

## DEPARTMENT OF SOCIAL SERVICES

## CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

December 11, 2009

MEMORANDUM

<b><u>What's Inside:</u></b> Residential Treatment Rehabilitation and Aftercare Services
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TO: REGIONAL EXECUTIVE STAFF, CIRCUIT MANAGERS, AND  
CHILDREN'S DIVISION STAFF

FROM: PAULA NEESE, DIRECTOR

SUBJECT: RESIDENTIAL TREATMENT REHABILITATION AND  
AFTERCARE SERVICES

## DISCUSSION:

The purpose of this memorandum is to discuss revised Residential Treatment Agreements, including the aftercare services. These agreements will better align with available funding streams for services to children in residential treatment programs. The agreements will be piloted with four providers in January, 2010. Those providers who will serve as the initial pilots are Boys and Girls Town of Missouri with Edgewood Children's Center, Child Center-Marygrove, and Niles Home for Children. These agreements will eventually replace the current residential treatment contracts statewide within the next 12 months. The agreements will not include emergency, infant/toddler or maternity residential services. These services will be provided through separate contracts.

Aftercare services will replace Family Focused Residential Services (FFRS) under the new agreements. FFRS will continue to be provided through the current Residential Treatment contracts for as long as those contracts are in existence. Children placed with pilot facilities who are currently receiving FFRS will continue to receive these services for the duration of their placement. The role of the Family Support Team, case manager and service worker, and RCST Coordinator in requesting aftercare services are discussed below. The Family Support Team must seek rehabilitation services which are necessary to support a child's transition from a residential treatment facility to a less restrictive environment, such as foster home or a return of the child to their parent/guardian unless there is a documented reason not to provide the service. The aftercare services will be provided to children who can be discharged from residential care within six months of admission and juveniles who have been receiving sexual offender services, regardless of the length of time the youth has been placed in residential treatment. The latter will require state office approval.

## **Rehabilitation Services**

Room and board payments will automatically be generated for providers who are operating under the new Residential Treatment Agreements similar to the process utilized to reimburse foster parents. As such, it is critical to update residential placements in a timely manner. New placement types have been developed to identify those youth who are placed with providers operating under the new Residential Treatment Agreement as follows:

- RFP is used to identify children who have not yet been assigned a level of care. The vendor must be contracted to provide RF2R, RF3R, or RF4R services.
- RF2 is used to identify children who will receive Level 2 services. The vendor must be contracted to provide Level 2 services.
- RF3 is used to identify children who will receive Level 3 services. The vendor must be contracted to provide Level 3 services.
- RF4 is used to identify children who will receive Level 4 services. The vendor must be contracted to provide Level 4 services.
- RFT is used to identify children who will receive aftercare services. The vendor must be contracted to provide RFTM or RFTR services.

It is the responsibility of the RCST Coordinators to identify the appropriate level for youth placed in residential care. RCST Coordinators will enter the new placement type for those children who are placed with one of the pilots effective December 31, 2009. Current practice will determine who will enter the placement type for children who are placed with a pilot after January 1, 2010. However, case managers should not enter or update placement types which indicate the level of residential treatment services until the RCST Coordinator has determined the placement level. In those situations where a child transfers from one pilot site to another they will be authorized for the same level of services or higher, when appropriate. They will not be authorized for emergency residential services.

RCST Coordinators will receive additional information regarding payment of the rehabilitation services which will be generated through SEAS authorizations utilizing the following codes to indicate the new levels:

- RF2R – Residential Level 2 Rehabilitation Services
- RF3R – Residential Level 3 Rehabilitation Services
- RF4R – Residential Level 4 Rehabilitation Services
- RFTR – Residential Facility Transition Rehabilitation Services (Aftercare)

## **Emergency, Maternity and Infant Residential Placements**

The providers serving as the pilots for the residential treatment rehabilitation services will also sign a separate agreement to provide emergency, maternity and infant residential services. Room and board payments will automatically be generated for providers who are operating under these new agreements for all services, including the emergency, maternity and infant residential services. It is critical to update residential placements in a timely manner to insure prompt payment to providers. New placement types have been developed to identify those youth who are placed with providers operating under the new contract for emergency, maternity and infant residential services as follows:

- RFE is used to identify children who will receive Emergency services. The vendor must be contracted to provide RFEM services.
- RFM is used to identify children who will receive Maternity and Maternity with Infant services. The vendor must be contracted to provide RFMM services.
- RFI is used to identify children who will receive Infant/Toddler services. The vendor must be contracted to provide RFIM services.

The only reimbursement for emergency, maternity or infant residential services will be room and board payments. SEAS authorizations and corresponding rehabilitation payments will not be provided for these services.

### **Aftercare Services**

Residential Treatment Aftercare includes:

- Assessment, monitoring, and on-going management of a medication regimen;
- Therapeutic, clinical treatment services which target trauma recovery and is not covered separately through the HCY or Physician's Services Program;
- Monitoring and evaluating day to day activities to assist with the reduction of the disability and restoration of the child's functional level;
- Services designed to expedite and increase the youth's inclusion into the family and community;
- Services to ameliorate emotional trauma precipitated by a specific event;
- Supportive services to provide the youth opportunities to attend and have an educational program; and
- Services to ensure a safe and stable home environment.

Examples of Residential Treatment Aftercare Services include:

- Assessment of needs for medications;
- Assessment of child's or placement provider's ability to successfully administer medication;
- Monitoring physician orders for treatment requiring participant education;
- Monitoring medication compliance;
- Goal oriented therapeutic services which focus on the stabilization and management of acute or chronic symptoms resulting in functional deficits;
- Services designed to assist the caregiver in resuming full time care of the child outside the residential setting such as parenting skills;
- Services designed to enhance daily living skills such as communication and socialization;
- Assistance to access and utilize community agencies and resources to provide ongoing social, educational, vocational and recreational supports and activities necessary to transition or maintain the child in a normalized setting;
- Individualized assistance as a 24 hour a day resource which may include intervention and referral for children or placement providers experiencing crisis situations;
- Classroom support and crisis intervention;
- Transportation to and from school due to behavioral issues which necessitate adult supervision;
- Assistance in the school setting for child specific behavior management; and

- Teaching anger/depression/anxiety management, self-criticism reduction, and frustration management.

### Role of Family Support Team (FST)

Individuals who should be invited to attend the FST meeting when a child is placed in residential treatment includes: parents, legal counsel for the parents, Guardian ad Litem (GAL), Court Appointed Special Advocate (CASA), juvenile officer, the residential treatment personnel who are familiar with the youth, the individual(s) who will be providing care to the child upon discharge from the residential facility, and the case manager. Children age 13 and over should also be invited to attend. Younger children may be invited if they are able to understand the circumstances and implications of their out-of-home care status. Other individuals who may also be invited include youth supports and Chafee Foster Care Independence Program staff. The family may also choose to invite other family members and formal or informal service providers. Two weeks prior written notification of the FST must be given to all team members, including the time and place of the review.

The Family Support Team is responsible for determining the service and treatment needs of the child. The FST must determine the need for and type of aftercare services for those children placed in residential treatment. An FST meeting should be held **within 30 days of placement** in the residential treatment facility to discuss transition planning. Aftercare services must be discussed for children who can be discharged from residential treatment within six months of admission and juveniles who have been receiving sexual offender services, regardless of the length of time the youth has been placed in residential treatment. Another FST meeting should be held **at least 30 days prior** to a youth's planned exit from residential care. The purpose of the FST is to:

- Discuss and create a wrap around plan for the youth and individual(s) who will be providing care upon discharge;
- Discuss what types of supportive and transitional services the youth will need;
- Discuss what resources are available in the caregiver's community (including those services available through Mo HealthNet or Department of Mental Health, which may be available at no cost); and
- Determine if residential treatment aftercare services are indicated. Aftercare services shall be authorized unless there is a documented reason not to provide the service.

### Role of Case Manager/Service Worker

The case manager is responsible for clearly identifying and documenting the specific aftercare services which are needed on the CS-1. The case manager will need to send the CS-1 to the RCST Coordinator. If the child is placed out of county with a service worker assigned, the service worker is responsible for monitoring the aftercare services.

### Role of Residential Care Screening Team Coordinator (RCST)

When a decision is made to utilize Residential Treatment Aftercare Services, a copy of the CS-1 indicating such will need to be sent to the regional RCST Coordinator. The residential treatment provider will be contacted by the RCST Coordinator to determine the effective date for the aftercare services. The RCST Coordinator will be responsible

to enter the aftercare authorization into the system. The aftercare services will be authorized for a period of four months. The child may be in the residential placement during the first month. **Aftercare services may not be authorized for children who have been placed in the residential treatment facility for more than six months unless they have received sexual offender treatment and have been approved by central office.**

The RCST Coordinator is also responsible for approving aftercare support funds for single requests under \$200.00 and cumulative expenses under \$500.00. The RCST Coordinator will submit the CS-65 for reimbursement to the central office payment unit. Single requests over \$200.00 and cumulative expenses exceeding \$500.00 must receive **prior** approval from Central Office. The residential treatment provider will submit the request directly to the Central Office designee. If approved, the e-mail indicating such will accompany the request for reimbursement submitted to the RCST Coordinator.

### **Special Procedures for Children receiving Adoption or Guardianship Subsidy**

The appropriate residential rehabilitation services need to be listed on the adoption or guardianship subsidy contract before they can be authorized. The adoptive parent(s) or legal guardian must request these services through their subsidy worker. The RCST coordinator will determine if residential treatment services are appropriate and authorize the level of care that is to be provided after receiving approval to utilize subsidy funding for residential treatment rehabilitation services from the subsidy worker. One of the following codes must be listed on the subsidy agreement: ASRT; RF2R; RF3R; or RF4R. Children who were already placed in a residential treatment facility by their adoptive parent(s) or legal guardian prior to requesting such services through their subsidy worker can not be authorized for emergency residential care services.

RFTR must be listed on the adoption or guardianship subsidy contract for those children who are authorized for aftercare services. RTCR must be listed before crisis funding can be authorized. In addition, the amount of crisis funding approved must be indicated. The subsidy contract must list RTRS to indicate approval for respite days provided by the residential treatment provider while the child is receiving aftercare services. The funding amount must also be indicated for respite services.

### **Special Procedures for Children receiving FCCM services**

The new placement types to indicate rehabilitation services will be utilized for children who are case managed by a private agency through the FCCM contract. The FCCM providers will receive a list of children placed with the pilots in early January. The FCCM provider will be responsible for updating the placement type.

FCCM providers will have their own process to authorize aftercare services.

#### **NECESSARY ACTION:**

1. Review this memorandum with all Children's Division staff.
2. All questions should be cleared through normal supervisory channels and directed to:

<b>PDS CONTACT:</b> Randal D. Yancey (573) 751-8615 <a href="mailto:Randal.D.Yancey@dss.mo.gov">Randal.D.Yancey@dss.mo.gov</a>	<b>PROGRAM MANAGER:</b> LeAnn Haslag (573) 526-0957 <a href="mailto:Leann.M.Haslag@dss.mo.gov">Leann.M.Haslag@dss.mo.gov</a>
<b>CHILD WELFARE MANUAL REVISIONS:</b> N/A	
<b>FORMS AND INSTRUCTIONS</b> N/A	
<b>REFERENCE DOCUMENTS AND RESOURCES</b> N/A	
<b>RELATED STATUTE</b> N/A	
<b>ADMINISTRATIVE RULE</b> N/A	
<b>COUNCIL ON ACCREDITATION (COA) STANDARDS</b> N/A	
<b>CHILD AND FAMILY SERVICES REVIEW (CFSR)</b> N/A	
<b>PROTECTIVE FACTORS</b> Parental Resilience-N/A Social Connections-N/A Knowledge of Parenting and Child Development-N/A Concrete Support in Times of Need-N/A Social and Emotional Competence of Children-N/A	
<b>FACES REQUIREMENTS</b> N/A	