Overview	The Department of Children and Families shall ensure children entering care will have their needs met when presenting with complex needs associated with one or more behavioral health or mental health diagnoses and/or intellectual developmental disabilities. This rate structure is not to be applied in conjunction with any other rate.

Definition	A child who presents with one or more of the following:
	• symptomology associated with their diagnoses that impedes stability of placement
	• requires frequent supervision
	  o to perform daily, age-appropriate activities at home, school or in the community
	  o to reside safely in the licensed caregiver's home
	  o to prevent harm to self or others
	• has multiple treatment or support services involved
	• Requires extensive supports to reside in the least restrictive setting and or the recommended treatment setting is currently unavailable

Level of Need	**Level 1: Mild Impairment** - • Diagnosis managed by therapy appointments or specialty care treatment appointments occurring at least twice per week that cannot otherwise be supported by FFT-FC. • Requires a caregiver to participate in recommended treatment and training specific to the child need **Level 2: Moderate Impairment** • Intensity of support is dependent on the child's needs, including but not limited to a combination of supports requiring multiple appointments or in home services several times per week, involved with juvenile justice system, substance use treatment, experiencing dysregulating behaviors and medically complex (i.e. Intensive in home supports most days of the week) • Frequent supervision and support required by a caregiver who is in the process of being trained or trained for the specific needs of the child. • In home personal care support and treatment required • Able to safely reside in home setting with intensive/ongoing supports • May require periodic, short-term treatment out of the home setting to support stability (i.e. inpatient treatment at community hospital, 911/ 211 /UCC/SAC supports needed, etc.) **Level 3: Severe Impairment** • 24-hour supervision due to safety concerns and risk (i.e. frequent aggressive incidents towards others, significant substance use causing severe impairment). The supervision plan will be tailored to the child's needs • Approved for treatment setting outside of the home including and not limited to Therapeutic Group Home, Residential Treatment Center, Psychiatric Residential Treatment Facilities, and Albert J. Solnit Children Center-South etc. • Consideration of those needing extensive supports but cannot access treatment settings
Eligibility	Determining eligibility is based on an assessment of need, history, impact on stability, availability, and access to services. The assessment is informed by a convening of a cross

	divisional team of experts. This team can include: <u>Clinical and Community Consultation and Support</u> The Regional Resource Group (RRG) Mental Health, Substance Use, and/or Intimate Partner Violence Specialist can provide a • Description child's clinical needs • Description of the caregiver's needs (i.e. psycho-education, ABA, etc.) in relation to the child and the expectations • Identify specific treatment supports/services to address the child's and/or caregiver's needs • Recommend programs covered by insurance, contracted, credentialed or other to provide treatment. May include consideration of need for bridge to services due to program waitlists, etc. <u>Health Management & Oversight</u> Nursing RRG consultation can provide a • Description child's medical needs • Description of the caregivers' needs (i.e. training etc..) in relation to the child • Identify a Treatment plan/ services to address the need • Recommend programs covered by insurance, contracted, credentialed or other to provide treatment <u>Foster Care Division (and Child Placing Agency, when appropriate)</u> • Description of the caregiver statement of need • FCD assessment of Impact to caregiver, household members and operations • FCD identify barriers to licensing or maintaining license • FCD assessment of support (or not) <u>Fiscal</u> • Offer any available payment alternatives • Offer potential barrier and suggestion to remove • Identify expectations and needs <u>Systems Contracts</u> • Offer any available alternatives from the service array (bridge services, grassroots etc.) • Identify future opening or status of waitlist
Approval	Assessments resulting in a recommendation for a short-term stabilization rate shall be submitted to the Bureau Chief of Child Welfare or designee, Senior Administrator of the Clinical/Community Support Division or designee, and Chief Fiscal Officer or designee for approval. The request for approval shall provide justification of need, proposed level, duration, and redetermination review period. **Form:** DCF-002-2F Short Term Stabilization Certification
Redetermination	Redetermination assessment occurs as soon as deemed necessary by the cross divisional team and not to exceed six (6) months. Redetermination assessment resulting in a continuation of the existing rate, a reduction or increase to the existing short-term stabilization rate, shall be submitted to the Bureau

<table>
<tr><td></td><td>Chief of Child Welfare or designee, Senior Administrator of the Clinical/Community Support Division or designee, and Chief Fiscal Officer or designee for approval.

The short-term stabilization rate is time limited and only applies to a child in care. It is time sensitive and will not be considered as part of the adoption or guardianship subsidy rate.

Child Welfare Accounting (CWA) will maintain a tracking mechanism and provide a monthly report to the Area Office of children with a short-term stabilization rate.</td></tr>
<tr><td>Monitoring & Tracking</td><td>SharePoint- STS Tracker
Complete the required SharePoint fields in SharePoint and upload (attach) the DCF-002-2F Short Term Stabilization Certification. Assign the STS to the required approving individuals until final decision makers reviews.

SharePoint Fields:
<table><tr><td>Region- CPS</td></tr><tr><td>Child Last, First Name</td></tr><tr><td>Case Id</td></tr><tr><td>Provider Id</td></tr><tr><td>Provider Name</td></tr><tr><td>STS Level Request</td></tr><tr><td>Status Request</td></tr><tr><td>Date STS Approved</td></tr><tr><td>Assigned To</td></tr><tr><td>1st Date Redetermination Due</td></tr><tr><td>Case Name</td></tr><tr><td>Region- Foster Care</td></tr><tr><td>CPS Program Supervisor</td></tr><tr><td>FCD Program Supervisor</td></tr><tr><td>Comments</td></tr></table></td></tr>
<tr><td>Rate</td><td>Foster Care Maintenance Payment is not considered income. It is a reimbursement of services rendered. The rates are subject to change based on eligibility</td></tr>
<tr><td>Documentation</td><td>Assessment and recommended treatment needs, supports and stabilization level shall be documented in LINK. The narrative type:
Regional Resource Group (RRG): RRG Mental Health Consultation narrative.
Child Protective Service Team (CPS): Managerial Case Review/Consultation narrative
Foster Care Division Team: Managerial Consult narrative</td></tr>
<tr><td>LINK Entry</td><td>To insure accurate payment and IV-E reimbursement, use the following LINK placement category and type
Category: CPS Child Foster Care
Service Type: Special Rate Foster Care
Code: 375</td></tr>
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