ The Council on Accreditation (COA). <p>The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team, Licensed Therapist, Registered Nurse, and other clinicians (if applicable) will determine the frequency, which will be customized to align with the child’s individual needs, and authorization</p>



Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<p>requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services must be provided by a Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC), unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Upon request of the SSCC or DFPS (if child is from an area not yet under Community-Based Care), the General Residential Operation must provide all requested clinical records and documentation to support initial and on-going independent and/or court assessments of services. • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 30 days. As informed by the child, youth, or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. A more frequent multi-disciplinary meeting may be required more frequently, dependent on child, youth, or young adult’s custom needs. • The General Residential Operation must have an Evidence-informed, Promising Practice, or Evidence-based Treatment Model(s) that incorporates trauma-informed care specifically for children, youth, and young adults that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and stabilization needs of children, youth, and young adults who require Tier II: Substance Use Services to Support Stabilization. The Treatment Model should be practiced throughout the operation

Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<p>and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier II: Substance Use Services to Support Stabilization Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC) is always available by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed. • The General Residential Operation must ensure that a Registered Nurse is on-site during regular business hours, and in accordance with the Treatment Model, and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the child’s treatment and stabilization progress, as well as the administration of psychotropic and other medications to children, youth, and young adults receiving Tier II: Substance Use Services to Support Stabilization Service Package. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method.



Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<ul style="list-style-type: none"> • The General Residential Operation must have a staff benefit package that, at a minimum, includes <i>Paid</i> annual vacation and sick leave for all Direct Delivery Caregivers to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier II: Substance Use Services to Support Stabilization Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), the juvenile justice system (if applicable), community and county providers, and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier II: Substance Use Services to Support Stabilization Service Package. The General Residential Operation must be skilled in navigating the multiple systems in a manner that not only keeps the child safe but mitigates any risk to other children in the facility and/or community. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral

Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<p>Health, the juvenile justice and education systems, and any other county, community, or state agency. Requests for specific services determined to be necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, but the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service, must also be documented by the General Residential Operation in the case record. This documentation should include the date that the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials, within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for and ensuring various educational testing and plans are completed, and that accommodations and/or supports are in place to aid in the child’s educational success, and that the General Residential Operation is made accessible to teachers and other school staff, as appropriate, if facility-based education is determined to be necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consentor (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy



Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<p>activities that are age appropriate and in accordance with the Service Plan.</p> <ul style="list-style-type: none"> • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family finding, family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. The General Residential Operation must maintain contact information for any known biological and fictive kin of the child, youth, or young adult. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship, and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship.

Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<ul style="list-style-type: none"> • Enhanced child safety/monitoring plan which may include incorporation of additional identified personnel, and/or equipment and technology. • The Tier II: Substance Use Services to Support Stabilization Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier II: Substance Use Services to Support Stabilization Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier II: Substance Use Services to Support Stabilization Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, and as determined safe and appropriate based on the youth or young adult’s treatment progress and stability, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult:

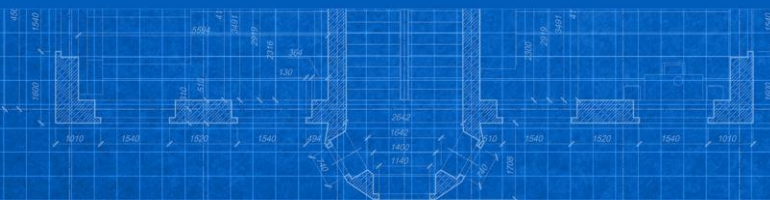
Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>The Tier II: Substance Use Services to Support Stabilization is Time-limited, and based on the following:</p> <ul style="list-style-type: none"> • Children aged 12 and under are eligible for this Service Package for a maximum of 6 consecutive or non-consecutive months. • Youth aged 13 and older are eligible for this Service Package for a maximum of 12 consecutive, or 18 non-consecutive months. <p>In accordance with the maximum timeframes listed above, the Length of Service is individualized and based on the General Residential Operation’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model for providing the Tier II: Substance Use Services to Support Stabilization Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress towards emotional and behavioral stability in accordance with the Service Plan.</p>



<p>Service Package Name</p>	<p>Tier II: Substance Use Services to Support Stabilization</p>
	<p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier II: Substance Use Services to Support Stabilization Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier II: Substance Use Services to Support Stabilization Service Package. • The Program Director must have a master’s level or above degree; at least 7 years of experience working in a residential childcare setting can be substituted for education. • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of the Licensed Chemical Dependency Counselors (LCDC) and/or Qualified Credentialed Counselors (QCC) on staff. • The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in human services field from an accredited college or university, and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting. • Identified personnel and infrastructure to support the following:

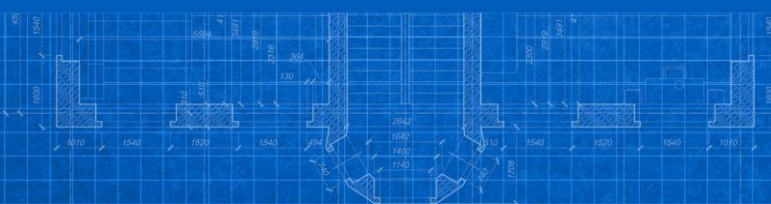


Service Package Name	Tier II: Substance Use Services to Support Stabilization
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 4 children, youth, or young adults being provided the Tier II: Substance Use Services to Support Stabilization Service Package. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier II: Substance Use Services to Support Stabilization Service Package. • 1 General Residential Operation Case Manager for every 10 children, youth, or young adults being provided the Tier II: Substance Use Services to Support Stabilization Service Package. • 1 Registered Nurse for every 16 children, youth, or young adults being provided the Tier II: Substance Use Services to Support Stabilization Service Package. • 1 Licensed Therapist for every 10 children, youth, or young adults being provided the Tier II: Substance Use Services to Support Stabilization Service Package. • 1 Aftercare Case Manager for every 25 children, youth, or young adults being provided the Tier II: Substance Use Services to Support Stabilization Service Package. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier II: Substance Services to Support Stabilization Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>



<p>Service Package Name</p>	<p>Tier II: Substance Use Services to Support Stabilization</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the Tier II: Substance Use Services to Support Stabilization Service Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier II: Substance Use Services to Support Stabilization Service Package Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being, as demonstrated through emotional and behavioral stability. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program.

<p>Service Package Name</p>	<p>Tier II: Substance Use Services to Support Stabilization</p>
	<ul style="list-style-type: none"> • A safety and supervision plan (which may be incorporated as a part of the Service Plan) is developed upon admission to ensure that the child remains safe and mitigates any risk to other children in the community. • The General Residential Operation is Credentialed to provide the Tier II: Substance Use Services to Support Stabilization Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider’s policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being and stability, and permanency in accordance with the child safety and supervision plan, and the child and family Service Plans. • A community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 30-day</i> Service Plan review, the General Residential Operation’s <i>Program Director, the Treatment Director, and the Registered Nurse</i> responsible for the Tier II: Substance Use Services to Support Stabilization Service Package, must review the child’s goals and services to ensure they align with the child’s custom strengths, needs, and permanency plan. <i>The Program Director, the Treatment Director, and the Registered Nurse must provide written confirmation</i> that the child, youth, or young adult continues to meet criteria for, <i>and</i> is benefitting from the Treatment Model, <i>and</i> that a community-based, Foster Family



Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<p>Home setting, or a facility-based General Residential Operation-Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier II: Substance Use Services to Support Stabilization Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier II: Substance Use Services to Support Stabilization Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period. The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the

Service Package Name	Tier II: Substance Use Services to Support Stabilization
	documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<ul style="list-style-type: none"> • Major self-injurious actions, including a suicide attempt within the last 12 months; or • Difficulties that present a significant risk of harm to others, including frequent or unpredictable violence or physical aggression; or • An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment; and • <i>For whom other forms of specialized treatment have been tried and rendered unsuccessful, and/or treatment in a less-restrictive setting such as in a Foster Family Home or General Residential Operation- Tier I facility is not safe and appropriate based on individualized needs and absent the Tier II intervention, the child, youth, or young adult’s well-being, or that of others they interact with, may be at risk.</i> <p>Children, youth, and young adults eligible for this Service Package require daily on-site clinical intervention, and highly complex care coordination and case management services to support their emotional stability and well-being.</p> <p>The Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package is designed to offer temporary, facility-based care, for children, youth, and young adults based on their individual strengths and needs, with the overall goal of achieving emotional and behavioral stability to the level that successful transition to a less restrictive placement offering treatment and recovery services can be achieved.</p>
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must be accredited by one of the following not-for-profit, accrediting bodies: <ul style="list-style-type: none"> ○ The Commission on Accreditation of Rehabilitation Facilities (CARF); ○ The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or ○ The Council on Accreditation (COA).



Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<ul style="list-style-type: none"> • The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team, Licensed Therapist, Registered Nurse, and other clinicians (if applicable) will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services must be provided by a Licensed Therapist that specializes in treating children with a DSM-5 diagnosis for oppositional defiant and other conduct disorders, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Upon request of the SSCC or DFPS (if child is from an area not yet under Community-Based Care), the General Residential Operation must provide all requested clinical records and documentation to support initial and on-going independent and/or court assessments of services. • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 30 days. As informed by the child, youth, or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. A more frequent multi-disciplinary meeting may be required more frequently, dependent on child, youth, or young adult’s custom needs. • The General Residential Operation must have an <i>Evidence-informed, Promising Practice, or Evidence-based Treatment</i>

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<p>Model(s) that incorporates trauma-informed care specifically for children, youth, and young adults that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and stabilization needs of children, youth, and young adults who require Tier II: Aggression/Defiant Disorder Services to Support Stabilization. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Therapist with experience in treating children with a DSM-5 diagnosis for oppositional defiant and conduct disorders is always available by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed. • The General Residential Operation must ensure that a Registered Nurse is on-site during regular business hours, and in accordance with the Treatment Model, and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the child’s treatment and stabilization progress, as well as the administration of psychotropic and other medications to children, youth, and young adults receiving Tier II: Aggression/Defiant Disorder Services to Support Stabilization. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days.

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<ul style="list-style-type: none"> • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes <i>Paid</i> annual vacation and sick leave for all Direct Delivery Caregivers to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), the juvenile justice system (if applicable), community and county providers, and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package. The General Residential Operation must be skilled in navigating the multiple systems in a

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<p>manner that not only keeps the child safe but mitigates any risk to other children in the facility and/or community.</p> <ul style="list-style-type: none"> In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, the juvenile justice and education systems, and any other county, community, or state agency. Requests for specific services determined to be necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, but the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service, must also be documented by the General Residential Operation in the case record. This documentation should include the date that the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials, within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s). This Service Package requires coordination and participation in school enrollment, including advocating for and ensuring various educational testing and plans are completed, and that accommodations and/or supports are in place to aid in the child’s educational success, and that the General Residential Operation is made accessible to teachers and other school staff, as appropriate, if facility-based education is determined to be necessary. The General Residential Operation is required to coordinate care with the child or youth’s medical consenter (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility).



Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<ul style="list-style-type: none"> • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family finding, family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, or young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. The General Residential Operation must maintain contact information for any known biological and fictive kin of the child, youth, or young adult. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship, and at least one awake night Direct Delivery

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<p>Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship.</p> <ul style="list-style-type: none"> • Enhanced child safety/monitoring plan which may include incorporation of additional identified personnel, and/or equipment and technology. • The Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier II: Aggression/Defiant Disorder to Support Stabilization Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, and as determined safe and appropriate based on the youth or young adult’s treatment progress and stability, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<p>CANS 3.0 Assessment and their ability to make progress towards emotional and behavioral stability in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package.</p>
Staffing Requirements	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package. • The Program Director must have a master’s level or above degree; at least 7 years of experience working in a residential childcare setting can be substituted for education. • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of the Licensed Therapists on staff. • The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university, and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting.

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<ul style="list-style-type: none"> ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Therapist with experience in treating children with a DSM-5 diagnosis for oppositional defiant and conduct disorders to oversee treatment and service planning for children, youth, and young adults ○ Registered Nurse ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Enhanced safety and monitoring (if applicable) ○ Cross-system coordination, including but not limited to maintaining and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier II: Aggression/Defiant Disorder Services to Support Stabilization maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCC/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Treatment Model.</p> <p>All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.</p>



Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 4 children, youth, or young adults being provided the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package. • 1 General Residential Operation Case Manager for every 10 children, youth, or young adults being provided the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package. • 1 Registered Nurse for every 16 children, youth, or young adults being provided the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package. • 1 Licensed Therapist for every 10 children, youth, or young adults being provided the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package. • 1 Aftercare Case Manager for every 25 children, youth, or young adults being provided the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>

<p>Service Package Name</p>	<p>Tier II: Aggression/Defiant Disorder Services to Support Stabilization</p>
	<ul style="list-style-type: none"> • A safety and supervision plan (which may be incorporated as a part of the Service Plan) is developed upon admission to ensure that the child remains safe and mitigates any risk to other children in the community. • The General Residential Operation is Credentialed to provide the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider’s policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being and stability, and permanency in accordance with the child safety and supervision plan, and the child and family Service Plans. • A community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and in conjunction with each 30-day Service Plan review, the General Residential Operation’s Program Director, the Treatment Director, and the Registered Nurse responsible for the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package, must review the child’s goals and services to ensure they align with the child’s custom strengths, needs, and permanency plan. The Program Director, the Treatment Director, and the Registered Nurse must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model, and that a community-based, Foster Family Home setting, or a facility-based General



Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<p>Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period. The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization



Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization		
Setting	Facility-Based Setting		
Permit Type	General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center <i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i>		
Permit Services	<u>Treatment Services</u> Emotional Disorder Intellectual or Development Disability Autism Spectrum Disorder	<u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i>	<u>Special Services</u> Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i>
Service Package Description	A highly structured, trauma-informed facility that, in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has an intensive treatment program that specializes in providing and coordinating Time-limited Services to support the emotional stability, well-being, and therapeutic needs of children, youth, and young adults who are experiencing challenges with a lack of impulse control, and present with or are pending multiple, co-occurring DSM-5 diagnoses for emotional, behavioral, neurological, and/or developmental disorder(s). In addition to the co-occurring DSM-5 diagnoses, the child, youth, or young adult may demonstrate two or more of the following: <ul style="list-style-type: none"> • Major self-injurious actions, including a suicide attempt within the last 12 months; or • Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; or 		

Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<ul style="list-style-type: none"> • An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment; and • If one of the co-occurring DSM-5 diagnoses is for <i>Intellectual or Developmental Disability or Autism Spectrum Disorder</i>, the child’s behavior is characterized by prominent, severe deficits and pervasive impairment in one or more of the following areas (of development if diagnosis is Autism Spectrum Disorder): <ul style="list-style-type: none"> • Conceptual, social, and practical adaptive skills to include daily living and self-care; • Communication, cognition, or expressions of affect; • Self-care activities or participation in social activities; • Responding appropriately to an emergency; or • Multiple physical disabilities, including sensory impairments; and • <i>For whom other forms of specialized treatment have been tried and rendered unsuccessful, and/or treatment in a less-restrictive setting such as a Foster Family Home or General Residential Operation- Tier I facility is not safe and appropriate based on individualized needs and absent the Tier II intervention, the child, youth, or young adult’s well-being, or that of others they interact with, may be at risk.</i> <p>Children, youth, and young adults eligible for this Service Package require daily on-site clinical intervention, and highly complex care coordination and case management services to support their emotional stability and well-being.</p> <p>The Tier II: Complex Mental Health Services to Support Stabilization Service Package is designed to offer temporary, facility-based care, for children, youth, and young adults based on their individual strengths and needs, with the overall goal of achieving emotional and behavioral stability to the level that successful transition to a less restrictive placement offering treatment and recovery services can be achieved.</p>



Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<p>Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. A more frequent multi-disciplinary meeting may be required more frequently, dependent on child, youth, or young adult’s custom needs.</p> <ul style="list-style-type: none"> • The General Residential Operation must have an <i>Evidence-informed, Promising Practice, or Evidence-based Treatment Model(s)</i> that incorporates trauma-informed care specifically for children, youth, and young adults that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and stabilization needs of children, youth, and young adults who require Tier II: Complex Mental Health Services to Support Stabilization. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a <i>current</i> Logic Model specific to the provision of the Tier II: Complex Mental Health Services to Support Stabilization Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Therapist with experience in treating children with complex co-occurring DSM-5 diagnosed disorders is always available by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed. • The General Residential Operation must ensure that <i>a Registered Nurse is on-site during regular business hours, and in accordance with the Treatment Model</i>, and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the child’s treatment and stabilization progress, as well as the administration of psychotropic and other medications to children,

Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<ul style="list-style-type: none"> • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), the juvenile justice system (if applicable), community and county providers, and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier II: Complex Mental Health Services to Support Stabilization Service Package. The General Residential Operation must be skilled in navigating the multiple systems in a manner that not only keeps the child safe but mitigates any risk to other children in the facility and/or community. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, the juvenile justice and education systems, and any other county, community, or state agency. Requests for specific services determined to be necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, but the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service, must also be documented by the General Residential Operation in the case record. This documentation should include the date that the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials, within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s). • This Service Package requires coordination and participation in school enrollment, including advocating for and ensuring various educational testing and plans are completed, and that



Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<p>accommodations and/or supports are in place to aid in the child’s educational success, and that the General Residential Operation is made accessible to teachers and other school staff, as appropriate, if facility-based education is determined to be necessary.</p> <ul style="list-style-type: none"> • The General Residential Operation is required to coordinate care with the child or youth’s medical consentor (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family finding, family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, or young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach

Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<p>and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. The General Residential Operation must maintain contact information for any known biological and fictive kin of the child, youth, or young adult.</p> <ul style="list-style-type: none"> • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • Enhanced child safety/monitoring plan which may include incorporation of additional identified personnel, and/or equipment and technology. • The Tier II: Complex Mental Health Services to Support Stabilization Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier II: Complex Mental Health Services to Support Stabilization Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development



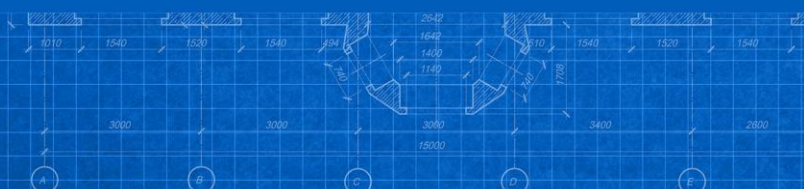
Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<p>needs, and in conjunction with the Tier II: Complex Mental Health Services to Support Stabilization Service Package being offered by the provider.</p> <ul style="list-style-type: none"> ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, and as determined safe and appropriate based on the youth or young adult’s treatment progress and stability, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult: <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>The Tier II: Complex Mental Health Services to Support Stabilization is Time-limited, and based on the following:</p> <ul style="list-style-type: none"> ● Children aged 12 and under are eligible for this Service Package for a maximum of 6 consecutive or non-consecutive months.



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	<ul style="list-style-type: none"> Youth aged 13 and older are eligible for this Service Package for a maximum of 12 consecutive, or 18 non-consecutive months. <p>In accordance with the maximum timeframes listed above, the Length of Service is individualized and based on the General Residential Operation’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model for providing the Tier II: Complex Mental Health Services to Support Stabilization Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress towards emotional and behavioral stability in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier II: Complex Mental Health Services to Support Stabilization Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier II: Complex Mental Health Services to Support Stabilization Service Package. The Program Director must have a master’s level or above degree; at least 7 years of experience working in a residential childcare setting can be substituted for education. The General Residential Operation must have a Treatment Director whose responsibilities include supervision of the Licensed Therapists on staff. The Treatment Director must: <ul style="list-style-type: none"> Be a psychiatrist or psychologist; or Registered Nurse; or Have a master’s degree in a human services field from an accredited college or university, and three years of



Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<p>experience providing treatment services to children with emotional disorders, including one year in a residential setting; or</p> <ul style="list-style-type: none"> ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting. <ul style="list-style-type: none"> ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Therapist with experience in treating children with complex co-occurring DSM-5 diagnosed disorders to oversee treatment and service planning for children, youth, and young adults ○ Registered Nurse ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Enhanced safety and monitoring (if applicable) ○ Cross-system coordination, including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier II: Complex Mental Health Services to Support Stabilization maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCC/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more</p>



<p>Service Package Name</p>	<p>Tier II: Complex Mental Health Services to Support Stabilization</p>
	<p>than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Treatment Model.</p> <p>All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 4 children, youth, or young adults being provided the Tier II: Complex Mental Health Services to Support Stabilization Service Package. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier II: Complex Mental Health Services to Support Stabilization Service Package. • 1 General Residential Operation Case Manager for every 10 children, youth, or young adults being provided the Tier II: Complex Mental Health Services to Support Stabilization Service Package. • 1 Registered Nurse for every 16 children, youth, or young adults being provided the Tier II: Complex Mental Health Services to Support Stabilization Service Package. • 1 Licensed Therapist for every 10 children, youth, or young adults being provided the Tier II: Complex Mental Health Services to Support Stabilization Service Package. • 1 Aftercare Case Manager for every 25 children, youth, or young adults being provided the Tier II: Complex Mental Health Services to Support Stabilization Service Package. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier II: Complex Mental Health Services to Support Stabilization Service Package contemplates that, to</p>



Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<ul style="list-style-type: none"> • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program. • A safety and supervision plan (which may be incorporated as a part of the Service Plan) is developed upon admission to ensure that the child remains safe and mitigates any risk to other children in the community. • The General Residential Operation is Credentialed to provide the Tier II: Complex Mental Health Services to Support Stabilization Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider’s policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being and stability, and permanency in accordance with the child safety and supervision plan, and the child and family Service Plans. • A community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 30-day</i> Service Plan review, the General Residential Operation’s Program Director, the Treatment Director, and the Registered Nurse responsible for the Tier II: Complex



Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<p>Mental Health Services to Support Stabilization Service Package, must review the child’s goals and services to ensure they align with the child’s custom strengths, needs, and permanency plan. The Program Director, the Treatment Director, and the Registered Nurse must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model, and that a community-based, Foster Family Home setting, or a facility-based General Residential Operation-Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier II: Complex Mental Health Services to Support Stabilization Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier II: Complex Mental Health Services to Support Stabilization Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc

Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<p>meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">• The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



<p>Service Package Name</p>	<p>Tier II: Complex Medical Services to Support Stabilization</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Primary Medical Needs Emotional Disorders Intellectual or Developmental Disability Autism Spectrum Disorder</p>	<p><u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i></p>	<p><u>Special Services</u> Physically Challenged Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A highly structured, trauma-informed facility that, in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has an intensive treatment program that specializes in providing a holistic and comprehensive array of medical and behavioral health services and therapeutic supports for children, youth, and young adults that may present with a complex medical diagnosis that is defined as either one or more diagnoses that affect multiple organ systems, or one long-term health condition that results in functional limitations, high health care needs or utilization, and often the need for medical technology, and that may have a dual DSM-5 diagnosis for an emotional, behavioral,</p>		



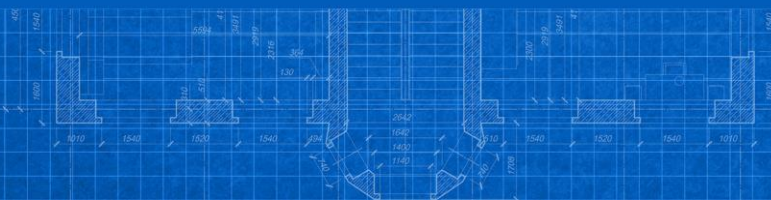
Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<p>neurological, and/or developmental disorder(s), that may include one or more of the following:</p> <ul style="list-style-type: none"> • Major self-injurious actions, including a suicide attempt within the last 12 months; or • Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; and • If the one of the DSM-5 diagnoses is for <i>Intellectual or Developmental Disability or Autism Spectrum Disorder</i>, the child's behavior is characterized by prominent, severe deficits and pervasive impairment in one or more of the following areas (of development if diagnosis is Autism Spectrum Disorder): <ul style="list-style-type: none"> • Conceptual, social, and practical adaptive skills to include daily living and self-care; • Communication, cognition, or expressions of affect; • Self-care activities or participation in social activities; • Responding appropriately to an emergency; or • Multiple physical disabilities, including sensory impairments. <p>In addition to the DSM-5 diagnosis, children, youth, and young adults requiring the Tier II: Complex Medical Services to Support Stabilization may present with a medical diagnosis that requires the use of mechanical supports or services of others because of life threatening conditions, including:</p> <ul style="list-style-type: none"> • The inability to maintain an open airway without assistance; • The inability to be fed except through a feeding tube, gastric tube, or a parenteral route; • The use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown; or • Multiple disabilities including sensory impairments. <p>To qualify for Tier II: Complex Medical Services to Support Stabilization, the child must have a medical diagnosis as determined by a Physician, and have a qualifying DSM-5 diagnosis, and present with needs that cannot be met in a less-restrictive setting such as a Foster Family Home</p>

Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<p>specializes in treating children with complex medical and behavioral health need(s), unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Upon request of the SCC or DFPS (if child is from an area not yet under Community-Based Care), the General Residential Operation must provide all requested clinical records and documentation to support initial and on-going independent and/or court assessments of services. • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 30 days. As informed by the child, youth, or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. A more frequent multi-disciplinary meeting may be required more frequently, dependent on child, youth, or young adult’s custom needs. • The General Residential Operation must have an <i>Evidence-informed, Promising Practice, or Evidence-based Treatment Model(s)</i> that incorporates trauma-informed care specifically for children, youth, and young adults that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment, well-being and stabilization needs of children, youth, and young adults who require Tier II: Complex Medical Services to Support Stabilization. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services



Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<p>must be trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier II: Complex Medical Services to Support Stabilization Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Therapist with experience in treating children with qualifying DSM-5 diagnosed disorder(s) is always available by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed. • The General Residential Operation must ensure that a Registered Nurse is on-site during regular business hours, and in accordance with the Treatment Model, and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the child’s medical and behavioral health treatment and stabilization progress, as well as the administration of psychotropic and other medications to children, youth, and young adults receiving Tier II: Complex Medical Services to Support Stabilization. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes Paid annual vacation and sick leave for all Direct Delivery Caregivers to support wellness and retention.

Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<ul style="list-style-type: none"> • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier II: Complex Medical Services to Support Stabilization Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The Treatment Director must ensure that the General Residential Operation’s Case Management, Direct Delivery Caregivers, and Licensed Therapist receive on-going training on interpretation and analysis of complex medical records, and care planning for children, youth, and young adults with complex medical needs with co-existing behavioral health diagnoses. • The General Residential Operation, through assessment of child, youth, or young adult via observation/interaction, must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of medical and clinical services offered through STAR Health, HHSC Behavioral Health Services (if needed), Early Childhood Intervention (if applicable), the juvenile justice system (if applicable), community and county providers, and the education, medical, and child welfare systems specific to children, youth, and young adults that qualify for the Tier II: Complex Medical Services to Support Community Transition Service Package. This includes, but is not limited to, coordinating, and supporting nursing, medication management, evaluation/testing, coaching/life



Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<ul style="list-style-type: none"> • The General Residential Operation is required to coordinate care with the child or youth’s medical consenter (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family finding, family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, or young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation.



Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<p>The General Residential Operation must maintain contact information for any known biological and fictive kin of the child, youth, or young adult.</p> <ul style="list-style-type: none"> • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship, and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • Enhanced child safety/monitoring plan which may include incorporation of additional identified personnel, and/or equipment and technology. • The Tier II: Complex Medical Services to Support Stabilization Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier II: Complex Medical Services to Support Stabilization Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier II: Complex Medical

Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<p>Services to Support Stabilization Service Package being offered by the provider.</p> <ul style="list-style-type: none"> ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, and as determined safe and appropriate based on the youth or young adult’s treatment progress and stability, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult: <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>The Tier II: Complex Medical Services to Support Stabilization is Time-limited, and based on the following:</p> <ul style="list-style-type: none"> ● Children aged 12 and under are eligible for this Service Package for a maximum of 6 consecutive or non-consecutive months.



Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<ul style="list-style-type: none"> ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Registered Nurse ○ Driver ○ Licensed Therapist, that specializes in treating children with complex medical and behavioral health need(s) to oversee treatment and service planning for children, youth, and young adults ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Enhanced safety and monitoring (if applicable) ○ Cross-system coordination, including but not limited to maintaining and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier II: Complex Medical Services to Support Stabilization maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCC/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Treatment Model.</p>

<p>Service Package Name</p>	<p>Tier II: Complex Medical Services to Support Stabilization</p>
	<p>All Treatment Director, Direct Delivery Caregiver, and Case Management functions, and the responsibilities of the Registered Nurse, must be performed by actual employees of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 4 children, youth, or young adults being provided the Tier II: Complex Medical Services to Support Stabilization Service Package. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier II: Complex Medical Services to Support Stabilization Service Package. • 1 General Residential Operation Case Manager for every 10 children, youth, or young adults being provided the Tier II: Complex Medical Services to Support Stabilization Service Package. • 1 Registered Nurse for every 16 children, youth, or young adults being provided the Tier II: Complex Medical Services to Support Stabilization Service Package. • 1 Licensed Therapist for every 10 children, youth, or young adults being provided the Tier II: Complex Medical Services to Support Stabilization Service Package. • 1 Aftercare Case Manager for every 25 children, youth, or young adults being provided the Tier II: Complex Medical Services to Support Stabilization Service Package. <p>Staff to Child Ratio(s) may vary based on the operation’s specific Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier II: Complex Medical Needs Services to Support Stabilization Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this</p>



<p>Service Package Name</p>	<p>Tier II: Complex Medical Services to Support Stabilization</p>
	<p>Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Tier II: Complex Medical Needs Services to Support Stabilization Service Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier II: Complex Medical Needs Services to Support Stabilization Service Package Treatment Model, and supports the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being, as demonstrated through emotional and behavioral stability. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the



Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<p>child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program.</p> <ul style="list-style-type: none"> • A safety and supervision plan (which may be incorporated as a part of the Service Plan) is developed upon admission to ensure that the child remains safe and mitigates any risk to other children in the community. • The General Residential Operation is Credentialed to provide the Tier II: Complex Medical Services to Support Stabilization Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider’s policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being and stability, and permanency in accordance with the child safety and supervision plan, and the child and family Service Plans. • A community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 30-day</i> Service Plan review, the General Residential Operation’s <i>Program Director, the Treatment Director, and the Registered Nurse</i> responsible for the Tier II: Complex Medical Services to Support Stabilization Service Package, must review the child’s goals and services to ensure they align with the child’s custom strengths, needs, and permanency plan. <i>The Program Director, the Treatment Director, and the Registered</i>

Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<p>Nurse must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model, and that a community-based, Foster Family Home setting, or a facility-based General Residential Operation-Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier II: Complex Medical Services to Support Stabilization Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier II: Complex Medical Services to Support Stabilization Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period.



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	<ul style="list-style-type: none"> The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



<p>Service Package Name</p>	<p>Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Emotional Disorders Intellectual or Developmental Disability Autism Spectrum Disorder</p>	<p><u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i></p>	<p><u>Special Services</u> Human Trafficking Services Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A highly structured, trauma-informed facility that, in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has an intensive treatment program that specializes in providing and coordinating Time-limited Services to support the emotional stability, well-being, and therapeutic needs of children, youth, and young adults who are experiencing challenges with a lack of impulse control, and has been determined to be a victim/survivor of sex and/or labor trafficking, and has or is pending a DSM-5 diagnosis for an emotional, behavioral, neurological, and/or developmental disorder.</p> <p>Children, youth, and young adults qualifying for this service may be determined to be a victim/survivor of trafficking based on one or more of the following criteria:</p>		



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	<ul style="list-style-type: none"> • As a result of a criminal prosecution or who is currently alleged to be a victim/survivor of trafficking in a pending criminal investigation or prosecution; • Identified by the parent or agency that placed the child, youth, or young adult in the operation as a victim/survivor of trafficking; or • Determined by the operation to be a victim/survivor of trafficking based on reasonably reliable criteria, including one or more of the following: <ul style="list-style-type: none"> ○ The child’s own disclosure as a victim/survivor of trafficking; ○ The assessment of a counselor or other professional; or ○ Evidence that the child was recruited, harbored, transported, provided to another person, or obtained for the purpose of forced labor or commercial sexual activity. <p>In addition to the determination of status as a victim/survivor of trafficking, and having a qualifying DSM-5 diagnosis, the child, youth, or young adult may demonstrate two or more of the following:</p> <ul style="list-style-type: none"> • Severe and chronic challenges in school, with peers, and/or in other social settings; or • Severe and chronic challenges with authority and following rules (beyond what would be considered age-appropriate behavior); or • Recurring delinquent behaviors which may have resulted in juvenile justice or law enforcement involvement; or • Major self-injurious actions, including a suicide attempt within the last 12 months; or • Difficulties that present a significant risk of harm to others, including frequent or unpredictable violence or physical aggression; or • Substance-related issues or a pending diagnosis for an addictive disorder; or • If DSM-5 diagnosis is for an <i>Intellectual or Developmental Disability or Autism Spectrum Disorder</i>, the child’s behavior is characterized by prominent, severe deficits and pervasive impairment in one or more of the following areas (of development if diagnosis is Autism Spectrum Disorder):

<p>Service Package Name</p>	<p>Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization</p>
	<ul style="list-style-type: none"> • Conceptual, social, and practical adaptive skills to include daily living and self-care; • Communication, cognition, or expressions of affect; • Self-care activities or participation in social activities; • Responding appropriately to an emergency; or • Multiple physical disabilities, including sensory impairments; and • <i>For whom other forms of specialized treatment have been tried and rendered unsuccessful, and/or treatment in a less-restrictive setting such as a Foster Family Home or General Residential Operation- Tier I facility is not safe and appropriate based on individualized needs and absent the Tier II intervention, the child, youth, or young adult’s well-being, or that of others they interact with, may be at risk.</i> <p>Children, youth, and young adults eligible for this Service Package require daily on-site clinical intervention, and highly complex care coordination and case management services to support their emotional stability and well-being.</p> <p>The Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package is designed to offer temporary, facility-based care, for children, youth, and young adults based on their individual strengths and needs, with the overall goal of achieving emotional and behavioral stability to the level that successful transition to a less restrictive placement offering treatment and recovery services can be achieved.</p>
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must be accredited by one of the following not-for-profit, accrediting bodies: <ul style="list-style-type: none"> ○ The Commission on Accreditation of Rehabilitation Facilities (CARF); ○ The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or



Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	<ul style="list-style-type: none"> ○ The Council on Accreditation (COA). ● The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team, Licensed Therapist, Registered Nurse, and other clinicians (if applicable) will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services must be provided by a Licensed Therapist, that specializes in treating victims/survivors of sex trafficking (all forms: no broker, gang, third-party [aka pimp], organized crime, familial), labor trafficking, and /or complex trauma, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. ● Upon request of the SSCC or DFPS (if child is from an area not yet under Community-Based Care), the General Residential Operation must provide all requested clinical records and documentation to support initial and on-going independent and/or court assessments of services. ● Service Planning team meetings must occur in accordance with the provider’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 30 days. As informed by the child, youth, or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. A more frequent

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	<p>multi-disciplinary meeting may be required more frequently, dependent on child, youth, or young adult’s custom needs.</p> <ul style="list-style-type: none"> • The General Residential Operation must have an <i>Evidence-informed, Promising Practice, or Evidence-based Treatment Model(s)</i> that incorporates trauma-informed care specifically for children, youth, and young adults that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and stabilization needs of children, youth, and young adults who require Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a <i>current</i> Logic Model specific to the provision of the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Therapist, that specializes in sex trafficking (all forms: no broker, gang, third-party [aka pimp], organized crime, familial), labor trafficking, and /or complex trauma, is always available by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed. • The General Residential Operation must ensure that <i>a Registered Nurse is on-site during regular business hours, and in accordance with the Treatment Model</i>, and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the child’s treatment and stabilization progress, as well as the administration of psychotropic and other medications to children, youth, and young adults receiving Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package.



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	<ul style="list-style-type: none"> • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training specifically designed for victims/survivors of Human Trafficking is required for all staff and Direct Delivery Caregivers. The operation may elect to design this training or purchase an already developed training model which will be reviewed as a part of the Credentialing process. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes Paid annual vacation and sick leave for all Direct Delivery Caregivers to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination,

Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	<p>recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan.</p> <ul style="list-style-type: none"> • The General Residential Operation must have enhanced skill and training in assessing and addressing the specific needs of a victim/survivor of Human Trafficking. This includes skill in determining the need for intervention to ensure safety, advocating for, and providing coordination of services, through STAR Health, HHSC Behavioral Health Services, community and county providers, and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package. Dependent on the case, the General Residential Operation’s Service Planning coordination may be complex and include a multi-disciplinary team consisting of multiple law enforcement entities, care coordination teams, Court Systems (Criminal; Juvenile Justice; Prosecution) and Commercially Sexually Exploited Youth/Human Trafficking advocate agencies. The General Residential Operation must be skilled in navigating the multiple systems in a manner that not only keeps the child safe but mitigates any risk to other children in the facility and/or community. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, the juvenile justice and education systems, and any other county, community, or state agency. Requests for specific services determined to be necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, but the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service, must also be documented by the General Residential Operation in the case record. This documentation should include the date that the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the



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	<p>SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials, within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for and ensuring various educational testing and plans are completed, and that accommodations and/or supports are in place to aid in the child’s educational success, and that the General Residential Operation is made accessible to teachers and other school staff, as appropriate, if facility-based education is determined to be necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consentor (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the

Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	<p>child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family finding, family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, or young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. The General Residential Operation must maintain contact information for any known biological and fictive kin of the child, youth, or young adult.</p> <ul style="list-style-type: none"> • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship, and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • Enhanced child safety/monitoring plan which may include incorporation of additional identified personnel, and/or equipment and technology. • The Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier II: Human Trafficking Victim/Survivor



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	<p>Services to Support Stabilization Service Package to youth 14 years of age and older:</p> <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, and as determined safe and appropriate based on the youth or young adult’s treatment progress and stability, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult: <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered



<p>Service Package Name</p>	<p>Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization</p>
	<p>to transitioning youth and young adults through these offices/centers; and</p> <ul style="list-style-type: none"> ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>The Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization is Time-limited, and based on the following:</p> <ul style="list-style-type: none"> • Children aged 12 and under are eligible for this Service Package for a maximum of 6 consecutive or non-consecutive months. • Youth aged 13 and older are eligible for this Service Package for a maximum of 12 consecutive, or 18 non-consecutive months. <p>In accordance with the maximum timeframes listed above, the Length of Service is individualized and based on the General Residential Operation’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model for providing the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Services Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress towards emotional and behavioral stability in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator



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	<p>for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package.</p> <ul style="list-style-type: none"> ● The Program Director must have a master’s level or above degree; at least 7 years of experience working in a residential childcare setting can be substituted for education. ● The General Residential Operation must have a Treatment Director whose responsibilities include supervision of the Licensed Therapists on staff. ● The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in human services field from an accredited college or university, and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting. ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Therapist with experience in treating sex trafficking (all forms: no broker, gang, third-party [aka pimp], organized crime, familial), labor trafficking, and /or complex trauma, to oversee treatment and service planning for children, youth, and young adults ○ Registered Nurse ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention

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	<ul style="list-style-type: none"> ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Enhanced safety and monitoring (if applicable) ○ Cross-system coordination, including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization maximize benefits based on eligibility and meeting medical necessity criteria for service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCC/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Treatment Model.</p> <p>All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> ● 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 4 children, youth, or young adults being provided the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package. ● 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 3 children, youth, or young adults being provided the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package. ● 1 General Residential Operation Case Manager for every 10 children, youth, or young adults being provided the Tier II: Human



Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	<p>Trafficking Victim/Survivor Services to Support Stabilization Service Package.</p> <ul style="list-style-type: none"> • 1 Registered Nurse for every 16 children, youth, or young adults being provided the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package. • 1 Licensed Therapist for every 10 children, youth, or young adults being provided the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package. • 1 Aftercare Case Manager for every 25 children, youth, or young adults being provided the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
Hours of Operation	Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package.
	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s



<p>Service Package Name</p>	<p>Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization</p>
<p>Desired Individual Outcome</p>	<p>Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package Treatment Model, and support the following at a minimum:</p> <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being, as demonstrated through emotional and behavioral stability. <ul style="list-style-type: none"> ● The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> ● Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. ● A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. ● The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program. ● A safety and supervision plan (which may be incorporated as a part of the Service Plan) is developed upon admission to ensure that the child remains safe and mitigates any risk to other children in the community. ● The General Residential Operation is Credentialed to provide the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package.



Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
<p>Quality Assurance and Continued Stay Guidelines</p>	<p>Quality Assurance and Continued Stay Guidelines incorporated in the provider’s policy and procedures, that include:</p> <ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being and stability, and permanency in accordance with the child safety and supervision plan, and the child and family Service Plans. • A community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 30-day</i> Service Plan review, the General Residential Operation’s Program Director, the Treatment Director, and the Registered Nurse responsible for the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package, must review the child’s goals and services to ensure they align with the child’s custom strengths, needs, and permanency plan. The Program Director, the Treatment Director, and the Registered Nurse must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model, and that a community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.

<p>Service Package Name</p>	<p>Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization</p>
	<ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period. The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



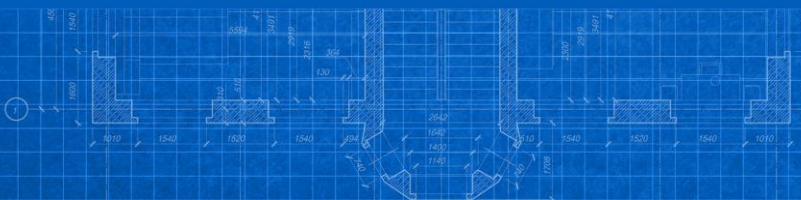
Conclusion

The T3C System represents new opportunities for children, youth, young adults, Caregivers, providers, and virtually all stakeholders living and working in the Texas Foster Care System. Through synergistic partnership, the modern, child centered T3C System which focuses on assessment, planning and customizing services based on needs and strengths, will replace the Service Level System model with the intent of further improving outcomes for children, youth, and young adults in foster care. The transition to this new system will be an iterative process where lessons will be learned, and modifications will be made for continued improvement. Successful implementation can only be achieved if there is frequent, timely, and transparent communication between the Department and all stakeholders.

The T3C Blueprint is one source intended to aid in providing this type of needed communication. DFPS hopes this document provides you with some basic information and understanding to help in planning, toward full implementation of the T3C System.



APPENDIX I: T3C System Implementation Deliverable and Timeline



APPENDIX I: T3C System Implementation Deliverable and Timeline

Implementation Deliverable	Timeframe (Signifies Fiscal Year Quarter start of work)	Estimated Completion (signifies Fiscal Year Quarter of completion)
Create DFPS Project Management Office	FY 24-Quarter 1	FY 24-Quarter 1
Texas Child Centered Care Implementation/Project & Communications Plan	FY 24-Quarter 1	On-going
T3C Service Package & Add-On Service Blueprint	FY 24-Quarter 1	FY 24-Quarter 2 (initial) & on-going
CANS 3.0 Assessment Tool	FY 24-Quarter 1	FY 25- Quarter 2 & on-going
Provider Transition Grants	FY 24-Quarter 1	FY 24-Quarter 2 (initial) & on-going
External Continuous Quality Assurance & Improvement Process	FY 24-Quarter 2	FY 24- Quarter 4 & on-going
Universal Human Trafficking Prevention Training Model	FY 24-Quarter 2	FY 24-Quarter 4 & on-going
Texas Administrative Code Rule Changes	FY 24-Quarter 1	FY 24- Quarter 4 & on-going
T3C Cost Reports	FY 23-Quarter 4	FY 24-Quarter 3 & on-going
T3C Residential Contracts	FY 24-Quarter 2	FY 24- Quarter 4 & on-going
T3C SSCC Contracts	FY 24-Quarter 2	FY 24-Quarter 4 & on-going
DFPS IT Systems Changes	FY 23-Quarter 4	FY 25- Quarter 2 & on-going
Training and Webinars	FY 24-Quarter 3	FY24- Quarter 3 & on-going
	FY24- Quarter 2	FY25-Quarter 2 & on-going



Implementation Deliverable	Timeframe (Signifies Fiscal Year Quarter start of work)	Estimated Completion (signifies Fiscal Year Quarter of completion)
Universal Assessment & Placement Process		
T3C Forecast Model	FY 24-Quarter 2	FY 25-Quarter 2 & on-going
State Plan & Federal Claiming Under T3C	FY 23-Quarter 2	FY 25- Quarter 2 & on-going
Policy, Procedure, Resource Guide, & Joint Protocol Manuals	FY 24-Quarter 3	FY 25-Quarter 1 & on-going
Training	FY 23-Quarter 3	FY 25- Quarter 1 & on-going
Data Warehouse & Reporting	FY 24-Quarter 2	FY 25-Quarter 2 & on-going








APPENDIX II.A: T3C Interim Credential Requirements









To identify the specific Service Packages to which a requirement applies if there is a black checkbox in the column for “Service Package Dependent”, please refer to Appendix II.B: Service Package Dependencies for T3C Interim Credential Requirements.

<i>Plan Only</i> Time of Application @	<i>In Place</i> on 1st Day Operating Under Active Interim Credential	<i>In Place</i> Time of Application for Interim Credential	Evidence-Informed Treatment Model	Applies to All Service Packages	Service Package Dependent
			Specific to the Service Package, describe the program's Treatment Model and how it will be used as the framework/structure for providing care.	<input checked="" type="checkbox"/>	
			Explain how the Treatment Model meets children, youth, and young adults physical, emotional, social, and spiritual well-being custom needs, specific to the Service Package.	<input checked="" type="checkbox"/>	
			Identify what evidence, data, and/or other information has been used to inform Treatment Model selection and/or design to meet the needs of the population requiring this Service Package.	<input checked="" type="checkbox"/>	
			Provide information sufficient to illustrate how the specific Treatment Model meets the requirement that it is "trauma-informed" in serving children, youth, and young adult's who have been victims of abuse and neglect.	<input checked="" type="checkbox"/>	
			Provide information that articulates how the Treatment Model is appropriate in meeting the custom needs for the child-population inherent in the specific Service Package.	<input checked="" type="checkbox"/>	
			Based on specific Service Package, and with relation to the Treatment Model, specify (as a part of Policy) how it will be integrated into the customized programming designed to meet the unique needs of children, youth, and young adults requiring the specific Service Package.	<input checked="" type="checkbox"/>	
			Ensure the integration (of the Treatment Model) in to Policies & Procedures relevant to the specific Service Package.	<input checked="" type="checkbox"/>	








Plan Only @ Time of Application	In Place on 1st Day Operating Under Active Interim Credential	In Place @ Time of Application for Interim Credential	Evidence-Informed Treatment Model	Applies to All Service Packages	Service Package Dependent
			Provider must submit a Plan, to include timeline, for development of curriculum and completion of Staff/Caregiver Training on Treatment Model (plan must include initial/pre-service training).	<input checked="" type="checkbox"/>	
			Provider must submit a Plan, to include timeline, for Staff/Caregiver Training on Treatment Model (annual).	<input checked="" type="checkbox"/>	
			Provider must submit a Plan, to include timeline, and methods to ensure Child/youth/young adult education/awareness of Treatment Model.	<input checked="" type="checkbox"/>	
Plan Only @ Time of Application	In Place on 1st Day Operating Under Active Interim Credential	In Place @ Time of Application for Interim Credential	Logic Model	Applies to All Service Packages	Service Package Dependent
			Specific to the Service Package or Add-On Service, provide a graphic illustration of the program's Logic Model in accordance with requirements defined in the "Commonly Used Terms" section of the <i>T3C System Blueprint</i> . The graphic illustration of the Logic Model must demonstrate integration of the Treatment Model in the program.	<input checked="" type="checkbox"/>	
			Provider must submit a Plan that identifies how the specific Logic Model will be used to inform provider program improvements through the continuous quality improvement (CQI) process. Plan should include timeline for initiation and anticipated timeframes associated with the provider's CQI process.	<input checked="" type="checkbox"/>	















<i>Plan Only</i> @ Time of Application	<i>In Place</i> on 1st Day Operating Under Active Interim Credential	<i>In Place</i> @ Time of Application for Interim Credential	New Policies & Procedures	<i>Applies to All Service Packages</i>	<i>Service Package Dependent</i>
			Day-to-day operating policies and procedures that support implementation of specific Service Package or Add-On Service, (including but not limited to, review of CANS 3.0 assessment and using results to inform services as a part of Service Plan reviews, arranging all required therapies/services, special required care or supervision plans.)	<input checked="" type="checkbox"/>	
			Quality Assurance and Continued Stay Guidelines, as specified in the <i>T3C System Blueprint</i> for each Service Package applied for, including all written confirmations.	<input checked="" type="checkbox"/>	
			Anticipated length of service (incorporated in Policy and Procedures) specific to the Service Package.	<input checked="" type="checkbox"/>	
			Approach for engagement of child and child's family/support network, and process for inclusion of all individuals as required for the Service Package in accordance with the <i>T3C System Blueprint</i> . Procedure should address where and how inclusion of all individuals will be documented by the provider.	<input checked="" type="checkbox"/>	
			Provider submits Training Plan (to include timelines/timeframes) for Staff and Caregivers on policy and procedure changes (including initially for current Staff/Caregivers and changes to new staff/Caregiver Training.)	<input checked="" type="checkbox"/>	
			Child Placing Agency's policy and procedures specific to the Service Package(s) and Add-On Service(s), to support program's Aftercare Services, as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>
			Child Placing Agency's policy and procedures for assessing and Credentialing of Foster Family Homes for Service Package(s) and Add-On Service(s).		<input checked="" type="checkbox"/>
			Child Placing Agency submits Plan for re-assessing and Re-Credentialing of Foster Family Homes for Service Package(s) and Add-On Service(s).		<input checked="" type="checkbox"/>






<i>Plan Only</i> @ Time of Application	<i>In Place</i> on 1st Day Operating Under Active Interim Credential	<i>In Place</i> @ Time of Application for Interim Credential	New Policies & Procedures	Applies to All Service Packages	Service Package Dependent
			General Residential Operation's policy and procedures demonstrating how the need for 1 Direct Delivery Caregiver to 1 child supervision ratio for child-safety will be met. Policy and procedures must detail how, when, under what circumstances, and which staff position(s) are responsible for making the determination that it is necessary, as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>
			Support for transition to adulthood preparation and planning, including training staff.		<input checked="" type="checkbox"/>

<i>Plan Only</i> @ Time of Application	<i>In Place</i> on 1st Day Operating Under Active Interim Credential	<i>In Place</i> @ Time of Application for Interim Credential	Universal Human Trafficking Prevention Training	Applies to All Service Packages	Service Package Dependent
			In accordance with the <i>T3C System Blueprint</i> , Provider submits Plan, to include timeline, for: A) how the provider's trainers will attend and complete the DFPS Train-the-Trainer, if using the DFPS-developed model; OR B) submission of curriculum and credentials of trainer(s) for review and approval by DFPS if developing/utilizing a different Human Trafficking Prevention Training but not offering one of the specified Human Trafficking Service Packages.	<input checked="" type="checkbox"/>	
			Provider submits Plan, to include timeline, for how all Staff and Caregivers will receive the required training.	<input checked="" type="checkbox"/>	
			Provider submits Plan, to include timeline, for how Child/youth/young adult prevention education efforts will be achieved and documented in accordance with the <i>T3C System Blueprint</i> .	<input checked="" type="checkbox"/>	













Plan Only @ Time of Application	In Place on 1st Day Operating Under Active Interim Credential	In Place @ Time of Application for Interim Credential	Universal Human Trafficking Prevention Training	Applies to All Service Packages	Service Package Dependent
			Provider submits Plan for development and submission of curriculum and credentials of trainer(s) for review and approval by DFPS of Human Trafficking Prevention Training specifically designed for victims/survivors of Human Trafficking if offering one of the specified Service Packages, in accordance with the T3C System Blueprint.		
Plan Only @ Time of Application	In Place on 1st Day Operating Under Active Interim Credential	In Place @ Time of Application for Interim Credential	IT System	Applies to All Service Packages	Service Package Dependent
			Provider submits Plan, including timeline, for IT system selection or system upgrade, and purchase, to support requirements as outlined in the <i>T3C System Blueprint</i> . Plan should address installation and/or customization updates targeted to the specific Service Package(s) and Add-On Service(s).		
			Provider submits Plan, including timeline, for developing policies/processes for new or upgraded IT System requirements, as outlined in the <i>T3C System Blueprint</i> .		
			Provider submits Training Plan to support Staff/Caregiver use of new or upgraded IT System.		
			Child Placing Agency's procedures for how billing/invoicing for Add-On Service(s) (if applicable) will be accommodated under current system upon first T3C child placement until IT System is customized.		
			Child Placing Agency submits Plan, to include timeline, for customization of IT System to accommodate billing/invoicing for Add-On Service(s), in addition to specific Service Package(s).		









<i>Plan Only</i> @ Time of Application	<i>In Place</i> on 1st Day Operating Under Active Interim Credential	<i>In Place</i> @ Time of Application for Interim Credential	IT System	Applies to All Service Packages	Service Package Dependent
			Child Placing Agency's policy and procedures for how billing/invoicing for paid Intermittent Alternate Care (also known as respite) will be accommodated under current system upon first T3C child placement until IT System is customized.		<input checked="" type="checkbox"/>
			Child Placing Agency submits Plan, to include timeline, for customization of IT System to accommodate paid Intermittent Alternate Care. Plan should address the development of policies and procedures specific to the IT System customization for all Service Package(s) and Add-On Service(s) applying for.		<input checked="" type="checkbox"/>
<i>Plan Only</i> @ Time of Application	<i>In Place</i> on 1st Day Operating Under Active Interim Credential	<i>In Place</i> @ Time of Application for Interim Credential	Staff Benefit Package	Applies to All Service Packages	Service Package Dependent
			Provider must submit a Plan, that includes a timeline and addresses each of the following: 1) policies and procedures related to paid annual vacation and paid sick leave, for all full-time Direct Delivery Caregivers and/or Cottage Parents; 2) assessment and development/enhancement of IT and/or Human Resource (HR) Systems to support new annual/sick leave policies and procedures; and 3) date that the new policies and procedures will take effect for existing and any new employees.		<input checked="" type="checkbox"/>







<i>Plan Only</i> @ Time of Application	<i>In Place</i> on 1st Day Operating Under Active Interim Credential	<i>In Place</i> @ Time of Application for Interim Credential	Staffing Requirements		Applies to All Service Packages	Service Package Dependent
Program Director & Licensed Child Placing Agency or Child Care Administrator						
			If provider has identified a Program Director , who meets the qualifications of the Service Package(s) applied for, or if the provider is using a staff person who will be serving multiple functions and is already present, and will take this function on in addition to/replacement of current function(s), the provider must submit with application an updated or new organization chart and job description to reflect requirements under T3C Service Package(s).			
			If provider has selected an existing staff person , who meets the qualifications as noted in the <i>T3C System Blueprint</i> for the specific Service Package(s) as the Program Director , then the staff person must have formally started in their new position, assuming T3C roles and responsibilities required of the Program Director position.			
			If provider has not identified a Program Director , the provider must submit a Plan, including a timeline, for identifying a Program Director , who meets the qualifications specific to the Service Package(s)- the provider's Plan must address the training plan and establishment of new policies/procedures related to the roles and responsibilities of the Program Director position in accordance with the specific Service Package(s), as outlined in the <i>T3C System Blueprint</i> .			
			If selected Program Director is a new hire- the staff person is ready to hire, with all completed necessary background checks.			
			If Program Director is, or will be, a new hire- provider has developed and submits a new organization chart and job description for this position.			







<i>Plan Only</i> @ Time of Application	<i>In Place</i> on 1st Day Operating Under Active Interim Credential	<i>In Place</i> @ Time of Application for Interim Credential	Staffing Requirements	Applies to All Service Packages	Service Package Dependent
			Provider has a Licensed Child Placing Agency Administrator/Child Care Administrator that is employed by provider and on staff.	<input checked="" type="checkbox"/>	
			Provider submits Plan, to include timeline, for hiring a full-time Licensed Child Placing Agency Administrator/Child Care Administrator dedicated to the single CPA/GRO .	<input checked="" type="checkbox"/>	
Case Management Staff					
			If provider has identified Case Management Staff , who meet the qualifications of the Service Package(s) applied for, or if the provider is using staff who will be serving multiple functions and is already present, and will take this function on in addition to/replacement of current function(s), the provider must submit with application an updated or new organization chart and job description to reflect requirements under T3C Service Package(s).	<input checked="" type="checkbox"/>	
			If provider has selected existing staff , who meet the qualifications as noted in the <i>T3C System Blueprint</i> for the specific Service Package(s) as Case Management Staff , then the staff must have formally started in their new position(s), assuming T3C roles and responsibilities required of the Case	<input checked="" type="checkbox"/>	
			If provider has not identified Case Management Staff , the provider must submit a Plan, including a timeline, for identifying Case Management Staff who meet the qualifications specific to the Service Package(s)- the provider's Plan must address the training plan and establishment of new policies/procedures related to the roles and responsibilities of the Case Management position, in accordance with the specific Service Package(s) as outlined in the <i>T3C System Blueprint</i> .	<input checked="" type="checkbox"/>	
			If selected Case Management staff will be newly hired- the staff are ready to hire, with all completed necessary background checks.	<input checked="" type="checkbox"/>	








<i>Plan Only</i> @ Time of Application	<i>In Place</i> on 1st Day Operating Under Active Interim Credential	<i>In Place</i> @ Time of Application for Interim Credential	Staffing Requirements	Applies to All Service Packages	Service Package Dependent
			If Case Management Staff are, or will be newly hired- the provider has developed and submits a new organization chart and job description for this position.	<input checked="" type="checkbox"/>	
			Regardless if Case Management Staff are current employees or will be newly hired, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports Case Manager staff to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.	<input checked="" type="checkbox"/>	
Direct Delivery Caregivers					
			If provider has identified Direct Delivery Caregivers , who meet the qualifications of the Service Package(s) applied for, or if the provider is using staff who will be serving multiple functions and is already present, and will take this function on in addition to/replacement of current function(s), the provider must submit with application an updated or new organization chart and job description to reflect requirements under T3C Service Package(s).		<input checked="" type="checkbox"/>
			If provider has selected existing staff , who meet the qualifications as noted in the <i>T3C System Blueprint</i> for the specific Service Package(s) as Direct Delivery Caregivers , then the staff must have formally started in their new position(s), assuming T3C roles and responsibilities required of the Direct Delivery Caregiver position.		<input checked="" type="checkbox"/>













<i>Plan Only</i> @ Time of Application	<i>In Place</i> on 1st Day Operating Under Active Interim Credential	<i>In Place</i> @ Time of Application for Interim Credential	Staffing Requirements	Applies to All Service Packages	Service Package Dependent
			If provider has not identified Direct Delivery Caregivers , the provider must submit a Plan, including a timeline, for identifying Direct Delivery Caregivers who meet the qualifications specific to the Service Package(s)- the provider's Plan must address the training plan and establishment of new policies/procedures related to the roles and responsibilities of the Direct Delivery Caregiver position, in accordance with the specific Service Package(s) as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>
			If selected Direct Delivery Caregivers will be newly hired- the staff are ready to hire, with all completed necessary background checks.		<input checked="" type="checkbox"/>
			If Direct Delivery Caregivers are, or will be newly hired- the provider has developed and submits a new organization chart and job description for this position.		<input checked="" type="checkbox"/>
			Regardless if Direct Delivery Caregivers are current employees or will be newly hired, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include plan for ongoing assessment of workload, and that supports Direct Delivery Caregiver to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.		<input checked="" type="checkbox"/>









<i>Plan Only</i> @ Time of Application	<i>In Place</i> on 1st Day Operating Under Active Interim Credential	<i>In Place</i> @ Time of Application for Interim Credential	Staffing Requirements		
Treatment Director					
			If provider has identified a Treatment Director , who meets the qualifications of the Service Package(s) applied for, or if the provider is using a staff person who will be serving multiple functions and is already present, and will take this function on in addition to/replacement of current function(s), the provider must submit with application an updated or new organization chart and job description to reflect requirements under T3C Service Package(s).		<input checked="" type="checkbox"/>
			If provider has selected an existing staff person , who meets the qualifications as noted in the <i>T3C System Blueprint</i> for the specific Service Package(s) as the Treatment Director , then the staff person must have formally started in their new position, assuming T3C roles and responsibilities required of the Treatment Director position.		<input checked="" type="checkbox"/>
			If provider has not identified a Treatment Director , the provider must submit a Plan, including a timeline, for identifying a Treatment Director , who meets the qualifications specific to the Service Package(s)- the provider's Plan must address the training plan and establishment of new policies/procedures related to the roles and responsibilities of the Treatment Director position, in accordance with the specific Service Package(s) as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>
			If selected Treatment Director is a new hire- the staff person is ready to hire, with all completed necessary background checks.		<input checked="" type="checkbox"/>
			If Treatment Director is, or will be, a new hire- provider has developed and submits a new organization chart and job description for this position.		<input checked="" type="checkbox"/>









Plan Only @ Time of Application	In Place on 1st Day Operating Under Active Interim Credential	In Place @ Time of Application for Interim Credential	Staffing Requirements		Applies to All Service Packages	Service Package Dependent
Staff Training & Workforce Development						
			Provider's proposed organization chart with the Staff Training and Workforce Development function and it's line of reporting within the organization included, noting whether it is the agency/ operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the Staff Training and Workforce Development requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.			
			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Staff Training and Workforce Development function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Staff Training and Workforce Development requirements, as outlined in the <i>T3C System Blueprint</i> .			
			If provider is using staff serving multiple functions to fulfill requirements of the Staff Training & Workforce Development function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities specific to the Service Package(s), as outlined in the <i>T3C System Blueprint</i> .			

<i>Plan Only</i> @ Time of Application	<i>In Place</i> on 1st Day Operating Under Active Interim Credential	<i>In Place</i> @ Time of Application for Interim Credential	Staffing Requirements	Applies to All Service Packages	Service Package Dependent
			If provider intends to newly hire or contract to fulfill the Staff Training and Workforce Development requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.		
Caregiver/Staff Recruitment & Retention					
			Provider's proposed organization chart with the Caregiver/Staff Recruitment & Retention function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the Caregiver/Staff Recruitment & Retention requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.		









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				If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Caregiver/Staff Recruitment & Retention function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Caregiver/Staff Recruitment & Retention requirements, as outlined in the <i>T3C System Blueprint</i> .	
			If provider is using staff serving multiple functions to fulfill requirements for the Caregiver/Staff Recruitment & Retention function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities as outlined in the <i>T3C System Blueprint</i> .		
			If provider intends to newly hire or contract to fulfill the Caregiver/Staff Recruitment & Retention requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.		









Plan Only @ Time of Application	In Place on 1st Day Operating Under Active Interim Credential	In Place @ Time of Application for Interim Credential	Staffing Requirements		Applies to All Service Packages	Service Package Dependent
Intake/Placement						
			Provider's proposed organization chart with the Intake/Placement function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the Intake/Placement requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.			
			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Intake/Placement function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Intake/Placement requirements, as outlined in the <i>T3C System Blueprint</i> .			
			If provider is using staff serving multiple functions to fulfill requirements for the Intake/Placement function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities as outlined in the <i>T3C System Blueprint</i> .			









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			If provider intends to newly hire or contract to fulfill the Placement/Intake requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.		
Continuous Quality Improvement					
			Provider's proposed organization chart with the Continuous Quality Improvement function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the Continuous Quality Improvement requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.		
			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Continuous Quality Improvement function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Continuous Quality Improvement requirements, as outlined in the <i>T3C System Blueprint</i> .		









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			If provider is using staff serving multiple functions to fulfill requirements for the Continuous Quality Improvement function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities, as outlined in the <i>T3C System Blueprint</i> .		
			If provider intends to newly hire or contract to fulfill the Continuous Quality Improvement requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.		
T3C Identified Billing/Cost Reporting/Claims Administrator					
			Provider's proposed organization chart with the T3C Identified Billing/Cost Reporting/Claims Administrator functions and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the T3C Identified Billing/Cost Reporting/Claims Administrator requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.		









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			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the T3C Identified Billing/Cost Reporting/Claims Administrator functions, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the T3C Identified Billing/Cost Reporting/Claims Administrator requirements, as outlined in the <i>T3C System Blueprint</i> .		
			If provider is using staff serving multiple functions to fulfill requirements for the T3C Identified Billing/Cost Reporting/Claims Administrator functions- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities, as outlined in the <i>T3C System Blueprint</i> .		
			If provider intends to newly hire or contract to fulfill the T3C Identified Billing/Cost Reporting/Claims Administrator requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for these functions; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to these functions.		






<i>Plan Only</i> @ Time of Application	<i>In Place</i> on 1st Day Operating Under Active Interim Credential	<i>In Place</i> @ Time of Application for Interim Credential	Staffing Requirements		<i>Applies to All Service Packages</i>	<i>Service Package Dependent</i>
Cross-System Coordination						
			Provider's proposed organization chart with the Cross-System Coordination function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the Cross-System Coordination requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.			
			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Cross-System Coordination function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Cross-System Coordination requirements, as outlined in the <i>T3C System Blueprint</i> .			
			If provider is using staff serving multiple functions to fulfill requirements for the Cross-System Coordination function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities as outlined in the <i>T3C System Blueprint</i> .			






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				If provider intends to newly hire or contract to fulfill the Cross-System Coordination requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.	
Education Liaison					
			Provider's proposed organization chart with the Education Liaison function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the Education Liaison requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.		
			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Education Liaison function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Education Liaison requirements, as outlined in the <i>T3C System Blueprint</i> .		






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			If provider is using staff serving multiple functions to fulfill requirements for the Education Liaison function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>
			If provider intends to newly hire or contract to fulfill the Education Liaison requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.		<input checked="" type="checkbox"/>
Crisis Management Staff					
			Provider's proposed organization chart with the Crisis Management Staff function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the Crisis Management Staff requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.		<input checked="" type="checkbox"/>






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				If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Crisis Management Staff function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Crisis Management Staff requirements, as outlined in the <i>T3C System Blueprint</i> .	
			If provider is using staff serving multiple functions to fulfill requirements for the Crisis Management Staff function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>
			If provider intends to newly hire or contract to fulfill the Crisis Management Staff requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.		<input checked="" type="checkbox"/>






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Driver							
			Provider's proposed organization chart with the Driver function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the Driver requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.		<input checked="" type="checkbox"/>		
			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Driver function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Driver requirements, as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>		
			If provider is using staff serving multiple functions to fulfill requirements for the Driver function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities, as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>		






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				If provider intends to newly hire or contract to fulfill the Driver requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.	
Physician					
			Provider's proposed organization chart with the Physician function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the Physician requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.		<input checked="" type="checkbox"/>
			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Physician function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Physician requirements as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>






<i>Plan Only @ Time of Application</i>	<i>In Place on 1st Day Operating Under Interim Credential</i>	<i>In Place @ Time of Application for Interim Credential</i>	Staffing Requirements	<i>Applies to All Service Packages</i>	<i>Service Package Dependent</i>
			requirements for the Physician function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities, as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>
			If provider intends to newly hire or contract to fulfill the Physician requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.		<input checked="" type="checkbox"/>
Aftercare Case Manager					
			Provider's proposed organization chart with the Aftercare Case Manager function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the Aftercare Case Manager requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.		<input checked="" type="checkbox"/>






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				If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Aftercare Case Manager function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Aftercare Case Manager requirements, as outlined in the <i>T3C System Blueprint</i> .	
			If provider is using staff serving multiple functions to fulfill requirements for the Aftercare Case Manager function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>
			If provider intends to newly hire or contract to fulfill the Aftercare Case Manager requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.		<input checked="" type="checkbox"/>






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				Regardless if Aftercare Case Manager will be existing staff, or will be a new hire, or if services will be delivered under a contract, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports Aftercare Case Manager staff to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.	
Therapist(s) who meets qualifications of the Service Packages applied for, and plan for on-call availability if applicable to Service Package.					
			Provider's proposed organization chart with the Therapist function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the specific Service Package requirements for the Therapist position, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.		<input checked="" type="checkbox"/>
			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Therapist function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Therapist requirements as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>












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				If provider is using staff serving multiple functions to fulfill requirements for the Therapist function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/ execution of the policies/procedures related to the roles and responsibilities, as outlined in the <i>T3C System Blueprint</i> .	<input checked="" type="checkbox"/>
			If provider intends to newly hire or contract to fulfill the Therapist requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.	<input checked="" type="checkbox"/>	
			Regardless if Therapist will be existing staff, a new hire, or if services will be delivered under a contract, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports Therapist to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.	<input checked="" type="checkbox"/>	






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Registered Nurse(s) that <i>must be</i> actual staff members, and plan for on-call availability if applicable to Service Package.						
			Provider's proposed organization chart with the Registered Nurse function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire or current staff.		<input checked="" type="checkbox"/>	
			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Registered Nurse function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Registered Nurse requirements, as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>	
			If provider is using staff serving multiple functions to fulfill requirements for the Registered Nurse function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/ execution of the policies/procedures related to the roles and responsibilities, as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>	






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			If provider intends to newly hire to fulfill the Registered Nurse requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s); 2) when the provider will be ready to hire for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.		<input checked="" type="checkbox"/>
			Regardless if Registered Nurse will be existing staff or a new hire, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports Registered Nurse to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.		<input checked="" type="checkbox"/>
Registered Nurse(s) that <i>can be staff or contracted</i> , and plan for on-call availability if applicable to Service Package.					
			Provider's proposed organization chart with the Registered Nurse function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the specific Service Package requirements for the Registered Nurse position, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.		<input checked="" type="checkbox"/>

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			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Registered Nurse function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Registered Nurse requirements, as outlined in the <i>T3C System Blueprint</i> .		
			If provider is using staff serving multiple functions to fulfill requirements for the Registered Nurse function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities as outlined in the <i>T3C System Blueprint</i> .		
			If provider intends to newly hire or contract to fulfill the Registered Nurse requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.		






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				Regardless if Registered Nurse will be existing staff, a new hire, or if services will be delivered under a contract, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports Registered Nurse to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.	
Behavior Support Specialist/Mentor					
			Provider's proposed organization chart with the Behavior Support Specialist/Mentor function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the specific Service Package requirements for the Behavior Support Specialist/Mentor position, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.		<input checked="" type="checkbox"/>
			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Behavior Support Specialist/Mentor function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Behavior Support Specialist/Mentor requirements, as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>









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				If provider is using staff serving multiple functions to fulfill requirements for the Behavior Support Specialist/Mentor function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities as outlined in the <i>T3C System Blueprint</i> .	
			If provider intends to newly hire or contract to fulfill the Behavior Support Specialist/Mentor requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.		<input checked="" type="checkbox"/>
			Regardless if Behavior Support Specialist/Mentor will be existing staff, a new hire, or if services will be delivered under a contract, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports Behavior Support Specialist/Mentor to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.		<input checked="" type="checkbox"/>







Plan Only @ Time of Application	In Place on 1st Day Operating Under Active Interim Credential	In Place @ Time of Application for Interim Credential	Staffing Requirements	Applies to All Service Packages	Service Package Dependent
Transitional Support Staff/Mentor that must be dedicated staff member(s)					
			Provider's proposed organization chart with the Transitional Support Staff/Mentor function and it's line of reporting within the organization included, noting whether it is the agency/ operation's intention to fill with new hire or current staff for this requirement.		<input checked="" type="checkbox"/>
			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Transitional Support Staff/Mentor function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Transitional Support Staff/Mentor requirements, as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>
			If provider is using staff serving multiple functions to fulfill requirements for the Transitional Support Staff/Mentor function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities, as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>









Plan Only @ Time of Application	In Place on 1st Day Operating Under Active Interim Credential	In Place @ Time of Application for Interim Credential	<h3 style="text-align: center;">Staffing Requirements</h3>	Applies to All Service Packages	Service Package Dependent
				If provider intends to newly hire to fulfill the Transitional Support Staff/Mentor requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s); 2) when the provider will be ready to hire for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.	
			Regardless if Transitional Support Staff/Mentor will be existing staff or a new hire, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports Transitional Support Staff/Mentor to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.		<input checked="" type="checkbox"/>
Kinship Caregiver Home Support Staff that must be dedicated staff member(s)					
			Provider's proposed organization chart with the Kinship Caregiver Home Support Staff function and it's line of reporting within the organization included, noting whether it is the agency/ operation's intention to fill with new hire or current staff for this requirement.		<input checked="" type="checkbox"/>







<i>Plan Only</i> @ Time of Application	<i>In Place</i> on 1st Day Operating Under Active Interim Credential	<i>In Place</i> @ Time of Application for Interim Credential	Staffing Requirements	<i>Applies to All Service Packages</i>	<i>Service Package Dependent</i>
			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Kinship Caregiver Home Support Staff function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Kinship Caregiver Home Support Staff requirements, as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>
			If provider is using staff serving multiple functions to fulfill requirements for the Kinship Caregiver Home Support Staff function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities, as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>
			If provider intends to newly hire to fulfill the Kinship Caregiver Home Support Staff requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s); 2) when the provider will be ready to hire for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.		<input checked="" type="checkbox"/>



<i>Plan Only</i> @ Time of Application	<i>In Place</i> on 1st Day Operating Under Active Interim Credential	<i>In Place</i> @ Time of Application for Interim Credential	Staffing Requirements	<i>Applies to All Service Packages</i>	<i>Service Package Dependent</i>
			Regardless if <i>Kinship Caregiver Home Support Staff</i> will be existing staff or a new hire, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports <i>Kinship Caregiver Home Support Staff</i> to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.		<input checked="" type="checkbox"/>
Parenting Support Staff/Mentor that must be dedicated staff member(s)					
			Provider's proposed organization chart with the <i>Parenting Support Staff/Mentor</i> function and it's line of reporting within the organization included, noting whether it is the agency/ operation's intention to fill with new hire or current staff for this requirement.		<input checked="" type="checkbox"/>
			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the <i>Parenting Support Staff/Mentor</i> function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the <i>Parenting Support Staff/Mentor</i> requirements, as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>
			If provider is using staff serving multiple functions to fulfill requirements for the <i>Parenting Support Staff/Mentor</i> function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities as outlined in the <i>T3C System Blueprint</i> .		<input checked="" type="checkbox"/>



Plan Only @ Time of Application	In Place on 1st Day Operating Under Active Interim Credential	In Place @ Time of Application for Interim Credential	Staffing Requirements	Applies to All Service Packages	Service Package Dependent
			<p>If provider intends to newly hire to fulfill the Parenting Support Staff/Mentor requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s); 2) when the provider will be ready to hire for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.</p>		
			<p>Regardless if Parenting Support Staff/Mentor will be existing staff or a new hire, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports Parenting Support Staff/Mentor to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.</p>		
Plan Only @ Time of Application	In Place on 1st Day Operating Under Active Interim Credential	In Place @ Time of Application for Interim Credential	Accreditation with Not-For-Profit/Approved Accrediting Body	Applies to All Service Packages	Service Package Dependent
			<p>Provider identifies which of the three accrediting bodies the organization intends to become accredited under and provides documentation that demonstrates the current status/progress and timeframe within 120 days for completion of the accreditation process.</p>		

Plan Only @ Time of Application	In Place on 1st Day Operating Under Active Interim Credential	In Place @ Time of Application for Interim Credential	Accreditation with Not-For-Profit/Approved Accrediting Body	Applies to All Service Packages	Service Package Dependent
			Provider is accredited by one of the three qualifying accrediting bodies, relevant to the specific Service Package(s).		
Plan Only @ Time of Application	In Place on 1st Day Operating Under Active Interim Credential	In Place @ Time of Application for Interim Credential	Enhanced Child Safety Monitoring	Applies to All Service Packages	Service Package Dependent
			Provider submits documentation that demonstrates the components that make up the required enhanced child safety/monitoring plan (may include incorporation of additional identified personnel, and/or equipment and technology) specific to the Service Package(s), and as outlined in the <i>T3C System Blueprint</i> . These components must be incorporated into provider's policy and procedures.		
			Provider submits a Plan, specific to the Service Package(s), that includes a timeline and addresses: 1) Selection/ Purchase/ Installation of equipment and technology; and/or 2) Hiring/ Contract of additional identified personnel for enhanced child safety/monitoring plan.		



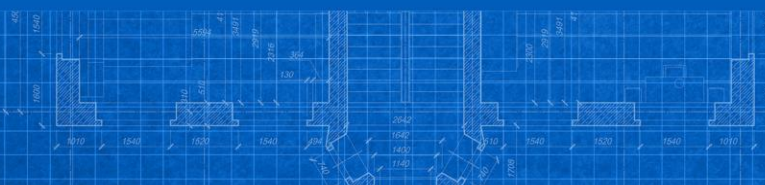
APPENDIX II.B: Service Package Dependencies for T3C Interim Credential Requirements

The T3C System Blueprint, APPENDIX II.B: Service Package Dependencies for T3C Interim Credential Requirements can be used to identify which Service Package(s) and Add-On Service(s) a particular requirement is related to, as identified in the “Service Package Dependent” column of APPENDIX II.A.

New Policies & Procedures	Applicable Service Package(s) & Add-On Service(s)
<p>Child Placing Agency's policy and procedures specific to the Service Package(s) and Add-On Service(s), to support program's Aftercare Services as outlined in the <i>T3C System Blueprint</i>.</p>	<p>All Service Packages & Add-On Services except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services; • Short-Term Assessment Support Services; • GRO: Tier I T3C Basic Child Care Operation; and • GRO: Tier I Emergency Emotional Support & Assessment Center Services.
<p>Child Placing Agency's policy and procedures for assessing and Credentialing of Foster Family Homes for Service Package(s) and Add-On Service(s).</p>	<ul style="list-style-type: none"> • All Foster Family Home Support Service Packages.
<p>Child Placing Agency submits Plan for re-assessing and Re-Credentialing of Foster Family Homes for Service Package(s) and Add-On Service(s).</p>	<ul style="list-style-type: none"> • All Foster Family Home Support Service Packages.
<p>General Residential Operation's policy and procedures demonstrating how the need for 1 Direct Delivery Caregiver to 1 child supervision ratio for child-safety will be met. Policy and procedures must detail how, when, under what circumstances, and which staff position(s) are responsible for making the determination that it is necessary, as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
<p>Support for transition to adulthood preparation and planning, including training staff.</p>	<ul style="list-style-type: none"> • Transition Support Services for Youth & Young Adults Add-On Service; • All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
Universal Human Trafficking Prevention Training	Applicable Service Package(s) & Add-On Service(s)
<p>Provider submits Plan for development and submission of curriculum and credentials of trainer(s) for review and approval by DFPS of Human Trafficking Prevention Training specifically designed for victims/survivors of Human Trafficking if offering one of the specified Service</p>	<ul style="list-style-type: none"> • Human Trafficking Victim/Survivor Support Services; • GRO: Tier I Human Trafficking Victim/Survivor Treatment Services to Support Community Transition; and • GRO: Tier II Human Trafficking

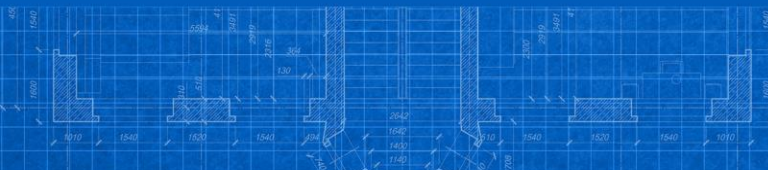
<p>Packages, in accordance with the T3C System Blueprint.</p>	<p>Victim/Survivor Services to Support Stabilization.</p>
<p>IT System</p>	<p>Applicable Service Package(s) & Add-On Service(s)</p>
<p>Child Placing Agency's procedures for how billing/invoicing for Add-On Service(s) (if applicable) will be accommodated under current system upon first T3C child placement until IT System is customized.</p>	<ul style="list-style-type: none"> • All 3 Foster Family Home Add-On Services.
<p>Child Placing Agency submits Plan, to include timeline, for customization of IT System to accommodate billing/invoicing for Add-On Service(s), in addition to specific Service Package(s).</p>	<ul style="list-style-type: none"> • All 3 Foster Family Home Add-On Services.
<p>Child Placing Agency's policy and procedures for how billing/invoicing for paid Intermittent Alternate Care (also known as respite) will be accommodated under current system upon first T3C child placement until IT System is customized.</p>	<p>All Foster Family Home Support Service Packages except:</p> <ul style="list-style-type: none"> • Short-Term Assessment Support Services.
<p>Child Placing Agency submits Plan, to include timeline, for customization of IT System to accommodate paid Intermittent Alternate Care. Plan should address the development of policies and procedures specific to the IT System customization of new billing and invoicing for Add-On Service(s) and Intermittent Alternate Care.</p>	<p>All Foster Family Home Support Service Packages except:</p> <ul style="list-style-type: none"> • Short-Term Assessment Support Services.
<p>Staff Benefit Package</p>	<p>Applicable Service Package(s) & Add-On Service(s)</p>
<p>Provider must submit a Plan, that includes a timeline and addresses each of the following: 1) policies and procedures related to paid annual vacation and paid sick leave, for all full-time Direct Delivery Caregivers and/or Cottage Parents; 2) assessment and development/enhancement of IT and/or Human Resource (HR) Systems to support new annual/sick leave policies and procedures; and 3) date that the new policies and procedures will take effect for existing and any new employees.</p>	<ul style="list-style-type: none"> • All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
Direct Delivery Caregiver	
<p>If provider has identified Direct Delivery Caregivers, who meet the qualifications of the Service Package(s) applied for, or if the provider is using staff who will be serving multiple functions and is already present, and will take this function on in addition to/replacement of current function(s), the provider must submit with application an updated or new organization chart and job description to reflect requirements under T3C Service Package(s).</p>	<ul style="list-style-type: none"> • All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
<p>If provider has selected existing staff, who meet the qualifications as noted in the <i>T3C System Blueprint</i> for the specific Service Package(s) as Direct Delivery Caregivers, then the staff must have formally started in their new position(s), assuming T3C roles and responsibilities required of the Direct Delivery Caregiver position.</p>	<ul style="list-style-type: none"> • All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
<p>If provider has not identified Direct Delivery Caregivers, the provider must submit a Plan, including a timeline, for identifying Direct Delivery Caregivers who meet the qualifications specific to the Service Package(s)- the provider's Plan must address the training plan and establishment of new policies/procedures related to the roles and responsibilities of the Direct Delivery Caregiver position, in accordance with the specific Service Package(s) as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
<p>If selected Direct Delivery Caregivers will be newly hired- the staff are ready to hire, with all completed necessary background checks.</p>	<ul style="list-style-type: none"> • All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
<p>If Direct Delivery Caregivers are, or will be newly hired- the provider has developed and submits a new organization chart and job description for this position.</p>	<ul style="list-style-type: none"> • All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.

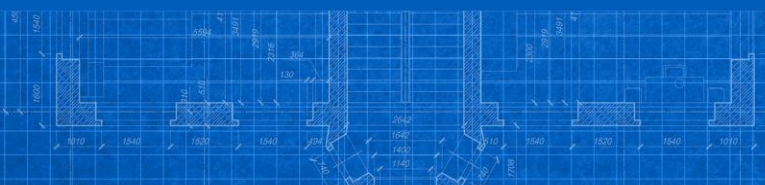


Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>Regardless if Direct Delivery Caregivers are current employees or will be newly hired, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include plan for ongoing assessment of workload, and that supports Direct Delivery Caregiver to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.</p>	<ul style="list-style-type: none"> • All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
<p>Treatment Director</p>	
<p>If provider has identified a Treatment Director, who meets the qualifications of the Service Package(s) applied for, or if the provider is using a staff person who will be serving multiple functions and is already present, and will take this function on in addition to/replacement of current function(s), the provider must submit with application an updated or new organization chart and job description to reflect requirements under T3C Service Package(s).</p>	<p>All Service Packages except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services.
<p>If provider has selected an existing staff person, who meets the qualifications as noted in the <i>T3C System Blueprint</i> for the specific Service Package(s) as the Treatment Director, then the staff person must have formally started in their new position, assuming T3C roles and responsibilities required of the Treatment Director position.</p>	<p>All Service Packages except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services.
<p>If provider has not identified a Treatment Director, the provider must submit a Plan, including a timeline, for identifying a Treatment Director, who meets the qualifications specific to the Service Package(s)- the provider's Plan must address the training plan and establishment of new policies/procedures related to the roles and responsibilities of the Treatment Director position, in accordance with the specific Service Package(s) as outlined in the <i>T3C System Blueprint</i>.</p>	<p>All Service Packages except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services.
<p>If selected Treatment Director is a new hire- the staff person is ready to hire, with all completed necessary background checks.</p>	<p>All Service Packages except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>If Treatment Director is, or will be, a new hire- provider has developed and submits a new organization chart and job description for this position.</p>	<p>All Service Packages except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services.
<p>Education Liaison</p>	
<p>Provider's proposed organization chart with the Education Liaison function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the Education Liaison requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.</p>	<ul style="list-style-type: none"> • All Foster Family Home Support Service Packages; and • GRO: Tier I Emergency Emotional Support & Assessment Center Services.
<p>If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Education Liaison function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Education Liaison requirements, as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • All Foster Family Home Support Service Packages; and • GRO: Tier I Emergency Emotional Support & Assessment Center Services.
<p>If provider is using staff serving multiple functions to fulfill requirements for the Education Liaison function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • All Foster Family Home Support Service Packages; and • GRO: Tier I Emergency Emotional Support & Assessment Center Services.



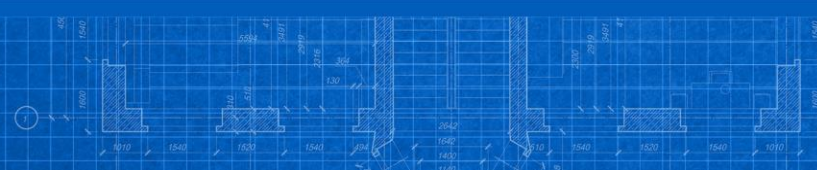
Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>If provider intends to newly hire or contract to fulfill the Education Liaison requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.</p>	<ul style="list-style-type: none"> • All Foster Family Home Support Service Packages; and • GRO: Tier I Emergency Emotional Support & Assessment Center Services.
<p>Crisis Management Staff</p>	
<p>Provider's proposed organization chart with the Crisis Management Staff function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the Crisis Management Staff requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.</p>	<p>All Foster Family Home Support Service Packages except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services; and • Complex Medical Needs or Medically Fragile Support Services (note- has 24/7 nurse on-call).
<p>If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Crisis Management Staff function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Crisis Management Staff requirements, as outlined in the <i>T3C System Blueprint</i>.</p>	<p>All Foster Family Home Support Service Packages except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services; and • Complex Medical Needs or Medically Fragile Support Services (note- has 24/7 nurse on-call).



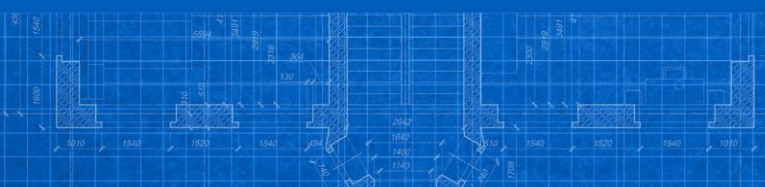
Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>If provider is using staff serving multiple functions to fulfill requirements for the Crisis Management Staff function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities as outlined in the <i>T3C System Blueprint</i>.</p>	<p>All Foster Family Home Support Service Packages except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services; and • Complex Medical Needs or Medically Fragile Support Services (note- has 24/7 nurse on-call).
<p>If provider intends to newly hire or contract to fulfill the Crisis Management Staff requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.</p>	<p>All Foster Family Home Support Service Packages except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services; and • Complex Medical Needs or Medically Fragile Support Services (note- has 24/7 nurse on-call).
<p>Driver</p>	
<p>Provider's proposed organization chart with the Driver function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the Driver requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.</p>	<ul style="list-style-type: none"> • All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
<p>If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Driver function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Driver requirements, as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.



Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>If provider is using staff serving multiple functions to fulfill requirements for the Driver function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities, as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
<p>If provider intends to newly hire or contract to fulfill the Driver requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.</p>	<ul style="list-style-type: none"> • All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
Physician	
<p>Provider's proposed organization chart with the Physician function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the Physician requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.</p>	<ul style="list-style-type: none"> • GRO: Tier I Emergency Emotional Support & Assessment Center Services.
<p>If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Physician function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Physician requirements as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • GRO: Tier I Emergency Emotional Support & Assessment Center Services.

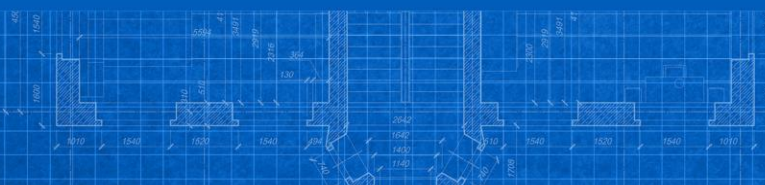


Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>If provider is using staff serving multiple functions to fulfill requirements for the Physician function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities, as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> GRO: Tier I Emergency Emotional Support & Assessment Center Services.
<p>If provider intends to newly hire or contract to fulfill the Physician requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.</p>	<ul style="list-style-type: none"> GRO: Tier I Emergency Emotional Support & Assessment Center Services.
<p>Aftercare Case Manager</p>	
<p>Provider's proposed organization chart with the Aftercare Case Manager function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the Aftercare Case Manager requirements, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.</p>	<p>All Service Packages & Add-On Services except:</p> <ul style="list-style-type: none"> T3C Basic Foster Family Home Support Services; Short-Term Assessment Support Services; GRO: Tier I T3C Basic Child Care Operation; and GRO: Tier I Emergency Emotional Support & Assessment Center Services.



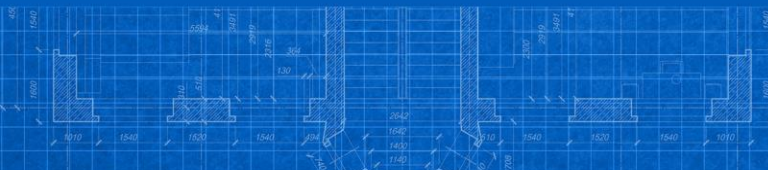
Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Aftercare Case Manager function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Aftercare Case Manager requirements, as outlined in the <i>T3C System Blueprint</i>.</p>	<p>All Service Packages & Add-On Services except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services; • Short-Term Assessment Support Services; • GRO: Tier I T3C Basic Child Care Operation; and • GRO: Tier I Emergency Emotional Support & Assessment Center Services.
<p>If provider is using staff serving multiple functions to fulfill requirements for the Aftercare Case Manager function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities as outlined in the <i>T3C System Blueprint</i>.</p>	<p>All Service Packages & Add-On Services except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services; • Short-Term Assessment Support Services; • GRO: Tier I T3C Basic Child Care Operation; and • GRO: Tier I Emergency Emotional Support & Assessment Center Services.
<p>If provider intends to newly hire or contract to fulfill the Aftercare Case Manager requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/ procedures specific to this function.</p>	<p>All Service Packages & Add-On Services except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services; • Short-Term Assessment Support Services; • GRO: Tier I T3C Basic Child Care Operation; and • GRO: Tier I Emergency Emotional Support & Assessment Center Services.
<p>Regardless if Aftercare Case Manager will be existing staff, or will be a new hire, or if services will be delivered under a contract, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports Aftercare Case Manager staff to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.</p>	<p>All Service Packages & Add-On Services except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services; • Short-Term Assessment Support Services; • GRO: Tier I T3C Basic Child Care Operation; and • GRO: Tier I Emergency Emotional Support & Assessment Center Services.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>Therapist(s) who meets qualifications of the Service Packages applied for, and plan for on-call availability if applicable to Service Package.</p>	
<p>Provider's proposed organization chart with the Therapist function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the specific Service Package requirements for the Therapist position, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.</p>	<p>All Service Packages except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services; • Complex Medical Needs or Medically Fragile Support Services; and • GRO: Tier I T3C Basic Child Care Operation.
<p>If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Therapist function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Therapist requirements as outlined in the <i>T3C System Blueprint</i>.</p>	<p>All Service Packages except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services; • Complex Medical Needs or Medically Fragile Support Services; and • GRO: Tier I T3C Basic Child Care Operation.
<p>If provider is using staff serving multiple functions to fulfill requirements for the Therapist function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/ execution of the policies/ procedures related to the roles and responsibilities, as outlined in the <i>T3C System Blueprint</i>.</p>	<p>All Service Packages except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services; • Complex Medical Needs or Medically Fragile Support Services; and • GRO: Tier I T3C Basic Child Care Operation.



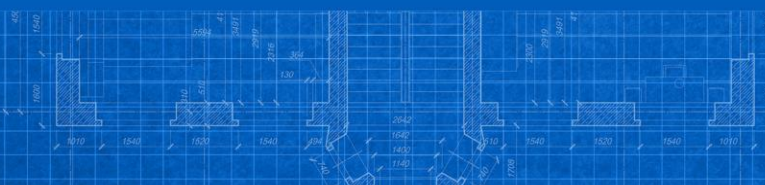
Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>If provider intends to newly hire or contract to fulfill the Therapist requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/ procedures specific to this function.</p>	<p>All Service Packages except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services; • Complex Medical Needs or Medically Fragile Support Services; and • GRO: Tier I T3C Basic Child Care Operation.
<p>Regardless if Therapist will be existing staff, a new hire, or if services will be delivered under a contract, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports Therapist to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.</p>	<p>All Service Packages except:</p> <ul style="list-style-type: none"> • T3C Basic Foster Family Home Support Services; • Complex Medical Needs or Medically Fragile Support Services; and • GRO: Tier I T3C Basic Child Care Operation.
<p>Registered Nurse(s) that must be actual staff members, and plan for on-call availability if applicable to Service Package.</p>	
<p>Provider's proposed organization chart with the Registered Nurse function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire or current staff.</p>	<ul style="list-style-type: none"> • Complex Medical Needs or Medically Fragile Support Services; • IDD/Autism Spectrum Disorder Support Services; and • GRO: Tier I Complex Medical Needs Treatment Services to Support Community Transition.
<p>If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Registered Nurse function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Registered Nurse requirements, as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • Complex Medical Needs or Medically Fragile Support Services; • IDD/Autism Spectrum Disorder Support Services; and • GRO: Tier I Complex Medical Needs Treatment Services to Support Community Transition.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>If provider is using staff serving multiple functions to fulfill requirements for the Registered Nurse function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/ execution of the policies/procedures related to the roles and responsibilities, as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • Complex Medical Needs or Medically Fragile Support Services; • IDD/Autism Spectrum Disorder Support Services; and • GRO: Tier I Complex Medical Needs Treatment Services to Support Community Transition.
<p>If provider intends to newly hire to fulfill the Registered Nurse requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s); 2) when the provider will be ready to hire for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.</p>	<ul style="list-style-type: none"> • Complex Medical Needs or Medically Fragile Support Services; • IDD/Autism Spectrum Disorder Support Services; and • GRO: Tier I Complex Medical Needs Treatment Services to Support Community Transition.
<p>Regardless if Registered Nurse will be existing staff or a new hire, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports Registered Nurse to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.</p>	<ul style="list-style-type: none"> • Complex Medical Needs or Medically Fragile Support Services; • IDD/Autism Spectrum Disorder Support Services; and • GRO: Tier I Complex Medical Needs Treatment Services to Support Community Transition.
<p>Registered Nurse(s) that <i>can be staff or contracted</i>, and plan for on-call availability if applicable to Service Package.</p>	

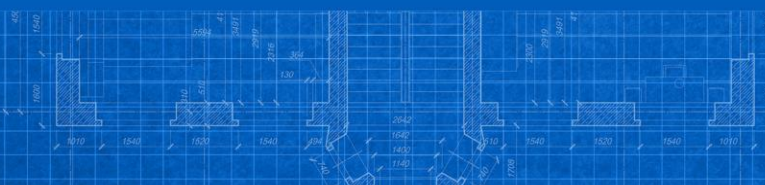


Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>Provider's proposed organization chart with the Registered Nurse function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the specific Service Package requirements for the Registered Nurse position, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.</p>	<ul style="list-style-type: none"> • GRO: Tier I Substance Use Treatment Services to Support Community Transition; • GRO: Tier I Mental & Behavioral Health Treatment Services to Support Community Transition; • GRO: Tier I IDD/Autism Spectrum Disorder Treatment Services to Support Community Transition; and • All GRO: Tier II Service Packages.
<p>If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Registered Nurse function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Registered Nurse requirements, as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • GRO: Tier I Substance Use Treatment Services to Support Community Transition; • GRO: Tier I Mental & Behavioral Health Treatment Services to Support Community Transition; • GRO: Tier I IDD/Autism Spectrum Disorder Treatment Services to Support Community Transition; and • All GRO: Tier II Service Packages.
<p>If provider is using staff serving multiple functions to fulfill requirements for the Registered Nurse function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • GRO: Tier I Substance Use Treatment Services to Support Community Transition; • GRO: Tier I Mental & Behavioral Health Treatment Services to Support Community Transition; • GRO: Tier I IDD/Autism Spectrum Disorder Treatment Services to Support Community Transition; and • All GRO: Tier II Service Packages.
<p>If provider intends to newly hire or contract to fulfill the Registered Nurse requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.</p>	<ul style="list-style-type: none"> • GRO: Tier I Substance Use Treatment Services to Support Community Transition; • GRO: Tier I Mental & Behavioral Health Treatment Services to Support Community Transition; • GRO: Tier I IDD/Autism Spectrum Disorder Treatment Services to Support Community Transition; and • All GRO: Tier II Service Packages.

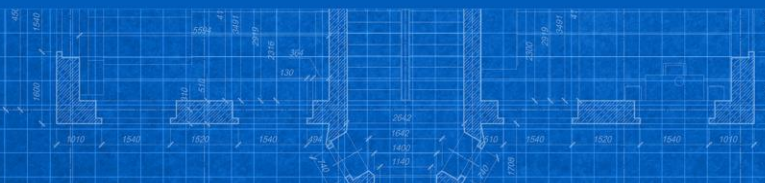
Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>Regardless if Registered Nurse will be existing staff, a new hire, or if services will be delivered under a contract, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports Registered Nurse to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.</p>	<ul style="list-style-type: none"> • GRO: Tier I Substance Use Treatment Services to Support Community Transition; • GRO: Tier I Mental & Behavioral Health Treatment Services to Support Community Transition; • GRO: Tier I IDD/Autism Spectrum Disorder Treatment Services to Support Community Transition; and • All GRO: Tier II Service Packages.
<p>Behavior Support Specialist/Mentor</p>	
<p>Provider's proposed organization chart with the Behavior Support Specialist/Mentor function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire, current staff, or contract for this requirement. If the provider's intent is to contract with an individual/entity to fulfill the specific Service Package requirements for the Behavior Support Specialist/Mentor position, the proposed organization chart must include the reporting structure and a supporting plan for operationalizing this responsibility under a contract.</p>	<ul style="list-style-type: none"> • Mental & Behavioral Health Support Services; • Human Trafficking Victim/Survivor Support Services; • IDD/Autism Spectrum Disorder Support Services; • T3C Treatment Foster Family Care Support Services; • GRO: Tier I Mental & Behavioral Health Treatment Services to Support Community Transition; • GRO: Tier I IDD/Autism Spectrum Disorder Treatment Services to Support Community Transition; and • GRO: Tier I Human Trafficking Victim/Survivor Treatment Services to Support Community Transition.
<p>If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Behavior Support Specialist/Mentor function, in addition to/replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Behavior Support Specialist/Mentor requirements, as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • Mental & Behavioral Health Support Services; • Human Trafficking Victim/Survivor Support Services; • IDD/Autism Spectrum Disorder Support Services; • T3C Treatment Foster Family Care Support Services; • GRO: Tier I Mental & Behavioral Health Treatment Services to Support Community Transition; • GRO: Tier I IDD/Autism Spectrum Disorder Treatment Services to Support Community Transition; and • GRO: Tier I Human Trafficking Victim/Survivor Treatment Services to Support Community Transition.



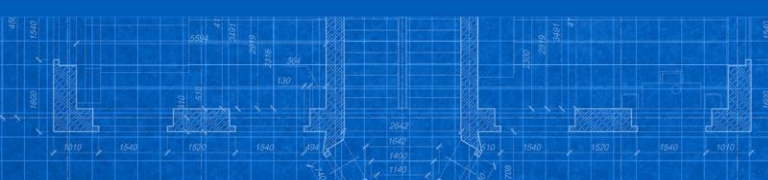
Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>If provider is using staff serving multiple functions to fulfill requirements for the Behavior Support Specialist/Mentor function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities, as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • Mental & Behavioral Health Support Services; • Human Trafficking Victim/Survivor Support Services; • IDD/Autism Spectrum Disorder Support Services; • T3C Treatment Foster Family Care Support Services; • GRO: Tier I Mental & Behavioral Health Treatment Services to Support Community Transition; • GRO: Tier I IDD/Autism Spectrum Disorder Treatment Services to Support Community Transition; and • GRO: Tier I Human Trafficking Victim/Survivor Treatment Services to Support Community Transition.
<p>If provider intends to newly hire or contract to fulfill the Behavior Support Specialist/Mentor requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s) and/or contracting scope of work; 2) when the provider will be ready to hire/contract for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.</p>	<ul style="list-style-type: none"> • Mental & Behavioral Health Support Services; • Human Trafficking Victim/Survivor Support Services; • IDD/Autism Spectrum Disorder Support Services; • T3C Treatment Foster Family Care Support Services; • GRO: Tier I Mental & Behavioral Health Treatment Services to Support Community Transition; • GRO: Tier I IDD/Autism Spectrum Disorder Treatment Services to Support Community Transition; and • GRO: Tier I Human Trafficking Victim/Survivor Treatment Services to Support Community Transition.



Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>Regardless if Behavior Support Specialist/Mentor will be existing staff, a new hire, or if services will be delivered under a contract, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports Behavior Support Specialist/Mentor to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.</p>	<ul style="list-style-type: none"> • Mental & Behavioral Health Support Services; • Human Trafficking Victim/Survivor Support Services; • IDD/Autism Spectrum Disorder Support Services; • T3C Treatment Foster Family Care Support Services; • GRO: Tier I Mental & Behavioral Health Treatment Services to Support Community Transition; • GRO: Tier I IDD/Autism Spectrum Disorder Treatment Services to Support Community Transition; and • GRO: Tier I Human Trafficking Victim/Survivor Treatment Services to Support Community Transition.
<p>Transitional Support Staff/Mentor that must be dedicated staff member(s)</p>	
<p>Provider's proposed organization chart with the Transitional Support Staff/Mentor function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire or current staff for this requirement.</p>	<ul style="list-style-type: none"> • Transition Support Services for Youth & Young Adults Add-On Service.
<p>If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Transitional Support Staff/Mentor function, in addition to/ replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Transitional Support Staff/Mentor requirements, as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • Transition Support Services for Youth & Young Adults Add-On Service.
<p>If provider is using staff serving multiple functions to fulfill requirements for the Transitional Support Staff/Mentor function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities, as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • Transition Support Services for Youth & Young Adults Add-On Service.

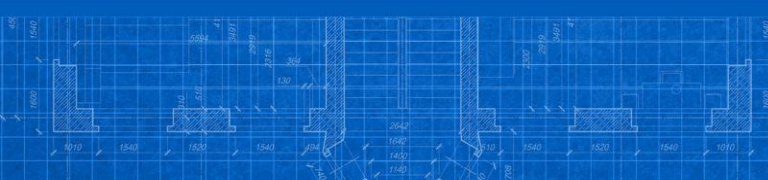


Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>If provider intends to newly hire to fulfill the Transitional Support Staff/Mentor requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s); 2) when the provider will be ready to hire for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.</p>	<ul style="list-style-type: none"> • Transition Support Services for Youth & Young Adults Add-On Service.
<p>Regardless if Transitional Support Staff/Mentor will be existing staff or a new hire, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports Transitional Support Staff/Mentor to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.</p>	<ul style="list-style-type: none"> • Transition Support Services for Youth & Young Adults Add-On Service.
<p>Kinship Caregiver Home Support Staff that must be dedicated staff member(s)</p>	
<p>Provider's proposed organization chart with the Kinship Caregiver Home Support Staff function and it's line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire or current staff for this requirement.</p>	<ul style="list-style-type: none"> • Kinship Caregiver Support Services Add-On Service.
<p>If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Kinship Caregiver Home Support Staff function, in addition to/ replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Kinship Caregiver Home Support Staff requirements, as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • Kinship Caregiver Support Services Add-On Service.



Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
<p>If provider is using staff serving multiple functions to fulfill requirements for the <i>Kinship Caregiver Home Support Staff</i> function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/procedures related to the roles and responsibilities, as outlined in the <i>T3C System Blueprint</i>.</p>	<ul style="list-style-type: none"> • Kinship Caregiver Support Services Add-On Service.
<p>If provider intends to newly hire to fulfill the <i>Kinship Caregiver Home Support Staff</i> requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s); 2) when the provider will be ready to hire for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/procedures specific to this function.</p>	<ul style="list-style-type: none"> • Kinship Caregiver Support Services Add-On Service.
<p>Regardless if <i>Kinship Caregiver Home Support Staff</i> will be existing staff or a new hire, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports <i>Kinship Caregiver Home Support Staff</i> to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.</p>	<ul style="list-style-type: none"> • Kinship Caregiver Support Services Add-On Service.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
Parenting Support Staff/Mentor that must be dedicated staff member(s)	
Provider's proposed organization chart with the Parenting Support Staff/Mentor function and it's line of reporting within the organization included, noting whether it is the agency/ operation's intention to fill with new hire or current staff for this requirement.	<ul style="list-style-type: none"> • Pregnant & Parenting Youth or Young Adult Support Services Add-On Service.
If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulfilling the Parenting Support Staff/Mentor function, in addition to/ replacement of the staff's current function(s)- provider must have a documented, updated job description for the position(s) assuming responsibility for the Parenting Support Staff/Mentor requirements, as outlined in the <i>T3C System Blueprint</i> .	<ul style="list-style-type: none"> • Pregnant & Parenting Youth or Young Adult Support Services Add-On Service.
If provider is using staff serving multiple functions to fulfill requirements for the Parenting Support Staff/Mentor function- the provider must submit a Plan that includes the timeline for establishing a start date for assumption of these new role(s) and responsibilities, training development and deployment, and development/execution of the policies/ procedures related to the roles and responsibilities as outlined in the <i>T3C System Blueprint</i> .	<ul style="list-style-type: none"> • Pregnant & Parenting Youth or Young Adult Support Services Add-On Service.
If provider intends to newly hire to fulfill the Parenting Support Staff/Mentor requirements- the provider must submit a Plan, that includes a timeline (accounting for time needed to negotiate, complete needed background checks, etc.) and addresses each of the following: 1) development of a job description(s); 2) when the provider will be ready to hire for this function; 3) the process that will be used for on-boarding and training to fulfill the requirements; and 4) development of training/curriculum and policies/ procedures specific to this function.	<ul style="list-style-type: none"> • Pregnant & Parenting Youth or Young Adult Support Services Add-On Service.



Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
Regardless if Parenting Support Staff/Mentor will be existing staff or a new hire, the provider must submit a Plan to develop a documented training plan, and policies and procedures to include a plan for ongoing assessment of workload, and that supports Parenting Support Staff/Mentor to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.	<ul style="list-style-type: none"> • Pregnant & Parenting Youth or Young Adult Support Services Add-On Service.
Accreditation with Not-For-Profit Accrediting Body	Applicable Service Package(s) & Add-On Service(s)
Provider identifies which of the three accrediting bodies the organization intends to become accredited under and provides documentation that demonstrates the current status/progress and timeframe within 120 days for completion of the accreditation process.	<ul style="list-style-type: none"> • All GRO: Tier II Service Packages.
Provider is accredited by one of the three, qualifying accrediting bodies, relevant to the specific Service Package(s).	<ul style="list-style-type: none"> • All GRO: Tier II Service Packages.
Enhanced Child Safety Monitoring	Applicable Service Package(s) & Add-On Service(s)
Provider submits documentation that demonstrates the components that make up the required enhanced child safety/monitoring plan (may include incorporation of additional identified personnel, and/or equipment and technology) specific to the Service Package, and as outlined in the <i>T3C System Blueprint</i> . These components must be incorporated into provider's policy and procedures.	<ul style="list-style-type: none"> • All GRO: Tier II Service Packages.
Provider submits a Plan, specific to the Service Package, that includes a timeline and addresses: 1) Selection/ Purchase/ Installation of equipment and technology; and/or 2) Hiring/ Contract of additional identified personnel for enhanced child safety/monitoring plan.	<ul style="list-style-type: none"> • All GRO: Tier II Service Packages.