Texas
Child-Centered
Care





Texas Child-Centered Care (T3C) System

BLUEPRINT

July 2026

Texas Department of
Family and Protective Services

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Letter from the DFPS Commissioner



Dear Colleagues,

As we look back on the calendar year of 2025, I am gratified that the dedication, collaboration, and innovation that have driven our early successes can now be quantified:

- 415 credentialing applications were processed by DFPS;
- 314 applications were determined eligible for review;
- 160 total credentials (both active and inactive) were awarded;
- 234 unique providers were credentialed; and
- 47% of children in paid foster care were benefiting from T3C Services.

These achievements reflect the unwavering commitment and partnership of foster care providers and caregivers who have guided this work from the outset. These milestones are a testament to the hard work and shared vision of our valued stakeholders.

I am profoundly grateful for your continued engagement and collaboration, which have been instrumental in establishing the foundation of our system. We are in the middle of the transition to T3C, and DFPS remains committed to continuous improvement and making enhancements along the way to ensure that T3C results in improved outcomes for children, youth, and young adults in the foster care system.

Thank you for all the work you do each day to improve the system for children and their families.

Audrey O'Neill
DFPS Commissioner
Texas Department of Family and Protective Services

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.



Introduction

DFPS serves as the single state agency responsible for defining, maintaining, and overseeing the operation and administration of the foster care program as outlined in the provisions of Title IV-E of the *Social Security Act* and Chapter 40 of the *Texas Human Resources Code*. Operation of the foster care system is informed by state and federal statute, regulations, rules, and policy. Direct provision of foster care services is primarily accomplished using agreements and contracts with the following:

- Kinship Caregivers
- Single Source Continuum Contractors
- Child Placing Agencies
- General Residential Operations.

Since 1988, the Service Level System has served as the foundation for the Texas Foster Care System. Care expectations, contractual requirements, and payment all derive from the child's determined level. As the state approaches the full roll-out of Community-Based Care (CBC), and fewer and fewer children are served under the Service Level System, the foundation must change.

T3C represents a complete transformation of the foster care system. It is the result of a multi-year effort directed by the Texas Legislature, supported by DFPS in collaboration with the Texas Health and Human Services Commission (HHSC), and guided by countless residential childcare providers and other child welfare stakeholders. T3C replaces the Service Level System, with a universal child assessment tool and placement process, twenty-four clearly defined Service Packages and three Add-On Services, new fully funded rate methodology, and new opportunities to claim federal funds for foster care services.

Having a comprehensive array of clearly defined Service Packages and supporting rate methodology aligns the cost of care with specific services, offering more stability for Residential Child Care providers and Caregivers. The new rate methodology offers more efficiency and eliminates the need for multiple payments, by consolidating compensation for things such as awake night supervision in General Residential Operations into the child's daily rate. The new service array offers new opportunities for the state to draw down federal Title IV-E funding by incorporating specific packages that align with changes made by the *Family First Prevention Services Act*, allowing for enhanced claiming.

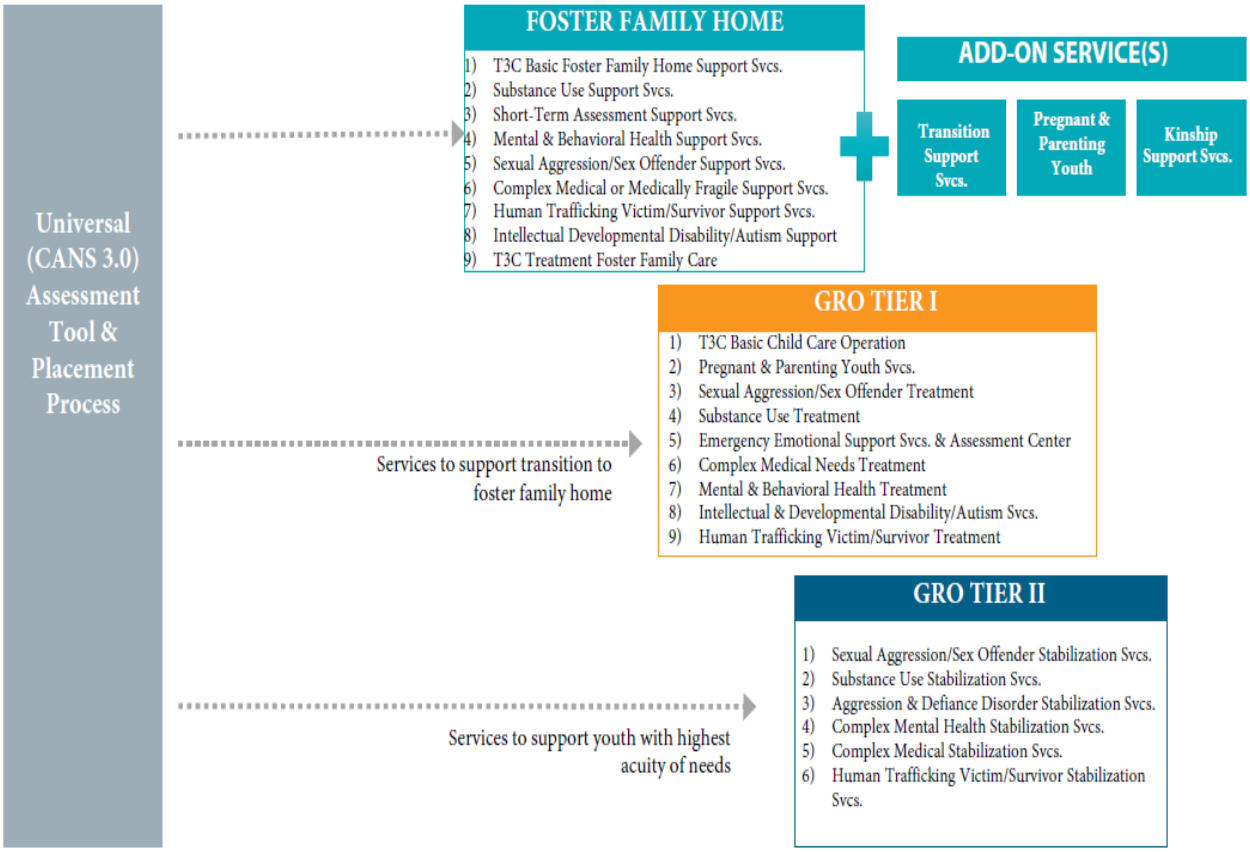
Most importantly, and above all else, there are new opportunities that this modernized system represents for children, youth, and young adults in foster care. T3C is designed to improve safety, permanency, and well-being outcomes, offer continued opportunity for foster care system improvement through a robust Continuous Quality Assurance and Improvement Process, and lessen the need to look outside the established foster care continuum for services.

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 Full Credential:** The provider has met all necessary requirements to operate under the Active Full Credential specific to the approved Service Package or Add-On Service, and contingent on establishment of contract or contract amendment(s), may begin serving children under T3C. The Active Full 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 Full Credential" (see APPENDIX III.A: T3C Full Credential Requirements). The Active Full Credential is time-limited. CPAs will remain credentialed for a 4-year period and GROs will remain credentialed for a 3-year period. During the Active Full Credential period, the provider must submit an annual T3C System Credential Report to support accountability between re-credentialing periods.

- **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.

- For children and youth that have discharged to an adoptive placement or had an adoption consummated, identify and encourage enrollment with the Post-Adoption Support Services provider in the area of the child's permanent placement.
- Consistent and ongoing engagement with the child and families to support transition and to maintain healthy connections.

- **Attestation:** An attestation constitutes a formal declaration by an individual, affirming that they understand and meet the pertinent requirement(s). For purposes of the T3C System Credential, attesting to a statement by entering the initials of the individual responsible for completing the Credential Application confirms that the Provider accurately and truthfully certifies that certain policies, procedures, standards, or documentation requirements have been met. Additionally, the individual certifies that documentation has been or will be uploaded to the T3C Credentialing Platform by the transition milestone indicated.

- **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.

- **Credentialing Platform:** A web-based application that requires a provider to register for access based on their HHSC-CCR License number. The platform will allow the provider to upload documentation supporting their application to be Credentialed for T3C Service Packages and Add-On Services.

- **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.

- **Discharge:** For purposes of T3C, the point at which the placement of a child in DFPS custody ends with one permitted residential provider that holds a T3C Credential, and responsibility for care of the child moves to another placement whether or not a permitted residential provider. As required by the child's specific Service Package at the time of the discharge, this initiates the 6-month Aftercare period. A child who remains in

the same permitted placement, but changing Service Packages is not considered a discharge.

- **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 Full 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 III.A: T3C Full Credential Requirements). The Inactive Full 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 Full Credential" (see APPENDIX III.A: T3C Full Credential Requirements). The purpose of the Inactive Full Credential is to allow time for the provider to complete all requirements necessary between the time of application to be eligible for the Active Full Credential for the specific Service Package or Add-On Service. The Inactive Full Credential is limited to 120 calendar days. If the provider is unable to meet all of the requirements necessary to move to the Active Full Credential status by the 120th calendar day, they must start the application process for the Full Credential again.

- **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 December 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.

- **Quarterly Status Report:** During the Active Interim Credential, Providers are required to submit a Quarterly Status Report (QSR) by the 5th of the month, in the 3rd, 6th, 9th, and 12th months, until the Provider is awarded the Full Credential for all Interim Credential Service Package(s) and/or Add-On(s). The QSR is intended to collect information from the Provider on progress made towards completion of the approved Implementation Plan from the Interim Credential Application and ensure that the Provider remains on track to complete all requirements in preparation to apply for the Full Credential. The QSR format is provided by DFPS upon the Provider being awarded the Active Interim Credential.

- **Recommended Service Package:** The Recommended Service Package identifies the best Service Package to meet the child's primary and most challenging need, given the most recent information gathered at the time of the CANS 3.0 Assessment. For children under 3 years old who are unable to be administered the CANS, the caseworker uses supporting documentation and their knowledge and professional judgment to identify the most appropriate Recommended Service Package.

- **Selected Service Package:** The Selected Service Package refers to the Service Package that the caseworker and Service Planning Team have collaboratively discussed, and the caseworker makes the final determination will be the basis for the array of services to be provided to the child until the next CANS and Service Plan Review. It is entered into IMPACT to authorize the correct Service Package reimbursement rate.

- **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 consenter to:
  - Identify healthcare needs.
  - Develop an Individual Service Plan (ISP) along with their medical consenter, 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.

- **T3C Verification Form**: A form issued to the provider upon being awarded the Inactive Interim or Inactive Full Credential. This form will outline expectations associated with the Active Interim or Active Full 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 and Active Full Credential.

- **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;
  - Builds healthy, trusting relationships that create mutuality among children, families, caregivers, and professionals at an individual and organizational level; 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 these unique needs. All provider staff and Caregivers must be trained in and actively practice the operation's Treatment Model.

A General Residential Operation's Evidence-informed Treatment Model for each Tier I Service Package (except for Tier I: T3C Basic Child Care Operation and Tier I: Emergency Emotional Support & Assessment Center) and the Evidence-based Treatment Model for each Tier II Service Package should include a defined, Anticipated Length of Stay to complete the treatment or stabilization program. The actual length of stay will be child, youth, or young adult dependent, and based on individual need.

- **Universal Human Trafficking Prevention Training:** Childcare providers and Caregivers are in a unique position to intervene and educate those vulnerable to becoming victims of human trafficking. DFPS has developed a Human Trafficking Prevention Training and a companion "Train the Trainer" model. Providers may choose to adopt this model and train their staff and Caregivers, or they may submit, as a part of the Credentialing process, a different model they intend to use to meet this requirement under T3C. It is the Department's intent that relevant information provided in the Universal Human Trafficking Prevention Training be shared with children, youth, and young adults being served by the provider. Each provider will have the flexibility to determine how best to share this information; examples include providing information through service plan meetings, during home visits, or through one-to-one communication between the Caregiver and child. This training is required and funding to support this training has been included in the daily rate for all Service Packages. ***For providers offering one of the three Service Packages designed specifically to serve victims/survivors of Human Trafficking, the agency or organization will need to use a training that is specific for prevention for that population of children, youth, and young adults.***

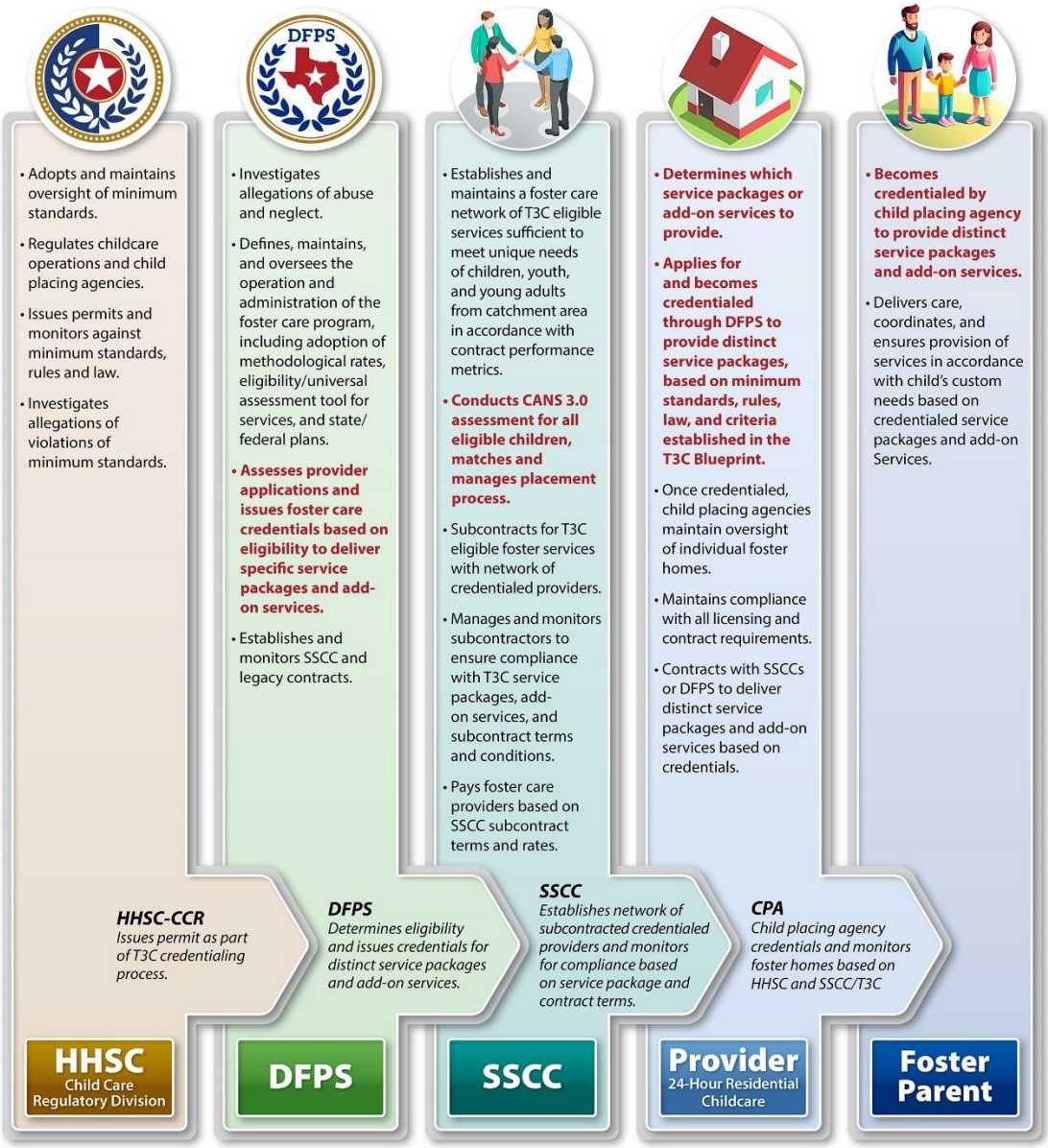


System Roles and Responsibilities under T3C

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 responsibilities for each entity, however, a few have been added that are specific to the T3C credentialing, service delivery, and oversight processes.

Agency Roles and Responsibilities

(New T3C responsibilities are identified in red)



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,
- At least annually,
- Every 90 days if they are receiving therapeutic services (dependent on the Service Package for the T3C System), or
- Upon request of the child's caseworker when the child's needs appear to have changed such that a re-assessment is warranted.

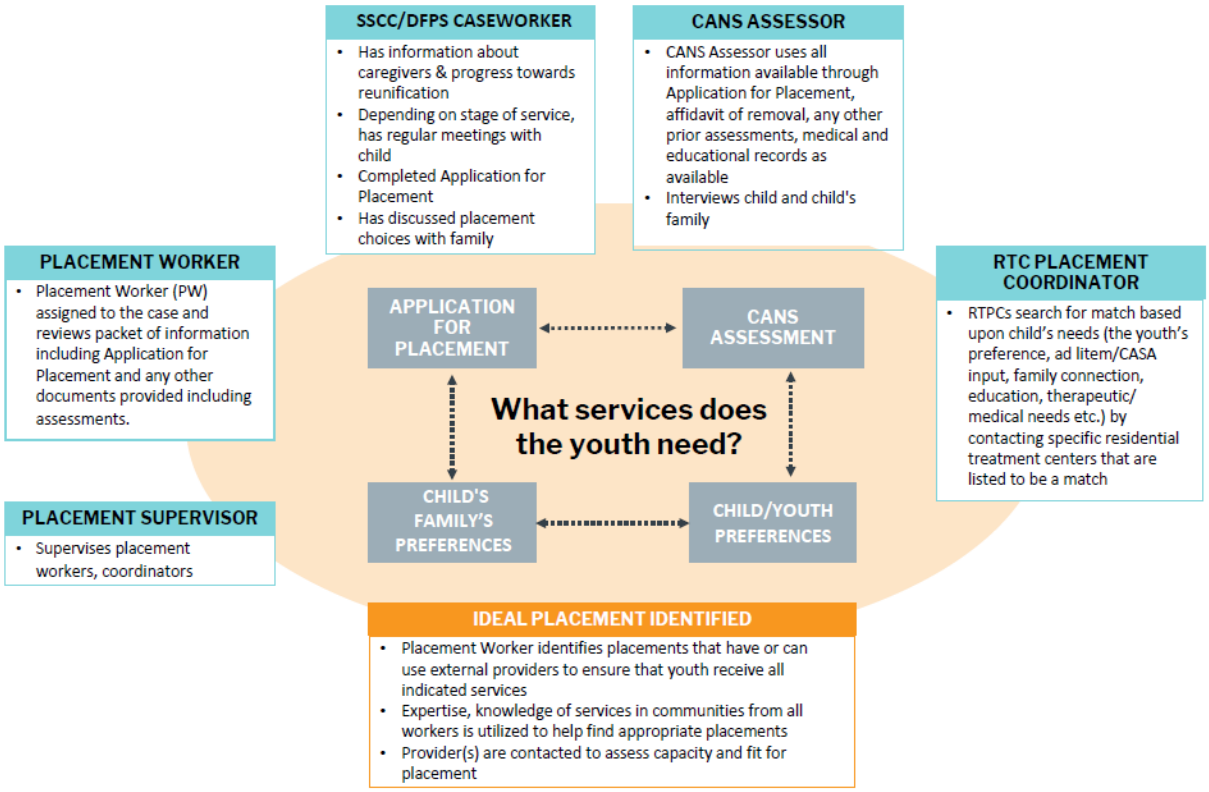


Selecting a Placement Under the T3C System

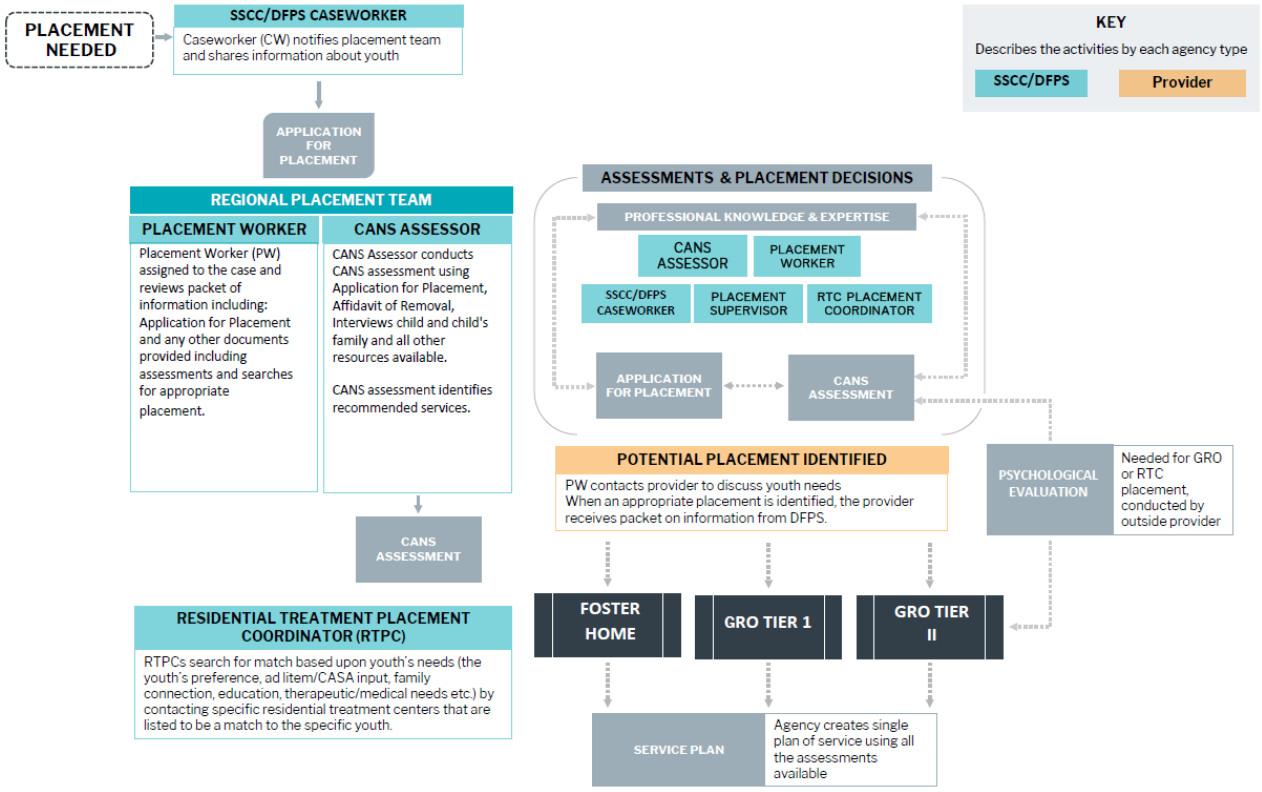
While the CANS 3.0 Assessment ***recommended*** Service Package, and other supporting documentation will be used to inform the process, the knowledge and professional judgement of the SSCC or DFPS staff working to secure placement based on the individual child's needs and best interest will be the basis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

Goals of the T3C System

Individual child outcomes are intended to align with the provider's Treatment Model and will vary by program. ***Every T3C Service Package requires a Treatment Model (as described below in the Commonly Used Terms section).*** The overarching goal of the T3C System is to improve safety, permanency, and well-being outcomes for children, youth, and young adults in foster care through the establishment of a universal assessment process, a comprehensive network of quality services, and a dedicated continuous quality improvement structure that is responsive to changing needs.

The Texas Legislature has made a significant, multi-million-dollar investment in the success of the T3C System through adoption of a fully funded rate structure, and resources to support transition and implementation. SSCCs, Residential Child Care providers, and other key child welfare stakeholders have partnered with DFPS and HHSC and contributed their time and resources to the development of each Service Package, Add-On Service, and the universal assessment process.

All this work is anticipated to support an improved experience for all children, youth, and young adults in foster care by:

- Increasing the percentage of children, youth, and young adults who remain safe in care.
- Placing children, youth, and young adults closer to their community of origin.
- Supporting healthy sibling, parental, familial and Kinship Caregiver connections.
- Improving services and processes to better match child, youth, or young adult with Caregiver, further reducing the average number of placement changes needed to obtain appropriate care.
- Supporting improved service and care planning between child welfare and STAR Health providers.
- Identifying and expediting the provision of appropriate treatment services to support healing, and improved well-being and permanency outcomes.
- Reducing the percentage of out of state, child-specific, and exceptional care services necessary to meet the child's treatment needs.

New under T3C is the establishment of an ***external*** Continuous Quality Assurance and Improvement (CQAI) structure whereby data is routinely evaluated to ensure that the goals, objectives, and outcomes of the T3C System are appropriate and being met. This will be used to inform further enhancement and advancement in services delivered to children living in the foster care system.

What is the State Doing to Prepare the System for Transition?

The planning and development of the T3C System has been underway since the 86th Legislative Session when work was initiated to study the foster care rate methodology. The 87th Legislature directed DFPS, in collaboration with HHSC, to develop clearly defined program models (or what T3C refers to as Service Packages), a universal child assessment, and a supporting foster care rate methodology. The 88th Legislature made a significant investment in improving the foster care system by fully funding the implementation and transition to the modernized T3C System.

Implementation of the T3C System is designed to be an iterative process. As information and data are gathered, and through the establishment of a data-informed and stakeholder-driven Continuous Quality Assurance and Improvement Process, modifications will be made.

Timeline

DFPS is working with stakeholders to execute a thorough project and implementation plan that must account for various considerations, including the fact that during the transition (January 2025-August 2027) to T3C, children, youth, and young adults will be served under four different funding structures which include the following:

- The CBC Blended Foster Care System;
- The CBC T3C System;
- The Legacy Service Level System; and
- The Legacy T3C System.

Based on the implementation plan for T3C (which is anticipated to fully roll out by FY 2028) and CBC (statewide implementation of Stage I by FY 2029), there will be a period (12-18 months) where there will be overlap between CBC and the legacy system, with both operating under the T3C model.

For a high-level overview of the T3C System implementation deliverables and timeline, please see Appendix I to this report.

As a Provider, What Should I Be Doing to Prepare for Transition to the T3C System?

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 https://tacfs.org/t3c-ready/ an initiative of the Single Source Continuum Contractors (SSCCs) and the Texas Alliance of Child & Family Services (TACFS). T3C Ready has valuable information to help providers actively prepare for the transition, including a T3C Readiness Assessment tool, countdown clock, learning opportunities, and other resources. Many previously held T3C Learning Sessions have been recorded and are available for providers at the TACFS Online Learning Center.

- T3C Ready Accelerator events occur live across the state. These 2-day workshops focus on hands-on work to develop organizational T3C readiness. Experts provide small group learning & application around subjects such as treatment models, policies & procedures, logic models, staffing, completing the T3C credentialing application and more. Please check the T3C Ready website and stay tuned for upcoming dates and locations.

- TACFS and DFPS are excited to partner together in virtual T3C Office Hours! T3C Office Hours are regularly scheduled and allow Licensed Providers to drop in and ask any questions about T3C. Whether you have a question about T3C requirements, updated Blueprints, credentialing, FAQs, Rates & Funding, Events & Training, or anything else T3C, drop in and ask us! T3C Office Hours are available for Licensed Providers only and will allow providers to ask burning questions and learn from other's experience. Office Hours occur twice a month on Fridays at 11:00 There is no need to register, you can join the call via the link on our website.

- T3C Ready Peer Mentoring: Was your organization an early T3C adopter? Are you interested in being a paid T3C mentor for one of your peers? Then consider lending your expertise and learning! The goal is to use peer-to-peer learning to support individuals within organizations who are designing and developing their T3C programs and are not

yet credentialed. We are looking for individuals who work for a T3C credentialed child placing agency and/or a general residential organization who would mentor a peer from a like organization on specific aspects of T3C requirements. We will pay the mentor for both their time mentoring along with a stipend for preparatory time. The commitment: 10 virtual one-hour virtual mentoring sessions within 6 months of the first session date. T3C Ready will provide an orientation along with support materials to facilitate your success. **You can also apply to connect with a mentor.** Additional details are available at https://tacfs.org/t3c-ready/#mentors.

- 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 technical assistance. Information will be shared on the various opportunities on the DFPS T3C Webpage.

- Along with reviewing the T3C System Blueprint and the frequently asked questions, you may find it helpful to reference the T3C Staffing Positions Matrix, which illustrates common inquiries regarding the differences between the positions identified in the Staffing Requirements of each Service Package. Be sure to review all of the footnotes to help guide you in understanding how to interpret and apply the chart.

Operating Under the T3C System

Fiscal Year 2025-2026 Foster Care Methodological Rates

Pursuant to Section 40.058 (i) of the Human Resources Code, DFPS contracts with the Texas Health and Human Services Commission (HHSC) to set rates for foster care services. In accordance with statute and the Department's contract, the Provider Finance Division within HHSC establishes methodology, calculates reimbursement rates, and collects cost reports for DFPS' Residential Child Care Services.

The T3C System includes new rate methodology, new fully funded foster care rates, and an updated comprehensive cost report. Residential Child Care Contracts with DFPS will follow the Methodological Rate Schedule for T3C Services (see Tables 1-4 below), including any foster family home pass through requirements.

DFPS will reimburse each Single Source Continuum Contractor (SSCC) in accordance with the same Methodological Rate Schedules found in Tables 1-4 below. Under the T3C System, SSCCs will continue to have flexibility within the Community-Based Care model to pay Residential Child Care providers using a customized rate schedule, with a minimum pass-through requirement established in the SSCC contract.

Some children, youth, and young adults will have multiple needs where they may meet the criteria for more than one Service Package. The primary Service Package will be determined based on discussion and agreement between the SSCC or DFPS (in areas that have not yet moved to the CBC model) and the provider operation accepting and providing services to the child. Payment will be made for the selected primary Service Package the child is receiving – meaning ***only one primary Service Package rate per day of care will be applied***. If the child is receiving a T3C Service Package *(except for Short-Term Assessment Support Services*) through a Child Placing Agency, and the agency is Credentialed to provide Add-On Service(s), for which the child is eligible, each Add-On Service rate will be paid in addition to the primary Service Package rate for the Service Package. The Foster Family Home Pass through Portion of Add-On Service daily rates are still paid to the child's Foster Family Home Caregiver during days taken of Intermittent Alternate Care, but do not have to be paid to the provider of the Intermittent Alternate Care. Add-On Service rates ***do not apply*** to General Residential Operation Tier I or Tier II settings (as shown in Tables 3 and 4 below).

For example, if a youth is receiving T3C Basic Foster Family Home Support Services, ***and*** is over the age of 14, ***and*** living with a verified Kinship Foster Family Home Caregiver, and the Child Placing Agency is Credentialed for both the Transition Support Services for Youth & Young Adults and Kinship Caregiver Support Services, then to calculate the total daily rate would be $83.29 (Table 1 T3C Basic Foster Family Home Support Services) + $37.40 (Table 2 Transition Support 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 structured 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
Sexual Aggression/Sex Offender Support Services	$186.47	$95.69	$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

Primary Service Package	Methodological Daily Rate Total	Child Placing Agency Retainage Portion	Foster Family Home Pass through Portion
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	$11.28	$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

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

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

Table 5. Foster Care Maintenance Payments for Children of Youth and Young Adults in Foster Care

Under the T3C System, DFPS will reimburse the room and board costs for the child(ren) of a youth or young adult parent, when the parent is in the Department's Conservatorship and is in foster care, or is residing in Extended Foster Care. The daily reimbursement rate to off-set these room and board costs for Foster Homes and GROs can be found in the table below.

Living Environment	Methodological Daily Rate Total
When Child and Youth Parent are in a Foster Home	$46.90 (The entirety of this amount must be included with the Foster Family Home Pass through Portion)
When Child and Youth Parent are in a GRO	$46.78

These foster care maintenance payments only apply when the child is placed with the youth or young adult parent, and the child ***is not*** in the Department's Conservatorship. If the child of the youth or young adult parent in DFPS Conservatorship, they will be assigned a Recommended and Selected Service Package and be reimbursed accordingly.

Cost Reports

In the spring and summer of 2025 HHSC, in consultation with DFPS and stakeholders, finalized the cost report template to support the T3C Service Packages and Add-On Services. Cost reports associated with T3C services will not be collected for FY 2025, since the transition to the new foster care model occurred halfway through the fiscal year, with only a small subset of providers. ***Please note that this does not change cost reporting requirements for 24-hour residential childcare services that are not T3C related. Cost reports will still be required for non-T3C services delivered in FY 2025.***

HHSC will begin collecting T3C Cost Reports in 2027 for service costs incurred during state fiscal year 2026. DFPS and HHSC anticipate a change in the schedule for reporting 24 hour-residential childcare costs in fiscal year 2027, where the schedule for submitting cost reports will align with the state fiscal year.

Credentialing

The Credentialing Process

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 for at least one T3C Service Package 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 or Adoption-only services).

Information on the Interim Credential was released in the July 2024 edition of the *T3C System Blueprint*. Details on the step-by-step process for the Full Credential were released in the

January 2025 edition of the *T3C System Blueprint*. ***Effective January 1, 2026, the Interim application is no longer available to providers. Comprehensive information on the requirements of the Interim Credential is still available throughout the T3C System Blueprint***. DFPS anticipates providing updated information regarding the Re-Credentialing process, including the estimated timeline to begin the process and the expected timeline for completing the process, in an upcoming edition of the *T3C System Blueprint.*

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.

Non-Financial Providers that are only providing Basic Level of Care residential services at no cost to any DFPS/SSCC children or the state, can apply for the Full Credential in the most applicable Service Package (T3C Basic Child Care Operation for GROs, T3C Basic Foster Family Home Support Services for CPAs) and identify within the Full Credential Application any T3C requirements that they are requesting to waive. The Non-Financial Provider must explain how your program will ensure that the quality of care and services envisioned under T3C for children in DFPS custody receiving a particular Service Package would not be substantially dissimilar from the care for children placed in that Service Package at an operation that meets all of the T3C requirements. Determinations on Credential Applications for Non-Financial Providers containing a waiver request will be considered by DFPS on a case-by-case basis.

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, which is 4 years for Child Placing Agencies and 3 years for General Residential Operations. 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.

The Interim Credential

As of January 1, 2026, the Interim Credential application is no longer available. Providers seeking to offer a T3C Service Package must now apply for the Full Credential. Comprehensive information on the Interim Credential will remain available here, in the T3C System Blueprint.

What is an Interim Credential?

Existing General Residential Operations and Child Placing Agencies that meet certain eligibility criteria are 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 released the Interim Credential Applications in December 2024 and the Full Credential Applications in January 2025.

Additional guides and specific submission instructions for the Credentialing Platform can be found on the DFPS T3C webpage, 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.

    Please note for Residential Childcare Contractors seeking an Interim Credential for the T3C Treatment Foster Family Care Service Package, the provider must have an existing actively utilized contract for Treatment Family Foster Care 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.
    - 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.

As part of the application process for the Interim Credential, the primary individual responsible for completing the application process on behalf of the Provider will be prompted to complete a series of Attestations.

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).

Quarterly Status Report

During the Active Interim Credential, Providers are required to submit a Quarterly Status Report (QSR) by the 5th of the month, in the 3rd, 6th, 9th, and 12th months, until the Provider is awarded the Full Credential for all Interim Credential Service Package(s) and/or Add-On(s). The QSR is intended to collect information from the Provider on progress made towards completion of the approved Implementation Plan from the Interim Credential Application and ensure that the Provider remains on track to complete all requirements in preparation to apply for the Full Credential. The QSR format is provided by DFPS upon the Provider being awarded the Active Interim Credential.

Interim-to-Full Application

For providers who have been awarded one or more ***Active*** Interim Credentials, a streamlined Interim-to-Full Application has been created that can be utilized for demonstrating completion

of all tasks that are "Required submission of a Plan Only @ Time of Application". Since the provider is already serving children under the T3C System via the Active Interim Credential, there is no Inactive Full Credential period.

There are two conditions that would make a provider with an Active Interim Credential ineligible to use the streamlined Interim-to-Full Application:

1. The provider must not have made any substantive changes to key T3C elements of their program and organization from what was presented in the Interim Credential Application. This includes significant change to the one or more of the following:
   - The Treatment Model;
   - Service Package or Add-On Service Logic Models;
   - Staffing structure;
   - Organizational chart; or
   - Other core components.

   The provider must attest to there being no substantive changes.

2. A provider may only use the Interim-to-Full Application to apply for Full Credentials for Service Packages where they already hold an Active Interim Credential.

This application will be provided to eligible providers by the DFPS Credentialing Team upon award of the Active Interim Credential.

The Full Credential

What is Full Credentialing?

Full Credentialing is the process of submitting an application and supporting documentation in the Credentialing Platform for review by DFPS, to determine if the CPA or GRO has met the qualifications to offer a specific Service Package or Add-On Service (CPAs only). The Active Full Credential is issued when the provider has met all necessary requirements to offer a specific Service Package or Add-On Service under the T3C System.

Each Active Full Credential is time-limited. The Active Full Credential for a Foster Family Home Service Package and/or Add-On Service is issued to a CPA for a 4-year period. GROs are issued an Active Full Credential for a 3-year period. If a provider obtains additional Service Package or Add-On Service Credentials after already being awarded 1 Full Credential, the expiration of the added Credentials will remain aligned with the original Full Credential expiration date.

New Providers and the Full Credential

All ***new*** providers applying for a Full Credential to deliver one or more of the GRO Tier II Service Packages ***must maintain a census of 16 or fewer children and youth residing on each premises where services are provided, as a part of the operation's Permit*** that is attached to the provision of the GRO Tier II services. Used in this context, a "new" provider is defined as an operation that was ***not*** serving children or youth under an active DFPS or SSCC residential childcare contract before January 1st, 2025. Pending applications to provide GRO services under an SSCC and/or DFPS contract will be reviewed on a case-by-case basis to determine applicability prior to January 1st, 2025. This provision applies to both in-state and out-of-state operations.

Provider Eligibility for the Full Credential

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

Active Permit:

- The residential child care provider must have been provided a valid acceptance letter from HHSC-CCR, or a "Initial" or "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 apply for the Full Credential.
- The residential child care provider's Permit must include all applicable Treatment, Programmatic, and Special Services required for each Service Package at the time of application for the Full 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 Full Credential (see APPENDIX III.A: T3C Full Credential Requirements for more information on staffing requirements).

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

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

- ***Required to be In Place @ Time of Application for Full Credential*** – Any requirement that must be fulfilled at the time of submission of the Application for the Full 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 Full 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*** Full Credential. A provider does have the ability to be working towards completion of these plans during the time that the Application for Full 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 Full Credential instead of waiting until after they have been awarded the Inactive Full 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 the Inactive Full Credential award.

The *T3C System Blueprint*, APPENDIX III.B: Service Package Dependencies for T3C Full 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 III.A.

As part of the application for the Full Credential, the primary individual responsible for completing the application on behalf of the Provider will be prompted to complete a series of Attestations.

The Inactive and Active Full Credential Status

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

The Inactive Full 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 Full 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 Full Credential" (see APPENDIX III.A: T3C Full Credential Requirements). The Inactive Full 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 Full Credential status by that deadline may result in the provider having to restart the process and re-submit the Application for Full Credential again.

Once the provider has satisfied all requirements identified as "Required to be in Place on 1st Day Operating under Active Full Credential", the provider will be issued the Active Full Credential, allowing for T3C paid placements into the Credentialed T3C Service Package(s) and Add-On Service(s).

Full Credential T3C Verification Form

After the provider has met all requirements of the Inactive Full Credential and before the Active Full 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 Full Credential, including the time frames, reporting requirements, and possible consequences of failing to comply.

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. Once the T3C Verification Form is received by the Department, the provider will be eligible for the Active Full Credential, and subject to contract amendments, can begin providing the specific Service Package(s) and/or Add-On Service(s).

T3C System Annual Credential Report

During the Active Full Credential period, the provider must submit an annual T3C System Credential Report to DFPS to ensure model fidelity between Re-credentialing periods. This report will be data-based and provide details on the organization's operation of the various Service Package(s) and Add-On Service(s) to include reports on workforce, staff/caregiver turnover, staff/caregiver tenure, admission and discharge rates, average length of stay, outcome, and other data. Providers must use the Annual Report template provided by DFPS. DFPS will issue a broadcast announcing the release of the Annual Report template, as well as information on upcoming webinars and instructions.

The Annual Report is due each year, during the month in which the Provider's first Active Full Credential award was issued. For example, if the Active Full Credential for the CPA's Foster Family Home Service Packages were awarded in the month of January 2025, then the Annual Report will always be due in January of each calendar year. The provider will not be required to include data for Service Packages and Add-On Services that, at the start of the expiration month, are still in the Inactive Full Credential, or an Inactive or Active Interim Credential.

Agency Authority

Reservation of Rights

The Texas Department of Family and Protective Services (DFPS) reserves the right, at its sole discretion, to accept, deny, or otherwise reject any application for T3C Credentialing, whether Interim, Full, or Interim-to-Full, in whole or in part, at any stage of the review or approval process. Submission of an application does not guarantee approval, issuance of a Credential, or the right to contract with DFPS or any Single Source Continuum Contractor (SSCC). DFPS may reject any application that, in its judgment, fails to meet applicable T3C requirements or is otherwise inconsistent with the goals, intent, or integrity of the Texas Child-Centered Care (T3C) System.

Deactivation and/or Revocation of the Interim or Full Credential

DFPS may inactivate or revoke an issued Interim or Full Credential for reasons that include, but are not limited to, the following:

- Provider and/or Foster Caregiver's failure to meet and perform in accordance with the requirements of the specific T3C Service Package(s) or Add-On Service(s).
- Failure to complete and/or submit a Status and/or Annual Credential Report by the required due date.

Contents of the Status or Annual Report may trigger ad hoc unscheduled Credentialing reviews, and/or DFPS/SSCC contract monitoring/action.

Prioritization of Interim and Full Credential Applications

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

Applying for an Interim and/or Full 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

Transition of Children and Youth From Current to T3C System After A Provider Becomes Credentialed

Once a provider is awarded their initial Active Interim Credential or their initial Active Full Credential, and the DFPS or SSCC Residential Contract(s) has been updated accordingly, the provider can begin delivering T3C services. DFPS has worked with stakeholders to develop a centralized process to support the transition of children, youth, and young adults already in the provider's care to the T3C System. A high-level overview of the process includes the following:

- DFPS will provide a template to the Credentialed provider to complete.
- The Credentialed provider's Program Director, as well as Treatment Director and other clinical staff as applicable to the Services Packages Credentialed, who are responsible for certifying a child's Continued Stay, as required in the *T3C System Blueprint,* will assess the provider's current child census.
- Using the Service Package Description section for each Credentialed Service Package as the guide to determine need, the provider's team will propose a Recommended Service Package for each child.
- The provider will return the completed template to the Department and will document in the child's record, justification for the Recommended Service Package, as well as the provider staff that participated in the process for making the recommendation.
- DFPS Staff will work with the provider and the SSCC, as applicable, to review and approve for a child's Selected Service Package. DFPS and/or the SSCC reserve the right to override the Recommended Service Package, and will provide documentation to support the override reason.
- Upon approval, each child will be manually moved within the DFPS IMPACT database, and a Service Package start date will be established on the 1st of the month.

This process will only be applied to Foster Family Home and GRO Tier I Service Packages. Children, youth, and young adults that require GRO Tier II Service Packages will receive a CANS 3.0 Assessment to determine transition. The only exception is for children, youth, and young adults transitioning from the QRTP Pilot program.

If there are children currently placed with the provider that have needs that the programmatic/clinical staff cannot comfortably certify are aligned with any of the Service Packages for which the organization is Credentialed, the child must be identified on the report as requiring a CANS 3.0 Assessment. Once the child's needs have been assessed using the CANS 3.0 to determine the appropriate Recommended Service Package, next steps will be determined by the child's Service Planning team.

The transition of children, youth, and young adults to the T3C System is not intended to extend the time needed to successfully complete the program, as defined in Minimum Standards or by the DFPS or SSCC Residential Contract.

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 has modified the Open Enrollment and Contract documents, including the appendix to the 24-Hour RCC Requirements that incorporates sections of the *T3C System Blueprint* by reference, which will be applied 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 have been and will continue to 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)

There are important guidelines that should be considered when reviewing the Service Package and Add-On Service descriptions below:

1. **The T3C System is *not* intended to take the place of statutory, federal/Minimum Standards/other state regulatory requirements, or SSCC or DFPS residential childcare contract requirements. DFPS will be working to update procurement and contract requirements as needed to support the T3C System; information contained in the *T3C System Blueprint* is not intended to replace all existing contractual terms and conditions. While a thorough review has been completed, and DFPS does not anticipate any requirement listed below to be in direct contradiction to statute or Minimum Standards, it should be noted that statutory and Minimum Standards requirements related to childcare regulation supersede any T3C requirements inherent in the descriptions below.**

2. **Unless otherwise noted, a Child Placing Agency or General Residential Operation should assume that expectations, requirements, and references to "child" or**

"children" in the T3C System Blueprint apply to youth and young adults served as well.

3. **Child Placing Agencies can become Credentialed to provide one or more of the Service Packages and Add-On Services.**

4. **Add-On Services apply to Child Placing Agency's *only*, General Residential Operation Tier I and Tier II settings are *not eligible* to provide Add-On Services.**

5. **Add-On Services can only be added to a T3C Service Package, meaning a Child Placing Agency cannot become Credentialed to provide the Add-On Services *only*.**

6. **General Residential Operations may become Credentialed to provide one or more of the Service Packages in Tier I and/or in Tier II.**

7. **For all Service Packages, the Child Placing Agency or General Residential Operation must be licensed for *all* of the Permit Services listed. General Residential Operations have two possible Permit Types listed for each Service Package, but the provider is only required to have one or the other of them. Foster Homes that a Child Placing Agency intends to Credential for a Service Package, must be verified for all Treatment Services required for that Service Package.**

8. **The Permit Type and Permit Services listed for all Service Packages and Add-On Services are based on assumptions made by DFPS. Other services may be required in addition to those listed with each Service Package and Add-On Service based on the child, youth, or young adults' individual needs. Providers should consult with CCR and 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.**

12. **Interns and associates can be used to fulfill Therapist functions that are needed to support a provider's therapeutic milieu but should *not* be used to provide services that are allowable under Medicaid. Interns and associates used to support the therapeutic milieu must perform work under the supervision of a fully licensed professional. As noted in number 10 above, all Medicaid eligible services should be sought through STAR Health.**

13. **Providers becoming Credentialed for multiple Service Packages should have a way to track when a child's Length of Service changes due to a change in Selected Service Package. As part of the IT System, Providers must be able to track, by service package, the average length of service for children admitted, based on the time from admission to discharge, as a required metric. If a child changes service package because their needs change, the provider's Anticipated Length of Service data for that service package may be skewed if the IT system cannot identify that change.**

14. **Non-DFPS/SSCC medical consenters, such as Foster Parents, may assume financial responsibility for certain out-of- network (non-Medicaid) medical care, including behavioral health services, but not including pharmacy services. All youth in foster care must have medications filled through a STAR Health or Medicaid covered pharmacy. Financial responsibility may include the medical consenter enrolling the child in a health insurance plan. Foster Parents must work with the Child Placing Agency to ensure that the selected financial responsibility provides access to all services required under the child's Selected Service Package. DFPS is not liable for the cost of out-of-network medical care.**

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 (*If Child Placing Agency and Foster Family Home provides Extended Foster Care services*)
Service Package Description	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. 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.		
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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
	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 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
	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 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
	• 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 CPA's 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) consistent with the specific Service Package, and as outlined in the CPA's Service Plan or Service Plan Review, the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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

Service Package Name	T3C Basic Foster Family Home Support Services
	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. 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.
Anticipated Length of Service	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. 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.
Staffing Requirements	• Full-time Licensed Child Placing Agency Administrator dedicated to single Child Placing Agency

Service Package Name	T3C Basic Foster Family Home Support Services
	• 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: ○ 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). 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.

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	• 1 Child Placing Agency Case Manager for every 20 children being provided the T3C Basic Foster Family Home Support Services Package. Staff to Child Ratio may vary based on an operation's specific Evidence-informed Treatment Model, and dependent on the complexity of the caseload.
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	• 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: ○ 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	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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
	• 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.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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 ***in conjunction with each six-month*** Service Plan review, the Child Placing Agency's ***Program Director*** 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 ***Program 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. 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
	• 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	**Treatment Services** Emotional Disorders	**Programmatic Services** Respite Child Care	**Special Services** Young Adult Care (*If Child Placing Agency and Foster Family Home provides Extended Foster Care services*)
Service Package Description	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. 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.		
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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
	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 Chemical Dependency Counselor or Qualified Credentialed Counselor, 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 Substance Use 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 Substance Use Support Services Package, which is modified over time based on the Child Placing Agency's Continuous Quality Improvement process.

Service Package Name	Substance Use Support Services
	• 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 ***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 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
	• 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 CPA's 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) consistent with the specific Service Package, and as outlined in the CPA's Service Plan

Service Package Name	Substance Use Support Services
	or Service Plan review, the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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 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
	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 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.
Anticipated Length of Service	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. 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.
Staffing Requirements	• 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
	• 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: ○ 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: ○ 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
	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). 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. All Treatment Director and Case Management functions must be performed by actual employees of the Child Placing Agency.
Generally Appropriate Staff to Child Ratio Based on Service Package	• 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. 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.
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 Substance Use Support Services.

Service Package Name	Substance Use Support Services
Desired Individual Outcome	• 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: ○ 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.
Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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.
Quality Assurance and Continued	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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
Stay Guidelines	• 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 ***in conjunction with each 90-day*** Service Plan review, the Child Placing Agency's ***Program Director, and the Treatment Director*** 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 ***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 Substance Use Support Services Package.
Aftercare Services	• 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 ***will not*** receive a separate payment for the provision of the required Aftercare Services.

Service Package Name	Substance Use Support 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, 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 **Not eligible for Add-On Services*		
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 (*If Child Placing Agency and Foster Family Home provides Extended Foster Care services*)
Service Package Description	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: • 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. 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.		

Service Package Name	Short-Term Assessment Support Services **Not eligible for Add-On Services*
	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.
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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 *Not eligible for Add-On Services*
	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 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 **Not eligible for Add-On Services*
	• 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 CPA's 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) consistent with the

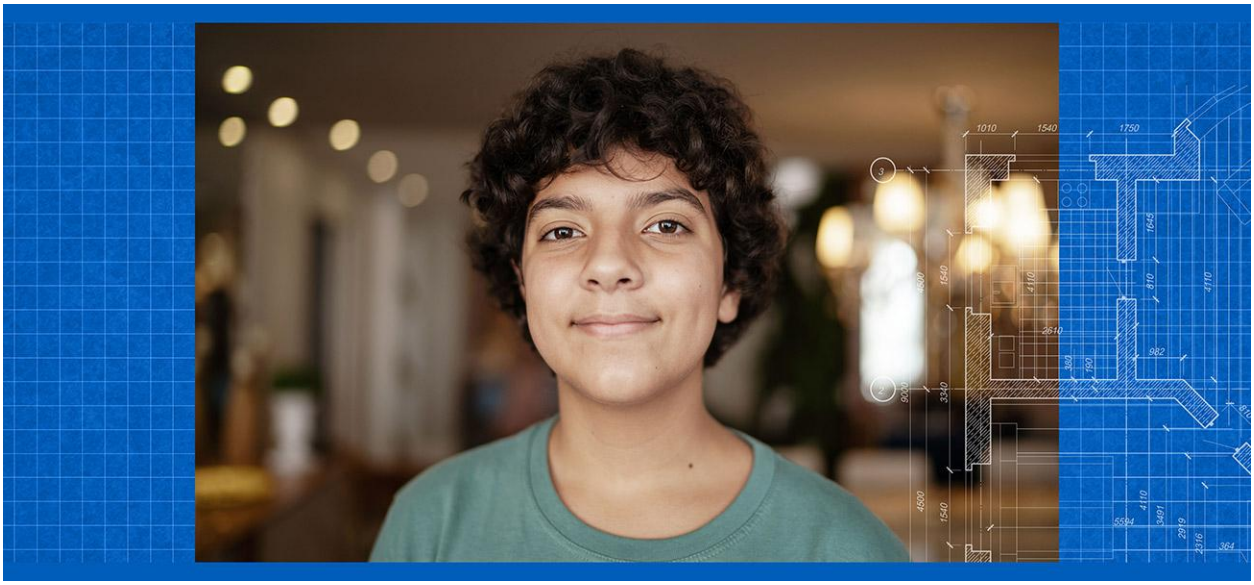
Service Package Name	Short-Term Assessment Support Services **Not eligible for Add-On Services*
	specific Service Package, and as outlined in the CPA's Service Plan or Service Plan review, the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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 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. 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.

Service Package Name	Short-Term Assessment Support Services **Not eligible for Add-On Services*
Anticipated Length of Service	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. 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.
Staffing Requirements	• 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: ○ 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:

Service Package Name	Short-Term Assessment Support Services **Not eligible for Add-On Services*
	○ Case Management ○ 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). 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. All Treatment Director and Case Management functions must be performed by actual employees of the Child Placing Agency.
Generally Appropriate	• 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 *Not eligible for Add-On Services*
Staff to Child Ratio Based on Service Package	• 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. Staff to Child Ratio(s) may vary based on an operation's specific Evidence-informed Treatment Model and dependent on complexity of caseload.
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	• 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: ○ 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	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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. • Child Placing Agency admissions staff have reviewed the child's information and determined that the child's needs align with

Service Package Name	Short-Term Assessment Support Services **Not eligible for Add-On Services*
	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.
Quality Assurance and Continued Stay Guidelines	• 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 (*If Child Placing Agency and Foster Family Home provides Extended Foster Care services*)
Service Package Description	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. 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.		
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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
	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. • 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
	• 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 ***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 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
	• 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 CPA's 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

Service Package Name	Mental & Behavioral Health Support Services
	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) consistent with the specific Service Package, and as outlined in the CPA's Service Plan or Service Plan review, the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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

Service Package Name	Mental & Behavioral Health Support Services
	appropriate) in the child's case record maintained by the Child Placing Agency. • In addition to maintaining the necessary Credential to provide the Mental & Behavioral Health 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 Mental & Behavioral Health Support Services Package.
Anticipated Length of Service	Length of service is individualized and based on the Child Placing Agency's Treatment Model for providing the Mental & Behavioral Health 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. 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 Mental & Behavioral Support Services Package.
Staffing Requirements	• 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,

Service Package Name	Mental & Behavioral Health Support Services
	operations, and management of services, including those inherent in the Mental & Behavioral Health 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. • Child Placing Agency must have a Treatment Director whose responsibilities include supervision of Licensed Therapists on staff. • The Treatment Director must 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 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: ○ 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

Service Package Name	Mental & Behavioral Health Support Services
	well-versed in STAR Health and HHSC Behavioral Health services to ensure that children, youth, and young adults who need Mental & Behavioral Health Support Services maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). 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. All Treatment Director and Case Management functions must be performed by actual employees of the Child Placing Agency.
Generally Appropriate Staff to Child Ratio Based on Service Package	• 1 Child Placing Agency Case Manager for every 15 children being provided Mental & Behavioral Health Support Services. • 1 Licensed Therapist for every 14 children being provided Mental & Behavioral Health Support Services. • 1 Behavior Support Specialist or Mentor for every 15 children being provided Mental & Behavioral Health Support Services. • 1 Crisis Management Staff for every 25 children being provided Mental & Behavioral Health Support Services. • 1 Aftercare Case Manager for every 25 children being provided Mental & Behavioral Health Support Services. 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.

Service Package Name	Mental & Behavioral Health Support Services
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 Mental & Behavioral Health Support Services.
Desired Individual Outcome	• 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: ○ 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.
Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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.

Service Package Name	Mental & Behavioral Health Support Services
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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 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.
Aftercare Services	• The Mental & Behavioral Health Support Services Package requires the planning and provision of Aftercare Services.

Service Package Name	Mental & Behavioral Health Support 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, 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 (*If Child Placing Agency and Foster Family Home provides Extended Foster Care services*)
Service Package Description	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: • 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*** • ***Requires routine clinical intervention and skilled Caregiver support to manage day-to day activities.*** 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.		

Service Package Name	Sexual Aggression/Sex Offender Support Services
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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
	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 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

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	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. • 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

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	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. • 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 CPA's 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) consistent with the specific Service Package, and as outlined in the CPA's Service Plan or Service Plan review, the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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

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	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 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

Service Package Name	Sexual Aggression/Sex Offender Support Services
	Quality Assurance & Continued Stay Guidelines) determines the child has successfully completed, and no longer requires, the therapeutic and recovery services inherent in the Sexual Aggression/Sex Offender Support Services Package.
Anticipated Length of Service	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. 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.
Staffing Requirements	• 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: ○ 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

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	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: ○ 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). 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

Service Package Name	Sexual Aggression/Sex Offender Support Services
	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. All Treatment Director and Case Management functions must be performed by actual employees of the Child Placing Agency.
Generally Appropriate Staff to Child Ratio Based on Service Package	• 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. 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.
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 Sexual Aggression/Sex Offender Support Services.
Desired Individual Outcome	• 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: ○ 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.

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Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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.

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	• 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 ***in conjunction with each 90-day*** 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.
Aftercare Services	• 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
	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. • 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	Complex Medical Needs or Medically Fragile Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	**<u>Treatment Services</u>** Primary Medical Needs	**<u>Programmatic Services</u>** Respite Child Care	**<u>Special Services</u>** Young Adult Care (*If Child Placing Agency and Foster Family Home provides Extended Foster Care services*) Physically Challenged
Service Package Description	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 a medical diagnosis that requires constant monitoring, access to skilled nursing and other care up to 24 hours a day/7 days a week (based on eligibility) ***or*** who may present with a complex medical condition 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*** for whom the individual's well-being depends on the support, direction, or service of others. The Complex Medical Needs or Medically Fragile Support Services Package is designed to offer community-based care, medical, and other therapy/rehabilitation services to support recovery (if applicable) well-being, and improve the quality of life for children, youth, and young adults		

Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal. 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.
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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
	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 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
	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. 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,

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	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). • 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 CPA's 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) consistent with the specific Service Package, and as outlined in the CPA's Service Plan or Service Plan review, the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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

Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	success, and the foster home is made accessible to teachers and other school staff as appropriate if home-based education is determined necessary. • 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 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
	• In addition to maintaining the necessary Credential to provide the Complex Medical Needs or Medically Fragile 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 Complex Medical Needs or Medically Fragile Support Services Package.
Anticipated Length of Service	Length of service is individualized and based on the Child Placing Agency's Treatment Model for providing Complex Medical Needs or Medically Fragile Support Services, Admission Guidelines, and Continued Stay Guidelines, as well as the child's CANS 3.0 Assessment, and the ability to sustain or improve overall well-being and functioning in accordance with evaluations and the Service Plan. 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 Complex Medical Needs or Medically Fragile Support Services Package.
Staffing Requirements	• Full-time Licensed Child Placing Agency Administrator dedicated to a 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

Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	in the Complex Medical Needs or Medically Fragile 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. • The Treatment Director must be a physician or a licensed Registered Nurse. • Identified personnel and infrastructure to support the following: ○ 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). 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.

Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	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.
Generally Appropriate Staff to Child Ratio Based on Service Package	• 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. 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.
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 Complex Medical Needs or Medically Fragile Support Services.
Desired Individual Outcome	• 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: ○ 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.
Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements:

Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	• 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	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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 ***in conjunction with each 90-day*** Service Plan review, the Child Placing

Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	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. • 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.
Aftercare Services	• 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
	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	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 (*If Child Placing Agency and Foster Family Home provides Extended Foster Care services*)
Service Package Description	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. 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.		
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements:		

Service Package Name	Human Trafficking Victim/Survivor Support Services
	• 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, with enhanced training in all forms of sex and labor trafficking, that specializes in treating complex trauma with experience in, and/or specialization in, treating children that require this Service Package, 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
	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 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
	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. • 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 CPA's Service Plan or Service Plan review, and for which the child, youth, or young adult is

Service Package Name	Human Trafficking Victim/Survivor Support Services
	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) consistent with the specific Service Package, and as outlined in the CPA's Service Plan or Service Plan review, the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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

Service Package Name	Human Trafficking Victim/Survivor Support Services
	(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 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.
Anticipated Length of Service	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.

Service Package Name	Human Trafficking Victim/Survivor Support Services
	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 Human Trafficking Victim/Survivor Support Services Package.
Staffing Requirements	• 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: ○ 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: ○ Case Management ○ Intake/Placement ○ Staff Training and Workforce Development

Service Package Name	Human Trafficking Victim/Survivor Support Services
	○ Licensed Therapist, with enhanced training in all forms of sex and labor trafficking, that specializes in treating complex trauma with experience in, and/or specialization in, treating children that require this Service Package, to oversee treatment and service planning for children, youth, and young adults ○ 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). 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. All Treatment Director and Case Management functions must be performed by actual employees of the Child Placing Agency.
Generally Appropriate	• 1 Child Placing Agency Case Manager for every 15 children being provided Human Trafficking Victim/Survivor Support Services.

Service Package Name	Human Trafficking Victim/Survivor Support Services
Staff to Child Ratio Based on Service Package	• 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. • 1 Crisis Management staff for every 25 children being provided Human Trafficking Victim/Survivor Support Services. • 1 Aftercare Case Manager for every 25 children being provided Human Trafficking Victim/Survivor Support Services. 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.
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 Human Trafficking Victim/Survivor Support Services.
Desired Individual Outcome	• Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation's Human Trafficking Victim/Survivor Support Services Treatment Model, and support the following at a minimum: ○ 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.
Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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	Human Trafficking Victim/Survivor Support Services
	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 Human Trafficking Victim/Survivor Support Services Package.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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

Service Package Name	Human Trafficking Victim/Survivor Support Services
	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 Human Trafficking Victim/Survivor Support Services Package.
Aftercare Services	• 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 (*If Child Placing Agency and Foster Family Home provides Extended Foster Care services*)
Service Package Description	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. 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.		
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements:		

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	• 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 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

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder 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 (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. • 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

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	change in routine. 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 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;

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	psychological and/or psychiatric evaluations; and accessing home and community-based services waiver programs. • 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 CPA's 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) consistent with the specific Service Package, and as outlined in the CPA's Service Plan or Service Plan review, the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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).

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	• 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 for children, youth, and young adults with Intellectual Developmental Disability and/or Autism Spectrum Disorder. • 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

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	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 no longer requires the level of intervention and services inherent in the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package.
Anticipated Length of Service	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. 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.
Staffing Requirements	• 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.

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	• Treatment Director must either: ○ Be 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: ○ Case Management ○ Intake/Placement ○ Staff Training and Workforce Development ○ Registered Nurse ○ Licensed Therapist to oversee service coordination, treatment, and planning for children, youth, and young adults ○ Behavior Support Specialist or Mentor ○ 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 Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). 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

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	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. All Treatment Director and Case Management functions, must be performed by actual employees of the Child Placing Agency.
Generally Appropriate Staff to Child Ratio Based on Service Package	• 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. 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.
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 Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services.

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
Desired Individual Outcome	• Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation's Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Treatment Model, and support the following at a minimum: ○ 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.
Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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 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. • There is a plan to ensure that all services and supports are 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 Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package.

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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 ***in conjunction with each 90-day*** 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 ***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 Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package.

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
Aftercare Services	• 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	**Treatment Services** Emotional Disorders	**Programmatic Services** Respite Child Care	**Special Services** Young Adult Care (*If Child Placing Agency and Foster Family Home provides Extended Foster Care services*)
Service Package Description	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. In addition to the DSM-5 diagnosis for an emotional disorder, the child may demonstrate two or more of the following: • 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. The T3C Treatment Foster Family Care Support Services Package is designed to offer community-based, Time-Limited, concentrated		

Service Package Name	T3C Treatment Foster Family Care Support Services
	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. These services were designed to adhere to the model codified in the Texas Family Code Sec. 264.1073 and included in the Texas Administrative Code Rule §700.1335. Children, youth, and young adults receiving the T3C Treatment Foster Family Care Support Services Package require the highest level of clinical intervention offered in a family setting to perform day-to-day activities. Due to the intensity of services offered, a foster home offering the Treatment Foster Family Care Support Services Package may have ***no more than two children*** in foster care placed in the home at the same time. The only exceptions, in line with Texas Administrative Code §700.1335(e), are through the waiver process administered and granted by DFPS State Office Placement Division, or during the provision of temporary respite for another Treatment Foster Family Care home under Texas Administrative Code §700.1335(c).
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • Child Placing Agency must ensure that child receives regular and frequent individual, family, and group therapy, as well as wraparound services (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 a DSM-5 diagnosis for serious mental, emotional, and/or behavioral disorder(s), unless the Service Planning team determines a

Service Package Name	T3C Treatment Foster Family Care Support Services
	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 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.

Service Package Name	T3C Treatment Foster Family Care Support Services
	• 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 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. • 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.

Service Package Name	T3C Treatment Foster Family Care Support Services
	• 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. • 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 CPA's 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) consistent with the specific Service Package, and as outlined in the CPA's Service Plan or Service Plan review, the Child

Service Package Name	T3C Treatment Foster Family Care Support Services
	Placing Agency must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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). • 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 Package Name	T3C Treatment Foster Family Care Support Services
	Service Plan and in Aftercare Service documentation (if appropriate) in the child's case record maintained by the Child Placing Agency.
Anticipated Length of Service	Length of service is individualized and based on the Child Placing Agency's Treatment Model for providing the T3C Treatment Foster Family Care 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, which must be requested and approved by DFPS State Office Placement Division per CPS Policy. An individual child cannot be served under the T3C Treatment Foster Family Care Support Services Package for more than 365 days. 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.
Staffing Requirements	• 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: ○ Be a psychiatrist or psychologist; or

Service Package Name	T3C Treatment Foster Family Care Support Services
	○ 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 emotional disorder, including one year in a residential setting. • Identified personnel and infrastructure to support the following: ○ Case Management ○ Intake/Placement ○ Staff Training and Workforce Development ○ Licensed Therapist to oversee treatment and service planning for children, youth, and young adults ○ Behavior Support Specialist or Mentor ○ 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 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 receiving T3C Treatment Foster Family Care Support Services maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). 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

Service Package Name	T3C Treatment Foster Family Care Support Services
	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. All Treatment Director and Case Management functions must be performed by actual employees of the Child Placing Agency.
Generally Appropriate Staff to Child Ratio Based on Service Package	• 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. 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.
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 T3C Treatment Foster Family Care Support Services Package.
Desired Individual Outcome	• 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:

Service Package Name	T3C Treatment Foster Family Care Support Services
	○ 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.
Admission Guidelines	In addition to, and/or consistent with Statutory, TAC Rule, and Minimum Standards Requirements: • 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 T3C Treatment Foster Family Care Support Services Package.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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.

Service Package Name	T3C Treatment Foster Family Care Support Services
	• A less-restrictive placement type/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 Child Placing Agency's ***Program Director, and the Treatment Director*** responsible for the T3C Treatment Foster Family Care 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 or the Mental & Behavioral Health Support 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 T3C Treatment Foster Family Care Support Services Package. ***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.***
Aftercare Services	• 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

Service Package Name	T3C Treatment Foster Family Care Support Services
	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 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.



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

Add-On Service Name	Transition Support Services for Youth & Young Adults		
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 (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.)*
Add-On Service Description	***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 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.		
Add-On Service Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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		

Add-On Service Name	Transition Support Services for Youth & Young Adults
	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 based on the Child Placing Agency's Continuous Quality Improvement process. • 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: ○ 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),

Add-On Service Name	Transition Support Services for Youth & Young Adults
	○ 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: ○ 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 plan for sibling contact and visits during and after transition from care. ○ Approach and individualized plan for obtaining behavioral health, medical, dental, vision, and pharmacy services during and after transition from care. ○ Plan for continued education, vocational training, and/or employment while in foster care, and during and after transition from care. ○ Plan for obtaining a driver's license (including needed driver's education training and auto insurance) or state ID card (if appropriate) and as directed by the youth or young adult. ○ Opportunities to support Normalcy (as directed by youth and young adult and based on their individual areas of interest.) Examples may include having a part-time job,

Add-On Service Name	Transition Support Services for Youth & Young Adults
	driving, participating in a fine arts program or sports team, volunteering, participating in clubs, organizations, or faith communities, communicating with family and peers via a cell phone, etc. ***Funding to support the listed Normalcy activities has been included in the daily rate for this Add-On Service.***
Staffing Requirements	• Child Placing Agency must have ***dedicated*** Transitional Support/Mentor staff and infrastructure to support youth and young adults while receiving the Transition Support Services for Youth & Young Adults Add-On Service. • Child Placing Agency Aftercare Transitional Support/Mentor Staff.
Generally Appropriate Staff to Youth or Young Adult Ratio Based on Add-On Service	• 1 Child Placing Agency Transitional Support/Mentor staff for every 20 youth and young adults receiving the Transition Support Services for Youth & Young Adults Add-On Service. • 1 Child Placing Agency Aftercare Transitional Support/Mentor Staff for every 20 youth and young adults receiving the Transition Support Services for Youth & Young Adults Add-On Service. Staff to youth and young adult ratio may vary based on operation's Transition Support program and dependent on the complexity of the caseload.
Desired Individual Outcome	• 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: ○ 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

Add-On Service Name	Transition Support Services for Youth & Young Adults
	(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.
Aftercare Services	• 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 Agency Transitional Support/Mentor Staff person assigned to the youth or young adult upon discharge. • 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

Add-On Service Name	Transition Support Services for Youth & Young Adults
	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	**Treatment Services** None Required	**Programmatic Services** None Required	**Special Services** None Required
Add-On Service Description	***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.		
Add-On Service Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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
	custom needs of the child, youth, or young adult; the Caregivers, and the physical residence, and be adaptable (including working with the Caregiver on weekends and outside of normal business hours) to support and sustain a safe verified Kinship foster home placement. The Kinship Caregiver Support Services Add-On Service should be delivered in conjunction with the child, youth, or young adult's primary Service Package being offered in the verified Kinship Caregiver's Foster Family Home. • The Child Placing Agency should have policy, procedures, and a training plan for staff working with Kinship Caregivers and specific to the Kinship Caregiver Support Services Add-On Service. At a minimum, this must include the approach used to engage and assist Kinship Caregivers through the verification process, as well as provide on-going support and enhanced technical assistance. The Child Placing Agency's approach to delivery of the Kinship Caregiver Support Services Add-On Services must align with the Child Placing Agency's Evidence-informed Treatment Model. • The Child Placing Agency must maintain a ***current*** Logic Model specific to the provision of the Kinship Caregiver Support Services Add-On Service, which is modified over time based on the Child Placing Agency's Continuous Quality Improvement process. • Child Placing Agency must have staff available 24 hours a day/7 days a week to provide immediate response to Kinship Foster Family Home Caregivers.
Staffing Requirements	• Child Placing Agency must have ***dedicated*** Kinship Caregiver Home Support staff and infrastructure • Aftercare Kinship Support Staff and infrastructure Depending on the size of the Child Placing Agency, the dedicated Aftercare Kinship Support Staff may serve more than one function within the operation.

Add-On Service Name	Kinship Caregiver Support Services
Generally Appropriate Staff to Kinship Foster Family Home Ratio Based on Add-On Service	• 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. Staff to Home ratio may vary based on operation's experience working with Kinship Caregivers and dependent on the complexity of the caseload.
Desired Individual Outcome	• 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: ○ 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.

Add-On Service Name	Kinship Caregiver Support Services
Aftercare Services	• The Kinship Caregiver Support Services Add-On Service requires the planning and provision of Aftercare Services. • 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). The Aftercare Services plan must include 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.

Add-On Service Name	Kinship Caregiver Support Services

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 (*If Child Placing Agency and Foster Family Home provides Extended Foster Care services*)
Add-On Service Description	***In addition to the youth or young adult's primary Service Package*** 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. Child Placing Agencies, and the Credentialed foster home, must be able to serve the youth throughout the		

Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services
	entirety of their pregnancy and, following the birth of the child, until the youth reaches the maximum age authorized under the agency's permit. Funding to support the Pregnant & Parenting Youth or Young Adult Support Services Add-On is designed to cover all needs of the Pregnant & Parenting Youth or Young Adult as detailed below. 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 will be covered by the Foster Care Maintenance Payments for Children of Youth and Young Adults in Foster Care. 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.
Add-On Service Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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.

Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services
	• 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 minimum must address how the youth will receive information and support related to the following areas: ○ 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. • 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.

Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services
	• 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: ○ 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) Prevention and Early Intervention Program, day care (if applicable), as well as all other state, federal, and community benefits for which the parent or 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. The Child Placing Agency and Foster Family Home Caregiver will assist the youth or young adult with completing all forms and referrals as needed. ***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 Child Placing Agency must have clear policy and procedures, and the Foster Family Home Caregiver must be trained on continued/on-going methods for engaging the minor parent in services and document all efforts.***
Staffing Requirements	• Child Placing Agency must have ***dedicated*** Parenting Support/Mentor staff and infrastructure to support youth and young adults receiving the Pregnant & Parenting Youth or Young Adult Support Add-On Service. • Child Placing Agency Aftercare Pregnant & Parenting Support Staff

Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services
	Depending on the size of the Child Placing Agency, the dedicated Aftercare Pregnant & Parenting Support Staff may serve more than one function within the operation.
Generally Appropriate Staff to Youth or Young Adult Ratio Based on Add-On Service	• 1 Child Placing Agency Parenting Support/Mentor staff for every 20 youth and young adults receiving the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service. • 1 Child Placing Agency Aftercare Pregnant & Parenting Support Staff for every 20 youth and young adults receiving the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service. Staff to youth and young adult ratio may vary based on operation's Transition Support program and dependent on the complexity of the caseload.
Desired Individual Outcome	• 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: ○ 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.
Aftercare Services	• The Pregnant & Parenting Youth or Young Adult Support Services Add-On Service requires the planning and provision of Aftercare

Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services
	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 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. • 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 ***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.***

Service Package Name	Tier I: T3C Basic Child Care Operation		
Permit Services	**<u>Treatment Services</u>** None Required	**<u>Programmatic Services</u>** Transitional Living *(If offering Service Package to youth 14 and older)*	**<u>Special Services</u>** Young Adult Care (*If General Residential Operation provides Extended Foster Care services*)
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 Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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		

Service Package Name	Tier I: T3C Basic Child Care Operation
	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. • 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.

Service Package Name	Tier I: T3C Basic Child Care Operation
	• 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, recreation, and documentation/record keeping of services in accordance with the Service Plan. • The General Residential Operation 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 Tier I: T3C Basic Child Care Operation 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, 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 GRO 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

Service Package Name	Tier I: T3C Basic Child Care Operation
	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) consistent with the specific Service Package, and as outlined in the GRO's Service Plan or Service Plan review, the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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 or cottage home is made accessible to teachers and other school staff as appropriate, if home-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, 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

Service Package Name	Tier I: T3C Basic Child Care Operation
	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 awake night Direct Delivery Caregiver staff for 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: T3C Basic Child Care Operation 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: T3C Basic Child Care Operation Service Package to youth 14 years of age and older: ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living

Service Package Name	Tier I: T3C Basic Child Care Operation
	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: T3C Basic Child Care Operation 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/ case 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: ▪ 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

Service Package Name	Tier I: T3C Basic Child Care Operation
	▪ 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	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. 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: T3C Basic Child Care Operation Service Package.
Staffing Requirements	• 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

Service Package Name	Tier I: T3C Basic Child Care Operation
	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: ○ 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 emotional disorder, including one year in a residential setting. • Identified personnel and infrastructure to support the following: ○ 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).

Service Package Name	Tier I: T3C Basic Child Care Operation
	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. All Treatment Director, Direct Delivery Caregiver and/or Cottage Parent, and Case Management functions must be performed by actual employees of the operation.
Generally Appropriate Staff to Child Ratio Based on Service Package	• 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. 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. 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,

Service Package Name	Tier I: T3C Basic Child Care Operation
	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.
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 I: T3C Basic Child Care Operation Service Package.
Desired Individual Outcome	• 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: ○ 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	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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.

Service Package Name	Tier I: T3C Basic Child Care Operation
	• The General Residential Operation is Credentialed to provide the Tier I: T3C Basic Child Care Operation Service Package.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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. • 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 six-month*** 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.

Service Package Name	Tier I: T3C Basic Child Care Operation
	• The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: T3C Basic Child Care Operation Service Package.

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting		
Setting	Facility-Based Setting		
Permit Type	General Residential Operation- Basic General Residential Operation- Multiple Services ***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.***		
Permit Services	**<u>Treatment Services</u>** None Required	**<u>Programmatic Services</u>** Transitional Living	**<u>Special Services</u>** Young Adult Care (*If General Residential Operation provides Extended Foster Care services*)
Service Package Description	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). General Residential Operations must be able to serve the youth throughout the entirety of their pregnancy and, following the birth of the child, until the youth reaches the maximum age authorized under the operation's permit or the youth requires a different Service Package. 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		

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal. The Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package only applies in cases where DFPS ***does not*** have conservatorship of the child(ren) that is living with and for whom 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 facility*** with his or her minor parent who is actively working towards family reunification as the permanency goal.
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • The General Residential Operation must ensure that the youth or young adult 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 youth or young adult'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 serving youth and young adults that are pregnant and/or parenting, 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 youth or young adult's needs and permanency plan, but a Service Plan review must occur once every 60 days. As informed by the youth or young adult, and in collaboration with the Service

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	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 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: o Prenatal care (if applicable); o Caring for a newborn-toddler, including safe sleeping arrangements; o Suggestions for childproofing potentially dangerous settings in a home; o Child development and methods to cope with challenging behaviors; o Selection of appropriate substitute caregivers; o A child's early brain development, including the importance of meeting an infant's developmental needs by providing positive experiences and avoiding adverse experiences; o The importance of parental involvement in a child's life and methods for coparenting; o The benefits of reading, singing, and talking to young children; o The importance of prenatal and postpartum care for both the mother and infant, including the impact of and signs of perinatal mood disorders; o Infant nutrition; and

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	○ Healthy Relationships, including the prevention of intimate partner violence. • Additionally, the youth or young adult's Service Plan should address the following: ○ Wellness and self-care; ○ Medical and nutritional support; ○ Therapy; ○ Education and Vocational planning; and ○ Employment readiness. • 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 and designed to meet the needs of the pregnant and parenting population. 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. 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 youth or young adult'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. 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, including Direct Delivery Caregivers. 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 I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	• 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 youth/young adult-level outcome tracking processes. The provider must have the ability to track Tier I: 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. • 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. ***It should be noted that individual services are voluntary, and the***

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	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. • 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 GRO's 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) consistent with the specific Service Package, and as outlined in the GRO's Service Plan or Service Plan review, the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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

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	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). • 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

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	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 awake night Direct Delivery Caregiver staff for 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: 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: ○ 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.

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	○ 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: ▪ 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. • In addition to maintaining the necessary Credential to provide the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package, the General Residential Operation must be Credentialed to provide the Tier I: T3C Basic Child Care Operation Service Package. This will allow for circumstances when the biological child of the youth or young adult is in DFPS conservatorship, but is placed in the same facility with the minor parent who is actively working towards family reunification as the permanency goal, as the biological child will require their own Selected Service Package, which would be the Tier I: T3C Basic Child Care Operation Service Package

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
Anticipated Length of Service	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. 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.
Staffing Requirements	• Full-time Licensed Child Care Administrator dedicated to 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: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting 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 whose responsibilities include supervision of Licensed Therapists on staff. • The Treatment Director must: ○ 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

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	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. • Identified personnel and infrastructure to support the following: ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Therapist to oversee clinical and medical treatment planning, skill-building, coaching, and other service planning for youth or young adults and their child(ren) (if applicable) ○ 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). 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

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	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. All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.
Generally Appropriate Staff to Youth or Young Adult Ratio Based on Service Package	• 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. • 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.

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	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. 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.
Hours of Operation	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 Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package.
Desired Individual Outcome	• 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: ○ 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.

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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, as well as the child/ children's (as applicable), 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. • 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. General Residential Operations must be able to serve the youth throughout the entirety of their pregnancy and, following the birth of the child, until the youth reaches the maximum age authorized under the operation's permit or the youth requires a different Service Package.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	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 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: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package.
Aftercare Services	• 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.

Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	• 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 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 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.

Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition		
Setting	Facility-Based Setting		
Permit Type	General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center ***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.***		
Permit Services	**Treatment Services** Emotional Disorders	**Programmatic Services** Transitional Living *(If offering Service Package to youth 14 and older)*	**Special Services** Young Adult Care (*If General Residential Operation provides Extended Foster Care services*)
Service Package Description	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: • 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*** • ***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.***		

Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	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): • 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. 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.
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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
	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: 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
	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 I: Sexual Aggression/Sex Offender 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, 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'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 I: Sexual Aggression/Sex Offender Treatment Services to Support

Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	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. • 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 GRO's 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

Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	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) consistent with the specific Service Package, and as outlined in the GRO's Service Plan or Service Plan review, the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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

Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	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 awake night Direct Delivery Caregiver staff for 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: ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living

Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	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: 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: ▪ 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

Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
Anticipated Length of Service	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. 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.
Staffing Requirements	• 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.

Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	• The Treatment Director must: ○ 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. • Identified personnel and infrastructure to support the following: ○ 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).

Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	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. All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.
Generally Appropriate Staff to Youth or Young Adult Ratio Based on Service Package	• 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.

Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	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. The daily reimbursement rate for the Tier I: Sexual Aggression/Sex Offender 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.
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 I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package.
Desired Individual Outcome	• The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation's Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package Treatment Model, and support the following at a minimum: ○ 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).

Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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 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.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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

Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	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 safety and supervision 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 ***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	• The Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package requires the planning and provision of Aftercare Services.

Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	• 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 I: Substance Use Treatment Services to Support Community Transition		
Setting	Facility-Based Setting		
Permit Type	General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center ***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.***		
Permit Services	**<u>Treatment Services</u>** Emotional Disorders	**<u>Programmatic Services</u>** Transitional Living *(If offering Service Package to youth 14 and older)*	**<u>Special Services</u>** Young Adult Care (*If General Residential Operation provides Extended Foster Care services*)
Service Package Description	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 or who are pending a DSM-5 diagnosis for a substance related and/or addictive disorder causing severe impairment, and who require structured and frequent, on-site, clinical intervention, and complex care coordination and case management to support and manage day-to-day activities. The Tier I: Substance Use 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.		

Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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
	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: Substance Use 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 Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC) is always available via 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: Substance Use 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 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

Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	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: 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 GRO's 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

Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	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) consistent with the specific Service Package, and as outlined in the GRO's Service Plan or Service Plan review, the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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

Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	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 awake night Direct Delivery Caregiver staff for 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

Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	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: Substance Use Treatment Services to Support Community Transition Service Package to youth 14 years of age and older: ○ 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: Substance Use 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: ▪ 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;

Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	▪ 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	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. 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.
Staffing Requirements	• 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.

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	• 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 LCDC and/or QCC therapists on staff. • The Treatment Director must: ○ 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: ○ 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,

Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	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 Treatment Services to Support Community Transition maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). 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. All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.
Generally Appropriate Staff to Child Ratio Based on Service Package	• 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.

Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	• 1 Aftercare Case Manager for every 20 children being provided the Tier I: Substance Use Treatment Services to Support Community Transition Service Package. 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. 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.
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 I: Substance Use Treatment Services to Support Community Transition Service Package.
Desired Individual Outcome	• 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: ○ 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).

Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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 ***in conjunction with each 60-day*** Service Plan review, the General

Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	Residential Operation's ***Program Director, and the Treatment 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. • 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.
Aftercare Services	• 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,

Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	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. • 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.



Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services		
Setting	Facility-Based Setting		
Permit Type	General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center ***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.***		
Permit Services	**<u>Treatment Services</u>** Emotional Disorders	**<u>Programmatic Services</u>** Emergency Care Assessment Services Transitional Living *(If offering Service Package to youth 14 and older)*	**<u>Special Services</u>** Young Adult Care (*If General Residential Operation provides Extended Foster Care services*)
Service Package Description	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 emotional support and assessment program that specializes in providing Time-limited Services to support the custom needs of children, youth, and young adults who present as: • New to care, or transitioning from an unpaid placement, with suspected but unconfirmed, or confirmed behavioral health need(s); ***or*** • Transitioning after a stay in a psychiatric hospital; ***or*** • Returning to foster care after an unauthorized absence, or unauthorized placement, with a suspected but unconfirmed, or confirmed behavioral health need(s); ***or***		

Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	• 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. 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. 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. 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.
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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
	services under a contract or another form of written agreement with the operation. • 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 credentialled 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
	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. • 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
	• 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: 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 ***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 child welfare systems specific to children, youth, and young adults

Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	that qualify for the Tier I: Emergency Emotional Support & Assessment Center Services 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 education and juvenile justice systems, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the GRO's 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) consistent with the specific Service Package, and as outlined in the GRO's Service Plan or Service Plan review, the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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

Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	(dependent and based on child, youth, or young adult's individual eligibility). • 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 awake night Direct Delivery Caregiver staff for 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: Emergency Emotional Support & Assessment Center Services
	• The Tier I: Emergency Emotional Support & Assessment Center Services 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: Emergency Emotional Support & Assessment Center Services Package to youth 14 years of age and older: ○ 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: ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events;

Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	▪ 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	Length of service is Time-Limited: maximum stay is 30 days if the child is age 5 or under, or 90 days if the child is over the age of 5. Please note that children age 5 and younger should only receive this Service Package if it accommodates placement with members of their sibling group. Although the maximum Length of Service guidelines are established for this Service Package, the General Residential Operation's policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier I: Emergency Emotional Support & Assessment Center Services Package.
Staffing Requirements	• 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, if approved by HHSC-Child Care Regulation Division, serve as the Licensed Child Care Administrator for the

Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier I: Emergency Emotional Support & Assessment Center Services 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 Licensed Therapists on staff. • The Treatment Director must: ○ 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: ○ 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

Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	○ 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 need of Tier I: Emergency Emotional Support & Assessment Center Services maximize benefits based on eligibility and meeting medical necessity for the service(s). 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. All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.
Generally Appropriate Staff to Child Ratio Based on Service Package	• 1 General Residential Operations awake daytime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier I: Emergency Emotional Support & Assessment Center Services. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 7 children, youth, or young adults being provided the Tier I: Emergency Emotional Support & Assessment Center Services. • 1 General Residential Operation Case Manager for every 13 children, youth, or young adults being provided the Tier I: Emergency Emotional Support & Assessment Center Services Package.

Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	• 1 Licensed Therapist for every 20 children, youth, or young adults being provided the Tier I: Emergency Emotional Support & Assessment Center Services Package. 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. 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.
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 I: Emergency Emotional Support & Assessment Center Services Package.
Desired Individual Outcome	• 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: ○ 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.

Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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. • 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.
Quality Assurance and Continued Stay Guidelines	• Not Applicable, as this Service Package is Time-limited and intended to be short-term.

Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition		
Setting	Facility-Based Setting		
Permit Type	General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center ***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.***		
Permit Services	**<u>Treatment Services</u>** Primary Medical Needs	**<u>Programmatic Services</u>** Transitional Living (*If offering Service Package to youth 14 and older)*	**<u>Special Services</u>** Physically Challenged Young Adult Care (*If General Residential Operation provides Extended Foster Care services*)
Service Package Description	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. 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		

Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	without mechanical supports or the services of others because of life threatening conditions, which may include: • 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. 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.
Service Package Expectations	In addition to, and or/consistent with Statutory and Minimum Standards Requirements: • 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
	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. • 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
	Needs Treatment to Support Community Transition Service Package, which is modified over time based on the operation's Continuous Quality Improvement process. • 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 ***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: 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
	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. • 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 GRO's 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
	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) consistent with the specific Service Package, and as outlined in the GRO's Service Plan or Service Plan review, the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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). • 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

Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	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 awake night Direct Delivery Caregiver staff for 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.

Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	• The following requirements apply to General Residential Operations offering the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package to youth 14 years of age and older: ○ 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: ▪ 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;

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	▪ 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, if safe and appropriate.
Anticipated Length of Service	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. 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.
Staffing Requirements	• 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, ***if approved by HHSC-Child Care Regulation Division***, serve as the Licensed Child Care Administrator for the

Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	operation) that is responsible for the overall administration, operations, and management of services, including those inherent in Tier I: Complex Medical Needs Treatment Services to Support Community Transition. • 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 Licensed Therapists on staff. • The Treatment Director must be a physician or a licensed Registered Nurse. • Identified personnel and infrastructure to support the following: ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Registered Nurse ○ Driver ○ Licensed Therapist, with experience in providing and/or coordinating specialized therapy services for individuals with complex medical needs 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: Complex Medical Needs Treatment Services to Support Community Transition maximize benefits based on eligibility and meeting medical necessity criteria for service(s).

Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	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 Evidence-informed Treatment Model. 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.
Generally Appropriate Staff to Child Ratio Based on Service Package	• 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. 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.

Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	The daily reimbursement rate for the Tier I: Complex Medical Needs 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.
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: Complex Medical Needs Treatment Services to Support Community Transition.
Desired Individual Outcome	• The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation's Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package Treatment Model, and support the following at a minimum: ○ 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	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • Placement type and Service Package aligns with the child's needs and strengths as demonstrated through the CANS 3.0 Assessment

Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	(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 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.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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 ***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: Complex Medical Needs Treatment Services to Support Community Transition Service Package, must review the child's goals and services to ensure they

Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	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: Complex Medical Needs Treatment Services to Support Community Transition Service Package.
Aftercare Services	• 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
	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: Mental & Behavioral Health Treatment Services to Support Community Transition		
Setting	Facility-Based Setting		
Permit Type	General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center ***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.***		
Permit Services	**<u>Treatment Services</u>** Emotional Disorders	**<u>Programmatic Services</u>** Transitional Living *(If offering Service Package to youth 14 and older)*	**<u>Special Services</u>** Young Adult Care (*If General Residential Operation provides Extended Foster Care services*)
Service Package Description	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 or who are pending a DSM-5 diagnosis for an emotional, conduct, or behavioral disorder, and require structured and frequent, on-site therapy and clinical intervention, and complex care coordination and case management services to support and manage day-to-day activities. In addition to the DSM-5 diagnosis, the child may demonstrate two or more of the following: • 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		

Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	• An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment. 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.
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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
	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: 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
	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 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
	child welfare systems specific to children, youth, and young adults that qualify for the Tier I: Mental & Behavioral Health 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 GRO's 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) consistent with the specific Service Package, and as outlined in the GRO's Service Plan or Service Plan review, the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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

Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	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 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.

Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	• The General Residential Operation must have awake night Direct Delivery Caregiver staff for 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: Mental & Behavioral Health 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: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package to youth 14 years of age and older: ○ 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: Mental & Behavioral Health 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

Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult: ▪ 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	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. 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 &

Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	Behavioral Health Treatment Services to Support Community Transition Service Package.
Staffing Requirements	• 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 Tier I: Mental & Behavioral Health 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 Licensed Therapists on staff. • The Treatment Director must: ○ 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. • Identified personnel and infrastructure to support the following: ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver

Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	○ Licensed Therapist, that specializes in treating children with DSM-5 diagnoses for emotional disorders to oversee treatment and Service Planning for children, youth, and young adults ○ 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). 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 Evidence-informed Treatment Model. All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.
Generally Appropriate	• 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 5 children, youth, or young adults being

Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
Staff to Child Ratio Based on Service Package	provided the Tier I: Mental & Behavioral Health 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: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation Case Manager for every 14 children, youth, or young adults being provided the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package. • 1 Behavior Support Specialist/Mentor for every 20 children being provided the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package. • 1 Licensed Therapist for every 10 children being provided the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package. • 1 Aftercare Case Manager for every 20 children being provided the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package. 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. The daily reimbursement rate for the Tier I: Mental & Behavioral Health 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.

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	• 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: ○ 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	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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.

Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	• The General Residential Operation is Credentialed to provide the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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 ***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: Mental & Behavioral Health 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

Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	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: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package.
Aftercare Services	• 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.

Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition		
Setting	Facility-Based Setting		
Permit Type	General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center ***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.***		
Permit Services	**<u>Treatment Services</u>** Intellectual or Developmental Disability Autism Spectrum Disorder Emotional Disorders	**<u>Programmatic Services</u>** Transitional Living (*If offering Service Package to youth 14 and older)*	**<u>Special Services</u>** Young Adult Care (*If General Residential Operation provides Extended Foster Care services*)
Service Package Description	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 and coordinating Time-limited Services to support the custom needs of children, youth, and young adults who may present with or who are pending a DSM-5 diagnosis of Intellectual or Developmental Disability (IDD) and/or Autism Spectrum Disorder, and who require structured and frequent, on-site therapy and clinical intervention, and complex care coordination and case management services to support and manage day-to-day activities. In addition, for children with a ***DSM-5 diagnosis for Intellectual or Developmental Disability, and/or a DSM-5 diagnosis for Autism Spectrum***		

Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	Disorder, the child's behavior may be characterized by prominent, severe deficits and pervasive impairment in one or more of the following areas: • 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. 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.
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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 services are Medicaid-covered services, therapy providers must be

Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	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 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 adults requiring Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support

Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	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. • 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 ***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

Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	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, 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

Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	specific services determined to be necessary as a part of the GRO's 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) consistent with the specific Service Package, and as outlined in the GRO's Service Plan or Service Plan review, the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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). • 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.

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	• 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 awake night Direct Delivery Caregiver staff for 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: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package includes requirements to support

Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	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: ○ 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 functioning***, includes, but is not limited to, ensuring that the youth or young adult: ▪ Completes the Casey Life Skills Assessments;

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	▪ 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	The Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder 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: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder 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. 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: Intellectual or

Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package.
Staffing Requirements	• 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: ○ 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: ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Behavior Support Specialist/ Mentor ○ Registered Nurse ○ Driver ○ Licensed Therapist, that specializes in care for children with DSM-5 diagnoses of Intellectual or Developmental Disability

Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	and/or Autism Spectrum Disorder, 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: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). 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. All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.
Generally Appropriate Staff to Child Ratio Based on	• 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 4 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.

Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder 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: 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. 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. 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 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

Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.
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: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition.
Desired Individual Outcome	• The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation's Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package Treatment Model, and support the following at a minimum: ○ 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	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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 I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	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.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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 ***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: 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 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

Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	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: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package.
Aftercare Services	• 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 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

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	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: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition		
Setting	Facility-Based Setting		
Permit Type	General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center ***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.***		
Permit Services	**<u>Treatment Services</u>** Emotional Disorders	**<u>Programmatic Services</u>** Transitional Living *(If offering Service Package to youth 14 and older)*	**<u>Special Services</u>** Human Trafficking Services Young Adult Care (*If General Residential Operation provides Extended Foster Care services*)
Service Package Description	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 have been determined to be a victim/survivor of sex and/or labor trafficking, and require structured and frequent, on-site, clinical intervention require structured and frequent, on-site therapy and clinical intervention, and complex care coordination and case management services to support and manage day-to-day activities. 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:		

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	• 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: ○ 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. 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.
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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 enhanced training in all forms of sex and labor trafficking, that specializes in treating complex trauma with experience in, and/or

Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	specialization in, treating children that require this Service Package, 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: 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 with enhanced training in all forms of sex and labor trafficking, that

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	specializes in treating complex trauma with experience in, and/or specialization in, treating children that require this Service Package, 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 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,

Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	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 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 GRO's 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

Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	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) consistent with the specific Service Package, and as outlined in the GRO's Service Plan or Service Plan review, the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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.

Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	• 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 awake night Direct Delivery Caregiver staff for 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:

Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	○ 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: 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: ▪ 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

Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	▪ 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	The Tier I: Human Trafficking Victim/Survivor 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: Human Trafficking Victim/Survivor 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. 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: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package.
Staffing Requirements	• 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: Human Trafficking Victim/Survivor 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: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	• The General Residential Operation must have a Treatment Director whose responsibilities include supervision of the Licensed Therapists on staff. • The Treatment Director must: ○ 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 for trafficking victims or 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 trafficking victims or children with an emotional disorder, including one year in a residential setting. • Identified personnel and infrastructure to support the following: ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Behavior Support Specialist/Mentor ○ Driver ○ Licensed Therapist, with enhanced training in all forms of sex and labor trafficking, that specializes in treating complex trauma with experience in, and/or specialization in, treating children that require this Service Package, 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,

Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	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). 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. All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.
Generally Appropriate Staff to Child Ratio Based on Service Package	• 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 4 children, youth, or young adults being provided the Tier I: Human Trafficking Victim/Survivor 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: Human Trafficking Victim/Survivor 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: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package. • 1 Behavior Support Specialist for every 8 children being provided the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package • 1 Licensed Therapist for every 10 children being provided the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package.

Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	• 1 Aftercare Case Manager for every 20 children being provided the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package. 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. 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.
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: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition.
Desired Individual Outcome	• 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: ○ Child Safety, ○ Child's Permanency Goal, and ○ Child's Well-Being.

Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	• 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	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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.

Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	• 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: Human Trafficking Victim/Survivor 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: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package.
Aftercare Services	• 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.

Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	• 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.



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.

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization		
Setting	Facility-Based Setting		
Permit Type	General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center ***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.***		
Permit Services	**<u>Treatment Services</u>** Emotional Disorder	**<u>Programmatic Services</u>** Transitional Living *(If offering Service Package to youth 14 and older)*	**<u>Special Services</u>** Young Adult Care (*If General Residential Operation provides Extended Foster Care services*)
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 may present with one or more of the following: • On-going, socially, and developmentally inappropriate displays of sexualized behavior; or		

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	• Sexually aggressive behavior; or • DSM-5 diagnosis of a sexual behavior disorder; or • Adjudication as a sex offender; ***and*** • ***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.*** 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): • 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. 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. 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.

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • The General Residential Operation must be accredited by one of the following not-for-profit, accrediting bodies: ○ 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 occur once at least every 30 days. As informed by the child,

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	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: 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. • The General Residential Operation must ensure that ***a Registered Nurse is on-site during regular business hours, and***

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	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 were admitted, the average Length of Service, based on the time from admission to discharge.

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	• 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, and any other county, community, or state agency. Requests for specific services determined to be necessary as a part of the

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	GRO's 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) consistent with the specific Service Package, and as outlined in the GRO's Service Plan or Service Plan review, the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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). • 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
	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, 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 awake night Direct Delivery Caregiver staff for 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
	• 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: ○ 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
	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: ▪ 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	The Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization is Time-limited, and based on the following: • 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. 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

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	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. 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.
Staffing Requirements	• 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: ○ 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

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	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: ○ 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 ○ 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: Sexual Aggression/Sexual Offender Services to Support Stabilization maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). 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.

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.
Generally Appropriate Staff to Child Ratio Based on Service Package	• 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. 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. 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,

Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	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.
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: Sexual Aggression/Sexual Offender Treatment Services to Support Stabilization Service Package.
Desired Individual Outcome	• 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: ○ 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).
Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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
	• 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.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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
	• 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	• 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
	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: Substance Use Services to Support Stabilization		
Setting	Facility-Based Setting		
Permit Type	General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Services ***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.***		
Permit Services	**<u>Treatment Services</u>** Emotional Disorder	**<u>Programmatic Services</u>** Transitional Living *(If offering Service Package to youth 14 and older)*	**<u>Special Services</u>** Young Adult Care (*If General Residential Operation provides Extended Foster Care services*)
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 have or are pending a DSM-5 diagnosis for a substance related and/or addictive disorder with severe impairment. In addition to the DSM-5 diagnoses for a substance related and/or addictive disorder with severe impairment, the child, youth, or young adult may demonstrate one of the following: • 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***		

Service Package Name	Tier II: Substance Use Services to Support Stabilization
	• ***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.*** 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. 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.
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • The General Residential Operation must be accredited by one of the following not-for-profit, accrediting bodies: ○ 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

Service Package Name	Tier II: Substance Use Services to Support Stabilization
	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. • 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
	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: 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
	• 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: 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
	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 GRO's 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) consistent with the specific Service Package, and as outlined in the GRO's Service Plan or Service Plan review, the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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). • 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
	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, 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 awake night Direct Delivery Caregiver staff for 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
	• 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: ○ 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
	▪ 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	The Tier II: Substance Use Services to Support Stabilization is Time-limited, and based on the following: • 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. 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.

Service Package Name	Tier II: Substance Use Services to Support Stabilization
	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.
Staffing Requirements	• 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: ○ 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
	○ 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 ○ 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: Substance Use Services to Support Stabilization maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). 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. All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.

Service Package Name	Tier II: Substance Use Services to Support Stabilization
Generally Appropriate Staff to Child Ratio Based on Service Package	• 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. 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. 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.

Service Package Name	Tier II: Substance Use Services to Support Stabilization
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: Substance Use Services to Support Stabilization Service Package.
Desired Individual Outcome	• 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: ○ 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).
Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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.

Service Package Name	Tier II: Substance Use Services to Support Stabilization
	• 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.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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: 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. ***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

Service Package Name	Tier II: Substance Use Services to Support Stabilization
	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: Substance Use Services to Support Stabilization Service Package.
Aftercare Services	• 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		
Setting	Facility-Based Setting		
Permit Type	General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center ***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.***		
Permit Services	**<u>Treatment Services</u>** Emotional Disorder	**<u>Programmatic Services</u>** Transitional Living *(If offering Service Package to youth 14 and older)*	**<u>Special Services</u>** Young Adult Care (*If General Residential Operation provides Extended Foster Care services*)
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 may present with or are pending a DSM-5 diagnosis of Oppositional Defiant Disorder or other Conduct Disorder, and may present with two or more of the following: • 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***		

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	• 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*** • ***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.*** 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. 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.
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • The General Residential Operation must be accredited by one of the following not-for-profit, accrediting bodies: ○ 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

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

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	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. • 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. • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	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: 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 manner that not only keeps the child safe but mitigates any risk to other children in the facility and/or community.

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	• 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 GRO's 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) consistent with the specific Service Package, and as outlined in the GRO's Service Plan or Service Plan review, the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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
	• 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 awake night Direct Delivery Caregiver staff for 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
	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: 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: ○ 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
	experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult: ▪ 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	The Tier II: Aggression/Defiant Disorder Services to Support Stabilization is Time-limited, and based on the following: • 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. 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: Aggression/Defiant Disorder Services to Support Stabilization Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult's

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	CANS 3.0 Assessment and their ability to make progress towards emotional and behavioral stability in accordance with the Service Plan. 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.
Staffing Requirements	• 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: ○ 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
	• Identified personnel and infrastructure to support the following: ○ 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). 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. All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
Generally Appropriate Staff to Child Ratio Based on Service Package	• 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. 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. 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.

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
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: Aggression/Defiant Disorder Services to Support Stabilization Service Package.
Desired Individual Outcome	• The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation's Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package Treatment Model, and support the following at a minimum: ○ 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).
Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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.

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	• 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.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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
	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: Aggression/Defiant Disorder Services to Support Stabilization Service Package.
Aftercare Services	• 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 ***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.***		
Permit Services	**<u>Treatment Services</u>** Emotional Disorder Intellectual or Development Disability Autism Spectrum Disorder	**<u>Programmatic Services</u>** Transitional Living *(If offering Service Package to youth 14 and older)*	**<u>Special Services</u>** Young Adult Care (*If General Residential Operation provides Extended Foster Care services*)
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: • 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
	• 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 ***Intellectual or Developmental Disability or Autism Spectrum Disorder***, 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): • 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*** • ***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.*** 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. 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.

Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • The General Residential Operation must be accredited by one of the following not-for-profit, accrediting bodies: ○ 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 Therapist that specializes in treating children with complex co-occurring DSM-5 diagnosed 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

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	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: 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 ***current*** 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 ***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

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	administration of psychotropic and other medications to children, youth, and young adults receiving Tier II: Complex Mental Health 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 (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 ***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: Complex Mental Health 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.

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	• 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 GRO's 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) consistent with the specific Service Package, and as outlined in the GRO's Service Plan or Service Plan review, the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s) and related supports. • This Service Package requires coordination and participation in school enrollment, including advocating for and ensuring various

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	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). • 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

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	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 awake night Direct Delivery Caregiver staff for 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: o 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. o 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

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	support transition based on age, individual development needs, and in conjunction with the Tier II: Complex Mental Health 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: ▪ 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	The Tier II: Complex Mental Health Services to Support Stabilization is Time-limited, and based on the following: • 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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	• Youth aged 13 and older are eligible for this Service Package for a maximum of 12 consecutive, or 18 non-consecutive months. 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. 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.
Staffing Requirements	• 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: ○ 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

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	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: ○ 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). 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

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	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. All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.
Generally Appropriate Staff to Child Ratio Based on Service Package	• 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. 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. The daily reimbursement rate for the Tier II: Complex Mental Health Services to Support Stabilization Service Package contemplates that, to

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	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.
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: Complex Mental Health Services to Support Stabilization Service Package.
Desired Individual Outcome	• The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation's Tier II: Complex Mental Health Services to Support Stabilization Service Package Treatment Model, and support the following at a minimum: ○ 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).
Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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.

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	• 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.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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: Complex

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	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. • The General Residential Operation continues to maintain the Credential necessary to provide the Tier II: Complex Mental Health Services to Support Stabilization Service Package.
Aftercare Services	• 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

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	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: Complex Medical Services to Support Stabilization		
Setting	Facility-Based Setting		
Permit Type	General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center ***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.***		
Permit Services	**<u>Treatment Services</u>** Primary Medical Needs Emotional Disorders Intellectual or Developmental Disability Autism Spectrum Disorder	**<u>Programmatic Services</u>** Transitional Living (*If offering Service Package to youth 14 and older)*	**<u>Special Services</u>** Physically Challenged Young Adult Care (*If General Residential Operation provides Extended Foster Care services*)
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 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 has a dual DSM-5 diagnosis for an emotional, behavioral, neurological,		

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	and/or developmental disorder(s), that may include one or more of the following: • 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 ***Intellectual or Developmental Disability or Autism Spectrum Disorder***, 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): • 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. 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: • 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. **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**

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	or General Residential Operation- Tier I facility because it is not safe and appropriate based on individualized needs. 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. The Tier II: Complex Medical 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 medical, emotional, and behavioral stability to the level that successful transition to a less restrictive placement offering treatment and recovery services can be achieved.
Service Package Expectations	In addition to, and or/consistent with Statutory and Minimum Standards Requirements: • The General Residential Operation must be accredited by one of the following not-for-profit, accrediting bodies: ○ 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 medical providers/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

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	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. • 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, 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

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	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: 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
	• 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
	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. The General Residential Operation must be skilled in navigating the multiple systems in a manner that not only keeps the child safe but mitigates 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, 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 GRO's 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, 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) consistent with the specific Service Package, and as outlined in the GRO's Service Plan or Service Plan review, the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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

Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	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). • 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 Package Name	Tier II: Complex Medical Services to Support Stabilization
	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 awake night Direct Delivery Caregiver staff for 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: ○ 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 Medical Services to Support Stabilization
	needs, and in conjunction with the Tier II: Complex Medical 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: ▪ 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	The Tier II: Complex Medical Services to Support Stabilization is Time-limited, and based on the following: • 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
	• Youth aged 13 and older are eligible for this Service Package for a maximum of 12 consecutive, or 18 non-consecutive months. 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 Medical 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. 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 Medical Services to Support Stabilization Service Package.
Staffing Requirements	• 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 Medical 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 be a physician or a licensed Registered Nurse. (***Please note that this may vary by the prevalence of population served, for more information please consult with CCR or your local Licensing Representative.)***

Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	• Identified personnel and infrastructure to support the following: ○ 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). 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.

Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	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.
Generally Appropriate Staff to Child Ratio Based on Service Package	• 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. 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. 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

Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	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.
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 II: Complex Medical Needs Services to Support Stabilization Service Package.
Desired Individual Outcome	• 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: ○ 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).
Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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
	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 Medical Services to Support Stabilization Service Package.
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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: 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. ***The Program Director, the Treatment Director, and the Registered***

Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	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: Complex Medical Services to Support Stabilization Service Package.
Aftercare Services	• 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.

Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	• 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: Human Trafficking Victim/Survivor Services to Support Stabilization		
Setting	Facility-Based Setting		
Permit Type	General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center ***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.***		
Permit Services	**<u>Treatment Services</u>** Emotional Disorders Intellectual or Developmental Disability Autism Spectrum Disorder	**<u>Programmatic Services</u>** Transitional Living *(If offering Service Package to youth 14 and older)*	**<u>Special Services</u>** Human Trafficking Services Young Adult Care (*If General Residential Operation provides Extended Foster Care services*)
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 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. 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:		

Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	• 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: ○ 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. 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: • 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 ***Intellectual or Developmental Disability or Autism Spectrum Disorder***, 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):

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	• 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*** • ***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.*** 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. 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.
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • The General Residential Operation must be accredited by one of the following not-for-profit, accrediting bodies: ○ 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
	○ 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, with enhanced training in all forms of sex and labor trafficking, that specializes in treating complex trauma with experience in, and/or specialization in, treating children that require this Service Package, 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 Heath 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

Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	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: 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 ***current*** 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, with enhanced training in all forms of sex and labor trafficking, that specializes in treating complex trauma with experience in, and/or specialization in, treating children that require this Service Package, 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: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package.

Service Package Name	Tier II: Human Trafficking Victim/Survivor 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 ***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
	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 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 GRO's 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

Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	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) consistent with the specific Service Package, and as outlined in the GRO's Service Plan or Service Plan review, the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s) and related supports. • 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). • 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

Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	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 awake night Direct Delivery Caregiver staff for 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

Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	Services to Support Stabilization Service Package to youth 14 years of age and older: ○ 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: ▪ 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

Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	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	The Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization is Time-limited, and based on the following: • 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. 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. 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.
Staffing Requirements	• 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

Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	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. • 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: ○ 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: ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Therapist, with enhanced training in all forms of sex and labor trafficking, that specializes in treating complex trauma with experience in, and/or specialization in, treating children that require this Service Package, to oversee treatment and service planning ○ Registered Nurse ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention

Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	○ 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). 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. All Treatment Director, Direct Delivery Caregiver, and Case Management functions must be performed by actual employees of the operation.
Generally Appropriate Staff to Child Ratio Based on Service Package	• 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
	Trafficking Victim/Survivor Services to Support Stabilization Service Package. • 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. 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. 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.
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.
	• The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation's

Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
Desired Individual Outcome	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package Treatment Model, and support the following at a minimum: ○ 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).
Admission Guidelines	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: • 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
Quality Assurance and Continued Stay Guidelines	Quality Assurance and Continued Stay Guidelines incorporated in the provider's policy and procedures, that include: • 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: 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.

Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	• 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.
Aftercare Services	• 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 Complete
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 Complete
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 Complete
Texas Administrative Code Rule Changes	FY 24-Quarter 1	FY 24- Quarter 4 & on-going
T3C Cost Reports	FY 23-Quarter 4	FY 25-Quarter 1 & on-going
T3C Residential Contracts	FY 24-Quarter 2	FY 25- Quarter 1 Complete
T3C SSCC Contracts	FY 24-Quarter 2	FY 24-Quarter 4 Complete
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

Implementation Deliverable	Timeframe (Signifies Fiscal Year Quarter start of work)	Estimated Completion (signifies Fiscal Year Quarter of completion)
Universal Assessment & Placement Process	FY24- Quarter 2	FY25-Quarter 2 & on-going
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 Complete
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



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.

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
			Specific to the Service Package, describe the program's Treatment Model and how it will be used as the framework/structure for providing care.	☑	
			Explain how the Treatment Model meets children, youth, and young adult's physical, emotional, social, and spiritual well-being custom needs, specific to the Service Package.	☑	
			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.	☑	
			Provide information sufficient to illustrate how the specific Treatment Model meets the requirement that it is "trauma-informed" in serving children, youth, and young adults who have been victims of abuse and neglect.	☑	
			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.	☑	
			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.	☑	
			Ensure the integration (of the Treatment Model) into Policies & Procedures relevant to the specific Service Package.	☑	

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).	☑	
🎯			Provider must submit a Plan, to include timeline, for Staff/Caregiver Training on Treatment Model (annual).	☑	
🎯			Provider must submit a Plan, to include timeline, and methods to ensure Child/youth/young adult education/awareness of Treatment Model.	☑	
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 T3C System Blueprint. The graphic illustration of the Logic Model must demonstrate integration of the Treatment Model in the program.	☑	
🎯			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.	☑	

Plan only @ time of application	In Place on 1st Day Operating under Active Interim Credential	In Place @ time of Application for Interim Credential	New Policies & Procedures	Applies to All Service Packages	Service Package Dependent
			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.)	☑	
			Quality Assurance and Continued Stay Guidelines, as specified in the *T3C System Blueprint* for each Service Package applied for, including all written confirmations.	☑	
			Anticipated length of service (incorporated in Policy and Procedures) specific to the Service Package.	☑	
			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 T*3C System Blueprint.* Procedures should address where and how inclusion of all individuals will be documented by the provider.	☑	
			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.)	☑	
			Provider'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 *T3C System Blueprint*.		☑
			Child Placing Agency's policy and procedures for assessing and Credentialing of Foster Family Homes for Service Package(s) and Add-On Service(s).		☑
			Child Placing Agency submits Plan for re-assessing and Re- Credentialing of Foster Family Homes for Service Package(s) and Add-On Service(s).		☑

Plan only @ time of application	In Place on 1st Day Operating under Active Interim Credential	In Place @ 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 *T3C System Blueprint.*		☑
			Support for transition to adulthood preparation and planning, including training staff.		☑
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**
			In accordance with the *T3C System Blueprint,* 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.	☑	
			Provider submits Plan, to include timeline, for how all Staff and Caregivers will receive the required training.	☑	
			Provider submits Plan, to include timeline, for how Child/youth/young adult prevention education efforts will be achieved and documented 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	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 *T3C System Blueprint.* Plan should address installation and/or customization updates targeted to the specific Service Package(s) and Add-On Service(s).	☑	
			Child Placing Agency's process for how billing/invoicing will be accommodated under current system upon first T3C child placement until IT System is customized to apply correct billing/invoicing for Add-On Service(s) (if applicable) and Foster Parent Pass Through, in addition to specific Service Packages.		☑

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
			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).		☑
			Child Placing Agency's process 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 to apply correct billing/invoicing for primary Service Package and any eligible Add-On Services for both the Foster Parent and Intermittent Alternate Care Provider.		☑
			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.		☑
Plan only @ time of application	**In Place on 1st Day Operating under Active Interim Credential**	**In Place @ 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.		☑

Plan only @ time of application	In Place on 1st Day Operating under Active Interim Credential	In Place @ time of Application for Interim Credential	Staff 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 *T3C System Blueprint* 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.	☑	
			The provider must submit a plan, including a timeline, to present a 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 *T3C System Blueprint*.	☑	
			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.	☑	
			Provider has a ***Licensed Child Placing Agency Administrator/Child Care Administrator*** that is employed by provider and on staff.	☑	
			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.***	☑	

Plan only @ time of application	In Place on 1st Day Operating under Active Interim Credential	In Place @ time of Application for Interim Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
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).	☑	
			If provider ***has selected existing staff***, who meet the qualifications as noted in the *T3C System Blueprint* 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 Management*** position.	☑	
			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 *T3C System Blueprint.*	☑	
			If ***selected Case Management staff*** will be newly hired- the staff are ready to hire, with all completed necessary background checks.	☑	
			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.	☑	
			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.	☑	

Plan only @ time of application	In Place on 1st Day Operating under Active Interim Credential	In Place @ time of Application for Interim Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
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).		☑
			If provider ***has selected existing staff***, who meet the qualifications as noted in the T3C System Blueprint 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.		☑
			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 *T3C System Blueprint*.		☑
			If ***selected Direct Delivery Caregivers*** will be newly hired- the staff are ready to hire, with all completed necessary background checks.		☑
			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.		☑

Plan only @ time of application	In Place on 1st Day Operating under Active Interim Credential	In Place @ time of Application for Interim Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			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.		☑
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).		☑
			If provider ***has selected an existing staff person***, who meets the qualifications as noted in the T3C System Blueprint 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.		☑
			The provider must submit a plan, including a timeline, to present a 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 *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	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			If ***selected Treatment Director*** is a new hire- the staff person is ready to hire, with all completed necessary background checks.		☑
			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.		☑
Staff Training & Workforce Development					
			Provider's proposed organization chart with the ***Staff Training and Workforce Development*** function and its 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 *T3C System Blueprint.*	☑	
			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 T*3C 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	Staff Requirements	Applies to All Service Packages	Service Package Dependent
Staff Training & Workforce Development					
			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 its 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.		
			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 *T3C System Blueprint.*		
			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 *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	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			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.	☑	
Intake/Placement					
			Provider's proposed organization chart with the I***ntake/Placement*** function and its 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 *T3C System Blueprint.*	☑	
			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 *T3C System Blueprint.*	☑	

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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 its 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 *T3C System Blueprint.*		
			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 *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	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			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 its 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.		
			If provider is using existing staff, the provider must identify the staff that is already present that will be responsible for fulling 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 *T3C System Blueprint.*		
			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 *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	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			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.		
Cross-System Coordination					
			Provider's proposed organization chart with the ***Cross-System Coordination*** function and its 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 *T3C System Blueprint.*		
			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 *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	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			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 its 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 *T3C System Blueprint*.		
			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 *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	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			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.		☑
Crisis Management Staff					
			Provider's proposed organization chart with the ***Crisis Management Staff*** function and its 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.		☑
			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 *T3C System Blueprint.*		☑
			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 *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	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			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.		☑
Driver					
			Provider's proposed organization chart with the ***Driver*** function and its 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.		☑
			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 *T3C System Blueprint.*		☑
			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 *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	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			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 its 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.		☑
			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 *T3C System Blueprint.*		☑
			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 *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	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			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.		☑
Aftercare Case Manager					
			Provider's proposed organization chart with the ***Aftercare Case Manager*** function and its 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.		☑
			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 *T3C System Blueprint.*		☑
			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 *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	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			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.		☑
			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 its 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.		☑
			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 *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	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			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 *T3C System Blueprint.*		☑
			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.		☑
			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.		☑
Registerd Nurse(s) That ***must be*** 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 its line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire or current staff.		☑
			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 *T3C System Blueprint.*		☑

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			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 *T3C System Blueprint.*		☑
			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.		☑
			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.		☑
Registered Nurse(s) That ***can be staff or contracted***, and plan for on-call avaiabilty, if applicable to Service Package.					
			Provider's proposed organization chart with the ***Registered Nurse*** function and its 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.		☑

Plan only @ time of application	In Place on 1st Day Operating under Active Interim Credential	In Place @ time of Application for Interim Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			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 *T3C System Blueprint.*		☑
			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 *T3C System Blueprint.*		☑
			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.		☑
			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.		☑

Plan only @ time of application	In Place on 1st Day Operating under Active Interim Credential	In Place @ time of Application for Interim Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
Behavior Support Specialist/Mentor					
			Provider's proposed organization chart with the ***Behavior Support Specialist/Mentor*** function and its 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.		☑
			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 *T3C System Blueprint.*		☑
			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 *T3C System Blueprint.*		☑
			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.		☑

Plan only @ time of application	In Place on 1st Day Operating under Active Interim Credential	In Place @ time of Application for Interim Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			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.		☑
Transitional Support Staff/Mentor That must be dedicated staff member(s)					
			Provider's proposed organization chart with the ***Transitional Support Staff/Mentor*** function and its 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.		☑
			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 *T3C System Blueprint.*		☑
			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 *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	Staff Requirements	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.		☑
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 its 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.		☑
			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 *T3C System Blueprint.*		☑
			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 *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	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			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.		☑
			Regardless if ***Kinship Caregiver Home Support Staff*** 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 ***Kinship Caregiver Home Support Staff*** to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.		☑
Parenting Support Staff/Mentor That must be dedicated staff member(s)					
			Provider's proposed organization chart with the ***Parenting Support Staff/Mentor*** function and its 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.		☑
			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 *T3C System Blueprint*.		☑
			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 *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	Staff Requirements	Applies to All Service Packages	Service Package Dependent
			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.		☑
			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.		☑
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 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.		☑
			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 *T3C System Blueprint*. 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



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)
Provider's policy and procedures specific to the Service Package(s) and Add-On Service(s), to support the program's Aftercare Services as outlined in the *T3C System Blueprint*.	All Service Packages & Add-On Services ***except***: • 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.
Child Placing Agency's policy and procedures for assessing and Credentialing of Foster Family Homes for Service Package(s) and Add-On Service(s).	• All Foster Family Home Support Service Packages.
Child Placing Agency submits Plan for re-assessing and Re-Credentialing of Foster Family Homes for Service Package(s) and Add-On Service(s).	• All Foster Family Home Support Service Packages.
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. Policies 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 *T3C System Blueprint*.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
Support for transition to adulthood preparation and planning, including training staff.	• 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)
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.***	• 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 Victim/Survivor Services to Support Stabilization.
IT System	**Applicable Service Package(s) & Add-On Service(s)**
Child Placing Agency's process for how billing/invoicing will be accommodated under current system upon first T3C child placement until IT System is customized to apply correct billing/invoicing for Add-On Service(s) (is applicable) and Foster Parent Pass Through, in addition to specific Service Packages.	• All 3 Foster Family Home Add-On Services.
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).	• All 3 Foster Family Home Add-On Services.
Child Placing Agency's process 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 to apply correct billing/invoicing for primary Service Package and any eligible Add-On Services for both the Foster Parent and Intermittent Alternate Care Provider.	All Foster Family Home Support Service Packages ***except***: • Short-Term Assessment Support Services.
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.	All Foster Family Home Support Service Packages ***except***: • Short-Term Assessment Support Services.

Staff Benefit Package	Applicable Service Package(s) & Add-On Service(s)
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.	• 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	
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).	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
If provider has selected existing staff, who meet the qualifications as noted in the *T3C System Blueprint* 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.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
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 *T3C System Blueprint*.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
If ***selected Direct Delivery Caregivers*** will be newly hired- the staff are ready to hire, with all completed necessary background checks.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
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.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
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.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
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).	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services.
If the provider has selected an existing staff person, who meets the qualifications as noted in the *T3C System Blueprint* 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.	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services.
The provider must submit a plan, including a timeline, to present a 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 *T3C System Blueprint*.	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services.
If ***the selected Treatment Director*** is a new hire- the staff person is ready to hire, with all completed necessary background checks.	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services.
If ***the Treatment Director*** is, or will be, a new hire- provider has developed and submits a new organization chart and job description for this position.	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
Education Liaison	
Provider's proposed organization chart with the ***Education Liaison*** function and its 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.	• All Foster Family Home Support Service Packages; and • GRO: Tier I Emergency Emotional Support & Assessment Center Services.
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 *T3C System Blueprint*.	• All Foster Family Home Support Service Packages; and • GRO: Tier I Emergency Emotional Support & Assessment Center Services.
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 *T3C System Blueprint*.	• 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)
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.	• 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)
Crisis Management Staff	
Provider's proposed organization chart with the ***Crisis Management Staff*** function and its 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.	All Foster Family Home Support Service Packages ***except***: • T3C Basic Foster Family Home Support Services; and • Complex Medical Needs or Medically Fragile Support Services (note- has 24/7 nurse on-call).
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 *T3C System Blueprint*.	All Foster Family Home Support Service Packages ***except***: • T3C Basic Foster Family Home Support Services; and • Complex Medical Needs or Medically Fragile Support Services (note- has 24/7 nurse on-call).
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 *T3C System Blueprint*.	All Foster Family Home Support Service Packages ***except***: • 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)
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.	All Foster Family Home Support Service Packages ***except***: • 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)
Driver	
Provider's proposed organization chart with the ***Driver*** function and its 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.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
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 *T3C System Blueprint*.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
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 *T3C System Blueprint*.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
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.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
Physician	
Provider's proposed organization chart with the ***Physician*** function and its 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.	• GRO: Tier I Emergency Emotional Support & Assessment Center Services.
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 *T3C System Blueprint*.	• GRO: Tier I Emergency Emotional Support & Assessment Center Services.
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 *T3C System Blueprint*.	• GRO: Tier I Emergency Emotional Support & Assessment Center Services.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
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.	• GRO: Tier I Emergency Emotional Support & Assessment Center Services.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
Aftercare Case Manager	
Provider's proposed organization chart with the ***Aftercare Case Manager*** function and its 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.	All Service Packages ***except***: • 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.
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 *T3C System Blueprint*.	All Service Packages ***except***: • 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.
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 *T3C System Blueprint*.	All Service Packages ***except***: • 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)
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.	All Service Packages ***except***: • 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.
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.	All Service Packages ***except***: • 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)
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.	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services; • Complex Medical Needs or Medically Fragile Support Services; and • GRO: Tier I T3C Basic Child Care Operation.
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 *T3C System Blueprint*.	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services; • Complex Medical Needs or Medically Fragile Support Services; and • GRO: Tier I T3C Basic Child Care Operation.
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 *T3C System Blueprint*.	All Service Packages ***except***: • 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)
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.	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services; • Complex Medical Needs or Medically Fragile Support Services; and • GRO: Tier I T3C Basic Child Care Operation.
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.	All Service Packages ***except***: • 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)
Registered Nurse(s) that ***must be*** 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 its line of reporting within the organization included, noting whether it is the agency/operation's intention to fill with new hire or current staff.	• Complex Medical Needs or Medically Fragile Support Services; • GRO: Tier I Complex Medical Needs Treatment Services to Support Community Transition; and • GRO: Tier II Complex Medical Services to Support Stabilization.
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 *T3C System Blueprint*.	• Complex Medical Needs or Medically Fragile Support Services; • GRO: Tier I Complex Medical Needs Treatment Services to Support Community Transition; and • GRO: Tier II Complex Medical Services to Support Stabilization.
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 *T3C System Blueprint*.	• Complex Medical Needs or Medically Fragile Support Services; • GRO: Tier I Complex Medical Needs Treatment Services to Support Community Transition; and • GRO: Tier II Complex Medical Services to Support Stabilization.
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.	• Complex Medical Needs or Medically Fragile Support Services; • GRO: Tier I Complex Medical Needs Treatment Services to Support Community Transition; and • GRO: Tier II Complex Medical Services to Support Stabilization.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
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.	• Complex Medical Needs or Medically Fragile Support Services; • GRO: Tier I Complex Medical Needs Treatment Services to Support Community Transition; and • GRO: Tier II Complex Medical Services to Support Stabilization.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
Registered Nurse(s) that ***can be staff or contracted***, and plan for on-call availability if applicable to Service Package.	
Provider's proposed organization chart with the ***Registered Nurse*** function and its 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.	• IDD/Autism Spectrum Disorder Support Services; • 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, except for GRO: Tier II Complex Medical Services to Support Stabilization.
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 *T3C System Blueprint*.	• IDD/Autism Spectrum Disorder Support Services; • 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, except for GRO: Tier II Complex Medical Services to Support Stabilization.
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 *T3C System Blueprint*.	• IDD/Autism Spectrum Disorder Support Services; • 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, except for GRO: Tier II Complex Medical Services to Support Stabilization.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
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.	• IDD/Autism Spectrum Disorder Support Services; • 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, except for GRO: Tier II Complex Medical Services to Support Stabilization.
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.	• IDD/Autism Spectrum Disorder Support Services; • 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, except for GRO: Tier II Complex Medical Services to Support Stabilization.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
Behavior Support Specialist/Mentor	
Provider's proposed organization chart with the ***Behavior Support Specialist/ Mentor*** function and its 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.	• 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.
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 *T3C System Blueprint*.	• 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)
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 *T3C System Blueprint*.	• 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.
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.	• 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)
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.	• 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)
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.	• Transition Support Services for Youth & Young Adults 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 ***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 *T3C System Blueprint*.	• Transition Support Services for Youth & Young Adults Add-On Service.
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 *T3C System Blueprint*.	• Transition Support Services for Youth & Young Adults Add-On Service.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
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.	• Transition Support Services for Youth & Young Adults Add-On Service.
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.	• Transition Support Services for Youth & Young Adults Add-On Service.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
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 its 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.	• Kinship Caregiver 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 ***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 *T3C System Blueprint*.	• Kinship Caregiver Support Services Add-On Service.
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 *T3C System Blueprint*.	• Kinship Caregiver Support Services Add-On Service.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
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.	• Kinship Caregiver Support Services Add-On Service.
Regardless if ***Kinship Caregiver Home Support Staff*** 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 ***Kinship Caregiver Home Support Staff*** to child ratio based on Treatment Model, specific Service Package(s) and considering case complexity.	• 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 its 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.	• 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 *T3C System Blueprint*.	• 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 *T3C System Blueprint*.	• Pregnant & Parenting Youth or Young Adult Support Services Add-On Service.

Staffing Requirements	Applicable Service Package(s) & Add-On Service(s)
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.	• Pregnant & Parenting Youth or Young Adult Support Services Add-On Service.
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.	• 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.	• 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.	• All GRO: Tier II Service Packages.
Provider is accredited by one of the three qualifying accrediting bodies, relevant to the specific Service Package(s).	• 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 *T3C System Blueprint*. These components must be incorporated into provider's policy and procedures.	• 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.	• All GRO: Tier II Service Packages.

APPENDIX III.A: Full Credential Requirements



APPENDIX III.A: T3C Full 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 III.B: Service Package Dependencies for T3C Full Credential Requirements.

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full 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.	☑	
		Explain how the Treatment Model meets children, youth, and young adult's physical, emotional, social, spiritual, and well-being custom needs specific to the Service Package.	☑	
		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.	☑	
		Provide information sufficient to illustrate how the specific Treatment Model meets the requirement that it is "trauma-informed" in serving children, youth, and young adults who have been victims of abuse and neglect.	☑	
		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.	☑	
		Based on the specific Service Package, and with relation to the Treatment Model, provide the policy that shows how it has been integrated into the customized programming designed to meet the unique needs of children, youth, and young adults requiring the specific Service Package.	☑	
		Provide all Policies & Procedures to demonstrate full integration of the Treatment Model relevant to the specific Service Package.	☑	
		Provider must submit proof that all staff and caregivers have completed the initial training on the Treatment Model.	☑	

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Evidence-Informed Treatment Model	Applies to All Service Packages	Service Package Dependent
		Provider must submit the curriculum that will be used to train Staff and Caregivers initially on the Treatment Model, as well as the curriculum for pre-service and annual training.	☑	
		Provide a detailed description of the methods used to educate and ensure awareness of the Treatment Model by children/youth/young adults in the provider's care.	☑	
In place on 1st Day Operating Under Active Full Credential	**In place @ time of Application Full 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 *T3C System Blueprint.* The graphic illustration of the Logic Model must demonstrate integration of the Treatment Model in the program.	☑	
		Provider must submit documentation that explains or shows how the specific Logic Model is (or will be) used to inform program improvements and guide continuous quality improvement (CQI). This process must include a timeline for initiation (if not already a part of the provider's program) and defined timeframes for each phase of the provider's CQI process.	☑	
In place on 1st Day Operating Under Active Full Credential	**In place @ time of Application Full Credential**	**New Policies & Procedures**	**Applies to All Service Packages**	**Service Package Dependent**
		Provide the 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.)	☑	

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	New Policies & Procedures	Applies to All Service Packages	Service Package Dependent
		Provide the Quality Assurance and Continued Stay Guidelines, (as specified in the *T3C System Blueprint)* that will be used for each Service Package applied for, including provision for all written confirmations.	☑	
		Anticipated length of service (incorporated in Policy and Procedures) specific to the Service Package.	☑	
		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 *T3C System Blueprint.* Procedure should address where and how inclusion of all individuals will be documented by the provider.	☑	
		Provide the training materials that will be used initially to educate Staff/Caregivers on changes to policy and procedures, and a detailed timeline of how it will be integrated with Provider's standard pre-service and annual staff/Caregiver training curriculum going forward.	☑	
		Provide documentation that all Staff/Caregivers have completed the initial training on changes to policy and procedures.	☑	
		Provide policy and procedures specific to the Service Package(s) and Add-On Service(s), to support program's Aftercare Services as outlined in the *T3C System Blueprint*.		☑
		Child Placing Agency must provide their policy and procedures for assessing and Credentialing of Foster Family Homes for Service Package(s) and Add-On Service(s).		☑
		Provide the process and frequency that the Child Placing Agency will use to re-assess and Re-Credential Foster Family Homes for Service Package(s) and Add-On Service(s).		☑

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	New Policies & Procedures	Applies to All Service Packages	Service Package Dependent
		General Residential Operations must provide their 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 *T3C System Blueprint*.	☑	
		Provide policy and procedures demonstrating how Provider supports transition to adulthood preparation and planning, including training staff.	☑	
In place on 1st Day Operating Under Active Full Credential	**In place @ time of Application Full Credential**	**Universal Human Trafficking Prevention Training**	**Applies to All Service Packages**	**Service Package Dependent**
		Provide documentation that Provider's Training staff has completed the DFPS Universal Human Trafficking Prevention Train-the-Trainer course, if using the DFPS-developed model; ***OR*** B) provide the curriculum and credentials of Training staff for review and approval by DFPS if developing/utilizing a different Human Trafficking Prevention Training but the provider will not be offering one of the specified Human Trafficking Service Packages.	☑	
		Provider submits proof of required training completion for all Staff and Caregivers.	☑	
		Provider submits documentation, for how child/youth/young adult prevention education efforts have been and will continue to be achieved and documented, in accordance with the *T3C System Blueprint*.	☑	
		Provider submits for DFPS review and approval, the curriculum and Training staff credentials for the 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.***		☑

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	IT System	Applies to All Service Packages	Service Package Dependent
		Provide information on Provider's IT system, and how it meets all requirements as outlined in the *T3C System Blueprint*. Describe how the IT system is customized to support provision of the Service Package(s) and Add-On Service(s).	☑	
		Child Placing Agency has an IT System that will accommodate billing/invoicing for Add-On Service(s), in addition to specific Service Package(s), and apply correct billing/invoicing for Foster Parent Pass Through.		☑
		Child Placing Agency has an IT System that will accommodate paid Intermittent Alternate Care (also known as respite) and apply correct billing/invoicing for primary Service Package and any eligible Add-On Services for both the foster parent and Intermittent Alternate Care Provider.		☑
In place on 1st Day Operating Under Active Full Credential	**In place @ time of Application Full Credential**	**Staff Benefit Package**	**Applies to All Service Packages**	**Service Package Dependent**
		Provider will submit 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) proof of IT and/or Human Resource (HR) Systems to support new annual/sick leave policies and procedures; and 3) date that the policies and procedures took, or will take, effect for existing and any new employees.		☑

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
Program Director & Licensed Child Placing Agency or Child Care Adminstrator				
	🎯	Provider has, or will have, a ***Program Director(s)*** who meets the qualifications of the Service Package(s) applied for. This may include using staff who will be serving multiple functions. The provider must submit a new or updated organizational chart and job description to reflect the ***Program Director*** requirements under T3C Service Package(s).	☑	
🎯		Provider must provide the date when the staff person(s) assumed or verified currently having all of the T3C roles and responsibilities required of the ***Program Director*** position.	☑	
🎯		Provider will submit proof that a ***Program Director*** has been hired with all necessary background checks and that training has been completed in accordance with the specific Service Package(s), as outlined in the *T3C System Blueprint*.	☑	
	🎯	Provider will submit the training plan and 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 *T3C System Blueprint*.	☑	
	🎯	Provider will submit documentation of a ***Licensed Child Placing Agency Administrator/Child Care Administrator*** that is employed by provider and on staff.	☑	
🎯		Provider will submit documentation of a ***full-time Licensed Child Placing Agency Administrator/Child Care Administrator dedicated*** to the ***single CPA/GRO***.	☑	

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
Case Management				
		Provider has, or will have, ***Case Management Staff*** who meet the qualifications of the Service Package(s) applied for. This may include using staff who will be serving multiple functions. The provider must submit a new or updated organizational chart and job description to reflect the ***Case Management Staff*** requirements under T3C Service Package(s).	☑	
		Provider must provide the date when the staff person(s) assumed or verified currently having all of the T3C roles and responsibilities required of the ***Case Management Staff*** position.	☑	
		Provider will submit proof that ***Case Management Staff*** has been hired with all necessary background checks and that training has been completed in accordance with the specific Service Package(s) as outlined in the *T3C System Blueprint*.	☑	
		Provider will submit the policies/procedures related to the roles and responsibilities of the **Case Management Staff** position in accordance with the specific Service Package(s), as outlined in the *T3C System Blueprint.* The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Case Management Staff*** to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.	☑	
		The provider must submit an initial and on-going training plan for the **Case Management Staff** in accordance with the *T3C System Blueprint.*	☑	

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
Direct Delivery Caregivers				
		Provider has, or will have, ***Direct Delivery Caregivers*** who meet the qualifications of the Service Package(s) applied for. This may include using staff who will be serving multiple functions. The provider must submit a new or updated organizational chart and job description to reflect the ***Direct Delivery Caregiver*** requirements under T3C Service Package(s).		☑
		Provider must provide the date when the staff person(s) assumed or verified currently having all of the T3C roles and responsibilities required of the ***Direct Delivery Caregiver*** position.		☑
		Provider will submit proof that the **Direct Delivery Caregiver** staff has been hired with all necessary background checks and that training has been completed in accordance with the specific Service Package(s) as outlined in the *T3C System Blueprint*.		☑
		Provider will submit the 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 *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Direct Delivery Caregiver*** to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.		☑
		The provider must submit an initial and on-going training plan for the **Direct Delivery Caregiver** staff in accordance with the *T3C System Blueprint.*		☑

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
Treatment Director Who meets all of the qualifications of the Service Package(s) applied for.				
	🎯	Provider has, or will have, a ***Treatment Director(s)*** who meets the qualifications of the Service Package(s) applied for. This may include using staff who will be serving multiple functions. The provider must submit a new or updated organizational chart and job description to reflect the ***Treatment Director*** requirements under T3C Service Package(s).		☑
🎯		Provider must provide the date when the staff person(s) assumed or verified currently having all of the T3C roles and responsibilities required of the ***Treatment Director*** staff position.		☑
🎯		Provider will submit proof that the **Treatment Director(s)** has been hired with all necessary background checks and that training has been completed in accordance with the specific Service Package(s) as outlined in the *T3C System Blueprint*.		☑
	🎯	Provider will submit the training plan and 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 *T3C System Blueprint.*		☑
Staff Training & Workforce Development				
	🎯	Provider must submit an organizational chart that includes the ***Staff Training and Workforce Development*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Staff Training and Workforce Development*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	☑	

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
Staff Training & Workforce Development				
	🎯	The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Staff Training & Workforce Development*** function requirements, as outlined in the T3C System Blueprint.	☑	
🎯		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Staff Training & Workforce Development*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.	☑	
	🎯	Provider must submit the ***Staff Training and Workforce Development*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Staff Training and Workforce Development*** function as outlined in the *T3C System Blueprint*.	☑	
Caregiver/Staff Recruitment & Retention				
	🎯	Provider must submit an organizational chart that includes the ***Caregiver/Staff Recruitment & Retention*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Caregiver/ Staff Recruitment & Retention*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	☑	
	🎯	The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Caregiver/Staff Recruitment and Retention*** function requirements, as outlined in the *T3C System Blueprint*.	☑	

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Caregiver/Staff Recruitment & Retention*** roles and responsibilities specific to the Service Package(s), as outlined in the T3C System Blueprint.	☑	
		Provider must submit the ***Caregiver/Staff Recruitment and Retention*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Caregiver/Staff Recruitment and Retention*** function as outlined in the *T3C System Blueprint*.	☑	
Intake/Placement				
		Provider must submit an organizational chart that includes the ***Intake/Placement*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Intake/Placement*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	☑	
		The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Intake/Placement*** function requirements, as outlined in the T3C System Blueprint.	☑	
		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Intake/Placement*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.	☑	
		Provider must submit the ***Intake/Placement*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Intake/Placement*** function as outlined in the *T3C System Blueprint*.	☑	

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
T3C Identified Billing/Cost Reporting/Claims Adminstrator				
		Provider must submit an organizational chart that includes the ***T3C Identified Billing/Cost Reporting/Claims Administrator*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***T3C Identified Billing/Cost Reporting/Claims Administrator*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	☑	
		The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***T3C Identified Billing/Cost Reporting/Claims Administrator*** function requirements, as outlined in the *T3C System Blueprint*.	☑	
		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***T3C Identified Billing/Cost Reporting/Claims Administrator*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.	☑	
		Provider must submit the ***T3C Identified Billing/Cost Reporting/Claims Administrator*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***T3C Identified Billing/Cost Reporting/Claims Administrator*** function as outlined in the *T3C System Blueprint*.	☑	
Cross-System Coordination				
		Provider must submit an organizational chart that includes the ***Cross-System Coordination*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Cross-System Coordination*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	☑	

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
	🎯	The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Cross-System Coordination*** function requirements, as outlined in the *T3C System Blueprint*.	☑	
🎯		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Cross-System Coordination*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.	☑	
	🎯	Provider must submit the ***Cross-System Coordination*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Cross-System Coordination*** function as outlined in the *T3C System Blueprint*.	☑	
Education Liaison				
	🎯	Provider must submit an organizational chart that includes the ***Education Liaison*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Education Liaison*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.		☑
	🎯	The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Education Liaison*** function requirements, as outlined in the *T3C System Blueprint*.		☑
🎯		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Education Liaison*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.		☑

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
		Provider must submit the ***Education Liaison*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Education Liaison*** function as outlined in the *T3C System Blueprint*.		☑
Crisis Management Staff				
		Provider must submit an organizational chart that includes the ***Crisis Management Staff*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Crisis Management Staff*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.		☑
		The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Crisis Management Staff*** function requirements, as outlined in the *T3C System Blueprint*.		☑
		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Crisis Management Staff*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.		☑
		Provider must submit the ***Crisis Management Staff*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Crisis Management Staff*** function as outlined in the *T3C System Blueprint*.		☑

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
Driver				
		Provider must submit an organizational chart that includes the ***Driver*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Driver*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.		☑
		The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Driver*** function requirements, as outlined in the *T3C System Blueprint*.		☑
		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Driver*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.		☑
		Provider must submit the ***Driver*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Driver*** function as outlined in the *T3C System Blueprint*.		☑
Physician				
		Provider must submit an organizational chart that includes the ***Physician*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Physician*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.		☑

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
		The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Physician*** function requirements, as outlined in the *T3C System Blueprint*.		☑
		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Physician*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.		☑
		Provider must submit the ***Physician*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Physician*** function as outlined in the *T3C System Blueprint*.		☑
Aftercare Case Manager				
		Provider must submit an organizational chart that includes the ***Aftercare Case Manager*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Aftercare Case Manager*** requirements in a way that meets the intent, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.		☑
		The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Aftercare Case Management*** function requirements, as outlined in the *T3C System Blueprint*.		☑
		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Aftercare Case Management*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.		☑

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
		Provider must submit the ***Aftercare Case Management*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Aftercare Case Management*** function as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Aftercare Case Management*** to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.		☑
Therapist(s) Who meets qualifications of the Service Package applied for, and plan for on-call availability if applicable to Service Package.				
		Provider must submit an organizational chart that includes the ***Therapist*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Therapist*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.		☑
		The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Therapist*** function requirements, as outlined in the *T3C System Blueprint*.		☑
		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Therapist*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.		☑

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
		Provider must submit the ***Therapist*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Therapist*** function as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Therapist*** to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.		☑
Registered Nurse(s) that ***must be*** actual staff members, and plan for on-call availability if applicable to Service Package				
		Provider has, or will have, a ***Registered Nurse(s)*** who meets the qualifications of the Service Package(s) applied for. This may include using staff who will be serving multiple functions. The provider must submit a new or updated organizational chart and job description to reflect the ***Registered Nurse(s)*** requirements under T3C Service Package(s).		☑
		Provider must provide the date when the staff person(s) assumed or verified currently having all of the T3C roles and responsibilities required of the ***Registered Nurse*** staff position.		☑
		Provider will submit proof that the ***Registered Nurse(s)*** has been hired with all necessary background checks and that training has been completed in accordance with the specific Service Package(s) as outlined in the *T3C System Blueprint*.		☑
		Provider will submit the policies/procedures related to the roles and responsibilities of the ***Registered Nurse(s)*** position, in accordance with the specific Service Package(s) as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Registered Nurse*** staff to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.		☑

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
		The provider must submit an initial and on-going training plan for the ***Registered Nurse*** staff accordance with the *T3C System Blueprint*.		☑
Registered Nurse(s) That ***can be staffed or contracted****, and plan for on- call availbility, if applicable to Service Package*				
		Provider must submit an organizational chart that includes the ***Registered Nurse(s)*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Registered Nurse*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.		☑
		The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Registered Nurse*** function requirements, as outlined in the *T3C System Blueprint*.		☑
		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Registered Nurse*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.		☑
		Provider must submit the ***Registered Nurse*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Therapist*** function as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Registered Nurse*** to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.		☑

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
Behavior Support Specialist/Mentor				
		Provider must submit an organizational chart that includes the ***Behavior Support Specialist/Mentor(s)*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Behavior Support Specialist/Mentor*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.		☑
		The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Behavior Support Specialist/Mentor*** function requirements, as outlined in the *T3C System Blueprint*.		☑
		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Behavior Support Specialist/Mentor*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.		☑
		Provider must submit the ***Behavior Support Specialist/Mentor*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Behavior Support Specialist/Mentor*** function as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Behavior Support Specialist/Mentor*** to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.		☑

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
		Transitional Support Staff/Mentor That must be dedicated staff member(s)		
		Provider must submit an organizational chart that includes the ***Transitional Support Specialist/Mentor(s)*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Transitional Support Specialist/Mentor*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.		☑
		The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Transitional Support Specialist/Mentor*** function requirements, as outlined in the *T3C System Blueprint*.		☑
		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Transitional Support Specialist/Mentor*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.		☑
		Provider must submit the policies/procedures specific to the ***Transitional Support Specialist/Mentor*** function for existing, newly hired, and/or contracted staff who will be fulfilling the function as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Transitional Support Specialist/Mentor*** to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.		☑
		The provider must submit a training plan for the ***Transitional Support Staff/Mentor*** in accordance with the *T3C System Blueprint*.		☑

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
Kinship Caregiver Home Support Staff That must be dedicated staff member(s)				
		Provider must submit an organizational chart that includes the ***Kinship Caregiver Home Support Staff*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Kinship Caregiver Home Support Staff*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.		☑
		The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Kinship Caregiver Home Support Staff*** function requirements, as outlined in the *T3C System Blueprint*.		☑
		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Kinship Caregiver Home Support Staff*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.		☑
		Provider must submit the policies/procedures specific to the ***Kinship Caregiver Home Support Staff*** function for existing, newly hired, and/or contracted staff who will be fulfilling the function as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Kinship Caregiver Home Support Staff*** to family ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.		☑
		The provider must submit a training plan for the ***Kinship Caregiver Home Support Staff*** in accordance with the *T3C System Blueprint*.		☑

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Staff Requirements	Applies to All Service Packages	Service Package Dependent
Parenting Support Staff/Mentor That must be dedicated staff member(s)				
		Provider must submit an organizational chart that includes the ***Parenting Support Staff/Mentor*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Parenting Support Staff/Mentor*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.		☑
		The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Parenting Support Staff/Mentor*** function requirements, as outlined in the *T3C System Blueprint*.		☑
		Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Parenting Support Staff/Mentor*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.		☑
		Provider must submit the policies/procedures specific to the ***Parenting Support Specialist/Mentor*** function for existing, newly hired, and/or contracted staff who will be fulfilling the function as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Parenting Support Specialist/Mentor*** to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.		☑
		The provider must submit a training plan for the ***Parenting Support Staff/Mentor*** in accordance with the *T3C System Blueprint*.		☑

In place on 1st Day Operating Under Active Full Credential	In place @ time of Application Full Credential	Accreditation with Not-For-Profit/Approved Accrediting Body	Applies to All Service Packages	Service Package Dependent
		Provider submits proof of accreditation by one of the three qualifying accrediting bodies, relevant to the specific Service Package(s).		☑
In place on 1st Day Operating Under Active Full Credential	**In place @ time of Application Full Credential**	**Enhanced Child Safety Monitoring**	**Applies to All Service Packages**	**Service Package Dependent**
		Provider must submit 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) are in place as outlined in the *T3C System Blueprint*. 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 III.B: Service Package Dependencies for T3C Full Credential Requirements

Texas Child Centered Care

APPENDIX III.B: Service Package Dependencies for T3C Full Credential Requirements

The T3C System Blueprint, APPENDIX III.B: Service Package Dependencies for T3C Full 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 III.A.

New Policies & Procedures	Applicable Service Package(s) & Add-On Service(s)
Provide policy and procedures specific to the Service Package(s) and Add-On Service(s), to support program's Aftercare Services as outlined in the *T3C System Blueprint*.	All Service Packages & Add-On Services ***except***: • 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.
Child Placing Agency must provide their policy and procedures for assessing and Credentialing of Foster Family Homes for Service Package(s) and Add-On Service(s).	• All Foster Family Home Support Service Packages.
Provide the process and frequency that the Child Placing Agency will use to re-assess and Re-Credential Foster Family Homes for Service Package(s) and Add-On Service(s).	• All Foster Family Home Support Service Packages.
General Residential Operations must provide their 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 T3C System Blueprint.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
Provide policy and procedures demonstrating how Provider supports transition to adulthood preparation and planning, including training staff.	• 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)
Provider submits for DFPS review and approval, the curriculum and Training staff credentials for the 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.***	• 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 Victim/Survivor Services to Support Stabilization.
IT System	**Applicable Service Package(s) & Add-On Service(s)**
Child Placing Agency has an IT System that will accommodate billing/invoicing for Add-On Service(s), in addition to specific Service Package(s), and apply correct billing/invoicing for Foster Parent Pass Through.	• All 3 Foster Family Home Add-On Services.
Child Placing Agency has an IT System that will accommodate paid Intermittent Alternate Care (also known as respite) and apply correct billing/invoicing for primary Service Package and any eligible Add-On Services for both the foster parent and Intermittent Alternate Care Provider.	All Foster Family Home Support Service Packages ***except***: • Short-Term Assessment Support Services.
Staff Benefit Package	**Applicable Service Package(s) & Add-On Service(s)**
Provider will submit 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) proof of IT and/or Human Resource (HR) Systems to support new annual/sick leave policies and procedures; and 3) date that the policies and procedures took, or will take, effect for existing and any new employees.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Direct Delivery Caregiver	
Provider has, or will have, ***Direct Delivery Caregivers*** who meet the qualifications of the Service Package(s) applied for. This may include using staff who will be serving multiple functions. The provider must submit a new or updated organizational chart and job description to reflect the ***Direct Delivery Caregiver*** requirements under T3C Service Package(s).	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
Provider must provide the date when the staff person(s) assumed or verified currently having all of the T3C roles and responsibilities required of the ***Direct Delivery Caregiver*** position.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
Provider will submit proof that the **Direct Delivery Caregiver** staff has been hired with all necessary background checks and that training has been completed in accordance with the specific Service Package(s) as outlined in the *T3C System Blueprint*.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
Provider will submit the 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 *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Direct Delivery Caregiver*** to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
The provider must submit an initial and on-going training plan for the **Direct Delivery Caregiver** staff in accordance with the *T3C System Blueprint.*	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Treatment Director	
Provider has, or will have, a ***Treatment Director(s)*** who meets the qualifications of the Service Package(s) applied for. This may include using staff who will be serving multiple functions. The provider must submit a new or updated organizational chart and job description to reflect the ***Treatment Director*** requirements under T3C Service Package(s).	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services.
Provider must provide the date when the staff person(s) assumed or verified currently having all of the T3C roles and responsibilities required of the ***Treatment Director*** staff position.	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services.
Provider will submit proof that the **Treatment Director(s)** has been hired with all necessary background checks and that training has been completed in accordance with the specific Service Package(s) as outlined in the *T3C System Blueprint*.	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services.
Provider will submit the training plan and 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 *T3C System Blueprint.*	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Education Liaison	
Provider must submit an organizational chart that includes the ***Education Liaison*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Education Liaison*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	• All Foster Family Home Support Service Packages; and • GRO: Tier I Emergency Emotional Support & Assessment Center Services.
The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Education Liaison*** function requirements, as outlined in the *T3C System Blueprint*.	• All Foster Family Home Support Service Packages; and • GRO: Tier I Emergency Emotional Support & Assessment Center Services.
Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Education Liaison*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.	• All Foster Family Home Support Service Packages; and • GRO: Tier I Emergency Emotional Support & Assessment Center Services.
Provider must submit the ***Education Liaison*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Education Liaison*** function as outlined in the *T3C System Blueprint*.	• All Foster Family Home Support Service Packages; and • GRO: Tier I Emergency Emotional Support & Assessment Center Services.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Crisis Management Staff	
Provider must submit an organizational chart that includes the ***Crisis Management Staff*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Crisis Management Staff*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	All Foster Family Home Support Service Packages ***except***: • T3C Basic Foster Family Home Support Services; and • Complex Medical Needs or Medically Fragile Support Services (note- has 24/7 nurse on-call).
The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Crisis Management Staff*** function requirements, as outlined in the *T3C System Blueprint*.	All Foster Family Home Support Service Packages ***except***: • T3C Basic Foster Family Home Support Services; and • Complex Medical Needs or Medically Fragile Support Services (note- has 24/7 nurse on-call).
Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Crisis Management Staff*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.	All Foster Family Home Support Service Packages ***except***: • T3C Basic Foster Family Home Support Services; and • Complex Medical Needs or Medically Fragile Support Services (note- has 24/7 nurse on-call).
Provider must submit the ***Crisis Management Staff*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Crisis Management Staff*** function as outlined in the *T3C System Blueprint*.	All Foster Family Home Support Service Packages ***except***: • T3C Basic Foster Family Home Support Services; and • Complex Medical Needs or Medically Fragile Support Services (note- has 24/7 nurse on-call).

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Driver	
Provider must submit an organizational chart that includes the ***Driver*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Driver*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Driver*** function requirements, as outlined in the *T3C System Blueprint*.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Driver*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.
Provider must submit the ***Driver*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Driver*** function as outlined in the *T3C System Blueprint*.	• All GRO: Tier I Service Packages; and • All GRO: Tier II Service Packages.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Physician	
Provider must submit an organizational chart that includes the ***Physician*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Physician*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	• GRO: Tier I Emergency Emotional Support & Assessment Center Services.
The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Physician*** function requirements, as outlined in the *T3C System Blueprint*.	• GRO: Tier I Emergency Emotional Support & Assessment Center Services.
Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Physician*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.	• GRO: Tier I Emergency Emotional Support & Assessment Center Services.
Provider must submit the ***Physician*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Physician*** function as outlined in the *T3C System Blueprint*.	• GRO: Tier I Emergency Emotional Support & Assessment Center Services.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Aftercare Case Manager	
Provider must submit an organizational chart that includes the ***Aftercare Case Manager*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Aftercare Case Manager*** requirements in a way that meets the intent, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	All Service Packages ***except***: • 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.
The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Aftercare Case Management*** function requirements, as outlined in the *T3C System Blueprint*.	All Service Packages & Add-On Services ***except***: • 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.
Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Aftercare Case Management*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.	All Service Packages & Add-On Services ***except***: • 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.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Provider must submit the ***Aftercare Case Management*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Aftercare Case Management*** function as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Aftercare Case Management*** to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.	All Service Packages & Add-On Services ***except***: • 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.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Therapist(s)	
Provider must submit an organizational chart that includes the ***Therapist*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Therapist*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services; • Complex Medical Needs or Medically Fragile Support Services; and • GRO: Tier I T3C Basic Child Care Operation.
The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Therapist*** function requirements, as outlined in the *T3C System Blueprint*.	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services; • Complex Medical Needs or Medically Fragile Support Services; and • GRO: Tier I T3C Basic Child Care Operation.
Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Therapist*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services; • Complex Medical Needs or Medically Fragile Support Services; and • GRO: Tier I T3C Basic Child Care Operation.
Provider must submit the ***Therapist*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Therapist*** function as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Therapist*** to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.	All Service Packages ***except***: • T3C Basic Foster Family Home Support Services; • Complex Medical Needs or Medically Fragile Support Services; and • GRO: Tier I T3C Basic Child Care Operation.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Registered Nurse(s) That ***must be*** actual staff members, and plan for on-call availability if applicable to Service Package	
Provider has, or will have, a ***Registered Nurse(s)*** who meets the qualifications of the Service Package(s) applied for. This may include using staff who will be serving multiple functions. The provider must submit a new or updated organizational chart and job description to reflect the ***Registered Nurse(s)*** requirements under T3C Service Package(s).	• Complex Medical Needs or Medically Fragile Support Services; • GRO: Tier I Complex Medical Needs Treatment Services to Support Community Transition; and • GRO: Tier II Complex Medical Services to Support Stabilization.
Provider must provide the date when the staff person(s) assumed or verified currently having all of the T3C roles and responsibilities required of the ***Registered Nurse*** staff position.	• Complex Medical Needs or Medically Fragile Support Services; • GRO: Tier I Complex Medical Needs Treatment Services to Support Community Transition; and • GRO: Tier II Complex Medical Services to Support Stabilization.
Provider will submit proof that the ***Registered Nurse(s)*** has been hired with all necessary background checks and that training has been completed in accordance with the specific Service Package(s) as outlined in the *T3C System Blueprint*.	• Complex Medical Needs or Medically Fragile Support Services; • GRO: Tier I Complex Medical Needs Treatment Services to Support Community Transition; and • GRO: Tier II Complex Medical Services to Support Stabilization.
Provider will submit the policies/procedures related to the roles and responsibilities of the ***Registered Nurse(s)*** position, in accordance with the specific Service Package(s) as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Registered Nurse*** staff to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.	• Complex Medical Needs or Medically Fragile Support Services; • GRO: Tier I Complex Medical Needs Treatment Services to Support Community Transition; and •GRO: Tier II Complex Medical Services to Support Stabilization.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
The provider must submit an initial and on-going training plan for the Case Management Staff in accordance with the T3C System Blueprint.	• Complex Medical Needs or Medically Fragile Support Services; • GRO: Tier I Complex Medical Needs Treatment Services to Support Community Transition; and •GRO: Tier II Complex Medical Services to Support Stabilization.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Registered Nurse(s) That ***can be staffed or contracted***, and plan for on-call availability if applicable to Service Package	
Provider must submit an organizational chart that includes the ***Registered Nurse(s)*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Registered Nurse*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	• IDD/Autism Spectrum Disorder Support Services; • 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, except for GRO: Tier II Complex Medical Services to Support Stabilization.
The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Registered Nurse*** function requirements, as outlined in the *T3C System Blueprint*.	• IDD/Autism Spectrum Disorder Support Services; • 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, except for GRO: Tier II Complex Medical Services to Support Stabilization.
Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Registered Nurse*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.	• IDD/Autism Spectrum Disorder Support Services; • 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

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Provider must submit the ***Registered Nurse*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Registered Nurse*** function as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Registered Nurse*** to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.	• IDD/Autism Spectrum Disorder Support Services; • 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.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Behavior Support Specialist/Mentor(s)	
Provider must submit an organizational chart that includes the ***Behavior Support Specialist/Mentor(s)*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Behavior Support Specialist/Mentor*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	• 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.
The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Behavior Support Specialist/Mentor*** function requirements, as outlined in the *T3C System Blueprint*.	• 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.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Behavior Support Specialist/Mentor*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.	• 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.
Provider must submit the ***Behavior Support Specialist/Mentor*** training plan, and policies/procedures specific to this function for existing, newly hired, and/or contracted staff who will be fulfilling the ***Behavior Support Specialist/Mentor*** function as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Behavior Support Specialist/Mentor*** to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.	• 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.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Transitional Support Staff/Mentor	
Provider must submit an organizational chart that includes the ***Transitional Support Specialist/Mentor(s)*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Transitional Support Specialist/Mentor*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	• Transition Support Services for Youth & Young Adults Add-On Service.
The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Transitional Support Specialist/Mentor*** function requirements, as outlined in the *T3C System Blueprint*.	• Transition Support Services for Youth & Young Adults Add-On Service.
Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Transitional Support Specialist/Mentor*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.	• Transition Support Services for Youth & Young Adults Add-On Service.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Provider must submit the policies/procedures specific to the ***Transitional Support Specialist/Mentor*** function for existing, newly hired, and/or contracted staff who will be fulfilling the function as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Transitional Support Specialist/Mentor*** to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.	• Transition Support Services for Youth & Young Adults Add-On Service.
The provider must submit a training plan for the ***Transitional Support Staff/Mentor*** in accordance with the *T3C System Blueprint*.	• Transition Support Services for Youth & Young Adults Add-On Service.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Kinship Caregiver Home Support Staff	
Provider must submit an organizational chart that includes the ***Kinship Caregiver Home Support Staff*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Kinship Caregiver Home Support Staff*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	• Kinship Caregiver Support Services Add-On Service.
The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Kinship Caregiver Home Support Staff*** function requirements, as outlined in the *T3C System Blueprint*.	• Kinship Caregiver Support Services Add-On Service.
Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Kinship Caregiver Home Support Staff*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.	• Kinship Caregiver Support Services Add-On Service.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Provider must submit the policies/procedures specific to the ***Kinship Caregiver Home Support Staff*** function for existing, newly hired, and/or contracted staff who will be fulfilling the function as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Kinship Caregiver Home Support Staff*** to family ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.	• Kinship Caregiver Support Services Add-On Service.
The provider must submit a training plan for the ***Kinship Caregiver Home Support Staff*** in accordance with the *T3C System Blueprint*.	• Kinship Caregiver Support Services Add-On Service.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Parenting Support Staff/Mentor	
Provider must submit an organizational chart that includes the ***Parenting Support Staff/Mentor*** function, and its line of reporting within the organization, if the intention is to use new or existing staff to support this function. If the provider is contracting or entering into a formal agreement with an individual/entity to fulfill the ***Parenting Support Staff/Mentor*** requirements, the provider must submit an organizational chart that identifies who within the organization has oversight of the contract/agreement.	• Pregnant & Parenting Youth or Young Adult Support Services Add-On Service.
The provider must submit a job description or identify function responsibilities, including any contracted scope of work, for the position(s) assuming responsibility for meeting the ***Parenting Support Staff/Mentor*** function requirements, as outlined in the *T3C System Blueprint*.	• Pregnant & Parenting Youth or Young Adult Support Services Add-On Service.
Provider must submit proof of hire or executed contract/written agreement, and of training completion for staff (including contracted or external staff) fulfilling, including training curriculum specific to the ***Parenting Support Staff/Mentor*** roles and responsibilities specific to the Service Package(s), as outlined in the *T3C System Blueprint*.	• Pregnant & Parenting Youth or Young Adult Support Services Add-On Service.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
Provider must submit the policies/procedures specific to the ***Parenting Support Specialist/Mentor*** function for existing, newly hired, and/or contracted staff who will be fulfilling the function as outlined in the *T3C System Blueprint*. The policies and procedures must address how the provider will regularly review workload(s) to ensure that the ***Parenting Support Specialist/Mentor*** to child ratio is appropriate, based on the provider's Treatment Model, and specific to the Service Package(s) considering case complexity.	• Pregnant & Parenting Youth or Young Adult Support Services Add-On Service.
The provider must submit a training plan for the ***Parenting Support Staff/Mentor*** in accordance with the *T3C System Blueprint*.	• Pregnant & Parenting Youth or Young Adult Support Services Add-On Service.

Staff Requirements	Applicable Service Package(s) & Add-On Service(s)
The provider must submit a training plan for the ***Parenting Support Staff/Mentor*** in accordance with the *T3C System Blueprint*.	• 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 submits proof of accreditation by one of the three qualifying accrediting bodies, relevant to the specific Service Package(s).	• All GRO: Tier II Service Packages.
Enhanced Child Safety Monitoring	**Applicable Service Package(s) & Add-On Service(s)**
Provider must submit 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) are in place as outlined in the *T3C System Blueprint*. These components must be incorporated into provider's policy and procedures.	• All GRO: Tier II Service Packages.
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.	• All GRO: Tier II Service Packages.

APPENDIX IV: T3C TAC Rule Waiver Reference



The following TAC Rules are waived by the DFPS Commissioner for children being served under the Texas Child-Centered Care System:

Title 40 Social Services and Assistance

Part 19 Department of Family and Protective Services

Chapter 700 Child Protective Services

Subchapter W:

- 700.2301 What is the description of the Basic Service Level?
- 700.2303 What are the characteristics of a child that needs the Basic Service Level?
- 700.2321 What is the description of the Moderate Service Level?
- 700.2323 What are the characteristics of a child that needs the Moderate Service Level?
- 700.2341 What is the description of the Specialized Service Level?
- 700.2343 What are the characteristics of a child that needs the Specialized Service Level?
- 700.2361 What is the description of the Intense Service Level?
- 700.2363 What are the characteristics of a child that needs the Intense Service Level?
- 700.2365 What is the description of the Intense Plus Service Level?
- 700.2367 What are the characteristics of a child that needs the Intense Plus Service Level?
- 700.2381 What is the IPTP?
- 700.2383 Who is eligible for the IPTP?
- 700.2385 How long may a child be placed in the IPTP?

The following TAC Rules are waived by the DFPS Commissioner for children being served under the Service Level System:

Title 40 Social Services and Assistance

Part 19 Department of Family and Protective Services

Chapter 700 Child Protective Services

Subchapter E:

- 700.501 What is T3C Basic Foster Family Home Support Service Package?
- 700.502 What is the Substance Use Support Services Package?
- 700.503 What is the Short-Term Assessment Support Services Package?
- 700.504 What is the Mental & Behavioral Health Support Services Package?

- 700.505 What is the Sexual Aggression/Sex Offender Support Services Package?
- 700.506 What is the Complex Medical Needs or Medically Fragile Support Services Package?
- 700.507 What is Human Trafficking Victim/Survivor Support Service Package?
- 700.508 What is Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Service Package?
- 700.509 What is T3C Treatment Foster Family Care Support Service Package?
- 700.510 What is the Transition Support Services for Youth and Young Adults Add-On?
- 700.511 What is the Kinship Caregiver Support Services Add-On?
- 700.512 What is the Pregnant & Parenting Youth or Young Adult Support Services Add-On?
- 700.513 General Residential Operations - Tier T3C Treatment/Transition Service Packages
- 700.514 What is Tier I: T3C Basic Child Care Operation Package?
- 700.515 What is Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Package?
- 700.516 What is Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Package?
- 700.517 What is Tier I: Substance Use Treatment Services to Support Community Transition Package?
- 700.518 What is Tier I: Emergency Emotional Support & Assessment Center Package?
- 700.519 What is Tier I: Complex Medical Needs Treatment to Support Community Transition Package?
- 700.520 What is Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Package?
- 700.521 What is Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Package?
- 700.522 What is Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Package?
- 700.523 What is Tier II: Sexual Aggression/Sex Offender Services to Support Stabilization Package?
- 700.524 What is Tier II: Substance Use Services to Support stabilization Package?
- 700.525 What is Tier II: Aggression/Defiance Disorder Services to Support Stabilization Package?
- 700.526 What is Tier II: Complex Mental Health Services to Support Stabilization Package?
- 700.527 What is Tier II: Complex Medical Services to Support Stabilization Package?

- 700.528 What is Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Package?

Upon the full implementation of the T3C system, DFPS will pursue further amendment of Chapter 700 of the TAC to remove all relative references to the Service Level system, and the waiver to TAC Rules associated with the Service Level system will no longer be necessary.