

## Treatment Foster Care Bed Capacity Exception Packet Form

### SECTION I: File Information

Foster child	DOB	Treatment or Regular	Sibling (yes or no)	Exception Placed Or Respite	LDSS Caseworker	Caseworker Information LDSS, Address, Phone, Fax

TFC Program Name and Address	Casemanager/Contact	Phone	Fax	Email

Treatment Parent Nme	Address and Phone

### SECTION II: Submission Materials Checklist (check all attached )

- |  |  |
|--|--|
| <input type="checkbox"/> Documentation of Treatment Eligibility                | <input type="checkbox"/> LDSS Recommendation for Exception – each child (form printed on LDSS agency letterhead) |
| <input type="checkbox"/> Treatment plan Exception Child 1                      | <input type="checkbox"/> Program Certification for Exception (this form)   |
| <input type="checkbox"/> Treatment Summary Foster Child 1                      | <input type="checkbox"/> Treatment Parents Skills and Responsibilities; home history (this form)                 |
| <input type="checkbox"/> Treatment Summary Foster Child 2                      | <input type="checkbox"/> TFC Parent Statement (form printed on Provider letterhead)                              |
| <input type="checkbox"/> Documentation of Serious Medical/Behavioral Condition |  |

### SECTION III: Provider Treatment Foster Parent Certification Status

Initial Certification date: \_\_\_\_\_

Most recent re-certification date: \_\_\_\_\_

#### COMAR Compliance for Certified Treatment Foster Parents

Attached Treatment Foster Parent Statement dated: \_\_\_\_\_

Check all that apply:

- Meets all medical requirements up to date (COMAR 07.05.02.06)
- Meets all requirements for financial stability (COMAR 07.02.05.02.07)
- Meets all reporting requirements (COMAR 07.05.02.09)
- Meets all requirements of home, equipment and supplies (COMAR 07.05.02.10)
- Meets all requirements of home study including CPS and state and federal background checks (COMAR 07.05.02.11)
- Meets all training requirements (COMAR 07.05.02.12)
- Meets all requirements for certification (COMAR 07.05.02.13)
- Meets all requirements for treatment home capacity (COMAR 07.02.21.09)
- Meets all requirements for treatment foster parent (COMAR 07.02.21.10)

Provider Agency Authorizing Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

## SECTION IV: Treatment Foster Care Placement Agency Questionnaire

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Please provide answers to following questions.

- If the child is presently in the TFC home, what has been the progress or deterioration by any of the children since the child in question joined the household?  
\_\_\_\_\_
- What are the services the family would specifically receive for the child in question? Does this represent an increase in services?  
\_\_\_\_\_
- What would be the responsibilities of the treatment foster parent for the exception child?  
\_\_\_\_\_
- How would the family manage as treatment parents for more than 2 foster children if all would be in need of treatment care?  
\_\_\_\_\_
- Could either of the other two children in the treatment home be considered for step-down? Could the Exception child be approved as a regular foster care placement in the home?  
\_\_\_\_\_
- Is the program in agreement to provide extra support to the family if the third child is placed in the home? How?  
\_\_\_\_\_
- Identify the strengths and of this family which would enable them to handle another child while maintaining the care level of the other treatment children in the home.  
\_\_\_\_\_
- Does the program family understand if the child is approved for placement as a traditional foster child (rather than treatment), that the payment received will be the regular board rate even though the child is placed in a treatment foster home?  
\_\_\_\_\_
- Would removal and/or placement in another treatment foster home be more appropriate? Why or why not?  
\_\_\_\_\_
- Is the treatment foster parent and the treatment placement agency aware that Approval by SSA may be to place the child as a regular foster child? Would all still be in agreement with the placement?  
\_\_\_\_\_

## SECTION V: Treatment Foster Home Narrative

Please provide detailed narrative on the treatment foster home. The narrative should include the skills of the treatment foster parent(s) to meet the extra child's treatment needs and ability to maintain the level of treatment and care necessary to all foster children in the home.

\_\_\_\_\_

### Special Instructions:

\_\_\_\_\_

*Upon receipt and review of the above-referenced materials, a staffing with the local department treatment foster care supervisor, the treatment foster care case worker and SSA representatives may be deemed necessary prior to an Exception being granted or denied*