



Texas Child-Centered Care (T3C) System

BLUEPRINT

February 2024



Texas Department of
Family and Protective Services

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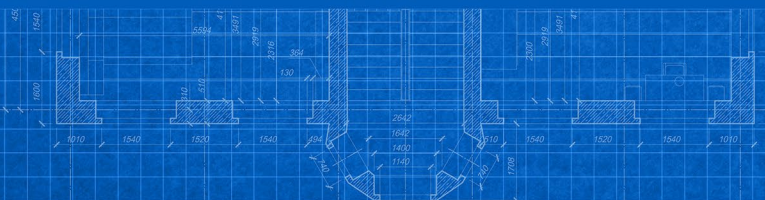
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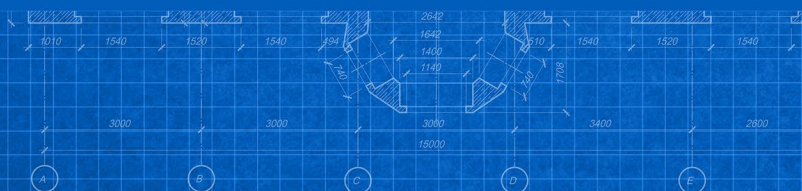
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Letter from the DFPS Commissioner



Dear Colleagues,

Over the past year, serving as the Commissioner for DFPS, I am constantly amazed by the complex interwoven system of child welfare in Texas. The care and safety of children is possible through a mix of individual efforts and collaboration of many partners. I have had the opportunity to see the care and compassion of caseworkers, foster parents, providers, judges, attorneys, CASA volunteers, and so many others. With true servant hearts, the time, dedication, and love that goes into your work with children and families is immeasurable and is an example of the best of our society.

It is for this reason, that I am so excited to be a part of the transformation of the foster care system in Texas, from one that is largely focused on behavior modification to a modernized child-centered system, known as Texas Child-Centered Care or T3C. The T3C System represents new opportunities and major changes, including:

- a universal assessment of child needs through an enhanced version of the Child and Adolescent Needs and Strengths (CANS) Assessment, which once completed will be used to inform placement.
- a comprehensive array of foster care Service Packages, that are clearly defined, trauma-informed and research-based to ensure that children are receiving optimal care during their temporary stay in the system.
- establishment of a dedicated Continuous Quality Assurance and Improvement (CQAI) structure to help support evaluation and continued improvement of foster care services in our state; and
- a new foster care rate methodology that includes fully funded foster care rates.

Replacing the current, almost 40-year-old infrastructure is a huge undertaking. Transitioning to the T3C System will require all of us to communicate and work closely together to ensure that the needs of children and families remain at the forefront during this time of transition.

I look forward to implementing this new T3C System with each one of you, and most importantly, to a transformed foster care system.

A handwritten signature in black ink that reads "Stephanie Muth". The signature is fluid and cursive.

Stephanie Muth
DFPS Commissioner
Texas Department of Family and Protective Services

Purpose of the Blueprint

The *Texas Child-Centered Care (T3C) System Blueprint* is a guide for Texas foster care stakeholders to gain an understanding of the framework and base parameters inherent in each of the twenty-four Service Packages and three Add-On Services descriptions.

The *Texas Child-Centered Care System Blueprint* is a product of the Texas Department of Family and Protective Services (DFPS) and will be updated quarterly (January, April, July, October) to include revisions (if necessary) and provide detailed information related to transition and implementation of the T3C System. DFPS will include a summary of changes and a redlined version to show modifications made between versions for ease and to ensure transparency.

The current version of the *T3C System Blueprint*, and any prior versions of the document will be found on the [DFPS Texas Child-Centered Care](#) webpage. If you have not already done so, we encourage you to subscribe for T3C news and updates on this page. DFPS will notify all subscribers when updated versions of the *T3C System Blueprint* and other T3C information is posted.

We welcome questions and feedback related to the *T3C System Blueprint*, which can be directed to dfpstexaschildcenteredcare@dfps.texas.gov.

Disclaimer: The contents of the T3C System Blueprint are in no way intended to supersede statute, rule, license, regulatory standards, or current DFPS or Single Source Continuum Contract requirements. Contractual requirements resulting from the transition and implementation of the T3C System will be memorialized in the actual contract.



Introduction

DFPS serves as the single state agency responsible for defining, maintaining, and overseeing the operation and administration of the foster care program as outlined in the provisions of Title IV-E of the *Social Security Act* and Chapter 40 of the *Texas Human Resources Code*. Operation of the foster care system is informed by state and federal statute, regulations, rules, and policy. Direct provision of foster care services is primarily accomplished using agreements and contracts with the following:

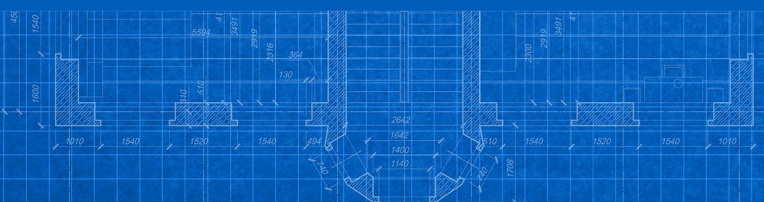
- Kinship Caregivers
- Single Source Continuum Contractors
- Child Placing Agencies
- General Residential Operations.

Since 1988, the Service Level System has served as the foundation for the Texas Foster Care System. Care expectations, contractual requirements, and payment all derive from the child's determined level. As the state approaches the full roll-out of Community-Based Care (CBC), and fewer and fewer children are served under the Service Level System, the foundation must change.

T3C represents a complete transformation of the foster care system. It is the result of a multi-year effort directed by the Texas Legislature, supported by DFPS in collaboration with the Texas Health and Human Services Commission (HHSC), and guided by countless residential childcare providers and other child welfare stakeholders. T3C replaces the Service Level System, with a universal child assessment tool and placement process, twenty-four clearly defined Service Packages and three Add-On Services, new fully funded rate methodology, and new opportunities to claim federal funds for foster care services.

Having a comprehensive array of clearly defined Service Packages and supporting rate methodology aligns the cost of care with specific services, offering more stability for Residential Child Care providers and Caregivers. The new rate methodology offers more efficiency and eliminates the need for multiple payments, by consolidating compensation for things such as awake night supervision in General Residential Operations into the child's daily rate. The new service array offers new opportunities for the state to draw down federal Title IV-E funding by incorporating specific packages that align with changes made by the *Family First Prevention Services Act*, allowing for enhanced claiming.

Most importantly, and above all else, there are new opportunities that this modernized system represents for children, youth, and young adults in foster care. T3C is designed to improve safety, permanency, and well-being outcomes, offer continued opportunity for foster care system improvement through a robust Continuous Quality Assurance and Improvement Process, and lessen the need to look outside the established foster care continuum for services.



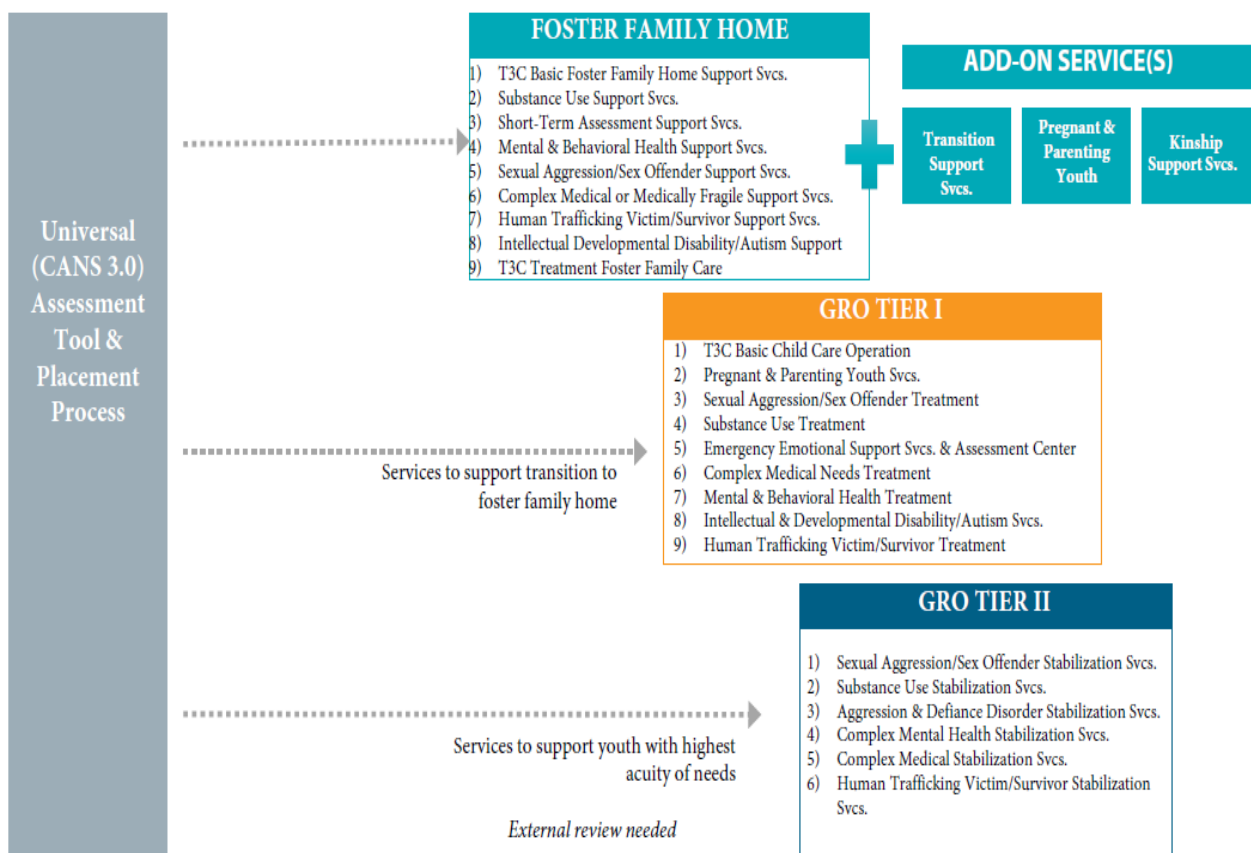
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What is the T3C System and How Does it Work?

T3C Foster Care Continuum and Full Array of Services

Under T3C children, youth, and young adults are assessed, matched, and placed with a Child Placing Agency/foster family home, or a General Residential Operation that specializes in providing a specific type of service, known as a “Service Package”. There are nine distinct Service Packages offered in Foster Family Homes, nine distinct Service Packages offered in General Residential Operation Tier I facilities, and six distinct Service Packages offered in General Residential Operation Tier II facilities.

Based on the child, youth, or young adult’s unique needs, they may also be eligible for up to three distinct Add-On Services if placed with a Child Placing Agency/foster family home that specializes in providing the needed service(s).



Commonly Used Terms

The *T3C System Blueprint* includes terminology and concepts that are important to understand when interpreting what is required in each of the twenty-four T3C Service Packages and three T3C Add-On Services. To ensure common understanding, some of these key terms and concepts, which apply only to the T3C system, are described below.

- **Add-On Service (Child Placing Agencies Only):** A set of clearly defined criteria with an established daily rate that supports eligible children, youth, and young adults with specific needs living with a Credentialed Foster Family Home Caregiver supported by a Credentialed Child Placing Agency that includes one or more of the following services:
 - Transition Support Services for Youth & Young Adults 14 years and older,
 - Kinship Caregiver Support Services (Paid to Child Placing Agency only) for verified kinship foster family homes, and
 - Pregnant & Parenting Support Services.

Each Add-On Service has a unique daily rate, and dependent on child and provider eligibility for service(s), is added to the daily rate for the primary Service Package.

- **Aftercare Services:** Support services planned in anticipation of discharge and provided post-discharge to children that have transitioned to a new placement. Aftercare Services vary by Service Package/Add-On Service. Funding to support the provision of Service Package-specific aftercare has been included in the applicable daily rate paid **while** the child is in placement to be used to support post-discharge services. While the type, resources, frequency, and duration of services may vary by Service Package/Add-On Service, aftercare requirements include one, more than one, or all the following expectations:
 - Collaboration with the child’s core Service Planning team, which dependent on the case, should include: the child, the child’s parents, the child’s CPS or SSCC caseworker, attorney ad-litem, guardian ad-litem and/or CASA volunteer, STAR Health Service Coordinator, relatives, subsequent Caregivers, and other stakeholders.
 - Collection, documentation, and tracking of child outcome data, related to the provision of Aftercare Services.
 - Prior to transition, administration, and completion of the CANS 3.0 Assessment. Review of assessment with Service Planning team members to identify strengths and needs to build on and address in subsequent placement.
 - Assistance with school enrollment (if applicable per the child’s age). Prior to discharge and if possible, the child must be enrolled in school. Any issues should be addressed with assistance of the education liaison for the operation.
 - Development and maintenance of the Education Portfolio.

- Assistance with identification, facilitation and support of affirming, normative, age-appropriate, positive-peer relationships, and activities within the child's community at the subsequent placement. Activities can include any number of things that are meaningful to the child and contribute to positive well-being, which may include sports, fine arts, volunteering, employment, extra-curricular, school activities, etc.
 - Organization and facilitation of the transition to other medical and mental health providers, as needed. This includes collaboration to ensure that there is no lapse in therapy or medication, if applicable.
 - Assessment, assistance, and support of the needs of parents and/or subsequent Caregivers and family.
 - Consistent and ongoing engagement with the child and families to support transition and to maintain healthy connections.
- **Caregiver:** For purposes of T3C, a person, including an employee, foster parent, cottage parent, contract service provider, or volunteer, whose day-to-day responsibilities include direct care, supervision, guidance, and protection of a child, youth, or young adult in care.
- **Child and Adolescent Needs and Strengths (CANS) 3.0 Assessment:** A multi-purpose tool developed for children's services to support customized decision making, including identification of the optimal Service Package (for T3C) and planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of children, youth, and young adults in care.
- **Continued Stay Guidelines:** Incorporated in the provider's policy and procedures, these guidelines directly link to the Evidence-informed or Evidence-based Treatment Model and are used as the means for determining a child's continued need for placement beyond the expectation established by the provider for the individual Service Package. The timeline for review should coincide with the expected duration of stay based on the provider's selected and approved Treatment Model, and any time limitations of the Service Package. These guidelines at a minimum must address:
- The primary reason the child met the admission guidelines, and a detailed documented reason for how he or she continues to require on-going services established upon placement, or how those services are being changed or replaced with others.
 - How services are adjusted for the child based on an updated CANS 3.0 Assessment.

- How services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans.
 - A less-restrictive placement type/service option is not appropriate to meet the child’s individual needs.
- **Continuous Quality Improvement:** For purposes of T3C, this means the formal structure and process used by the Child Placing Agency or General Residential Operation for defining and examining programs strengths and challenges and testing, improving, and learning from solutions on an on-going basis. This process is intended to be proactive and cyclical, using data to improve the quality of services and outcomes for children, youth, and young adults based on the individual Service Package and/or Add-On Service (if applicable).
- **Credential:** For purposes of T3C, this means a Child Placing Agency, General Residential Operation, or foster home has met the qualifications, as determined by DFPS, to offer a specific Service Package or Add-On Service (Child Placing Agencies only). DFPS will make the determination for Child Placing Agencies and General Residential Operations, while the individual Child Placing Agency will assess whether the individual foster home meets the qualifications.
- **Daily Foster Care Rate:** The per diem rate paid to an SSCC, or Child Placing Agency, or General Residential Operation for providing a distinct Service Package or Add-On Service(s).
- **Diagnostic and Statistical Manual of Mental Disorders (DSM-5):** Handbook used by health care professionals as the authoritative guide to the diagnosis of mental and behavioral disorders. DSM-5 contains descriptions, symptoms, and other criteria for diagnosing mental and behavioral disorders.
- **Evidence-based:** Practice that is shown to be effective based on *rigorous evaluation* and factors in expertise of professionals and the characteristics, culture, and preferences of those the practice will support.
- **Evidence-informed:** Component parts include knowledge gained through research, practice, and experience, use of data collection, tracking, and analyzation to ensure that desired outcomes are being achieved and are continuing to meet the customized needs of the unique population. Please note that use of an Evidence-based Treatment Model may be used in lieu of an Evidence-informed Treatment Model as referenced throughout the *T3C System Blueprint*.

- **Extended Foster Care:** A voluntary program that allows a young adult to reside in a paid foster care placement after DFPS legal conservatorship ends upon turning age 18. The young adult is eligible for Extended Foster Care if he or she is participating in qualifying activities which can be found in [Chapter 10400 of the *Child Protective Services Handbook*](#).
- **Information Technology (IT) System:** For purposes of T3C, there is a requirement that ***all providers engage in selection and utilization of a computer system(s)*** that includes hardware, software, and equipment operated by provider staff (users) and allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes in a manner that protects confidentiality, and meets industry standards for secure data storage.
- **Intermittent Alternate Care:** Commonly referred to as “Respite Care”, this is a planned alternative 24-hour care provided for a child, youth, or young adult by a licensed Child Placing Agency as a part of the Child Placing Agency or home’s regulated childcare and lasts more than 72 consecutive hours. For purposes of T3C, funding to support Intermittent Alternate Care has been built into the daily foster care rate.
- **Kinship Caregiver:** Relatives and other people (known as fictive kin) who the child or family have a significant relationship with and who can provide stability for children when they can't safely reside with their parents. For purposes of T3C, Kinship Caregivers are ***verified Caregivers*** through a licensed Child Placing Agency.
- **Logic Model:** A graphic depiction, developed by the provider, that presents the shared relationships among the resources, activities, inputs, outputs, outcomes, and impact for each Service Package and/or Add-On Service. A Logic Model depicts how the provider’s program will work, what it is expected to achieve, and identifies the components that will be used to inform provider program improvements through the continuous quality improvement process and is intended to change through this process.
- **Minimum Standards:** [Chapter 42 of the *Texas Human Resources Code*](#) requires the Health and Human Services Commission to regulate childcare and child-placing activities in Texas, and to create and enforce Minimum Standards. HHSC develops rules for childcare in Texas. Once proposed, reviewed, and adopted, these rules become part of the Texas Administrative Code. [\(Read the childcare licensing rules.\)](#) Each set of Minimum Standards is based on a particular chapter of the Texas Administrative Code and the corresponding childcare operation permit type(s). The Minimum Standards mitigate risk for children in out-of-home care settings by outlining basic requirements to protect the health, safety, and well-being of children in care. For purposes of T3C,

providers must be licensed through HHSC-Child Care Regulation Division (CCR). Service Package and Add-On Service requirements that are consistent with Minimum Standards will be monitored through CCR.

- **Normalcy:** The ability of a child in foster care to engage in activities that are suitable for children, youth, and young adults of the same age, level of maturity, and developmental level as determined by a reasonable and prudent parent standard. Examples include, but are not limited to, extracurricular activities, in-school and out-of-school activities, enrichment activities, drivers' education and experience, cultural activities, employment opportunities, and frequent communication with family, friends, and peers via in-person visits, phone calls, and through social media (if safe and appropriate).
- **Permit Type:** For purposes of T3C, this refers to the operation's type (Child Placing Agency or General Residential Operation) that are a part of the permit issued by HHSC-Child Care Regulation Division and is distinct for each Service Package and/or Add-On Service.
- **Permit Services:** For purposes of T3C, this refers to the treatment, programmatic, and/or special services that are required of the operation (Child Placing Agency or General Residential Operation) that are a part of the permit issued by HHSC-Child Care Regulation Division and is distinct for each Service Package and/or Add-On Service.
- **Pre-Placement Visit:** Occurs before placement and allows the child, youth, or young adult to visit with potential Caregivers to determine if the child, youth, or young adult feels that the placement is a good fit and allows time to process the change.
- **Promising Practice:** A practice that is superior to an appropriate comparison practice using conventional standards of statistical significance (in terms of demonstrated meaningful improvements in validated measures of important child outcomes, such as mental health, substance abuse, well-being or safety) as established by at least one study that was rated by an independent systemic review for the quality of the study design and execution and determined to be well-designed and well-executed; and utilized some form of control group.
- **Service Coordination:** A special kind of care management that is performed by a Superior STAR Health Service Coordinator and is a benefit for *all* STAR Health members. As a part of Service Coordination, the STAR Health Service Coordinator works with STAR Health members (children and youth in DFPS conservatorship or young adults in Extended Foster Care) and their medical consentor to:
 - Identify healthcare needs.

- Develop an Individual Service Plan (ISP) along with their medical consentor, community supports, and providers.
 - Ensure that services are received timely.
 - Help to find providers and access covered services.
 - Coordinate Medicaid covered services with social and community support services.
- **Service Package:** Clearly defined set of criteria that is intended to meet the custom needs of the child, which is used to evaluate a provider for a Credential. Each Service Package has a unique daily rate. Children, youth, and young adults may have competing needs, however only one primary Service Package will be determined at the time of placement and will serve as the basis for the single daily reimbursement rate.
 - **Service Plan:** Commonly referred to as the “Single Child’s Plan of Service”, for purposes of T3C, this is the provider's developed plan that is narrowly tailored to address the child’s custom goals, progress achieving goals, and services that will be provided to a child, youth, or young adult to meet specific goals while served by the provider. The Service Plan must incorporate the CANS 3.0 Assessment.
 - **Single Source Continuum Contract/Contractor (SSCC):** Entity with whom DFPS enters a contract for the provision of the full continuum of substitute care, case management, and reunification services in a designated geographic catchment area.
 - **Staff:** For purposes of T3C, Child Placing Agency or General Residential Operation staff includes a person an operation employs full-time or part-time to work for wages, salary, or other compensation. This includes all Child Placing Agency or General Residential Operation staff, agency or operation contractors, volunteers, and any owner who interacts with a child, youth, or young adult receiving the specified Service Package or Add-On Service.
 - **STAR Health:** A comprehensive, single source Medicaid managed care model for children and youth in DFPS conservatorship and young adults up to age 22 in Extended Foster Care. Benefits of STAR Health include:
 - Immediate access to services when the child or youth is taken into DFPS conservatorship.
 - Support of a statewide (Medicaid) provider network.
 - Continuity of care supported by Health Passport, a proprietary healthcare data management system.

- Ability to develop innovative and flexible solutions to support child welfare system changes and needs.
 - Simplification of system changes required to coordinate care.
 - A one stop shop to assist with physical health, behavioral health, dental, vision, pharmacy benefits, value-added services, and transportation.
 - Dedicated STAR Health staff with many years of prior child welfare experience and specific foster care training.
- **Time-limited Service:** Varies by Service Package and provider’s Treatment Model, it is the anticipated length of time that it will take for a child, youth, or young adult to successfully complete a program prior to discharge.
- **Trauma-informed agency or organization:** A Child Placing Agency or General Residential Operation that is trauma-informed is an organization or agency that:
- Realizes the widespread impact of trauma and the potential paths for recovery;
 - Recognizes the signs and symptoms of trauma in children, youth, young adults, families, staff, Caregivers, and others involved in the child welfare system;
 - Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
 - Seeks to actively resist re-traumatization.
- **Treatment Model:** Commonly referred to as a “program model”, it serves as the foundation and framework for the provider’s program. For purposes of T3C, a Treatment Model *is not solely* the therapeutic technique(s) or specific clinical intervention(s) being used to treat the individual child’s diagnosis (as may be offered through STAR Health). Rather it is the holistic, trauma-informed approach to care that considers the physical, emotional, social, and spiritual well-being needs of children requiring a distinct Service Package, and serves as the program’s structure for providing care, including the approach to planning, and providing therapeutic/clinical intervention(s), case management, training, policy and procedures, recreation, service planning, and Aftercare Services (if applicable). Except for the General Residential Operation Tier II Service Packages, the provider’s Treatment Model can be one they have developed independently or one that they have purchased, so long as it meets the core elements listed above and is Evidence-informed. The T3C Treatment Model should be based on certain qualifying assumptions around the specific population (as defined by the Service Package and/or Add-On Service(s)) served and must be customized to treat and provide care based on these unique needs. All provider staff and Caregivers must be trained in and actively practice the operation’s Treatment Model.

A General Residential Operation’s Evidence-informed Treatment Model for each Tier I Service Package (except for Tier I: T3C Basic Child Care Operation and Tier I: Emergency Emotional Support & Assessment Center) and the Evidence-based Treatment Model for each Tier II Service Package should include a defined, Anticipated Length of Stay to complete the treatment or stabilization program. The actual length of stay will be child, youth, or young adult dependent, and based on individual need.

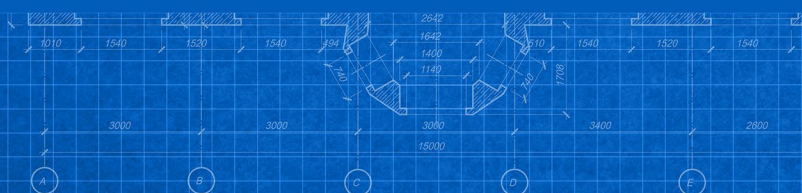
- **Universal Human Trafficking Prevention Training:** Childcare providers and Caregivers are in a unique position to intervene and educate those vulnerable to becoming victims of human trafficking. DFPS is in the process of developing a Human Trafficking Prevention Training and a companion “Train the Trainer” model, which is anticipated to be released in the fall of 2024. Providers may choose to adopt this model and train their staff and Caregivers, or they may submit, as a part of the Credentialing process, a different model they intend to use to meet this requirement under T3C. It is the Department’s intent that relevant information provided in the Universal Human Trafficking Prevention Training be shared with children, youth, and young adults being served by the provider. Each provider will have the flexibility to determine how best to share this information; examples include providing information through service plan meetings, during home visits, or through one-to-one communication between the Caregiver and child. This training is required and funding to support this training has been included in the daily rate for all Service Packages. ***For providers offering one of the three Service Packages designed specifically to serve victims/survivors of Human Trafficking, the agency or organization will need to use a training that is specific for prevention for that population of children, youth, and young adults.***

The CANS 3.0 Assessment

One of the major systemic changes included in T3C is how the CANS Assessment tool is used. An enhanced 3.0 Assessment (customized based on the current CANS 2.0) will be conducted at different stages of a child’s case and will be used to help inform which one of the twenty-four T3C Service Packages is recommended to meet the child’s custom needs.

To ensure that the person administering the CANS 3.0 Assessment has access to the most current information on the case, administration of the CANS 3.0 Assessment will move from STAR Health credentialed assessors to the child welfare system under the T3C System. A new type of staff, known as the CANS Assessor, will be a part of the placement team for each Single Source Continuum Contractor (SSCC) or DFPS (in areas that have not yet transitioned to CBC).

Under the T3C System, children ages 3 and up will receive a CANS 3.0 Assessment upon the occurrence of any of the following events:



- Within 30 days of removal, or for children turning 3 years old, within 30 days after their third birthday,
- Annually,
- At the time of a placement change,
- Every 90 days if they are receiving therapeutic services, or
- Upon request of the child’s Single Source Continuum Contractor (SSCC) or DFPS Caseworker, to ensure appropriate Service Package selection and placement match.

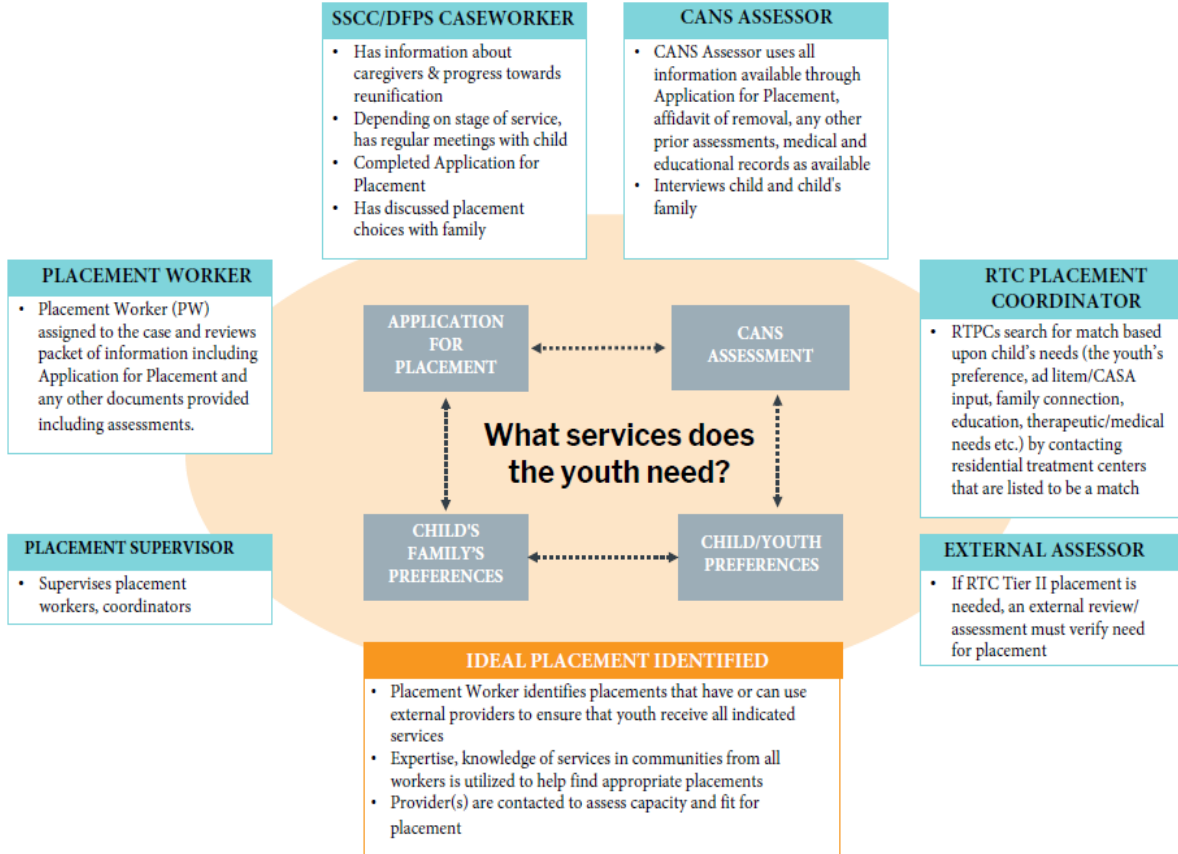
Selecting a Placement Under the T3C System

While the CANS 3.0 Assessment **recommended** Service Package, and other supporting documentation will be used to inform the process, the knowledge and professional judgement of the SSCC or DFPS staff working to secure placement based on the individual child’s needs and best interest will be the basis for the selection of the **actual** Service Package and placement type.

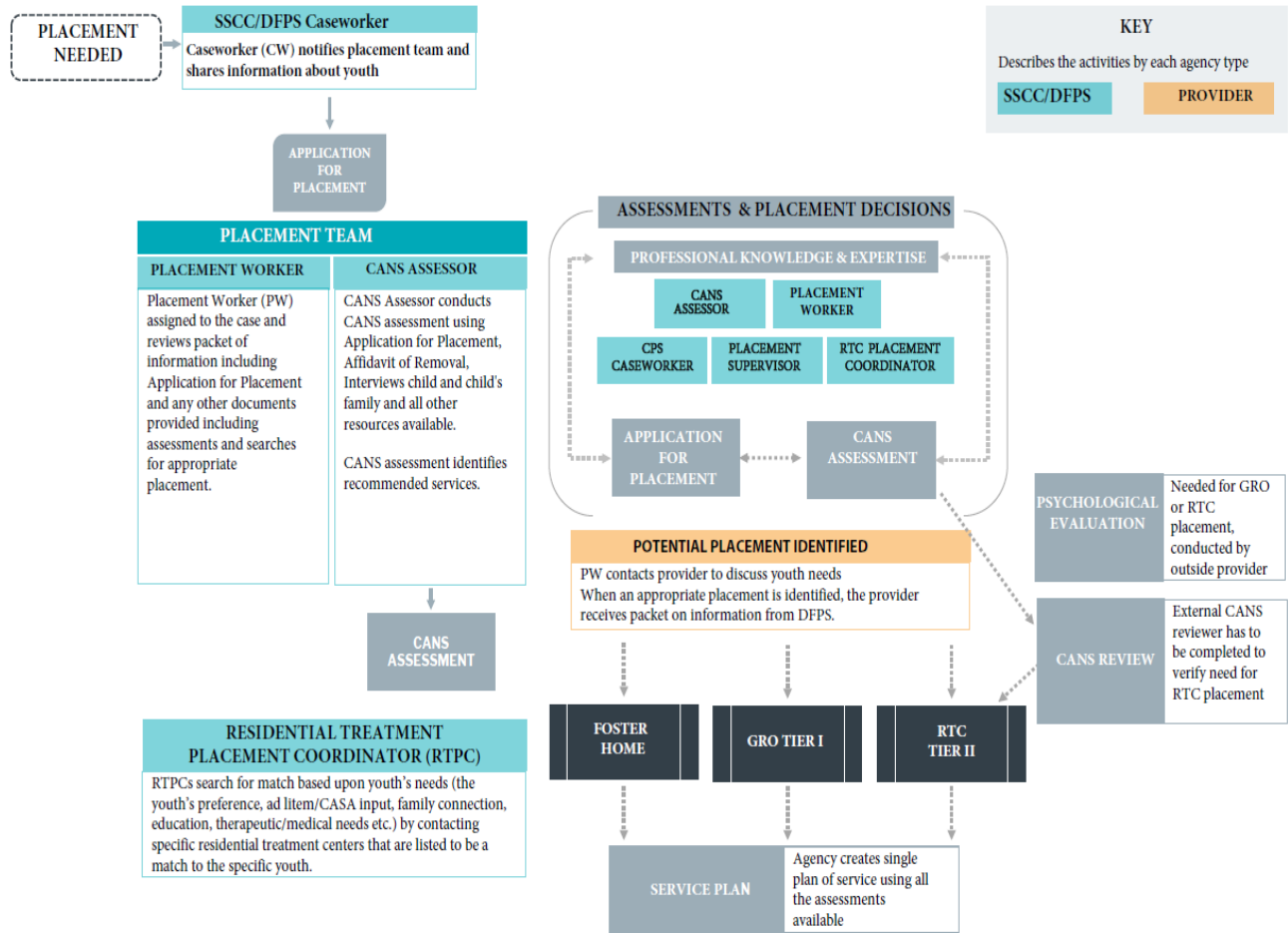
Case record information, including the removal affidavit and the Application for Placement, along with other information will continue to be shared with the provider as a part of the matching process.



Roles and Responsibilities of the SSCC or DFPS Placement Team under T3C



Example of the Placement Selection Process Under The T3C System



There will be situations where the need for a placement is urgent or the child’s needs are such that there is no time to complete the CANS 3.0 Assessment, Pre-Placement visit, etc. There are several Service Packages that contemplate this urgency, such as the Short-Term Assessment Support Services Package and the Emergency Emotional Support & Assessment Center offered in the General Residential Operation Tier I setting.

While the CANS 3.0 Assessment *recommended* Service Package, and other supporting documentation will be used to inform the process, the knowledge and professional judgement of the SSCC or DFPS staff working to secure placement based on the individual child’s needs and best interest will be the basis for the selection of the *actual* Service Package and placement type.



Goals of the T3C System

Individual child outcomes are intended to align with the provider's Treatment Model and will vary by program. **Every T3C Service Package requires a Treatment Model (as described below in the Commonly Used Terms section).** The overarching goal of the T3C System is to improve safety, permanency, and well-being outcomes for children, youth, and young adults in foster care through the establishment of a universal assessment process, a comprehensive network of quality services, and a dedicated continuous quality improvement structure that is responsive to changing needs.

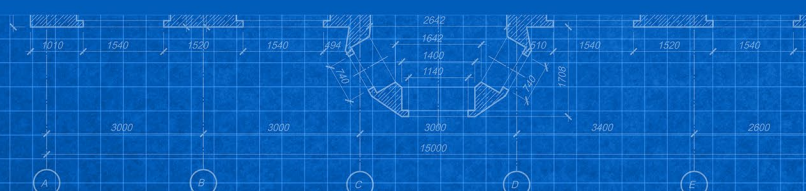
The Texas Legislature has made a significant, multi-million-dollar investment in the success of the T3C System through adoption of a fully funded rate structure, and resources to support transition and implementation. SSCCs, Residential Child Care providers, and other key child welfare stakeholders have partnered with DFPS and HHSC and contributed their time and resources to the development of each Service Package, Add-On Service, and the universal assessment process.

All this work is anticipated to support an improved experience for all children, youth, and young adults in foster care by:

- Increasing the percentage of children, youth, and young adults who remain safe in care.
- Placing children, youth, and young adults closer to their community of origin.
- Supporting healthy sibling, parental, familial and Kinship Caregiver connections.
- Improving services and processes to better match child, youth, or young adult with Caregiver, further reducing the average number of placement changes needed to obtain appropriate care.
- Supporting improved service and care planning between child welfare and STAR Health providers.
- Identifying and expediting the provision of appropriate treatment services to support healing, and improved well-being and permanency outcomes.
- Reducing the percentage of out of state, child-specific, and exceptional care services necessary to meet the child's treatment needs.

New under T3C is the establishment of an **external** Continuous Quality Assurance and Improvement (CQAI) structure whereby data is routinely evaluated to ensure that the goals, objectives, and outcomes of the T3C System are appropriate and being met. This will be used to inform further enhancement and advancement in services delivered to children living in the foster care system.

What is the State Doing to Prepare the System for Transition?



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The planning and development of the T3C System has been underway since the 86th Legislative Session when work was initiated to study the foster care rate methodology. The 87th Legislature directed DFPS, in collaboration with HHSC, to develop clearly defined program models (or what T3C refers to as Service Packages), a universal child assessment, and a supporting foster care rate methodology. The 88th Legislature made a significant investment in improving the foster care system by fully funding the implementation and transition to the modernized T3C System.

Implementation of the T3C System is designed to be an iterative process. As information and data are gathered, and through the establishment of a data-informed and stakeholder-driven Continuous Quality Assurance and Improvement Process, modifications will be made.

Timeline

DFPS is working with stakeholders to execute a thorough project and implementation plan that must account for various considerations, including the fact that during the transition (January 2025-August 2027) to T3C, children, youth, and young adults will be served under four different funding structures which include the following:

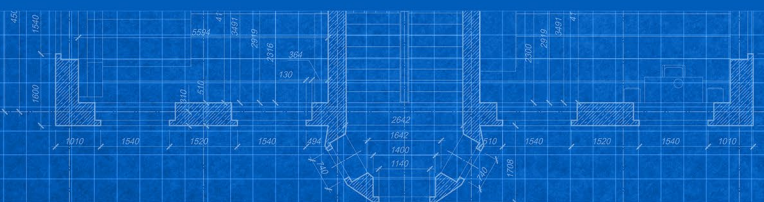
- The CBC Blended Foster Care System;
- The CBC T3C System;
- The Legacy Service Level System; and
- The Legacy T3C System.

Based on the implementation plan for T3C (which is anticipated to fully roll out by FY 2028) and CBC (statewide implementation of Stage I by FY 2029), there will be a period (12-18 months) where there will be overlap between CBC and the legacy system, with both operating under the T3C model.

In Fiscal Year 2024, all efforts are dedicated to ensuring the state's infrastructure is built and in place so that children, youth, and young adults in foster care can receive services under the T3C System in January 2025. For a high-level overview of the T3C System implementation deliverables and timeline in FY 2024, please see the appendix to this report.

As a Provider, What Should I Be Doing to Prepare for Transition to the T3C System?

Each operation's plan and timeline for transitioning to the T3C System will be unique. Based on communication with stakeholders, DFPS has identified the following suggestions as some of the ways providers are approaching the transition:



- Review historical documents on Foster Care Rate Modernization, including the [Foster Care Rate Modernization Final Service Description Report-January 2022](#) and the [Foster Care Rate Modernization Pro Forma Modeled Rate Report- February 2023](#) to understand the process used to build out the modernized T3C System.
- Review the contents of the *T3C System Blueprint*, particularly the requirements for each Service Package and/or Add-On Service (see sections below) and identify which ones your operation may wish to provide.
- Conduct a gap analysis, based on the Service Packages and/or Add-On Services to determine what, if anything, is needed by the operation to provide the service, and use this information to develop a more thorough provider level transition plan.
- Ask questions if something is unclear or if more information is needed – reach out to the Department via the dedicated email address: dfpstexaschildcenteredcare@dfps.texas.gov.

Seek opportunities to learn more. DFPS is working with other stakeholders, including the various provider trade associations to share information and identify areas for technical assistance. Information will be shared on the various opportunities on the [DFPS T3C Webpage](#).

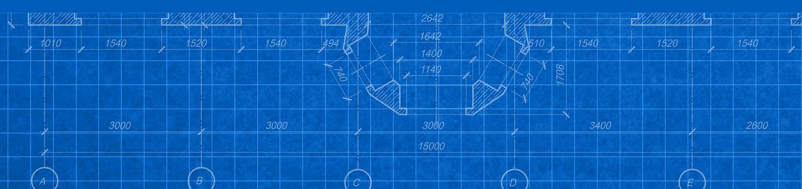
Operating Under the T3C System

Fiscal Year 2024-2025 Foster Care Methodological Rates

Pursuant to Section 40.058 (i) of the Human Resources Code, DFPS contracts with the Texas Health and Human Services Commission (HHSC) to set rates for foster care services. In accordance with statute and the Department’s contract, the Provider Finance Division within HHSC establishes methodology, calculates reimbursement rates, and collects cost reports for DFPS’ Residential Child Care Services.

The T3C System includes new rate methodology, new fully funded foster care rates, and an updated comprehensive cost report. Residential Child Care Contracts with DFPS will follow the Methodological Rate Schedule for T3C Services (see Tables 1-4 below), including any foster family home pass through requirements.

DFPS will reimburse each Single Source Continuum Contractor (SSCC) in accordance with the same Methodological Rate Schedules found in Tables 1-4 below. Under the T3C System, SSCCs will continue to have flexibility within the Community-Based Care model to pay Residential Child



BLUEPRINT

Care providers using a customized rate schedule, with a minimum pass-through requirement established in the SSCC contract.

Some children, youth, and young adults will have multiple needs where they may meet the criteria for more than one Service Package. The primary Service Package will be determined based on discussion and agreement between the SSCC or DFPS (in areas that have not yet moved to the CBC model) and the provider operation accepting and providing services to the child. Payment will be made for the selected primary Service Package the child is receiving – meaning **only one primary Service Package rate per day of care will be applied**. If the child is receiving a T3C Service Package (*except for Short-Term Assessment Support Services*) through a Child Placing Agency, and the agency is Credentialed to provide Add-On Service(s), for which the child is eligible, each Add-On Service rate will be paid in addition to the primary Service Package rate for the Service Package. Add-On Service rates **do not apply** to General Residential Operation Tier I or Tier II settings (as shown in Tables 3 and 4 below).

For example, if a youth is receiving T3C Basic Foster Family Home Support Services, **and** is over the age of 14, **and** living with a verified Kinship Foster Family Home Caregiver, and the Child Placing Agency is Credentialed for both the Transition Support Services for Youth & Young Adults and Kinship Caregiver Support Services, then to calculate the total daily rate would be \$83.29 (Table 1 T3C Basic Foster Family Home Support Services) + \$37.40 (Table 2 Transition Support Services for Youth & Young Adults Add-On Service) + \$38.22 (Table 2 Kinship Caregiver Support Add-On Service) = \$158.91 Total Daily Rate. **The exception to this is that the Short-Term Assessment Support Services Package is not eligible for any Add-On Services.**

Exceptional Foster Care Rate and Child Specific Contracts

Even with the robust service array and rate structure offered in the T3C System, there will likely continue to be a small number of children in DFPS conservatorship or in Extended Foster Care with service needs that exceed the framework/parameters of the Service Packages, and for which the Exceptional Foster Care Rate (under the CBC model) or a Child-Specific Contract (for areas that have not yet moved to CBC) will be needed. There will continue to be an Exceptional Foster Care Rate established for the SSCCs, and the use of Child-Specific-Contracts to ensure that this sub-set of children receive the unique services needed. With the expanded and clearly defined service array, universal assessment, and modernized rate structured offered under the T3C System, once fully implemented, there should be a decrease in the use of Exceptional Foster Care and Child-Specific Contracts.

HHSC will continue to maintain rates using updated cost report data (when available), along with continuing to leverage the other data sources used to calculate the below listed pro forma modeled rates. For more information on pro forma rates and the T3C rate setting methodology and process, please refer to [The Foster Care Rate Modernization: Pro forma Modeled Rates and Fiscal Impact Report](#) published by HHSC in February 2023.

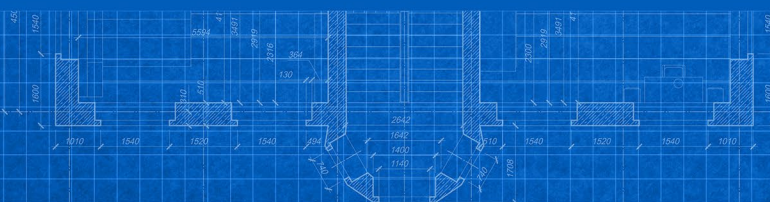


Table 1. Child Placing Agency/Foster Family Home T3C Methodological Rates
Community-based Service Packages

Primary Service Package	Methodological Daily Rate Total	Child Placing Agency Retainage Portion	Foster Family Home Pass through Portion
T3C Basic Foster Family Home Support Services	\$83.29	\$36.39	\$46.90
Substance Use Support Services	\$148.14	\$88.57	\$59.57
Short-Term Assessment Support Services (Not eligible for Add-On Services)	\$150.40	\$77.22	\$73.18
Mental & Behavioral Health Support Services	\$169.49	\$109.92	\$59.57
Sexual Aggression/Sex Offender Support Services	\$186.47	\$88.57	\$90.78
Complex Medical Needs or Medically Fragile Support Services	\$187.80	\$94.53	\$93.27
Human Trafficking Victim/Survivor Support Services	\$217.26	\$117.05	\$100.21
Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services	\$219.98	\$129.20	\$90.78
T3C Treatment Foster Family Care Support Services	\$328.41	\$188.83	\$139.58

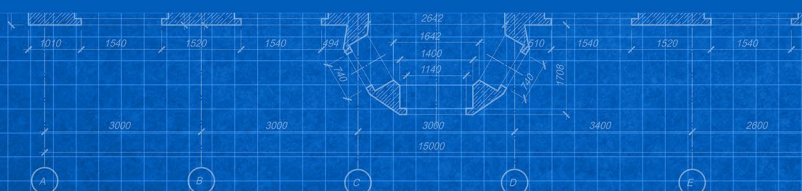


Table 2. Child Placing Agency/Foster Family Home T3C Methodological Rates
Community-based Add-On Services

Add-On Service	Methodological Daily Rate Total	Child Placing Agency Retainage Portion	Foster Family Home Pass through Portion
Transition Support Services for Youth & Young Adults Add-On Service	\$37.40	\$11.27	\$26.12
Kinship Caregiver Support Services Add-On Service	\$38.22	\$38.22	Not Applicable
Pregnant & Parenting Youth or Young Adult Support Services Add-On Service	\$51.22	\$24.94	\$26.28

Table 3. General Residential Operations-Tier I T3C Methodological Rates
Treatment/Transition Service Packages

Service Package	Methodological Daily Rate Total
Tier I: T3C Basic Child Care Operation	\$270.80
Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting	\$365.60
Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition	\$366.17
Tier I: Substance Use Treatment Services to Support Community Transition	\$389.67
Tier I: Emergency Emotional Support & Assessment Center Services	\$390.91
Tier I: Complex Medical Needs Treatment Services to Support Community Transition	\$422.30
Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition	\$453.53
Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition	\$461.23

Service Package	Methodological Daily Rate Total
Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition	\$472.14

Table 4. General Residential Operations-Tier II T3C Methodological Rates
Treatment/Stabilization Service Packages

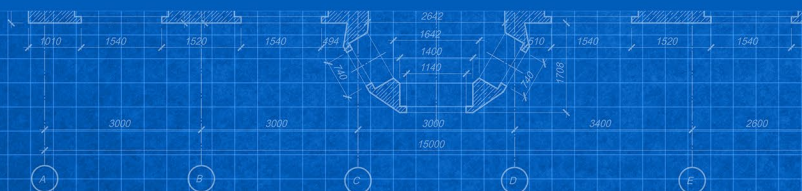
Service Package	Methodological Daily Rate Total
Tier II: Sexual Aggression/Sex Offender Services to Support Stabilization	\$540.60
Tier II: Substance Use Services to Support Stabilization	\$565.50
Tier II: Aggression/Defiant Disorder Services to Support Stabilization	\$574.65
Tier II: Complex Mental Health Services to Support Stabilization	\$583.33
Tier II: Complex Medical Services to Support Stabilization	\$623.53
Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization	\$669.03

The Credentialing Process

Beginning in 2024, new and existing providers electing to provide one or more of the T3C Service Packages and/or Add-On Services will need to apply to become Credentialed. Based on the current T3C roll-out schedule, ***all providers will have to become Credentialed before September 1, 2027***, to provide services to children and youth in DFPS conservatorship or young adults in Extended Foster Care (except for providers only offering Supervised Independent Living Services).

DFPS is currently working with stakeholders to develop the process that will be used to Credential providers, based on one or more of the twenty-four Service Packages and three Add-On Services. Once the process has been finalized, DFPS will release an update to providers outlining the step-by-step process, including a comprehensive list of what providers will need to submit to become Credentialed. This list and step-by-step process is anticipated to be released in the summer of 2024. At a minimum, it is anticipated that providers will be required to demonstrate and articulate the ability to provide the distinct Service Package and/or Add-On Service(s) based on the provider's /operation's infrastructure, specific policy, procedures, organization charts, business and training plans, and the Treatment and Logic Models.

Based on the vision for the T3C System and stakeholder feedback, some of the assumptions that are being used to guide the development of this process include:



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- Establishing a single-streamlined Credentialing process (as opposed to having multiple processes where providers would submit to both DFPS and the SSCCs) for providers, to support efficiency and consistency during transition. Providers will only need to submit one application for review, and once Credentialed, make the provider eligible to provide the distinct Service Package(s) and Add-On Service(s) approved to children, youth, and young adults under an SSCC and/or DFPS legacy contract at T3C rates.
- Considering establishment of an initial short-term alternate Credentialing process for providers that have experience operating in Texas, are in good standing with CCR and SSCC/DFPS Contracts and have a demonstrated record of serving children with like needs to the Service Package(s) and/or Add-On Service(s) for which they are applying. Within state and federal statute and regulatory requirements, providers qualifying under this short-term, alternate process could start providing T3C Service Packages and Add-On Services based on evaluation of a comprehensive plan and prior to meeting all the requirements to become fully Credentialed. If approved, these providers would be required to become fully Credentialed within a set time frame. The initial short-term alternate Credentialing process would be time-limited and would be eliminated as an option to providers during the transition to T3C.
- Prioritizing and expediting of applications based on the greatest Service Package and Add-On Service capacity need for the system.

Providers may apply for and become Credentialed to provide multiple Service Packages and/or Add-On Services, however each set of parameters will be assessed separately. If a Child Placing Agency or General Residential Operation wants to become Credentialed to provide additional Service Packages and/or Add-On Services (if applicable), they may submit subsequent applications at any time, as there is no limit on the number of applications an agency or operation can put forward.

For Child Placing Agencies, once Credentialed to provide one or more of the Service Packages and/or Add-On Services, the operation will be required to have a process (which will be evaluated as a part of the Child Placing Agency's Credentialing process) in place to assess individual foster homes and Foster Family Home Caregivers to provide the Child Placing Agency's Credentialed services. Child Placing Agencies will be responsible for assessing, Credentialing, and tracking outcomes for children, youth, and young adults at the foster home level.

Providers will maintain Credentialed status for a period. Prior to the expiration of the Credentialed timeframe, the provider will need to apply to become re-Credentialed. The timeline and process for re-Credentialing is currently under development. The following assumptions are being used to guide the re-Credentialing process:

- Capacity utilization including evaluation of provider-specific referral, admission and discharge data by Service Package and Add-On Service.
- Child outcome data.

DFPS anticipates providing updated information regarding both the Credentialing and re-Credentialing process, including the estimated timeline to begin the process and the expected timeline for completing the process, in the next iteration of the *T3C System Blueprint*.

Contract Set-Up and Monitoring Under T3C

Once a provider becomes Credentialed to provide one or more of the Service Packages and/or Add-On Services, the operation will be added to the “Credentialed Provider Directory”. This Directory will be maintained and updated routinely by DFPS and shared with all the SSCCs. The file will include the exact Service Package(s) and/or Add-On Service(s) for which the individual provider is Credentialed.

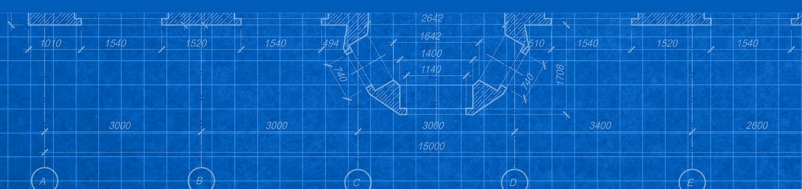
Under T3C, the SSCC’s will continue to negotiate the terms and conditions of its contracts with individual providers; however, to provide any of the T3C Service Packages and/or Add-On Services, providers will have to be Credentialed and listed in the Credentialed Provider Directory.

For existing DFPS Residential Child Care Contractors, DFPS is currently in the process of modifying the Open Enrollment and Contract documents, including a new appendix to the 24-Hour RCC Requirements that will outline the provider’s contract obligations in providing the T3C Service Packages and/or Add-On Services once they become Credentialed. At a yet to be determined time, new DFPS Residential Child Care Contractors will need to undergo the Credentialing process during or prior to their new contract application process.

As the foster care system transitions to the T3C System, there will be changes to the policy, process, and tools used to monitor SSCC and Residential Child Care Contracts. DFPS will be working internally, and with stakeholders to inform the modifications, and to finalize the new approach to monitoring and oversight. Details on the process will be provided in forthcoming versions of the *T3C System Blueprint*.

Service Package and Add-On Service Descriptions

DFPS worked with stakeholders to identify and clearly define/describe each of the twenty-four Service Packages and Add-On Services. The descriptions (listed in the tables below) for each Service Package and Add-On Service served as the basis for HHSC’s development of the T3C System rate methodology and calculating the T3C daily foster care rates.



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T3C System service descriptions are shown in the charts below based on the following listing of requirements:

- Service Package Name
- Service Package Setting
- Service Package Permit Type
- Service Package Permit Services
- Service Package Description
- Service Package Expectations
- Service Package Anticipated Length of Stay
- Service Package Staffing Requirements
- Service Package Generally Appropriate Staff to Child Ratio
- Service Package Hours of Operation
- Service Package Desired Individual Outcome
- Service Package Admission Guidelines
- Service Package Quality Assurance & Continued Stay Guidelines
- Service Package Aftercare Services (if applicable)
- Service Add-On Service Description (if applicable)
- Service Add-On Service Expectations (if applicable)
- Service Add-On Service Staffing Requirements (if applicable)
- Service Add-On Service Desired Individual Outcome (if applicable)
- Service Add-On Service Aftercare Services (if applicable)

There are important guidelines that should be considered when reviewing the Service Package and Add-On Service descriptions below:

1. **The T3C System is *not* intended to take the place of statutory, federal/Minimum Standards/other state regulatory requirements, or SSCC or DFPS residential childcare contract requirements. DFPS will be working to update procurement and contract requirements as needed to support the T3C System; information contained in the *T3C System Blueprint* is not intended to replace all existing contractual terms and conditions. While a thorough review has been completed, and DFPS does not anticipate any requirement listed below to be in direct contradiction to statute or Minimum Standards, it should be noted that statutory and Minimum Standards requirements related to childcare regulation supersede any T3C requirements inherent in the descriptions below.**

2. Unless otherwise noted, a Child Placing Agency or General Residential Operation should assume that expectations, requirements, and references to “child” or “children” in the T3C System Blueprint apply to youth and young adults served as well.
3. Child Placing Agencies can become Credentialed to provide one or more of the Service Packages and Add-On Services.
4. Add-On Services apply to Child Placing Agency’s *only*, General Residential Operation Tier I and Tier II settings are *not eligible* to provide Add-On Services.
5. Add-On Services can only be added to a T3C Service Package, meaning a Child Placing Agency cannot become Credentialed to provide the Add-On Services *only*.
6. General Residential Operations may become Credentialed to provide one or more of the Service Packages in Tier I and/or in Tier II.
7. The Permit Type and Permit Services listed for all Service Packages and Add-On Services are based on assumptions made by DFPS. Other services may be required in addition to those listed with each Service Package and Add-On Service based on the child, youth, or young adults’ individual needs. Providers should consult with CCR and the operation’s Licensing Representative to ensure that the operation’s permit and services aligns with the desired Service Package and Add-On Services as needed.
8. Each of the Service Packages and Add-On Services listed below include a “Generally Appropriate Staff to Child Ratio Based on Service Package” which includes information on staff to child ratios for various positions. *Except for child to staff ratios that are required by HHSC-CCR Minimum Standards*, these ratios have been provided in the *T3C System Blueprint* to offer agencies and operations a transparent view of the ratios generally considered in determining the daily foster care rate. As is inherent in the naming convention for the section, these ratios are considered “generally appropriate” as guidance and are *not* intended to serve as mandatory operating requirements. The operating staff to child ratios for various positions should be based on clinical expertise/judgement, and unless otherwise noted, under the T3C System it is understood to be based on the specific Evidence-informed Treatment Model, and dependent on the complexity of the case mix of children, youth, and young adults and the resulting caseload.
9. Most children, youth, and young adults served under all listed Service Packages and Add-On Services are eligible for STAR Health services. STAR Health is the Medicaid managed care program developed and funded to support the physical health,

behavioral health, dental, vision, and pharmaceutical needs of children and youth in DFPS conservatorship and young adults in Extended Foster Care. Medicaid eligible services should be sought through STAR Health. In situations where a Child Placing Agency or General Residential Operation's employee is credentialed and has a contract with the STAR Health managed care organization to deliver a particular service, and the child and service being provided is eligible for Medicaid reimbursement, the Child Placing Agency or General Residential Operation Provider should ensure billing occurs through the STAR Health Medicaid managed care organization system. Funding to address the complexity in tracking and assigning costs to the correct system has been included in the T3C System Child Placing Agency and General Residential Operation daily rates.

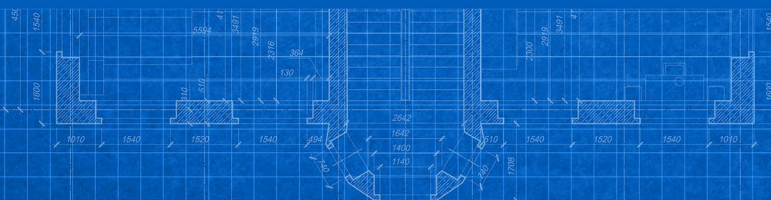
10. While DFPS does not anticipate modification to the service descriptions below, the Department reserves the right to modify as needed to best support children, youth, and young adults.



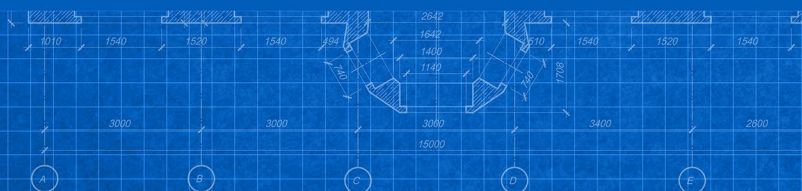
Child Placing Agency/Foster Family Home T3C Service Packages

Service Package Name	T3C Basic Foster Family Home Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> None Required	<u>Programmatic Services</u> Respite Child Care	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Service Package Description	<p>A trauma-informed foster home that provides a child's basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular activities, which may vary based on age and developmental level.</p> <p>The T3C Basic Foster Family Home Support Services Package is designed to offer community-based care for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		
Service Package Expectations	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> Child Placing Agency must ensure that the child, youth, or young adult receives regular and frequent individual and family therapy (dependent on eligibility and if medical necessity criteria are met, therapy services should be authorized and paid for through STAR Health). The Service Planning team will determine the frequency which will be customized to align with the child's individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The Child Placing Agency 		

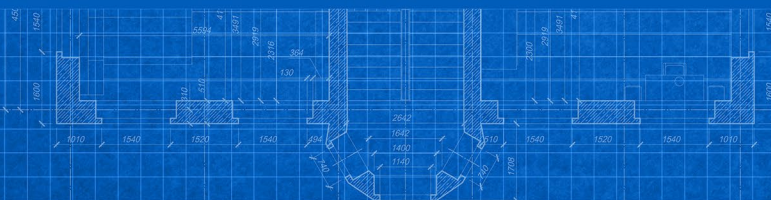
Service Package Name	T3C Basic Foster Family Home Support Services
	<p>will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every six months. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal. • Evidence-informed Treatment Model(s) that incorporates trauma-informed care specifically for children that have been victims of abuse and/or neglect. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The Child Placing Agency must maintain a current Logic Model specific to the provision of the T3C Basic Foster Family Home Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the most recent CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults must receive a CANS 3.0 Assessment annually. • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in



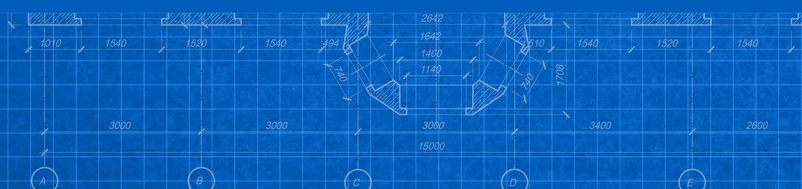
Service Package Name	T3C Basic Foster Family Home Support Services
	<p>accordance with the Child Placing Agency’s documented and planned method.</p> <ul style="list-style-type: none"> • Dedicated <i>Paid</i> Intermittent Alternative Care Program that supports Caregiver wellness and retention. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support quality assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking process, as well as tracking outcomes for children, youth, and young adults at the foster home level. The provider must have the ability to track T3C Basic Foster Family Home Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster homes where there are 7 or more children. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with court orders and the Service Plan. • Child Placing Agency and Foster Family Home Caregivers must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of services through STAR Health, HHSC Behavioral Health Services (if needed), Early Childhood Intervention (if applicable), and the education and child welfare systems specific to children, youth, and young adults that qualify for the T3C Basic Foster Family Home Support Services Package.



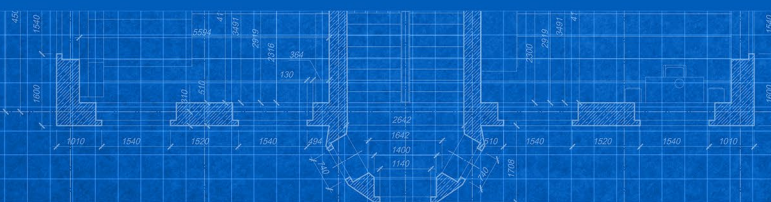
Service Package Name	T3C Basic Foster Family Home Support Services
	<ul style="list-style-type: none"> • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s). • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success. • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consenter and is required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy



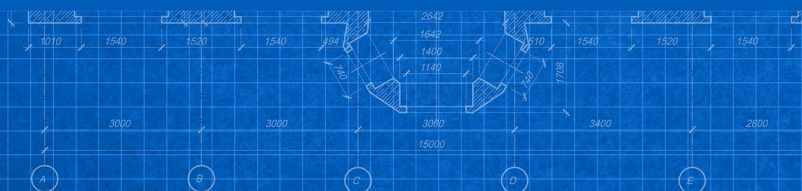
Service Package Name	T3C Basic Foster Family Home Support Services
	<p>activities that are age appropriate and in accordance with the Service Plan.</p> <ul style="list-style-type: none"> To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement. The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan in the child’s case record maintained by the Child Placing Agency.
<p>Anticipated Length of Service</p>	<p>Length of service is individualized and based on the Child Placing Agency’s Treatment Model for providing T3C Basic Foster Family Home Support Services, Admission Guidelines, and Continued Stay Guidelines, as well as the child’s CANS 3.0 Assessment, and the child’s ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the Child Placing Agency’s policy must include an anticipated Length of Service for children, youth, and young adults served under the T3C Basic Foster Family Home Support Services Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> Full-time Licensed Child Placing Agency Administrator dedicated to single Child Placing Agency



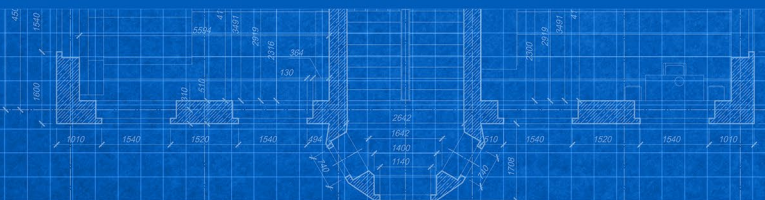
Service Package Name	T3C Basic Foster Family Home Support Services
	<ul style="list-style-type: none"> • Child Placing Agency must have a Program Director (this position may serve as the Licensed Child Placing Agency Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the T3C Basic Foster Family Home Support Services Package. • Program Director must have a bachelor’s level or above degree; at least 5 years of experience working in a residential childcare setting can substitute for education. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Case Management ○ Intake/Placement ○ Staff Training and Workforce Development ○ Staff Recruitment and Retention ○ Foster Family Home Caregiver Recruitment and Retention ○ Education liaison for children in care ○ Continuous Quality Assurance and Improvement for Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the Child Placing Agency, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the Child Placing Agency (as opposed to being employed staff of the Child Placing Agency).</p> <p>If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p>



<p>Service Package Name</p>	<p>T3C Basic Foster Family Home Support Services</p>
	<p>All Case Management functions must be performed by an employee of the Child Placing Agency.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> 1 Child Placing Agency Case Manager for every 20 children being provided the T3C Basic Foster Family Home Support Services Package. <p>Staff to Child Ratio may vary based on an operation’s specific Evidence-informed Treatment Model, and dependent on the complexity of the caseload.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children requiring the T3C Basic Foster Family Care Services Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation’s T3C Basic Foster Family Home Support Services Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> Child Safety, Child’s Permanency Goal, and Child’s Well-Being. Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes, including being able to analyze outcomes based on individual foster family homes.
<p>Admission Guidelines</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team.



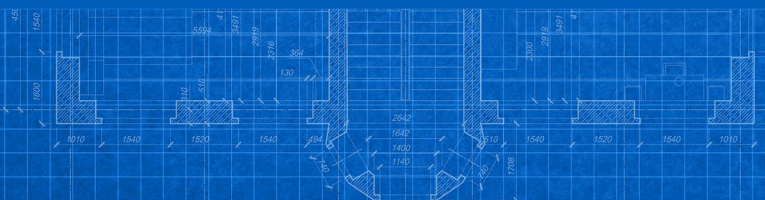
Service Package Name	T3C Basic Foster Family Home Support Services
	<ul style="list-style-type: none"> • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the Child Placing Agency and selected Caregivers. • The Child Placing Agency and Foster Family Home are Credentialed to provide the T3C Basic Foster Family Home Support Services Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessment(s) and on the Service Plan. • The primary reason the child met the Admission Guidelines continues to require on-going services or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. • A less-restrictive placement type is not appropriate to meet the child’s individual needs. • Considering the latest CANS 3.0 Assessment, and <i>in conjunction with each six-month</i> Service Plan review, the Child Placing Agency’s <i>Program Director</i> responsible for the T3C Basic Foster Family Home Support Services Package must review the child’s goals and services to ensure they align with the child’s custom strengths, needs, and permanency plan. The <i>Program Director must provide written confirmation</i> that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Evidence-informed Treatment Model offered through the program. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.



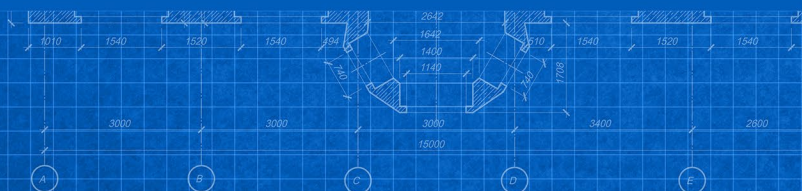
Service Package Name	T3C Basic Foster Family Home Support Services
	<ul style="list-style-type: none">• The Child Placing Agency and Foster Family Home continues to maintain the Credential necessary to provide the T3C Basic Foster Family Home Support Services Package.



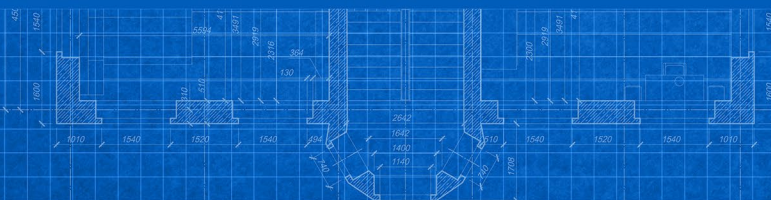
Service Package Name	Substance Use Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> Emotional Disorders	<u>Programmatic Services</u> Respite Child Care	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Service Package Description	<p>A trauma-informed foster home that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has enhanced training and skill in coordinating services and providing care for children, youth, and young adults that may present with a DSM-5 diagnosis of substance-related disorder or with challenges with recurring substance use, and who require routine clinical intervention to support and manage day-to-day activities.</p> <p>The Substance Use Support Services Package is designed to offer community-based care and treatment/recovery services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		
Service Package Expectations	In addition to, and/or consistent with Statutory and Minimum Standards Requirements: <ul style="list-style-type: none"> • Child Placing Agency must ensure that child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed 		



Service Package Name	Substance Use Support Services
	<p>Therapist will determine the frequency which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The Child Placing Agency will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Chemical Dependency Counselor or Qualified Credentialed Counselor, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 90 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal. • Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults who qualify for the Substance Use Support Services Package. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Substance Use Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process.

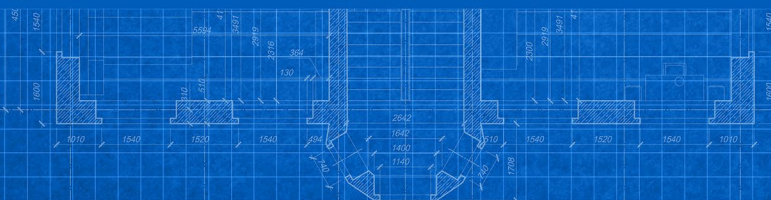


Service Package Name	Substance Use Support Services
	<ul style="list-style-type: none"> • Child Placing Agency must have case manager level or above staff available 24 hours a day/7days a week to respond in person, or by phone or video conference, to any crisis that arises. The operation must ensure that an on-call Licensed Chemical Dependency Counselor (LCDC), or Qualified Credentialed Counselor (QCC) is available to provide consultation. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the most recent CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method. • Dedicated <i>Paid</i> Intermittent Alternative Care Program that supports Caregiver wellness and retention. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes, as well as tracking outcomes for children, youth, and young adults at the foster home level. The provider must have the ability to track Substance Use Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), the number and percentage of referrals that did, and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on time from admission to discharge.

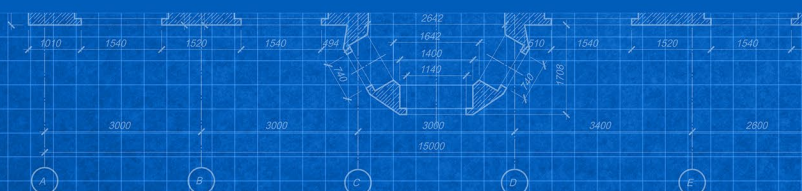


Service Package Name	Substance Use Support Services
	<ul style="list-style-type: none"> • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster homes where there are 7 or more children. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with court orders and the Service Plan. • Child Placing Agency and Foster Family Home Caregivers must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of services through STAR Health, HHSC Behavioral Health Services, Early Childhood Intervention (if applicable), and the education and child welfare systems specific to children, youth, and young adults who qualify for the Substance Use Support Services Package. • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing

Service Package Name	Substance Use Support Services
	<p>Agency must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success. • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consentor and is required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • Foster Family Home Caregiver is required to participate in STAR Health Service Coordination (dependent on eligibility). • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service

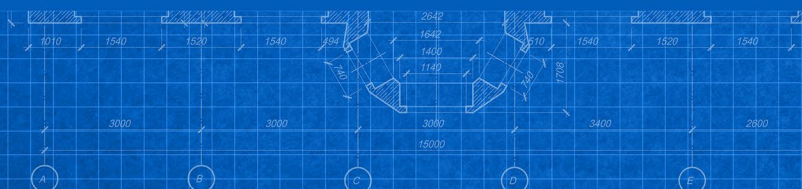


Service Package Name	Substance Use Support Services
	<p>documentation (if appropriate) in the child’s case record maintained by the Child Placing Agency.</p> <ul style="list-style-type: none"> • In addition to maintaining the necessary Credential to provide the Substance Use Support Service Package, the Child Placing Agency and Foster Family Home Caregivers must be Credentialed to provide the T3C Basic Foster Family Home Support Service Package. This will allow for the child, youth, or young adult to transition to, and receive the T3C Basic Foster Family Home Service Package in the same foster family home, when the SSCC or DFPS (in areas not operating under Community-Based Care) in collaboration with the Child Placing Agency (as informed by the Quality Assurance & Continued Stay Guidelines) determines the child has successfully completed, and no longer requires, the therapeutic and recovery services inherent in the Substance Use Support Service Package.
<p>Anticipated Length of Service</p>	<p>Length of service is individualized and based on the Child Placing Agency’s Treatment Model for providing the Substance Use Support Services, Admission Guidelines, and Continued Stay Guidelines, as well as the child’s CANS 3.0 Assessment, and the child’s ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the Child Placing Agency’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Substance Use Support Services Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Placing Agency Administrator dedicated to single Child Placing Agency. • Child Placing Agency must have a Program Director (this position may serve as the Licensed Child Placing Agency Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Substance Use Support Services Package.

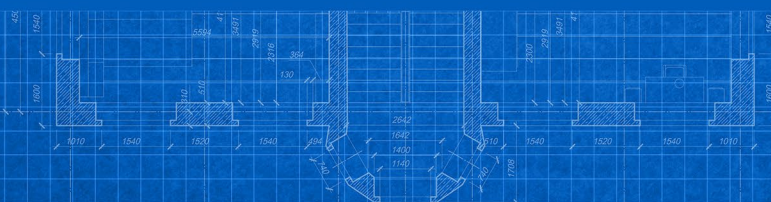


Service Package Name	Substance Use Support Services
	<ul style="list-style-type: none"> ● Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. ● Child Placing Agency must have a Treatment Director whose responsibilities include supervision of LCDC and/or QCC therapists on staff. ● The Treatment Director must be either: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist. ○ Have a master’s degree in human services field from an accredited college or university and three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting. ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Case Management ○ Intake/Placement ○ Staff Training and Workforce Development ○ Crisis Management Staff ○ Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC) to oversee treatment and service planning for children, youth, and young adults ○ Staff Recruitment and Retention ○ Foster Family Home Caregiver Recruitment and Retention ○ Education liaison for children in care ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that

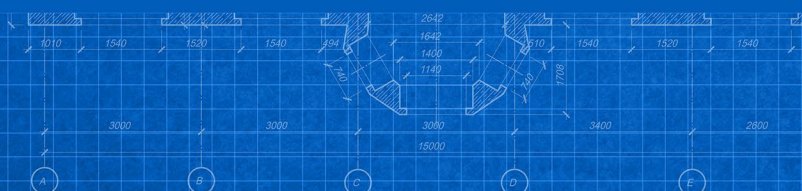
Service Package Name	Substance Use Support Services
	<p>children, youth, and young adults in need of the Substance Use Support Services Package maximize benefits based on eligibility and meeting medical necessity for the service(s).</p> <p>Depending on the size of the Child Placing Agency, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the Child Placing Agency (as opposed to being employed staff of the Child Placing Agency).</p> <p>If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p> <p>All Case Management functions must be performed by an employee of the Child Placing Agency.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 Child Placing Agency Case Manager for every 15 children being provided Substance Use Support Services. • 1 Crisis Management Staff for every 25 children being provided Substance Use Support Services. • 1 Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC) for every 13 children being provided Substance Use Support Services. • 1 Aftercare Case Manager for every 25 children being provided Substance Use Support Services. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed Treatment Model and dependent on the complexity of the caseload.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Substance Use Support Services.</p>



Service Package Name	Substance Use Support Services
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation’s Substance Use Support Services Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes.
<p>Admission Guidelines</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the Child Placing Agency and selected Caregivers. The Child Placing Agency and Foster Family Home are Credentialed to provide the Substance Use Support Services Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessment and on the Service Plan. • The primary reason the child met the Admission Guidelines continues to require on-going services or are replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines.



Service Package Name	Substance Use Support Services
	<ul style="list-style-type: none"> • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. • The child, youth, or young adult’s needs continue to require a level of intervention that cannot be offered under the less-restrictive T3C Basic Foster Family Home Service Package. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 90-day</i> Service Plan review, the Child Placing Agency’s <i>Program Director, and the Treatment Director</i> responsible for the Substance Use Support Services Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The <i>Program Director and Treatment Director must provide written confirmation</i> that the child, youth, or young adult continues to meet criteria for <i>and</i> is benefitting from the Evidence-informed Treatment Model offered through the program, <i>and</i> that the less-restrictive T3C Basic Foster Home Service Package is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation. • The Child Placing Agency and Foster Family Home continue to maintain the Credential necessary to provide the Substance Use Support Services Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The Substance Use Support Services Package requires the planning and provision of Aftercare Services. • Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily foster care rate while the child is in care, the agency <i>will not</i> receive a separate payment for the provision of the required Aftercare Services. • Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned)

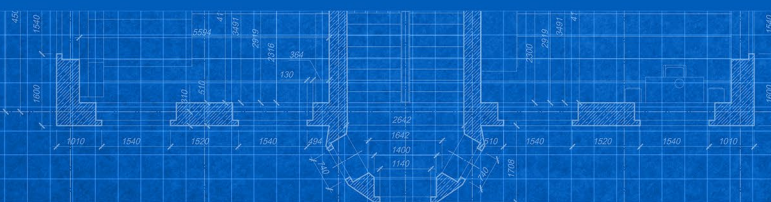


Service Package Name	Substance Use Support Services
	<p>and the Child Placing Agency’s Aftercare Services Case Manager, referrals for continued services, Education Portfolio, initial appointments set (if transition is needed), as well as a plan with times and dates set for twice a month follow-up calls and/or meetings for a period of 6 consecutive months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">• The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



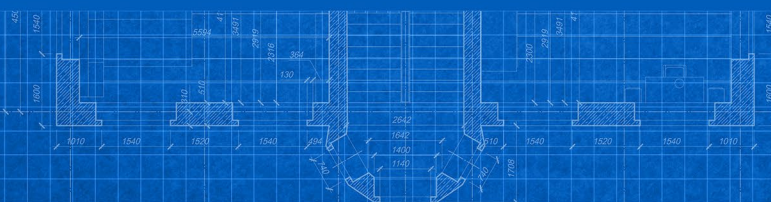
Service Package Name	Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i>		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> Emotional Disorders	<u>Programmatic Services</u> Assessment Services	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Service Package Description	<p>A trauma-informed foster home that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, provides short-term coordination of comprehensive assessments and evaluations for children, youth, and young adults who may present as:</p> <ul style="list-style-type: none"> • New to care, or transitioning from an unpaid placement, and where more information is needed to understand the child’s custom service need(s). or • Returning to foster care after an unauthorized absence or unauthorized placement. or • Transitioning based on a recent, un-planned, disruption in placement; and • In need of further assessment(s) and evaluation(s) to identify an appropriate Service Package and subsequent placement. <p>The Short-Term Assessment Support Services Package is designed to offer community-based care, assessment, and treatment services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		

<p>Service Package Name</p>	<p>Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i></p>
	<p>Due to the type of services offered, a foster home offering the Short-Term Assessment Support Services Package may have no more than four children in foster care placed in the home at the same time, unless necessary to accommodate placement of a sibling group.</p>
<p>Service Package Expectations</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Child Placing Agency must coordinate and ensure that comprehensive assessments, evaluations, screenings, and treatment services are provided within 21 days of admission (for children aged 5 and under) and 30 days of admission (for children aged 5 and older) and be based on the child’s individual need(s) (dependent on eligibility, services should be authorized and paid for through STAR Health.) Authorization requests will be sent to STAR Health as needed for Medicaid-covered services. If services are Medicaid-covered services, providers must be credentialed and contracted with the STAR Health managed care organization. • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 30 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal. • Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults with varying service needs as the process of assessment is completed. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Caregivers providing these services must be



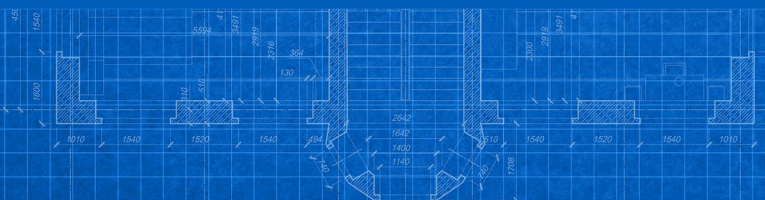
Service Package Name	Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i>
	<p>trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Short-Term Assessment Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • Due to the varying needs of children, youth, and young adults eligible for this Service Package, the Child Placing Agency must have case manager level or above staff available 24 hours a day/7days a week to respond in person, or by phone or video conference to any crisis that arises. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements, but no later than 21 days (for children between the ages of 3 and 5) 30 days (for children aged 5 and older) after entering the placement. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan and subsequent Service Package beyond the current Short-Term Assessment Support Services Package. • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, report, and child-level outcome tracking process, as well as tracking outcomes for children, youth, and young adults at the foster home level. The provider must have the ability to track Short-Term Assessment Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge.

Service Package Name	Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i>
	<ul style="list-style-type: none"> • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster homes where there are 7 or more children. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer enhanced logistical support, transportation, coordination, and documentation/record keeping of assessments to inform needed services in accordance with court orders and the Service Plan. • Child Placing Agency and Foster Family Home Caregivers must have enhanced knowledge and be skilled in assessing children, youth, and young adults via observation/interaction and use information collected to inform and coordinate services through STAR Health, HHSC Behavioral Health Services, CANS 3.0 Assessment, 3-day exam (if applicable), Early Childhood Intervention (if applicable), and other services as needed. • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing

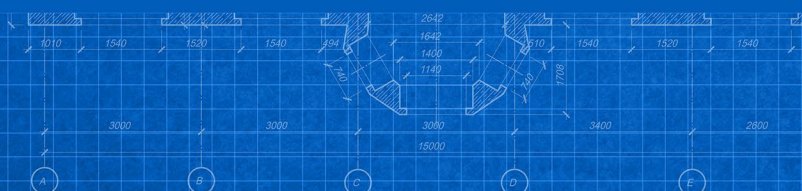


Service Package Name	Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i>
	<p>Agency must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none">• This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success.• Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consentor and is required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility).• Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan.• To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement. The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan in the child’s case record maintained by the Child Placing Agency.

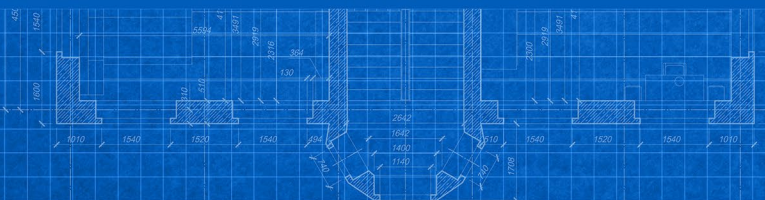
<p>Service Package Name</p>	<p>Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i></p>
<p>Anticipated Length of Service</p>	<p>Length of service is Time-Limited: maximum stay is 30 days if the child is age 5 or under, or 45 days if the child is over the age of 5, with an option for one 15-day extension.</p> <p>Although the maximum Length of Service guideline are established for this Service Package, the Child Placing Agency’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Short-term Assessment Support Services Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Placing Agency Administrator dedicated to single Child Placing Agency. • Child Placing Agency must have a Program Director (this position may serve as the Licensed Child Placing Agency Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Short-Term Assessment Support Services Package. • Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • Child Placing Agency must have a Treatment Director whose responsibilities include supervision of Licensed Therapist on staff. • The Treatment Director must be either: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist. ○ Have a master’s degree in human services field from an accredited college or university and three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Case Management ○ Intake/Placement



Service Package Name	Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i>
	<ul style="list-style-type: none"> ○ Staff Training and Workforce Development ○ Staff Recruitment and Retention ○ Crisis Management Staff ○ Foster Family Home Caregiver Recruitment and Retention ○ Licensed Therapist to oversee assessment coordination and service planning for children, youth, and young adults ○ Education liaison for children, youth, and young adults in care ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services, particularly in the areas of care coordination and assessment to ensure that children with varying needs maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the Child Placing Agency, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the Child Placing Agency (as opposed to being employed staff of the Child Placing Agency).</p> <p>If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p> <p>All Case Management functions must be performed by an employee of the Child Placing Agency.</p>
<p>Generally Appropriate Staff to Child</p>	<ul style="list-style-type: none"> ● 1 Child Placing Agency Case Manager for every 12 children being provided Short-Term Assessment Support Services. ● 1 Licensed Therapist for every 12 children being provided Short-Term Assessment Support Services.



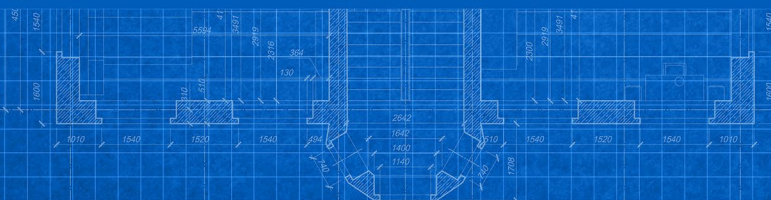
<p>Service Package Name</p>	<p>Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i></p>
<p>Ratio Based on Service Package</p>	<ul style="list-style-type: none"> 1 Crisis Management staff for every 25 children being provided Short-Term Assessment Support Services. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed Treatment Model and dependent on complexity of caseload.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Short-Term Assessment Support Services.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation’s Short-Term Assessment Support Services Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> Child Safety, Child’s Permanency Goal, and Child’s Well-Being. Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes, including being able to analyze outcomes based on individual foster family homes.
<p>Admission Guidelines</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (once administered), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with



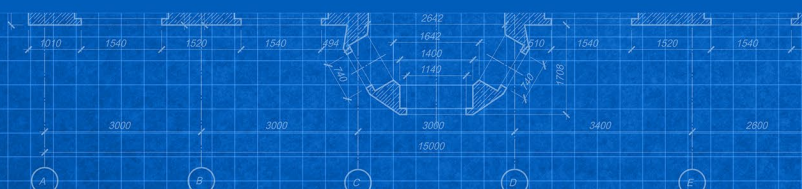
Service Package Name	Short-Term Assessment Support Services <i>*Not eligible for Add-On Services</i>
	<p>services offered by the Child Placing Agency and selected Caregivers.</p> <ul style="list-style-type: none"> • Foster Family Home must be available for admission at the time of placement match. • The Child Placing Agency and Foster Family Home are Credentialed to provide the Short-Term Assessment Support Services Package.
Quality Assurance and Continued Stay Guidelines	<ul style="list-style-type: none"> • Not Applicable, as this Service Package is intended to be short-term.



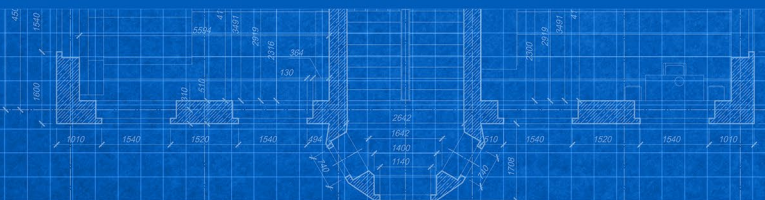
Service Package Name	Mental & Behavioral Health Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> Emotional Disorders	<u>Programmatic Services</u> Respite Child Care	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Service Package Description	<p>A trauma-informed foster home that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has enhanced training and skill in providing and coordinating services to children, youth, and young adults that may present with or are pending a DSM-5 diagnosis for an emotional, conduct, or behavioral disorder(s) and for whom routine clinical intervention (therapy, education, and/or medication) is needed to support and manage day-to-day activities.</p> <p>The Mental & Behavioral Health Support Services Package is designed to offer community-based care and treatment/recovery services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		
Service Package Expectations	In addition to and/or consistent with Statutory and Minimum Standards Requirements: <ul style="list-style-type: none"> • Child Placing Agency must ensure that child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed 		



Service Package Name	Mental & Behavioral Health Support Services
	<p>Therapist will determine the frequency which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The Child Placing Agency will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist with experience in treating children with emotional, behavioral, and conduct disorders, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 90 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal. • Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults who qualify for the Mental & Behavioral Health Support Services Package. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Mental & Behavioral Health Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process.

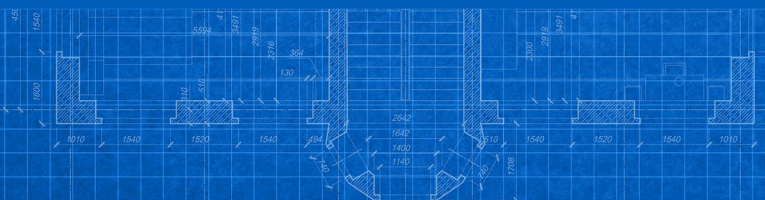


Service Package Name	Mental & Behavioral Health Support Services
	<ul style="list-style-type: none"> • Child Placing Agency must have case manager level or above staff available 24 hours a day/7days a week to respond in person, or by phone or video conference, to any crisis that arises. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method. • Dedicated <i>Paid</i> Intermittent Alternative Care Program that supports Caregiver wellness and retention. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes, as well as tracking outcomes for children, youth, and young adults at the foster home level. The provider must have the ability to track Mental & Behavioral Health Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements.

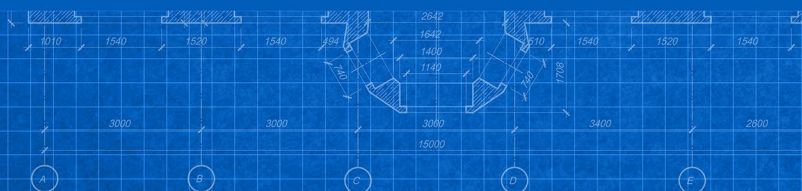


Service Package Name	Mental & Behavioral Health Support Services
	<ul style="list-style-type: none"> • Awake night supervision in foster homes where there are 7 or more children. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with court orders and the Service Plan. • Child Placing Agency and Foster Family Home Caregivers must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of services through STAR Health, HHSC Behavioral Health Services, Early Childhood Intervention (if applicable), and the education and child welfare systems specific to children, youth, and young adults who qualify for the Mental & Behavioral Health Support Services Package. • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success. • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consentor and is required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • In collaboration with the Medical Consentor, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any

Service Package Name	Mental & Behavioral Health Support Services
	<p>service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • Foster Family Home Caregivers must participate in therapy with the child as needed. Caregivers must have the ability to attend multiple meetings and respond immediately based on the child’s mental and behavioral health needs. • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the Child Placing Agency.

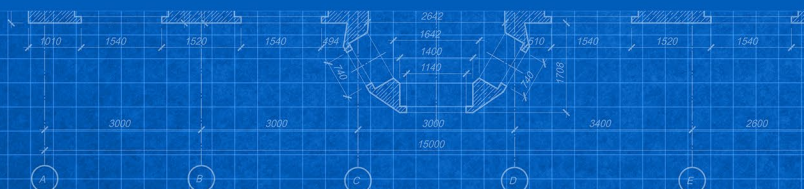


Service Package Name	Mental & Behavioral Health Support Services
	<ul style="list-style-type: none"> In addition to maintaining the necessary Credential to provide the Mental & Behavioral Health Support Services Package, the Child Placing Agency and Foster Family Home Caregivers must be Credentialed to provide the T3C Basic Foster Family Home Support Service Package. This will allow for the child, youth, or young adult to transition to, and receive the T3C Basic Foster Family Home Service Package in the same foster family home, when the SSCC or DFPS (in areas not operating under Community-Based Care) in collaboration with the Child Placing Agency (as informed by the Quality Assurance & Continued Stay Guidelines) determines the child has successfully completed, and no longer requires, the therapeutic and recovery services inherent in the Mental & Behavioral Health Support Services Package.
<p>Anticipated Length of Service</p>	<p>Length of service is individualized and based on the Child Placing Agency’s Treatment Model for providing the Mental & Behavioral Health Support Services, Admission Guidelines, and Continued Stay Guidelines, as well as the child’s CANS 3.0 Assessment, and the child’s ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the Child Placing Agency’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Mental & Behavioral Support Services Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> Full-time Licensed Child Placing Agency Administrator dedicated to single Child Placing Agency. Child Placing Agency must have a Program Director (this position may, serve as the Licensed Child Placing Agency Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Mental & Behavioral Health Support Services Package.



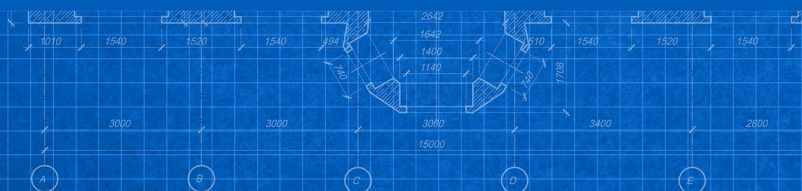
Service Package Name	Mental & Behavioral Health Support Services
	<ul style="list-style-type: none"> • The Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • Child Placing Agency must have a Treatment Director whose responsibilities include supervision of Licensed Therapists on staff. • The Treatment Director must be: <ul style="list-style-type: none"> ○ A psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university and three years of experience providing treatment services for children with an emotional disorder, including one year in a residential childcare setting; or ○ A licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an emotional disorder, including one year in a residential childcare setting. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Case Management ○ Intake/Placement ○ Staff Training and Workforce Development ○ Licensed Therapist to oversee treatment and service planning for children, youth, and young adults ○ Crisis Management Staff ○ Behavior Support Specialist or Mentor ○ Staff Recruitment and Retention ○ Foster Family Home Caregiver Recruitment and Retention ○ Education liaison for children in care ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health and HHSC Behavioral Health services to ensure that children, youth, and young adults

<p>Service Package Name</p>	<p>Mental & Behavioral Health Support Services</p>
	<p>who need Mental & Behavioral Health Support Services maximize benefits based on eligibility and meeting medical necessity criteria for the service(s).</p> <p>Depending on the size of the Child Placing Agency, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the Child Placing Agency (as opposed to being employed staff of the Child Placing Agency). If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p> <p>All Case Management functions must be performed by an employee of the Child Placing Agency.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 Child Placing Agency Case Manager for every 15 children being provided Mental & Behavioral Health Support Services. • 1 Licensed Therapist for every 14 children being provided Mental & Behavioral Health Support Services. • 1 Behavior Support Specialist or Mentor for every 15 children being provided Mental & Behavioral Health Support Services. • 1 Crisis Management Staff for every 25 children being provided Mental & Behavioral Health Support Services. • 1 Aftercare Case Manager for every 25 children being provided Mental & Behavioral Health Support Services. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed Treatment Model and dependent on the complexity of the caseload.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Mental & Behavioral Health Support Services.</p>



Service Package Name	Mental & Behavioral Health Support Services
Desired Individual Outcome	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation’s Mental & Behavioral Health Support Services Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes.
Admission Guidelines	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package align with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the Child Placing Agency and selected Caregivers. • The Child Placing Agency and Foster Family Home are Credentialed to provide the Mental & Behavioral Health Support Services Package.
Quality Assurance and Continued	<ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessment and on the Service Plan. • The primary reason the child met the Admission Guidelines continues to require on-going services or are replaced with other

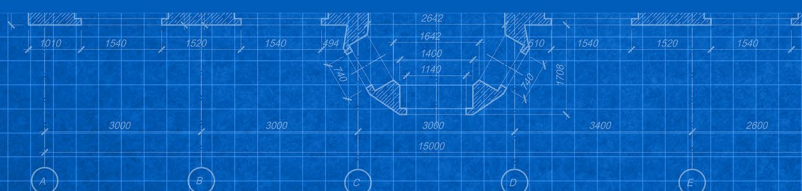
Service Package Name	Mental & Behavioral Health Support Services
<p>Stay Guidelines</p>	<p>service needs that align to the Credentialed Service Package offered and meet Admission Guidelines.</p> <ul style="list-style-type: none"> • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. • A less-restrictive placement type is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and in conjunction with each 90-day Service Plan review, the Child Placing Agency’s Program Director, and the Treatment Director responsible for the Mental & Behavioral Support Services Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for and is benefitting from the Evidence-informed Treatment Model offered through the program, and that the less-restrictive T3C Basic Foster Home Service Package is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation. • The Child Placing Agency and the Foster Family Home continue to maintain the Credential necessary to provide the Mental & Behavioral Health Support Services Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The Mental & Behavioral Health Support Services Package requires the planning and provision of Aftercare Services. • Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily foster care rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. • Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service



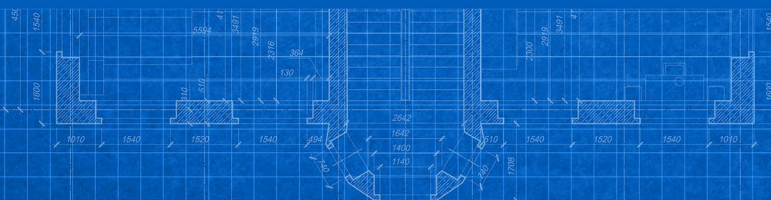
Service Package Name	Mental & Behavioral Health Support Services
	<p>Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the Child Placing Agency’s Aftercare Services Case Manager, referrals for continued services, Education Portfolio, initial appointments set (if transition is needed), as well as a plan with times and dates set for twice a month follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">• The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



<p>Service Package Name</p>	<p>Sexual Aggression/Sex Offender Support Services</p>		
<p>Setting</p>	<p>Foster Family Home</p>		
<p>Permit Type</p>	<p>Child Placing Agency</p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Emotional Disorders</p>	<p><u>Programmatic Services</u> Respite Child Care</p>	<p><u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A trauma-informed foster home that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has enhanced training and skill in providing and coordinating services to treat and support children, youth, and young adults who may present with one or more of the following:</p> <ul style="list-style-type: none"> • On-going, socially, and developmentally inappropriate displays of sexualized behavior; or • Sexually aggressive behavior; or • DSM-5 diagnosis of a sexual behavior disorder; or • Adjudication as a sexual offender; and • <i>Requires routine clinical intervention and skilled Caregiver support to manage day-to day activities.</i> <p>The Sexual Aggression/Sex Offender Support Services Package is designed to offer community-based care and treatment/recovery services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		

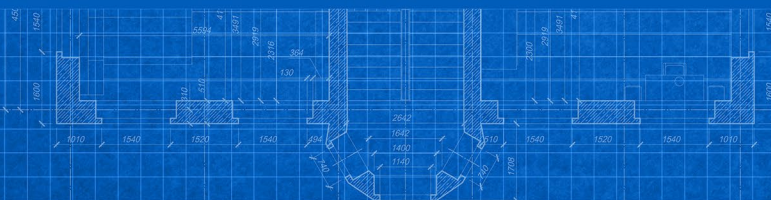


Service Package Name	Sexual Aggression/Sex Offender Support Services
<p>Service Package Expectations</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Child Placing Agency must ensure that child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency which will be customized to align with child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The Child Placing Agency will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Sex Offender Treatment Provider, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 90 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal. • Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom and rehabilitation needs of children, youth, and young adults who require Sexual Aggression/Sex Offender Support Services. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be aware of, and



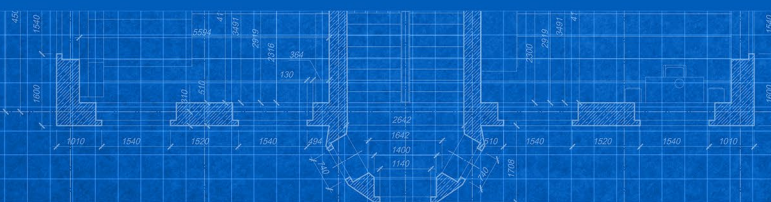
Service Package Name	Sexual Aggression/Sex Offender Support Services
	<p>all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Sexual Aggression/Sex Offender Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • Child Placing Agency must have case manager level or above staff available 24 hours a day/7days a week to respond in person, or by phone or video conference, to any crisis that arises. The operation must ensure that an on-call Licensed Sex Offender Treatment Provider is available to provide consultation. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the child’s customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method. • Dedicated Paid Intermittent Alternative Care Program that supports Caregiver wellness and retention. The Intermittent Alternative Care home must offer the same safety assurance as the placement for other children that the child, youth, or young adult may encounter while in Intermittent Alternative Care. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes, as well as tracking outcomes for

Service Package Name	Sexual Aggression/Sex Offender Support Services
	<p>children, youth, and young adults at the foster home level. The provider must have the ability to track Sexual Aggression/Sex Offender Support Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did, and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, average Length of Service, based on the time from admission to discharge.</p> <ul style="list-style-type: none"> • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster homes that aligns with plan (as documented in Service Plan) necessary to keep all children safe in the home. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The Child Placing Agency and all Foster Family Home Caregivers must understand the importance of applying strategies to the direct care of children, youth, and young adults receiving the Sexual Aggression/Sex Offender Service Package to ensure the safety, health, and well-being of children and youth in care. The Child Placing Agency and Foster Family Home Caregivers should understand the confidential nature of this information and agree not to disclose such information except for a necessary purposes authorized under a DFPS or SSCC Contract or to protect the safety, health, and well-being of children or youth. • Child Placing Agency and Foster Family Home Caregivers must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of services through STAR Health, HHSC Behavioral Health Services (if needed), Early Childhood Intervention (if applicable), the juvenile justice system (if applicable), community and county providers, and the education and child welfare systems specific to children, youth, and young adults who qualify for the Sexual Aggression/Sex Offender Support Services Package. The Child Placing Agency and Foster Family Home Caregivers must be

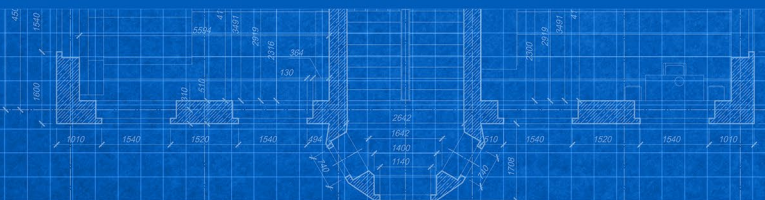


Service Package Name	Sexual Aggression/Sex Offender Support Services
	<p>skilled in navigating the multiple systems in a manner that not only keeps the child safe but mitigates any risk to other children in the community.</p> <ul style="list-style-type: none"> • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s). • Foster Family Home Caregivers must participate in therapy with the child as needed. • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success. • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consenter and are required to participate in STAR Health Service

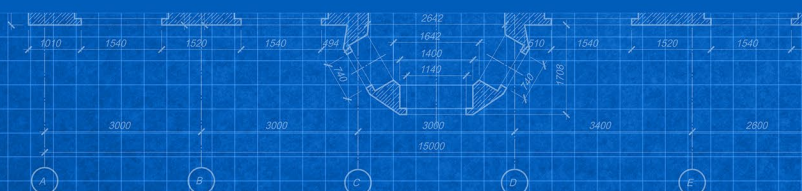
Service Package Name	Sexual Aggression/Sex Offender Support Services
	<p>Coordination (dependent and based on child, youth, or young adult’s individual eligibility).</p> <ul style="list-style-type: none"> • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the Child Placing Agency. • In addition to maintaining the necessary Credential to provide the Sexual Aggression/Sex Offender Support Services Package, the Child Placing Agency and Foster Family Home Caregivers must be Credentialed to provide the T3C Basic Foster Family Home Support Service Package. This will allow for the child, youth, or young adult to transition to, and receive the T3C Basic Foster Family Home Service Package in the same foster family home, when the SSCC or DFPS (in areas not operating under Community-Based Care) in collaboration with the Child Placing Agency (as informed by the Quality Assurance & Continued Stay Guidelines) determines the



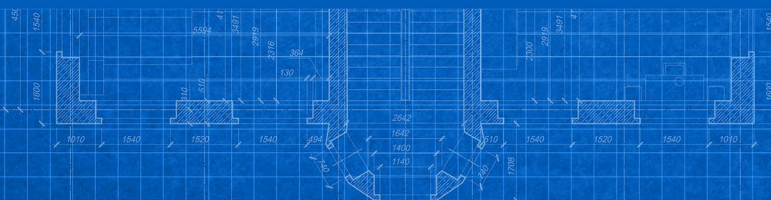
Service Package Name	Sexual Aggression/Sex Offender Support Services
	<ul style="list-style-type: none"> ○ A licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an emotional disorder, including one year in a residential childcare setting. ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Case Management ○ Intake/Placement ○ Staff Training and Workforce Development ○ Licensed Sex Offender Treatment Provider (LSOTP) to oversee treatment and service planning for children, youth, and young adults ○ Crisis Management Staff ○ Staff Recruitment and Retention ○ Foster Family Home Caregiver Recruitment and Retention ○ Education liaison for children in care ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Sexual Aggression/Sex Offender Support Services maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the Child Placing Agency, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the Child Placing Agency (as opposed to being employed staff of the Child Placing Agency). If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must</p>



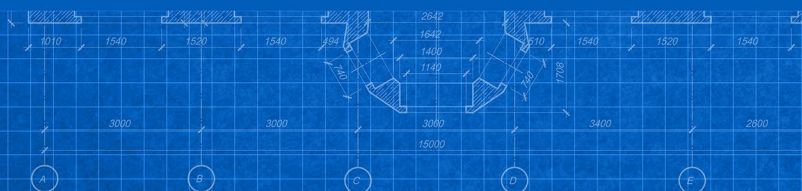
<p>Service Package Name</p>	<p>Sexual Aggression/Sex Offender Support Services</p>
	<p>be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p> <p>All Case Management functions must be performed by an employee of the Child Placing Agency.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 Child Placing Agency Case Manager for every 12 children being provided Sexual Aggression/Sex Offender Support Services. • 1 Licensed Sex Offender Treatment Provider for every 11 children being provided Sexual Aggression/Sex Offender Support Services. • 1 Crisis Management Staff for every 25 children being provided Sexual Aggression/Sex Offender Support Services. • 1 Aftercare Case Manager for every 25 children being provided Sexual Aggression/Sex Offender Support Services. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed Treatment Model and dependent on the complexity of the caseload.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Sexual Aggression/Sex Offender Support Services.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation’s Sexual Aggression/Sex Offender Support Services Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes.



Service Package Name	Sexual Aggression/Sex Offender Support Services
<p>Admission Guidelines</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the Child Placing Agency and selected Caregivers. • A safety and supervision plan (which may be incorporated as a part of the Service Plan) are developed upon admission to ensure that the child remains safe and to mitigate any risk to other children in the home and/or community. • At the time of admission and for situations where the child, youth, or young adult enters Intermittent Alternate Care, the Child Placing Agency must ensure that all Foster Family Home Caregivers are aware of the child, youth, or young adult’s history of sexual victimization and/or aggression. • The Child Placing Agency and the Foster Family Home are Credentialed to provide the Sexual Aggression/Sex Offender Support Services Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessment and on the child’s Service Plan. • The primary reason the child met the Admission Guidelines continues to require on-going services or are replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with



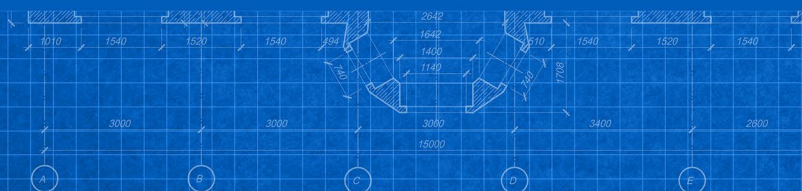
Service Package Name	Sexual Aggression/Sex Offender Support Services
	<p>the child safety and supervision plan, and child and family Service Plans.</p> <ul style="list-style-type: none"> • A less-restrictive placement type is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and in conjunction with each 90-day Service Plan review, the Child Placing Agency’s Program Director, and the Treatment Director responsible for the Sexual Aggression/Sex Offender Support Services Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for and is benefitting from the Evidence-informed Treatment Model offered through the program, and that the less-restrictive T3C Basic Foster Home Service Package is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation. • The Child Placing Agency and Foster Family Home continue to maintain the Credential necessary to provide the Sexual Aggression/Sex Offender Support Services Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The Sexual Aggression/Sex Offender Support Services Package requires the planning and provision of Aftercare Services. • Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily foster care rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. • Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the Child Placing Agency’s Aftercare Services Case Manager,



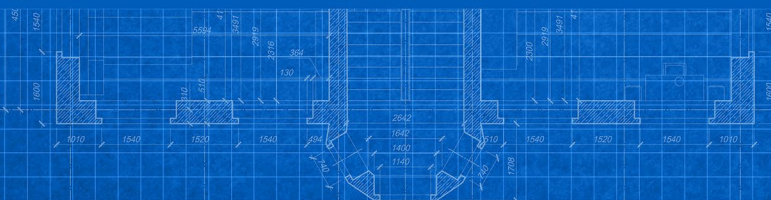
Service Package Name	Sexual Aggression/Sex Offender Support Services
	<p>Education Portfolio, referrals for continued rehabilitation services, initial appointments set (if transition is needed), as well as a plan with times and dates set for twice a month follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffing, as well as referrals for new or additional services, may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">• The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



Service Package Name	Complex Medical Needs or Medically Fragile Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> Primary Medical Needs	<u>Programmatic Services</u> Respite Child Care	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i> Physically Challenged
Service Package Description	<p>A trauma-informed foster home that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has enhanced training and skill in providing and coordinating services to care for and support children, youth, and young adults who may present with a medical diagnosis that requires constant monitoring, access to skilled nursing and other care up to 24 hours a day/7 days a week (based on eligibility) or who may present with a complex medical condition that is defined as either one or more diagnoses that affect multiple organ systems, or one long-term health condition that results in functional limitations, high health care needs or utilization, and often the need for medical technology, and for whom the individual’s well-being depends on the support, direction, or service of others.</p> <p>The Complex Medical Needs or Medically Fragile Support Services Package is designed to offer community-based care, medical, and other therapy/rehabilitation services to support recovery (if applicable) well-being, and improve the quality of life for children, youth, and young adults</p>		

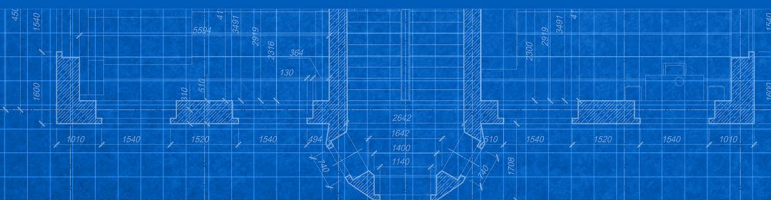


<p>Service Package Name</p>	<p>Complex Medical Needs or Medically Fragile Support Services</p>
	<p>based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p> <p>Per Minimum Standards, a foster home offering the Complex Medical Needs or Medically Fragile Support Services Package may be limited, under certain conditions, in the number of children, youth, or young adults that can be cared for in the home.</p>
<p>Service Package Expectations</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • A Registered Nurse must be available 24 hours a day/7 days a week for new admissions, training, consultation (for the Child Placing Agency, Caregivers, and SSCC/DFPS staff as needed), and oversight of the child’s care plan. • Child Placing Agency must ensure that child receives regular and frequent individual and family therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team will determine the frequency which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The Child Placing Agency will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist with experience in treating children with complex medical needs, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 90 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help



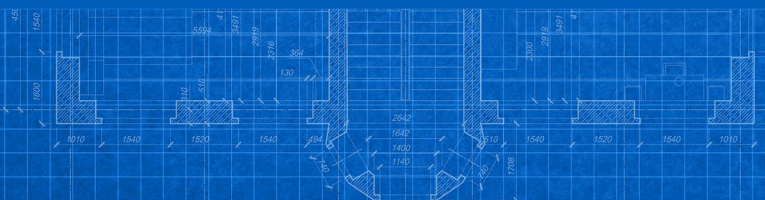
Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<p>with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal.</p> <ul style="list-style-type: none"> • Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults who require the Complex Medical Needs or Medically Fragile Support Services Package. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Complex Medical Needs or Medically Fragile Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • The Complex Medical Needs or Medically Fragile Support Services Package necessitates a custom care plan for the child that should incorporate support and guidance from a Registered Nurse on how to care for the individual medical needs of the child, to include administering medication and the use of medically necessary equipment. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the custom Service Plan and care plan, including the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information (based on their ability and level of functioning) related

Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<p>to the prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method.</p> <ul style="list-style-type: none"> • Dedicated <i>Paid</i> Intermittent Alternative Care Program that supports Caregiver wellness and retention. For children, youth, and young adults with Primary Medical Needs, the Child Placing Agency must ensure that at least 72 hours of overnight care is made available to the Caregivers each year. The Intermittent Alternative Care home must offer the same medical competency as the child’s placement. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes, as well as tracking outcomes for children, youth, and young adults at the foster home level. The provider must have the ability to track Complex Medical Needs or Medically Fragile Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did, and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster homes where there are 7 or more children. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with the Service Plan. • Child Placing Agency and Foster Family Home Caregivers, through assessment of child via observation/interaction, must have enhanced skill in navigating across multiple systems. This includes,

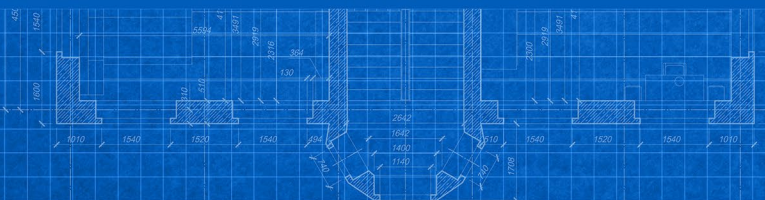


Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<p>but is not limited to, advocating for, and providing coordination of services through STAR Health, Early Childhood Intervention (if applicable), and the education and child welfare systems. This includes facilitating, incorporating, and supporting services such as home health, private duty nursing, and home and community-based services waiver programs (if applicable), psychological and/or psychiatric evaluations (if applicable), and specialized therapy (if applicable).</p> <ul style="list-style-type: none"> • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s). • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success, and the foster home is made accessible to teachers and

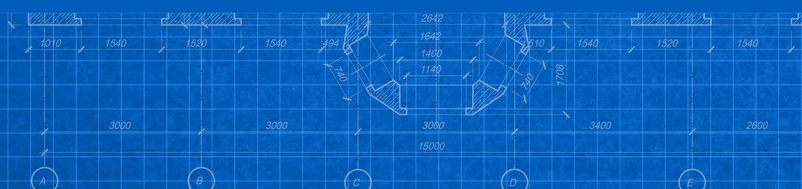
Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<p>other school staff as appropriate if home-based education is determined necessary.</p> <ul style="list-style-type: none"> • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consentor and are required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The Foster Family Home Caregivers must actively participate in the child, youth, or young adult’s medical and therapy appointments, and must have the ability to attend multiple meetings and respond immediately to the child’s medical needs. • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age and developmentally appropriate and in accordance with the Service Plan. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the Child Placing Agency.



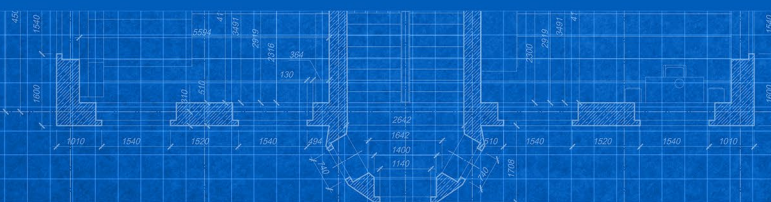
Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<p>in the Complex Medical Needs or Medically Fragile Support Services Package.</p> <ul style="list-style-type: none"> • The Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • The Child Placing Agency must have a Treatment Director. • The Treatment Director must be a physician or a licensed Registered Nurse. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Case Management ○ Intake/Placement ○ Registered Nurse ○ Staff Training and Workforce Development ○ Staff Recruitment and Retention ○ Foster Family Home Caregiver Recruitment and Retention ○ Education liaison for children in care ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults with Complex Medical Needs or who require services for the Medically Fragile are able to maximize benefits based on eligibility and meeting medical necessity for the service(s). <p>Depending on the size of the Child Placing Agency, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the Child Placing Agency (as opposed to being employed staff of the Child Placing Agency). If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p>



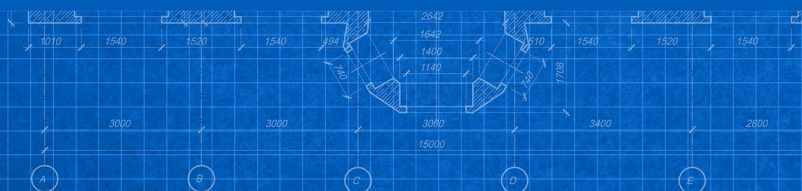
<p>Service Package Name</p>	<p>Complex Medical Needs or Medically Fragile Support Services</p>
	<p>All Case Management functions, and the responsibilities of the Registered Nurse must be performed by actual employees of the Child Placing Agency.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 Child Placing Agency Case Manager for every 17 children being provided Complex Medical Needs or Medically Fragile Support Services. • 1 Aftercare Case Manager for every 25 children being provided Complex Medical Needs or Medically Fragile Support Services. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed Treatment Model and dependent on the complexity of the caseload.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Complex Medical Needs or Medically Fragile Support Services.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation’s Complex Medical Needs or Medically Fragile Support Services Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes.
<p>Admission Guidelines</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p>



Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • A Primary Medical Needs staffing has been conducted (when applicable and appropriate) and successful. • Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the Child Placing Agency and selected Caregivers. • There is a plan to ensure that all necessary medical supports are available and in place in the foster home to support the child’s functioning and overall well-being. • The Child Placing Agency and Foster Family Home are Credentialed to provide the Complex Medical Needs or Medically Fragile Support Services Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessment, medical/therapeutic assessment(s) and evaluation(s), and the Service Plan. • The primary reason the child met the Admission Guidelines continues to require on-going services or are replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child’s care plan, and the child and family Service Plans. • A less-restrictive placement type is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 90-day</i> Service Plan review, the Child Placing Agency’s Program Director, and the Treatment Director responsible for the Complex Medical Needs or Medically Fragile



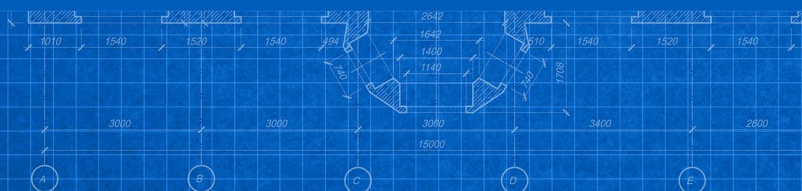
Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<p>Support Services Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for and is benefitting from the Evidence-informed Treatment Model offered through the program, and that the less-restrictive T3C Basic Foster Home Service Package is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The Child Placing Agency and Foster Family Home continue to maintain the Credential necessary to provide the Complex Medical Needs or Medically Fragile Support Services Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Complex Medical Needs or Medically Fragile Support Services Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily foster care rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator and the Child Placing Agency’s Aftercare Services Case Manager, Education Portfolio, plan to transport all necessary medical equipment, referrals for continued services, initial medical/therapy appointments set (if transition is needed), as well as a plan with times and dates set for twice a month follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffing, as well as referrals for new or additional services, may be required during the 6-month aftercare period.



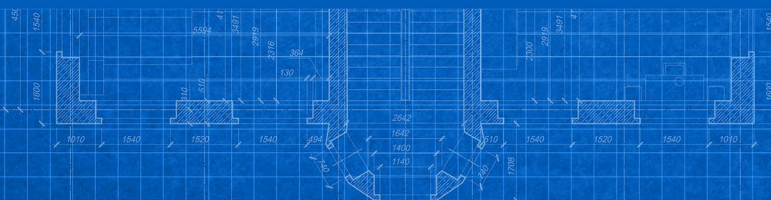
Service Package Name	Complex Medical Needs or Medically Fragile Support Services
	<ul style="list-style-type: none">• The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



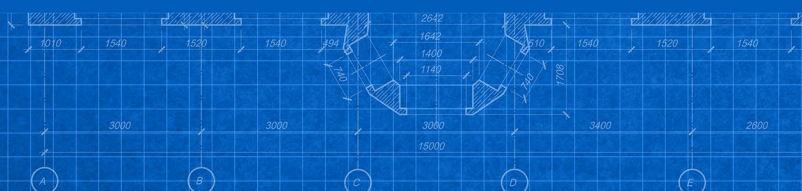
Service Package Name	Human Trafficking Victim/Survivor Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> Emotional Disorders	<u>Programmatic Services</u> Respite Child Care	<u>Special Services</u> Human Trafficking Services Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Service Package Description	<p>A trauma-informed foster home that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has enhanced training and skill in providing and coordinating services to support children, youth, and young adults who present as suspected-unconfirmed or confirmed victims/survivors of sex and/or labor trafficking and who require routine clinical intervention to support and manage day-to-day activities.</p> <p>The Human Trafficking Victim/Survivor Support Services Package is designed to offer community-based care and treatment/recovery services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		
Service Package Expectations	In addition to and/or consistent with Statutory and Minimum Standards Requirements:		



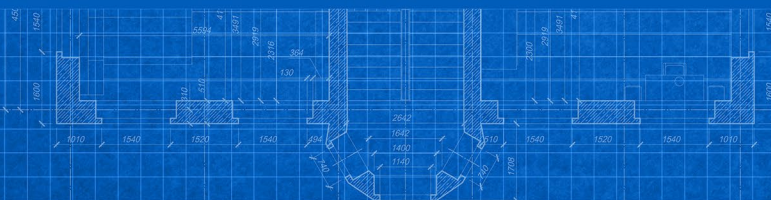
Service Package Name	Human Trafficking Victim/Survivor Support Services
	<ul style="list-style-type: none"> • Child Placing Agency must ensure that child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The Child Placing Agency will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist, that specializes in sex trafficking (all forms: no broker, gang, third-party [aka pimp], organized crime, familial), labor trafficking, and/or complex trauma, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 90 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal. • Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults who qualify for the Human Trafficking Victim/Survivor Support Services Package. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be aware of, and



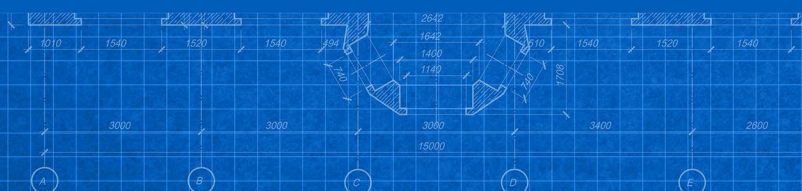
Service Package Name	Human Trafficking Victim/Survivor Support Services
	<p>all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Human Trafficking Victim/Survivor Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • Child Placing Agency must have case manager level or above staff available 24 hours a day/7 days a week to respond in person, or by phone or video conference, to any crisis that arises. • The child’s CANS 3.0 Assessment must be administered in accordance with requirements. Results of the CANS 3.0 Assessment and reviews must be used to inform the child’s customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training specifically designed for victims/survivors of Human Trafficking is required for all staff and Caregivers. The Child Placing Agency may elect to design this training or purchase an already developed training model which will be reviewed as a part of the Credentialing process. Children, youth, and young adults must receive information related to prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method. • Dedicated Paid Intermittent Alternative Care Program that supports Caregiver wellness and retention. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes, as well as tracking outcomes for children, youth, and young adults at the foster home level. The



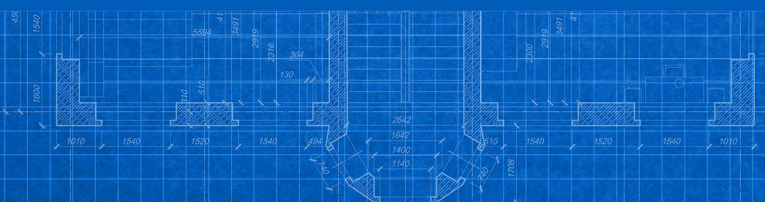
Service Package Name	Human Trafficking Victim/Survivor Support Services
	<p>provider must have the ability to track Human Trafficking Victim/Survivor Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), broken out by the number and percentage of referrals that did, and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge.</p> <ul style="list-style-type: none"> • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster homes where there are 7 or more children. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with court orders and the Service Plan. • Child Placing Agency and Foster Family Home Caregivers must have enhanced skill and training in assessing and addressing the specific needs of a victim/survivor of Human Trafficking. This includes skill in determining the need for intervention, advocating for, and providing coordination of services, through STAR Health, HHSC Behavioral Health Services, Early Childhood Intervention (if applicable), and other appropriate systems. Dependent on the case, service planning coordination may include a multi-disciplinary team consisting of mentors/advocates, and various judicial and legal systems. The Child Placing Agency and Foster Family Home Caregiver must coordinate between the judiciary, education, child welfare, and medical systems. Caregivers must have the ability to attend multiple meetings and respond immediately based on the child, youth, or young adults’ specific needs. • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred,



Service Package Name	Human Trafficking Victim/Survivor Support Services
	<p>and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success. • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consenter and are required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the

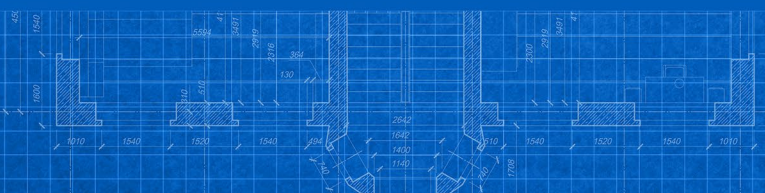


Service Package Name	Human Trafficking Victim/Survivor Support Services
	<p>duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the Child Placing Agency.</p> <ul style="list-style-type: none"> In addition to maintaining the necessary Credential to provide the Human Trafficking Victim/Survivor Support Services Package, the Child Placing Agency and Foster Family Home Caregivers must be Credentialed to provide the T3C Basic Foster Family Home Support Service Package. This will allow for the child, youth, or young adult to transition to, and receive the T3C Basic Foster Family Home Service Package in the same foster family home, when the SSCC or DFPS (in areas not operating under Community-Based Care) in collaboration with the Child Placing Agency (as informed by the Quality Assurance & Continued Stay Guidelines) determines the child has successfully completed, and no longer requires, the therapeutic and recovery services inherent in the Human Trafficking Victim/Survivor Support Services Package.
<p>Anticipated Length of Service</p>	<p>Length of service is individualized and based on the Child Placing Agency’s Treatment Model for providing the Human Trafficking Victim/Survivor Support Services, Admission Guidelines, and Continued Stay Guidelines, as well as the child’s CANS 3.0 Assessment, and the child’s ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the Child Placing Agency’s policy</p>

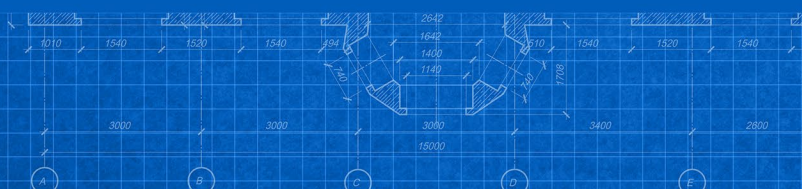


<p>Service Package Name</p>	<p>Human Trafficking Victim/Survivor Support Services</p>
	<p>must include an anticipated Length of Service for children, youth, and young adults served under the Human Trafficking Victim/Survivor Support Services Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Placing Agency Administrator dedicated to single Child Placing Agency • Child Placing Agency must have a Program Director (this position may serve as the Licensed Child Placing Agency Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Human Trafficking Victim/Survivor Support Services Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • Child Placing Agency must have a Treatment Director whose responsibilities include supervision of Licensed Therapist(s) on staff. • The Treatment Director must be: <ul style="list-style-type: none"> ○ A psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university and three years of practical experience providing treatment services for trafficking victims or children with an emotional disorder, including one year in a residential childcare setting; or ○ A licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for trafficking victims or children with an emotional disorder, including one year in a residential childcare setting. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Case Management ○ Intake/Placement ○ Staff Training and Workforce Development ○ Licensed Therapist, that specializes in sex trafficking (all forms: no broker, gang, third-party [aka pimp], organized crime, familial), labor trafficking, and /or complex trauma,

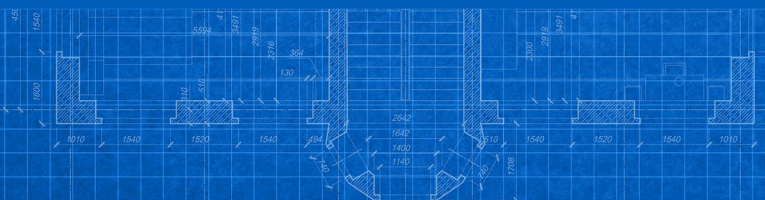
Service Package Name	Human Trafficking Victim/Survivor Support Services
	<p>to oversee treatment and service planning for children, youth, and young adults</p> <ul style="list-style-type: none"> ○ Crisis Management Staff ○ Behavior Support Specialist or Mentor ○ Staff Recruitment and Retention ○ Family Foster Home Caregiver Recruitment and Retention ○ Education liaison for children in care ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the Child Placing Agency, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the Child Placing Agency (as opposed to being employed staff of the Child Placing Agency). If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p> <p>All Case Management functions must be performed by an employee of the Child Placing Agency.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> ● 1 Child Placing Agency Case Manager for every 15 children being provided Human Trafficking Victim/Survivor Support Services. ● 1 Licensed Therapist for every 11 children being provided Human Trafficking Victim/Survivor Support Services. ● 1 Behavior Support Specialist or Mentor for every 15 children being provided Human Trafficking Victim/Survivor Support Services.



<p>Service Package Name</p>	<p>Human Trafficking Victim/Survivor Support Services</p>
	<ul style="list-style-type: none"> • 1 Crisis Management staff for every 25 children being provided Human Trafficking Victim/Survivor Support Services. • 1 Aftercare Case Manager for every 25 children being provided Human Trafficking Victim/Survivor Support Services. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed Treatment Model and dependent on the complexity of the caseload.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Human Trafficking Victim/Survivor Support Services.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation’s Human Trafficking Victim/Survivor Support Services Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes.
<p>Admission Guidelines</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful.

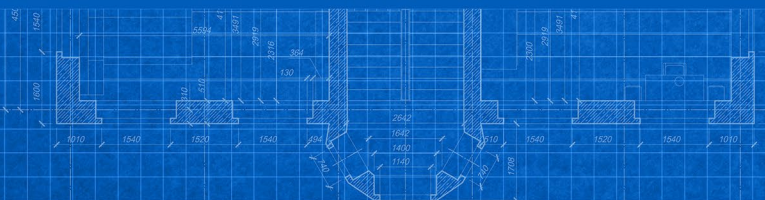


Service Package Name	Human Trafficking Victim/Survivor Support Services
	<ul style="list-style-type: none"> • Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the Child Placing Agency and selected Caregivers. • The Child Placing Agency and Foster Family Home are Credentialed to provide the Human Trafficking Victim/Survivor Support Services Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessment and on the Service Plan. • The primary reason the child met the Admission Guidelines continues to require on-going services or are replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. • A less-restrictive placement type is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 90-day</i> Service Plan review, the Child Placing Agency’s Program Director, and the Treatment Director responsible for the Human Trafficking Victim/Survivor Support Services Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for and is benefitting from the Evidence-informed Treatment Model offered through the program, and that the less-restrictive T3C Basic Foster Home Service Package is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.

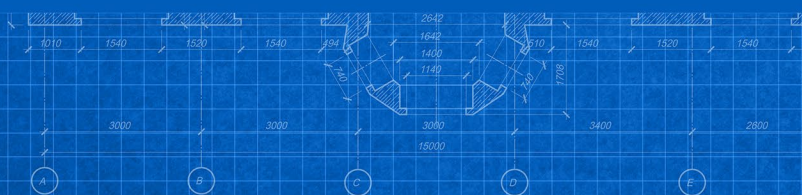


Service Package Name	Human Trafficking Victim/Survivor Support Services
	<ul style="list-style-type: none"> The Child Placing Agency and Foster Family Home continue to maintain the Credential necessary to provide the Human Trafficking Victim/Survivor Support Services Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Human Trafficking Victim/Survivor Support Services Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily foster care rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the Child Placing Agency’s Aftercare Services Case Manager, Education Portfolio, referrals for continued services, initial appointments set (if transition is needed), as well as a plan with times and dates set for twice a month follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffing, as well as referrals for new or additional services, may be required during the 6-month aftercare period. The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.

Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> Intellectual or Development Disability Autism Spectrum Disorder	<u>Programmatic Services</u> Respite Child Care	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Service Package Description	<p>A trauma-informed foster home that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has enhanced training and skill in providing and coordinating services to care for and support children, youth, and young adults who may present with or who are pending a DSM-5 diagnosis for Intellectual or Developmental Disability and/or Autism Spectrum Disorder, and who require routine clinical intervention and structure to support and manage day-to-day activities.</p> <p>The Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package is designed to offer community-based care, therapy, and other rehabilitation services that promote development, independence, and improved life skills for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		
Service Package Expectations	In addition to and/or consistent with Statutory and Minimum Standards Requirements: <ul style="list-style-type: none"> • A Registered Nurse must be available 24 hours a day/7 days a week for new admissions, training, consultation (for the Child Placing 		

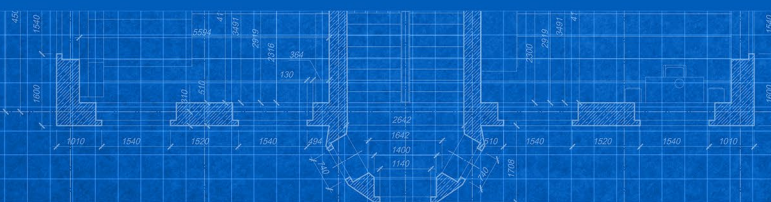


Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	<p>Agency, Caregivers, and SSCC/DFPS staff as needed), and oversight of the child’s care plan.</p> <ul style="list-style-type: none"> • Child Placing Agency must ensure that child receives regular and frequent individual and family therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The Child Placing Agency will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist, that specializes in providing therapy to children with DSM-5 diagnoses of Intellectual or Developmental Disability and/or Autism Spectrum Disorder, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 90 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal. • Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults who qualify for the Intellectual or Developmental Disability and/or Autism Spectrum Disorder Service Package. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and



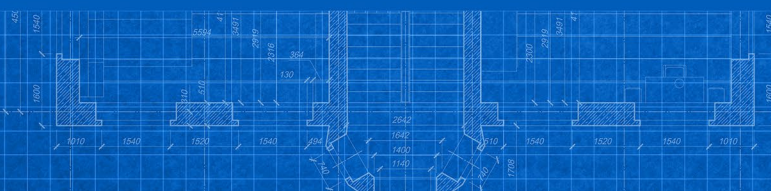
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Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	<p>practices related to this Service Package. Children, youth, and young adults must be aware of (based on their ability and level of functioning), and all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • Child Placing Agency must have case manager level or above staff available 24 hours a day/7 days a week to respond in person, or by phone or video conference, to any crisis that arises. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information (based on their ability and level of functioning) related to the prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method. • Dedicated Paid Intermittent Alternative Care Program that supports Caregiver wellness and retention. When possible, the child should be introduced to and become familiar with the Intermittent Alternative Care Caregiver to ease transition and change in routine. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level

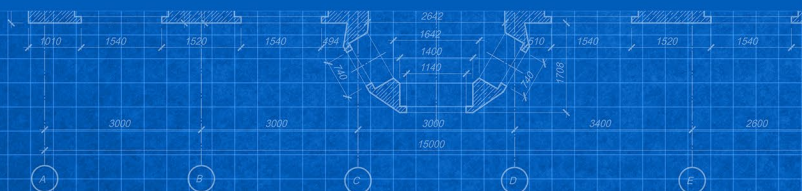


Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	<p>outcome tracking processes, as well as tracking outcomes for children, youth, and young adults at the foster home level. The provider must have the ability to track Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did, and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on time from admission to discharge.</p> <ul style="list-style-type: none"> • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster homes where there are 7 or more children. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children. • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with the Service Plan. • Child Placing Agency and Foster Family Home Caregivers, through assessment of child via observation/interaction, CANS 3.0 Assessment, 3-day exam (if applicable), Texas Health Steps checkups, Early Childhood Intervention (if applicable), and other Medicaid and community eligible evaluations, must navigate across multiple systems and coordinate care and services based on the child’s determined needs. This may include facilitating, incorporating, and supporting various forms of physical, speech, occupational, behavioral, and other forms of specialized therapy; psychological and/or psychiatric evaluations; and accessing home and community-based services waiver programs. • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred,

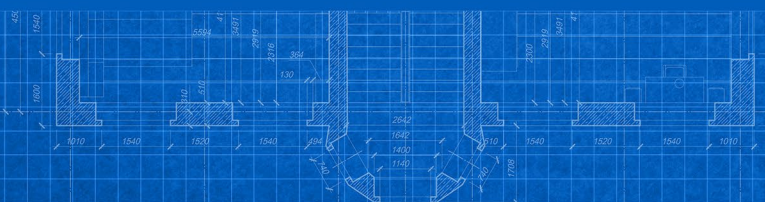
Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	<p>and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed as necessary, and accommodations and/or supports are in place to aid in the child’s educational success. • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consenter and are required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The Child Placing Agency and Foster Family Home Caregivers must have enhanced skill in advocating for and supporting coordination of services through STAR Health and HHSC Supports and Services for children, youth, and young adults with Intellectual Developmental Disability and/or Autism Spectrum Disorder. • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and developmentally appropriate, and in accordance with the Service Plan.



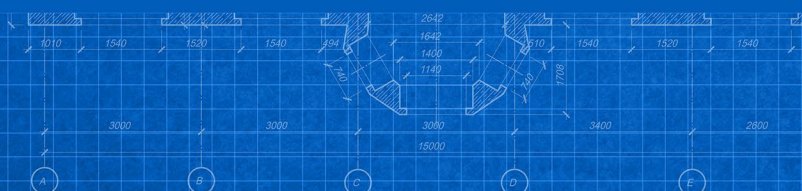
Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	<ul style="list-style-type: none"> • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the Child Placing Agency. • In addition to maintaining the necessary Credential to provide the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package, the Child Placing Agency and Foster Family Home Caregivers must be Credentialed to provide the T3C Basic Foster Family Home Support Service Package. This will allow for the child, youth, or young adult to transition to, and receive the T3C Basic Foster Family Home Service Package in the same foster family home, when the SSCC or DFPS (in areas not operating under Community-Based Care) in collaboration with the Child Placing Agency (as informed by the Quality Assurance & Continued Stay Guidelines) determines the child no longer requires the level of intervention and services inherent in the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package.



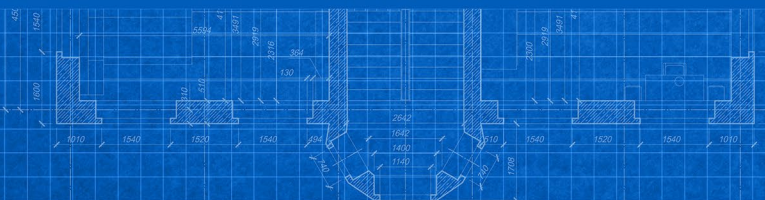
<p>Service Package Name</p>	<p>Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services</p>
<p>Anticipated Length of Service</p>	<p>Length of service is individualized and based on the Child Placing Agency’s Treatment Model for providing Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services, Admission Guidelines, and Continued Stay Guidelines, as well as the child’s CANS 3.0 Assessment, and the child’s ability to sustain or improve overall well-being and functioning in accordance with evaluation and the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the Child Placing Agency’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> ● Full-time Licensed Child Placing Agency Administrator dedicated to single Child Placing Agency. ● Child Placing Agency must have a Program Director (this position may, serve as the Licensed Child Placing Agency Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package. ● The Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. ● The Child Placing Agency must have a Treatment Director whose responsibilities include supervision of Licensed Therapists on staff. ● Treatment Director must either: <ul style="list-style-type: none"> ○ Be a psychiatrist, psychologist, professional counselor, clinical social worker, marriage and family therapist, or registered nurse; or ○ Certified by the Texas Education Agency as an education diagnostician, have a master’s degree in special education or human services field, and have three years of experience working with children with intellectual disabilities or autism spectrum disorder. ● Identified personnel and infrastructure to support the following:



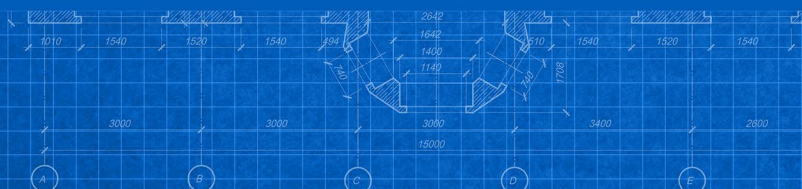
Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	<ul style="list-style-type: none"> ○ Case Management ○ Intake/Placement ○ Staff Training and Workforce Development ○ Registered Nurse ○ Licensed Therapist to oversee service coordination, treatment, and planning for children, youth, and young adults ○ Behavior Support Specialist or Mentor ○ Crisis Management Staff ○ Staff Recruitment and Retention ○ Foster Family Home Caregiver Recruitment and Retention ○ Education liaison for children in care ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the Child Placing Agency, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the Child Placing Agency (as opposed to being employed staff of the Child Placing Agency). If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p> <p>All Case Management functions, and the responsibilities of the Registered Nurse must be performed by actual employees of the Child Placing Agency.</p>



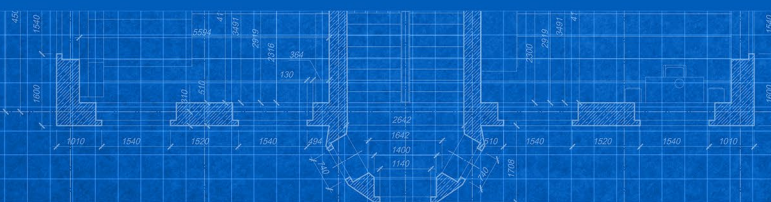
Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 Child Placing Agency Case Manager for every 15 children being provided Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services. • 1 Behavior Support Specialist or Mentor for every 15 children being provided Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services. • 1 Licensed Therapist for every 12 children being provided Intellectual or Developmental Disability (IDD)/Autism Spectrum Support Services. • 1 Crisis Management Staff for every 25 children being provided Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services. • 1 Aftercare Case Manager for every 25 children being provided Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed Treatment Model and dependent on the complexity of the caseload.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation’s Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being.



<p>Service Package Name</p>	<p>Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services</p>
	<ul style="list-style-type: none"> Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes.
<p>Admission Guidelines</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and based on the knowledge and professional judgment of the child’s Service Planning team. A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the Child Placing Agency and selected Caregivers. There is a plan to ensure that all services and supports are in place in the foster home to support the child’s functioning and overall well-being. The Child Placing Agency and Foster Family Home are Credentialed to provide the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> On-going review and adjustment of services based on subsequent CANS 3.0 Assessment, medical/therapeutic assessment(s) and evaluation(s), and the Service Plan. The primary reason the child met the Admission Guidelines continues to require on-going services or are replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child’s care plan, and the child and family Service Plans.



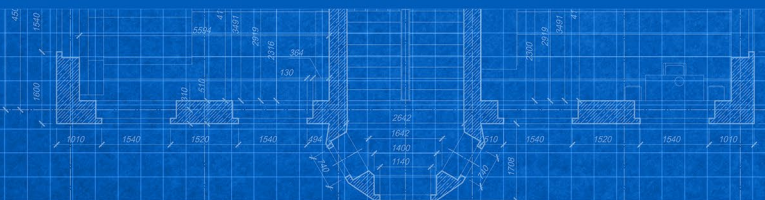
Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	<ul style="list-style-type: none"> • A less-restrictive placement type is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 90-day</i> Service Plan review, the Child Placing Agency’s Program Director, and the Treatment Director responsible for the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for and is benefitting from the Evidence-informed Treatment Model offered through the program, and that the less-restrictive T3C Basic Foster Home Service Package is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation. • The Child Placing Agency and Foster Family Home continue to maintain the Credential necessary to provide the Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package.
Aftercare Services	<ul style="list-style-type: none"> • The Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services Package requires the planning and provision of Aftercare Services. • Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily foster care rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. • Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned)



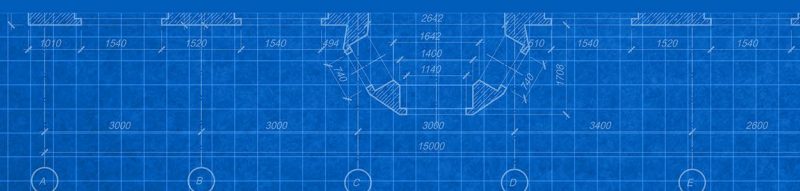
Service Package Name	Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Support Services
	<p>and the Child Placing Agency’s Aftercare Services Case Manager, Education Portfolio, referrals for continued services, initial appointments set (if transition is needed), as well as a plan with times and dates set for twice a month follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">• The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



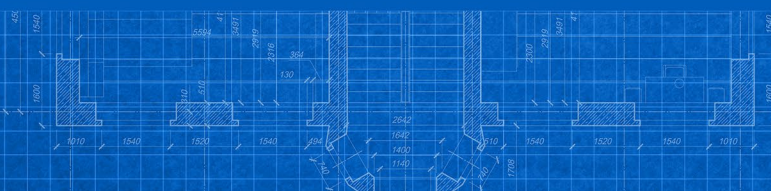
Service Package Name	T3C Treatment Foster Family Care Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> Emotional Disorders	<u>Programmatic Services</u> Respite Child Care	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Service Package Description	<p>A trauma-informed, highly-structured foster home that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has highly-trained Foster Family Home Caregivers with skill in providing Time-limited, strength-based therapeutic services to children, youth, and young adults who may present with a DSM-5 diagnosis for an emotional, conduct, or behavioral disorder and for whom structured and frequent clinical intervention and complex case management is needed to support and manage day-to-day activities.</p> <p>In addition to the DSM-5 diagnosis for an emotional disorder, the child may demonstrate two or more of the following:</p> <ul style="list-style-type: none"> • Major self-injurious actions, including a suicide attempt within the last 12 months; • Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; or • An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment. <p>The T3C Treatment Foster Family Care Support Services Package is designed to offer community-based, Time-Limited, concentrated</p>		



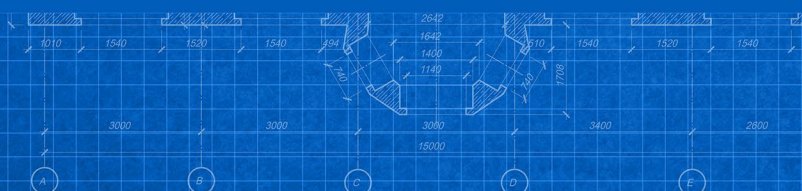
<p>Service Package Name</p>	<p>T3C Treatment Foster Family Care Support Services</p>
	<p>treatment services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p> <p>These services were designed to adhere to the model codified in the Texas Family Code Sec. 264.1073 and included in the Texas Administrative Code Rule §700.1335. Children, youth, and young adults receiving the T3C Treatment Foster Family Care Support Services Package require the highest level of clinical intervention offered in a family setting to perform day-to-day activities.</p> <p>Due to the intensity of services offered, a foster home offering the Treatment Foster Family Care Support Services Package may have no more than two children in foster care placed in the home at the same time.</p>
<p>Service Package Expectations</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> Child Placing Agency must ensure that child receives regular and frequent individual, family, and group therapy, as well as wraparound services (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The Child Placing Agency will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist, that specializes in providing therapy to children with a DSM-5 diagnosis for serious mental, emotional, and/or behavioral disorder(s), unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.



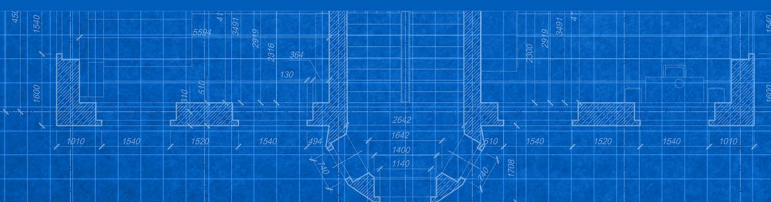
Service Package Name	T3C Treatment Foster Family Care Support Services
	<ul style="list-style-type: none"> • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but an initial Service Plan is due within 30 days of admission, and Service Plan reviews must occur every 60 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan Reviews must include documentation to show the progress made toward achieving each goal. • Evidence-informed, Promising Practice, or Evidence-based Treatment Model(s), specific to a Treatment Foster Care program and that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults that require the level of intervention required through services offered in the T3C Treatment Foster Family Care Support Services Package. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, and practices related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The Child Placing Agency must maintain a current Logic Model specific to the provision of the T3C Treatment Foster Family Care Support Services Package, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • Child Placing Agency must have case manager level or above staff available 24 hours a day/7 days a week to respond in person, or by phone or video conference, to any crisis that arises. The operation must ensure that an on-call Licensed Therapist is always available to provide consultation and respond in person if needed. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the child’s Service Plan, including adjustments to the type of, frequency, and duration of



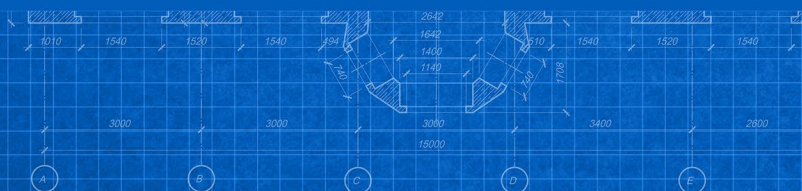
Service Package Name	T3C Treatment Foster Family Care Support Services
	<p>services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days.</p> <ul style="list-style-type: none"> • A Universal Human Trafficking Prevention Training for all staff and Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the Child Placing Agency’s documented and planned method. • Specialized Paid Intermittent Alternative Care Program with one (1) skilled Intermittent Alternative Care Caregiver available for every twenty (20) children receiving the T3C Treatment Foster Family Care Support Services Package. This program must be designed to ensure that, subject to certain exceptions, the Caregiver taking Intermittent Alternative Care receives the same daily rate as the Caregiver offering Intermittent Alternative Care for the same days of care. • Child Placing Agency is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes, as well as tracking outcomes for children, youth, and young adults at the foster home level. The provider must have the ability to track T3C Treatment Foster Family Care Support Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS) by the number and percentage of referrals that did, and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The Child Placing Agency must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • Awake night supervision in foster home that aligns with plan necessary to keep all children safe in the home. Mandatory if there are 7 or more children in the home. Please note that a variance issued by HHSC-CCR is required for foster homes with more than 6 children.



Service Package Name	T3C Treatment Foster Family Care Support Services
	<ul style="list-style-type: none"> • Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services in accordance with the Service Plan. • Child Placing Agency and Foster Family Home Caregivers must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of services through STAR Health, HHSC Behavioral Health Services, Early Childhood Intervention (if applicable), and the child welfare systems specific to children, youth, and young adults with serious emotional disturbance. • In collaboration with the Medical Consenter, the Child Placing Agency must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the Child Placing Agency in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The Child Placing Agency should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The Child Placing Agency should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the Child Placing Agency must ensure delivery of, and cover the cost of the needed service(s). • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed and accommodations and/or supports are in place to aid in the child’s educational success.

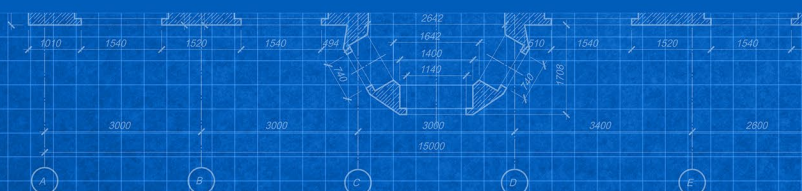


Service Package Name	T3C Treatment Foster Family Care Support Services
	<ul style="list-style-type: none"> • Child Placing Agency and Foster Family Home Caregiver are required to coordinate care with the child or youth’s medical consenter and are required to participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • Caregivers must participate in therapy and other services with the child as needed and must have the ability to attend multiple meetings per week, and respond immediately when there is a need, or the child is in crisis. • Foster Family Home Caregivers must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the Child Placing Agency and Foster Family Home Caregivers must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The Child Placing Agency must have policy that outlines the Child Placing Agency’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the Child Placing Agency.
	<p>Length of service is individualized and based on the Child Placing Agency’s Treatment Model for providing the T3C Treatment Foster Family Care</p>

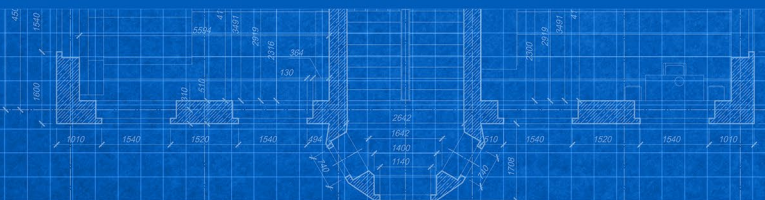


Service Package Name	T3C Treatment Foster Family Care Support Services
Anticipated Length of Service	<p>Support Services Package, Guidelines for Admission, and Continued Stay Guidelines. The T3C Treatment Foster Family Care Support Services Package is a Time-limited Service lasting up to 274 days, with one extension of up to 91 days when necessary for the child to complete treatment. An individual child cannot be served under the T3C Treatment Foster Family Care Support Services Package for more than 365 days.</p> <p>Although the maximum Length of Service guidelines for this Service Package have been established, the Child Placing Agency’s policy must include an anticipated Length of Service for children, youth, and young adults served under the T3C Treatment Foster Family Care Support Services Package.</p>
Staffing Requirements	<ul style="list-style-type: none"> • Full-time Licensed Child Placing Agency Administrator dedicated to single Child Placing Agency. • Child Placing Agency must have a Program Director (this position may serve as the Licensed Child Placing Agency Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the T3C Treatment Foster Family Care Support Services Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • The Child Placing Agency must have a Treatment Director whose responsibilities include supervision of Licensed Therapists on staff. • Treatment Director must either be: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or ○ A licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an

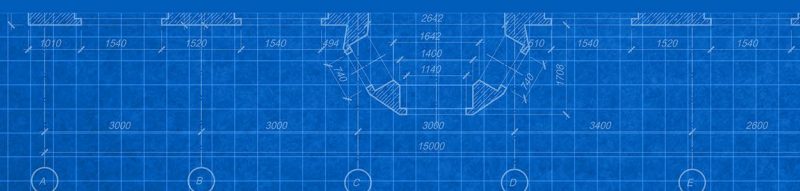
Service Package Name	T3C Treatment Foster Family Care Support Services
	<p>emotional disorder, including one year in a residential setting.</p> <ul style="list-style-type: none"> ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Case Management ○ Intake/Placement ○ Staff Training and Workforce Development ○ Licensed Therapist to oversee treatment and service planning for children, youth, and young adults ○ Behavior Support Specialist or Mentor ○ Crisis Management Staff ○ Staff Recruitment and Retention ○ Foster Family Home Caregiver Recruitment and Retention ○ Education liaison for children in care ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination including, but not limited to, maintaining, and supporting child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health and HHSC Behavioral Health services to ensure that children, youth, and young adults receiving T3C Treatment Foster Family Care Support Services maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the Child Placing Agency, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the Child Placing Agency (as opposed to being employed staff of the Child Placing Agency). If the Child Placing Agency chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the Child Placing Agency’s Evidence-informed Treatment Model.</p> <p>All Case Management functions must be performed by an employee of the Child Placing Agency.</p>



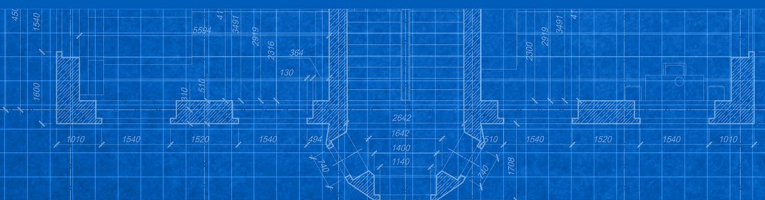
Service Package Name	T3C Treatment Foster Family Care Support Services
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 Child Placing Agency Case Manager for every 6 children being provided T3C Treatment Foster Family Care Support Services Package. • 1 Licensed Therapist for every 11 children being provided T3C Treatment Foster Family Care Support Services Package. • 1 Behavior Support Specialist or Mentor for every 6 children being provided T3C Treatment Foster Family Care Support Services. • 1 Crisis Management Staff for every 25 children being provided T3C Treatment Foster Family Care Support Services Package. • 1 Aftercare Case Manager for every 25 children being provided T3C Treatment Foster Family Care Support Services Package. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Research-supported or Evidence-based Treatment Model, and dependent on the complexity of the caseload.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the T3C Treatment Foster Family Care Support Services Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated child-level outcome expectations that tie directly to the operation’s T3C Treatment Foster Family Care Support Services Treatment Model, and supports the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes.



<p>Service Package Name</p>	<p>T3C Treatment Foster Family Care Support Services</p>
<p>Admission Guidelines</p>	<p>In addition to and/or consistent with Statutory, TAC Rule, and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • Child Placing Agency admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the Child Placing Agency and selected Caregivers. • The Child Placing Agency and Foster Family Home are Credentialed to provide the T3C Treatment Foster Family Care Support Services Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessment and on the Service Plan. • The primary reason the child met the Admission Guidelines continues to require on-going services or are replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. • A less-restrictive placement type/Service Package is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 60-day</i> Service Plan review, the Child Placing Agency’s <i>Program Director, and the Treatment Director</i> responsible for the T3C Treatment Foster Family Care Support Services Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The <i>Program Director and Treatment Director must provide written confirmation</i> that the child, youth, or young



<p>Service Package Name</p>	<p>T3C Treatment Foster Family Care Support Services</p>
	<p>adult continues to meet criteria for and is benefitting from the Evidence-informed Treatment Model offered through the program, and that the less-restrictive T3C Basic Foster Home Service Package is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the Child Placing Agency’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> • The Child Placing Agency and Foster Family Home continue to maintain the Credential necessary to provide the T3C Treatment Foster Family Care Support Services Package. <p><i>This Service Package is Time-Limited, and an individual child cannot be served under the T3C Treatment Foster Family Care Support Services Package for more than 365 days.</i></p>
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The T3C Treatment Foster Family Care Support Services Package requires the planning and provision of Aftercare Services. • Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily foster care rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. • Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the Child Placing Agency’s Aftercare Services Case Manager, Education Portfolio, referrals for continued services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period.



Service Package Name	T3C Treatment Foster Family Care Support Services
	<ul style="list-style-type: none">• The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.

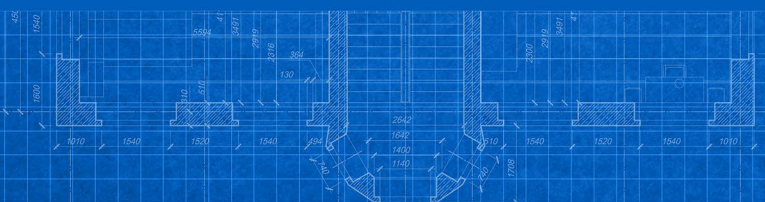


Child Placing Agency/Foster Family Home T3C Add-On Services

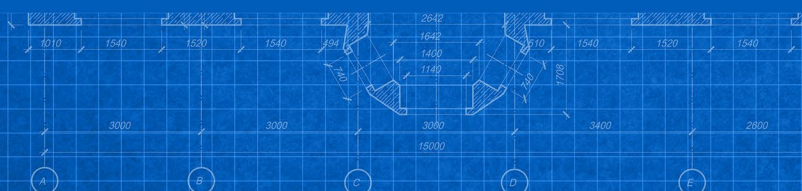
The Transition Support Services for Youth & Young Adults, Kinship Caregiver Support Services, and the Pregnant & Parenting Youth Support Services Add-On Services are intended to augment what is already outlined in the T3C Foster Family Care Primary Settings. Child, youth, and young adults receiving the Short-Term Assessment Support Services Package (due to the duration and intent of this package) in a foster family home, and any Service Package offered under the General Residential Operation Tier I & Tier II Service Packages **are not eligible** for Add-On Services.

The Child Placing Agency must become Credentialed to provide a primary Service Package as well as the Add-On Service of Transition Support Services for Youth & Young Adults to be eligible for the daily rate associated with this Add-On Service described below.

Add-On Service Name	Transition Support Services for Youth & Young Adults		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> None Required	<u>Programmatic Services</u> Transitional Living	<u>Special Services</u> Young Adult Care <i>(Child Placing Agency must have permit to offer Service Package, individual Foster Family Homes must be verified for this service only if young adult is participating in Extended Foster Care program.)</i>
Add-On Service Description	<i>In addition to the youth or young adult’s primary Service Package, this is a trauma-informed foster home with enhanced training and skill in caring for, coordinating services, assisting in completion of forms/referrals, and</i>		

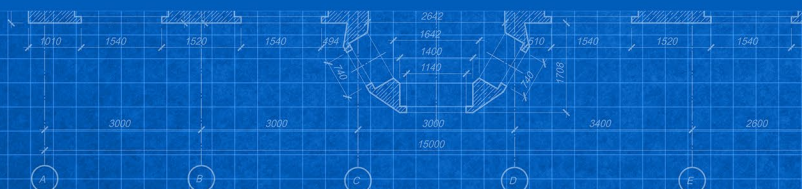


<p>Add-On Service Name</p>	<p>Transition Support Services for Youth & Young Adults</p>
	<p>supporting experiential learning opportunities for youth and young adults ages 14–22 years old. The Transitional Support Services for Youth & Young Adults Add-On Service is intended to support the youth and young adult’s transition to independence and adulthood.</p>
<p>Add-On Service Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Child Placing Agency and Foster Family Home Caregivers have expertise in the Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system (including any programs or supports offered by STAR Health). This expertise includes understanding the timing for and process required to complete and submit applications or other necessary documentation to obtain benefits. • The Child Placing Agency’s approach and delivery of the Transition Support Services for Youth & Young Adults Service Add-On must consider the youth and young adult’s custom needs, and be adaptable to supporting transition based on age, individual developmental needs, and in conjunction with the primary Service Package being offered by the Child Placing Agency and Foster Family Home Caregivers. • The Child Placing Agency should have policy, procedures, and a training plan specific to the program and delivery of the Transition Support Services for Youth & Young Adults Add-On Service. The operation’s approach to delivery of the Transition Support Services for Youth & Young Adults Add-On Service must align with the operation’s Evidence-informed Treatment Model. Youth and young adults must be aware of, and all staff and Caregivers must be trained in, practice, and remain current on policy, procedures, and expectations of the Transition Support Services for Youth & Young Adults Add-On Service program the operation has adopted. • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Transition Support Services for Youth & Young Adults Add-On Service, which is modified over time

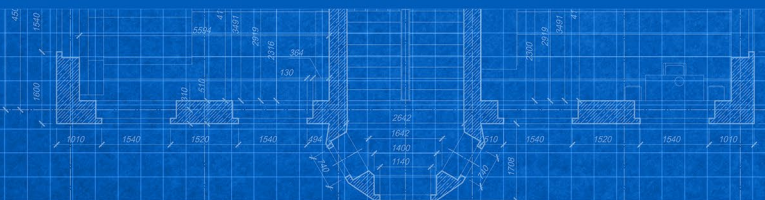


Add-On Service Name	Transition Support Services for Youth & Young Adults
	<p>based on the Child Placing Agency's Continuous Quality Improvement process.</p> <ul style="list-style-type: none"> • In collaboration with SSCC and DFPS Preparation for Adult Living staff, the Child Placing Agency, and Foster Family Home Caregivers, offer logistical support, transportation, coordination, and documentation/record keeping of services, specific to the population including, but not limited to, ensuring the youth and young adult: <ul style="list-style-type: none"> ○ Completes the Casey Life Skills Assessments, ○ Attends regularly scheduled Preparation for Adult Living program events, ○ Completes Preparation for Adult Living Life Skills Training, ○ Participates in after school and extracurricular activities as directed by the youth and young adult (if appropriate), ○ Participates (if interested) in Youth Leadership Council activities, ○ Attends and participates in Circles of Support or other permanency and/or transition planning meetings, ○ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area), and understands opportunities offered to transitioning youth and young adults through these offices/centers, and ○ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the Child Placing Agency and the Foster Family Home Caregivers offering support in navigating entry into these programs. • The Child Placing Agency's Service Plan for a youth and young adult receiving the Transition Support Services for Youth & Young Adults Add-On Service should be informed and directed by the youth or young adult and should include (at a minimum) the following: <ul style="list-style-type: none"> ○ Status of any applications for state and/or federal benefits or guardianship for which the youth is eligible. ○ Thorough Plan for building and maintaining connections to those important to the youth and young adult including a

Add-On Service Name	Transition Support Services for Youth & Young Adults
	<p>plan for sibling contact and visits during and after transition from care.</p> <ul style="list-style-type: none"> ○ Approach and individualized plan for obtaining behavioral health, medical, dental, vision, and pharmacy services during and after transition from care. ○ Plan for continued education, vocational training, and/or employment while in foster care, and during and after transition from care. ○ Plan for obtaining a driver’s license (including needed driver’s education training and auto insurance) or state ID card (if appropriate) and as directed by the youth or young adult. ○ Opportunities to support Normalcy (as directed by youth and young adult and based on their individual areas of interest.) Examples may include having a part-time job, driving, participating in a fine arts program or sports team, volunteering, participating in clubs, organizations, or faith communities, communicating with family and peers via a cell phone, etc. Funding to support the listed Normalcy activities has been included in the daily rate for this Add-On Service.
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> ● Child Placing Agency must have dedicated Transitional Support/Mentor staff and infrastructure to support youth and young adults while receiving the Transition Support Services for Youth & Young Adults Add-On Service and as a part of the Aftercare plan.
<p>Generally Appropriate Staff to Youth or Young Adult Ratio Based on Add-On Service</p>	<ul style="list-style-type: none"> ● 1 Child Placing Agency Transitional Support/Mentor staff for every 20 youth and young adults receiving the Transition Support Services for Youth & Young Adults Add-On Service. <p>Staff to youth and young adult ratio may vary based on operation’s Transition Support program and dependent on the complexity of the caseload.</p>



Add-On Service Name	Transition Support Services for Youth & Young Adults
Desired Individual Outcome	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated youth and young adult-level outcome expectations that tie directly to the operation’s program for delivering the Transition Support Services for Youth & Young Adults Add-On Service, and support the following at a minimum: <ul style="list-style-type: none"> ○ Safety, ○ Permanency Goal, and ○ Improved Well-Being. • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze youth, and young adult outcomes (while in program and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes and by Transitional Support/Mentor staff.
Aftercare Services	<ul style="list-style-type: none"> • The Transition Support Services for Youth & Young Adults Add-On Service requires the planning and provision of Aftercare Services, once the youth or young adult leaves the care of the Child Placing Agency. • Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily Add-On Service rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. • Upon discharge (both successful and unsuccessful), the Child Placing Agency, in collaboration with the SSCC or DFPS Preparation for Adult Living caseworker, the Foster Family Home Caregivers and informed by the youth or young adult, will develop, and produce a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that includes referrals for continued services, benefits, and supports, and will include initial appointments set (if transition is needed). The plan should be customized around the youth or young adult’s planned living arrangement and include contact information for the DFPS or SSCC Preparation for Adult Living caseworker, and the Child Placing



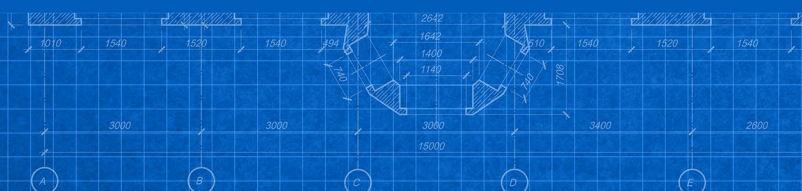
Add-On Service Name	Transition Support Services for Youth & Young Adults
	<p>Agency Transitional Support/Mentor Staff person assigned to the youth or young adult upon discharge.</p> <ul style="list-style-type: none"> • The Transitional Support/Mentor Staff must work with the youth or young adult to develop a plan with times and dates set for weekly, then transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months following discharge. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period. • As part of the Aftercare program, the Child Placing Agency must provide information to youth and young adults receiving Transitional Support Add-On Services to all known foster care alumni organizations, associations, or groups for youth with lived experience in the community. Information on the organizations, associations, and groups should be included in the Aftercare Services plan provided at the time of discharge. • The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



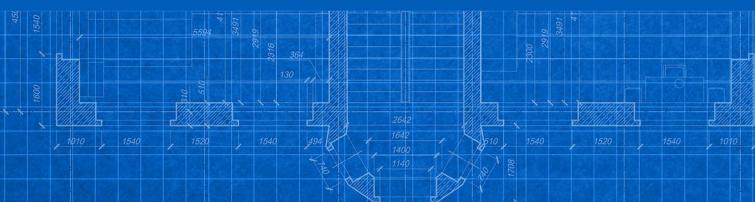
The Child Placing Agency must become Credentialed to provide a primary Service Package as well as the Add-On Service of Kinship Caregiver Support to be eligible for the daily rate associated with this Add-On Service described below.

Add-On Service Name	Kinship Caregiver Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> None Required	<u>Programmatic Services</u> None Required	<u>Special Services</u> None Required
Add-On Service Description	<p><i>In addition to the child, youth, or young adult's primary Service Package,</i> the Child Placing Agency provides enhanced support services to the Kinship Foster Family Home Caregivers. These support services should be customized to the needs of the Kinship Caregivers and the child, youth, or young adult living in the Kinship Foster Family Home. A portion of the funding to support this Add-On Service is intended to reimburse the Child Placing Agency for costs incurred to support the Kinship Caregivers through the foster home verification process.</p>		
Add-On Service Expectations	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> The Child Placing Agency has expertise in Kinship Care, including the state and federal benefits that Kinship Caregivers may be eligible to receive while caring for children, youth, and young adults while in <i>paid</i> foster care. This expertise includes understanding the timing for, and process required to complete and submit applications or other necessary documentation to obtain assistance. The Child Placing Agency's approach and delivery of the Kinship Caregiver Support Services Add-On Service must consider the 		

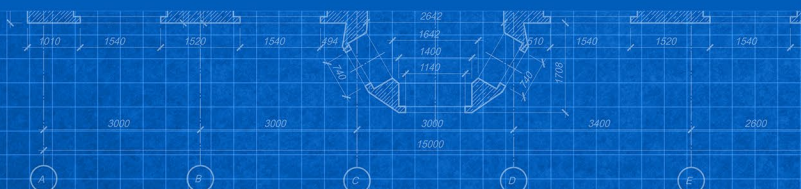
Add-On Service Name	Kinship Caregiver Support Services
	<p>custom needs of the child, youth, or young adult; the Caregivers, and the physical residence, and be adaptable (including working with the Caregiver on weekends and outside of normal business hours) to support and sustain a safe verified Kinship foster home placement. The Kinship Caregiver Support Services Add-On Service should be delivered in conjunction with the child, youth, or young adult’s primary Service Package being offered in the verified Kinship Caregiver’s Foster Family Home.</p> <ul style="list-style-type: none"> • The Child Placing Agency should have policy, procedures, and a training plan for staff working with Kinship Caregivers and specific to the Kinship Caregiver Support Services Add-On Service. At a minimum, this must include the approach used to engage and assist Kinship Caregivers through the verification process, as well as provide on-going support and enhanced technical assistance. The Child Placing Agency’s approach to delivery of the Kinship Caregiver Support Services Add-On Services must align with the Child Placing Agency’s Evidence-informed Treatment Model. • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Kinship Caregiver Support Services Add-On Service, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • Child Placing Agency must have staff available 24 hours a day/7 days a week to provide immediate response to Kinship Foster Family Home Caregivers.
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Child Placing Agency must have dedicated Kinship Caregiver Home Support staff and infrastructure • Aftercare Kinship Support Staff and infrastructure <p>Depending on the size of the Child Placing Agency, the dedicated Aftercare Kinship Support Staff may serve more than one function within the operation.</p>



Add-On Service Name	Kinship Caregiver Support Services
<p>Generally Appropriate Staff to Kinship Foster Family Home Ratio Based on Add-On Service</p>	<ul style="list-style-type: none"> • 1 Child Placing Agency Kinship Caregiver Home Support staff for every 7 Kinship Foster Family Homes receiving the Kinship Caregiver Support Services Add-On Service. • 1 Child Placing Agency Aftercare Kinship Support Staff for every 25 Kinship Foster Family Homes receiving the Kinship Support Services Add-On Service. <p>Staff to Home ratio may vary based on operation’s experience working with Kinship Caregivers and dependent on the complexity of the caseload.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated child-centered outcome expectations that tie directly to the operation’s Kinship Foster Family Home program and approach for delivering the Kinship Caregiver Support Services Add-On Service, and at a minimum supports the following: <ul style="list-style-type: none"> ○ Child Safety, ○ Child Permanency, and ○ Child Well-Being. • Additional measures must include the Child Placing Agency at a minimum tracking timeliness from referral to verification, placement stability, and percent and timeliness of permanency exits to reunification, relative adoption, and relative Permanent Managing Conservatorship (PMC) with Permanency Care Assistance for all children, youth, and young adults living in a Kinship Foster Family Home. • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze child, youth, and young adult outcomes, including being able to analyze outcomes (both during placement and as a part of Aftercare Services) based on individual Kinship Foster Family Home and by Kinship Caregiver Home Support staff.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The Kinship Caregiver Support Services Add-On Service requires the planning and provision of Aftercare Services.

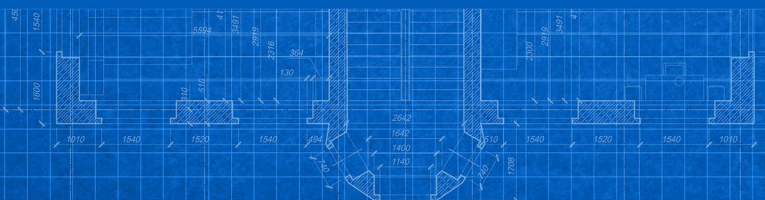


Add-On Service Name	Kinship Caregiver Support Services
	<ul style="list-style-type: none"> • Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily Add-On Service rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. • Upon child, youth, and young adult achieving permanency through Adoption or PMC with the Kinship Caregiver, and in situations where there may be the need for a temporary placement under a different Service Package or unpaid placement, but the SSCC or DFPS caseworker’s intent is for child, youth, or young adult to return to the Kinship Caregiver’s home, the Child Placing Agency, in collaboration with the Kinship Caregiver, will develop and produce a robust Aftercare Services plan (which may be incorporated as a part of the child’s Service Plan) that includes the name and contact information for the Child Placing Agency’s Aftercare Kinship Support Worker referrals for benefits, support, and continued services in the home, as well as a plan with times and dates set for weekly, then transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months following discharge. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period. • As part of the aftercare program, the Child Placing Agency must provide or refer Kinship Caregivers receiving the Kinship Caregiver Support Services Add-On Service to support group(s). Information on the support group(s) should be included in the Aftercare Services plan provided at the time of discharge. • The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.

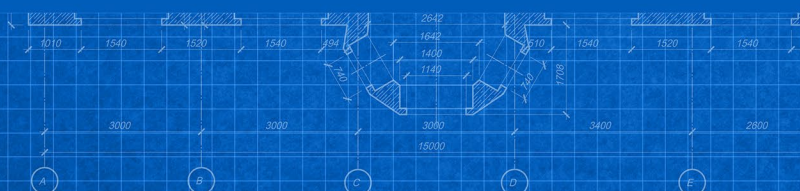


The Child Placing Agency must become Credentialed to provide a primary Service Package as well as the Add-On Service of Pregnant & Parenting Youth & Young Adults Support to be eligible for the daily rate associated with this Add-On Service described below.

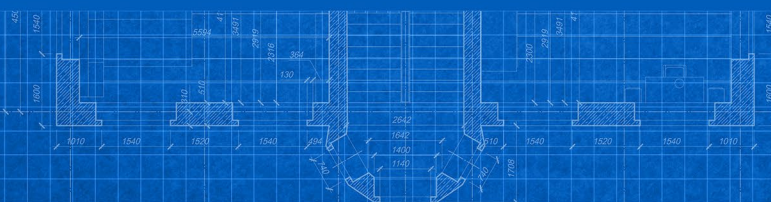
Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services		
Setting	Foster Family Home		
Permit Type	Child Placing Agency		
Permit Services	<u>Treatment Services</u> None Required	<u>Programmatic Services</u> None Required	<u>Special Services</u> Young Adult Care <i>(If Child Placing Agency and Foster Family Home provides Extended Foster Care services)</i>
Add-On Service Description	<p><i>In addition to the youth or young adult’s primary Service Package</i> being offered through the Child Placing Agency, this Add-On Service is offered in a trauma-informed foster home that has enhanced training and skill in caring for, mentoring/coaching, and offering support services for youth who are pregnant or actively parenting their biological child(ren). Pregnant & Parenting Youth or Young Adult Support Services may be offered to the mother or the father, so long as the youth or young adult receiving the Add-On Service has their biological child placed with them and are residing in a Credentialed foster home.</p> <p>Funding to support the Pregnant & Parenting Youth or Young Adult Support Services Add-On is designed to cover the basic living needs for the youth or young adult’s biological child(ren) which includes, food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs.</p>		



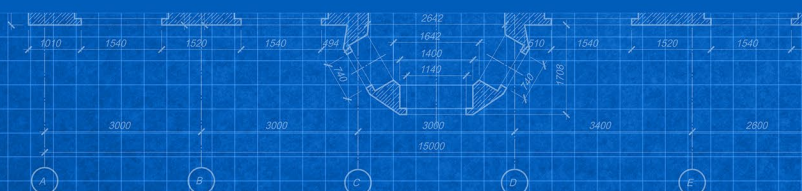
Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services
	<p>The Pregnant & Parenting Youth or Young Adult Support Add-On Service only applies when DFPS does not have conservatorship of the child(ren) that the Youth or Young Adult is parenting, or in situations where the child(ren) of the Youth or Young Adult is in DFPS conservatorship and is placed in the same foster home with his or her parent and is actively working towards family reunification as the permanency goal.</p>
<p>Add-On Service Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The Child Placing Agency should have policy, procedures, and a training plan specific to the program and delivery of the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service. The operation’s approach to delivery of the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service must align with the operation’s Evidence-informed Treatment Model. Youth and young adults must be aware of, and all staff and Caregivers must be trained in, practice, and remain current on policy, procedures, and expectations of the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service program the operation has adopted. • The Child Placing Agency must maintain a current Logic Model specific to the provision of the Pregnant & Parenting Youth & Young Adult Support Services Add-On Service, which is modified over time based on the Child Placing Agency’s Continuous Quality Improvement process. • The Child Placing Agency’s approach and delivery of the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service must consider the youth or young adult’s custom needs, as well as the needs of their child(ren), and be adaptable to support individual developmental needs, and in conjunction with the primary Service Package being offered by the Child Placing Agency and Foster Family Home Caregiver. • The Pregnant & Parenting Youth or Young Adult Support Services Add-On Service incorporates a custom parenting plan (which may be incorporated as a part of the Service Plan). This plan should be developed in collaboration with the youth or young adult, and at a



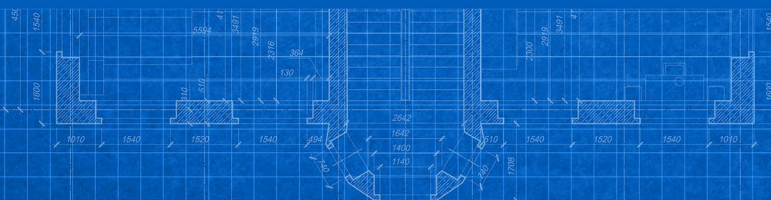
Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services
	<p>minimum must address how the youth will receive information and support related to the following areas:</p> <ul style="list-style-type: none"> ○ Prenatal Care (if applicable); ○ Safe sleeping arrangements; ○ Suggestions for childproofing potentially dangerous settings in a home; ○ Child development and methods to cope with challenging behaviors; ○ Selection of appropriate substitute caregivers; ○ A child’s early brain development, including the importance of meeting an infant’s developmental needs by providing positive experiences and avoiding adverse experiences; ○ The importance of parental involvement in a child’s life and methods for coparenting; ○ The benefits of reading, singing, and talking to young children; ○ The importance of prenatal and postpartum care for both the parent and infant, including the impact of and signs for perinatal mood disorders; ○ Infant nutrition; and ○ Healthy Relationships, including the prevention of intimate partner violence. <ul style="list-style-type: none"> ● The Child Placing Agency and Foster Family Home Caregivers offer logistical support, transportation, coordination, and documentation/record keeping of services, specific to not only the youth and young adult, but their child(ren) as needed. ● The Child Placing Agency’s Service Plan for a youth and young adult receiving the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service should be directed by the youth or young adult and should include (at a minimum) the following: <ul style="list-style-type: none"> ○ Support and aid in seeking, completing all necessary referrals, and providing coordination of services to both the youth or young adult that is pregnant or parenting, and for their child(ren), including but not limited to STAR Health, Early Childhood Intervention (if applicable) and other Medicaid programs, HHSC Women and Children’s Health programs, the DFPS (transitioning to HHSC in FY 2025)



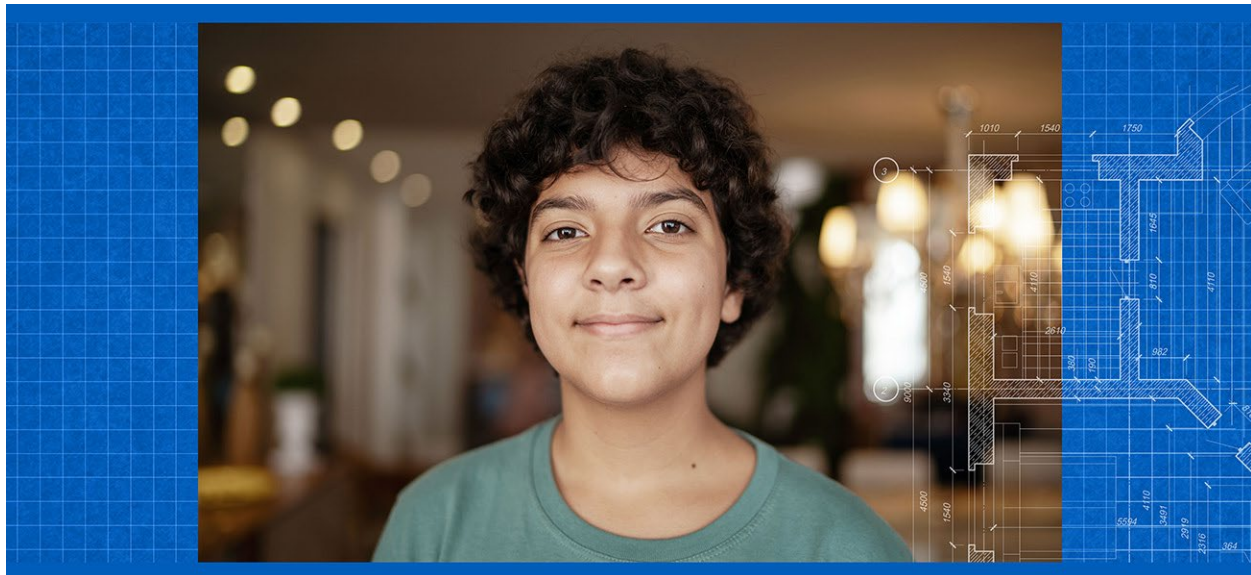
Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services
	<p>Prevention and Early Intervention Program, day care (if applicable), as well as all other state, federal, and community benefits for which the parent or child may be eligible. This expertise includes understanding the timing for, and process required to complete and submit applications or other necessary documentation to obtain benefits. The Child Placing Agency and Foster Family Home Caregiver will assist the youth or young adult with completing all forms and referrals as needed. <i>It should be noted that individual services are voluntary, and the youth, young adult, and their child cannot be forced to participate in these programs, but the Child Placing Agency must have clear policy and procedures, and the Foster Family Home Caregiver must be trained on continued/on-going methods for engaging the minor parent in services and document all efforts.</i></p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Child Placing Agency must have <i>dedicated</i> Parenting Support/Mentor staff and infrastructure to support youth and young adults receiving the Pregnant & Parenting Youth or Young Adult Support Add-On Service. • Child Placing Agency Aftercare Pregnant & Parenting Support Staff <p>Depending on the size of the Child Placing Agency, the dedicated Aftercare Pregnant & Parenting Support Staff may serve more than one function within the operation.</p>
<p>Generally Appropriate Staff to Youth or Young Adult Ratio Based on Add-On Service</p>	<ul style="list-style-type: none"> • 1 Child Placing Agency Parenting Support/Mentor staff for every 20 youth and young adults receiving the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service. • 1 Child Placing Agency Aftercare Pregnant & Parenting Support Staff for every 20 youth and young adults receiving the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service.



Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services
	<p>Staff to youth and young adult ratio may vary based on operation’s Transition Support program and dependent on the complexity of the caseload.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • Child Placing Agency must have clearly articulated youth and young adult-level outcome expectations that tie directly to the operation’s program for delivering the Pregnant & Parenting Youth or Young Adult Support Services Add-On Service, and support the following at a minimum: <ul style="list-style-type: none"> ○ Safety for the youth or young adult and their child(ren), ○ Youth or young adult’s Permanency Goal, and ○ Improved Well-Being for the youth or young adult and their child(ren). • Child Placing Agency must have infrastructure in place to collect, track, and evaluate/analyze youth and young adult outcomes (both while youth or young adult is in placement and as a part of Aftercare Services), including being able to analyze outcomes based on individual foster family homes and by Parenting Support/Mentor and Aftercare staff.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The Pregnant & Parenting Youth or Young Adult Support Services Add-On Service requires the planning and provision of Aftercare Services once the youth or young adult leaves the care of the Child Placing Agency. • Funding to support the Aftercare Services has been built into the Child Placing Agency’s daily Add-On Service rate while the child is in care, the Child Placing Agency will not receive a separate payment for the provision of the required Aftercare Services. • Upon discharge (both successful and unsuccessful), the Child Placing Agency, in collaboration with the Foster Family Home Caregiver, and the youth or young adult, will develop and produce a robust plan that includes referrals for benefits, supports, and continued services necessary to support the pregnant or parenting youth or young adult and their child(ren). This plan should be customized around the youth or young adult’s planned living

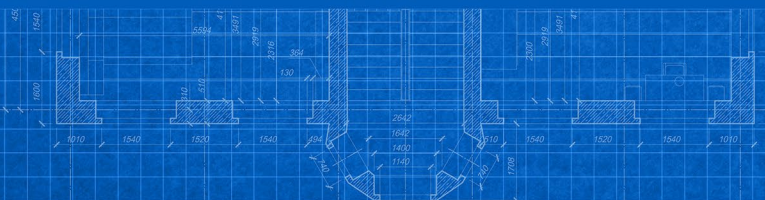


Add-On Service Name	Pregnant & Parenting Youth or Young Adult Support Services
	<p>arrangement and include contact information for Child Placing Agency Parenting Support/Mentor Staff and the Child Placing Agency Aftercare Support staff assigned to the youth or young adult upon discharge.</p> <ul style="list-style-type: none">• The Aftercare Support Staff must work with the youth or young adult to develop a plan with times and dates set for weekly, then transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months following discharge. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period.• The Child Placing Agency must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the Child Placing Agency’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.

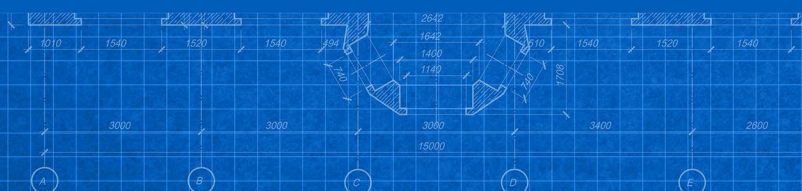


General Residential Operations- Tier I T3C Treatment/Transition Service Packages
Information contained in the charts below outline the parameters/requirements associated with the Tier I Service Packages. The incorporation of these parameters/requirements are consistent with or may exceed the state’s Minimum Licensing Standards for a General Residential Operation and are not intended to change the existing character of the childcare operation. Providers may elect to become Credentialed to provide more than one T3C Service Package in a General Residential Operation Tier I or a Tier II setting.

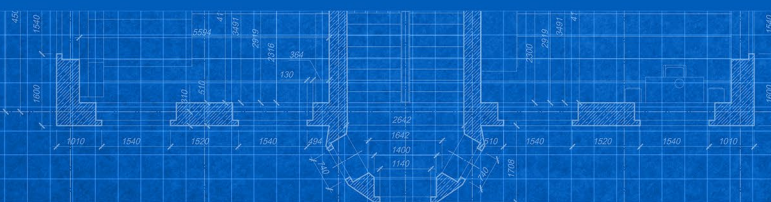
Service Package Name	Tier I: T3C Basic Child Care Operation		
Setting	Facility-Based or Cottage Home Setting		
Permit Type(s)	General Residential Operation- Basic General Residential Operation- Multiple Services <i>Note: Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i>		
Permit Services	<u>Treatment Services</u> None Required	<u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i>	<u>Special Services</u> Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i>
Service Package Description	A trauma-informed facility or cottage home that provides a child’s basic living needs, including food, shelter, education, vocation, transportation, recreation, and extracurricular activities which may vary based on age and developmental level. The Tier I: T3C Basic Child Care Operation Service Package is designed to offer temporary facility-based, or cottage-home care for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.		



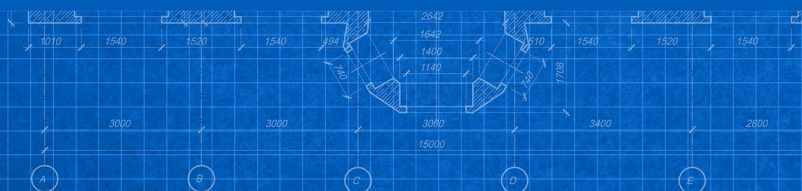
Service Package Name	Tier I: T3C Basic Child Care Operation
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must ensure that the child receives regular and frequent individual and family therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Service Planning Team Meetings must occur in accordance with the provider’s Evidence-informed Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every six months. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed care specifically for children that have been victims of abuse and/or neglect. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers and/or Cottage Parents providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.



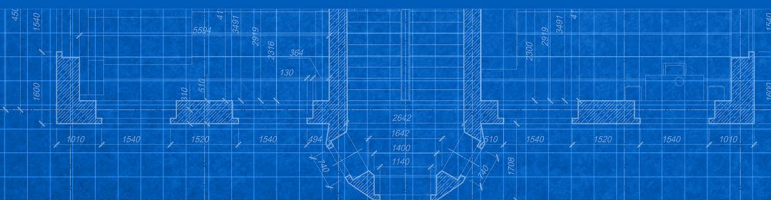
Service Package Name	Tier I: T3C Basic Child Care Operation
	<ul style="list-style-type: none"> • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: T3C Basic Child Care Operation Services Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment annually. • A Universal Human Trafficking Prevention Training for all staff, Direct Delivery Caregivers, and/or Cottage Parents. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes Paid annual vacation and sick leave for all Direct Delivery Caregivers and/or Cottage Parents to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier I: T3C Basic Child Care Operation Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, reason for denial of admissions based on the referrals, and for children that were admitted, the average Length of Service, based on the time frame from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination,



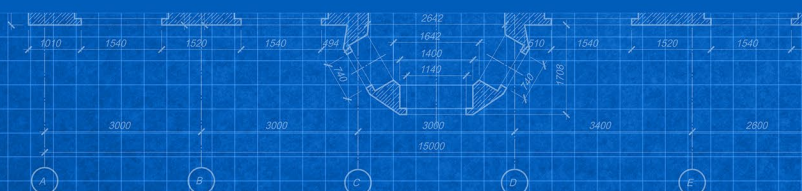
Service Package Name	Tier I: T3C Basic Child Care Operation
	<p>recreation, and documentation/record keeping of services in accordance with the Service Plan.</p> <ul style="list-style-type: none"> • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of services through STAR Health, HHSC Behavioral Health Services (if needed), Early Childhood Intervention (if applicable), and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier I: T3C Basic Child Care Operation Service Package. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the General Residential Operation in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s). • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed and accommodations and/or supports are in place to aid in the child’s educational



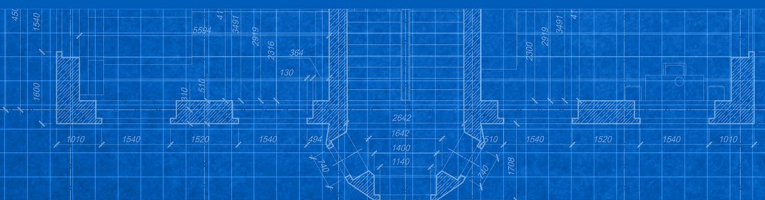
Service Package Name	Tier I: T3C Basic Child Care Operation
	<p>success, and the General Residential Operation or cottage home is made accessible to teachers and other school staff as appropriate, if home-based education is determined necessary.</p> <ul style="list-style-type: none"> • The General Residential Operation is required to coordinate care with the child or youth’s medical consentor (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, and young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation will outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement. The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, or young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach



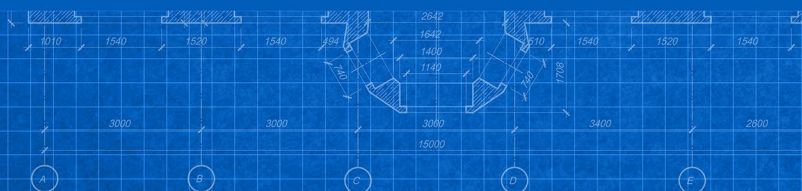
Service Package Name	Tier I: T3C Basic Child Care Operation
	<p>and engagement efforts must be documented as a part of the Service Plan in the child’s case record maintained by the operation.</p> <ul style="list-style-type: none"> • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • The Tier I: T3C Basic Child Care Operation Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier I: T3C Basic Child Care Operation Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier I: T3C Basic Child Care Operation Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, the General Residential Operation must provide transportation, coordination, documentation/ case



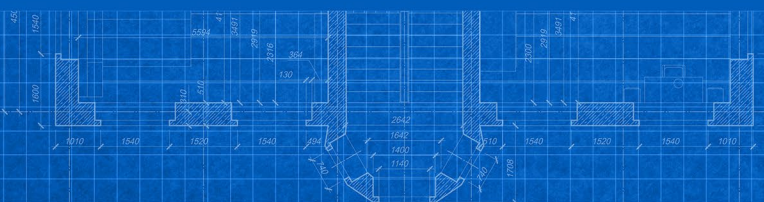
<p>Service Package Name</p>	<p>Tier I: T3C Basic Child Care Operation</p>
	<p>management record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult:</p> <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>Length of service is individualized and based on the General Residential Operation’s Treatment Model for providing the Tier I: T3C Basic Child Care Operation Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for</p>



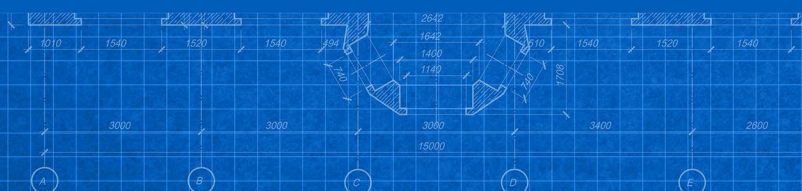
<p>Service Package Name</p>	<p>Tier I: T3C Basic Child Care Operation</p>
	<p>children, youth, and young adults served under the Tier I: T3C Basic Child Care Operation Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier I: T3C Basic Child Care Operation Service Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years of experience working in a residential childcare setting can substitute for education. • The General Residential Operation must have a Treatment Director that is responsible for evaluating, assessing, and providing direction to the Child Placing Agency’s Case Management staff on necessary services that the child, youth, or young adult receiving the Tier I: Basic Child Care Operation Service Package may require as a part of his or her Service Plan. The Treatment Director must be available to provide consultation, training, and technical assistance to Direct Delivery Caregivers and/or Cottage Parents regarding engagement, and child-centered, trauma-informed caregiving techniques based on the child, youth, or young adult’s custom needs. • The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting.



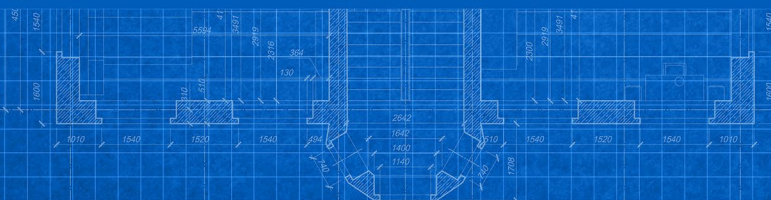
Service Package Name	Tier I: T3C Basic Child Care Operation
	<ul style="list-style-type: none"> ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers and/or Cottage Parents ○ Case Management ○ Intake/Placement ○ Driver ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver and/or Cottage Parent) Recruitment and Retention ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination, including but not limited to maintaining and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier I: T3C Basic Child Care Operation Service Package maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Evidence-informed Treatment Model.</p> <p>All Direct Delivery Caregiver and/or Cottage Parent and Case Management functions must be performed by an employee of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on</p>	<ul style="list-style-type: none"> ● 1 General Residential Operation awake daytime direct delivery staff and/or cottage parent for every 8 children, youth, or young adults being provided the Tier I: T3C Basic Child Care Operation Service Package.



<p>Service Package Name</p>	<p>Tier I: T3C Basic Child Care Operation</p>
<p>Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake nighttime direct delivery staff and/or cottage parent for every 7 children, youth, or young adults being provided the Tier I: Basic Child Care Operation Service Package. • 1 General Residential Operation Case Manager for every 15 children, youth, or young adults being provided the Tier I: T3C Basic Child Care Operation Service Package. <p>Staff to Child Ratio may vary based on an operation’s specific Evidence-informed Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier I: T3C Basic Child Care Operation Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the Tier I: T3C Basic Child Care Operation Service Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier I: T3C Basic Child Care Operation Service Package Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being.



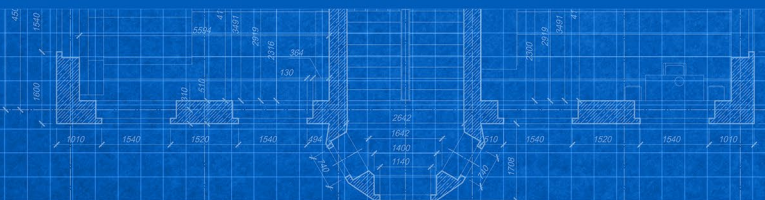
<p>Service Package Name</p>	<p>Tier I: T3C Basic Child Care Operation</p>
	<ul style="list-style-type: none"> The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes.
<p>Admission Guidelines</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children in the program. The General Residential Operation is Credentialed to provide the Tier I: T3C Basic Child Care Operation Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and on the Service Plan reviews. The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. A less-restrictive placement type is not appropriate to meet the child’s individual needs. Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each six-month</i> Service Plan review, the General Residential Operation’s <i>Program Director, and the Treatment Director</i> responsible for the Tier I: T3C Basic Child Care Operation



Service Package Name	Tier I: T3C Basic Child Care Operation
	<p>Service Package, must review the child’s goals and services to ensure they align with the child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Evidence-informed Treatment Model offered through the program, and, with the exception of children, youth, and young adults residing in a cottage home, confirmation that a less-restrictive, community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none">• The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: T3C Basic Child Care Operation Service Package.

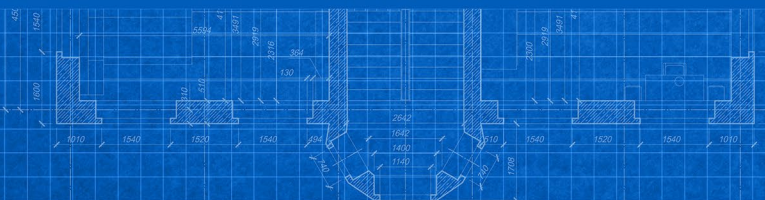


<p>Service Package Name</p>	<p>Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Basic General Residential Operation- Multiple Services</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> None Required</p>	<p><u>Programmatic Services</u> Transitional Living</p>	<p><u>Special Services</u> Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A trauma-informed facility, that in addition to providing for a youth, young adult, and their child’s (if applicable) basic living needs, including food, shelter, education, vocation, transportation, recreation, and extracurricular needs, has enhanced training and expertise in caring for, mentoring/coaching, and providing/coordinating Time-limited Services to support the needs of youth and young adults who are pregnant or actively parenting their own biological child(ren).</p> <p>The Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package may be offered to the mother and/or the father. This Service Package is designed to offer temporary, facility-based care, complex care coordination and case management, and therapeutic/skill-building services for youth and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		

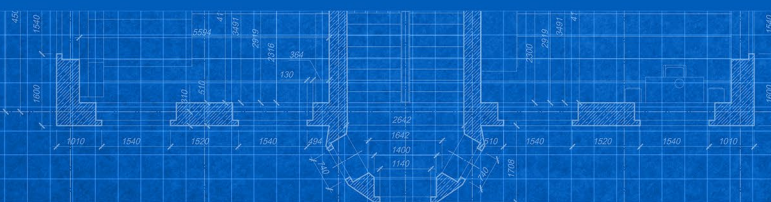


Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	<p>documentation to show the progress made toward achieving each goal, and identification of any additional goals.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operations offering Tier I: Services to Support Community Transition for Youth & Youth Adults who are Pregnant or Parenting must incorporate a custom parenting plan (which may be incorporated as a part of the Service Plan). This plan should be developed in collaboration with the youth or young adult, and at a minimum, must address how the youth will receive information, training, and support in the following areas: <ul style="list-style-type: none"> ○ Prenatal care (if applicable); ○ Caring for a newborn-toddler, including safe sleeping arrangements; ○ Suggestions for childproofing potentially dangerous settings in a home; ○ Child development and methods to cope with challenging behaviors; ○ Selection of appropriate substitute caregivers; ○ A child’s early brain development, including the importance of meeting an infant’s developmental needs by providing positive experiences and avoiding adverse experiences; ○ The importance of parental involvement in a child’s life and methods for coparenting; ○ The benefits of reading, singing, and talking to young children; ○ The importance of prenatal and postpartum care for both the mother and infant, including the impact of and signs of perinatal mood disorders; ○ Infant nutrition; and ○ Healthy Relationships, including the prevention of intimate partner violence. • Additionally, the youth or young adult’s Service Plan should address the following:

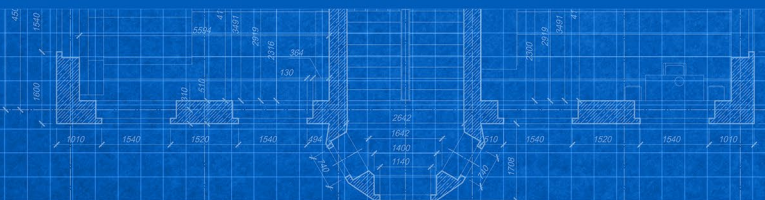
Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	<p>Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package referral, admission, and discharge data by youth or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, reason for denial of admissions based on the referrals, and for youth and young adults that were admitted, the average Length of Service, based on the time frame from admission to discharge.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with the Service Plan. • The General Residential Operation offering Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package must have enhanced skill and expertise in navigating multiple systems, and advocate for and provide coordination of services through STAR Health, HHSC Behavioral Health Services (if needed), Early Childhood Intervention (if applicable) and other Medicaid programs, HHSC Women and Children’s Health programs, the DFPS (transitioning to HHSC in FY 2025) Prevention and Early Intervention Program, day care (if applicable), as well as all other state, federal, and community benefits for which the youth/young adult parent and their child may be eligible. This expertise includes understanding the timing for, and process required to complete and submit applications or other necessary documentation to obtain benefits and supportive services. The General Residential Operation will assist the youth or young adult with completing all forms and referrals as needed. <i>It should be noted that individual services are voluntary, and the youth, young adult, and their child cannot be forced to participate in these programs, but the General Residential Operation must have clear policy and procedures, and staff must be trained on continued methods for engaging the parent in services and document all efforts.</i>



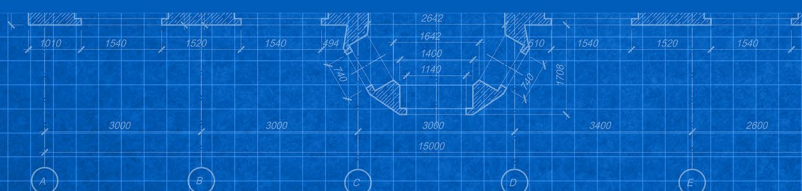
Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	<ul style="list-style-type: none"> • The General Residential Operation must support Normalcy activities (for both the youth and young adult and their child(ren)) to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship and at least one awake night Direct Delivery



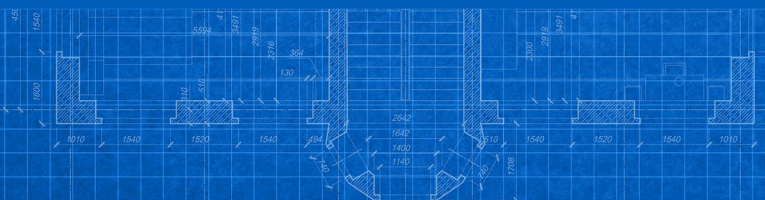
<p>Service Package Name</p>	<p>Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting</p>
	<ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly Attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>The Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting is a Time-limited-Service Package. Length of service is individualized and based on the General Residential Operation’s Treatment Model for providing the Tier I: Services to Support Community Transition for Youth and Young Adults who are Pregnant or Parenting Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the youth or young adult’s CANS 3.0 Assessment and their ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for youth and young adults served under the Tier I: Services to Support Community Transition for Youth and Young Adults who are Pregnant or Parenting Service Package.</p>



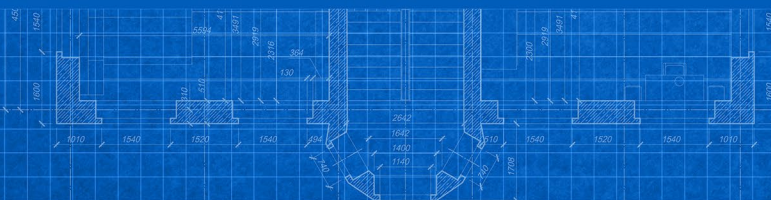
<p>Service Package Name</p>	<p>Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to single General Residential Operation. • The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years of experience working in a residential childcare setting can substitute for education. • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of Licensed Therapists on staff. • The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services to children emotional disorders, including one year in a residential setting. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Therapist to oversee clinical and medical treatment planning, skill-building, coaching, and other



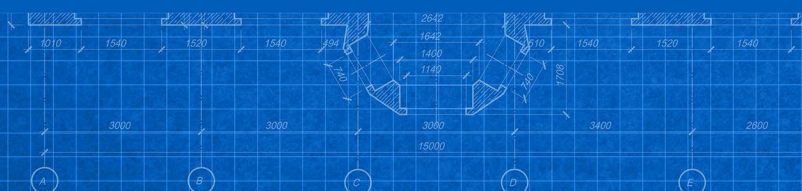
Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	<p>service planning for youth or young adults and their child(ren) (if applicable)</p> <ul style="list-style-type: none"> ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination, including but not limited to maintaining and supporting the youth or young adult’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that youth or young adults in need of Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Evidence-informed Treatment Model.</p> <p>All Direct Delivery Caregiver and Case Management functions must be performed by an employee of the operation.</p>
<p>Generally Appropriate Staff to Youth or Young Adult Ratio Based on</p>	<ul style="list-style-type: none"> ● 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package.



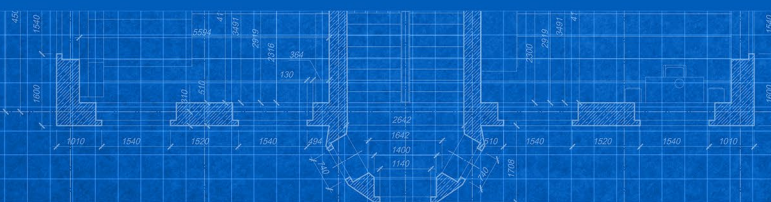
<p>Service Package Name</p>	<p>Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting</p>
	<p>Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated youth/young adult-level outcome expectations that tie directly to the operation’s Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Safety for the youth or young adult and their child(ren), ○ Youth or young adult’s Permanency Goal, and ○ Youth or young adult’s and their child’s Improved Well-Being. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze outcomes.
<p>Admission Guidelines</p>	<p>In addition to Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with youth or young adult needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the youth or young adult’s information and determined that the youth or young adult’s needs align with services offered by the General Residential Operation, and the youth or young adult and their child(ren) (if applicable) is a good fit for the placement when considering the current census and case mix of other youth and young adult parents in the program. • The General Residential Operation is Credentialed to provide the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package.



Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and on the Service Plan reviews. The primary reasons that the youth or young adult met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. The services continue to support the youth or young adult and their child’s (if applicable) individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. A community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the youth or young adult’s individual needs. Considering the most recent CANS 3.0 Assessment, and in conjunction with each 60-day Service Plan review, the General Residential Operation’s Program Director, and the Treatment Director responsible for the Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model and a less-restrictive, community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation. The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: Services to Support



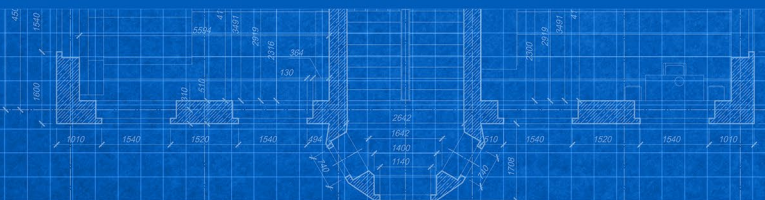
<p>Service Package Name</p>	<p>Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting</p>
	<p>Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package.</p>
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting Service Package requires the planning and provision of Aftercare Services. • Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. • Upon discharge (both successful and unsuccessful), the General Residential Operation, in collaboration with the youth or young adult, will develop and produce a robust Aftercare Services plan that includes referrals for benefits, supports, and continued services necessary to support the pregnant or parenting youth or young adult and their child(ren). At a minimum, the plan should also include the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, and referrals for continued treatment or medical services, with initial appointments set (if transition is needed). This plan should be customized around the youth or young adult’s planned living arrangement, their desired outcomes, and include contact information for the General Residential Operation’s Aftercare Support staff assigned to the youth or young adult upon discharge. • The Aftercare Support Staff must work with the youth or young adult to develop a plan with times and dates set for weekly, then transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months following discharge. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period. • The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the youth or young adult. A



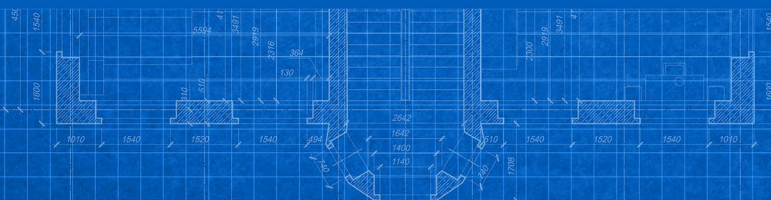
Service Package Name	Tier I: Services to Support Community Transition for Youth & Young Adults who are Pregnant or Parenting
	copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



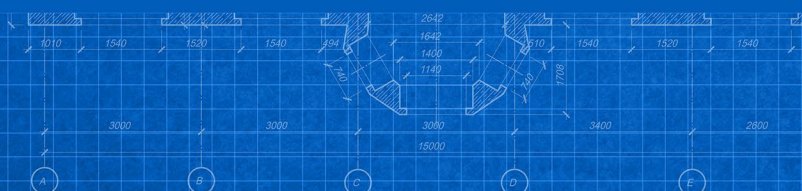
<p>Service Package Name</p>	<p>Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Emotional Disorders</p>	<p><u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i></p>	<p><u>Special Services</u> Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A trauma-informed facility, that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has a formal treatment program that specializes in providing and coordinating Time-limited Services to support the custom needs of children, youth, and young adults who present with one or more of the following:</p> <ul style="list-style-type: none"> • On-going, socially, and developmentally in appropriate displays of sexualized behavior; or • Sexually aggressive behavior; or • DSM-5 diagnosis of a sexual behavior disorder; or • Adjudication as a sex offender; and • Requires structured and frequent on-site, clinical intervention by professionals with experience in serving this population, complex case management, and skilled and well-trained Caregivers to manage day-to-day activities. 		



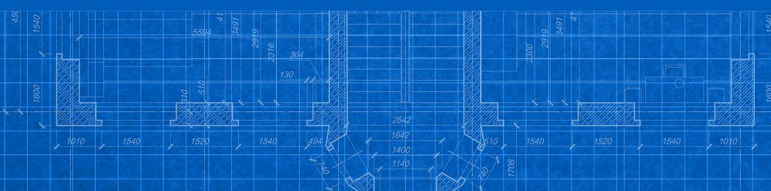
Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<p>must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 60 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed care specifically for children that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and recovery needs of children, youth, and young adults who require Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults



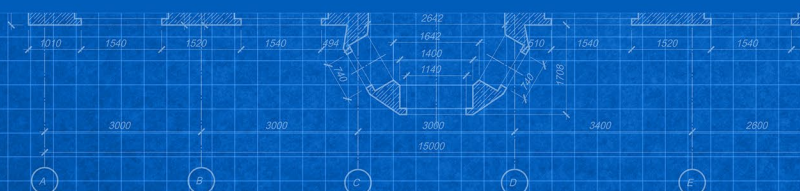
Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<p>receiving this Service Package must receive a CANS 3.0 Assessment every 90 days.</p> <ul style="list-style-type: none"> • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes <i>Paid</i> annual vacation and sick leave for all Direct Delivery Caregivers to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation’s Program Director, Admissions Staff, Case Manager, and all Direct Delivery Caregivers must understand the importance of applying strategies to the direct care of children, youth, and young adults receiving the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support



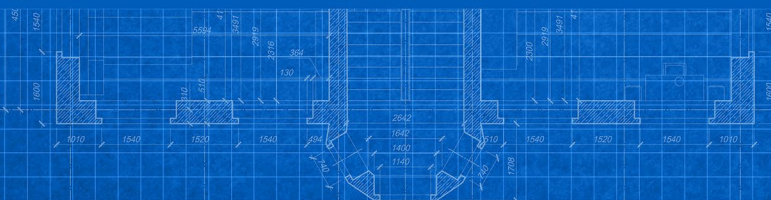
Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<p>Community Transition Service Package to ensure the safety, health, and well-being of children and youth in care. The General Residential Operation Program Director, Admissions Staff, Case Manager, and all Direct Delivery Caregivers should understand the confidential nature of this information and agree not to disclose such information except for a necessary purpose authorized under a DFPS or SSCC Contract or to protect the safety, health, and well-being of children or youth.</p> <ul style="list-style-type: none"> • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), the juvenile justice system (if applicable), community and county providers, and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package. The General Residential Operation 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 facility and/or community. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, the juvenile justice and education systems, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the General Residential Operation in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service



Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<p>referral denials within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success, and the General Residential Operation is made accessible to teachers and other school staff, as appropriate if facility-based education is determined necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consenter (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives

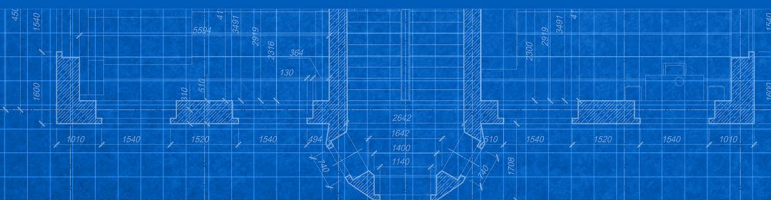


Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<p>(including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation.</p> <ul style="list-style-type: none"> • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • The Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they

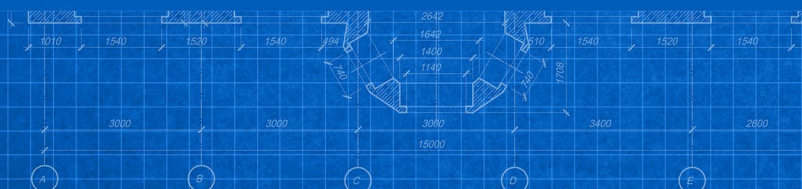


Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<p>transition out of, the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits.</p> <ul style="list-style-type: none"> ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult: <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General

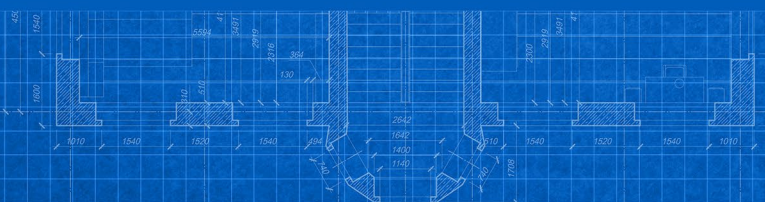
<p>Service Package Name</p>	<p>Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition</p>
	<p>Residential Operation offering support in navigating entry into these programs.</p>
<p>Anticipated Length of Service</p>	<p>The Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition is a Time-limited-Service Package. Length of service is individualized and based on the General Residential Operation’s Evidence-informed Treatment Model for providing the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years of experience working in a residential childcare setting can be substituted for education. • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of LSOTPs on staff. • The Treatment Director must:



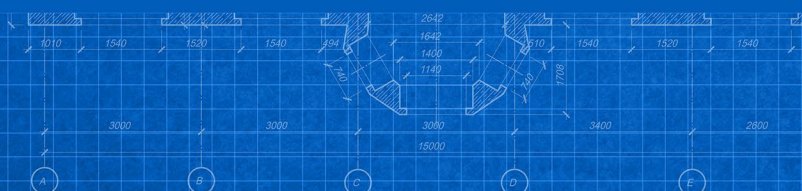
Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<ul style="list-style-type: none">○ Be a psychiatrist or psychologist; or○ Have a master’s degree in a human services field from an accredited college or university and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services to children emotional disorders, including one year in a residential setting. <ul style="list-style-type: none">● Identified personnel and infrastructure to support the following:<ul style="list-style-type: none">○ Direct Delivery Caregivers○ Case Management○ Intake/Placement○ Driver○ Licensed Sex Offender Treatment Provider (LSOTP) to oversee treatment and service planning for children, youth, and young adults○ Staff Training and Workforce Development○ Staff (including Direct Delivery Caregiver) Recruitment and Retention○ Aftercare Services Planning and Case Management○ Continuous Quality Assurance and Improvement Program○ Billing, cost reporting, and claims administration○ Cross-system coordination, including but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified</p>



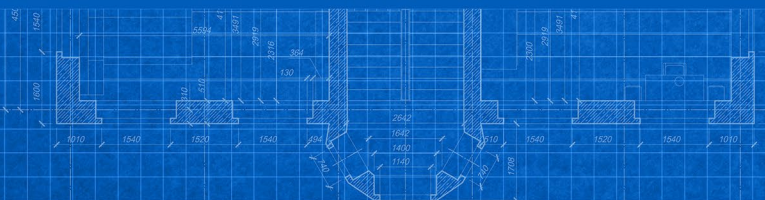
<p>Service Package Name</p>	<p>Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition</p>
	<p>personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Evidence-informed Treatment Model.</p> <p>All Direct Delivery Caregiver and Case Management functions must be performed by an employee of the operation.</p>
<p>Generally Appropriate Staff to Youth or Young Adult Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 7 children, youth, or young adults being provided the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation Case Manager for every 12 children, youth, or young adults being provided the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package. • 1 Licensed Sex Offender Treatment Provider for every 10 children, youth, or young adults being provided the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package. • 1 Aftercare Case Manager for every 20 children, youth, or young adults being provided the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed Treatment Model, and dependent on the complexity of the case mix and caseload.</p>



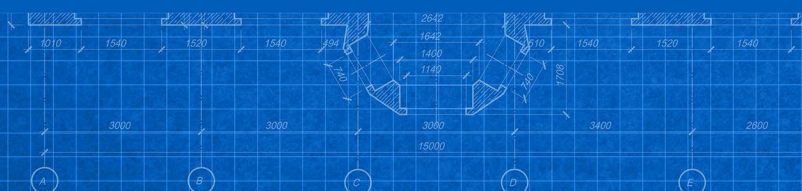
<p>Service Package Name</p>	<p>Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition</p>
	<p>The daily reimbursement rate for the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
<p>Admission Guidelines</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment



<p>Service Package Name</p>	<p>Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition</p>
	<p>(if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team.</p> <ul style="list-style-type: none"> • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program. • A safety and supervision plan (which may be incorporated as a part of the Service Plan) is developed upon admission to ensure that the child remains safe, and to mitigate any risk to other children in the program. • At the time of admission and during treatment, the General Residential Operation must ensure that the Program Director, Admissions staff, Case Manager, and all Direct Delivery Caregivers are aware of the child, youth, or young adult’s history of sexual victimization and/or aggression. • The General Residential Operation is Credentialed to provide the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child safety and supervision plan, and the child and family Service Plans.



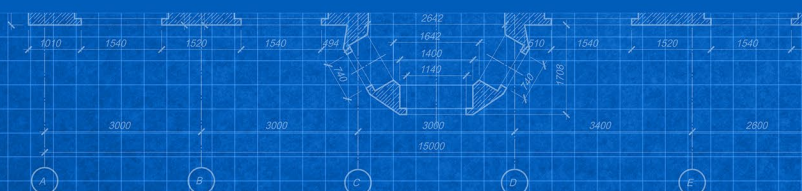
Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<ul style="list-style-type: none"> • A community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 60-day</i> Service Plan review, the General Residential Operation’s Program Director, and the Treatment Director responsible for the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model and a less-restrictive, community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation. • The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition Service Package requires the planning and provision of Aftercare Services. • Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. • Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare



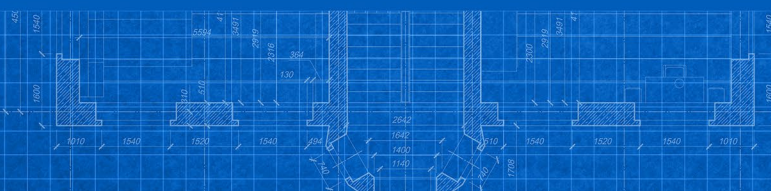
Service Package Name	Tier I: Sexual Aggression/Sex Offender Treatment Services to Support Community Transition
	<p>Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">• The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



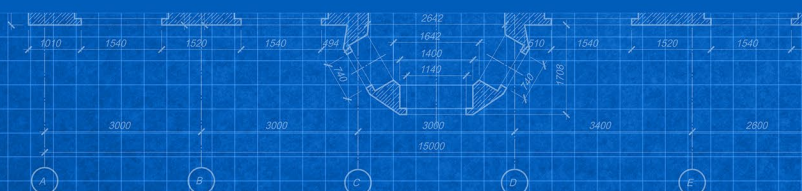
<p>Service Package Name</p>	<p>Tier I: Substance Use Treatment Services to Support Community Transition</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Emotional Disorders</p>	<p><u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i></p>	<p><u>Special Services</u> Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A trauma-informed facility, that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has a formal treatment program that specializes in providing and coordinating Time-limited Services to support the custom needs of children, youth, and young adults who present with or who are pending a DSM-5 diagnosis for a substance related and/or addictive disorder causing severe impairment, and who require structured and frequent, on-site, clinical intervention, and complex care coordination and case management to support and manage day-to-day activities.</p> <p>The Tier I: Substance Use Treatment Services to Support Community Transition Service Package is designed to offer temporary, facility-based care and treatment/recovery services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>		



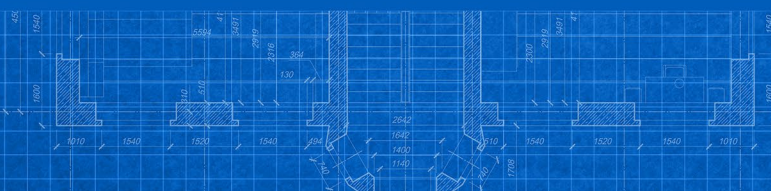
<p>Service Package Name</p>	<p>Tier I: Substance Use Treatment Services to Support Community Transition</p>
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC), unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 60 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed care specifically for children that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and recovery needs of children, youth, and young adults who require Tier I: Substance Use Treatment Services to Support Community Transition. The



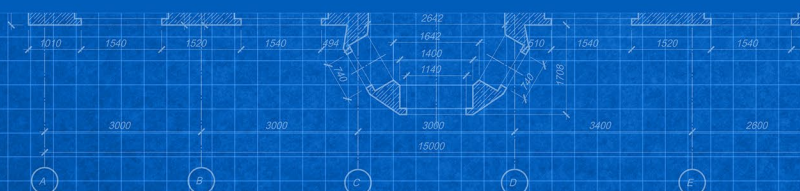
Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	<p>Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: Substance Use Treatment Services to Support Community Transition Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC) is always available via phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed. • The General Residential Operation must ensure that a Registered Nurse is routinely on-site and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the administration of psychotropic and other medications to children, youth, and young adults receiving Tier I: Substance Use Treatment Services to Support Community Transition Service Package. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes Paid annual vacation and sick



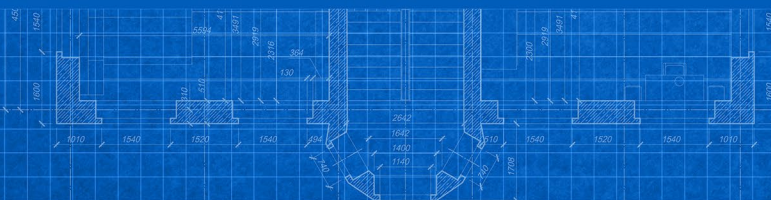
Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	<p>leave for Direct Delivery Caregivers to support wellness and retention.</p> <ul style="list-style-type: none"> • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier I: Substance Use Treatment Services to Support Community Transition Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, reason for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), the juvenile justice system (if applicable), community and county providers, and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier I: Substance Use Treatment Services to Support Community Transition Service Package. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, the juvenile justice and education systems, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that



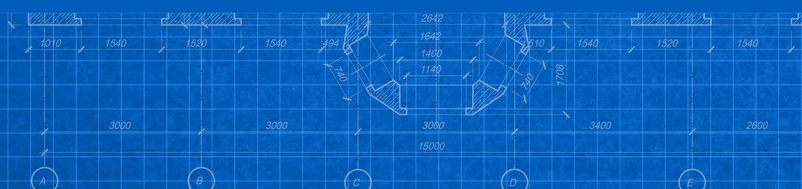
Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	<p>the child, youth, or young adult is ineligible for the service must also be documented by the General Residential Operation in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success, and the General Residential Operation is made accessible to teachers and other school staff, as appropriate if facility-based education is determined necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consenter (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation



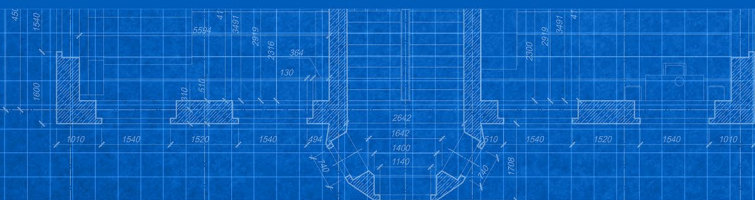
Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	<p>Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package.</p> <ul style="list-style-type: none"> • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • The Tier I: Substance Use Treatment Services to Support Community Transition Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older.



Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	<ul style="list-style-type: none"> • The following requirements apply to General Residential Operations offering the Tier I: Substance Use Treatment Services to Support Community Transition Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier I: Substance Use Treatment Services to Support Community Transition Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult: <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered

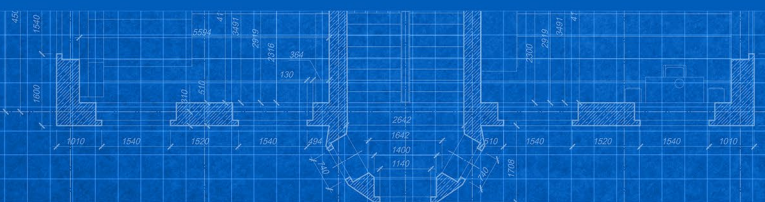


<p>Service Package Name</p>	<p>Tier I: Substance Use Treatment Services to Support Community Transition</p>
	<p>to transitioning youth and young adults through these offices/centers; and</p> <ul style="list-style-type: none"> ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>The Tier I: Substance Use Treatment Services to Support Community Transition is a Time-limited-Service Package. Length of service is individualized and based on the General Residential Operation’s Evidence-informed Treatment Model for providing the Tier I: Substance Use Treatment Services to Support Community Transition Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier I: Substance Use Treatment Services to Support Community Transition Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier I: Substance Use Treatment Services to Support Community Transition Service Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years of experience working in a residential childcare setting can be substituted for education.

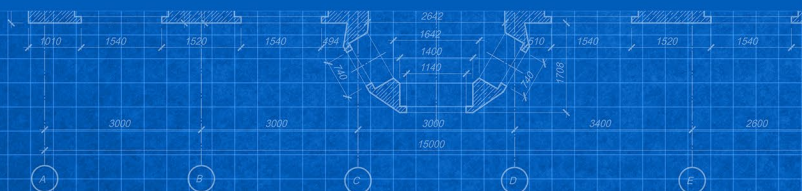


Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	<ul style="list-style-type: none"> • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of LCDC and/or QCC therapists on staff. • The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in human services field from an accredited college or university and three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC) to oversee treatment and service planning for children, youth, and young adults ○ Registered Nurse ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination, including but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier I: Substance Use

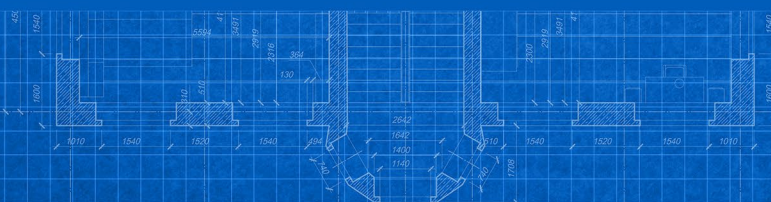
<p>Service Package Name</p>	<p>Tier I: Substance Use Treatment Services to Support Community Transition</p>
	<p>Treatment Services to Support Community Transition maximize benefits based on eligibility and meeting medical necessity criteria for the service(s).</p> <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Evidence-informed Treatment Model.</p> <p>All Direct Delivery Caregiver and Case Management functions must be performed by an employee of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier I: Substance Use Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 7 children, youth, or young adults being provided the Tier I: Substance Use Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation Case Manager for every 13 children, youth, or young adults being provided the Tier I: Substance Use Treatment Services to Support Community Transition Service Package. • 1 Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC) for every 10 children being provided the Tier I: Substance Use Treatment Services to Support Community Transition Service Package. • 1 Aftercare Case Manager for every 20 children being provided the Tier I: Substance Use Treatment Services to Support Community Transition Service Package.



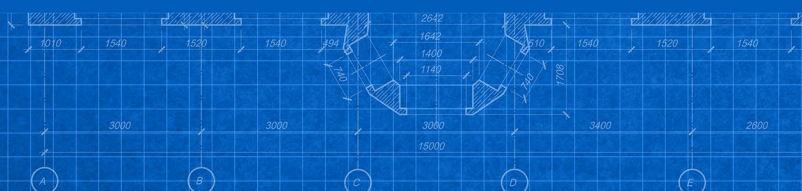
<p>Service Package Name</p>	<p>Tier I: Substance Use Treatment Services to Support Community Transition</p>
	<p>Staff to Child Ratio(s) may vary based on the operation’s specific Evidence-informed Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier I: Substance Use Treatment Services to Support Community Transition Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the Tier I: Substance Use Treatment Services to Support Community Transition Service Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier I: Substance Use Treatment Services to Support Community Transition Service Package Treatment Model, and supports the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).



<p>Service Package Name</p>	<p>Tier I: Substance Use Treatment Services to Support Community Transition</p>
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program. • The General Residential Operation is Credentialed to provide the Tier I: Substance Use Treatment Services to Support Community Transition Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. • A community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 60-day</i> Service Plan review, the General Residential Operation’s <i>Program Director, and the Treatment Director</i> responsible for the Tier I: Substance Use Treatment Services to Support Community Transition Service Package, must



Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	<p>review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model and a less-restrictive, community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: Substance Use Treatment Services to Support Community Transition Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier I: Substance Use Treatment Services to Support Community Transition Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc

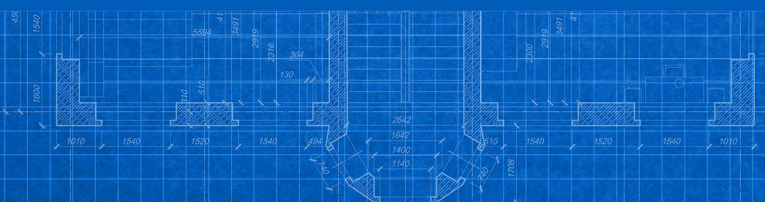


Service Package Name	Tier I: Substance Use Treatment Services to Support Community Transition
	<p>meetings/staffings, as well as referrals for new or additional services may be required during the 6-month aftercare period.</p> <ul style="list-style-type: none">As part of the aftercare program, the General Residential Operation must provide or refer children, youth, and young adults receiving Tier I: Substance Use Treatment Services to Support Community Transition Service Package to appropriate support group(s), unless the child’s therapist determines it to be unnecessary prior to discharge, and as documented in the Service Plan. Information on the support group(s) should be included in the Aftercare Services plan provided at the time of discharge.The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.

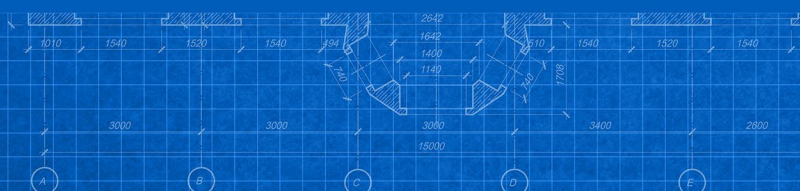


<p>Service Package Name</p>	<p>Tier I: Emergency Emotional Support & Assessment Center Services</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Emotional Disorders</p>	<p><u>Programmatic Services</u> Emergency Care Assessment Services Transitional Living <i>(If offering Service Package to youth 14 and older)</i></p>	<p><u>Special Services</u> Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A trauma-informed facility, that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has a formal emotional support and assessment program that specializes in providing Time-limited Services to support the custom needs of children, youth, and young adults who present as:</p> <ul style="list-style-type: none"> • New to care, or transitioning from an unpaid placement, with suspected but unconfirmed, or confirmed behavioral health need(s); or • Transitioning after a stay in a psychiatric hospital; or • Returning to foster care after an unauthorized absence, or unauthorized placement, with a suspected but unconfirmed, or confirmed behavioral health need(s); or 		

<p>Service Package Name</p>	<p>Tier I: Emergency Emotional Support & Assessment Center Services</p>
	<ul style="list-style-type: none"> • Transitioning based on a recent, un-planned disruption in placement, where a suspected but unconfirmed, or confirmed behavioral health need(s) was a factor contributing to the disruption; and • In need of further assessment(s) and evaluation(s) to identify an appropriate Service Package and subsequent placement. <p>Children, youth, and young adults requiring this Service Package require frequent, on-site clinical intervention, and complex care coordination and case management services to support and manage day-to-day activities.</p> <p>The Tier I: Emergency Emotional Support & Assessment Center Services Package is designed to offer temporary, facility-based care, and assessment/treatment services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p> <p>Due to the type of services offered, the Tier I: Emergency Emotional Support & Assessment Center Services Package is designed for older children, youth, and young adults. Children that are age 5 and younger should only receive this Service Package if it accommodates placement with members of their sibling group.</p>
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must ensure that a Licensed Physician is readily accessible and available to consult and provide direction regarding assessments, evaluations, and treatment care planning for children, youth, and young adults being cared for under the Tier I: Emergency Emotional Support & Assessment Center Service Package. The Physician should also provide necessary training and technical assistance to staff, including Direct Delivery Caregivers, regarding clinical and medical assessment, engagement, and child-centered, trauma-informed de-escalation techniques based on the child’s custom needs. The Licensed Physician may be on-staff with the operation or may provide



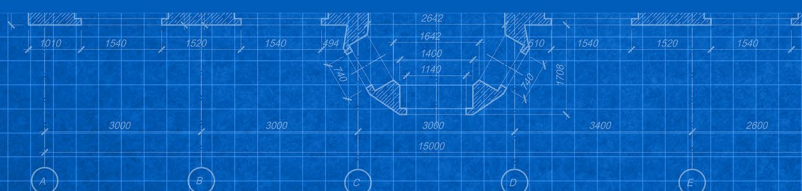
Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	<p>services under a contract or another form of written agreement with the operation.</p> <ul style="list-style-type: none"> • The General Residential Operation must coordinate and ensure that comprehensive assessments, evaluations, screenings, and treatment services are provided within 30 days of admission; services should be customized based on individual strengths and needs (dependent on eligibility, services should be authorized and paid for through STAR Health). Authorization requests will be sent to STAR Health as needed for Medicaid-covered services, and if an eligible service, providers must be credentialed and contracted with the STAR Health managed care organization. • The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency, which will be customized to align with the child’s individual needs. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist, that specializes in treating children with severe emotional disturbance, unless the Service Planning team determines a different type of therapist is needed. • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 30 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been the victim of abuse and/or neglect. The Treatment Model must include specific programming designed



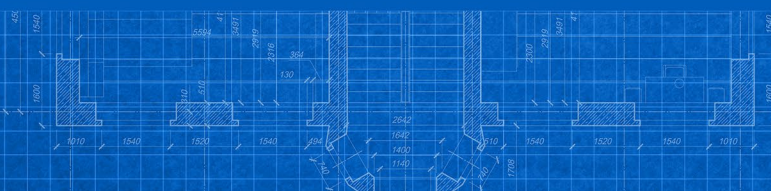
Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	<p>to meet the custom needs of children, youth, and young adults with varying service needs as the process of assessment and evaluation is completed. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: Emergency Emotional Support & Assessment Center Services Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Therapist that specializes in serving children with a DSM-5 diagnosis for emotional disorders is always available by phone and video conference to provide consultation and/or respond in-person in the event of a crisis, if needed. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements, but no later than 30 days after entering the placement (unless a CANS 3.0 Assessment was completed within the prior 90-day period and remains valid). Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan and subsequent Service Package beyond the current Tier I: Emergency Emotional Support & Assessment Center Services Package. Children over the age of 3, youth, and young adults receiving this package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes Paid annual vacation and sick



Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	<p>leave for Direct Delivery Caregivers to support wellness and retention.</p> <ul style="list-style-type: none"> • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier I: Emergency Emotional Support & Assessment Center Services Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, reason for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation must have medical, mental/behavioral health, dental and other professionals readily accessible to provide a wide range of assessments and evaluations for children, youth, and young adults within 30 days of admission (dependent on eligibility, medical, mental/behavioral health, dental and other therapeutic services should be authorized and paid for through STAR Health). • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), the juvenile justice system (if applicable), community and county providers, and the education, medical, and child welfare systems specific to children, youth, and young adults that qualify for the Tier I: Emergency Emotional Support & Assessment Center Services Package.

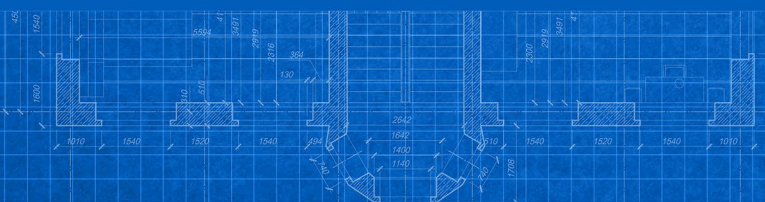


Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	<ul style="list-style-type: none"> • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, the education and juvenile justice systems, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the General Residential Operation in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s). • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success, and the General Residential Operation is made accessible to teachers and other school staff, as appropriate if facility-based education is determined necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consenter (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • General Residential Operation must support Normalcy activities to include, but not limited to clothing, hygiene products, hair care,



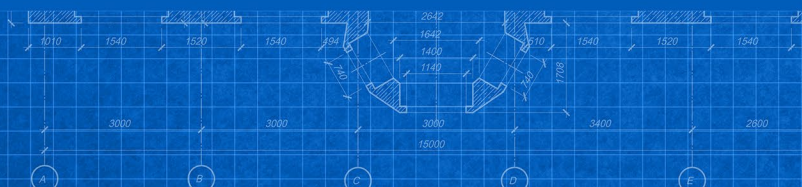
Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	<p>birthdays, holidays, graduations, and other Normalcy activities that are age appropriate, and in accordance with the Service Plan.</p> <ul style="list-style-type: none"> • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation will outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement. The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, or young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan in the child’s case record maintained by the operation. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • The Tier I: Emergency Emotional Support & Assessment Center Services Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended

Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	<p>Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older.</p> <ul style="list-style-type: none"> • The following requirements apply to General Residential Operations offering the Tier I: Emergency Emotional Support & Assessment Center Services Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out, of the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier I: Emergency Emotional Support & Assessment Center Services Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult: <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities;

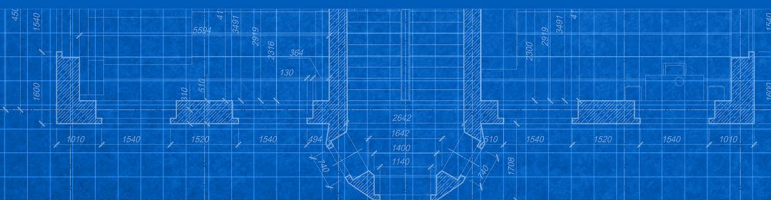


Service Package Name	Tier I: Emergency Emotional Support & Assessment Center Services
	<ul style="list-style-type: none"> • The Program Director must have a bachelor’s level or above degree; at least 5 years of experience working in a residential childcare setting can be substituted for education. • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of Licensed Therapists on staff. • The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist. ○ Have a master’s degree in human services field from an accredited college or university and three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for children with an emotional disorder, including one year in a residential setting. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Therapist ○ Physician ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Education liaison for children in care ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination, including but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other assessment/evaluation and service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in

<p>Service Package Name</p>	<p>Tier I: Emergency Emotional Support & Assessment Center Services</p>
	<p>need of Tier I: Emergency Emotional Support & Assessment Center Services maximize benefits based on eligibility and meeting medical necessity for the service(s).</p> <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Evidence-informed Treatment Model.</p> <p>All Direct Delivery Caregiver and Case Management functions must be performed by an employee of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operations awake daytime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier I: Emergency Emotional Support & Assessment Center Services. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 7 children, youth, or young adults being provided the Tier I: Emergency Emotional Support & Assessment Center Services. • 1 General Residential Operation Case Manager for every 13 children, youth, or young adults being provided the Tier I: Emergency Emotional Support & Assessment Center Services Package. • 1 Licensed Therapist for every 20 children, youth, or young adults being provided the Tier I: Emergency Emotional Support & Assessment Center Services Package. <p>Staff to Child Ratio(s) may vary based on the operation’s specific Evidence-informed Treatment Model, and dependent on the complexity of the case mix and caseload.</p>



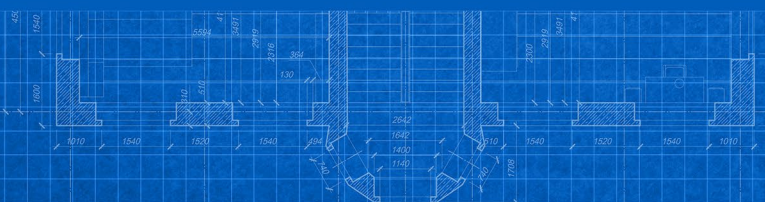
<p>Service Package Name</p>	<p>Tier I: Emergency Emotional Support & Assessment Center Services</p>
	<p>The daily reimbursement rate for the Tier I: Emergency Emotional Support & Assessment Center Services Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the Tier I: Emergency Emotional Support & Assessment Center Services Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier I: Emergency Emotional Support & Assessment Center Services Treatment Model, and supports the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes.
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (most recent or once administered), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team.



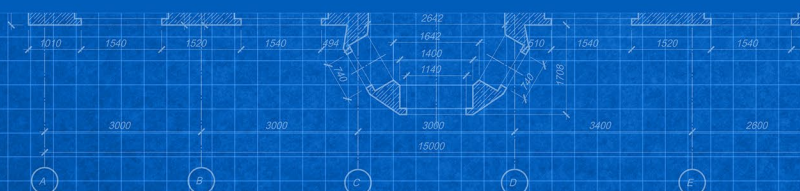
<p>Service Package Name</p>	<p>Tier I: Emergency Emotional Support & Assessment Center Services</p>
	<ul style="list-style-type: none"> • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program. • The General Residential Operation is Credentialed to provide the Tier I: Emergency Emotional Support & Assessment Center Services Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • Not Applicable, as this Service Package is Time-limited and intended to be short-term.



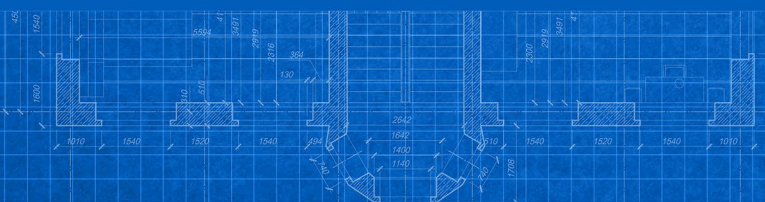
<p>Service Package Name</p>	<p>Tier I: Complex Medical Needs Treatment Services to Support Community Transition</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Primary Medical Needs</p>	<p><u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i></p>	<p><u>Special Services</u> Physically Challenged Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A trauma-informed facility, that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has a formal treatment/therapeutic program that specializes in providing a holistic, comprehensive array of medical and therapeutic supports, services, and enhanced care coordination, complex case management, and on-site access to care.</p> <p>This Time-Limited Service is designed for children, youth, and young adults that present with complex medical conditions, that is defined as either one or more diagnoses that affect multiple organ systems, or one long-term health condition that results in functional limitations, high health care needs or utilization, and often the need for medical technology, or who may present with a medical diagnosis and who may not be able to live</p>		



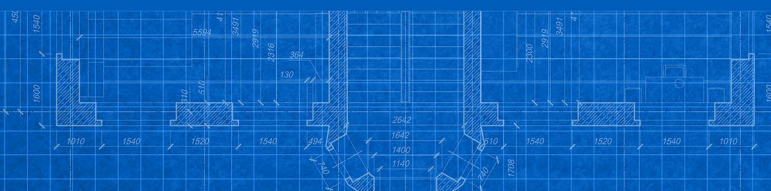
<p>Service Package Name</p>	<p>Tier I: Complex Medical Needs Treatment Services to Support Community Transition</p>
	<p>without mechanical supports or the services of others because of life threatening conditions, which may include:</p> <ul style="list-style-type: none"> • The inability to maintain an open airway without assistance; • The inability to be fed except through a feeding tube, gastric tube, or a parenteral route; • The use of sterile techniques or specialized procedures to promote healing, prevent infection, prevent cross-infection or contamination, or prevent tissue breakdown; or • Multiple physical disabilities including sensory impairments. <p>The Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package is designed to offer temporary, facility-based care, medical, and other therapy/rehabilitation services to support recovery (if applicable) and well-being, and improve the quality of life for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>
<p>Service Package Expectations</p>	<p>In addition to, and or/consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must ensure that a Registered Nurse is routinely on-site and is available via phone or video conference 24 hours a day/7 days a week to screen new admissions, offer training and consultation to Direct Delivery Caregivers, and direct and oversee the administration of a custom care plan, including distribution of medications to children, youth, and young adults receiving Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package. • The General Residential Operation must ensure that the child receives regular and frequent individual, family, group, occupational, speech, physical, and other therapy services (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team, Licensed Therapist, Registered Nurse, and other treatment providers will determine the frequency, which will be customized



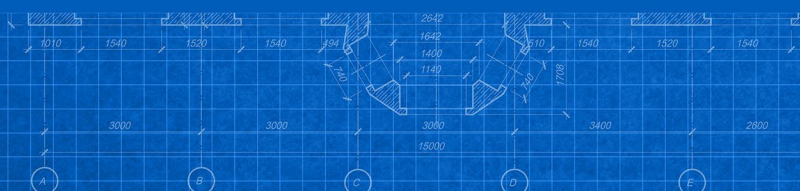
Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	<p>to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist, that specializes in treating children with the customized complex medical need(s), unless the Service Planning team determines a different type of therapist is needed. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 60 days. As informed by the child, youth, or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed care specifically for children that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment, well-being, and recovery needs of children, youth, and young adults who require Tier I: Complex Medical Needs Treatment Services to Support Community Transition. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: Complex Medical



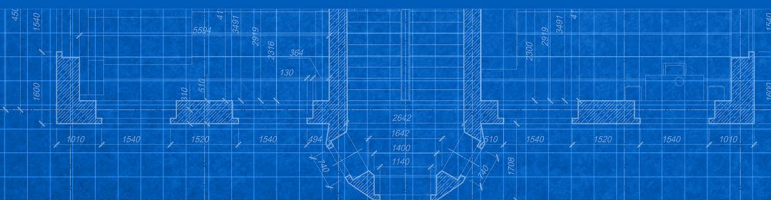
Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	<p>recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan.</p> <ul style="list-style-type: none"> • The Treatment Director must ensure that the General Residential Operation’s Case Management, Direct Delivery Caregivers, and Licensed Therapist receive on-going training on interpretation and analysis of complex medical records, and care planning for children, youth, and young adults with Complex Medical Needs. • The General Residential Operation, through assessment of child, youth, or young adult via observation/interaction, must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of medical and clinical services offered through STAR Health, HHSC Behavioral Health Services (if needed), Early Childhood Intervention (if applicable), the juvenile justice system (if applicable), community and county providers, and the education, medical, and child welfare systems specific to children, youth, and young adults that qualify for the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package. This includes, but is not limited to, coordinating, and supporting nursing, medication management, evaluation/testing, coaching/life skills building, specialized therapy services, and installing medical and other assistive equipment to improve and meet the custom physical and emotional needs of the child. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined to be necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, but the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service, must also be documented by the General Residential Operation in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if



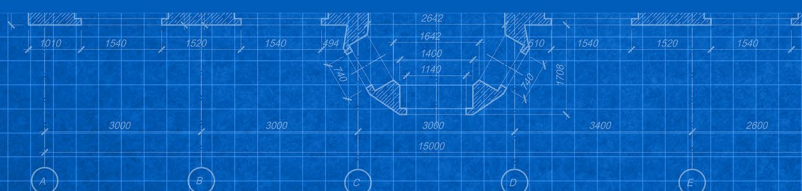
Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	<p>applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials, immediately. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for and ensuring various educational testing and plans are completed, and that accommodations and/or supports are in place to aid in the child’s educational success, and that the General Residential Operation is made accessible to teachers and other school staff, as appropriate, if facility-based education is determined to be necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consenter (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the



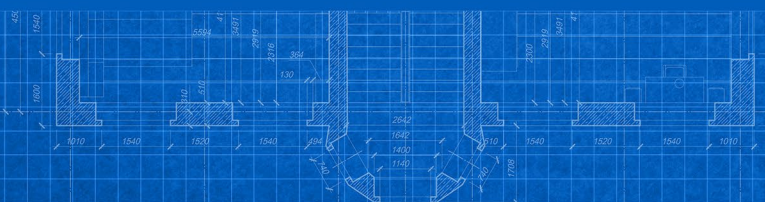
Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	<p>child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation.</p> <ul style="list-style-type: none"> • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship, and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • The Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they



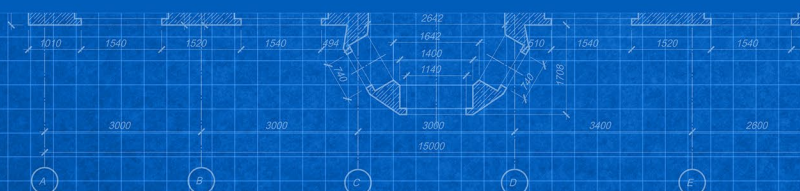
Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	<p>transition out, of the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits.</p> <ul style="list-style-type: none"> ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development, and medical needs, and in conjunction with the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, which depends on complexity of medical need(s) and abilities, includes, but is not limited to, ensuring that the youth or young adult: <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events (as safe and appropriate); ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent



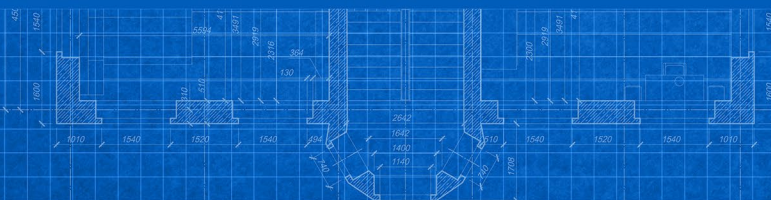
<p>Service Package Name</p>	<p>Tier I: Complex Medical Needs Treatment Services to Support Community Transition</p>
	<p>Living programs. This includes the General Residential Operation offering support in navigating entry into these programs, if safe and appropriate.</p>
<p>Anticipated Length of Service</p>	<p>The Tier I: Complex Medical Needs Treatment Services to Support Community Transition is a Time-limited-Service Package. Length of service is individualized and based on the General Residential Operation’s Evidence-informed Treatment Model for providing the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • The General Residential Operation must have a Program Director (this position may, <i>if approved by HHSC-Child Care Regulation Division</i>, serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in Tier I: Complex Medical Needs Treatment Services to Support Community Transition. • The Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of Licensed Therapists on staff.



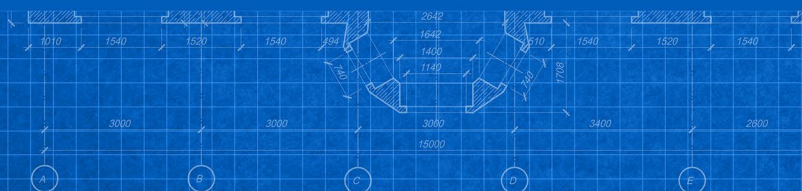
Service Package Name	Tier I: Complex Medical Needs Treatment Services to Support Community Transition
	<ul style="list-style-type: none"> • The Treatment Director must be a physician or a licensed Registered Nurse. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Registered Nurse ○ Driver ○ Licensed Therapist, with experience in providing and/or coordinating specialized therapy services for individuals with complex medical needs to oversee treatment and Service Planning for children, youth, and young adults. ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination, including but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier I: Complex Medical Needs Treatment Services to Support Community Transition maximize benefits based on eligibility and meeting medical necessity criteria for service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCC/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Evidence-informed Treatment Model.</p>



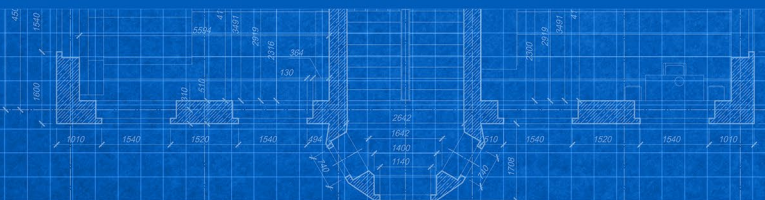
<p>Service Package Name</p>	<p>Tier I: Complex Medical Needs Treatment Services to Support Community Transition</p>
	<p>All Direct Delivery Caregiver and Case Management functions, and the responsibilities of the Registered Nurse, must be performed by actual employees of the agency.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 7 children, youth, or young adults being provided the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation Case Manager for every 12 children, youth, or young adults being provided the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package. • 1 Licensed Therapist for every 10 children being provided the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package. • 1 Aftercare Case Manager for every 20 children being provided the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package. <p>Staff to Child Ratio(s) may vary based on the operation’s specific Evidence-informed Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is</p>



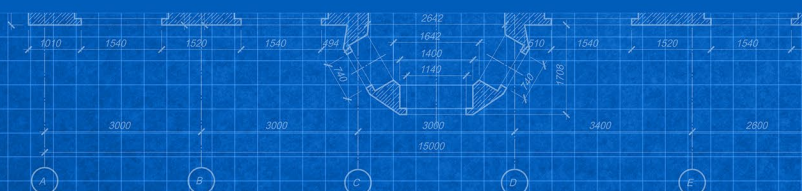
<p>Service Package Name</p>	<p>Tier I: Complex Medical Needs Treatment Services to Support Community Transition</p>
	<p>responsible for making the determination that one-to-one supervision is necessary.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Tier I: Complex Medical Needs Treatment Services to Support Community Transition.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the child’s medical diagnosis and access to services, as well as the current



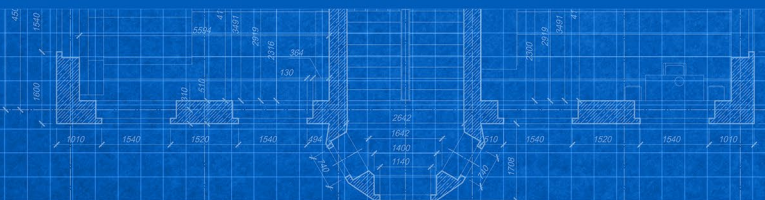
<p>Service Package Name</p>	<p>Tier I: Complex Medical Needs Treatment Services to Support Community Transition</p>
	<p>census and case mix of other children, youth, and young adults in the program.</p> <ul style="list-style-type: none"> The General Residential Operation is Credentialed to provide the Tier I: Complex Medical Treatment Services to Support Community Transition Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. A community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 60-day</i> Service Plan review, the General Residential Operation’s Program Director, and the Treatment Director responsible for the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model and a less-restrictive, community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.



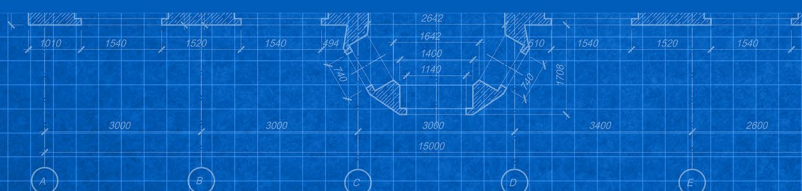
<p>Service Package Name</p>	<p>Tier I: Complex Medical Needs Treatment Services to Support Community Transition</p>
	<ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier I: Complex Medical Needs Treatment Services to Support Community Transition Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, plan to transport all necessary medical equipment, referrals for continued treatment/medical services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. In-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services may be required during the 6-month aftercare period. The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



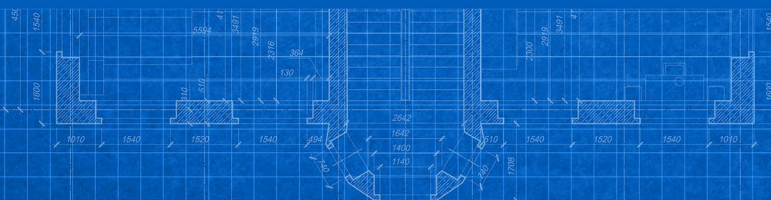
<p>Service Package Name</p>	<p>Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Emotional Disorders</p>	<p><u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i></p>	<p><u>Special Services</u> Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A trauma-informed facility, that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has a formal treatment program that specializes in providing and coordinating Time-limited Services to support the custom needs of children, youth, and young adults who present with or who are pending a DSM-5 diagnosis for an emotional, conduct, or behavioral disorder, and require structured and frequent, on-site, clinical intervention require structured and frequent, on-site therapy and clinical intervention, and complex care coordination and case management services to support and manage day-to-day activities.</p> <p>In addition to the DSM-5 diagnosis, the child may demonstrate two or more of the following:</p> <ul style="list-style-type: none"> • Major self-injurious actions, including a suicide attempt within the last 12 months; • Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; or 		



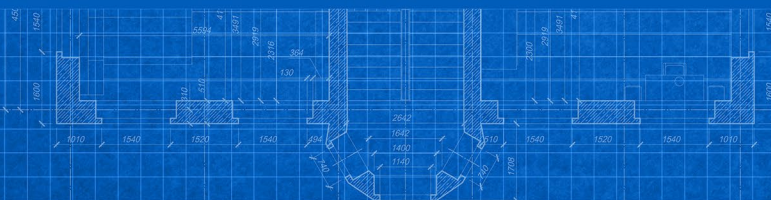
<p>Service Package Name</p>	<p>Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition</p>
	<ul style="list-style-type: none"> An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment. <p>The Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package is designed to offer temporary, facility-based care and treatment/recovery services for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist, that specializes in treating children with a DSM-5 diagnosis for an emotional disorder, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. Service Planning team meetings must occur in accordance with the provider’s Evidence-informed Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 60 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews



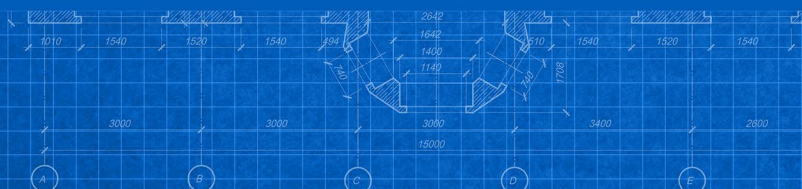
Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	<p>must include documentation to show the progress made toward achieving each goal, and identification of any additional goals.</p> <ul style="list-style-type: none"> • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed care specifically for children that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and recovery needs of children, youth, and young adults who require Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Therapist that specializes in serving children with a DSM-5 diagnosis for emotional disorders is always available by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed. • The General Residential Operation must ensure that a Registered Nurse is routinely on-site and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the administration of psychotropic and other medications to children, youth, and young adults receiving Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of



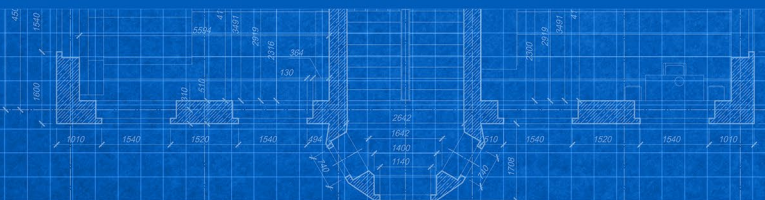
Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	<p>child welfare systems specific to children, youth, and young adults that qualify for the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package.</p> <ul style="list-style-type: none"> • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, the juvenile justice and education systems, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the General Residential Operation in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s). • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success, and the General Residential Operation is made accessible to teachers and other school staff, as appropriate if facility-based education is determined necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consenter (if not an employee of the operation) and participate in STAR Health Service Coordination



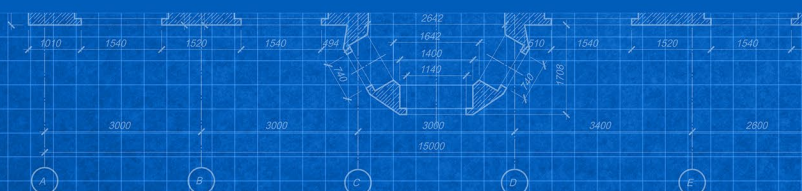
Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	<p>(dependent and based on child, youth, or young adult’s individual eligibility).</p> <ul style="list-style-type: none"> • The General Residential Operation must support Normalcy activities to include, but not limited to clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in



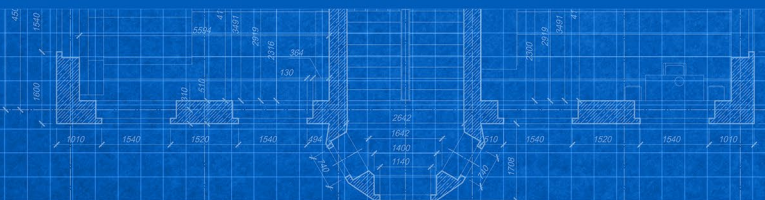
Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	<p>DFPS conservatorship and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship.</p> <ul style="list-style-type: none"> ● The Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. ● The following requirements apply to General Residential Operations offering the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult:



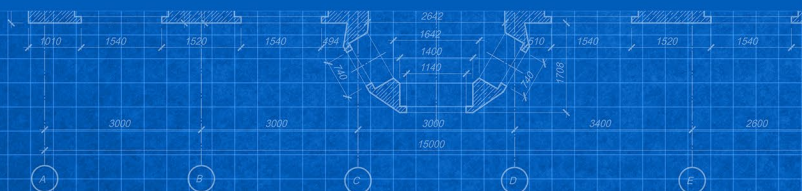
Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	<ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
Anticipated Length of Service	<p>The Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition is a Time-limited-Service Package. Length of service is individualized and based on the General Residential Operation’s Evidence-informed Treatment Model for providing the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package.</p>



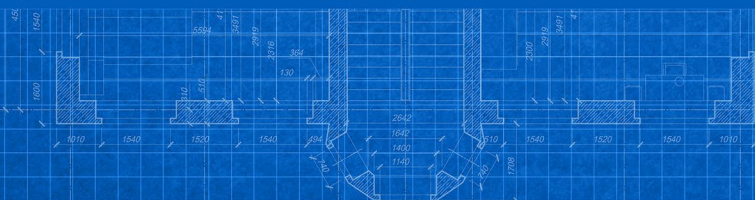
Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of Licensed Therapists on staff. • The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services to children emotional disorders, including one year in a residential setting. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Therapist, that specializes in treating children with DSM-5 diagnoses for emotional disorders to oversee



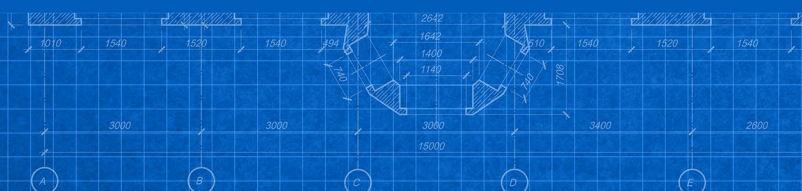
Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
	<p>treatment and Service Planning for children, youth, and young adults</p> <ul style="list-style-type: none"> ○ Registered Nurse ○ Behavior Support Specialist or Mentor ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination, including but not limited to maintaining and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Evidence-informed Treatment Model.</p> <p>All Direct Delivery Caregiver and Case Management functions must be performed by an employee of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on</p>	<ul style="list-style-type: none"> ● 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package.



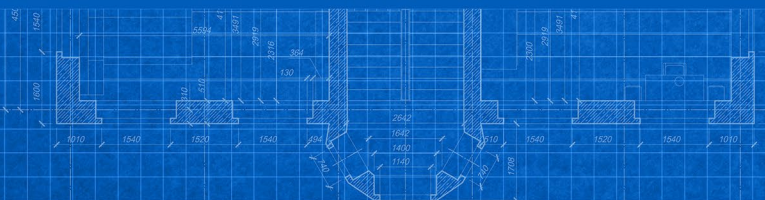
Service Package Name	Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition
<p>Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 7 children, youth, or young adults being provided the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation Case Manager for every 14 children, youth, or young adults being provided the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package. • 1 Behavior Support Specialist/Mentor for every 20 children being provided the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package. • 1 Licensed Therapist for every 10 children being provided the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package. • 1 Aftercare Case Manager for every 20 children being provided the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package. <p>Staff to Child Ratio(s) may vary based on the operation’s specific Evidence-informed Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>



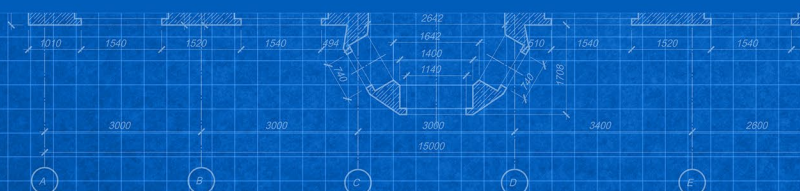
<p>Service Package Name</p>	<p>Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package Treatment Model, and supports the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program.



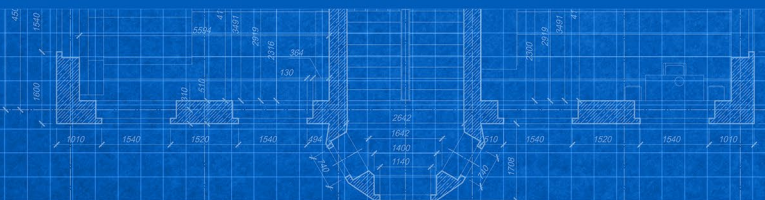
<p>Service Package Name</p>	<p>Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition</p>
	<ul style="list-style-type: none"> The General Residential Operation is Credentialed to provide the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. A community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 60-day</i> Service Plan review, the General Residential Operation’s Program Director, and the Treatment Director responsible for the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model and a less-restrictive, community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.



<p>Service Package Name</p>	<p>Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition</p>
	<ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier I: Mental & Behavioral Health Treatment Services to Support Community Transition Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services may be required during the 6-month aftercare period. The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.

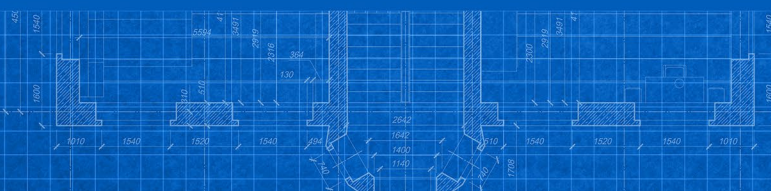


<p>Service Package Name</p>	<p>Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Intellectual or Development Disability Autism Spectrum Disorder Emotional Disorders</p>	<p><u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i></p>	<p><u>Special Services</u> Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A trauma-informed facility, that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has a formal treatment/therapeutic program that specializes in providing and coordinating Time-limited Services to support the custom needs of children, youth, and young adults who may present with or who are pending a DSM-5 diagnosis of Intellectual or Developmental Disability (IDD) and/or Autism Spectrum Disorder, and who require structured and frequent, on-site therapy and clinical intervention, and complex care coordination and case management services to support and manage day-to-day activities.</p> <p>In addition, for children with a <i>DSM-5 diagnosis for Intellectual or Developmental Disability, and/or a DSM-5 diagnosis for Autism Spectrum</i></p>		

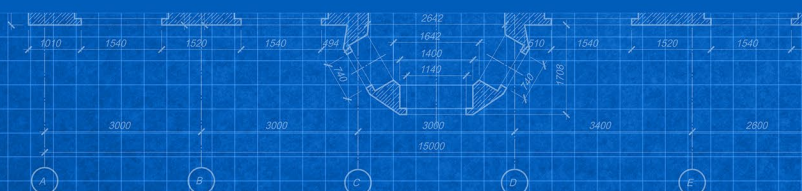


<p>Service Package Name</p>	<p>Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition</p>
	<p>Disorder, the child’s behavior may be characterized by prominent, severe deficits and pervasive impairment in one or more of the following areas:</p> <ul style="list-style-type: none"> • Conceptual, social, and practical adaptive skills to include daily living and self-care; • Communication, cognition, or expressions of affect; • Self-care activities or participation in social activities; • Responding appropriately to an emergency; or • Multiple physical disabilities, including sensory impairments. <p>The Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Services Package is designed to offer temporary, facility-based care, therapy, and other services that promote development, independence, and improved life skills for children, youth, and young adults based on their individual strengths and needs, and in accordance with their customized Service Plan and permanency goal.</p>
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team and Licensed Therapist will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services should be provided by a Licensed Therapist with experience providing services to children with a DSM-5 diagnosis of Intellectual or Developmental Disability and/or Autism Spectrum Disorder, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If

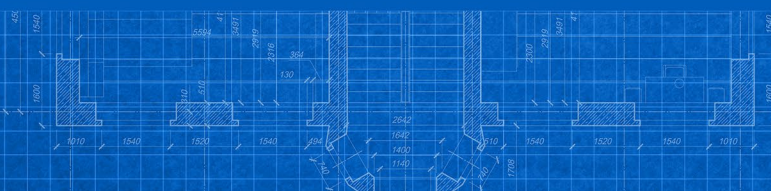
Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	<p>services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Service Planning team meetings must occur in accordance with the provider’s Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 60 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed care for children that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom needs of children, youth, and young adults who qualify for the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of (based on their ability and level of functioning), and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Therapist that specializes in serving children, youth, and young



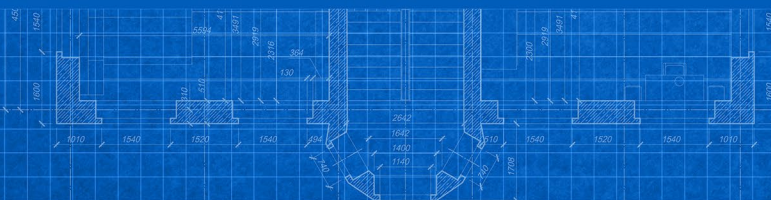
Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	<p>adults requiring Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package is always available on-site, or by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed.</p> <ul style="list-style-type: none"> • The General Residential Operation must ensure that a Registered Nurse is routinely on-site and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the administration of psychotropic and other medications to children, youth, and young adults receiving Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information (based on their ability and level of functioning) related to the prevention of Human Trafficking in accordance with the organization’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes <i>Paid</i> annual vacation and sick leave for Direct Delivery Caregivers to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder



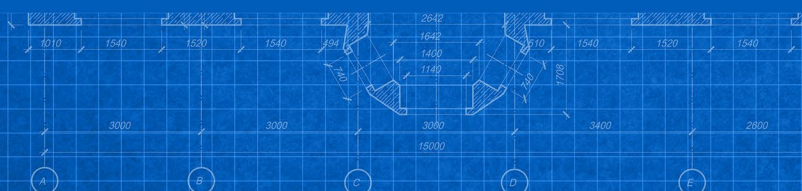
Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	<p>Treatment Services to Support Community Transition Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, reason for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), community and county providers, and the education, medical, and child welfare systems specific to children, youth, and young adults that qualify for the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package. Provision of this Service Package requires facilitating, incorporating, and supporting various forms of physical, speech, behavioral, occupational, and other forms of specialized therapy; and psychological and/or psychiatric evaluations. Services should be sought through STAR Health and in conjunction with STAR Health Service Coordination (if applicable). • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined to be necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, but the service is not readily available and/or it is determined that the child, youth, or young adult is



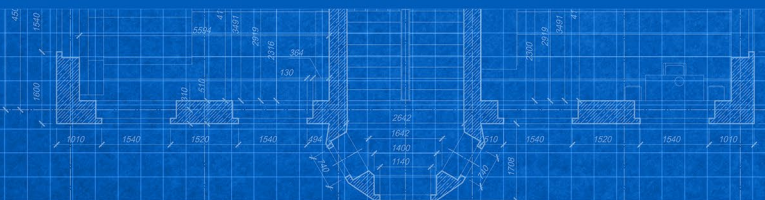
Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	<p>consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package.</p> <ul style="list-style-type: none"> • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • The Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for



Service Package Name	Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition
	<p>delivery of transitional support services if serving youth and young adults, ages 14 and older.</p> <ul style="list-style-type: none"> • The following requirements apply to General Residential Operations offering the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out, of the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Services to Support Community Transition Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, which depends on developmental abilities and level of functioning, includes, but is not limited to, ensuring that the youth or young adult: <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training;

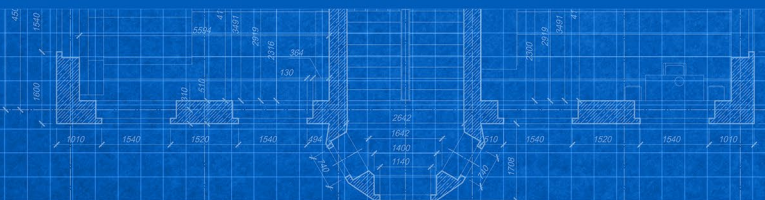


<p>Service Package Name</p>	<p>Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition</p>
	<ul style="list-style-type: none"> ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>The Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition is a Time-limited-Service Package. Length of service is individualized and based on the General Residential Operation’s Evidence-informed Treatment Model for providing the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package.</p>



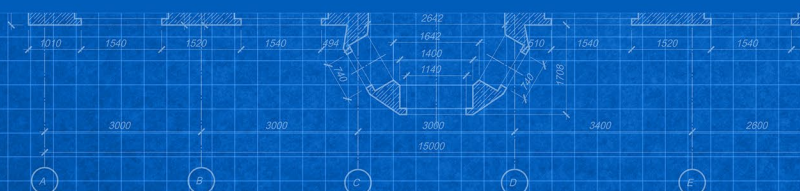
<p>Service Package Name</p>	<p>Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years’ experience working in a residential childcare setting can substitute for education. • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of the Licensed Therapist(s) on staff. • The Treatment Director must be: <ul style="list-style-type: none"> ○ A psychiatrist, psychologist, professional counselor, clinical social worker, marriage and family therapist, or registered nurse; or ○ Certified by the Texas Education Agency as an education diagnostician, have a master’s degree in special education or human services field, and have three years of experience working with children with intellectual disabilities or autism spectrum disorder. • Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Behavior Support Specialist/ Mentor ○ Registered Nurse ○ Driver ○ Licensed Therapist, that specializes in care for children with DSM-5 diagnoses of Intellectual or Developmental Disability and/or Autism Spectrum Disorder, to oversee treatment and Service Planning for children, youth, and young adults. ○ Staff Training and Workforce Development

<p>Service Package Name</p>	<p>Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition</p>
	<ul style="list-style-type: none"> ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination, including but not limited to maintaining and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Evidence-informed Treatment Model.</p> <p>All Direct Delivery Caregiver and Case Management functions must be performed by an employee of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> ● 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 4 children, youth, or young adults being provided the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package. ● 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 7 children, youth, or young adults being provided the Tier I: Intellectual or Developmental Disability

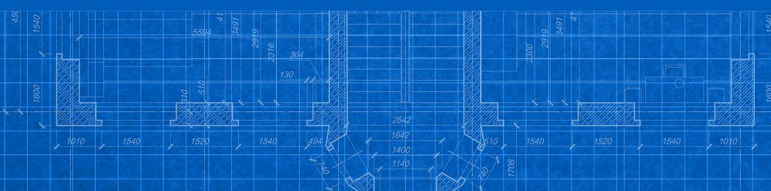


<p>Service Package Name</p>	<p>Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning Team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current

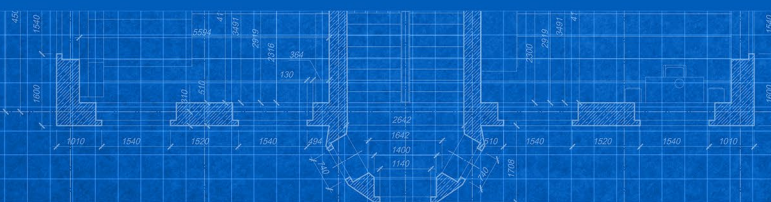
<p>Service Package Name</p>	<p>Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition</p>
	<p>census and case mix of other children, youth, and young adults in the program.</p> <ul style="list-style-type: none"> The General Residential Operation is Credentialed to provide the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. The primary reasons that the child met the Admission Guidelines continue to require on-going services or are replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. A community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 60-day</i> Service Plan review, the General Residential Operation’s Program Director, and the Treatment Director responsible for the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The Program Director and Treatment Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model and a less-restrictive, community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, a copy should be provided to the SSCC or DFPS (in areas that have



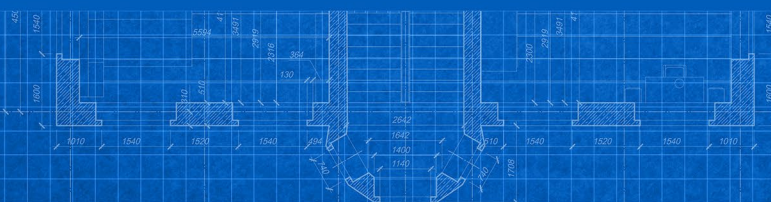
<p>Service Package Name</p>	<p>Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition</p>
	<p>not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier I: Intellectual or Developmental Disability (IDD)/Autism Spectrum Disorder Treatment Services to Support Community Transition Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services may be required during the 6-month aftercare period. The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



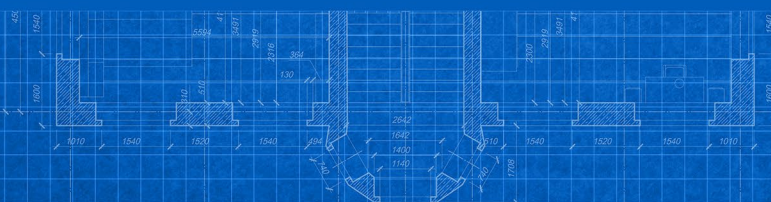
<p>Service Package Name</p>	<p>Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation-Residential Treatment Center</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Emotional Disorders</p>	<p><u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i></p>	<p><u>Special Services</u> Human Trafficking Services</p> <p>Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A trauma-informed facility, that in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has a formal treatment program that specializes in providing and coordinating Time-limited Services to support the custom needs of children, youth, and young adults who have been determined to be a victim/survivor of sex and/or labor trafficking, and require structured and frequent, on-site, clinical intervention require structured and frequent, on-site therapy and clinical intervention, and complex care coordination and case management services to support and manage day-to-day activities.</p> <p>Children, youth, and young adults qualifying for this service may be determined to be a victim/survivor of trafficking based on one or more of the following criteria:</p>		



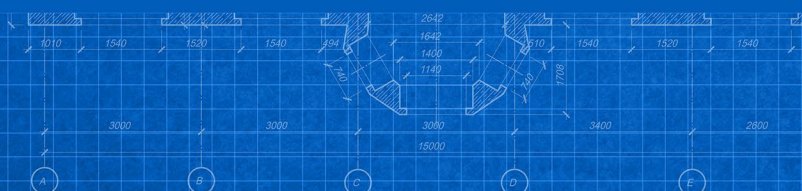
Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	<p>complex trauma, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed Treatment Model and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 60 days. As informed by the child (if appropriate), youth or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. • The General Residential Operation must have an Evidence-informed Treatment Model(s) that incorporates trauma-informed care specifically for children that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and recovery needs of children, youth, and young adults who require Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a therapist that specializes in sex trafficking (all forms: no broker, gang, third-party [aka pimp], organized crime, familial), labor trafficking, and



Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	<ul style="list-style-type: none"> • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation must have enhanced skill and training in assessing and addressing the specific needs of a victim/survivor of Human Trafficking. This includes skill in determining the need for intervention to ensure safety, advocating for, and providing coordination of services, through STAR Health, HHSC Behavioral Health Services, community and county providers, and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package. Dependent on the case, the General Residential Operation’s Service Planning coordination may be complex and include a multi-disciplinary team consisting of multiple law enforcement entities, care coordination teams, Court Systems (Criminal; Juvenile Justice; Prosecution) and Commercially Sexually Exploited Youth/Human Trafficking advocate agencies. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, the legal and education systems, and any other county, community, or state agency. Requests for specific services determined necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, and the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service must also be documented by the General Residential Operation in the case record. This documentation should include the date the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of

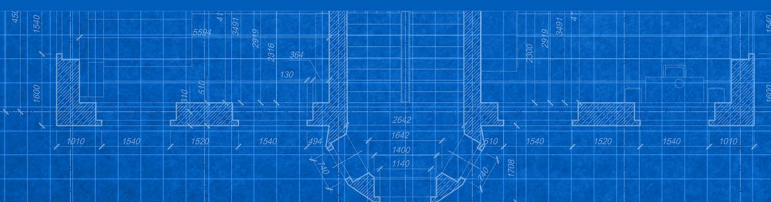


Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	<p>any challenges encountered with access to services, and/or service referral denials within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for, and ensuring various educational testing and plans are completed, and accommodations and/or supports are in place to aid in the child’s educational success, and the General Residential Operation is made accessible to teachers and other school staff, as appropriate if facility-based education is determined necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consentor (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives

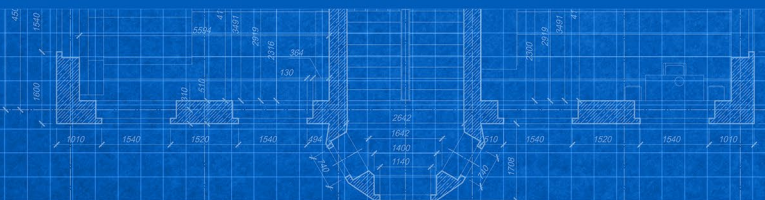


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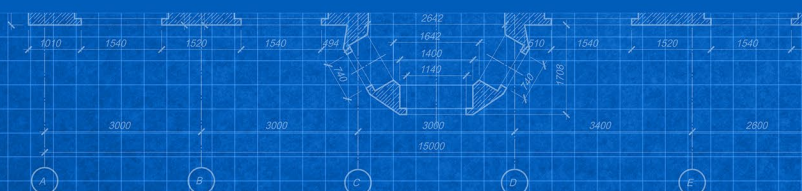
Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	<p>(including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation.</p> <ul style="list-style-type: none"> • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • The Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier I: Human Trafficking Victim Treatment Services to Support Community Transition Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system. This expertise



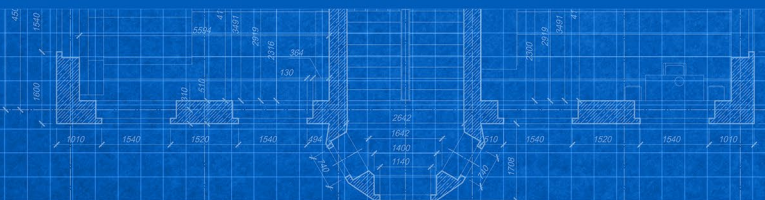
<p>Service Package Name</p>	<p>Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition</p>
<p>Anticipated Length of Service</p>	<p>The Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition is a Time-limited-Service Package. Length of service is individualized and based on the General Residential Operation’s Evidence-informed Treatment Model for providing the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package. • The Program Director must have a bachelor’s level or above degree; at least 5 years of experience working in a residential childcare setting can be substituted for education. • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of Licensed Therapists on staff. • The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university and three years of



Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	<p>experience providing treatment services for trafficking victims or children with an emotional disorder, including one year in a residential setting; or</p> <ul style="list-style-type: none"> ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services for trafficking victims or children with an emotional disorder, including one year in a residential setting. <ul style="list-style-type: none"> ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Behavior Support Specialist/Mentor ○ Driver ○ Licensed Therapist, that specializes in sex trafficking (all forms: no broker, gang, third-party [aka pimp], organized crime, familial), labor trafficking, and /or complex trauma, to oversee treatment and Service Planning. ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Cross-system coordination, including, but not limited to maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCS/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more</p>

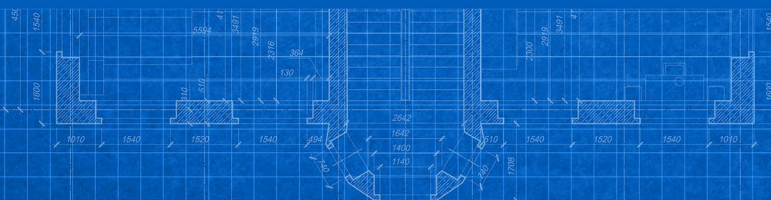


<p>Service Package Name</p>	<p>Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition</p>
	<p>than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Evidence-informed Treatment Model.</p> <p>All Direct Delivery Caregiver and Case Management functions must be performed by an employee of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 4 children, youth, or young adults being provided the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 7 children, youth, or young adults being provided the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package. • 1 General Residential Operation Case Manager for every 12 children, youth, or young adults being provided the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package. • 1 Behavior Support Specialist for every 8 children being provided the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package • 1 Licensed Therapist for every 10 children being provided the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package. • 1 Aftercare Case Manager for every 20 children being provided the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package. <p>Staff to Child Ratio(s) may vary based on the operation’s specific Evidence-informed Treatment Model, and dependent on the complexity of the case mix and caseload.</p>

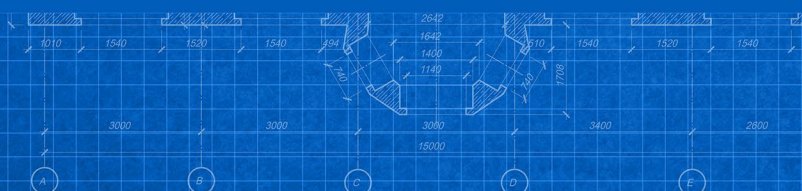


<p>Service Package Name</p>	<p>Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition</p>
	<p>The daily reimbursement rate for the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package Treatment Model, and supports the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
<p>Admission Guidelines</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for

<p>Service Package Name</p>	<p>Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition</p>
	<p>Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning Team.</p> <ul style="list-style-type: none"> • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program. • The General Residential Operation is Credentialed to provide the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being, and permanency in accordance with the child and family Service Plans. • A community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 60-day</i> Service Plan review, the General Residential Operation’s <i>Program Director, and the Treatment Director</i> responsible for the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package, must review the child’s goals and services to ensure they align with child’s custom strengths, needs, and permanency plan. The <i>Program Director and Treatment</i>



<p>Service Package Name</p>	<p>Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition</p>
	<p>Director must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model and a less-restrictive, community-based, Foster Family Home setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier I: Human Trafficking Victim Treatment Services to Support Community Transition Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services may be required during the 6-month aftercare period.



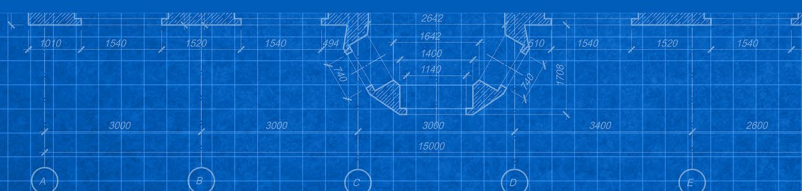
Service Package Name	Tier I: Human Trafficking Victim/Survivor Treatment Services to Support Community Transition
	<ul style="list-style-type: none">• The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



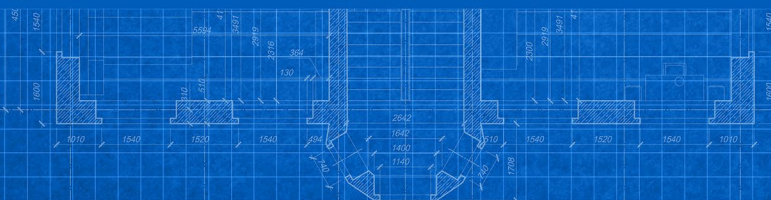
General Residential Operations- Tier II T3C Stabilization Support Service Packages

Information contained in the charts below outline the parameters/requirements associated with the Tier II Service Packages. The incorporation of these parameters/requirements are consistent with or may exceed the state’s Minimum Licensing Standards for a General Residential Operation and are not intended to change the existing character of the childcare operation. Providers may elect to become Credentialed to provide more than one T3C Service Package in a General Residential Operation Tier I or a Tier II setting.

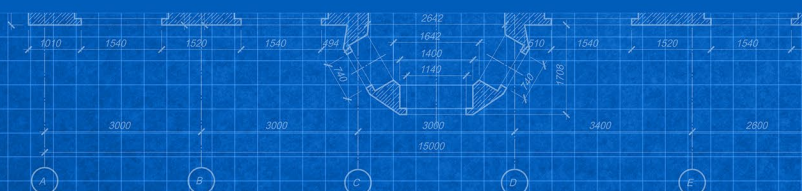
<p>Service Package Name</p>	<p>Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Emotional Disorder</p>	<p><u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i></p>	<p><u>Special Services</u> Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A highly structured, trauma-informed facility that, in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has an intensive treatment program that specializes in providing and coordinating Time-limited Services to support the emotional stability, well-being, and therapeutic needs of children, youth, and young adults who are experiencing challenges with a lack of impulse control, and may present with one or more of the following:</p> <ul style="list-style-type: none"> On-going, socially, and developmentally inappropriate displays of sexualized behavior; or 		



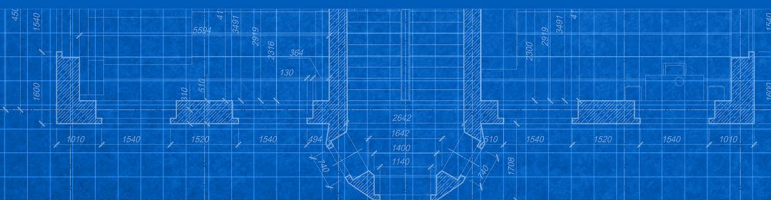
Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<ul style="list-style-type: none"> Sexually aggressive behavior; or DSM-5 diagnosis of a sexual behavior disorder; or Adjudication as a sex offender; and <i>For whom other forms of specialized treatment have been tried and rendered unsuccessful, and/or treatment in a less-restrictive setting such as in a Foster Family Home or General Residential Operation- Tier I facility is not safe and appropriate based on individualized need(s) and absent the Tier II intervention, the child, youth, or young adult’s well-being, or that of others they interact with, may be at risk.</i> <p>In addition to the criteria listed above, children, youth, and young adults requiring Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package may present with a DSM-5 diagnosis for an emotional, conduct, or behavioral disorder, and two or more of the following (which, if applicable, the General Residential Operation offering this Service Package must be equipped to treat based on the custom needs of the child, youth, or young adult):</p> <ul style="list-style-type: none"> Major self-injurious actions, including a suicide attempt within the last 12 months; Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; or An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment. <p>Children, youth, and young adults eligible for this Service Package require daily on-site clinical intervention, and highly complex care coordination and case management services to support their emotional stability and well-being.</p> <p>The Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package is designed to offer temporary, facility-based care, for children, youth, and young adults based on their individual strengths and needs, with the overall goal of achieving emotional and behavioral stability to the level that successful transition to a less restrictive placement offering treatment and recovery services can be achieved.</p>



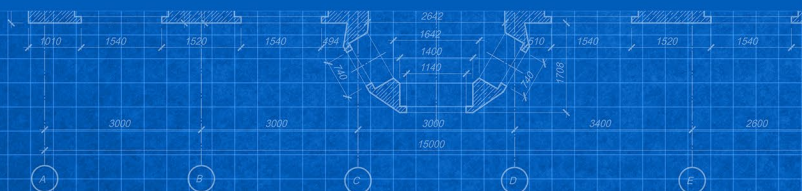
Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> ● The General Residential Operation must be accredited by one of the following not-for-profit, accrediting bodies: <ul style="list-style-type: none"> ○ The Commission on Accreditation of Rehabilitation Facilities (CARF); ○ The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or ○ The Council on Accreditation (COA). ● The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team, Licensed Therapist, Registered Nurse, and other clinicians (if applicable) will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services must be provided by a Licensed Sex Offender Treatment Provider (LSOTP) or Qualified Credentialed Counselor (QCC), unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. ● Upon request of the SSCC or DFPS (if child is from an area not yet under Community-Based Care), the General Residential Operation must provide all required clinical records and documentation to support initial and on-going independent and/or court assessments of services. ● Service Planning team meetings must occur in accordance with the provider’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and based on the child’s



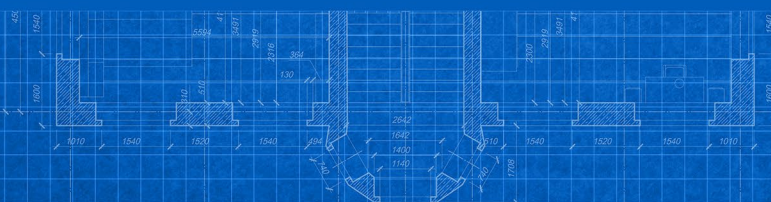
Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<p>needs and permanency plan, but a Service Plan review must occur once at least every 30 days. As informed by the child, youth, or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. A more frequent multi-disciplinary meeting may be required more frequently, dependent on child, youth, or young adult’s custom needs.</p> <ul style="list-style-type: none"> • The General Residential Operation must have an Evidence-informed, Promising Practice, or Evidence-based Treatment Model(s) that incorporates trauma-informed care specifically for children, youth, and young adults that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and stabilization needs of children, youth, and young adults who require Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Sex Offender Treatment Provider (LSOTP) with experience in serving children with a DSM-5 diagnosis for emotional disorders is always available by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed.



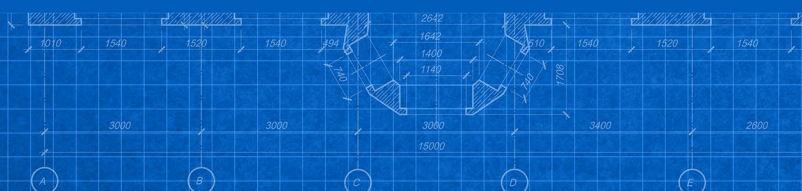
Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<ul style="list-style-type: none"> • The General Residential Operation must ensure that a Registered Nurse is on-site during regular business hours, and in accordance with the Treatment Model, and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the child’s treatment and stabilization progress, as well as the administration of psychotropic and other medications to children, youth, and young adults receiving Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes Paid annual vacation and sick leave for all Direct Delivery Caregivers to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that



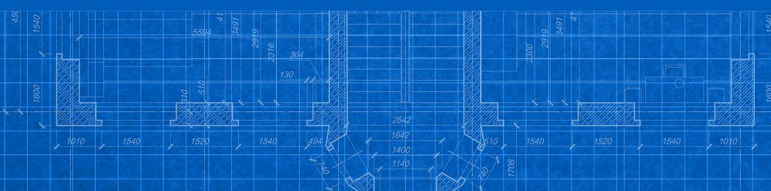
Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<p>were admitted, the average Length of Service, based on the time from admission to discharge.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation’s Program Director, Admissions Staff, Case Manager, and all Direct Delivery Caregivers must understand the importance of applying strategies to the direct care of children, youth, and young adults receiving the Tier II: Sexual Aggression/Sex Offender Services to Support Stabilization Service Package to ensure the safety, health, and well-being of children and youth in care. The General Residential Operation Program Director, Admissions Staff, Case Manager, and all Direct Delivery Caregivers should understand the confidential nature of this information and agree not to disclose such information except for a necessary purpose authorized under a DFPS or SSCC Contract or to protect the safety, health, and well-being of children or youth. • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), the juvenile justice system (if applicable), community and county providers, and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package. The General Residential Operation 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 facility and/or community. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, the juvenile justice and education systems,



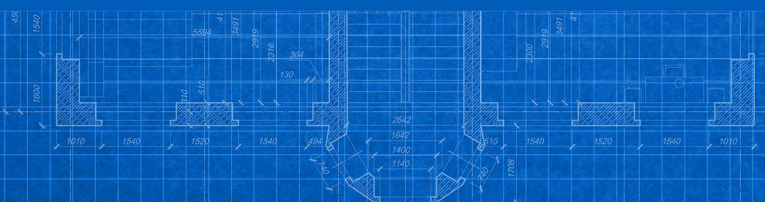
Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<p>and any other county, community, or state agency. Requests for specific services determined to be necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, but the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service, must also be documented by the General Residential Operation in the case record. This documentation should include the date that the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials, within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for and ensuring various educational testing and plans are completed, and that accommodations and/or supports are in place to aid in the child’s educational success, and that the General Residential Operation is made accessible to teachers and other school staff, as appropriate, if facility-based education is determined to be necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consentor (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other



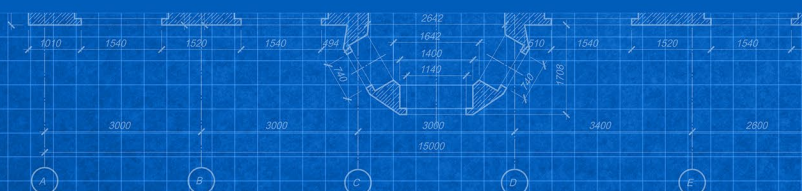
Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<p>Normalcy activities that are age appropriate and in accordance with the Service Plan.</p> <ul style="list-style-type: none"> • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family finding, outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, or young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. The General Residential Operation must maintain contact information for any known biological and fictive kin of the child, youth, or young adult. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship, and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship.



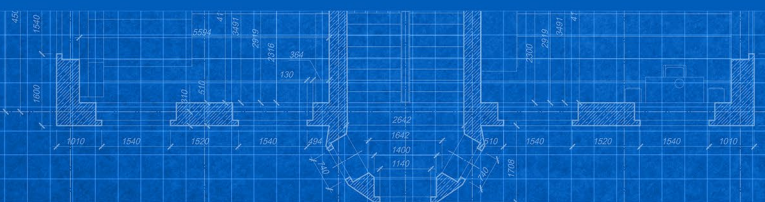
<p>Service Package Name</p>	<p>Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization</p>
	<p>documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult:</p> <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>The Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization is Time-limited, and based on the following:</p> <ul style="list-style-type: none"> • Children aged 12 and under are eligible for this Service Package for a maximum of 6 consecutive or non-consecutive months. • Youth aged 13 and older are eligible for this Service Package for a maximum of 12 consecutive, or 18 non-consecutive months. <p>In accordance with the maximum timeframes listed above, the Length of Service is individualized and based on the General Residential Operation’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model for providing the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package, Admission</p>



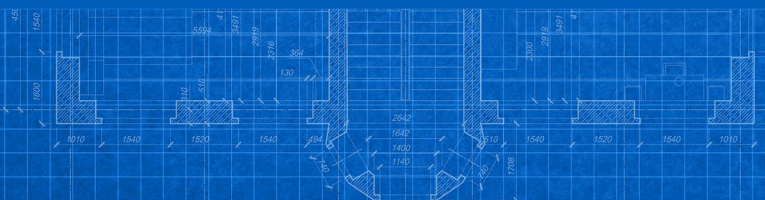
<p>Service Package Name</p>	<p>Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization</p>
	<p>Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress towards emotional and behavioral stability in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package. • The Program Director must have a master’s level or above degree; at least 7 years of experience working in a residential childcare setting can be substituted for education. • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of LSOTPs on staff. • The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university, and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three



Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<p>years of experience providing treatment services to children with emotional disorders, including one year in a residential setting.</p> <ul style="list-style-type: none"> ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Sex Offender Treatment Provider (LSOTP) or Qualified Credentialed Counselor (QCC) to oversee treatment and service planning for children, youth, and young adults ○ Registered Nurse ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Enhanced safety and monitoring (if applicable) ○ Cross-system coordination, including but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCC/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Treatment Model.</p>

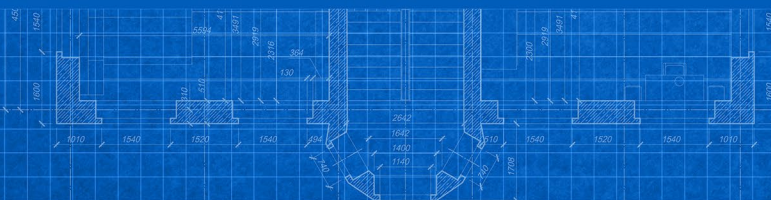


<p>Service Package Name</p>	<p>Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization</p>
	<p>and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the Tier II: Sexual Aggression/Sexual Offender Treatment Services to Support Stabilization Service Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being, as demonstrated through emotional and behavioral stability. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
<p>Admission Guidelines</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful.

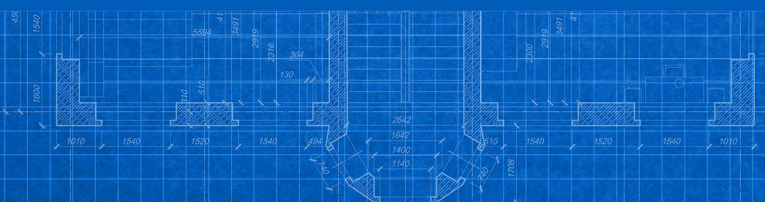


Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<ul style="list-style-type: none"> • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program. • A safety and supervision plan (which may be incorporated as a part of the Service Plan) is developed upon admission to ensure that the child remains safe and mitigates any risk to other children in the community. • At the time of admission and during treatment, the General Residential Operation must ensure that the Program Director, Admissions staff, Case Manager, and all Direct Delivery Caregivers are aware of the child, youth, or young adult’s history of sexual victimization and/or aggression. • The General Residential Operation is Credentialed to provide the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being and stability, and permanency in accordance with the child safety and supervision plan, and the child and family Service Plans. • A community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 30-day</i> Service Plan review, the General

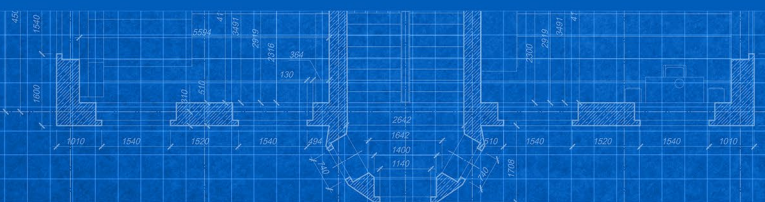
Service Package Name	Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization
	<p>Residential Operation’s Program Director, the Treatment Director, and the Registered Nurse responsible for the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package, must review the child’s goals and services to ensure they align with the child’s custom strengths, needs, and permanency plan. The Program Director, the Treatment Director, and the Registered Nurse must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model, and that a community-based, Foster Family Home setting, or a facility-based General Residential Operation-Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> • The General Residential Operation continues to maintain the Credential necessary to provide the Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The Tier II: Sexual Aggression/Sexual Offender Services to Support Stabilization Service Package requires the planning and provision of Aftercare Services. • Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. • Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case



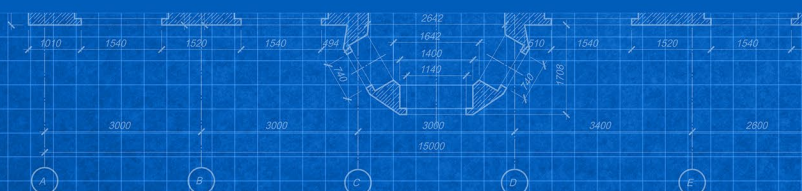
<p>Service Package Name</p>	<p>Tier II: Substance Use Services to Support Stabilization</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Services</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Emotional Disorder</p>	<p><u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i></p>	<p><u>Special Services</u> Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A highly structured, trauma-informed facility that, in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has an intensive treatment program that specializes in providing and coordinating Time-limited Services to support the emotional stability, well-being, and therapeutic needs of children, youth, and young adults who are experiencing challenges with a lack of impulse control, and have or are pending a DSM-5 diagnosis for a substance related and/or addictive disorder with severe impairment.</p> <p>In addition to the DSM-5 diagnoses for a substance related and/or addictive disorder with severe impairment, the child, youth, or young adult may demonstrate one of the following:</p> <ul style="list-style-type: none"> • Major self-injurious actions, including a suicide attempt within the last 12 months; or • Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; and 		



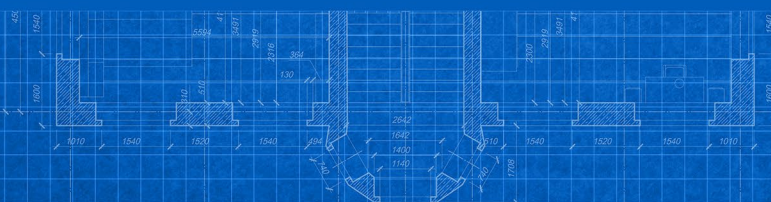
Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<p>requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services must be provided by a Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC), unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization.</p> <ul style="list-style-type: none"> • Upon request of the SSCC or DFPS (if child is from an area not yet under Community-Based Care), the General Residential Operation must provide all requested clinical records and documentation to support initial and on-going independent and/or court assessments of services. • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 30 days. As informed by the child, youth, or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. A more frequent multi-disciplinary meeting may be required more frequently, dependent on child, youth, or young adult’s custom needs. • The General Residential Operation must have an Evidence-informed, Promising Practice, or Evidence-based Treatment Model(s) that incorporates trauma-informed care specifically for children, youth, and young adults that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and stabilization needs of children, youth, and young adults who require Tier II: Substance Use Services to Support Stabilization. The Treatment Model should be practiced throughout the operation



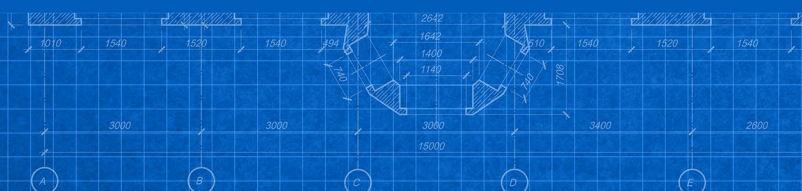
Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<p>and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier II: Substance Use Services to Support Stabilization Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC) is always available by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed. • The General Residential Operation must ensure that a Registered Nurse is on-site during regular business hours, and in accordance with the Treatment Model, and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the child’s treatment and stabilization progress, as well as the administration of psychotropic and other medications to children, youth, and young adults receiving Tier II: Substance Use Services to Support Stabilization Service Package. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method.



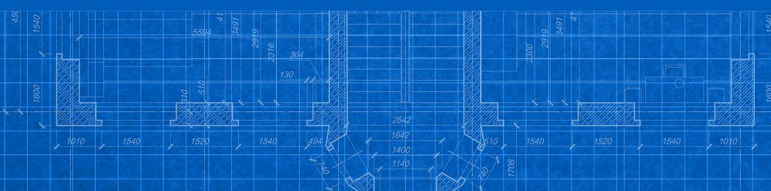
Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<ul style="list-style-type: none"> • The General Residential Operation must have a staff benefit package that, at a minimum, includes <i>Paid</i> annual vacation and sick leave for all Direct Delivery Caregivers to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier II: Substance Use Services to Support Stabilization Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), the juvenile justice system (if applicable), community and county providers, and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier II: Substance Use Services to Support Stabilization Service Package. The General Residential Operation 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 facility and/or community. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral



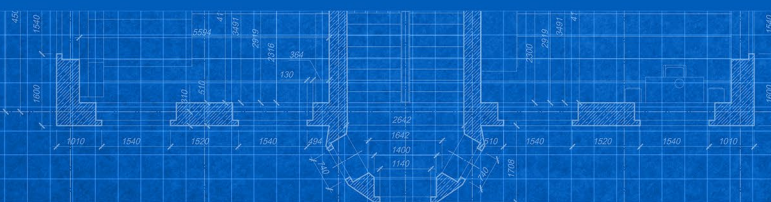
Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<p>Health, the juvenile justice and education systems, and any other county, community, or state agency. Requests for specific services determined to be necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, but the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service, must also be documented by the General Residential Operation in the case record. This documentation should include the date that the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials, within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for and ensuring various educational testing and plans are completed, and that accommodations and/or supports are in place to aid in the child’s educational success, and that the General Residential Operation is made accessible to teachers and other school staff, as appropriate, if facility-based education is determined to be necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consentor (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy



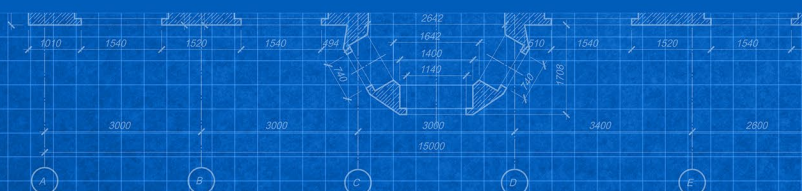
Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<p>activities that are age appropriate and in accordance with the Service Plan.</p> <ul style="list-style-type: none"> • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family finding, family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, and young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. The General Residential Operation must maintain contact information for any known biological and fictive kin of the child, youth, or young adult. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship, and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship.



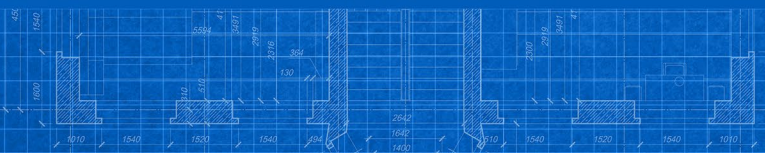
Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>The Tier II: Substance Use Services to Support Stabilization is Time-limited, and based on the following:</p> <ul style="list-style-type: none"> • Children aged 12 and under are eligible for this Service Package for a maximum of 6 consecutive or non-consecutive months. • Youth aged 13 and older are eligible for this Service Package for a maximum of 12 consecutive, or 18 non-consecutive months. <p>In accordance with the maximum timeframes listed above, the Length of Service is individualized and based on the General Residential Operation’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model for providing the Tier II: Substance Use Services to Support Stabilization Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress towards emotional and behavioral stability in accordance with the Service Plan.</p>



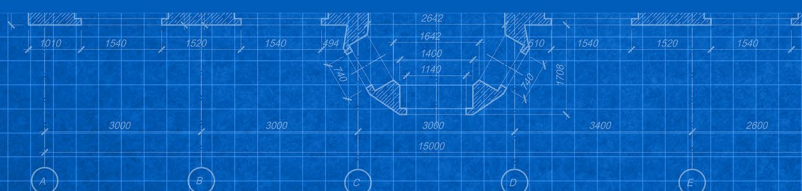
<p>Service Package Name</p>	<p>Tier II: Substance Use Services to Support Stabilization</p>
	<p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier II: Substance Use Services to Support Stabilization Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> ● Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. ● The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier II: Substance Use Services to Support Stabilization Service Package. ● The Program Director must have a master’s level or above degree; at least 7 years of experience working in a residential childcare setting can be substituted for education. ● The General Residential Operation must have a Treatment Director whose responsibilities include supervision of the Licensed Chemical Dependency Counselors (LCDC) and/or Qualified Credentialed Counselors (QCC) on staff. ● The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in human services field from an accredited college or university, and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting. ● Identified personnel and infrastructure to support the following:



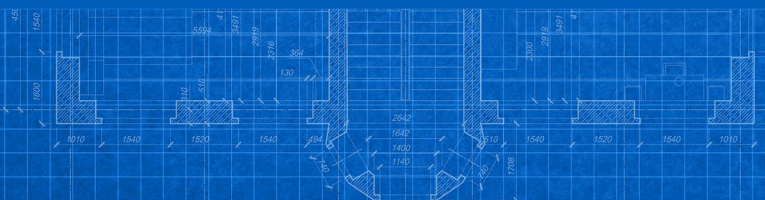
Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Chemical Dependency Counselor (LCDC) or Qualified Credentialed Counselor (QCC) to oversee treatment and service planning for children, youth, and young adults ○ Registered Nurse ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Enhanced safety and monitoring (if applicable) ○ Cross-system coordination, including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier II: Substance Use Services to Support Stabilization maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCC/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Treatment Model.</p> <p>All Direct Delivery Caregiver and Case Management functions must be performed by an employee of the operation.</p>



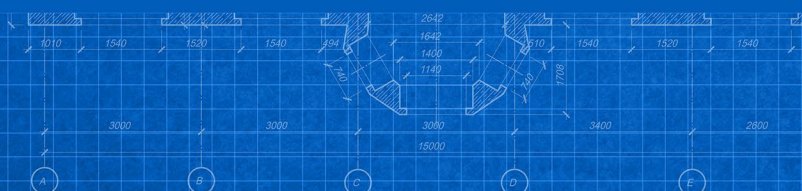
Service Package Name	Tier II: Substance Use Services to Support Stabilization
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 4 children, youth, or young adults being provided the Tier II: Substance Use Services to Support Stabilization Service Package. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier II: Substance Use Services to Support Stabilization Service Package. • 1 General Residential Operation Case Manager for every 10 children, youth, or young adults being provided the Tier II: Substance Use Services to Support Stabilization Service Package. • 1 Registered Nurse for every 16 children, youth, or young adults being provided the Tier II: Substance Use Services to Support Stabilization Service Package. • 1 Licensed Therapist for every 10 children, youth, or young adults being provided the Tier II: Substance Use Services to Support Stabilization Service Package. • 1 Aftercare Case Manager for every 25 children, youth, or young adults being provided the Tier II: Substance Use Services to Support Stabilization Service Package. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier II: Substance Services to Support Stabilization Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>



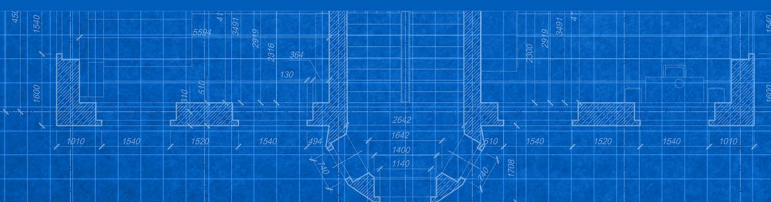
<p>Service Package Name</p>	<p>Tier II: Substance Use Services to Support Stabilization</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the Tier II: Substance Use Services to Support Stabilization Service Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier II: Substance Use Services to Support Stabilization Service Package Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being, as demonstrated through emotional and behavioral stability. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
<p>Admission Guidelines</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program.



<p>Service Package Name</p>	<p>Tier II: Substance Use Services to Support Stabilization</p>
	<ul style="list-style-type: none"> • A safety and supervision plan (which may be incorporated as a part of the Service Plan) is developed upon admission to ensure that the child remains safe and mitigates any risk to other children in the community. • The General Residential Operation is Credentialed to provide the Tier II: Substance Use Services to Support Stabilization Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being and stability, and permanency in accordance with the child safety and supervision plan, and the child and family Service Plans. • A community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 30-day</i> Service Plan review, the General Residential Operation’s Program Director, the Treatment Director, and the Registered Nurse responsible for the Tier II: Substance Use Services to Support Stabilization Service Package, must review the child’s goals and services to ensure they align with the child’s custom strengths, needs, and permanency plan. The Program Director, the Treatment Director, and the Registered Nurse must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model, and that a community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service



Service Package Name	Tier II: Substance Use Services to Support Stabilization
	<p>Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier II: Substance Use Services to Support Stabilization Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier II: Substance Use Services to Support Stabilization Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period. The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.

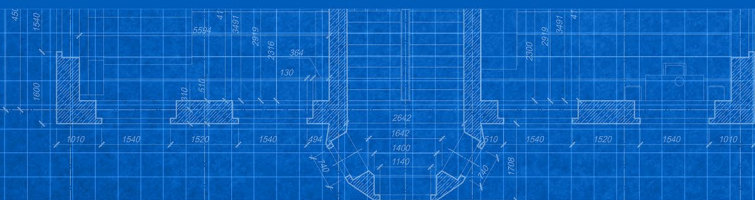


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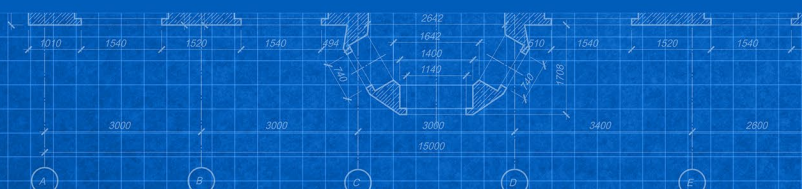
Tier II: Substance Use Services to Support Stabilization



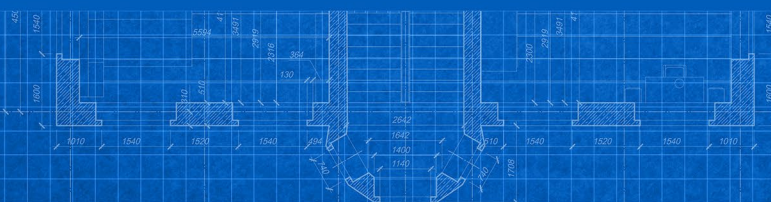
Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization		
Setting	Facility-Based Setting		
Permit Type	General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center <i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i>		
Permit Services	<u>Treatment Services</u> Emotional Disorder	<u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i>	<u>Special Services</u> Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i>
Service Package Description	A highly structured, trauma-informed facility that, in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has an intensive treatment program that specializes in providing and coordinating Time-limited Services to support the emotional stability, well-being, and therapeutic needs of children, youth, and young adults who are experiencing challenges with a lack of impulse control, and may present with or are pending a DSM-5 diagnosis of Oppositional Defiant Disorder or other Conduct Disorder, and may present with two or more of the following: <ul style="list-style-type: none"> • Severe and chronic challenges in school, with peers, and/or in other social settings; or • Severe and chronic challenges with authority and following rules (beyond what would be considered age-appropriate behavior); or • Recurring delinquent behaviors which may have resulted in juvenile justice or law enforcement involvement; or 		



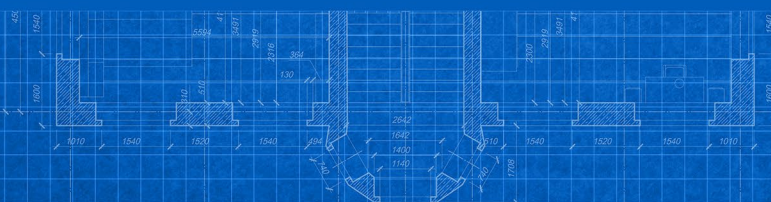
Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<ul style="list-style-type: none"> • Major self-injurious actions, including a suicide attempt within the last 12 months; or • Difficulties that present a significant risk of harm to others, including frequent or unpredictable violence or physical aggression; or • An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment; and • <i>For whom other forms of specialized treatment have been tried and rendered unsuccessful, and/or treatment in a less-restrictive setting such as in a Foster Family Home or General Residential Operation- Tier I facility is not safe and appropriate based on individualized needs and absent the Tier II intervention, the child, youth, or young adult’s well-being, or that of others they interact with, may be at risk.</i> <p>Children, youth, and young adults eligible for this Service Package require daily on-site clinical intervention, and highly complex care coordination and case management services to support their emotional stability and well-being.</p> <p>The Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package is designed to offer temporary, facility-based care, for children, youth, and young adults based on their individual strengths and needs, with the overall goal of achieving emotional and behavioral stability to the level that successful transition to a less restrictive placement offering treatment and recovery services can be achieved.</p>
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must be accredited by one of the following not-for-profit, accrediting bodies: <ul style="list-style-type: none"> ○ The Commission on Accreditation of Rehabilitation Facilities (CARF); ○ The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or ○ The Council on Accreditation (COA).



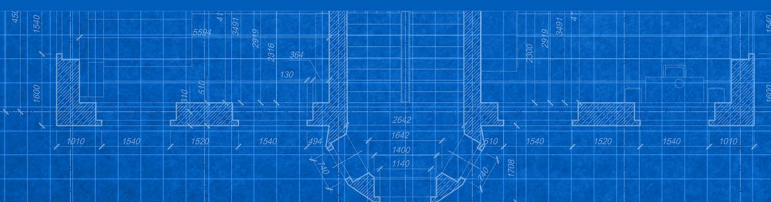
Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<ul style="list-style-type: none"> • The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team, Licensed Therapist, Registered Nurse, and other clinicians (if applicable) will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services must be provided by a Licensed Therapist that specializes in treating children with a DSM-5 diagnosis for oppositional defiant and other conduct disorders, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Upon request of the SCC or DFPS (if child is from an area not yet under Community-Based Care), the General Residential Operation must provide all requested clinical records and documentation to support initial and on-going independent and/or court assessments of services. • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 30 days. As informed by the child, youth, or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. A more frequent multi-disciplinary meeting may be required more frequently, dependent on child, youth, or young adult’s custom needs. • The General Residential Operation must have an <i>Evidence-informed, Promising Practice, or Evidence-based Treatment</i>



Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<ul style="list-style-type: none"> • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes <i>Paid</i> annual vacation and sick leave for all Direct Delivery Caregivers to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The General Residential Operation must have enhanced skill in navigating multiple systems, and advocate for and provide coordination through STAR Health, HHSC Behavioral Health Services (if needed), the juvenile justice system (if applicable), community and county providers, and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package. The General Residential Operation must be skilled in navigating the multiple systems in a

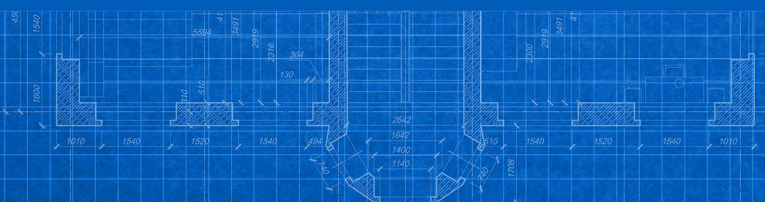


Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<ul style="list-style-type: none"> • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family finding, family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, or young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. The General Residential Operation must maintain contact information for any known biological and fictive kin of the child, youth, or young adult. • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship, and at least one awake night Direct Delivery

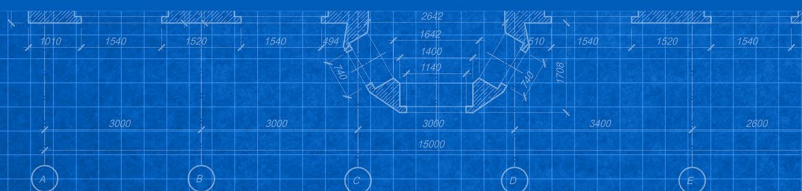


Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<p>Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship.</p> <ul style="list-style-type: none"> • Enhanced child safety/monitoring plan which may include incorporation of additional identified personnel, and/or equipment and technology. • The Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier II: Aggression/Defiant Disorder to Support Stabilization Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, and as determined safe and appropriate based on the youth or young adult’s treatment progress and stability, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for

Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<p>experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult:</p> <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>The Tier II: Aggression/Defiant Disorder Services to Support Stabilization is Time-limited, and based on the following:</p> <ul style="list-style-type: none"> • Children aged 12 and under are eligible for this Service Package for a maximum of 6 consecutive or non-consecutive months. • Youth aged 13 and older are eligible for this Service Package for a maximum of 12 consecutive, or 18 non-consecutive months. <p>In accordance with the maximum timeframes listed above, the Length of Service is individualized and based on the General Residential Operation’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model for providing the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s</p>



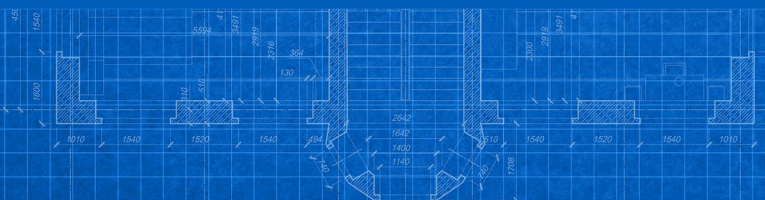
<p>Service Package Name</p>	<p>Tier II: Aggression/Defiant Disorder Services to Support Stabilization</p>
	<p>CANS 3.0 Assessment and their ability to make progress towards emotional and behavioral stability in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> • Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. • The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package. • The Program Director must have a master’s level or above degree; at least 7 years of experience working in a residential childcare setting can be substituted for education. • The General Residential Operation must have a Treatment Director whose responsibilities include supervision of the Licensed Therapists on staff. • The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in a human services field from an accredited college or university, and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting.



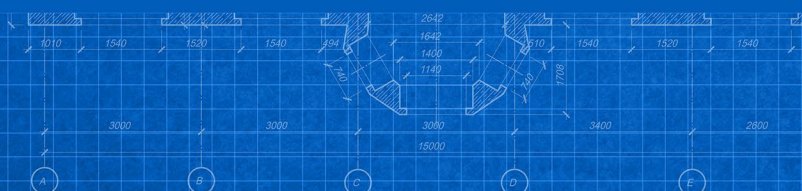
Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<ul style="list-style-type: none"> ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Therapist with experience in treating children with a DSM-5 diagnosis for oppositional defiant and conduct disorders to oversee treatment and service planning for children, youth, and young adults ○ Registered Nurse ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Enhanced safety and monitoring (if applicable) ○ Cross-system coordination, including but not limited to maintaining and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier II: Aggression/Defiant Disorder Services to Support Stabilization maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCC/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Treatment Model.</p> <p>All Direct Delivery Caregiver and Case Management functions must be performed by an employee of the operation.</p>



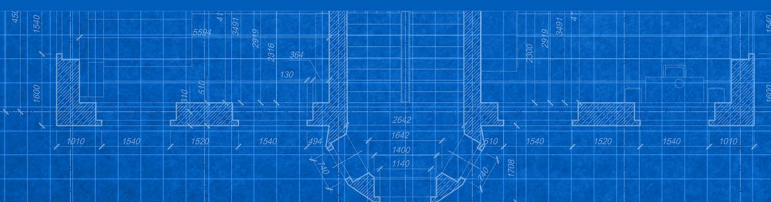
<p>Service Package Name</p>	<p>Tier II: Aggression/Defiant Disorder Services to Support Stabilization</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being, as demonstrated through emotional and behavioral stability. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
<p>Admission Guidelines</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program.



<p>Service Package Name</p>	<p>Tier II: Aggression/Defiant Disorder Services to Support Stabilization</p>
	<ul style="list-style-type: none"> • A safety and supervision plan (which may be incorporated as a part of the Service Plan) is developed upon admission to ensure that the child remains safe and mitigates any risk to other children in the community. • The General Residential Operation is Credentialed to provide the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being and stability, and permanency in accordance with the child safety and supervision plan, and the child and family Service Plans. • A community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 30-day</i> Service Plan review, the General Residential Operation’s Program Director, the Treatment Director, and the Registered Nurse responsible for the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package, must review the child’s goals and services to ensure they align with the child’s custom strengths, needs, and permanency plan. The Program Director, the Treatment Director, and the Registered Nurse must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model, and that a community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s



Service Package Name	Tier II: Aggression/Defiant Disorder Services to Support Stabilization
	<p>custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier II: Aggression/Defiant Disorder Services to Support Stabilization Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period. The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.

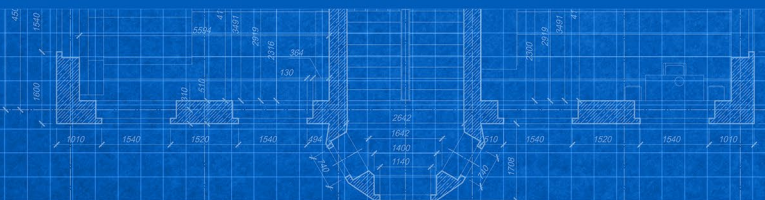


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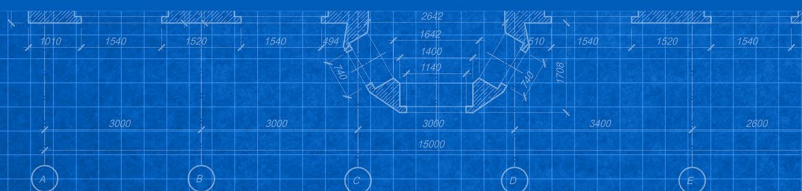
Tier II: Aggression/Defiant Disorder Services to Support
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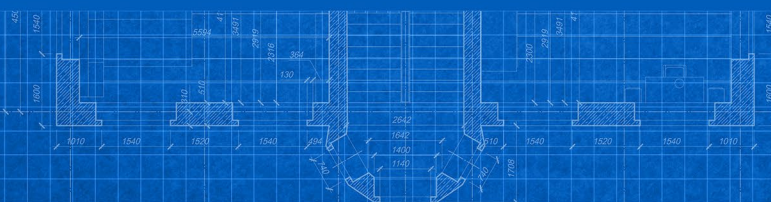
<p>Service Package Name</p>	<p>Tier II: Complex Mental Health Services to Support Stabilization</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation- Residential Treatment Center</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Emotional Disorder</p> <p>Intellectual or Development Disability</p> <p>Autism Spectrum Disorder</p>	<p><u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i></p>	<p><u>Special Services</u> Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A highly structured, trauma-informed facility that, in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has an intensive treatment program that specializes in providing and coordinating Time-limited Services to support the emotional stability, well-being, and therapeutic needs of children, youth, and young adults who are experiencing challenges with a lack of impulse control, and present with or are pending multiple, co-occurring DSM-5 diagnoses for emotional, behavioral, neurological, and/or developmental disorder(s).</p> <p>In addition to the co-occurring DSM-5 diagnoses, the child, youth, or young adult may demonstrate two or more of the following:</p> <ul style="list-style-type: none"> • Major self-injurious actions, including a suicide attempt within the last 12 months; or • Difficulties that present a significant risk of harm to others, including frequent or unpredictable physical aggression; or 		



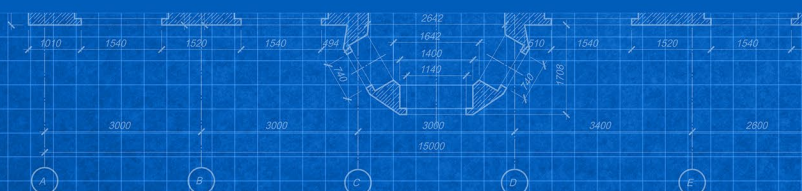
Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<ul style="list-style-type: none"> • An additional DSM-5 diagnosis of substance-related and/or addictive disorder with severe impairment; and • If one of the co-occurring DSM-5 diagnoses is for <i>Intellectual or Developmental Disability or Autism Spectrum Disorder</i>, the child’s behavior is characterized by prominent, severe deficits and pervasive impairment in one or more of the following areas (of development if diagnosis is Autism Spectrum Disorder): <ul style="list-style-type: none"> • Conceptual, social, and practical adaptive skills to include daily living and self-care; • Communication, cognition, or expressions of affect; • Self-care activities or participation in social activities; • Responding appropriately to an emergency; or • Multiple physical disabilities, including sensory impairments; and • <i>For whom other forms of specialized treatment have been tried and rendered unsuccessful, and/or treatment in a less-restrictive setting such as a Foster Family Home or General Residential Operation- Tier I facility is not safe and appropriate based on individualized needs and absent the Tier II intervention, the child, youth, or young adult’s well-being, or that of others they interact with, may be at risk.</i> <p>Children, youth, and young adults eligible for this Service Package require daily on-site clinical intervention, and highly complex care coordination and case management services to support their emotional stability and well-being.</p> <p>The Tier II: Complex Mental Health Services to Support Stabilization Service Package is designed to offer temporary, facility-based care, for children, youth, and young adults based on their individual strengths and needs, with the overall goal of achieving emotional and behavioral stability to the level that successful transition to a less restrictive placement offering treatment and recovery services can be achieved.</p>



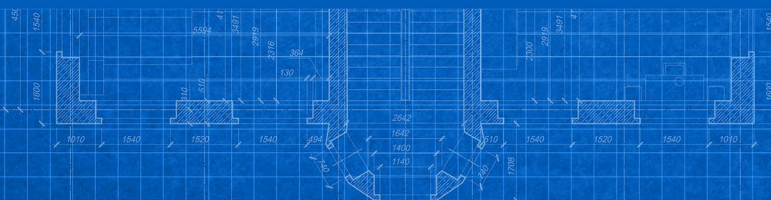
Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
<p>Service Package Expectations</p>	<p>In addition to, and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must be accredited by one of the following not-for-profit, accrediting bodies: <ul style="list-style-type: none"> ○ The Commission on Accreditation of Rehabilitation Facilities (CARF); ○ The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or ○ The Council on Accreditation (COA). • The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team, Licensed Therapist, Registered Nurse, and other clinicians (if applicable) will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services must be provided by a Licensed Therapist that specializes in treating children with complex co-occurring DSM-5 diagnosed disorders, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. • Upon request of the SSCC or DFPS (if child is from an area not yet under Community-Based Care), the General Residential Operation must provide all requested clinical records and documentation to support initial and on-going independent and/or court assessments of services. • Service Planning team meetings must occur in accordance with the provider’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 30 days. As informed by the child, youth, or young adult, and in collaboration with the Service Planning team, the



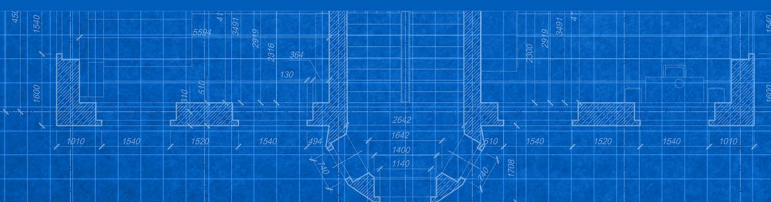
Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<p>Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. A more frequent multi-disciplinary meeting may be required more frequently, dependent on child, youth, or young adult’s custom needs.</p> <ul style="list-style-type: none"> • The General Residential Operation must have an <i>Evidence-informed, Promising Practice, or Evidence-based Treatment Model(s)</i> that incorporates trauma-informed care specifically for children, youth, and young adults that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and stabilization needs of children, youth, and young adults who require Tier II: Complex Mental Health Services to Support Stabilization. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a <i>current</i> Logic Model specific to the provision of the Tier II: Complex Mental Health Services to Support Stabilization Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Therapist with experience in treating children with complex co-occurring DSM-5 diagnosed disorders is always available by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed. • The General Residential Operation must ensure that <i>a Registered Nurse is on-site during regular business hours, and in accordance with the Treatment Model</i>, and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the child’s treatment and stabilization progress, as well as the administration of psychotropic and other medications to children,



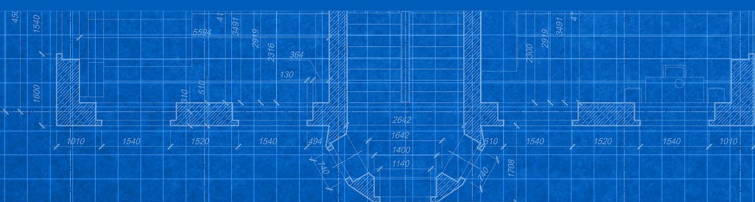
Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<p>youth, and young adults receiving Tier II: Complex Mental Health Services to Support Stabilization.</p> <ul style="list-style-type: none"> • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information (based on their ability and level of functioning) related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes <i>Paid</i> annual vacation and sick leave for all Direct Delivery Caregivers to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier II: Complex Mental Health Services to Support Stabilization Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan.



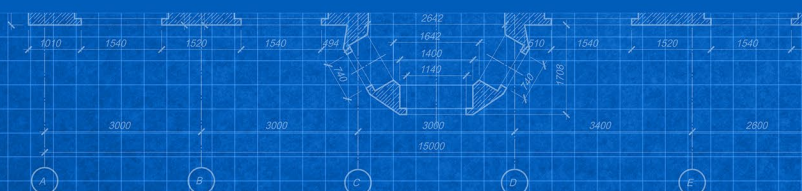
Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<p>accommodations and/or supports are in place to aid in the child’s educational success, and that the General Residential Operation is made accessible to teachers and other school staff, as appropriate, if facility-based education is determined to be necessary.</p> <ul style="list-style-type: none"> • The General Residential Operation is required to coordinate care with the child or youth’s medical consentor (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family finding, family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, or young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach



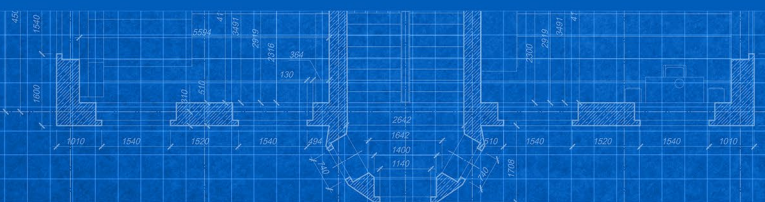
Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<p>needs, and in conjunction with the Tier II: Complex Mental Health Services to Support Stabilization Service Package being offered by the provider.</p> <ul style="list-style-type: none"> ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, and as determined safe and appropriate based on the youth or young adult’s treatment progress and stability, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult: <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
Anticipated Length of Service	<p>The Tier II: Complex Mental Health Services to Support Stabilization is Time-limited, and based on the following:</p> <ul style="list-style-type: none"> ● Children aged 12 and under are eligible for this Service Package for a maximum of 6 consecutive or non-consecutive months.



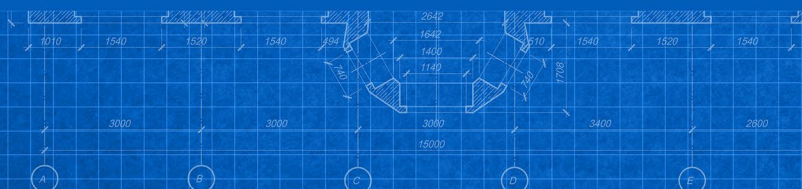
Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<ul style="list-style-type: none"> Youth aged 13 and older are eligible for this Service Package for a maximum of 12 consecutive, or 18 non-consecutive months. <p>In accordance with the maximum timeframes listed above, the Length of Service is individualized and based on the General Residential Operation’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model for providing the Tier II: Complex Mental Health Services to Support Stabilization Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress towards emotional and behavioral stability in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier II: Complex Mental Health Services to Support Stabilization Service Package.</p>
Staffing Requirements	<ul style="list-style-type: none"> Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier II: Complex Mental Health Services to Support Stabilization Service Package. The Program Director must have a master’s level or above degree; at least 7 years of experience working in a residential childcare setting can be substituted for education. The General Residential Operation must have a Treatment Director whose responsibilities include supervision of the Licensed Therapists on staff. The Treatment Director must: <ul style="list-style-type: none"> Be a psychiatrist or psychologist; or Registered Nurse; or Have a master’s degree in a human services field from an accredited college or university, and three years of



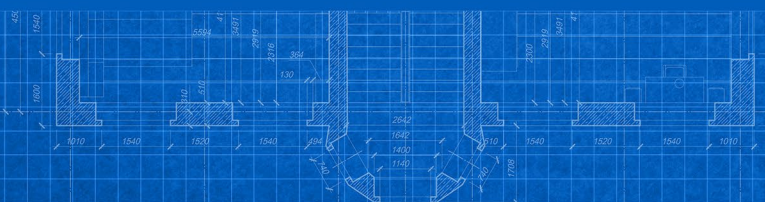
Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<p>experience providing treatment services to children with emotional disorders, including one year in a residential setting; or</p> <ul style="list-style-type: none"> ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting. <ul style="list-style-type: none"> ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Therapist with experience in treating children with complex co-occurring DSM-5 diagnosed disorders to oversee treatment and service planning for children, youth, and young adults ○ Registered Nurse ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Enhanced safety and monitoring (if applicable) ○ Cross-system coordination, including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier II: Complex Mental Health Services to Support Stabilization maximize benefits based on eligibility and meeting medical necessity criteria for the service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCC/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more</p>



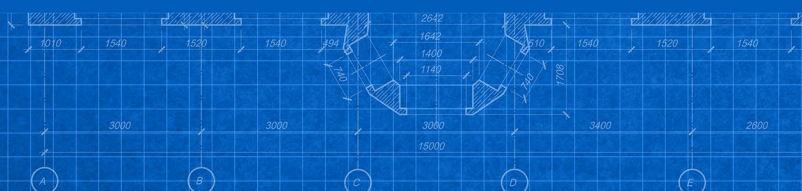
<p>Service Package Name</p>	<p>Tier II: Complex Mental Health Services to Support Stabilization</p>
	<p>than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Treatment Model.</p> <p>All Direct Delivery Caregiver and Case Management functions must be performed by an employee of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 4 children, youth, or young adults being provided the Tier II: Complex Mental Health Services to Support Stabilization Service Package. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier II: Complex Mental Health Services to Support Stabilization Service Package. • 1 General Residential Operation Case Manager for every 10 children, youth, or young adults being provided the Tier II: Complex Mental Health Services to Support Stabilization Service Package. • 1 Registered Nurse for every 16 children, youth, or young adults being provided the Tier II: Complex Mental Health Services to Support Stabilization Service Package. • 1 Licensed Therapist for every 10 children, youth, or young adults being provided the Tier II: Complex Mental Health Services to Support Stabilization Service Package. • 1 Aftercare Case Manager for every 25 children, youth, or young adults being provided the Tier II: Complex Mental Health Services to Support Stabilization Service Package. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier II: Complex Mental Health Services to Support Stabilization Service Package contemplates that, to</p>



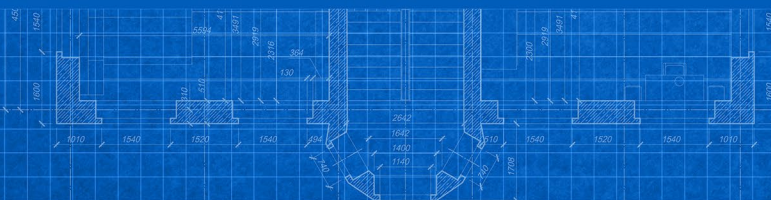
<p>Service Package Name</p>	<p>Tier II: Complex Mental Health Services to Support Stabilization</p>
	<p>ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
<p>Hours of Operation</p>	<p>Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the Tier II: Complex Mental Health Services to Support Stabilization Service Package.</p>
<p>Desired Individual Outcome</p>	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s Tier II: Complex Mental Health Services to Support Stabilization Service Package Treatment Model, and support the following at a minimum: <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being, as demonstrated through emotional and behavioral stability. • The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
<p>Admission Guidelines</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team.



Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<ul style="list-style-type: none"> • A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. • The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program. • A safety and supervision plan (which may be incorporated as a part of the Service Plan) is developed upon admission to ensure that the child remains safe and mitigates any risk to other children in the community. • The General Residential Operation is Credentialed to provide the Tier II: Complex Mental Health Services to Support Stabilization Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being and stability, and permanency in accordance with the child safety and supervision plan, and the child and family Service Plans. • A community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 30-day</i> Service Plan review, the General Residential Operation’s Program Director, the Treatment Director, and the Registered Nurse responsible for the Tier II: Complex Mental Health Services to Support Stabilization Service Package, must review the child’s goals and services to ensure they align with



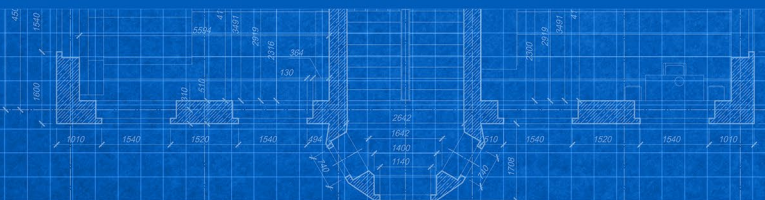
Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<p>the child’s custom strengths, needs, and permanency plan. The Program Director, the Treatment Director, and the Registered Nurse must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model, and that a community-based, Foster Family Home setting, or a facility-based General Residential Operation-Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier II: Complex Mental Health Services to Support Stabilization Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier II: Complex Mental Health Services to Support Stabilization Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period.



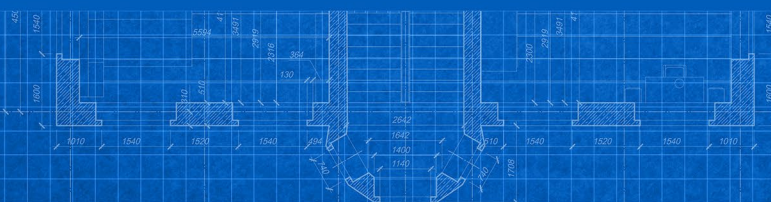
Service Package Name	Tier II: Complex Mental Health Services to Support Stabilization
	<ul style="list-style-type: none">The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



<p>Service Package Name</p>	<p>Tier II: Complex Medical Services to Support Stabilization</p>		
<p>Setting</p>	<p>Facility-Based Setting</p>		
<p>Permit Type</p>	<p>General Residential Operation- Multiple Services General Residential Operation-Residential Treatment Center</p> <p><i>Permit Type may vary by operation, and is dependent on Permit Services offered, General Residential Operation should consult with CCR and Licensing Representative to determine Permit Type needed.</i></p>		
<p>Permit Services</p>	<p><u>Treatment Services</u> Primary Medical Needs Emotional Disorders Intellectual or Developmental Disability Autism Spectrum Disorder</p>	<p><u>Programmatic Services</u> Transitional Living <i>(If offering Service Package to youth 14 and older)</i></p>	<p><u>Special Services</u> Physically Challenged Young Adult Care <i>(If General Residential Operation provides Extended Foster Care services)</i></p>
<p>Service Package Description</p>	<p>A highly structured, trauma-informed facility that, in addition to providing a child’s basic living needs, including food, clothing, shelter, education, vocation, transportation, recreation, and extracurricular needs, has an intensive treatment program that specializes in providing a holistic and comprehensive array of medical and behavioral health services and therapeutic supports for children, youth, and young adults that may present with a complex medical diagnosis that is defined as either one or more diagnoses that affect multiple organ systems, or one long-term health condition that results in functional limitations, high health care needs or utilization, and often the need for medical technology, and that may have a dual DSM-5 diagnosis for an emotional, behavioral,</p>		



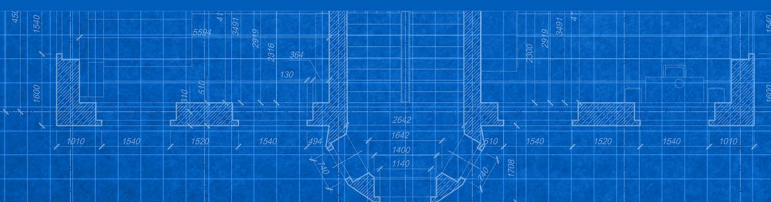
<p>Service Package Name</p>	<p>Tier II: Complex Medical Services to Support Stabilization</p>
	<p>or General Residential Operation- Tier I facility because it is not safe and appropriate based on individualized needs.</p> <p>Children, youth, and young adults eligible for this Service Package require daily on-site clinical intervention, and highly complex care coordination and case management services to support their emotional stability and well-being.</p> <p>The Tier II: Complex Medical Services to Support Stabilization Service Package is designed to offer temporary, facility-based care, for children, youth, and young adults based on their individual strengths and needs, with the overall goal of achieving medical, emotional, and behavioral stability to the level that successful transition to a less restrictive placement offering treatment and recovery services can be achieved.</p>
<p>Service Package Expectations</p>	<p>In addition to, and or/consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> • The General Residential Operation must be accredited by one of the following not-for-profit, accrediting bodies: <ul style="list-style-type: none"> ○ The Commission on Accreditation of Rehabilitation Facilities (CARF); ○ The Joint Commission on Accreditation of Healthcare Organizations (JCAHO); or ○ The Council on Accreditation (COA). • The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team, Licensed Therapist, Registered Nurse, and other medical providers/clinicians (if applicable) will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services must be provided by a Licensed Therapist that



Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<p>must be trained in, practice, and remain current with, delivery of the Treatment Model.</p> <ul style="list-style-type: none"> • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier II: Complex Medical Services to Support Stabilization Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Therapist with experience in treating children with qualifying DSM-5 diagnosed disorder(s) is always available by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed. • The General Residential Operation must ensure that a Registered Nurse is on-site during regular business hours, and in accordance with the Treatment Model, and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the child’s medical and behavioral health treatment and stabilization progress, as well as the administration of psychotropic and other medications to children, youth, and young adults receiving Tier II: Complex Medical Services to Support Stabilization. • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training for all staff and Direct Delivery Caregivers. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes Paid annual vacation and sick leave for all Direct Delivery Caregivers to support wellness and retention.

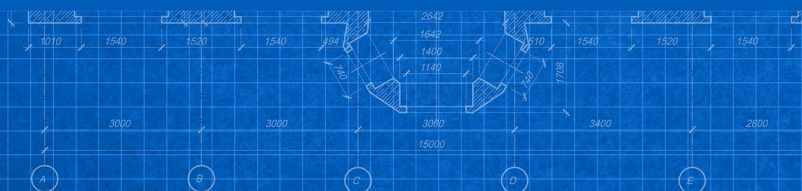
Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<ul style="list-style-type: none"> • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier II: Complex Medical Services to Support Stabilization Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination, recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan. • The Treatment Director must ensure that the General Residential Operation’s Case Management, Direct Delivery Caregivers, and Licensed Therapist receive on-going training on interpretation and analysis of complex medical records, and care planning for children, youth, and young adults with complex medical needs with co-existing behavioral health diagnoses. • The General Residential Operation, through assessment of child, youth, or young adult via observation/interaction, must have enhanced skill in navigating multiple systems, and advocate for and provide coordination of medical and clinical services offered through STAR Health, HHSC Behavioral Health Services (if needed), Early Childhood Intervention (if applicable), the juvenile justice system (if applicable), community and county providers, and the education, medical, and child welfare systems specific to children, youth, and young adults that qualify for the Tier II: Complex Medical Services to Support Community Transition Service Package. This includes, but is not limited to, coordinating, and supporting nursing, medication management, evaluation/testing, coaching/life

Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<p>skills building, specialized therapy services, and installing medical and other assistive equipment to improve and meet the custom physical and emotional needs of the child. The General Residential Operation must be skilled in navigating the multiple systems in a manner that not only keeps the child safe but mitigates risk to other children in the facility and/or community.</p> <ul style="list-style-type: none"> • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, Early Childhood Intervention, the education system, and any other county, community, or state agency. Requests for specific services determined to be necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, but the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service, must also be documented by the General Residential Operation in the case record. This documentation should include the date that the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials, immediately. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s). • This Service Package requires coordination and participation in school enrollment, including advocating for and ensuring various educational testing and plans are completed, and that accommodations and/or supports are in place to aid in the child’s educational success, and that the General Residential Operation is made accessible to teachers and other school staff, as appropriate, if facility-based education is determined to be necessary.

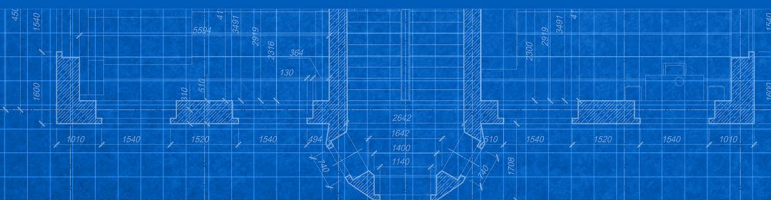


Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<p>The General Residential Operation must maintain contact information for any known biological and fictive kin of the child, youth, or young adult.</p> <ul style="list-style-type: none"> • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship, and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • Enhanced child safety/monitoring plan which may include incorporation of additional identified personnel, and/or equipment and technology. • The Tier II: Complex Medical Services to Support Stabilization Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier II: Complex Medical Services to Support Stabilization Service Package to youth 14 years of age and older: <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier II: Complex Medical

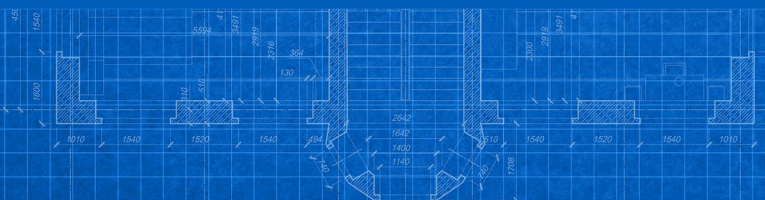
Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<p>Services to Support Stabilization Service Package being offered by the provider.</p> <ul style="list-style-type: none"> ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, and as determined safe and appropriate based on the youth or young adult’s treatment progress and stability, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult: <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered to transitioning youth and young adults through these offices/centers; and ▪ Reviews and is aware of the Extended Foster Care, Transitional Living, and Supervised Independent Living programs. This includes the General Residential Operation offering support in navigating entry into these programs.
<p>Anticipated Length of Service</p>	<p>The Tier II: Complex Medical Services to Support Stabilization is Time-limited, and based on the following:</p> <ul style="list-style-type: none"> ● Children aged 12 and under are eligible for this Service Package for a maximum of 6 consecutive or non-consecutive months.



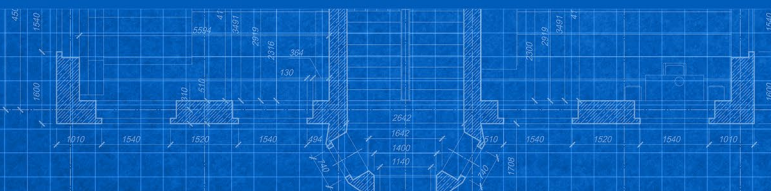
<p>Service Package Name</p>	<p>Tier II: Complex Medical Services to Support Stabilization</p>
	<ul style="list-style-type: none"> Youth aged 13 and older are eligible for this Service Package for a maximum of 12 consecutive, or 18 non-consecutive months. <p>In accordance with the maximum timeframes listed above, the Length of Service is individualized and based on the General Residential Operation’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model for providing the Tier II: Complex Medical Services to Support Stabilization Service Package, Admission Guidelines, and Continued Stay Guidelines, as well as the child, youth, or young adult’s CANS 3.0 Assessment and their ability to make progress towards emotional and behavioral stability in accordance with the Service Plan.</p> <p>Although the exact Length of Service will be customized in accordance with the operation’s Continued Stay Guidelines, the General Residential Operation’s policy must include an anticipated Length of Service for children, youth, and young adults served under the Tier II: Complex Medical Services to Support Stabilization Service Package.</p>
<p>Staffing Requirements</p>	<ul style="list-style-type: none"> Full-time Licensed Child Care Administrator dedicated to a single General Residential Operation. The General Residential Operation must have a Program Director (this position may serve as the Licensed Child Care Administrator for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier II: Complex Medical Services to Support Stabilization Service Package. The Program Director must have a master’s level or above degree; at least 7 years of experience working in a residential childcare setting can be substituted for education. The General Residential Operation must have a Treatment Director whose responsibilities include supervision of the Licensed Therapists on staff. The Treatment Director must be a physician or a licensed Registered Nurse. <i>(Please note that this may vary by the prevalence of population served, for more information please consult with CCR or your local Licensing Representative.)</i>



<p>Service Package Name</p>	<p>Tier II: Complex Medical Services to Support Stabilization</p>
	<p>All Direct Delivery Caregiver and Case Management functions, and the responsibilities of the Registered Nurse, must be performed by an employee of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> • 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 4 children, youth, or young adults being provided the Tier II: Complex Medical Services to Support Stabilization Service Package. • 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 5 children, youth, or young adults being provided the Tier II: Complex Medical Services to Support Stabilization Service Package. • 1 General Residential Operation Case Manager for every 10 children, youth, or young adults being provided the Tier II: Complex Medical Services to Support Stabilization Service Package. • 1 Registered Nurse for every 16 children, youth, or young adults being provided the Tier II: Complex Medical Services to Support Stabilization Service Package. • 1 Licensed Therapist for every 10 children, youth, or young adults being provided the Tier II: Complex Medical Services to Support Stabilization Service Package. • 1 Aftercare Case Manager for every 25 children, youth, or young adults being provided the Tier II: Complex Medical Services to Support Stabilization Service Package. <p>Staff to Child Ratio(s) may vary based on the operation’s specific Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier II: Complex Medical Needs Services to Support Stabilization Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this</p>



Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<p>child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program.</p> <ul style="list-style-type: none"> • A safety and supervision plan (which may be incorporated as a part of the Service Plan) is developed upon admission to ensure that the child remains safe and mitigates any risk to other children in the community. • The General Residential Operation is Credentialed to provide the Tier II: Complex Medical Services to Support Stabilization Service Package.
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> • On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. • The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. • The services continue to support the child’s individual need for safety, improved well-being and stability, and permanency in accordance with the child safety and supervision plan, and the child and family Service Plans. • A community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. • Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 30-day</i> Service Plan review, the General Residential Operation’s Program Director, the Treatment Director, and the Registered Nurse responsible for the Tier II: Complex Medical Services to Support Stabilization Service Package, must review the child’s goals and services to ensure they align with the child’s custom strengths, needs, and permanency plan. The Program Director, the Treatment Director, and the Registered Nurse must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from



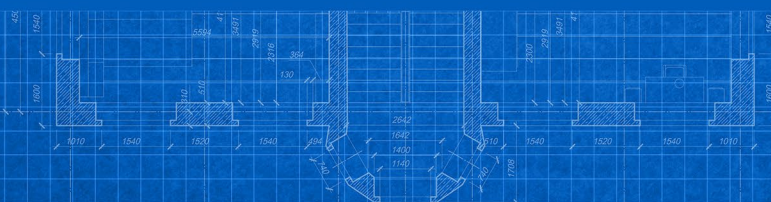
Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	<p>the Treatment Model, and that a community-based, Foster Family Home setting, or a facility-based General Residential Operation-Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation.</p> <ul style="list-style-type: none"> The General Residential Operation continues to maintain the Credential necessary to provide the Tier II: Complex Medical Services to Support Stabilization Service Package.
<p>Aftercare Services</p>	<ul style="list-style-type: none"> The Tier II: Complex Medical Services to Support Stabilization Service Package requires the planning and provision of Aftercare Services. Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period. The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General

Service Package Name	Tier II: Complex Medical Services to Support Stabilization
	Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.

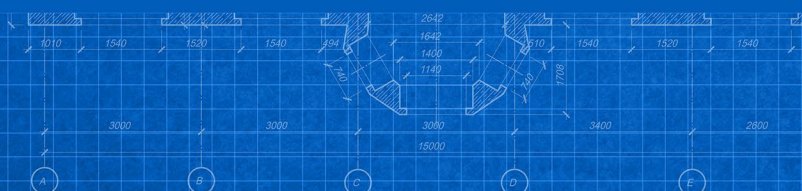


Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	<ul style="list-style-type: none"> • As a result of a criminal prosecution or who is currently alleged to be a victim/survivor of trafficking in a pending criminal investigation or prosecution; • Identified by the parent or agency that placed the child, youth, or young adult in the operation as a victim/survivor of trafficking; or • Determined by the operation to be a victim/survivor of trafficking based on reasonably reliable criteria, including one or more of the following: <ul style="list-style-type: none"> ○ The child’s own disclosure as a victim/survivor of trafficking; ○ The assessment of a counselor or other professional; or ○ Evidence that the child was recruited, harbored, transported, provided to another person, or obtained for the purpose of forced labor or commercial sexual activity. <p>In addition to the determination of status as a victim/survivor of trafficking, and having a qualifying DSM-5 diagnosis, the child, youth, or young adult may demonstrate two or more of the following:</p> <ul style="list-style-type: none"> • Severe and chronic challenges in school, with peers, and/or in other social settings; or • Severe and chronic challenges with authority and following rules (beyond what would be considered age-appropriate behavior); or • Recurring delinquent behaviors which may have resulted in juvenile justice or law enforcement involvement; or • Major self-injurious actions, including a suicide attempt within the last 12 months; or • Difficulties that present a significant risk of harm to others, including frequent or unpredictable violence or physical aggression; or • Substance-related issues or a pending diagnosis for an addictive disorder; or • If DSM-5 diagnosis is for an <i>Intellectual or Developmental Disability or Autism Spectrum Disorder</i>, the child’s behavior is characterized by prominent, severe deficits and pervasive impairment in one or more of the following areas (of development if diagnosis is Autism Spectrum Disorder):

Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	<ul style="list-style-type: none"> ○ The Council on Accreditation (COA). ● The General Residential Operation must ensure that the child receives regular and frequent individual, family, and group therapy (dependent on eligibility, therapy services should be authorized and paid for through STAR Health). The Service Planning team, Licensed Therapist, Registered Nurse, and other clinicians (if applicable) will determine the frequency, which will be customized to align with the child’s individual needs, and authorization requests will be sent to STAR Health as needed for Medicaid-covered services. The General Residential Operation will ensure that written justification of assessed need (to include frequency of therapeutic services) is included in the Service Plan. Therapy services must be provided by a Licensed Therapist, that specializes in treating victims/survivors of sex trafficking (all forms: no broker, gang, third-party [aka pimp], organized crime, familial), labor trafficking, and /or complex trauma, unless the Service Planning team determines a different type of therapist is needed to meet the child’s custom needs. If services are Medicaid-covered services, therapy providers must be credentialed and contracted with the STAR Health managed care organization. ● Upon request of the SSCC or DFPS (if child is from an area not yet under Community-Based Care), the General Residential Operation must provide all requested clinical records and documentation to support initial and on-going independent and/or court assessments of services. ● Service Planning team meetings must occur in accordance with the provider’s Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and based on the child’s needs and permanency plan, but a Service Plan review must occur once at least every 30 days. As informed by the child, youth, or young adult, and in collaboration with the Service Planning team, the Service Plan must include customized goals, and the planned service(s) and support(s) that will be provided to help with achievement of goals. Service Plan reviews must include documentation to show the progress made toward achieving each goal, and identification of any additional goals. A more frequent

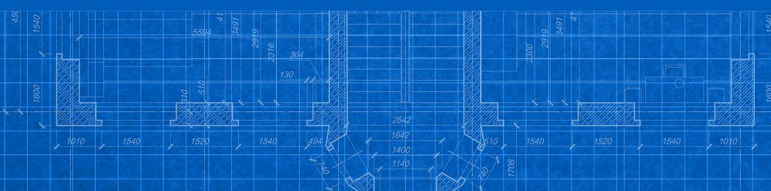


Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	<p>multi-disciplinary meeting may be required more frequently, dependent on child, youth, or young adult’s custom needs.</p> <ul style="list-style-type: none"> • The General Residential Operation must have an Evidence-informed, Promising Practice, or Evidence-based Treatment Model(s) that incorporates trauma-informed care specifically for children, youth, and young adults that have been victims of abuse and/or neglect. The Treatment Model must include specific programming designed to meet the custom treatment and stabilization needs of children, youth, and young adults who require Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization. The Treatment Model should be practiced throughout the operation and used as the basis to form all policy, procedures, practices, schedules, and programming related to this Service Package. Children, youth, and young adults must be aware of, and all staff and Direct Delivery Caregivers providing these services must be trained in, practice, and remain current with, delivery of the Treatment Model. • The General Residential Operation must maintain a current Logic Model specific to the provision of the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package, which is modified over time based on the operation’s Continuous Quality Improvement process. • The General Residential Operation must ensure that a Licensed Therapist, that specializes in sex trafficking (all forms: no broker, gang, third-party [aka pimp], organized crime, familial), labor trafficking, and /or complex trauma, is always available by phone or video conference to provide consultation and/or respond in-person in the event of a crisis, if needed. • The General Residential Operation must ensure that a Registered Nurse is on-site during regular business hours, and in accordance with the Treatment Model, and is available via phone or video conference 24 hours a day/7 days a week to direct and oversee the child’s treatment and stabilization progress, as well as the administration of psychotropic and other medications to children, youth, and young adults receiving Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package.

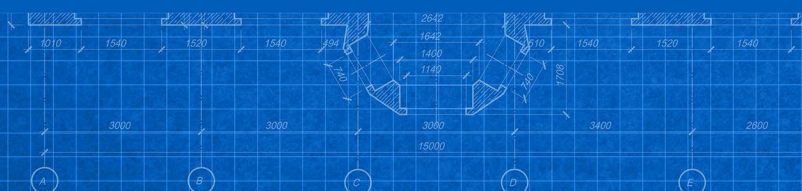


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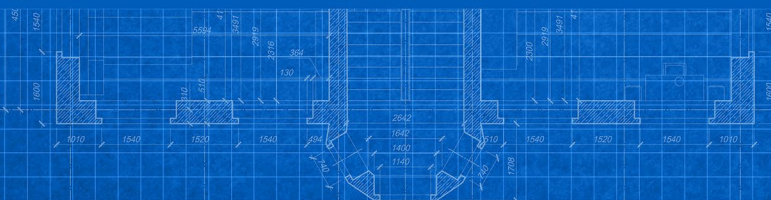
Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	<ul style="list-style-type: none"> • The child’s CANS 3.0 Assessment must be administered in accordance with the requirements. Results of the CANS 3.0 Assessment must be used to inform the customized Service Plan, including adjustments to the type of, frequency, and duration of services. Children over the age of 3, youth, and young adults receiving this Service Package must receive a CANS 3.0 Assessment every 90 days. • A Universal Human Trafficking Prevention Training specifically designed for victims/survivors of Human Trafficking is required for all staff and Direct Delivery Caregivers. The operation may elect to design this training or purchase an already developed training model which will be reviewed as a part of the Credentialing process. Children, youth, and young adults must receive information related to the prevention of Human Trafficking in accordance with the operation’s documented and planned method. • The General Residential Operation must have a staff benefit package that, at a minimum, includes Paid annual vacation and sick leave for all Direct Delivery Caregivers to support wellness and retention. • The General Residential Operation is required to have an Information Technology (IT) System(s) that allows for data collection to support Quality Assurance, Continuous Quality Improvement, case management documentation, billing/invoicing, reporting, and child-level outcome tracking processes. The provider must have the ability to track Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package referral, admission, and discharge data by child, youth, or young adult, broken out by referral source (whether SSCC or DFPS), by the number and percentage of referrals that did and did not result in admission, the reasons for denial of admissions based on referrals, and for children that were admitted, the average Length of Service, based on the time from admission to discharge. • The General Residential Operation must maintain Insurance in accordance with SSCC and/or DFPS contractual requirements. • The General Residential Operation offers customized case management, logistical support, transportation, coordination,



Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	<p>recreation, and documentation/record keeping of services in accordance with court orders and the Service Plan.</p> <ul style="list-style-type: none"> • The General Residential Operation must have enhanced skill and training in assessing and addressing the specific needs of a victim/survivor of Human Trafficking. This includes skill in determining the need for intervention to ensure safety, advocating for, and providing coordination of services, through STAR Health, HHSC Behavioral Health Services, community and county providers, and the education and child welfare systems specific to children, youth, and young adults that qualify for the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package. Dependent on the case, the General Residential Operation’s Service Planning coordination may be complex and include a multi-disciplinary team consisting of multiple law enforcement entities, care coordination teams, Court Systems (Criminal; Juvenile Justice; Prosecution) and Commercially Sexually Exploited Youth/Human Trafficking advocate agencies. The General Residential Operation 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 facility and/or community. • In collaboration with the Medical Consenter, the General Residential Operation must document all services the child, youth, or young adult is receiving through STAR Health, HHSC Behavioral Health, the juvenile justice and education systems, and any other county, community, or state agency. Requests for specific services determined to be necessary as a part of the Service Plan or Service Plan review, and for which the child, youth, or young adult is referred, but the service is not readily available and/or it is determined that the child, youth, or young adult is ineligible for the service, must also be documented by the General Residential Operation in the case record. This documentation should include the date that the service request, application, or referral was made, the specific type of service being requested, and the status of the service request, including the reason provided for the denial (if applicable), and status of any service request appeals (if applicable). The General Residential Operation should notify the



Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	<p>SSCC or DFPS caseworker of any challenges encountered with access to services, and/or service referral denials, within 3 business days. The operation should seek community resources to obtain any needed services that are not covered through STAR Health. If community resources are not available and/or STAR Health does not cover the needed service(s), the General Residential Operation must ensure delivery of, and cover the cost of the needed service(s).</p> <ul style="list-style-type: none"> • This Service Package requires coordination and participation in school enrollment, including advocating for and ensuring various educational testing and plans are completed, and that accommodations and/or supports are in place to aid in the child’s educational success, and that the General Residential Operation is made accessible to teachers and other school staff, as appropriate, if facility-based education is determined to be necessary. • The General Residential Operation is required to coordinate care with the child or youth’s medical consentor (if not an employee of the operation) and participate in STAR Health Service Coordination (dependent and based on child, youth, or young adult’s individual eligibility). • The General Residential Operation must support Normalcy activities to include, but not limited to, clothing, hygiene products, hair care, birthdays, holidays, graduations, and other Normalcy activities that are age appropriate and in accordance with the Service Plan. • The General Residential Operation must have a customized daily Recreation Schedule that supports the physical, social, and emotional well-being needs of children, youth, and young adult in a manner that is age and developmentally appropriate, and consistent with the operation’s Treatment Model. The Recreation Schedule must offer opportunities for both on-site and off-site (to the extent that it is safe and appropriate) activities, and must be informed by children, youth, and young adults receiving this Service Package. • To the extent that it is safe and appropriate, and in collaboration with the DFPS or SSCC caseworker, the General Residential Operation must outreach to, engage, and collaborate with the

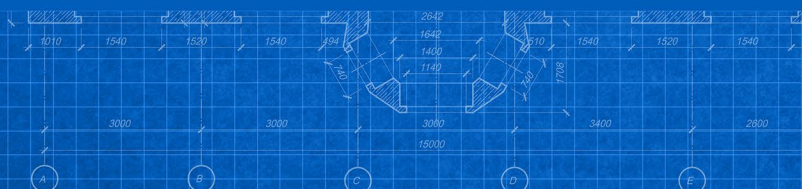


Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	<p>child, youth, or young adult, their biological parents, other relatives (including all siblings), potential Kinship (including fictive) Caregivers, adoptive Caregivers, and supportive persons in care coordination and Service Planning throughout the duration of the child’s placement, and as a part of Aftercare Services (if appropriate). The General Residential Operation must have policy that outlines the operation’s family finding, family outreach and engagement approach and process for inclusion of all individuals previously listed, which includes working with the child, youth, or young adult to identify family members and/or other supportive persons and sharing this information with the SSCC or DFPS (if child is from an area not yet under CBC) caseworker. Family outreach and engagement efforts must be documented as a part of the Service Plan and in Aftercare Service documentation (if appropriate) in the child’s case record maintained by the operation. The General Residential Operation must maintain contact information for any known biological and fictive kin of the child, youth, or young adult.</p> <ul style="list-style-type: none"> • The General Residential Operation must have at least one awake night Direct Delivery Caregiver for every 7 children and youth in DFPS conservatorship, and at least one awake night Direct Delivery Caregiver in every separate cottage or building that has at least 1 child or youth in DFPS conservatorship. • Enhanced child safety/monitoring plan which may include incorporation of additional identified personnel, and/or equipment and technology. • The Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package includes requirements to support preparation and planning for successful transition into adulthood for youth (14-17 years old) and young adults (18-22 years old, if offering Extended Foster Care services). The General Residential Operation must have policy, procedures, and a training plan for delivery of transitional support services if serving youth and young adults, ages 14 and older. • The following requirements apply to General Residential Operations offering the Tier II: Human Trafficking Victim/Survivor

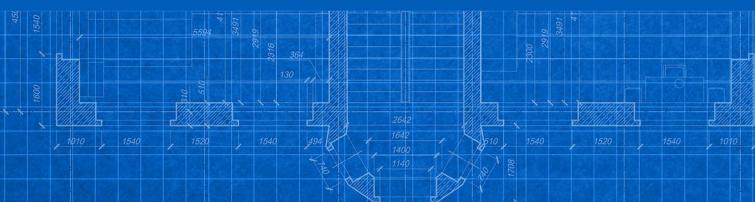
Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	<p>Services to Support Stabilization Service Package to youth 14 years of age and older:</p> <ul style="list-style-type: none"> ○ The General Residential Operation must have a working knowledge of the Texas Preparation for Adult Living Program, including the state and federal benefits that youth and young adults are eligible for while in, and after they transition out of, the foster care system. This expertise includes understanding the time for, and process required to complete and submit referrals, applications, or other necessary documentation to obtain benefits. ○ The General Residential Operation’s approach and delivery of transition support for youth and young adults must consider the individual’s custom needs, and be adaptable to support transition based on age, individual development needs, and in conjunction with the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package being offered by the provider. ○ In collaboration with SSCC and DFPS Preparation for Adult Living staff, and as determined safe and appropriate based on the youth or young adult’s treatment progress and stability, the General Residential Operation must provide transportation, coordination, documentation/record keeping of services, and offer meaningful opportunities for experiential learning specific to the population, including, but not limited to, ensuring that the youth or young adult: <ul style="list-style-type: none"> ▪ Completes the Casey Life Skills Assessments; ▪ Regularly attends Preparation for Adult Living program events; ▪ Completes Preparation for Adult Living Life Skills Training; ▪ Participates (if interested and appropriate) in Youth Leadership Council activities; ▪ Attends and participates in Circles of Support or other permanency and/or transition planning meetings; ▪ Visits local Texas Workforce Solutions office(s) and Transition Center(s) (if available in the area and as appropriate) and understands opportunities offered

Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	<p>for the operation) that is responsible for the overall administration, operations, and management of services, including those inherent in the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package.</p> <ul style="list-style-type: none"> ● The Program Director must have a master’s level or above degree; at least 7 years of experience working in a residential childcare setting can be substituted for education. ● The General Residential Operation must have a Treatment Director whose responsibilities include supervision of the Licensed Therapists on staff. ● The Treatment Director must: <ul style="list-style-type: none"> ○ Be a psychiatrist or psychologist; or ○ Have a master’s degree in human services field from an accredited college or university, and three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting; or ○ Be a licensed master social worker, a licensed clinical social worker, a licensed professional counselor, or a licensed marriage and family therapist, and have three years of experience providing treatment services to children with emotional disorders, including one year in a residential setting. ● Identified personnel and infrastructure to support the following: <ul style="list-style-type: none"> ○ Direct Delivery Caregivers ○ Case Management ○ Intake/Placement ○ Driver ○ Licensed Therapist with experience in treating sex trafficking (all forms: no broker, gang, third-party [aka pimp], organized crime, familial), labor trafficking, and /or complex trauma, to oversee treatment and service planning for children, youth, and young adults ○ Registered Nurse ○ Staff Training and Workforce Development ○ Staff (including Direct Delivery Caregiver) Recruitment and Retention

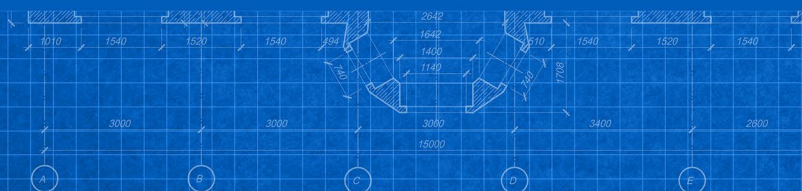
Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	<ul style="list-style-type: none"> ○ Aftercare Services Planning and Case Management ○ Continuous Quality Assurance and Improvement Program ○ Billing, cost reporting, and claims administration ○ Enhanced safety and monitoring (if applicable) ○ Cross-system coordination, including, but not limited to, maintaining, and supporting the child’s school, medical, dental, behavioral health, and other service needs. Must be well-versed in STAR Health services to ensure that children, youth, and young adults in need of Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization maximize benefits based on eligibility and meeting medical necessity criteria for service(s). <p>Depending on the size of the General Residential Operation, and subject to Minimum Standards and SSCC/DFPS Contract requirements, the identified personnel responsible for some of the tasks listed above may serve more than one function and may be under contract with the operation (as opposed to being employed staff of the General Residential Operation). If the General Residential Operation chooses to contract for or enter into a written agreement for provision of any of the tasks, the contracted personnel must be trained in, practice, and remain current with delivery of the operation’s Treatment Model.</p> <p>All Direct Delivery Caregiver and Case Management functions must be performed by an employee of the operation.</p>
<p>Generally Appropriate Staff to Child Ratio Based on Service Package</p>	<ul style="list-style-type: none"> ● 1 General Residential Operation awake daytime Direct Delivery Caregiver for every 4 children, youth, or young adults being provided the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package. ● 1 General Residential Operation awake nighttime Direct Delivery Caregiver for every 3 children, youth, or young adults being provided the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package. ● 1 General Residential Operation Case Manager for every 10 children, youth, or young adults being provided the Tier II: Human



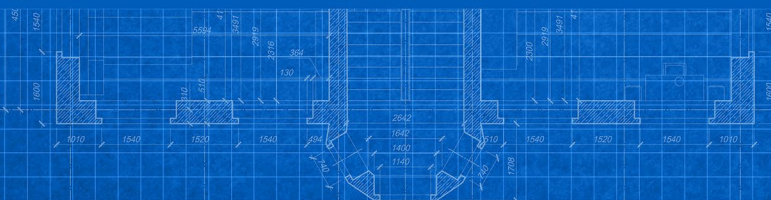
Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
	<p>Trafficking Victim/Survivor Services to Support Stabilization Service Package.</p> <ul style="list-style-type: none"> • 1 Registered Nurse for every 16 children, youth, or young adults being provided the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package. • 1 Licensed Therapist for every 10 children, youth, or young adults being provided the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package. • 1 Aftercare Case Manager for every 25 children, youth, or young adults being provided the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package. <p>Staff to Child Ratio(s) may vary based on an operation’s specific Evidence-informed, Promising Practice, or Evidence-based Treatment Model, and dependent on the complexity of the case mix and caseload.</p> <p>The daily reimbursement rate for the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package contemplates that, to ensure child safety, there will be times when a 1 Direct Delivery Caregiver to 1 child, youth, or young adult ratio may be necessary. The General Residential Operation must have policy that details how, when, and under what circumstances the operation will provide one-to-one supervision for individual children, youth, and young adults in care being provided this Service Package. The policy should include information on which staff position(s) within the organization is responsible for making the determination that one-to-one supervision is necessary.</p>
Hours of Operation	Admissions and placement staff on-call/available 365 days per year, 24 hours per day, to screen and admit children, youth, and young adults requiring the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package.
	<ul style="list-style-type: none"> • The General Residential Operation must have clearly articulated child-level outcome expectations that tie directly to the operation’s



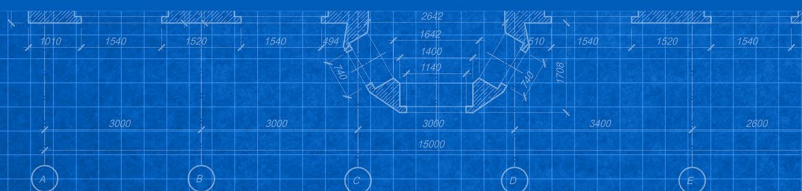
<p>Service Package Name</p>	<p>Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization</p>
<p>Desired Individual Outcome</p>	<p>Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package Treatment Model, and support the following at a minimum:</p> <ul style="list-style-type: none"> ○ Child Safety, ○ Child’s Permanency Goal, and ○ Child’s Well-Being, as demonstrated through emotional and behavioral stability. <ul style="list-style-type: none"> ● The General Residential Operation must have infrastructure in place to collect, track, and evaluate/analyze child outcomes (both during placement and as a part of Aftercare Services).
<p>Admission Guidelines</p>	<p>In addition to and/or consistent with Statutory and Minimum Standards Requirements:</p> <ul style="list-style-type: none"> ● Placement type and Service Package aligns with the child’s needs and strengths as demonstrated through the CANS 3.0 Assessment (if administered prior to need for admission), Application for Placement, and/or based on the knowledge and professional judgment of the child’s Service Planning team. ● A Pre-Placement visit has been conducted (when applicable and appropriate) and was successful. ● The General Residential Operation’s admissions staff have reviewed the child’s information and determined that the child’s needs align with services offered by the General Residential Operation, and the child is a good fit for the placement when considering the current census and case mix of other children, youth, and young adults in the program. ● A safety and supervision plan (which may be incorporated as a part of the Service Plan) is developed upon admission to ensure that the child remains safe and mitigates any risk to other children in the community. ● The General Residential Operation is Credentialed to provide the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package.



Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
<p>Quality Assurance and Continued Stay Guidelines</p>	<ul style="list-style-type: none"> On-going review and adjustment of services based on subsequent CANS 3.0 Assessments and the Service Plan reviews. The primary reasons that the child met the Admission Guidelines continue to require on-going services, or those reasons are being replaced with other service needs that align to the Credentialed Service Package offered and meet Admission Guidelines. The services continue to support the child’s individual need for safety, improved well-being and stability, and permanency in accordance with the child safety and supervision plan, and the child and family Service Plans. A community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s individual needs. Considering the most recent CANS 3.0 Assessment, and <i>in conjunction with each 30-day</i> Service Plan review, the General Residential Operation’s Program Director, the Treatment Director, and the Registered Nurse responsible for the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package, must review the child’s goals and services to ensure they align with the child’s custom strengths, needs, and permanency plan. The Program Director, the Treatment Director, and the Registered Nurse must provide written confirmation that the child, youth, or young adult continues to meet criteria for, and is benefitting from the Treatment Model, and that a community-based, Foster Family Home setting, or a facility-based General Residential Operation- Tier I setting, offering a similar (in type) or a different Service Package, is not appropriate to meet the child’s custom needs. Written confirmation should be documented in the General Residential Operation’s case record for the child, and a copy should be provided to the SSCC or DFPS (in areas that have not transitioned to CBC) caseworker within 15 business days of review and confirmation. The General Residential Operation continues to maintain the Credential necessary to provide the Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package.



Service Package Name	Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization
<p>Aftercare Services</p>	<ul style="list-style-type: none"> • The Tier II: Human Trafficking Victim/Survivor Services to Support Stabilization Service Package requires the planning and provision of Aftercare Services. • Funding to support the Aftercare Services has been built into the General Residential Operation’s daily foster care rate while the child is in care, the operation will not receive a separate payment for the provision of the required Aftercare Services. • Upon discharge (both successful and unsuccessful), the child, youth, or young adult will exit placement with a robust Aftercare Services plan (which may be incorporated as a part of the Service Plan) that at a minimum, includes the name and contact information for the STAR Health Service Coordinator (if assigned) and the General Residential Operation’s Aftercare Services Case Manager, Education Portfolio, referrals for continued treatment/recovery services, initial appointments set (if transition is needed), as well as a plan with times and dates set for weekly, transitioning to twice a month, follow-up calls and/or meetings for a period of 6 months. Additional in-person or virtual ad-hoc meetings/staffings, as well as referrals for new or additional services, may be required during the 6-month aftercare period. • The operation must maintain written documentation of all contacts or attempted contacts, referrals, and other case management support provided during the Aftercare Service period in the General Residential Operation’s case record for the child. A copy of the documentation should be provided to the SSCC or DFPS caseworker at the end of each month during the Aftercare Service period.



Conclusion

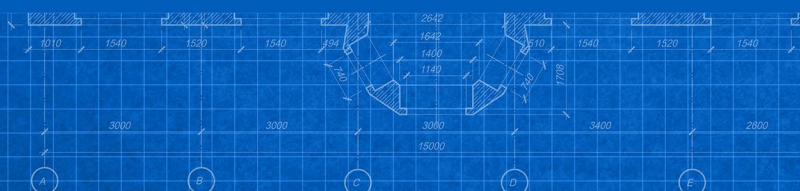
The T3C System represents new opportunities for children, youth, young adults, Caregivers, providers, and virtually all stakeholders living and working in the Texas Foster Care System. Through synergistic partnership, the modern, child centered T3C System which focuses on assessment, planning and customizing services based on needs and strengths, will replace the Service Level System model with the intent of further improving outcomes for children, youth, and young adults in foster care. The transition to this new system will be an iterative process where lessons will be learned, and modifications will be made for continued improvement. Successful implementation can only be achieved if there is frequent, timely, and transparent communication between the Department and all stakeholders.

The T3C Blueprint is one source intended to aid in providing this type of needed communication. DFPS hopes this document provides you with some basic information and understanding to help in planning, toward full implementation of the T3C System.



APPENDIX: T3C System Implementation Deliverable and Timeline

Implementation Deliverable	Timeframe (Signifies Fiscal Year Quarter start of work)	Estimated Completion (signifies Fiscal Year Quarter of completion)
Create DFPS Project Management Office	FY 24-Quarter 1	FY 24-Quarter 1
Texas Child Centered Care Implementation/Project & Communications Plan	FY 24-Quarter 1	On-going
T3C Service Package & Add-On Service Blueprint	FY 24-Quarter 1	FY 24-Quarter 2 (initial) & on-going
CANS 3.0 Assessment Tool	FY 24-Quarter 1	FY 25- Quarter 2 & on-going
Provider Transition Grants	FY 24-Quarter 1	FY 24-Quarter 2 (initial) & on-going
External Continuous Quality Assurance & Improvement Process	FY 24-Quarter 2	FY 24- Quarter 4 & on-going
Universal Human Trafficking Prevention Training Model	FY 24-Quarter 2	FY 24-Quarter 4 & on-going
Texas Administrative Code Rule Changes	FY 24-Quarter 1	FY 24- Quarter 4 & on-going
T3C Cost Reports	FY 23-Quarter 4	FY 24-Quarter 3 & on-going
T3C Residential Contracts	FY 24-Quarter 2	FY 24- Quarter 4 & on-going
T3C SSCC Contracts	FY 24-Quarter 2	FY 24-Quarter 4 & on-going
DFPS IT Systems Changes	FY 23-Quarter 4	FY 25- Quarter 2 & on-going
Training and Webinars	FY 24-Quarter 3	FY24- Quarter 3 & on-going



BLUEPRINT

Implementation Deliverable	Timeframe (Signifies Fiscal Year Quarter start of work)	Estimated Completion (signifies Fiscal Year Quarter of completion)
Universal Assessment & Placement Process	FY24- Quarter 2	FY25-Quarter 2 & on-going
T3C Forecast Model	FY 24-Quarter 2	FY 25-Quarter 2 & on-going
State Plan & Federal Claiming Under T3C	FY 23-Quarter 2	FY 25- Quarter 2 & on-going
Policy, Procedure, Resource Guide, & Joint Protocol Manuals	FY 24-Quarter 3	FY 25-Quarter 1 & on-going
Training	FY 23-Quarter 3	FY 25- Quarter 1 & on-going
Data Warehouse & Reporting	FY 24-Quarter 2	FY 25-Quarter 2 & on-going

