

## 1604 INDIVIDUAL SERVICE OPTIONS

Chapter: **Out-of-Home Placements**

Section: **Finding a Placement**



New Hampshire Division for Children, Youth and Families Policy Manual

Policy Directive: **10-06**

Approved:

Effective Date: **December 2010**

Handwritten signature of Maggie Bishop in black ink.

Scheduled Review Date:

Maggie Bishop, DCYF Director

Related Statute(s): [RSA 169-B](#), [RSA 169-C](#), [RSA 169-D](#), and [RSA 170-G:4](#)

Related Admin Rule(s): [He-C 6351](#)

Related Federal Regulation(s):

Related Form(s): **2094, 2235A, 2266 and 2267**  
Bridges' Screen(s) and Attachment(s):

### Purpose

To define the requirements for Individual Service Options in Foster Family Homes.

### Definitions

**"Individual Service Options"** means foster family care in which a variety of intensive therapeutic, social, and community-based services are provided or coordinated to meet the individual needs of a child and his or her family.

### Policy

#### PROVIDER QUALIFICATIONS:

- I. The ISO provider must be an agency that is:
  - A. Enrolled as a Medicaid provider; and
  - B. Certified for payment by DHHS, pursuant to He-C 6351, Certification for Payment Requirements for Foster Family Care.
- II. If the agency is not a child-placing agency, it must contract with a child-placing agency to provide temporary care in a licensed home including:
  - A. General foster family home;
  - B. Specialized foster family home; or
  - C. Emergency foster family home.
- III. Each agency must provide the following staff:
  - A. A Program Coordinator with the minimum qualifications of a master's degree in social work, psychology, education or a related field with an emphasis in human services, 2 years clinical experience working with families, and 2 years supervisory or management experience; and
  - B. At least one Clinician, with the minimum qualifications of a master's degree in social work, psychology, education or a related field with an emphasis in human services and 2 years clinically supervised experience with children and families; and

- C. Case Managers with the minimum qualifications of a bachelor's degree in social work, psychology, education or a related field with an emphasis in human services and 2 years' experience with children and families; and
  - D. A Prescribing Practitioner licensed as a behavioral health care professional by the NH Board of Mental Health Practice.
- IV. Clinicians and Case Managers must participate in weekly supervision that includes a discussion of each case and a review of the progress made by the child and family towards the goals of the treatment plan.
- V. Clinicians and Case Managers must receive a minimum of 40 training hours per year in:
- A. Emergency and safety procedures;
  - B. Principles and practices of child care, child development, and family systems;
  - C. Family-centered services;
  - D. State laws RSA 169-C, RSA 169-B, and RSA 169-D;
  - E. Facility policies, goals, and outcomes;
  - F. Behavior management;
  - G. Crisis management; and
  - H. Techniques of physical intervention.
- VI. Up to 15 hours of documented supervision by a clinician may be applied towards the annual training requirement for Clinicians and Case Managers.

**PROVIDER REQUIREMENTS:**

- I. The following goals must be supported by all ISO foster care agencies:
- A. To promote collaboration, enhance communication for meeting the needs of referrals, and update DCYF and DJJS staff on agency initiatives;
  - B. To provide specialized care and intensive therapeutic treatment for children in the least restrictive community-based setting that allows for a normalized environment and experiences for children;
  - C. To work with the child's family toward reunification or maintain the optimum level of connection with the child's family;
  - D. To support the permanency plan that meets to the long-term care needs of a child who cannot return home;
  - E. To provide a variety of placement and in-home services for children and families;
  - F. To arrange care within a timeframe that meets the needs of DCYF and DJJS staff for children awaiting placement;

- G. To establish a referral process in which child-specific needs are the focus when considering a match for placement;
  - H. To care for children in the catchment area of the referring District Office; To care for children in their home communities, in order to remain connected to family, friends, and school;
  - I. To create continuity among service providers in the region so children are provided with individualized care and services consistent with their needs;
  - J. To support a flexible service delivery system for children and families; and
  - K. To provide ISO foster care until the child's permanency plan is met.
- II. The ISO FC agency must provide a variety of care and services that includes:
- A. Case management, treatment planning, and service coordination;
  - B. Individual, group, family, and alcohol and drug abuse counseling;
  - C. In-Home services to the foster family, including
    - 1. Home-Based Therapeutic Services;
    - 2. Child Health Support;
    - 3. Child In-Home Care;
  - D. In-Home ISO per [DCYF Policy 1906](#);
  - E. Emergency on-call 24-hour response to crises;
  - F. Respite care in a licensed foster home;
  - G. Crisis Stabilization in a residential care facility with prior approval;
  - H. Licensed Child Care;
  - I. Transportation;
  - J. Independent living training for adolescents;
  - K. Nursing consultation;
  - L. Administration of medications;
  - M. Identification of relatives, mentors, and others who will support or assist the child and family;
  - N. Transitional assistance to adult care;
  - O. Coordination of medical and dental care;

- P. Coordination of public or private school education;
  - Q. Coordination of recreation;
  - R. Coordination of substance abuse evaluations and random drug testing; and
  - S. Coordination of vocational services.
- III. The agency must obtain the following intake and referral information that includes:
- A. The child's name, sex, and date of birth;
  - B. The name, address, and home and work telephone numbers of each parent;
  - C. The name, address, and work telephone number of the CPSW or JPPO;
  - D. Copies of court orders relating to the approval of and payment for the foster care; and
  - E. The "Referral to ISO" (Form 2094) and its attachments.
- IV. The agency must determine a child's acceptance within 10 days of the date of the referral.
- V. The agency must assess each child's needs within 30 days of referral based on:
- A. The Case Plan, pursuant to RSA 170-G:4 III and court report, pursuant to RSA 169-C:12-b; or
  - B. The Pre-Dispositional Investigation, pursuant to RSA 169-B:16 and court report, pursuant to RSA 169-D:4-a or RSA 169-B:16;
  - C. The DJJS Services and Supervision Plan.
- VI. The assessment must include:
- A. Identification of the strengths and resources of the child and family;
  - B. Identification of alcohol or substance abuse, domestic violence, sexual abuse, or other situations that may impact the child's safety;
  - C. A review of previously completed evaluations and assessments, medical records, and psychological tests;
  - D. A determination of immediate services needed by the child and family;
  - E. Identification of community or relative resources available to the child and family; and
  - F. A summary of treatment and service needs.
- VII. The agency must develop a treatment plan within 30 days of admission that includes:
- A. The findings of the psychosocial assessment of the child and family;

- B. A discharge plan for the child that includes an estimate by the treatment team members of the child's length of care based upon referral information and the assessment;
- C. The child's permanency plan, which means one of the following:
  - 1. Maintain in own home;
  - 2. Reunification;
  - 3. Planned permanent living arrangements;
  - 4. Permanent relative placement;
  - 5. Guardianship by a relative or other person; or
  - 6. Adoption.
- D. The child's concurrent plan;
- E. Community re-integration and transition plan that identifies the needed supports to enable the child to return to his or her community and the responsibilities of the participants for completing steps necessary to implement the plan;
- F. The following domains:
  - 1. Safety and behavior of the child;
  - 2. Family;
  - 3. Medical;
  - 4. Education; and
  - 5. Independent living.
- G. Each domain that addresses:
  - 1. The goals and objectives to be achieved by the child and family;
  - 2. The timeframes for completion of goals and objectives;
  - 3. The method used for evaluating progress;
  - 4. The interventions used to address the objectives;
  - 5. The care and services provided directly or coordinated and the measures for ensuring their integration with other family activities; and
  - 6. An identification of the staff responsible for implementing each intervention;
- H. The date and signatures of the following treatment team members indicating participation;
  - 1. The facility's program coordinator, executive director or treatment coordinator;

2. The prescribing practitioner;
  3. The child (when age appropriate); and
  4. The child's parents or guardian.
- I. The date and signature of a representative of DCYF or DJJS indicating approval of the plan.
- VIII. The treatment plan must be implemented by the treatment team and be reflected in the child's daily routine.
- IX. The following individuals are to be included on the treatment team:
- A. The child;
  - B. The child's parents;
  - C. A representative of DCYF or DJJS;
  - D. The prescribing practitioner;
  - E. School district personnel, as determined by the school districts;
  - F. Staff members from the facility;
  - G. Foster parents;
  - H. Other persons significant to the child and family who may include:
    1. Teachers;
    2. Counselors;
    3. Friends;
    4. Relatives; and
    5. Advocates assigned by the court.
- X. When any of the individuals do not participate, the agency must document its efforts to involve them.
- XI. Revisions of the treatment plan must be explained in writing to the individuals who are unable to participate on the team.
- XII. The treatment plan must be filed in the family's record and copies sent to:
- A. The representative of DCYF or DJJS;
  - B. The parents or guardian;
  - C. The prescribing practitioner; and

- D. The involved school district.
- XIII. Agency staff must hold a treatment plan review meeting 3 months from the date of the initial treatment plan meeting to evaluate progress made towards the goals and objectives.
- XIV. The treatment team must meet 6 months from the date of the initial plan to:
  - A. Update the treatment plan; and
  - B. Document the child's and family's progress made towards meeting the objectives.
- XV. For children for whom care continues beyond the 6-month treatment plan meeting, the treatment team must meet every 3 months thereafter until the end of care.
- XVI. Agencies are allowed a 5-day extension following the date of the treatment planning meeting to obtain signatures on the treatment plan.
- XVII. Once the treatment plan is completed, staff must receive supervision to ensure that each treatment plan is being implemented.
- XVIII. Each agency must have a policy on the responsibilities of staff in implementing treatment plans and how they familiarize themselves with the needs of each child.
- XIX. The ISO agency must provide the CPSW or JPPO with monthly progress reports that include:
  - A. The name and date of birth of the child;
  - B. The family's name;
  - C. The name and address of the foster family;
  - D. The name of the person completing the report;
  - E. The date of the report;
  - F. The name of the agency;
  - G. Improvements that are being made towards specific goals;
  - H. Summary of family contacts;
  - I. Changes to the treatment plan;
  - J. Education update;
  - K. Health care;
  - L. Contacts with other professionals; and
  - M. Disposition of grievances.

- XX. Progress reports must include the following about each child's medical, dental, and behavioral health care:
  - A. Prescriptions and current dosages;
  - B. Over-the-counter medication;
  - C. Dates of visits during the month being reported;
  - D. New health care issues and diagnosis;
  - E. Next scheduled visits; and
  - F. Names of health care practitioners and office addresses.
- XXI. Progress reports must include documentation of adult living preparation progress for children over age 16 that includes:
  - A. Recruitment of community advocates or mentors;
  - B. Independent living training completed by staff and the child; and
  - C. Aftercare preparation completed with the child.
- XXII. Progress reports must be provided to the parents or guardians unless contraindicated by the court order, voluntary agreement, or if DCYF or DJJS is obtaining a court order.
- XXIII. Progress reports must be sent to DCYF or DJJS and parents no later than the 15th day of each month.
- XXIV. The case manager's average caseload must not exceed an average of 6 families per month.
- XXV. The clinician's maximum caseload must not exceed 10 families per month.
- XXVI. The ISO agency must keep records that include:
  - A. A case record on each child and his or her family that contains:
    - 1. The assessment of each family member;
    - 2. The signed treatment plan and its revisions;
    - 3. Contact logs;
    - 4. Weekly child and family progress notes;
    - 5. Documentation of the provision of at least one Medicaid-covered service;
    - 6. Documentation of therapeutic work with the family;
    - 7. Copies of the "Medical Authorization" (Form 2266);
    - 8. Copies of the "Child's Information Sheet" (Form 2267);



9. Monthly progress reports; and
  10. A case closure summary;
- B. Case-specific reports written by the ISO agency available for review by the family; and
  - C. Case records of children and families and personnel files of staff employed that may be reviewed by authorized DCYF and DJJS staff.

XXVII. Crisis Stabilization in a residential care facility must not exceed 10 days per year per child.

XXVIII. The ISO agency must contact the DCYF/DJJS Administrator to request residential crisis stabilization for a child, prior to service delivery.

XXIX. Requests for waivers to the 10-day limit for residential crisis stabilization must be submitted to the DCYF/DJJS Administrator.

**SERVICE POPULATION:**

- I. Children and families served by ISO Foster Care include those who will cooperate with the provision of the care and who will benefit from the treatment.
- II. The children provided ISO Foster Care include:
  - A. Abused and neglected children, CHINS, and delinquents who have a court order or "Voluntary Placement Agreement" (Form 2235A) for an ISO Foster Care placement; and
  - B. Children from birth to age 21, who:
    1. Have chronic mental, emotional, physical, or behavioral handicaps; or
    2. Present post-traumatic stress symptoms; or
    3. Have challenging and provocative behaviors; or
    4. Have a mental health diagnosis; or
    5. Are sexually reactive; and
    6. Can participate in a local education program; and
    7. Will benefit from out-of-home foster care; and
    8. Require intensive supervision and consistent structure.

**DCYF AND DJJS REQUIREMENTS:**

- I. To refer a child, the Child Protection Service Worker (CPSW) or Juvenile Probation and Parole Officer (JPPO) must complete the "Referral to ISO" (Form 2094) and the agency's referral packet, and return the required documents to the agency.
- II. The CPSW or JPPO must:
  - A. Attend treatment plan meetings at the agency;

- B. Review the treatment plan with his or her supervisor;
  - C. Approve the treatment plan;
  - D. Attend special education planning meetings with the school district;
  - E. Attend administrative case reviews and court review hearings;
  - F. Review monthly progress reports from the agency;
  - G. Maintain regular visits per Item 715(a) Assessing Service Needs and contacts with the child and the family; and
  - H. Enter case information and updates on NH Bridges.
- III. The DCYF/DJJS Administrator must review and approve requests from the ISO agency for a child's crisis stabilization in a residential care facility.

**PAYMENTS FOR CHILDREN/YOUTH WHO RUNAWAY OR ARE HOSPITALIZED**

- I. ISO Foster care provider is reimbursed at their authorized board and care and treatment rate for up to 10 days if the following conditions are met:
  - A. The ISO foster care providers remain available to expedite the return of the child to their home; and
  - B. The child has not been placed into another DCYF or DJJS funded residential facility during that time period.
- II. If a child runs away or is hospitalized, Medicaid cannot be billed during the time that the child is a runaway or is hospitalized.
- III. If it is known at the time a child runs away or is hospitalized that the child will not be returning to the ISO foster home then the child's payment authorization is closed out immediately.

**OUTCOME AND PERFORMANCE MEASURES:**

- I. The outcomes and performance targets for Individual Service Option (ISO) – Foster Care, are listed below. For each measure, the agency responsible for obtaining and reporting that data is specified in brackets:
  - A. For Safety,
    - 1. Children are safe while in foster care, are free from abuse and neglect, and are not engaged in delinquent acts, as evidenced by:
      - (a) At least 90% of the children in care have not experienced a new founded determination of abuse or neglect and have not committed a new juvenile offense during service provision. [ISO Agency and Division staff]
  - B. For Permanency,
    - 1. Children and families served make progress in achieving a long term solution to meeting the child's needs, as evidenced by:

- (a) At least 80% of the children and families served made documented progress in meeting their treatment plans' objectives. [ISO Agency]
  - 2. Children have stability in their living situation, as evidenced by:
    - (a) At least 90% of the children served have no more than 2 placement changes, including discharge from ISO service, during the ISO Agency's service to the child. [ISO Agency and Division staff]
  - 3. For Child and Family Well-Being,
    - (a) Children and families have improved documented capacity to provide for their children's needs, as evidenced by:
      - (1) Through the ISO Agency's provision of comprehensive community-based services, at least 85% of the children and families served have at least 3 community resources involved in or contracted with to provide therapeutic, social, or other community based services. [ISO Agency]
  - 4. For Foster Families and Stakeholder Satisfaction,
    - (a) CPSWs and JPPOs are satisfied with the services provided by the ISO Agency, as evidenced by:
      - (1) In annual quality assurance surveys from CPSWs/JPPOs, at least 85% of the responders reported that they approved of the quality and appropriateness of the care and service delivered by the ISO Agency. [Division staff]
  - 5. Foster families received training, support, and were satisfied with the access, quality, and effectiveness of the ISO Agency's services, as evidenced by:
    - (a) In annual quality assurance surveys from Foster Families involved with the ISO Agency, at least 80% of the responders reported that they approved of the quality and effectiveness of the support provided by the ISO Agency. [ISO Agency provides the names and addresses of the foster families to Division staff who then conduct the survey]
  - 6. Community stakeholders are satisfied with the services provided by the ISO Agency, as evidenced by:
    - (a) In an annual report prepared by the ISO Agency, written documentation from court, public school, medical, and other community stakeholders positively refer to the services provided by the ISO Agency, and the ISO Agency has documented its effort to improve collaboration with community agencies and the Division. [ISO Agency]
- II. The Provider must complete quarterly ISO service data reports and forward a copy to the service utilization reviewer at State Office of the Department of Health and Human Services in Concord, NH no later than 15 days following the end of the quarter beginning with the July to September

quarter Provider's Annual Reports are due at the Department within 30 days after the fiscal year's conclusion, no later than July 30th.

**SERVICE RATE:** Per day, as determined by Rate-Setting.