

## **FAMILY FOSTER HOME DESCRIPTIONS**

All facilities and foster homes shall follow the guidelines outlined in K.S.A. 38-2202, "Reasonable and Prudent Parenting Standard", "means the standard characterized by careful and sensible parental decisions that maintain the health, safety and best interests of a child while at the same time encouraging the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in FC under the responsibility of the state to participate in extracurricular, enrichment, cultural and social activities."

A foster home is a family home in which 24-hour care is provided to children and youth in need of out-of-home placement to meet their safety and well-being needs. The foster home shall comply with all DCF Licensing regulations and be sponsored by a licensed child placing agency (CPA). The foster family is an integral part of the team working with the child or youth and their family to achieve timely permanency.

Practice Note: The descriptions below are modeled after the DCF Rate Structure guide and are to be used merely as a means to help match the most prepared FFH with the child/youth needing placement. These descriptions are to be used as general guidance, and all workers are encouraged to keep in mind the complex nature of humans forming relationships, particularly in terms of children and youth who come from hard places.

### **LEVELS OF SERVICE (LEVEL OF CARE/LOC):**

#### **Description of the Basic Family Foster Home (Basic 1)**

A Basic-1 service level family foster home provides 24-hour care for youth to meet their safety and well-being needs. DCF Licensing regulations require at least eight hours of training annually per foster parent.

Basic 1 Service Level consists of a supportive family-setting, which is designed to maintain and/or improve the child's development and functioning, including:

- Routine guidance and supervision to ensure the child's safety and sense of security.
- Affection, reassurance, and involvement in activities appropriate to the child's age and development to promote the child's well-being (prudent parenting).
- Understanding of appropriate developmental and trauma-induced reactions to stressors and utilization of insightful, sensitive ways to address these reactions that creates a safe, nurturing, and trusting environment for the child.
- A shared parenting approach that promotes connections and contact, in a manner that is deemed in the best interest of the child, with family members and other persons significant to the child allowing the child to maintain a sense of identity and culture; and
- Ongoing access to trauma-sensitive therapeutic, habilitative, and/or medical intervention and guidance from professionals or paraprofessionals, on an as-needed basis, to help the child maintain or improve functioning appropriate to the child's chronological and developmental age.

Typically, children and youth qualifying for this level of care score low on the Client Assessment/Level of Care tool the CMP has identified to use in determining need of services. For example, a child who would qualify at this level of care has none or few school concerns, does not use any substances, demonstrates minimal if any verbal or physical aggression and has minimal or well-managed mental health needs.

**Basic Level 2 and 3**

A Basic Level 2 and/or 3 family foster home provides 24-hour care for children and youth to meet their safety and well-being needs. In addition, family foster parents may be required to complete additional training hours to meet the special needs of the children and youth placed in the home as deemed needed and warranted by the sponsoring CPA. Documentation of these additional training hours shall be kept in the family foster parent's file. The purpose of the additional training and continuing education is to provide opportunities for the family foster parent to increase their knowledge, skill, and parenting abilities. The sponsoring agency for the FFH may determine a family's prior work experience, history of taking foster placements, and other relevant life experience into account when assessing for skills and abilities in meeting the needs of youth at these rate levels.

**Description of the Basic 2 Service Level**

The Basic 2 Level consists of a structured supportive setting, preferably in a family, in which most activities are designed to maintain and/or improve the child's development and functioning including:

- More than routine guidance and supervision to ensure the child's safety and sense of security.
- Affection, reassurance, and involvement in structured activities appropriate to the child's developmental age and trauma exposure to promote the child's well-being. Principles of prudent parenting should also be applied.
- Understanding of appropriate developmental and trauma-induced reactions to stressors and utilization of insightful, sensitive ways to address these reactions that creates a safe, nurturing, and trusting environment for the child.
- A shared parenting approach that promotes connections and contact, in a manner that is deemed in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture; and
- Ongoing access to trauma-sensitive therapeutic, habilitative, and/or medical intervention and guidance from professionals or paraprofessionals to help the child attain or maintain functioning appropriate to the child's chronological and developmental age.

Caregivers shall demonstrate a commitment and capacity to continue to acquire and hone skills needed to consistently meet and attune to the needs of children who have ongoing complex needs.

Children and youth qualifying for Basic 2 LOC will typically fall in the low to moderate range on the Client Assessment/Level of Care tool the CMP has identified to use. For example, a child who would qualify at this level of care will have a few school concerns, may possibly use a substance, demonstrates more use of verbal or physical aggression and has increased mental health needs which are still manageable.

**Description of the Basic 3 Service Level**

The Basic 3 Service Level consists of a more intentional, trauma informed approach to caregiving, preferably in a family, in which caregivers have specialized training to provide behavioral health, connections, therapeutic, habilitative, and/or medical support and interventions including:

- 24-hour supervision to ensure the child's safety and sense of security, which may include close monitoring and increased measures to ensure complex developmental needs of the child are met in a consistent manner.
- Affection, reassurance, and involvement in trauma sensitive/informed therapeutic activities appropriate to the child's developmental age to promote the child's well-being. Principles of prudent parenting should also be applied.
- A shared parenting approach that promotes connections and contact, in a manner that is deemed in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture; and
- Ongoing access to and regular involvement with trauma sensitive/informed therapeutic, habilitative, and/or medical intervention and guidance that are regularly scheduled and professionally designed and supervised to help the child attain/improve functioning appropriate to the child's chronological and developmental age.

In addition to the description in the section above, a child with primary medical and/or habilitative needs may require more regular interventions from their caregiver. Caregivers shall demonstrate a commitment and capacity to continue to acquire and hone skills needed to consistently meet and attune to the needs of children who have ongoing complex needs.

Children and youth qualifying for Basic 3 LOC will typically fall in the moderate to high range on the Client Assessment/Level of Care tool the CMP has identified to use. For example, a child who would qualify at this level of care will have more school concerns, may possibly use a substance, demonstrate more use of verbal or physical aggression and has increased mental health needs which are still able to be managed.

### **INTENSIVE FAMILY FOSTER HOME (INTENSIVE 1 & INTENSIVE 2)**

Intensive-level family foster homes provide 24-hour care for children and youth to meet their safety and well-being needs. Intensive family foster parents are required to complete more annual training hours than basic and basic level 2 and 3 family foster parents due to the acute needs of the children and youth who may be placed in the home. FFH's providing care to this level of children shall have at a minimum five (5) additional training hours annually. The FFH's sponsoring agency may substitute comparable life/work experience, if applicable. (i.e., One of the parent's is employed at a PRTF facility and receives annual training through work.) Documentation of additional training hours shall be kept in the intensive family foster parent's file. If the agency is allowing the FFH to substitute work experience in place of annual training hours, the agency shall document how the FFH's experience/strengths pertain to their ability to serve children and youth at these levels. The purpose of training is to provide opportunities for the intensive family foster parent to greatly increase their knowledge, skill, and parenting abilities. Placement in an intensive family foster home may serve as a support for the child or youth—allowing them to function in a setting outside of a hospital or residential setting or prevent the need for placement in a hospital or residential setting. The training requirements between Intensive Level 1 and 2 are not differentiated; rather, individualized to each FFH and the youth they are able to serve.

#### **Description of the Intensive 1 Service Level**

The Intensive 1 Service Level consists of a high degree of structure, preferably in a family, to limit the child's access to environments as necessary to protect the child. The caregivers have specialized training to provide intense therapeutic and/or habilitative supports and interventions. The child may have limited outside access, including:

- 24-hour supervision to ensure the child's safety and sense of security, which includes frequent one-to-one monitoring with the ability to provide immediate on-site response.
- Affection, reassurance, and involvement in therapeutic activities appropriate to the child's age and development to promote the child's well-being. Principles of prudent parenting apply.
- Shared parenting approach that promotes connections and contact, in a manner that is deemed in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture; and
- Ongoing access to trauma sensitive/informed therapeutic, habilitative, and/or medical intervention and guidance that are regularly scheduled and professionally designed and supervised to help the child attain functioning appropriate to the child's age and development.
- Consistent and frequent attention, direction, and assistance to help the child attain stabilization and connect appropriately with the child's environment.

In addition to the supports and interventions listed in the section above:

- Children with intellectual or developmental disabilities needs require professionally directed, designed, and monitored interventions to enhance mobility, communication, sensory, motor, and cognitive development, and self-help skills.

- Children with primary medical or habilitative needs require frequent and consistent interventions. The child may be dependent on people or technology for accommodation and require interventions designed, monitored, or approved by an appropriately constituted interdisciplinary team.

In summary, children and youth qualifying for Intensive Level 1 LOC will typically fall in the lower end of the intensive level range on the Client Assessment/Level of Care tool the CMP has identified to use. These children and youth for example may exhibit higher rates of learning struggles, moderate to severe verbal and physical aggression, demonstrate some sexualized behaviors, have more than one mental health diagnosis or may have legal issues due to trauma histories.

### **Description of the Intensive 2 Service Level**

The Intensive 2 Service Level consists of a high degree of structure to support the child in his or her environment while intervening as necessary to protect the child. The caregivers have highly specialized training specific to each child's unique trauma-induced characteristics. Involved therapists have professional licensure or graduate level education to provide therapeutic services, intense therapeutic supports, and interventions, including:

- 24-hour supervision to ensure the child's safety and sense of security, including constant one-to-one monitoring during waking hours by an employee trained on the child's therapeutic interventions and able to provide immediate on-site response.
- Participation in individual and group therapy sessions that are research-supported, evidence-based and reimbursable by Medicaid, and readily available in the community. These may include but are not limited to specialized therapies such as Eye Movement Desensitization and Reprocessing Therapy, Applied Behavior Analysis (certified), Treatment for Anorexia/Bulimia/Eating Disorders, and others as appropriate.
- Use of therapeutic programs that are documented as either well supported, promising practice or evidence based and are appropriate to the child's chronological and developmental age to promote the child's well-being. Therapy must address trauma and the behaviors resulting in the need for this level of care.
- Shared parenting approach that promotes connections and contact, in a manner that is deemed in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture; and
- Services to help the child learn or improve skills and functioning for daily living.
- Medical intervention and/or therapy that is structured daily, and professionally designed and supervised to help the child attain functioning more appropriate to the child's chronological and developmental age and to address the behaviors resulting in the need for this level of care.
- Consistent and constant direction, intervention, and structured support to help the child attain stabilization and connect appropriately with the child's environment.
- Professionally directed, designed, and monitored interventions for a child with intellectual or developmental disabilities, to enhance mobility, communication, sensory, motor, cognitive development, behavioral and self-help skills.

In summary, children and youth qualifying for Intensive Level 2 LOC will typically fall in the highest range of the intensive level range on the Client Assessment/Level of Care tool the CMP has identified to use. These children and youth may exhibit high rates of learning struggles, moderate to severe verbal and physical aggression, demonstrate sexualized behaviors, have multiple mental health diagnosis, and utilize several medications or may have legal issues due to trauma histories. Medically fragile children may also score at this level.

### **HCBS WAIVER FAMILY FOSTER HOME (HCBS – I/DD)**

Home and Community Based Services (HCBS) family foster homes provide 24-hour care for children and youth to meet their safety and well-being needs. HCBS family foster homes may provide care for children and youth, with disabilities, eligible for HCBS waiver services. HCBS family foster parents are required to be trained and equipped to meet the extraordinary needs of the children and youth who may be placed in the home. Kansas Department for Aging and Disability Services (KDADS) provides oversight of the HCBS waiver programs. Services to the child or youth are provided according to the service and support plans.

## **RELATIVE & NON-RELATED KIN (NRKIN) PLACEMENTS**

### **Relative Foster Home**

A relative foster home provides 24-hour care in the home of a person related to the child or youth. Clearances and home assessments must be completed, per DCF policy. With approval, relatives may provide care to the related child or youth as a non-licensed relative home. Relatives also have the option to become a licensed foster home. Relatives pursuing licensure as a family foster home must meet and comply with all DCF Licensing requirements and be sponsored by a licensed CPA. A relative may request a waiver to non-safety regulations; PSMAPP/DT waiver allows the relative to complete this training as the annual training hours following the initial licensing period.

### **NON-RELATED KIN FOSTER HOME (NRKIN)**

NRKIN foster homes provide 24-hour care in the home of an adult with whom the child/youth or the child/youth's parent already has close emotional ties. Clearances and home assessments must be completed, per DCF policy. NRKIN foster homes must meet and comply with all DCF Licensing requirements. However, to expedite placement of the child or youth with NRKIN, the requirement to complete pre-service training—prior to placement—is waived. Application for licensure shall be submitted within 14 days of placement. NRKIN homes must initiate the application process to become licensed as a family foster home.