Foster Care Rate Modernization Report:

Department of Family & Protective Services (DFPS)
Final Service Descriptions

As Required by

2022-23 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021 (Article II Special Provisions Relating to All Health and Human Services Agencies, Section26)

January 2022

Table of Contents

Purpose of Report 1

Approach 2

Refinement of the Preliminary Service Descriptions 3

Service Packages and Description 5

- Foster Family Care 5
- Service Add-ons to Base for Foster Family Care- Home-based/Community Services 7
- General Residential Operation-Tier I 25
- Service Add-ons to Base for General Residential Operation- Tier I/Facility-based Treatment Services 28
- General Residential Operation-Tier II/Facility-based Sub-acute Stabilization Services 41
- Supervised Independent Living Services 45

Validation of DFPS Final Service Descriptions 46

Closing 46

Appendix

Foster Care Rate Modernization Report: Preliminary Service Descriptions

Purpose of Report

Senate bill 1, The General Appropriations Act, 87th Regular Legislative Session, requires the Texas Department of Family and Protective Services (DFPS) to submit a report detailing DFPS final service descriptions for the new rate methodology no later than January 1, 2022 to the Legislative Budget Board, the Governor, the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, the Speaker of the House, the Lieutenant Governor, the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services, and the Texas Health and Human Services Commission (HHSC). These final service descriptions serve as an update to the reports DFPS and HHSC submitted in September 2021.

This report provides DFPS's final description of service packages designed to meet the specific needs of children, youth, and young adults across a variety of placement types including foster family home, general residential operation, and supervised independent living settings in both the legacy and community-based care foster care models. The rate structure used to support the two foster care models will differ, as a service-specific rate will be applied in the legacy system, and community-based care will continue to utilize a blended rate structure.

Defining, purchasing, and reimbursing providers based on individual service packages (as opposed to using a child leveling system) represents a new way of doing business in the Texas foster care system. DFPS has researched and provided content to support the final service packages; however, to ensure these packages meet the high quality envisioned with a new rate methodology, the Department in conjunction with HHSC and the University of Texas-Texas Institute for Child & Family Wellbeing, will continue to work closely with child welfare industry stakeholders.

Some of the service add-ons listed may require future modification as assumptions are validated and refined based on stakeholder feedback.

In September 2021, DFPS published the [Foster Care Rate Modernization Report: Preliminary Service Descriptions] which included:

- Background information on the Texas Service Level System/rate methodology and the legislative charge;

- The goals, objectives, and parameters of the current Rate Modernization Project;
- Information detailing the approach DFPS utilized to arrive at the preliminary service descriptions contained in the report;
- DFPS's preliminary service descriptions; and
- An overview of project next steps for the fall of 2021.

The Foster Care Rate Modernization Report: Preliminary Service Descriptions report has been included as an addendum to this report, and should be reviewed in conjunction with this report for full context.

Approach

Since the September 2021 release of the initial report detailing the preliminary service descriptions, DFPS has worked closely with HHSC and the Texas Institute for Child & Family Wellbeing to modify and refine the packages to aid HHSC's development of the new rate methodology as described in the HHSC Foster Care Rate Modernization: Development & Implementation Plan.

This work has included leveraging expertise across several DFPS divisions including the Office of Finance, and policy experts from Child Protective Investigations and Child Protective Services in the following areas:

- Medical, Behavioral Health and Substance Use Disorders;
- Child Placement and Foster Care Regulation;
- Youth and Young Adult Transitional Services;
- Intellectual and Developmentally Disabled Services;
- Autism;
- Human Trafficking;
- Youth who are Pregnant or Parenting; and
- Sexual Aggression and Sex Offenders.

Subject matter experts provided content across 90 variables for each of the resulting 24 service add-ons. These variables were foundational to defining the following model components:

- Minimum required activities being performed in the service;
- Population receiving services, any variation in need, other factors that may impact cost;
- Education, training, and certification requirements of provider and caregiver;
- Location of services;

- Services being provided for residential child-care including multiple types; and
- Program assumptions including staffing ratios, frequency and duration of each service add-on.

Based on this work, DFPS has separated the foster care service continuum into three placement categories:

1. Foster Family Care-Home-based/Community Services
2. General Residential Operations
    a. Tier I-Facility-based Treatment Services
    b. Tier II-Facility-based Sub-acute Stabilization Services
3. Supervised Independent Living Placements

Inherent in each of these three categories is a base package of services and over 20 specialty packages considered "service add-ons". These service add-ons represent a model of care that, once validated, will appropriately meet the varying needs of children and youth in the Texas Foster Care System using a new foster care rate methodology.

Refinement of the Preliminary Service Descriptions

Following the Fall 2021 release of the preliminary service descriptions, DFPS has continued to analyze data and gather additional input from stakeholders. There were several significant changes resulting from this work, with the most significant highlighted below.

Evidence-Informed versus Evidence-Based Treatment Models:

In the September 2021 report, several of the service packages included the requirement of an "evidence-based" treatment model. As the department worked with researchers to build the final descriptions for these models, it became evident that many **quality** targeted treatment models are "evidence-informed" and may not meet all of the criteria to be "evidence-based" which could be a critical limitation. To ensure that children, youth, and young adults receive the best quality care possible, DFPS has modified the requirements in the final service models to include a requirement that the treatment model be "evidence-informed".

Senate Bill 1896, 87th Regular Legislative Session 2021 (S.B. 1896), requires that on issuance of an initial or renewal of license, general residential operations (GRO) serving children in foster care submit information to the

department on the operation's treatment model. Inherent in the legislation is the requirement that the operation have a system to annually assess the effectiveness of the treatment model. This concept has been leveraged into a requirement of not only GRO but also Child Placing Agencies (CPA) that offer treatment/therapeutic foster care.

This type of evidence-informed structure requires a provider to enact quality assurance, evaluation, and continued quality improvement systems to support the treatment practice. The costs for maintenance of these systems is built into the structure for each of the relevant final service add-ons.

Gradation within Service Add-Ons*:*

Supervision is the foundation of child safety, and must be balanced with opportunities for normal, age and developmentally appropriate activities. Like their counterparts living outside of foster care, children, youth, and young adults in the system have varying needs that require different levels of supervision. Variation in age, developmental level, and fluctuation in child needs, balanced with normalcy, require adjustments to caregiver ratio, supervision, and enhanced skill and training. This has been cited by providers, particularly those operating GROs, as one of the major cost drivers to their business model.

While DFPS has reached resolution on the final service descriptions, more work is needed with stakeholders on the best approach to take when needs vary in order to account for the fluctuation in the new rate methodology.

For example, some service add-ons include an estimated percentage of time the average child is expected to require a certain staffing ratio/level of supervision; however, an alternate approach used in other state systems includes gradations in rates paid for the same service type based on variation.

Additional exploration and validation will be required over the next few months to determine how best to address possible gradation within service add-ons.

Human Trafficking and Foster Care*:*

Much work has been done over the past several years under the direction of the Office of the Governor and the Texas Legislature to improve services for children and youth who are victims of human trafficking.

Research has demonstrated that children, youth, and young adults in foster care are at a greater risk of being victims of human trafficking than children

living outside of the system. To help mitigate this risk, DFPS has modified the base package for Foster Family Care and GRO's Tier I and Tier II to require providers to incorporate a developmentally appropriate universal Human Trafficking training and prevention model for children, youth, and young adults.

Service Packages and Description

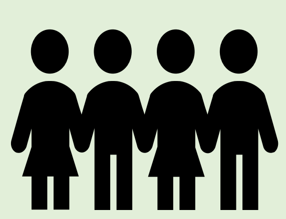
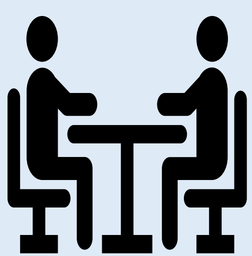
DFPS has reached internal consensus on a final set of service add-ons. These service packages represent a new way of doing business, and validation is needed from providers and other stakeholders in the industry to ensure model components are sufficient as new foster care rate methodology and subsequent rates are built.

<table>
<tr><th colspan="2">Foster Family Care
Home-based/Community Services</th></tr>
<tr><td> </td><td><u>Base Package-</u> Services designed to cover the cost of room, board, and other expenses associated with providing 24-hour licensed care in a family home setting for children, youth, and young adults who are the victims of abuse and/or neglect.

Providers must incorporate a developmentally appropriate universal Human Trafficking training and prevention model for children, youth, and young adults placed in their care. The cost for developing/procuring and implementing/maintaining a model for CPA staff and foster parents should be included in the new rate methodology.

Additionally, all providers must incorporate a trauma-informed approach to care, which includes training for all staff and foster parents.

Services support normalcy, and some services may occur in the foster home via telehealth or home-based supports and therapy.</td></tr>
</table>

	***Population:*** Children and youth 0-17 years old in the temporary or permanent managing conservatorship of DFPS, and young adults ages 18-22 who meet eligibility for extended foster care. Services offered through Foster Family Care are considered the least-restrictive, most family-like placements available in paid foster care.
	***Provider:*** Must meet Minimum Standards and be licensed as a Child Placing Agency in the State of Texas or hold a comparable license in another state. Also, CPA must be licensed to provide Assessment, Human Trafficking, Treatment, Primary Medical Needs, etc. as applicable to the service add-on selected.
	Caregiver: Foster parents that are verified through a licensed Child Placing Agency. Respite care will require caregivers who specialize in application of service add-on, and considered at same pass-through rate as foster family pass-through (if applicable).
	Primary Location of Services: Foster Family residence located in communities with foster parents (as opposed to shift staff). Services are offered across the state of Texas (both rural and urban areas) and can occur in other states as well through out-of-state contracts.

Service Add-ons to Base for Foster Family Care-Home-based/Community Services

1. Basic Foster Family Care

A foster home that provides a child's basic living needs, including food, clothing, shelter, education, vocational, and extracurricular needs which may vary based on age and developmental level. Each home has no more than 6 children in a home and must adhere to HHSC CPA Minimum Standards Section 749.2551. Dependent on age, children in these settings ordinarily attend both family (minimum of once a month) and individual therapy (minimum of 2 times per month) to address trauma and daily living needs. Children in these living situations attend visitation with siblings and other members of their family at least once a week.

Children in these settings benefit from STAR Health services; however, the CPA is responsible for case management services to include coordination of care and service planning. The foster parent must meet the child's needs, including but not limited to transportation to multiple appointments, visitation with parents and other family members, as well as court and other appointments that are unique to children in foster care. CPA and foster parents must meet base training requirements as outlined in the Texas Family Code, CPA Minimum Standards, and DFPS/SSCC Contracts. In situations where there are more than 6 children in the home, the CPA is responsible for ensuring awake night supervision in the home. The CPA must adhere to service planning requirements consistent with minimum standards, including holding a coordinated service team meeting at a minimum of every 180 days (frequency may increase dependent on child's needs and legal status). CPA must administer a trauma informed model of care, which includes training requirements for foster parent.

Initially it is estimated that the CPA case manager may spend on up to 2 hours per week per child coordinating services, and up to 2 hours per week per child on documentation and records management. Additionally, foster parents may spend up to 3 hours per week coordinating care for the child and an additional 2 hours per week on average documenting and collecting records particularly when children are new to their care. The foster parent transports children approximately 10 times per week outside of the home, with the average trip lasting 1 hour. Sometimes there is overlap if multiple children have different appointments. Admissions occur 24/7, 365 days per year, and therefore the CPA must make available intake/placement staff on call accordingly and pay overtime.

Private CPA administrative costs are inclusive of, but not limited to the following:

- Staffing structure to support one full time Licensed Child Placing Agency Administrator to supervise the operation. Program Directors, Supervisors, Case Managers, all of which should be considered at a bachelor's degree level or above, and administrative and technical support staff who should be considered at High School graduate level.
- Recruitment, Retention, and Workforce development for CPA staff and foster parents.
- Training Services, including tracking and documentation for CPA staff and foster parents.
- Quality Assurance and Continuous Quality Improvement System to support regulatory requirements.
- Billing Department that can support minimal complexities of billing between DFPS/SSCC child welfare and Medicaid systems.
- Automated systems to support case management, regulatory tracking, billing/invoicing, as well as quality assurance and reporting.
- Insurance that supports at least:
  - Commercial General Liability – $1,000,000 per occurrence and $2,000,000 aggregate
  - Professional Liability – $1,000,000 per occurrence and $2,000,000 aggregate
  - Crime Policy (3rd Party Endorsement) – $250,000
  - Business Automobile Liability (Owned & Hired Endorsements and Non-owned Auto) – $1,000,000
  - Insurance costs vary based on type of service add-on/acuity of population served.

- Infrastructure costs that support one branch office building within 150 miles of each foster home.

It is assumed that all DFPS-administered foster homes would fall into this category of service. Also, unless otherwise noted in the individual service description the requirements of this service add-on apply to the specialized service add-ons for Foster Family Homes.

2. Short term Assessment and Stabilization Services

A foster home that in addition to the base package foster home includes time-limited services for children, youth, and young adults who are new to care or transitioning from unpaid or unauthorized placements. Care requires additional flexibility on behalf of child-placing agency (CPA) and foster parent to admit children 24/7 and enhanced skill in assessment and coordination to support transition of child to most appropriate placement. Examples include children and youth who may be returning from a runaway episode or a disruption in kinship placement. Children in these settings attend individual and family therapy as well as attend family visitation.

The maximum placement capacity for this type of service is 4 children per home, with an exception up to 6 children, if necessary, to support placement amongst siblings.

Foster Family Care Service Add-On Type	Unique Service Input										
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	24/7 Crisis Response	Specialized Respite Program	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Short-term Assess. & Stabilization Services	★	★		★		★	★			★	

There are 6 categories of service inputs that elevate this service type above what is inherent in the base package and include, but are not limited to:

- **Time-limited Services**- maximum length of stay is 30 days if the child is age 5 or under. If the child is over the age of 5, the maximum length of stay is 45 days, with the option for one 15-day extension.
- **Enhanced Staff Credentials-**Based on the types of assessments needed, the CPA will be required to have a Clinical/Treatment Director.
- **Increased Reporting Requirements**- Enhanced assessment and evaluations will be a part of this type of placement. Generation and collection of these reports will warrant the need for increased reporting to support identification and transition to subsequent placement.
- **24/7 Crisis Response**- Based on the varying needs of this population, the CPA must have case manager level or above staff available 24/7 to respond in the event of a crisis, at least 25% of the time in person, and 75% of the time via telephone or video conference. This will require paying staff overtime.
- **Specialized Respite Program**-Limited respite program due to short lengths of stay, however respite caregivers have equivalent skill and training to that of primary caregiver due to variation of need of children served through this program.
- **Complex Cross System Coordination**-Joint role of CPA and caregiver through assessment of child via observation/interaction, bio-psychosocial assessment/ Child and Adolescent Needs and Strengths (CANS) assessment, 3-day medical exam (if entering care), Texas Health Steps checkups for developmentally appropriate, physical and dental care. Psychological and Psychiatric Evaluation when necessary.

School enrollment and testing. Services allowable under Medicaid will be covered through Medicaid. CPA spends on average 1 hour per day per child coordinating appointments and documenting services. Caregiver spends an average of 2 hours per day per child coordinating appointments and coordinating services.

3. Services for Children and Youth with Complex Medical Needs or Who Have Been Deemed Medically Fragile

Foster home that in addition to the base package includes services for children, youth, and young adults with a medical diagnosis that requires constant monitoring, access to skilled nursing and other care up to 24 hours per day/7 days a week, and/or for whom the child cannot live without the support, direction, or service of others. CPA and caregiver specialize in coordination of health care services through STAR Health and the child has an increased number of appointments and potential for hospitalizations. Additionally, child is engaged in specialty services such as occupational, physical, and speech therapy, as well as enhanced nutritional services. Caregiver serves as the medical consenter and must be proficient in meeting child's daily living needs.

The maximum placement capacity for this type of service is 4 children per home, with an exception up to 6 children for a home that is retrofitted for disability accessibility and has outside trained paid staff caring for children.

Foster Family Care Service Add-On Type		Unique Service Input									
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	24/7 Crisis Response	Specialized Respite Program	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Services for the Medically Fragile		★	★	★	★		★		★	★	★

There are 8 categories of service inputs that elevate this service type above what is inherent in the base package and include, but are not limited to:

- **Enhanced Staff Credentials-**CPA must have a nurse available 24/7 for new admissions, training, consultation, and oversight of foster parents. Requires enhanced skill and training for medical consenter.
- **Enhanced Staffing Ratios-**Based on child's need and level of complexity of care coordination, this service add-on requires a lower child to caregiver ratio.

- **Increased Reporting Requirements**- Initially, it is estimated that the CPA will spend up to 3 hours per week per child on documentation, which the foster parent similarly spends 3 hours per week gathering and documenting to support service delivery. Reports are shared with treatment team and medical providers.
- **Billing Complexities**-Enhanced complexities due to the number of Medicaid billable services.
- **Specialized Respite Program**-CPA must coordinate and facilitate respite care program- offering at a minimum emergency respite that allows for up to 60 days per year of respite per child and 40 days per year of planned respite per child.
- **Enhanced Training**-Foster parent and CPA must be well-versed in child's underlying medical condition in order to provide quality care. Caregiver administers medication and is skilled in use of all medical equipment. Caregiver is required to participate in STAR Health Service Management if determined appropriate.
- **Complex Cross System Coordination**- Joint role of CPA and caregiver through assessment of child via observation/interaction, bio-psychosocial assessment/CANS, 3-day medical exam (if entering care), Texas Health Steps checkups for developmentally appropriate, physical and dental care. Psychological and Psychiatric Evaluation when necessary. School enrollment and testing. Services allowable under Medicaid will be covered through Medicaid. CPA spends on average 1 hour per day per child coordinating appointments and documenting services. Caregiver spends 3 hours per day per child coordinating appointments and services. If enrolled, foster parent participates in STAR Health Complex Case Management.
- **Aftercare Services Required**-CPA and caregiver will engage child's parents, kinship placement, and/or adoptive placement in treatment planning before discharge. Upon discharge child will exit placement with a complete plan to include referrals for continued services, initial appointments set (if transition is needed), as well as bi-monthly follow-up calls and/or meetings for a period of 3 months.

4. Treatment Foster Family Care Services

Time-limited Treatment Foster Family Care Services that adhere to the model codified in the Texas Family Code and included in the Texas Administrative Code for children, youth, and young adults who require heightened clinical intervention. Examples include services to children with severe emotional disturbance who require frequent one-to-one support and intervention. Services include evidence-informed treatment models, wrap-around and aftercare services. Children participate in weekly individual therapy, family therapy once per week, and wraparound services. They attend auxiliary therapies, and/or group therapy as needed.

Treatment team meetings which include an in-house treatment director, case manager, foster parent, CPS or SSCC caseworker, child's Family, and clinical team meet at a minimum of 2 times per month.

The maximum placement capacity for this type of service is 2 children per home.

Foster Family Care Service Add-On Type	Unique Service Input										
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	24/7 Crisis Response	Specialized Respite Program	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Treatment Foster Family Care Services	★	★	★	★	★	★	★	★	★	★	★

There are 11 categories of service inputs that elevate this service type above what is inherent in the base package and include, but are not limited to:

- **Time Limited Services-** Length of stay is limited to 274 days with an exception of up to an additional 91 days, service cannot exceed 365 days. Average length of stay is 5.4 months.
- **Enhanced Staff Credentials-**CPA must have a Licensed Therapist serving as the treatment director overseeing the treatment foster family care program. Staff must be well-versed in treatment model.
- **Enhanced Staffing Ratios-**Case management ratio of 1 case manager for every 10 children in the program, 1 foster parent for every 2 children.
- **Increased Reporting Requirements**- Based on child's acuity, generation and collection of documentation will warrant the need for

increased reporting to support identification and transition to subsequent placement.

- **24/7 Crisis Response**- Child Placing Agency provides on-call staff to respond in person to emergency situations 24/7 and 365 days per year. Model includes Behavioral Coach for child as well.
- **Billing Complexities**- Enhanced complexities due to the number of Medicaid billable services.
- **Specialized Respite Program**-Must have one skilled respite caregiver available for every 20 children in the program, and structure should allow for a one-and-a-half-month break between treatment placements.
- **Evidence-Informed Treatment Model-**Provider and caregiver must be trained in and apply a defined treatment that supports improvement based on the individual child's assessment/diagnosis.
- **Enhanced Training**- CPA staff and foster parent must be trained in and apply an evidence-informed treatment model, that incorporates a trauma informed treatment approach.
- **Complex Cross System Coordination**- Requires coordination between school, behavioral health, medical and dental providers as well as participation in therapy with the child, caregiver must have ability to attend multiple meetings at school and be responsive immediately. CPA spends 5 hours per week coordinating care, Foster parent spends 1.5 hours per day coordinating appointments and attending services.
- **Aftercare Services Required**- Evidence-informed treatment model must include family engagement upon placement, with incorporation of planning for discharge and 6 months of after care services that support transition and permanency.

5. Transition Support Services for Youth & Young Adults (COMBO)

Services to support youth and young adults between the ages of 14-22. CPA and caregiver specialize in providing additional training and support to assist with experiential learning which, dependent on child development, includes the following:

- Performing basic household tasks;
- Maintaining personal hygiene;
- Obtaining mental health services;
- Doing laundry;
- Learning to grocery shop;
- Meal preparation and cooking;
- Using public transportation;
- Managing personal finances, including use of a bank account;
- Obtaining a State identification card;
- Participating in driver's education (if appropriate);
- Obtaining a driver's license (if appropriate);
- Encouraging and supporting employment; and

- Providing for extracurricular and age-appropriate activities.

Caregiver may have additional auto-insurance, transportation, and technology costs inherent in successful transition planning.

This service add-on can be combined with other service add-ons inherent in the foster care continuum.

Foster Family Care Service Add-On Type		**Unique Service Input**									
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	24/7 Crisis Response	Specialized Respite Program	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Transition Support Services for Youth & Young Adults	★			★						★	

There are 3 categories of service inputs that elevate this service type above what is inherent in the base package and include, but are not limited to:

- **Time Limited Service-**Up to 2,555 days if youth/young adult remains in care from age 14-21.
- **Increased Reporting Requirements**- Provider and caregiver must participate in completing Casey Life Skills Assessments, attending Circles of Support, and other transition-related meetings. This includes providing written reports to DFPS/ SSCC.
- **Complex Cross System Coordination**-Must include support of attendance at PAL events, PAL Life Skills Training, after-school activities, Youth Leadership Council activities, permanency conferences or other permanency planning meetings, local Texas Workforce Solutions offices, Transition Centers (if available in the area), sibling visits, behavioral health, medical, dental, vision, and pharmacy services, court hearings, tours of post-secondary institutions of higher learning, vocational rehabilitation services, Department of Public Safety to obtain a driver's license or state ID card, Drivers Education training, youth's place of employment or internship, other normalcy activities, and any other services necessary to fulfill the tasks on a Child's Plan of Service. Some youth and young adults may require mentor services, which provider would be responsible for obtaining.

6. Intellectual Developmental Disability (IDD)/Autism Support Services

Services to support children, youth, and young adults with a diagnosis of IDD and/or Autism. CPA and caregiver have additional skills and training in meeting needs of this population, and in coordinating and ensuring participation in community-based services. These services include individual therapy 2-4 times per month, and family therapy approximately one time per month. Children and youth may require home and transportation to be accessible. This population often participates in occupational and physical therapy, as well as Applied Behavior Analysis on a regular basis.

The maximum placement capacity for this type of service is 3 children per home.

Foster Family Care Service Add-On Type		Unique Service Input									
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	24/7 Crisis Response	Specialized Respite Program	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
IDD/Autism Support Services		★	★	★	★	★	★	★	★	★	★

There are 10 categories of service inputs that elevate this service type above what is inherent in the base package and include, but are not limited to:

- **Enhanced Staff Credentials-**CPA must have a nurse available 24/7 for new admissions, training, consultation, and oversight of foster parents. Requires enhanced skill and training for medical consenters. Additionally, CPA must have access (either on-staff or through referral) to a Licensed Psychologist.
- **Enhanced Staffing Ratios-**Many children and youth requiring this service require one to one supervision during awake hours, maximum ratio is estimated at 1 caregiver for every 3 children.
- **Increased Reporting Requirements**- Estimated 3 hours per week per child for CPA, and 2 hours per week per foster parent.
- **Billing Complexities**-Due to cross system complexities- requires separation of Medicaid/child welfare billing.
- **24/7 Crisis Response**-CPA must have staff available to respond 24/7 either in person or via video/phone.
- **Specialized Respite Program**-Full respite coordination with stays up to 14 days (in line with LIDDA programs). Respite caregivers should

have equivalent skill and training to that of primary care givers due to variation of needs.

- **Evidence-Informed Treatment Model-** Provider and caregiver must be trained in and apply a defined treatment that supports improvement based on the individual child's assessment/diagnosis.
- **Enhanced Training**- Services require specialized training to assist with specialized cognitive, therapeutic, and dietary needs.
- **Complex Cross System Coordination**-Joint role of CPA and caregiver through assessment of child via observation/interaction, bio-psychosocial assessment/CANS- 3-day examination, initial physical and in some cases initial dental examination. Psychological and Psychiatric Evaluation when necessary. School enrollment and testing. Services allowable under Medicaid will be covered through Medicaid. CPA spends on average 1 hour per day per child coordinating appointments and documenting services. Caregiver spends up to 3 hours per day per child coordinating/documenting services and attending appointments.
- **Aftercare Services Required**- Evidence-informed treatment model must include family engagement upon placement, with incorporation of planning for discharge and 6 months of after care services that support transition and permanency.

7. Human Trafficking Services (COMBO)

Services to support children, youth, and young adults who are suspected-unconfirmed or confirmed victims of sex and/or labor trafficking. CPA and caregiver have specialized skill and training in delivering services to victims of human trafficking (HT), as well as interventions for protecting this population in the community. Examples of services included specialize treatment modalities and mentor programs. After care and transition services are critical for discharge success in the HT population. Survivor group therapy may be needed 1-2 times per week for the entire duration of the stay. Individual therapy is needed 1-2 times per week, and family therapy may be needed 1 time per week. Therapist should specialize in treating Commercial Sexual Exploitation of Children and/or Complex Trauma Specialization. Requires enhanced service coordination under the direction of a multi-disciplinary team which includes mentors/advocates, and various judicial and legal systems.

This service add-on can be combined with other service add-ons inherent in the foster care continuum.

The ideal placement capacity for this type of service is 2 children per home.

Foster Family Care Service Add-On Type		Unique Service Input									
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	24/7 Crisis Response	Specialized Respite Program	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Human Trafficking Support Services		★	★			★	★	★	★	★	★

There are 8 categories of service inputs that elevate this service type above what is inherent in the base package and include, but are not limited to:

- **Enhanced Staff Credentials-**Staff must be well-versed and trained in the treatment of survivors of human trafficking.
- **Enhanced Staffing Ratios-**Case Manager to child ratio 1:10, Foster Parent to child ratio should be 1:2 at most.
- **24/7 Crisis Response-**CPA must have staff able to respond 24/7.
- **Specialized Respite Program**-Respite frequency may be needed more often based on population.
- **Evidence-Informed Treatment Model-**Evidence informed model that includes specialized human trafficking survivor programming.
- **Enhanced Training**-CPA must have a defined trauma informed care model they are following- all CPA staff and foster parents must be adequately trained in the model. Also, must have a robust HT training. All HT Service Providers should have the following training components that is developed with input from survivor or survivors on staff for the following trainings:
  - Typology of trafficking victims;
  - Awareness of trafficking;
  - Risk factors for children in the child welfare system;
  - Recruitment techniques used by traffickers;
  - Trauma bonds between victims and traffickers;
  - Understanding and avoiding the triggers of trafficking victims;
  - Understanding of both physical and psychological responses to exploitation;
  - Understanding the dangers of youth continually ‘telling their story’;
  - Bridging Justice: Legal duties of child-serving agencies and law enforcement officials;
  - Guiding Principles for Agencies Serving Survivors of Human Trafficking;

- Applying Best practices in serving survivors of sex trafficking;
- Making informed decisions and setting boundaries for trafficking victims;
- Using a stages-of-change approach to support recovery;
- Creating and maintaining nurturing environments for trafficking victims;
- Identifying and responding to internal safety and security risks (e.g. screening; high flight risk, potential self-harm, harm to others, and internal recruitment).

- **Complex Cross System Coordination**-Based on specialized population, CPA and caregiver must coordinate between education and medical systems, as well as with advocates and mentors.
- **Aftercare Services Required**-Expectations that CPA provide or subcontract for support groups as a part of the aftercare program. Family engagement must occur during treatment and a robust discharge plan must support transition.

8. Support Services for Youth & Young Adults who are Pregnant or Parenting (COMBO)

Services to support youth who are pregnant or parenting in the State's conservatorship or extended foster care. CPA and caregiver will have specialized programming to assist and support the youth parent, to include coordination between community resources and STAR Health/Medicaid. This service add-on includes monthly support group therapy, twice monthly family therapy, and twice monthly individual therapy. Treatment team/service plan meetings are held one time every 3 months for this population. Due to the increased number of pre-natal and post pregnancy appointments for both the parent and the child, there are increased transportation costs inherent for the youth's foster parent.

This service add-on can be combined with other service add-ons inherent in the foster care continuum.

The maximum placement capacity for this type of service is 3 youth who are pregnant and/or parenting (does not include youth parent's children) per home.

Foster Family Care Service Add-On Type	Unique Service Input										
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	24/7 Crisis Response	Specialized Respite Program	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Support Services for Youth & Young Adults who are Pregnant or Parenting					★			★	★	★	★

There are 5 categories of service inputs that elevate this service type above what is inherent in the base package and include, but are not limited to:

- **Billing Complexities**-Billing complexities across multiple contract types within DFPS, as well as for Medicaid eligible services for the youth parent and their child(ren).
- **Evidence-Informed Treatment Model**-This service add-on requires incorporation of an evidence-informed program that focuses on self-care, teen parenting, and child development for youth parents through a trauma-informed approach for youth parents who have been the victims of abuse and neglect. Similar programs are offered through the DFPS Prevention and Early Intervention (PEI) Division.
- **Enhanced Training**-Specialized training is required to support evidence-informed parenting program.
- **Complex Cross System Coordination**-In addition to services inherent in base package, this service add-on will require coordination with providers offering specialized parenting programs most likely through the DFPS PEI program, medical/birthing/pregnancy planning and post-partum services offered through STAR Health and other service providers.
- **Aftercare Services Required**- Family engagement must occur during treatment and a robust discharge plan continued aftercare support will be needed for youth parents transitioning from foster care and may include continuation of referrals for services and support groups.

9. Substance Use Support Services (COMBO)

Services to support children, youth, and young adults with substance use disorders. CPA and caregiver will have enhanced programming and training to support youth battling addiction. This will include providing or referring for

assessment and coordinating treatment with STAR Health and other community providers and includes aftercare services. Services may include day treatment and other outpatient treatment options offered outside of the home. Group therapy is provided by a Licensed Chemical Dependency Counselor or Qualified Credentialed Counselor, and dependent on severity of child or youth's issue may occur up to 4 times per week. Individual therapy for substance use disorder generally occurs 1 time for every 4 group sessions.

The maximum placement capacity for this type of service is 2 children per home.

Foster Family Care Service Add-On Type		**Unique Service Input**									
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	24/7 Crisis Response	Specialized Respite Program	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Substance Use Support Services		★	★	★	★	★	★	★	★	★	★

There are 10 categories of service inputs that elevate this service type above what is inherent in the base package and include, but are not limited to:

- **Enhanced Staff Credentials-**CPA should include Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor(s) (QCC) on staff to provide oversight and direction for program.
- **Enhanced Staffing Ratios-**CPA case management and foster caregiver ratios are lower than the base model as a part of this service add-on.
- **Increased Reporting Requirements**- Due to the frequency of service appointments (depending on severity of issue) documentation and reporting requirements exceed that of the base package of services.
- **Billing Complexities**-Services covered as a part of this add-on cross multiple systems including the child welfare system, Medicaid, and other community resources. The CPA must be skilled in billing for all services to avoid duplication or cross billing issues.
- **24/7 Crisis Response**- Children and youth diagnosed with a substance use disorder may need increased intervention and crisis response. The CPA will be required to have an LCDC or QCC on-call 24/7 to provide consultation.

- **Specialized Respite Program**-Respite caregivers should have equivalent skill and training to that of the primary caregiver due to variation of need and high-risk behaviors of children served through this program.
- **Evidence-Informed Treatment Model-** CPA must incorporate a treatment model which makes accessible a personalized, holistic, trauma-informed approach to serving children and youth with substance use disorders.
- **Enhanced Training**-Specialized training will be needed by both the CPA staff and foster parents offering this service add-on.
- **Complex Cross System Coordination**-Services in this package are offered across multiple systems to include STAR Health, HHSC Behavioral Health Services, and the education and child welfare system. The CPA and foster parents must be skilled in navigating the multiple systems.
- **Aftercare Services Required**- Family engagement must occur during treatment with a robust discharge plan and at least 3 months of follow-up and referral services will be required of the CPA.

10. Sexual Aggression/ Sex Offender Support Services

Services to support children, youth, and young adults who have been identified as sexually aggressive and/or who have been determined to be a sexual offender. CPA will have a robust treatment model and specific programming designed to meet the unique needs of this population, and caregiver will have training specific to support the rehabilitation needs of the child or youth.

CPA and caregiver will have enhanced programming and training to support children and youth who are sexually aggressive and/or who have been adjudicated as a sex offender. This service add-on will include assessment and coordinating treatment with STAR Health and other community providers and includes aftercare services. Services will include group therapy provided by a Licensed Sex Offender Treatment Provider, and dependent on severity of child or youth’s issue may occur weekly. Family therapy to occur two times per month, and individual therapy that occurs weekly.

The maximum capacity is 2 children per home based on assessment of each child’s unique needs.

Foster Family Care Service Add-On Type		Unique Service Input									
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	24/7 Crisis Response	Specialized Respite Program	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Sexual Aggression/ Sex Offender Support Services		★	★	★	★	★	★	★	★	★	★

There are 10 categories of service inputs that elevate this service type above what is inherent in the base package and include, but are not limited to:

- **Enhanced Staff Credentials-** CPA should include Licensed Sex Offender Treatment Provider(s) (LSOTP) on staff to provide oversight and direction for program.
- **Enhanced Staffing Ratios-** CPA case management and foster caregiver ratios are lower than the base model as a part of this service add-on. Foster parent must be able to provide one-to-one supervision when necessary.
- **Increased Reporting Requirements**- Due to the frequency of service appointments (depending on severity of issue), and juvenile court involvement (when applicable) documentation and reporting requirements exceed that of the base package of services.
- **Billing Complexities-**Services covered as a part of this add-on cross multiple systems including the child welfare system, Medicaid, and other county and community resources. The CPA must be skilled in billing for all services to avoid duplication or cross billing issues.
- **24/7 Crisis Response**- Due to the unique needs of this population an in-house team must be available within the CPA to respond to emergencies and must include an on-call LSOTP.
- **Specialized Respite Program**-Respite caregivers should have equivalent skill and training to that of the primary caregiver due to variation of need and high-risk behaviors of children served through this program. Respite caregiver should not have other children in home.
- **Evidence-Informed Treatment Model-** CPA must incorporate a treatment model designed to meet the needs of children and youth with sexual aggression or who have been adjudicated as a sex offender.
- **Enhanced Training**-Specialized training will be needed by both the CPA staff and foster parents offering this service add-on.

- **Complex Cross System Coordination**-Services in this package are offered across multiple systems to include STAR Health, community and county providers, and the education and child welfare system. The CPA and foster parents 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 community.
- **Aftercare Services Required**-Family engagement must occur during treatment and a robust discharge plan and at least 6 months of follow-up and referral services will be required of the CPA.

11. Mental and Behavioral Health Support Services

Services to children, youth, and young adults who have a DSM-5 diagnosis and for whom routine clinical intervention is needed to support day-to-day activities. CPA and caregiver must be trained in and incorporate an evidence-informed treatment model into the intervention used with the child. A variety of interventions are available as a part of this service add-on to include group, individual, and family counseling services, as well as art, music, equine, and other recreational therapies. Additionally, child must be enrolled and participating in wraparound services or YES waiver services (dependent on child eligibility).

Treatment team meetings which include an on-staff Treatment Director, Case Manager, Foster Parent, CPS or SSCC caseworker, child's family, advocates, and clinical team meet at a minimum of 1 time per month.

The maximum placement capacity for this type of service is 4 children per home.

Foster Family Care Service Add-On Type		**Unique Service Input**									
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	24/7 Crisis Response	Specialized Respite Program	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Mental and Behavioral Health Rehab. Support Services		★	★	★	★	★	★	★	★	★	★

There are 10 categories of service inputs that elevate this service type above what is inherent in the base package and include, but are not limited to:

- **Enhanced Staff Credentials-**CPA must have a treatment director overseeing the treatment foster family care program. Staff must be well-versed in treatment model.
- **Enhanced Staffing Ratios-**Case management ratio of 1 case manager for every 25 children in the program, 1 foster parent for every 4 children.
- **Increased Reporting Requirements**- Based on child's acuity, generation and collection of reports will warrant the need for increased reporting.
- **24/7 Crisis Response**- Child Placing Agency provides on-call staff to respond in person to emergency situations 24/7 and 365 days per year.
- **Billing Complexities**- Enhanced complexities due to the number of Medicaid billable services.
- **Specialized Respite Program**- Respite caregivers should have equivalent skill and training to that of the primary caregiver due to variation of need and mental health diagnoses of children served through this program.
- **Evidence-Informed Treatment Model-**Provider and caregiver must be trained in and apply a defined treatment that supports improvement based on the individual child's assessment/diagnosis.
- **Enhanced Training**- CPA staff and foster parent must be trained in and apply an evidence-informed treatment model, that incorporates a trauma informed treatment approach.
- **Complex Cross System Coordination**- Requires coordination between school, behavioral health, medical and dental providers as well as participation in therapy with the child, caregiver must have ability to attend multiple meetings at school and be responsive immediately. Initially, CPA spends up to 3 hours per week coordinating care and foster parent spends up to 3 hours per week coordinating appointments and attending services.
- **Aftercare Services Required**- Evidence-informed treatment model must include family engagement upon placement, with incorporation of planning for discharge and 6 months of after care services that support continued progress and permanency.

General Residential Operation-Tier I
Facility-based Treatment Services

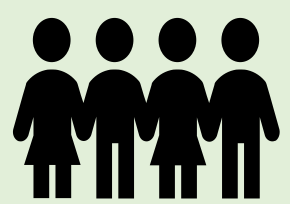
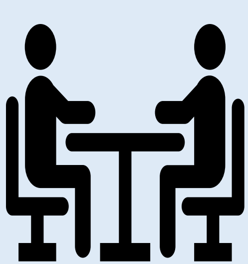
Base Package- Services designed to cover the cost of room, board, education, transportation, recreation (to include daily on-site activities, weekly off-site activities, and community engagement/service) and other expenses associated with providing 24-hour licensed care in a congregate care for children, youth, and young adults who are victims of abuse and/or neglect. In Texas, GROs providing congregate care are licensed to serve 13 or more children, youth, and in some settings, young adults.

If an organization is licensed to provide services to youth and/or young adults age 14 and older, the program must include transition support services. Transition support services includes additional staff training and support to assist with experiential learning (based on child's individual needs). Services to support youth and young adults between the ages of 14-22.

GRO and direct delivery staff specialize in providing additional training and support to assist with experiential learning which, dependent on child development, includes the following:

- Performing basic household tasks;
- Maintaining personal hygiene;
- Obtaining mental health services;
- Doing laundry;
- Learning to grocery shop;
- Meal preparation and cooking;
- Using public transportation;
- Managing personal finances, including use of a bank account;
- State identification card;
- Participating in driver's education (when appropriate);
- Obtaining a driver's license (when appropriate);
- Encouraging and supporting employment; and

	• Providing for extracurricular and age/appropriate activities. Caregiver may have additional vehicle insurance, transportation, and technology costs inherent in planning for a youth or young adult's transition to successful adulthood. Provider must participate in completing Casey Life Skills Assessments, attend Circles of Support, and other transition-related meetings. Providers must incorporate a developmentally appropriate universal Human Trafficking training and prevention model for all children, youth, and young adults placed in their care. The cost for developing/procuring and implementing/maintaining a model for GRO should be included in the new rate methodology. All service add-ons inherent in the GRO-Tier I package must incorporate a trauma-informed approach to care, which includes training for all staff. All GRO Tier I service add-ons must include a robust individualized plan to aid in transition to a less-restrictive placement that supports permanency for all children served. This includes incorporating family finding and engagement activities, inclusive service and discharge planning, as well as paid pre-placement visits when necessary. The cost for this programming should be included in the new rate methodology. Additionally, the facility must include automated IT systems that support clinical recordkeeping, case management, continuous quality improvement, quality assurance, and reporting requirements. There are costs related to insurance, infrastructure and building maintenance above that of Family Foster Care.

	***Population:*** Children and youth 0-17 years old in the temporary or permanent managing conservatorship of DFPS and young adults ages 18-21 that meet the eligibility for extended foster care. ***GRO-Tier I services primarily support older children and youth.*** Children, youth, and young adults in this population may require placement in a GRO setting to support sibling placement, may require enhanced assessment in a more restrictive setting, and/or have needs that exceed what can safely be met in a foster family home. With the exception of a Basic Child Care operation, services offered in a GRO Tier I setting are intended to be short-term in nature, **offering targeted, evidence-informed treatment** and working to safely move the population to a less restrictive, more family-like setting.
	***Provider:*** Must meet Minimum Standards and be licensed as a General Residential Operation in the State of Texas or hold a comparable license if out of state. Additionally, the GRO must be licensed to provide Assessment, Human Trafficking, Treatment, Primary Medical Needs, etc. services as applicable to the service add-on selected.
	Caregiver: Direct Delivery Shift Staff or House Parents that are employees of the GRO.

	Primary Location of Services: Cottage homes and facility-type settings. Services are offered across the state (both rural and urban) of Texas and can occur in other states as well through out of state contracts.

Service Add-ons to Base for General Residential Operation- Tier I/ Facility-based Treatment Services

1. Basic Child Care Operation
A General Residential Operation that is a facility-based setting, that can include cottage-homes and provides for child's basic living needs, including food, shelter, education, vocational, and extracurricular needs which may vary based on age and developmental level. The GRO is licensed to provide care for 13 or more children and is required to have awake night supervision. Base ratio requirements must be followed as set forth by Minimum Standards for General Residential Operations. Children in these settings ordinarily attend both family (minimum of once a month) and individual therapy (minimum of 2 times per month) to address trauma and daily living needs. Children in these settings benefit from STAR Health services; however, the GRO is responsible for case management services to include coordination of care and service planning. The GRO must meet the child's needs, including but not limited to transportation to multiple appointments, visitation with parents and other family members, as well as court and other appointments that are unique to children in foster care. GRO management and direct delivery staff must meet base training requirements as outlined in the Texas Family Code, GRO Minimum Standards, and DFPS/SSCC Contracts. The GRO must adhere to service planning requirements consistent with minimum standards, including holding a coordinated service team meeting at least twice per year (frequency may increase dependent on child's treatment needs and legal status). GRO must administer a trauma-informed model of care, which includes training requirements for shift staff or house parents. Unless otherwise noted, admissions occur 24/7, 365 days per year, and therefore the GRO must have intake/placement staff on call accordingly and pay

overtime, unless otherwise noted. Private GRO administrative costs are inclusive of, but not limited to the following:

- Staffing structure to support one full-time Licensed Child Care Administrator to supervise the operation. Treatment Director, Program Directors, Supervisors, Case Managers, all at a bachelor's degree level or above, and administrative and technical support and direct staff who are High School graduates or equivalent level.
- Recruitment, Retention, and Workforce development for GRO staff.
- Training Services, including tracking and documentation for GRO.
- Quality Assurance and Continuous Quality Improvement System to support quality, contract, and regulatory requirements.
- Billing Department that can support complexities of billing between DFPS/SSCC child welfare and Medicaid systems.
- Technology required automated systems that at a minimum supports case management, regulatory tracking, billing/invoicing, as well as quality assurance and reporting.
- Insurance that supports at least:
  - Commercial General Liability- $1,000,000 per occurrence and $2,000,000 aggregate
  - Professional Liability – $1,000,000 per occurrence and $2,000,000 aggregate
  - Crime Policy (3rd Party Endorsement) – $250,000
  - Business Automobile Liability (Owned & Hired Endorsements and Non-owned Auto) – $1,000,000
- Insurance costs vary based on type of service add-on/acuity of population served.
- Transportation-purchasing, operating, and maintenance costs
- Recreation/Outdoor Equipment and Supplies
- Infrastructure costs to include maintenance of facility buildings

2. Emergency Stabilization/Assessment Center

Time-limited services for children, youth, and young adults offered in a GRO that is licensed to provide emergency care services. The organization must have the ability to admit children with varying needs 24/7. The staff must have enhanced skills and training in de-escalation techniques, assessment, and coordination to respond to needs previously unknown.

This service add-on supports the need for siblings to remain together, as well as for additional assessment and evaluation to ensure quality matching of children, youth, and young adults to subsequent placements.

GRO Tier I providers offering this service should have ready access (whether in-house, or within the community) to Psychiatrists, Psychologists, Therapists,

Medical, Mental Health, and Dental professionals designed to provide a range of assessments, evaluations within 30 days of placement.

GRO-Tier I Service Add-On Type	Unique Service Input										
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	Admissions/intake 24/7	Transition Support Services for Youth	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After- Care Services Required
Emergency Stabilization Assessment Center	★	★	★	★	★	★			★	★	

There are 8 categories of service inputs that elevate this service type above the base package and include, but are not limited to:

- **Time-limited Services**- length of stay subject provisions inherent in Section 26 of the Texas Administrative Code Rule 748.4207. Unless to support continuity of sibling placement, these services should be limited to children five and older, with an average stay of 45 days, and a maximum stay of 90 days.
- **Enhanced Staff Credentials-**Due to the variation in need of the eligible population, the provider will be required to have a credentialed therapist to serve as the on-sight clinical director, and the availability to respond in person on an as needed basis.
- **Enhanced Staffing Ratios-**This service requires enhanced staffing ratios due to the various needs and should operate at a 1:4 direct delivery ratio during daytime hours.
- **Increased Reporting Requirements**- Enhanced assessment and evaluations will be a part of this type of placement. Generation and collection of these reports will warrant the need for increased reporting to support identification and transition to subsequent placement.
- **Billing Complexities-**Increased structure needed due to the number of evaluations and assessments provided across multiple systems including DFPS/SSCC and Medicaid.
- **Admission/intake 24/7**- Based on the varying needs of this population, the GRO must have case manager level or above staff available 24/7, approximately 50% of intakes are estimated to occur outside of normal business hours.
- **Enhanced Training**-Based on variation in need, and unpredictability of population need, GRO administrative and direct delivery staff will need to

be well-versed in aspects of clinical and medical assessment, bonding, and de-escalation techniques.

- **Complex Cross System Coordination**-GRO must coordinate services through observation/interaction, bio-psychosocial assessment/CANS- 3-day medical examination, initial physical and in some cases initial dental examination. Psychological and Psychiatric Evaluation when necessary. School enrollment and testing. Services allowable under Medicaid will be covered through Medicaid. GRO spends on average 3 hours per day per child coordinating appointments and documenting services. This does not include time to transport and attend on-site appointments.

3. Services to Support Children, Youth, and Young Adults with Complex Medical Needs to Support Community Transition

Time-limited services for children and youth who have Complex Medical Needs such as Diabetes and Eating Disorders that require regular clinical intervention to support day-to-day activities. The organization must have an evidence-informed treatment model and provide after-care services to support transition to a less restrictive setting.

Clinical, case management, and direct delivery staff should be well-versed in the treatment model which should address medical, psychological, and dietary (if needed) needs. Program should be overseen and administered by licensed on-site Registered Nurse(s). On-call nurse should be available 24/7.

Based on individual child need, this service includes weekly group therapy administered by a Licensed Professional Counselor or Licensed Clinical Social Worker, family therapy at least twice per month, and individual therapy at least twice per week. Treatment team meetings occur twice a month.

GRO-Tier I Service Add-On Type	Unique Service Input										
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	Admissions/intake 24/7	Transition Support Services for Youth	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Services to Support Children and Youth with Complex Medical Needs	★	★	★	★	★		★	★	★	★	★

There are 10 categories of service inputs that elevate this service type above the base package and include, but are not limited to:

- **Time-limited Services-**It is anticipated that children over the age of 5 years old requiring this service will receive services for 60 days, with options for one 30-day extension.
- **Enhanced Staff Credentials-**GRO must have a nurse on staff. The nurse is required to be available 24/7 for new admissions and training for direct delivery staff. Requires enhanced skill and training for direct care staff and medical consenter.
- **Enhanced Staffing Ratios-**Direct delivery ratio of 1:4 during daytime hours, and 1:6 at night.
- **Increased Reporting Requirements**- It is estimated that there will be daily medical charting requirements that average 2 hours per day per child in program.
- **Billing Complexities**-Enhanced complexities due to the number of Medicaid billable services.
- **Evidence-informed Treatment Model-**GRO must incorporate a treatment model that is designed to meet the unique clinical and medical needs of the population served.
- **Enhanced Training**- GRO staff must be trained in and apply an evidence-informed treatment model, that incorporates a trauma-informed treatment approach.
- **Complex Cross System Coordination**-Requires coordination between multiple medical and clinical providers. Requires collection and an analysis of complex medical records. Enhanced coordination is needed with school system to ensure continuity of treatment, as well as with CPS/SSCC caseworker to ensure collaborative treatment approach.

- **Aftercare Services Required**-Family engagement services must occur upon admission. A robust discharge plan that includes weekly check-ins with subsequent placement provider is required for a period of 3 months.

4. Services for Children, Youth, and Young Adults with Intellectual Developmental Disabilities (IDD) /Autism to Support Community Transition

Time-limited services for children and youth who have IDD and/or Autism who require regular intervention to support day-to-day activities. The organization must have an evidence-informed treatment model and provide after-care services to support transition to a less restrictive setting.

The GRO must have a Licensed Psychologist overseeing and administering the program.

Services include hands-on personal care assistance where children, youth, and young adults learn how to complete daily living activities and increase social skills. Various therapies including occupational, speech, physical and other therapies which may be provided on-site.

This service requires individual therapy two times per week and family therapy once a week, but for sessions lasting no more than 30 minutes based on attention span of most participants. Additionally, this population often participates in occupational and physical therapy, as well as Applied Behavior Analysis on a regular basis.

GRO-Tier I Service Add-On Type		Unique Service Input									
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	Admissions/intake 24/7	Transition Support Services for Youth	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Services to Support Children and Youth with IDD & Autism	★	★	★		★		★	★	★	★	★

There are 9 categories of service inputs that elevate this service type in the base package and include, but are not limited to:

- **Time-limited Service-**The estimated length of stay for this service is 12 months to allow for sufficient repetition of skill-building.
- **Enhanced Staff Credentials-** In addition to specialized staff, the GRO must have a Licensed Psychologist on-staff, overseeing provision of the treatment model.
- **Enhanced Staffing Ratios-**Requires a ratio of 1:3 during awake hours.
- **Billing Complexities**-GRO must be well-versed in Medicaid and child welfare billing. Some services will be offered through the HHSC Behavioral Health system.
- **Evidence-Informed Treatment Model-**Provider must incorporate and apply across program a program designed to meet the unique needs of this population.
- **Enhanced Training**-Providers of services to this population must have advanced training in assessment and application of skills to support those with limited ability to verbally communicate.
- **Complex Cross System Coordination**- Requires coordination between multiple community, mental health and clinical providers. Requires collection and an analysis of complex records. Enhanced coordination is needed with school system to ensure continuity of treatment, as well as with CPS/SSCC caseworker to ensure collaborative treatment approach.
- **Aftercare Services Required**- Consistency is key to the successful application of treatment for this population. After-care services include a robust discharge plan and joint treatment team meetings for 6 months post discharge.

5. Human Trafficking Services to Support Community Transition

Time-limited services for children, youth, and young adults who are victims of, or at risk for being a victim of human trafficking and require regular clinical intervention in a GRO that is licensed to provide these services. The organization must have an evidence-informed treatment model and provide after-care services to support transition to a less restrictive setting. Clinical, case management, and direct delivery staff should be well-versed in treatment model and trained in de-escalation techniques. If the organization is licensed to provide services to youth and young adults ages 14 and older, the program model must include transition support services that includes additional staff training and support to assist with experiential learning (based on child's individual needs) such as learning to drive, obtaining a license, obtaining and supporting employment, encouraging extracurricular and age appropriate normalcy activities.

Services include twice-weekly group therapy, family therapy occurring once a week, and individual therapy occurring 1-2 times per week, all of which is conducted by a Licensed therapist.

GRO-Tier I Service Add-On Type	Unique Service Input										
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	Admissions/intake 24/7	Transition Support Services for Youth	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Human Trafficking Services	★	★	★	★	★	★	★	★	★	★	★

There are 11 categories of service inputs that elevate this service type above what is inherent in the base package and include, but are not limited to:

- **Time-limited Services-**Minimum length of stay would be 6 months with maximum stay of to 18 months.
- **Enhanced Staff Credentials-**Requires specialized training to work with target population, includes advocates and mentors.
- **Enhanced Staffing Ratios-**Staffing ratio during both awake and asleep hours is 1:4.
- **Increased Reporting Requirements**- Enhanced assessment and evaluations will be a part of this type of placement. Generation and collection of reports will warrant the need for increased reporting to support identification and transition to subsequent placement.
- **Billing Complexities**- Time spent reconciling payment with DFPS and SSCCs- separating billing between justice system, subcontractors, and Medicaid.
- **Admission/intake 24/7-**Due to the high-risk behaviors of this population, the GRO would need to have staff available 24/7 to assist in admission/ re-admission of youth into the program.
- **Enhanced Training**-Specialized training is required in adopted treatment model and for working with this unique population.
- **Evidence-Informed Treatment Model-**Program should include specialized trafficking survivor program. Some aspects of the program may be provided through subcontract with other entities.
- **Complex Cross System Coordination**-Complex coordination needed between multiple law enforcement entities, care coordination teams, court systems (criminal; juvenile justice; prosecutors) and advocate agencies; Initially, GRO may spend up to 5 hours per day per child coordinating care.
- **Aftercare Services Required**-Aftercare case management required at a ratio of 1:20. GRO expected to provide or subcontract for support groups.

6. Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting

Time-limited services for youth and young adults who are pregnant and/or already parenting. Organization must have an evidence-informed program model and provide after-care services to support transition to support healthy parenting in a less restrictive setting.

GRO will have specialized programming to assist and support the youth parent who is pregnant or parenting for up to two years after the birth of the baby. Services will include group, family, and individual therapy, with a focus on the parent's mental health.

Additional services inherent in this service add-on include, but are not limited to education/credit recovery, life skills, health, dietary/nutrition training, prenatal and parenting education, childbirth coaching, maintaining healthy relationships, and job skills training.

GRO-Tier I Service Add-On Type	Unique Service Input										
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	Admissions/intake 24/7	Transition Support Services for Youth	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Services to Support Youth & Young Adults who are Pregnant or Parenting	★			★	★		★	★	★	★	★

There are 7 categories of service inputs that elevate this service type the base package and include, but are not limited to:

- **Time-limited Services-**Length of stay ranges from 6-18 months.
- **Increased Reporting Requirements**- Enhanced assessment and evaluations will be a part of this type of placement. Generation and collection of these reports will warrant the need for increased reporting to support identification and transition to subsequent placement.
- **Evidence-Informed Treatment Model-** This service add-on requires incorporation of a treatment model designed to meet the needs of the pregnant and parenting population.

- **Billing Complexities**- GRO must be well-versed in Medicaid and child welfare billing. Some services may be offered through DFPS Prevention and Early Intervention (PEI) Programs as well HHSC Behavioral Health system.
- **Enhanced Training**- Specialized training is required in adopted treatment model and for working with this unique population.
- **Complex Cross System Coordination**- Requires coordination between multiple medical and clinical providers. Requires collection and an analysis of complex medical and clinical records. Enhanced coordination is needed with medical providers, school system to ensure continuity of treatment, as well as with CPS/SSCC caseworker to ensure collaborative treatment approach.
- **Aftercare Services Required**-Family engagement services must occur upon admission. A robust discharge plan that includes 6 months of aftercare supportive services is required.

7. Substance Use Services to Support Community Transition

Time-limited intensive services for children, youth, and young adults who have a DSM-5 diagnosis for a substance use disorder that requires regular clinical intervention to support day-to-day activities. The organization must have an evidence-informed treatment model and provide after care services to support transition and recovery in a less restrictive setting. Clinical, case management, and direct delivery staff should be well-versed in treatment model and trained to provide services that support care for children, youth, and young adults with substance disorders.

This service add on requires group therapy (up to 14 hours per week), weekly family therapy, and individual therapy (up to 8 hours per week) all conducted by a Licensed Chemical Dependency Counselor (LCDC).

GRO-Tier I Service Add-On Type	Unique Service Input										
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	Admissions/intake 24/7	Transition Support Services for Youth	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Substance Use Services	★	★		★	★		★	★	★	★	★

There are 8 categories of service inputs that elevate this service type above the base package and include, but are not limited to:

- **Time-limited services-** The estimated length of treatment is 45-60 days.
- **Enhanced Staff Credentials-**Provider should include LCDC on staff to provide oversight and direction for program. Additionally, GRO provider must ensure a Licensed Psychiatrist and Registered Nurse is always available for consultation.
- **Increased Reporting Requirements**- - Enhanced assessment and evaluations will be a part of this type of placement. Generation and collection of these reports will warrant the need for increased reporting to support identification and transition to subsequent placement.
- **Billing Complexities**- Enhanced assessment and evaluations will be a part of this type of placement. Generation and collection of these reports will warrant the need for increased reporting to support identification and transition to subsequent placement.
- **Evidence-Informed Treatment Model**- Program should include specialized behavioral health programming designed for children, youth, and young adults who have been victims of abuse/neglect and have a substance use diagnosis. Some aspects of the program may be provided through HHS systems of care or through subcontract with other entities.
- **Enhanced Training-**Specialized training in application of treatment model.
- **Complex Cross System Coordination-**Complex coordination needed between care coordination team, HHS Behavioral Health Services, Medicaid, and in some cases juvenile and other court systems.
- **Aftercare Services Required**-Aftercare case management required at a ratio of 1:35. GRO expected to provide or subcontract for support groups.

8. Sexual Aggression/Sex Offender Treatment Services to Support Community Transition

Time-limited services for children, youth, and young adults who have been identified as sexually aggressive and/or who have been adjudicated a sex offender, and who require regular clinical intervention to support day-to-day activities.

The organization must have an evidence-informed treatment model and provide after-care services to support transition to a less restrictive setting. Clinical, case management, and direct delivery staff should be well-versed in treatment model and trained to provide intensive services that support care for children and youth who are sexually aggressive and/or sex offenders.

Services include psychological assessment and evaluation, targeted treatment to address deviant behavior, and relapse prevention training/programming. These services include intensive group, family (when appropriate), and

individual cognitive and behavioral therapy. The objective of the program is to treat children, youth, and young adults to eliminate future aggression.

Program requires the use of credentialed Licensed Sex Offender Treatment Providers (LSOTP) at a rate of 1 LSOTP for every 10 program participants.

GRO-Tier I Service Add-On Type	Unique Service Input										
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	Admissions/intake 24/7	Transition Support Services for Youth	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Sexual Aggression/ Sex Offender Treatment Services	★	★	★	★	★		★	★	★	★	★

There are 9 categories of service inputs that elevate this service type above what is inherent in the base package and include, but are not limited to:

- **Time-limited Services-**Length of program is 12 to 18 months.
- **Enhanced Staff Credentials-** GRO should include Licensed Sex Offender Treatment Provider(s) (LSOTP) on staff to provide oversight and direction for program.
- **Enhanced Staffing Ratios-**Requires staffing ratio of 1:3 during awake hours, with ability to adjust to one-to-one supervision based on new admission/increased need.
- **Increased Reporting Requirements**- Enhanced assessment and evaluations will be a part of this type of placement. Generation and collection of these reports will warrant the need for increased reporting to support identification and transition to subsequent placement.
- **Billing Complexities**- GRO must be well-versed in Medicaid and child welfare billing. Some services may be offered through other systems such as county juvenile justice systems.
- **Evidence-Informed Treatment Model-**Provider must follow an evidence-informed treatment model that is trauma-based and at a minimum incorporates anger and stress management, healthy sexuality and relationships and behavioral/cognitive change.
- **Enhanced Training**- Requires additional specialized training in application of treatment model.

- **Complex Cross System Coordination**- Complex coordination needed between care coordination team, HHS Behavioral Health Services, Medicaid, and in some cases juvenile and other court systems.
- **Aftercare Services Required**- Aftercare case management services required at a ratio of 1:30, for a period of 6 months.

9. Mental and Behavioral Health Treatment Services to Support Community Transition

Services to children, youth, and young adults who have a DSM-5 diagnosis and for whom routine clinical intervention is needed to support day-to-day activities. GRO and direct care staff must be trained in and incorporate an evidence-informed treatment model into the intervention used with the child.

GRO-Tier I Service Add-On Type	Unique Service Input										
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	Admissions/intake 24/7	Transition Support Services for Youth	Evidence-Informed Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Treatment Services to Support Community Transition	★	★	★	★	★		★	★	★	★	★

There are categories of service inputs that elevate this service type above what is inherent in the base package and include, but are not limited to: • **Time-limited Service-**6 to 9 months

- **Enhanced Staff Credentials-**GRO should have a Registered Nurse on staff of oversee the administration of psychotropic medication. Additionally, the Treatment Director should be a Licensed Psychologist (preferably) or a Licensed Professional Counselor with at least 5 years of professional experience. Case Management staff should have at least a bachelor's degree in a clinical or social service field, and direct delivery staff should have at least an associate degree in a related field.
- **Enhanced Staffing Ratios-**Requires a staffing ratio of 1 staff for every 3 children during awake hours.
- **Increased Reporting Requirements**- Enhanced assessment and evaluations will be a part of this type of placement. Generation and collection of these reports will warrant the need for increased reporting to support identification and transition to subsequent placement.

- **Billing Complexities**- GRO must be well-versed in Medicaid and child welfare billing. Some services (i.e. Aftercare) may be compensated outside of the daily rate, or may be offered through HHSC Behavioral Health system, and the community.
- **Evidence-Informed Treatment Model-** Program should include specialized programming designed for children, youth, and young adults who have a mental health diagnosis and have been victims of abuse/neglect. Some aspects of the program may be provided through HHS systems of care or through subcontract with other entities.
- **Enhanced Training**-Requires specialized training in application of treatment model.
- **Complex Cross System Coordination**- Requires coordination between school, clinical team health, medical and dental providers as well as participation in therapy with the child, family, and provider of next placement (if different than family) caregiver must have ability to attend multiple meetings at school and be responsive immediately.
- **Aftercare Services Required**- Programming includes family engagement and robust discharge planning. Case management ratio should be 1:25, and services should include weekly in-person or virtual check-ins with child and caregiver, application of support groups (when appropriate) for a period of 6 months post discharge.

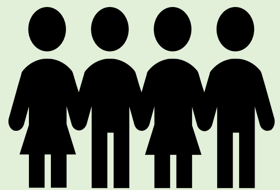
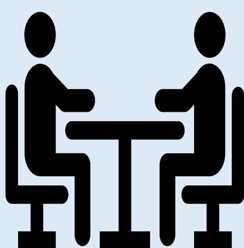
General Residential Operation-Tier II
Facility-based Sub-acute Stabilization Services

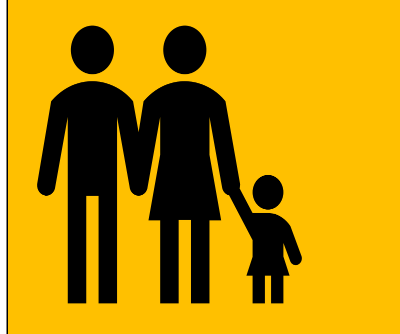
Base Package- In addition to requirements inherent in GRO Tier I package, Tier II offers time-limited, sub-acute services designed to cover the cost of room, board, and other expenses associated with providing 24-hour licensed care in a congregate care for children, youth, and young adults with the highest-acuity needs who are victims of abuse and/or neglect. Facility is required to provide awake night supervision.

If an organization is licensed to provide services to youth and/or young adults age 14 and older, the program must include transition support services.

Additionally, all GRO Tier II service add-ons must include a robust individualized transition plan for all children, youth, and young adults served. This

	includes incorporating family finding and engagement activities, inclusive service and discharge planning, as well as paid pre-placement visits when necessary. The cost for this programming should be included in the new rate methodology. Children, youth, and young adults who require Tier II services require continual clinical intervention to support day-to-day functioning and activities. The base package should be inclusive of the following requirements and associated costs: • Trauma-informed model of care designed to address the needs, including clinical needs of children with serious emotional and behavioral disorders or disturbances; • On-site registered or licensed nursing staff and other licensed clinical staff (need not solely be direct employees of the GRO Tier II facility) who provide care consistent with the treatment model and who are *available* 24/7; • Coordination and facilitation of family participation in a child's treatment program (in accordance with child's best interest); • Coordination, facilitation, and documented family outreach and maintenance of contact information for known biological and fictive kin of the child; • Discharge planning and family-based after care support for at least 6 months after discharge; and • Licensed and national accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (the Joint Commission), or the Council on Accreditation (COA). Additionally, the facility must include automated IT systems that support clinical recordkeeping, case management, continuous quality improvement, quality assurance, and reporting requirements.

	There are increased costs related to insurance, infrastructure and building maintenance when compared to a GRO Tier I only facility.
	***Population:*** Children and youth 0-17 years old in the temporary or permanent managing conservatorship of DFPS and young adults ages 18-22 who meet the eligibility for extended foster care. GRO-Tier II services primarily support older children and youth. Children, youth, and young adults who require Tier II services require continual clinical intervention to support day-to-day functioning and activities. Services offered in a GRO Tier II setting are intended to be short-term in nature, working to safely stabilize behaviors such that the child or youth can move to a less-restrictive setting that offers targeted treatment services. The determination between Tier I and Tier II services will be based on child's assessment for service. Services in Tier II are considered sub-acute services and require a more frequent and concentrated level of intervention in comparison to Tier I.
	***Provider:*** Must meet Minimum Standards and be licensed as a General Residential Operation in the State of Texas or hold a comparable license if out of state. Additionally, the GRO must be licensed to provide Assessment, Human Trafficking, Treatment, Primary Medical Needs, etc. Services as applicable to the service add-on selected.

	***Caregiver:*** Direct Delivery Shift Staff under the routine supervision of a Clinical Team.
	Primary Location of Services: Facility-type settings. Services are offered across the state (both rural and urban) of Texas and can occur in other states as well through out of state contracts. Sub-acute services offered in a facility setting that meets the definition of a child-care institution per sections 472(c)(2)(A) and (C) of the Social Security Act. A child-care institution is defined as "a private child-care institution, or a public child-care institution which accommodates no more than 25 children, which is licensed by the State in which it is situated or has been approved by the agency of the State responsible for licensing or approval of institutions of this type as meeting the standards established for the licensing".

General Residential Operation- Tier II Facility-based Sub-acute Stabilization Services

To provide Tier II services a provider is required to specialize in the provision of time-limited, intensive evidence-informed treatment designed to stabilize children, youth, or young adults in one or more of the following areas:

- Aggression or defiance
- Substance Use Disorders
- Human Trafficking Victimization
- Sexual aggression or who have been adjudicated a sexual offender
- Complex medical needs
- Complex mental health needs to include suicidal and self-harming behaviors

DFPS is in process of piloting a Qualified Residential Treatment Program (QRTP) model. Information gained from the pilot will be used to further define the GRO Tier-II service package.

GRO Tier II Facility based Sub acute Stabilization Services Cost Factors to be Considered in Methodology			
Increased Reporting and Assessment Requirements	Time Limited Service **6 months**	Enhanced Staff Credentials **Psychiatrist/Psychologist, Nursing Staff, Therapist, Administrator for facility, Treatment and/ or Clinical Director, Case manager, Direct care supervisor and staff**	Enhanced Staffing Ratios **Range between 1:1 and 1:3 maximum**
Billing Complexities	Evidence-based, Trauma-Informed Treatment Model	Enhanced Training	Complex Cross-System Coordination
6 months of Aftercare Post Discharge **Case Management Services at ratio of 1:20**	Nationally Accredited **Must be accredited by Council on Accreditation, Commission on Accreditation of Rehabilitation Facilities, or The Joint Commission**	On-site licensed or registered nursing staff, available 24/7 **Nurse on-site at least 8 hours per day, and on-call 24 hours per day**	Coordination and facilitation of family participation in treatment
Facilitation of Documented Family Outreach	Technology	Insurance	Operating expenses, inflation/cost of living, infrastructure and Building Costs

Supervised Independent Living Services

DFPS expanded the foster care continuum in 2013 to include Supervised Independent Living Services (SIL) as a placement type. These services support young adults in extended foster care as they work toward independence.

There are varying placement settings throughout the SIL program, each with different reimbursement rates. These settings include:

- Apartment

- Shared Housing
- Host Homes
- College Dorms
- Non-College Dorms

Also, the 86th Legislature added Enhanced Case Management as an add-on to SIL services, for eligible young adults who required specialized supports or services.

Plan for SIL Placements:

Relative to Foster Family Care and GRO, SIL services are new to the service continuum. As a part of this project, DFPS is studying costs of living arrangements in the SIL program to determine if any modification to the rate methodology is needed. If modifications are needed, DFPS and HHSC will work with stakeholders that provide SIL services in the Spring of 2022.

Validation of DFPS' Final Service Descriptions

The contents of this report reflect DFPS' research and determination of final service descriptions. The assumptions and final service descriptions will undergo review and validation by industry provider/stakeholders during the months of January and February 2022. These efforts will include additional workgroups, surveys, and market analysis.

Closing

DFPS appreciates the help and support of the University of Texas' Texas Institute for Child & Family Wellbeing, Casey Family Programs, the Deckinga Group LLC, the Texas Alliance of Child and Family Services, the Texas Coalition of Homes for Children, the Texas Network of Youth Services, and countless providers who contributed their expertise and resources to development of DFPS' final service packages in the Foster Care Rate Modernization effort.

Foster Care Rate Modernization Project Timeline		**Fiscal Year 2021**	**Fiscal Year 2022**				**Fiscal Year 2023**			
Deliverable	Lead	Q4 6/21-8/21	Q1 9/21-11/21	Q2 12/21-2/22	Q3 3/22-5/22	Q4 6/22-8/22	Q1 9/22-11/22	Q2 12/22-2/23	Q3 3/23-5/23	Q4 6/23-8/23
Report detailing preliminary new service descriptions upon which new rate will be based.	DFPS									
Plan for the development of pro forma modeled rates and cost-report based rates, using service descriptions produced by DFPS.	HHSC									
Report detailing the final service descriptions upon which new rate will be based.	DFPS									
Progress Report of all related activities at six-month intervals.	DFPS			★		★		★		★
Progress Report of all related activities at six-month intervals.	HHSC			★		★		★		★
Report that includes the pro forma modeled rates using the new methodology, and fiscal estimate of implementing new rates	HHSC							★		
Report on feasibility of increasing federal funds for use in providing these services	HHSC							★		

TEXAS
Department of Family and Protective Services

Foster Care Rate Modernization Report:

Preliminary Service Descriptions

As Required by

2022 23 General Appropriations Act, Senate Bill 1,
87th Legislature, Regular Session, 2021 (Article II Special Provisions Relating to All Health and Human Services Agencies, Section26)

September 2021

Table of Contents

Purpose of Report 1
Background 1
Special Provision, Section 32, 86th Texas Legislature 2
Special Provision, Section 26, 87th Texas Legislature (Regular) 3
Foster Care Rate Modernization (FCRM) 3
Approach 4
Analyzing Existing Continuum and Data 5
National Research 6
Stakeholder Engagement 6
Preliminary Service Package and Description 7
Foster Family Care 8
General Residential Operations- Tier I 12
General Residential Operations- Tier II 17
Qualified Residential Treatment Programs (QRTP) 17
Supervised Independent Living Services 19
Collecting Information to Develop Preliminary Service Add-Ons 20
Closing 21

Purpose of Report

The General Appropriations Act requires DFPS to submit a report detailing the preliminary new service descriptions for the new rate methodology no later than September 30, 2021 to the Legislative Budget Board, the Governor, the Chair of the House Appropriations Committee, the Chair of the Senate Finance Committee, the Speaker of the House, the Lieutenant Governor, the permanent standing committees in the House of Representatives and the Senate with jurisdiction over health and human services, and HHSC.

This report provides a preliminary description of service packages designed to meet the needs of children, youth, and young adults across a variety of placement types including foster family home, general residential operation, and supervised independent living settings.

The final service descriptions will be released in a report due to the Governor and Legislative Leadership no later than January 1, 2022.

The Final Foster Care Service Descriptions Report is due in January 2022

Background

The Texas Health and Human Services Coordinating Council (THHSCC) was established in 1983 to coordinate planning and policymaking for 19 Health and Human Service agencies in Texas. The Council was chaired by the Governor; the Lieutenant Governor and Speaker of the House served as co-chairs. Council membership included State Senators, Representatives, Board Chairs of State agencies, and members of the general public.

In 1984, the Legislative Budget Board (LBB) required that the Council undertake a study of residential contracted child-care in Texas. During the next four years, a group referred to as the THHSCC Treatment and Care Work Committee developed a system of care that met the criteria established by the LBB. This system of care was called the Texas Level of Care (LOC) Service System and was implemented throughout Texas on September 1, 1988, and included the following components:

- A Common Application for agencies to use when placing children in residential child-care that included a mechanism to determine the appropriate level of care based on the child's individual needs.
- A system of services for children that included defined levels of care.

- A system of residential standards of care that defined a range of services required for children in DFPS conservatorship served by residential contracted providers.
- Child-care provider cost reports and a database to assist in determining the median cost of care.

In 1991, the THHSCC was abolished and some of its responsibilities were transferred to the Health and Human Services Commission (HHSC). One of the Commission's responsibilities was to set maximum reimbursement rates for the purchase of residential services based upon the Commission's guidelines. DFPS reimbursed residential child-care providers according to published reimbursement methodology rules. These reimbursement rates were statewide by level of care and correlated to services delivered to children.

Over the last three decades there has been some modification to the Service Level System which included moving from six levels of care (Levels 1-6), to four service levels (Basic, Moderate, Specialized, and Intense) and in fiscal year 2018, establishing a new service level known as Intense Plus. However, the process and resulting rate methodology has remained largely unchanged.

Special Provision, Section 32, 86th Texas Legislature

Over the years there have been several studies commissioned by the Department and HHSC to examine the foster care rate methodology. The most recent resulted from the requirements of General Appropriations Act, House Bill 1, Regular Session, 2019 (Article II, Special Provisions Relating to All Health and Human Services Agencies, Section 32), which required HHSC, in consultation with DFPS, to evaluate the existing foster care rate methodology to determine if an alternative methodology would increase provider capacity, incentivize quality improvements, and maximize the use of federal funds.

HHSC partnered with Public Consulting Group (PCG) to complete this work. In the summer and fall of 2020, PCG conducted 32 meetings with providers and other stakeholders to discuss the existing foster care rate structure, looked at other state's models, and evaluated Texas-specific data to identify improvements to address capacity challenges and improve the foster care system. The PCG study resulted in six key findings:

1. The current foster care rates do not clearly align to cost of care;

2. The current rate level system, whereby rates can fluctuate for children based on assessed service level, creates fiscal challenges for providers;
3. The current rate development process is primarily retrospective;
4. The rate calculations mix retrospective costs with forecasted placements;
5. There is an overreliance on fundraising to support requirements; and
6. There is a lack of financial incentives and accountability in the rates.

Informed by the findings of the PCG study, the HHSC Foster Care Rate Methodology Report was presented to the 87th Legislature in February 2021.

Special Provision, Section 26, 87th Texas Legislature (Regular)

After considering the findings and recommendations outlined in the HHSC Foster Care Rate Methodology Report, the 87th Legislature passed the General Appropriations Act, Senate Bill 1, Regular Session, 2021 (Article II, Special Provisions Relating to All Health and Human Services Agencies, Section 26) which requires DFPS, with the assistance of HHSC, to develop an alternative reimbursement methodology proposal for foster care and Community-based Care rates for consideration by the 88th Texas Legislature.

DFPS and HHSC began work on this project known as "Foster Care Rate Modernization" (FCRM) in the early summer of 2021.

Foster Care Rate Modernization (FCRM)

Many aspects of the foster care system have changed since the late 1980's and early 1990's when the existing rate methodology was developed. The continued evolution of the system including advancements in technology and data collection, development of a dedicated foster care Medicaid managed care program (STAR Health), and Community-based Care create the opportunity to redefine foster care services and the supporting rate methodology.

Goal

The goal of FCRM is to design a system that meets the needs of the foster care population and recognizes and compensates the caregiver for delivering high-quality services.

Objectives

The FCRM is supported by two objectives:

1. Determine what kind of foster care services are needed, and clearly define each of the needed service models (i.e. define what services the State wants to buy); and
2. Establish a new rate methodology that better aligns the cost of care with service provision and incentivizes improved child outcomes (i.e. determine a methodology that supports the defined services).

Parameters

Building from the foundation provided in the PCG report and Special Provision 26, and as informed by our valued stakeholders, the Department has established five parameters for the FCRM project:

1. Newly-defined models/continuum and rate methodology will assume provider compensation aligns service provision with the actual cost of care.
2. The scope of the FCRM project applies to foster care services only.
3. Licensing and regulatory requirements/oversight/structure do not change substantially. If substantial changes were to occur the rate methodology should be re-examined.
4. Some providers may need to make significant business model changes over time, in order to move forward under the newly-defined service model continuum.
5. Additional resources and time will be needed by DFPS, HHSC, and providers to fully implement the resulting foster care continuum supported by new rate methodology.

Approach

The current legacy and Community-based Care foster care models are based on the service level system. In the legacy system, every child in paid foster care is assessed one of five services levels (Basic, Moderate, Specialized, Intense, or Intense Plus), and with few exceptions (Emergency Shelter, Treatment Foster Family Care, and Supervised Independent Living) is directed to a placement type based on their individual service level. In turn, contracted residential childcare providers are qualified through contractual assessment to provide services at the varying service levels.

Additionally, the service level structure serves as the foundation for the Community-based Care blended foster care rate.

After analyzing DFPS and HHSC foster care and cost report data and hosting 32 stakeholder holder meetings in the summer and fall of 2020, PCG made a series of recommendations to improve the legacy and Community-based Care rates. The very first recommendation was to:

> ***"Align the legacy rates to specific, clearly defined, placement/program models. Move away from tying rates to both placement settings and service level, and tie to placement settings/programs only."***

When calculating the daily blended rate for Community-based Care, PCG recommended using newly developed legacy rates and CBC regional utilization data as the basis.

To move to a system where the State defines and contracts for multiple service packages, the Department must identify what services are required to meet the varying needs of children in the foster care system.

In order to define the preliminary new foster care service packages, DFPS analyzed Texas-specific data, researched other states, and most importantly, met with hundreds of stakeholders in July and August 2021 to define a new foster care continuum that supports the individual needs of children across the state.

Analyzing Existing Continuum and Data

On August 31st, 2021, there were 14,652 children in the State's conservatorship who were living in paid foster care.

The Department relied on three data sources to help inform the new foster care service continuum. These sources included:

1. Foster Care Needs Assessment and Forecast Data- this data was used to help identify projected service capacity need versus supply based on service levels, placement types and in some cases, age of the child.
2. Child Specific Contract Data- this data was used to help identify gaps in services that DFPS and the Single Source Continuum Contractors (SSCCs) have purchased outside of the existing foster care rate structure. Trends in services purchased using Child Specific Contracts have been used to inform development of several new service packages listed below.

3. Children Under DFPS Supervision (also known as Child Without Placement or CWOP) Data- this data has been analyzed and used to help inform development and design of service packages for children and youth with complex behavioral health needs.

National Research

The PCG report included national research into foster care models that utilized varying assessment and rate methodologies. DFPS used this information and conducted additional research and outreach to other states to identify best practices and innovative solutions that could be leveraged for Texas.

These states included Indiana, Colorado, Wisconsin, New Jersey, Washington, California, and Florida.

Stakeholder Engagement

The foster care system is much bigger than just DFPS, and in order to develop a new foster care continuum that can truly meet the needs of children, youth, and young adults in foster care, listening to stakeholders was the most powerful strategy used to determine the preliminary service packages.

In July 2021, DFPS developed a dedicated e-mail address for Foster Care Rate Modernization to ensure that stakeholders had a clear and accessible method for providing meaningful input.

Also, DFPS partnered with Casey Family Programs, who in turn entered into an agreement with the Deckinga Group LLC, to help facilitate focus group meetings with residential child-care providers and provider trade associations.

During the months of July and August 2021, DFPS and HHSC participated in focus groups and presentations with internal and external stakeholders to share information on Foster Care Rate Modernization and gather input to inform the preliminary service packages.

Date	Topic	Type	Attendees
July 22	Project Kickoff, Goal, Objectives, Parameters	Virtual	DFPS, Texas Alliance of Child and Family Services Board
July 29	Focus Group	In-Person	DFPS, Deckinga Group, Providers, Casey Family Programs

Date	Topic	Type	Attendees
August 4	Project Overview, Invitation extended to be a part of Focus Groups	Virtual	DFPS, HHSC, All Licensed and Contracted Residential Child Care Providers Invited to Attend
August 11	DFPS and HHS Child Care Regulatory Leadership Project Presentation	Virtual	DFPS and HHSC
August 24	Basic Child Care GRO Focus Group	Virtual	DFPS, HHSC Deckinga Group, Providers and Trade Associations
August 25	Residential Treatment Center GRO Focus Group	Virtual	DFPS, HHSC Deckinga Group, Providers and Trade Association
August 26	Child Placing Agency Focus Group	Virtual	DFPS, HHSC Deckinga Group, Providers and Trade Association
August 27	Emergency Shelter Focus Group	Virtual	DFPS, HHSC Deckinga Group, Providers and Trade Associations
August 27	Single Source Continuum Contractors	Virtual	DFPS, HHSC Deckinga Group, Providers and Trade Association

The feedback provided at these sessions directly guided the development of the preliminary service packages. DFPS will continue to rely on the expertise and knowledge of stakeholders to inform the Foster Care Rate Modernization model and implementation plan. The Department is designing a dedicated webpage for the Foster Care Rate Modernization project.

Preliminary Service Packages and Description

Using the HHS Child Care Regulatory license types and State law as the foundation, DFPS has separated the foster care service continuum into three categories:

1. Foster Family Care
2. General Residential Operations
    a. Tier I
    b. Tier II
3. Supervised Independent Living Placements

Inherent in each of these three categories is a base package of services and specialty packages considered "service add-ons". These service add-ons represent a model of care that, once thoroughly defined, can be purchased for children and youth using a new foster care rate methodology.

DFPS intends to spend the next several months working with stakeholders to identify and finalize critical components of these service add-ons to inform a proper rate methodology.

Foster Family Care

Base Package- services designed to cover the cost of room, board, and other expenses associated with providing 24-hour licensed care in a family home setting for children, youth, and young adults who are the victims of abuse and/or neglect.

Based on feedback from focus groups, base package should include the following costs:

- Foster Parent and Staff Recruitment
- Foster Parent and Staff Retention
- Technology including systems that support case management, continuous quality improvement, quality assurance, and reporting requirements.
- Insurance
- Operating expenses, infrastructure, and building maintenance

Service Add-ons to Base Package for Foster Family Care:

1. Basic Foster Family Home- *services similar to basic foster family services in current system. Additional fiscal components may include new cost categories based on PCG report, research, and stakeholder input.*

2. Short-term Assessment/ Stabilization Services- *time-limited services for children, youth, and young adults who are new to care or transitioning from unpaid or unauthorized placements. Care requires additional flexibility on behalf of child-placing agency (CPA) and foster parent to admit children 24/7 and enhanced skill in assessment and coordination to support transition of child to most appropriate placement. Examples include children and youth who may be returning from a runaway episode or a disruption in kinship placement.*

3. Medically Fragile/Complex Medical Services- *services for children, youth, and young adults with a medical diagnosis that requires 24/7 skilled care, and/or for whom the child cannot live without the support, direction, or services of others. CPA and caregiver specialize in coordination of health care services through STAR Health and the child may have increased number of appointments and potential for hospitalizations. Caregiver is skilled and has been trained to provide relevant services. Examples include services to children with primary medical needs and those with conditions such as uncontrolled diabetes.*

4. Treatment Foster Family Care Services- *time-limited services that adhere to the model codified in the Texas Family Code and included in the Texas Administrative Code for children, youth, and young adults who require heightened clinical intervention. Examples include services to children with severe emotional disturbance who require frequent one-to-one support and intervention. Services include evidence-based treatment models, wrap-around and aftercare services.*

5. Transition Support Services for Youth and Young Adults- *services to support youth and young adults between the ages of 14-21. CPA and caregiver specialize in providing additional training and support to assist with experiential learning such as learning to drive, obtaining a license, obtaining and supporting employment, encouraging extracurricular and age-appropriate normalcy activities.*

6. Intellectual Developmental Disability (IDD)/ Autism Support Services- *services to support children, youth, and young adults with a diagnosis of IDD and/or Autism. CPA and caregiver have additional skill and training in meeting needs of this population, and in coordinating and ensuring participation in community-based and other services designed to aid this population.*

7. Human Trafficking Services- *services to support children, youth, and young adults who have been victims of sex and/or labor trafficking. CPA and caregiver have specialized skill and training in delivering services to victims of human trafficking, as well as interventions for protecting this population in the community. Examples of services included specialized treatment modalities and mentor programs.*

8. Pregnant and Parenting Teen and Young Adult Support Services- *services to support pregnant and parenting teens in the State's conservatorship or extended foster care. CPA and caregiver will have specialized programming to assist and support teen parent, to include coordination between community resources and STAR Health/Medicaid.*

9. Substance Use Support Services- *services to support children, youth, and young adults with substance use disorders. CPA and caregiver will have enhanced programming and training to support youth battling addiction. This will include coordinating treatment with STAR Health and other community providers, includes aftercare services.*

10. Sexual Aggression/Sex Offender Support Services- *services to support children, youth, and young adults who have been identified as sexually aggressive and/or who have been determined to be a sexual offender. CPA will have a treatment model and specific programming designed to meet the unique needs of this population, and caregiver will have training specific to support the rehabilitation needs of the child or youth.*

11. Mental and Behavioral Health Support Services- *services to children, youth, and young adults who have a DSM-5 diagnosis and for whom routine clinical intervention is needed to support day-to-day activities. CPA and caregiver must be trained in and incorporate an evidence-based treatment model into the intervention used with the child.*

Foster Family Care Service Add-On Type		**Unique Service Input**									
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	24/7 Crisis Response	Specialized Respite Program	Targeted Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Basic Foster Family Home Services											

Foster Family Care Service Add-On Type		**Unique Service Input**									
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	24/7 Crisis Response	Specialized Respite Program	Targeted Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Short-term Assess. & Stabilization Services	★			★		★	★			★	
Medically Fragile/ Complex Medical Services		★	★	★	★		★		★	★	★
Treatment Foster Family Care Services	★	★	★	★	★	★	★	★	★	★	★
Transition Support Services for Youth & Young Adults	★			★						★	
IDD/Autism Support Services		★	★	★	★	★	★	★	★	★	★
Human Trafficking Support Services		★	★			★	★	★	★	★	
Pregnant and Parenting Teen and Young Adult Support Services					★			★	★	★	★

Foster Family Care Service Add-On Type		Unique Service Input									
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	24/7 Crisis Response	Specialized Respite Program	Targeted Treatment Model	Enhanced Training	Complex cross system coordination	After-Care Services Required
Substance Use Support Services	★	★	★	★	★	★	★	★	★	★	★
Sexual Aggression/ Sex Offender Support Services	★	★	★	★	★	★	★	★	★	★	★
Mental and Behavioral Health Rehab. Support Services	★	★	★	★	★	★	★	★	★	★	★

General Residential Operations- Tier I

Base Package for Tier I- services designed to cover the cost of room, board, and other expenses associated with providing 24-hour licensed care in a congregate care setting for children, youth, and young adults who are victims of abuse and/or neglect.

Based on feedback from focus groups, the base package should include the following costs:

- Clinical, Case Management, and Direct Care Staff Recruitment
- Clinical, Case Management, and Direct Care Staff Retention
- Technology including systems that support clinical record keeping, case management, continuous quality improvement, quality assurance, and reporting requirements
- Insurance

- Operating expenses, infrastructure, and building maintenance

Service Add-ons to Base Package for General Residential Operations (GRO) Tier I:

1. Basic Child Care Operation- *services similar to basic childcare services in current system. Additional fiscal components may include new cost categories based on the PCG report, additional research, and stakeholder input. If an organization is licensed to provide services to youth and young adults ages 14 and up, the program model must include transition support services. Those services would include additional staff training and support to assist with experiential learning (based on child's individual needs) such as learning to drive, obtaining a license, obtaining and supporting employment, and encouraging extracurricular and age appropriate normalcy activities.*

2. Emergency Stabilization/Assessment Care- *time-limited services for children, youth, and young adults offered in a GRO that is licensed to provide emergency care services. The organization must have the ability to admit children with varying needs 24/7. The staff must have enhanced skills and training in de-escalation techniques, assessment, and coordination to support transition of child to more appropriate long-term settings.*

3. Treatment Services to Support Community Transition-*time-limited services for children, youth, and young adults with a DSM-5 diagnosis and for whom regular clinical intervention in a GRO that is licensed to provide treatment or multiple services is needed, in order to support day-to-day activities. The organization must have an evidence-based treatment model and provide after-care services to support transition to a less restrictive setting. Clinical, Case Management, and Direct Delivery staff should be well-versed in the treatment model and trained in de-escalation techniques. If an organization is licensed to provide services to youth ages 14 and older, the program model must include transition support services that includes additional staff training and support to assist with experiential learning (based on child's individual needs) such as learning to drive, obtaining a license, obtaining and supporting employment, and encouraging extracurricular and age-appropriate normalcy activities.*

4. Human Trafficking Services to Support Community Transition- *time-limited services for children, youth, and young adults who are*

victims of, or at risk for being a victim of human trafficking, and require regular clinical intervention in a GRO that is licensed to provide these services. The organization must have an evidence-based treatment model and provide after-care services to support transition to a less restrictive setting. Clinical, case management, and direct delivery staff should be well-versed in treatment model and trained in de-escalation techniques. If the organization is licensed to provide services to youth and young adults ages 14 and older, the program model must include transition support services that includes additional staff training and support to assist with experiential learning (based on child's individual needs) such as learning to drive, obtaining a license, obtaining and supporting employment, encouraging extracurricular and age appropriate normalcy activities.

5. Pregnant and Parenting Services to Support Community Transition-*time-limited services for youth and young adults who are pregnant and/or already parenting. Organization must have an evidence-based program model and provide after-care services to support transition to support healthy parenting in a less restrictive setting. Clinical, case management, and direct delivery staff should be well-versed in program model and trained to provide services that support child development and healthy parenting. If the organization is licensed to provide services to youth ages 14 and older, program model must include transition support services that includes additional staff training and support to assist with experiential learning (based on child's individual needs) such as learning to drive, obtaining a license, obtaining and supporting employment, encouraging extracurricular and age appropriate normalcy activities.*

6. Substance Use Services to Support Community Transition-*time-limited services for children, youth, and young adults who have a DSM-5 diagnosis for a substance use disorder that requires regular clinical intervention to support day-to-day activities. The organization must have an evidence-based treatment model and provide after care services to support transition and recovery in a less restrictive setting. Clinical, case management, and direct delivery staff should be well-versed in treatment model and trained to provide services that support care for children, youth, and young adults with substance disorders. If an organization is licensed to provide services to youth ages 14 and older, program model must include transition support services that includes additional staff training and support to assist with experiential*

learning (based on child's individual needs) such as learning to drive, obtaining a license, obtaining and supporting employment, and encouraging extracurricular and age appropriate normalcy activities.

7. Sexual Aggression and Sex Offender Treatment Services to Support Community Transition-*time-limited services for children, youth, and young adults who have been identified as sexually aggressive and/or who have been determined to be a sex offender, and who require regular clinical intervention to support day-to-day activities. The organization must have an evidence-based treatment model and provide after-care services to support transition to a less restrictive setting. Clinical, case management, and direct delivery staff should be well-versed in treatment model and trained to provide services that support care for children and youth who are sexually aggressive and/or sex offenders. If the organization is licensed to provide services to youth and young adults ages 14 and older, the program model must include transition support services that includes additional staff training and support to assist with experiential learning (based on child's individual needs) such as learning to drive, obtaining a license, obtaining and supporting employment, and encouraging extracurricular and age appropriate normalcy activities.*

8. Services for Children, Youth, and Young Adults with Intellectual Developmental Disabilities (IDD) and Autism to Support Community Transition-*time-limited services for children and youth who have IDD and/or Autism who require regular clinical intervention to support day-to-day activities. The organization must have an evidence-based treatment model and provide after-care services to support transition to a less restrictive setting. Clinical, case management, and direct delivery staff should be well-versed in the treatment model and provide support services. If the organization is licensed to provide services to youth and young adults ages 14 and older, the program model must include transition support services that includes additional staff training and support to assist with experiential learning (based on child's individual needs and abilities) such as learning to drive, obtaining a license, obtaining and supporting employment, and encouraging extracurricular and age-appropriate normalcy activities.*

9. Services to Support Children, Youth, and Young Adults with Complex Medical Needs to Support Community Transition-*time-limited services for children and youth who have Complex Medical Needs such*

as Diabetes and Eating Disorders that require regular clinical intervention to support day-to-day activities. The organization must have an evidence-based treatment model and provide after-care services to support transition to a less restrictive setting. Clinical, case management, and direct delivery staff should be well versed in the treatment model. If the organization is licensed to provide services to youth and young adults ages 14 and older, the program model must include transition support services that includes additional staff training and support to assist with experiential learning (based on child's individual needs and abilities) such as learning to drive, obtaining a license, obtaining and supporting employment, and encouraging extracurricular and age appropriate normalcy activities.

GRO-Tier I Service Add-On Type		**Unique Service Input**									
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	Admissions/intake 24/7	Transition Support Services for Youth	Evidence-Based Treatment Model	Enhanced Training	Complex cross system coordination	After- Care Services Required
Basic Child Care Operation							★				
Emergency Stabilization Assessment Center	★		★	★		★			★	★	
Treatment Services to Support Community Transition	★	★	★	★	★		★	★	★	★	★
Human Trafficking Services	★	★	★	★	★		★	★	★		
Pregnant and Parenting Services	★			★			★	★	★	★	

GRO-Tier I Service Add-On Type	Unique Service Input										
	Time-limited services	Enhanced Staff Credentials	Enhanced Staffing Ratios	Increased Reporting Requirements	Billing Complexities	Admissions/intake 24/7	Transition Support Services for Youth	Evidence-Based Treatment Model	Enhanced Training	Complex cross system coordination	After- Care Services Required
Substance Use Services	★	★		★	★		★	★	★	★	★
Sexual Aggression/ Sex Offender Treatment Services	★	★	★	★	★		★	★	★	★	★
Services to Support Children and Youth with IDD and Autism	★	★	★		★		★	★	★	★	
Services to Support Children and Youth with Complex Medical Needs	★	★	★	★			★	★	★	★	★

General Residential Operations- Tier II

Qualified Residential Treatment Programs (QRTP)

Base Package for Tier II QRTP- sub-acute services offered in a facility setting that meets the definition of a child-care institution per sections 472(c)(2)(A) and (C) of the Social Security Act. A child-care institution is defined as "a private child-care institution, or a public child-care institution

which accommodates no more than 25 children, which is licensed by the State in which it is situated or has been approved by the agency of the State responsible for licensing or approval of institutions of this type as meeting the standards established for the licensing".

Children, youth, and young adults who require Tier II services require continual clinical intervention to support day-to-day functioning and activities.

The base package should be inclusive of the following requirements and associated costs:

- Trauma-informed model of care designed to address the needs, including clinical needs of children with serious emotional and behavioral disorders or disturbances;
- On-site registered or licensed nursing staff and other licensed clinical staff (need not solely be direct employees of the QRTP) who provide care consistent with the treatment model and who are *available* 24/7;
- Coordination and facilitation of family participation in a child's treatment program (in accordance with child's best interest);
- Coordination, facilitation, and documented family outreach and maintenance of contact information for known biological and fictive kin of the child;
- Discharge planning and family-based after care support for at least 6 months after discharge; and
- Licensed and national accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (the Joint Commission), or the Council on Accreditation (COA).
- Technology including systems that support clinical recordkeeping, case management, continuous quality improvement, quality assurance, and reporting requirements.
- Insurance
- Infrastructure and building maintenance

Service Add-ons to Base Package for General Residential Operations Tier II- QRTP:

In addition to the base package for the Tier II QRTPs listed above, service packages similar to Tier I will be needed. The determination between Tier I and Tier II services will be based on child's assessment for service. Services in Tier II are considered sub-acute services and require a more frequent and concentrated level of intervention in comparison to Tier I.

To provide Tier II QRTP services a provider is required to specialize in the provision of time-limited, intensive evidence-based treatment in one or more of the following areas:

- Severe emotional disturbance and psychiatric disorders
- Severe sexual aggression or who have been adjudicated a sexual offender
- Severe substance use dependency
- Severe and complex medical needs

GRO- Tier II Qualified Residential Treatment Program (QRTP) Cost Factors to be Considered in Methodology			
Increased Reporting and Assessment Requirements	Time Limited Service	Enhanced Staff Credentials	Enhanced Staffing Ratios
Billing Complexities	Evidence-based, Trauma-Informed Treatment Model	Enhanced Training	Complex Cross-System Coordination
6 months of Aftercare Post Discharge	Nationally Accredited	On-site licensed or registered nursing staff, available 24/7	Coordination and facilitation of family participation in treatment
Facilitation of Documented Family Outreach	Technology	Insurance	Operating expenses, inflation/cost of living, infrastructure and Building Costs

Supervised Independent Living Services

DFPS expanded the foster care continuum in 2013 to include Supervised Independent Living Services (SIL) as a placement type. These services support young adults in extended foster care as they work toward independence.

There are varying placement settings throughout the SIL program, each with different reimbursement rates. These settings include:

- Apartment

- Shared Housing
- Host Homes
- College Dorms
- Non-College Dorms

Also, the 86th Legislature added Enhanced Case Management as an add-on to SIL services, for eligible young adults who required specialized supports or services.

Plan for SIL Placements:

Relative to Foster Family Care and GRO, SIL services are relatively new to the service continuum. As a part of this project, DFPS intends to study costs of living arrangements in the SIL program to determine if any modification to the rate methodology is needed. If modifications are needed, DFPS and HHSC will work with stakeholders that provide SIL services.

Collecting Information to Develop Preliminary Service Add-Ons

To develop rate methodology for the service add-ons described above, DFPS must work with HHSC and stakeholders to determine inputs for the various models. During the next several months, the Department develop and release surveys, look to cost report data, and hold focus groups to determine appropriate staffing structures, training, and education/credentialing requirements for the proposed add-ons.

The information collected will be used to define the final service add-on packages included in a report released by the Department in January 2022. With the report as a foundation, HHSC will work with DFPS and other stakeholders to develop rate methodologies to support the newly-defined foster care service continuum.

Service Description Timeline

May – June

Project Planning, Data Analysis, Research

July- September

Project Stakeholder Kick-off, Focus Groups, Development of Preliminary Service Packages

October – December

Surveys, Focus Groups, Analysis, Finalize Service Packages

Closing

DFPS appreciates the help and support of Casey Family Programs, the Deckinga Group, LLC, the Texas Alliance of Child and Family Services, the Texas Coalition of Homes for Children, and the Texas Network of Youth Services, and countless providers who contributed their expertise and resources to the new preliminary service packages in the Foster Care Rate Modernization effort.

For 33 years, the service level system in Texas has been the foundation for foster care rate methodology and rate setting. With advancements in technology, data collection, implementation of STAR Health, and Community-based Care, along with pivotal changes to foster care by the Texas Legislature (Senate Bill 11, 85th Session, Senate Bill 781, 86th Session, and Senate Bill 1896, 87th Legislative Session) the system has evolved.

The 87th Legislature has provided DFPS, in collaboration with HHSC and through stakeholder engagement, the opportunity to define new foster care continuum and service packages to meet the needs of today's children, youth, and young adults in foster care. New rate methodology will help ensure that caregivers are compensated in a way that better aligns service provision to cost of care.

This report is the first of many that the Department and HHSC will provide to ensure on-going transparency and engagement of stakeholders and others interested in this vitally important process.

Foster Care Rate Modernization Project Timeline		**Fiscal Year 2021**	**Fiscal Year 2022**				**Fiscal Year 2023**			
Deliverable	Lead	Q4 6/21-8/21	Q1 9/21-11/21	Q2 12/21-2/22	Q3 3/22-5/22	Q4 6/22-8/22	Q1 9/22-11/22	Q2 12/22-2/23	Q3 3/23-5/23	Q4 6/23-8/23
Report detailing preliminary new service descriptions upon which new rate will be based.	DFPS		★							
Plan for the development of pro forma modeled rates and cost-report based rates, using service descriptions produced by DFPS.	HHSC		★							
Report detailing the final service descriptions upon which new rate will be based.	DFPS			★						
Progress Report of all related activities at six-month intervals.	DFPS			★		★		★		★
Progress Report of all related activities at six-month intervals.	HHSC			★		★		★		★
Report that includes the pro forma modeled rates using the new methodology, and fiscal estimate of implementing new rates	HHSC							★		
Report on feasibility of increasing federal funds for use in providing these services	HHSC							★		