

TREATMENT FOSTER CARE

Title .07

Subtitle .02

Chapter .21

Title 07 DEPARTMENT OF HUMAN RESOURCES
Subtitle 02 SOCIAL SERVICES ADMINISTRATION
Chapter 21 Treatment Foster Care

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Agency Note: Federal Regulatory Reference 45 CFR 228.13 and 228.42

.01 Scope.

This chapter applies to the approved treatment foster care programs operated by child placement agencies licensed by the Social Services Administration, Department of Human Resources under COMAR 07.02.13 and treatment foster care programs operated by a local department of social services.

.02 Goal of Treatment Foster Care.

The goal of treatment foster care is to provide intensive services to a child with a serious emotional, behavioral, medical, or psychological condition.

.03 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

- (1) "Administration" means the Social Services Administration.
- (2) "Case manager" means a provider agent or representative responsible for:
 - (a) Providing supervision, training, and consultation to treatment and biological parents;
 - (b) Arranging and ensuring necessary services to a child; and
 - (c) Acting as the leader of a child's treatment team.
- (3) "Case plan" means a written description of a child's needs and services to be provided to meet those needs as outlined in COMAR 07.02.13.05D and the relevant federal statutes and regulations.
- (4) "Clinical supervisor" means a provider agent or representative responsible for providing supervision, training, consultation, and support to the case manager.
- (5) "Foster family care" means 24-hour substitute care provided for a child in an approved or licensed foster family home.
- (6) "Local department" means the department of social services in a county or Baltimore City.
- (7) "Medical passport" means a confidential, abbreviated health record as outlined in COMAR 07.02.11.08.
- (8) "Permanency plan" means a plan specifying:
 - (a) Where and with whom a child shall live; and
 - (b) The proposed legal relationship between a child and the child's permanent caretaker or caretakers.

- (9) "Professional staff" means the case manager and clinical supervisor within the treatment foster care program.
- (10) "Progress report" means a provider agency's written update of a child's treatment plan for a specific time period.
- (11) "Provider agency" means the unit within the:
- (a) Local department of social services charged with implementing the treatment foster care program; or
 - (b) Licensed child placement agency responsible for implementing the treatment foster care program.
- (12) "Record keeping" means a systematic recording of information documenting activities of a child's behavior and progress in targeted areas, as defined by the treatment plan.
- (13) "Respite care" means short-term care for a child to relieve the treatment family or care giver.
- (14) "Serious emotional, behavioral condition" means a limitation of an individual's capacity which adversely affects the individual's ability to perform in the following areas:
- (a) Daily living skills;
 - (b) Community living skills;
 - (c) Interpersonal relationships; and
 - (d) Appropriate educational activities.
- (15) "Treatment" means the coordinated provision of services and use of procedures designed to produce a planned outcome in an individual's behavior, attitude, or general condition based on a thorough assessment of possible contributing factors.
- (16) "Treatment accountability" means:
- (a) Behaviorably measurable time-limited goals and a set of written procedures for achieving them; and
 - (b) A process for assessing results.
- (17) "Treatment foster care" means a 24-hour substitute care program, operated by a licensed child placement agency or local department of social services, for children with a serious emotional, behavioral, medical, or psychological condition.
- (18) "Treatment foster parent" means a caretaker who is:
- (a) Licensed and trained by a child placement agency to perform parenting duties; and
 - (b) Responsible for implementing, monitoring, and assessing the progress of a child's individual treatment within the home setting.
- (19) "Treatment plan" means a written description of the objectives, goals, and services to address the needs of a child, including the child's projected length of stay in the program.
- (20) "Universal precautions" means health and safety measures used as a barrier between an individual and another individual's body fluids.

.04 Staffing Requirements.

- A. The case load ratio may not be greater than one case manager to ten children.
- B. The provider agency may decrease the case load ratios of the case manager set forth in §A of this regulation if it is determined that one or more of the following circumstances apply:
- (1) The children's needs require more intensive supervision and training for the treatment parents;
 - (2) Travel distances between placements of children impede the case manager's ability to maintain frequent and direct contact with clients;
 - (3) The case manager provides case management services and performs the following additional duties:
 - (a) Recruitment and training of treatment foster parents,
 - (b) Casework services to a child's biological family, and
 - (c) Therapeutic service to a child; or
 - (4) Other factors necessitate the reduction of the case load to ensure adequate provision of services.
- C. A provider agency shall provide clinical supervision to casework staff.

.05 Staff Training Requirements.

A provider agency shall meet the following staff training requirements in which professional staff shall:

- A. Participate in a minimum of 20 hours of preservice training, before assuming casework responsibilities, which includes:
- (1) An overview of treatment foster care and its history and development, and permanency planning,
 - (2) Orientation to the provider agency's treatment philosophy and skill training in its specific treatment methodologies,
 - (3) The provider agency's discipline policy, including the use of passive physical restraint,
 - (4) The provider agency's policies and procedures, including documentation and evaluation requirements,
 - (5) Identification and reporting of child abuse and neglect,
 - (6) Foster care regulations as set forth in COMAR 07.02.11,
 - (7) Maryland statutes and regulations governing confidentiality of records as set forth in Article 88A, §6, Annotated Code of Maryland, and COMAR 07.01.07,
 - (8) Procedures for access to records as set forth in COMAR 07.01.02,
 - (9) Crisis intervention, grief and loss issues for foster children, and child development, and
 - (10) Application of universal precautions;
- B. Participate in a complete sequence of the provider agency's preservice training for treatment parents;
- C. Receive at least 30 hours of training annually that includes written policies and procedures specific to the needs of the children served; and

D. Receive certification of the completion of required training under A and B of this regulation for the professional staff's personnel file.

.06 Eligibility Requirements.

A. A child is eligible for treatment foster care if the local department determines that the child:

- (1) Qualifies for foster care under COMAR 07.02.11.04; and
- (2) Has one or more of the following conditions:
 - (a) A serious medical condition including, but not limited to:
 - (i) HIV positive and symptomatic or has AIDS,
 - (ii) Multiple handicaps, or
 - (iii) A symptomatic drug-exposed newborn; or
 - (b) A serious emotional, behavioral, or psychological condition including:
 - (i) Psychiatric diagnosis by appropriate qualified professionals, or
 - (ii) History of an ongoing substance abuse problem; or
 - (c) Developmental disability; or
- (3) Is in need of a high level of treatment in a family setting.

B. Siblings who do not require treatment foster care may be placed in the same home with a sibling who requires treatment foster care.

C. Discharge Criteria.

- (1) The provider agency shall have a written policy for planned discharge of a child from the treatment program.
- (2) The aftercare plan shall:
 - (a) Become a part of the child's case record; and
 - (b) Include the following:
 - (i) The name, address, telephone number, and relationship of the individual to whom the child is being discharged,
 - (ii) A summary of the services provided during care,
 - (iii) A summary of the growth and achievements of the child during care, and
 - (iv) Identified needs of the child which remain unmet and recommendations for services not available from the new placement.

.07 Referral Responsibilities.

A. Local Department Responsibilities. The local department shall:

- (1) Determine that a child is eligible for treatment foster care; and
- (2) Send to each potential provider agency with which the local department seeks to place a child the following:
 - (a) A referral for purchase of care,
 - (b) A current case plan drafted within 180 calendar days before the date of referral,
 - (c) Relevant medical records within 1 year before the date of referral to the provider agency, and

(d) The psychological or psychiatric evaluations performed within 1 year before the date of referral to the provider agency if eligibility is based on a serious emotional, behavioral, or psychological condition.

B. A provider agency shall:

- (1) Have a written admission policy which includes the acceptance criteria; and
- (2) Respond in writing to the referring agency within 14 working days, accepting or denying admission of a child and giving the reason for a denied admission.

.08 Post-Acceptance Responsibilities.

A. The provider agency shall:

- (1) Within 30 calendar days of a child's acceptance into the program, develop a treatment plan in conjunction with the local department;
- (2) Convene a team, including but not limited to the local department of social services, treatment parents, and therapist to evaluate each child's treatment plan at intervals not to exceed 3 months;
- (3) Visit the treatment foster parents at least twice a month;
- (4) Provide a child access to medical care;
- (5) Have face-to-face contact with a child at a minimum of twice a month;
- (6) Provide services to the biological family of a treatment foster care child as required in the permanency and treatment plans;
- (7) Attend foster care review board hearings and court hearings;
- (8) Provide advance information to the local department on changes affecting services to a child which could result in revisions to the treatment plan, such as changes in placement, placement location, or visitation plans;
- (9) Provide the local department every 3 months with a written progress report on the treatment plan;

(10) Provide the treatment foster parents all medical and psychological information necessary for the care of a child;

(11) Provide treatment foster parents access to both planned and crisis respite care of their treatment foster children; and

(12) Maintain a written preservice and in-service training curriculum specific to the population serviced.

B. The local department shall:

- (1) Within 30 calendar days of the child's acceptance into the provider agency, develop a permanency plan in conjunction with the provider agency;
- (2) Inform the foster care review board and the court of a child's placement with the provider agency and the name of the child's case manager;
- (3) Review with a child's case manager the progress report required in §A(9) of this regulation;
- (4) Meet with a child and the child's biological family every 6 months in consultation with the child's case manager to update the treatment plan; and
- (5) Attend foster care review board hearings and court hearings.

.09 Treatment Home Capacity Requirements.

The number of children placed in one eligible treatment home may not exceed two without prior justification and approval in writing from the Administration.

.10 The Treatment Foster Parent.

A. Treatment Foster Parent Qualifications. A treatment foster parent shall meet the following criteria:

- (1) Comply with all foster family approval regulations as specified in COMAR 07.02.13;
- (2) Be available to a child on a 24-hour basis;
- (3) Arrange for child care services consistent with COMAR 07.02.13.07B(3) and .17B(7);
- (4) Possess a high school diploma or equivalent including, but not limited to, life experience; and
- (5) Have access to public or private transportation to transport a child to all necessary services identified in the individual treatment plan.

B. Treatment Foster Parent Training.

(1) Prospective treatment foster parents shall receive at least 24 hours of preservice training before their approval and placement of children in the home.

(2) Areas of training include:

- (a) A history of the importance of foster parents to the child welfare program, from a historical perspective to the present team approach concept;
- (b) The definition of foster care and its relationship to permanency planning;
- (c) The rationale for teamwork in permanency planning;
- (d) An explanation of the needs and rights of children in foster care;
- (e) An explanation of the needs, rights, and responsibilities of parents of children in care;
- (f) A delineation of the complementary roles of foster parents and caseworkers;
- (g) A review of the grieving process;
- (h) Exploration of an applicant's own feelings about separation;
- (i) Recommendations for helping foster families work with the feelings and resultant behaviors that are typical of children separated from their biological parents;
- (j) The development of an accepting attitude with regard to the biological parent-child relationship;
- (k) A review of issues related to substance abuse; and
- (l) Health and safety practices related to universal precautions.

C. In-Service Training Requirements.

- (1) Treatment foster care parents shall attend 20 hours of in-service training annually.
- (2) Certification of training shall be documented in the treatment parent's case record.

D. Treatment Foster Parent Responsibilities. The foster parent shall:

- (1) Assist the case manager and other team members in the development of treatment plans for a child or youth in their care;
- (2) Attend team meetings and training sessions;
- (3) Keep a systematic record of a child's behavior and progress in targeted areas on at least a weekly, or preferably, a daily basis;
- (4) Ensure a child access to medical and dental care, including accompanying the child to medical and dental appointments and carrying out treatment prescribed by health care providers;
- (5) Coordinate recreational and leisure time activity;
- (6) Monitor a child's school attendance and progress, and attend parental conferences and activities;
- (7) Provide transportation services;
- (8) Maintain a medical passport;
- (9) Attend and provide information at court hearings as specified in the treatment plan; and
- (10) Assist a child in maintaining contact and visitation with the child's biological family unless otherwise indicated in the child's treatment plan.

.11 Treatment Plan Requirements.

A written treatment plan includes:

- A. Role of the treatment foster parent;
- B. Role of the provider case worker;
- C. Specific tasks to be carried out by treatment parents during placement;
- D. Long-term goals of treatment, including criteria for discharge, projected length of stay in the program, projected post-treatment, and aftercare services; and
- E. Identification of treatment team members who will assist in the provision of planned care.

.12 Length of Stay in Programs.

The length of stay in a treatment foster care program is subject to review pursuant to COMAR 07.02.11.18.

.13 Liability Insurance.

- A. The Administration shall provide liability insurance for treatment foster parents as outlined in COMAR 07.02.25.21.
- B. The child placement agency shall provide liability insurance as outlined in COMAR 07.02.13.04N(1) and (2).

.14 Appeals.

A treatment foster parent aggrieved by a decision of a provider agency has the right to appeal according to COMAR 07.02.02 and 07.02.13.04R.

.15 Evaluation.

The agency shall complete and maintain for inspection an annual written evaluation as specified in COMAR 07.02.13.04H(1)-----(5).

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