

**Readopt with amendment He-C 6355, effective 7/29/14 (Document #10640), cited and to read as follows:**

CHAPTER 6300 GENERAL PROGRAM ADMINISTRATION

PART He-C 6355 CERTIFICATION FOR PAYMENT OF FOSTER CARE PROGRAMS

He-C 6355.01 Definitions.

(a) "Agency" means the board of directors, executive director, employees, foster parents and volunteers of an organization that is incorporated and recognized by the secretary of state and licensed by the department as a child placing agency in accordance with RSA 170-E:24.

(b) "Applicant" means the person or entity that is requesting certification of a foster care program.

(c) "Case manager" means a staff member employed by the foster care program with a minimum of:

(1) A bachelor's degree in social work, psychology, education or a related field with an emphasis in human services; and

(2) At least 2 years of experience working with children and families.

(d) "Case plan" means the division for children, youth and families (DCYF) written plan for the child and the family which outlines how services will be provided, pursuant to RSA 170-G:4, III and 42 U.S.C. 671, PART E-Federal Payments for Foster Care and Adoption Assistance SEC.471(a)(16), 475(1) and (5)(A and D) State Plan For Foster Care and Adoption Assistance.

(e) "Certification for payment" means the process by which DCYF approves the operation of and payment to foster care programs.

(f) "Child" means:

(1) "Child" as defined in RSA 170-E:25, I. The term includes "youth;" and

(2) For the purposes of compliance with RSA 126-U, "child" as defined in RSA 126-U:1, I, namely "a person who has not reached the age of 18 years and who is not under adult criminal prosecution or sentence of actual incarceration resulting from, either due to having reached the age of 17 years or due to the completion of proceedings for transfer to the adult criminal justice under RSA 169-B:24, RSA 169-B:25, or RSA 169-B:26. "Child" also includes a person in actual attendance at a school who is less than 22 years of age and who has not received a high school diploma."

(g) "Child placing agency" means "child placing agency" as defined in RSA 170-E:25, IV.

(h) "Child protective services worker (CPSW)" means an employee of DCYF who has expertise in managing cases to ensure families and children achieve safety, permanency and well-being referred to the department pursuant to RSA 169-C, RSA 170-B, RSA 170-C and RSA 463.

(i) “Clinician” means an individual who has a master’s degree in a clinical field such as social work, marriage and family therapy, psychology, education, counseling, human services, or a degree which would make one eligible for a New Hampshire license or certification in a field related to human services.

(j) “Clinical coordinator” means a staff member employed by the foster care program responsible for administrative oversight of the clinical services provided at the program. This term includes treatment coordinator.

(k) “Commissioner” means “commissioner” as defined in RSA 170-E:25, V.

(l) “Contact” means any communications including face-to-face, via telephone, postal mail, electronic mail, or internet networking.

(m) “Corrective action plan” means “corrective action plan” as defined in RSA 170-E:25, VI.

(n) “Department” means the New Hampshire department of health and human services.

(o) “Division for children, youth, and families (DCYF)” means the organizational unit of the department of health and human services that provides services to children and youth referred by courts pursuant to RSA 169-B, RSA 169-C, RSA 169-D, RSA 170-B, RSA 170-C and RSA 463.

(p) “Eligible” means that a provider demonstrates the ability to meet required quality and performance standards of certification for payment.

(q) “Eligible youth for adult living preparation” means youth in out-of-home care who are age 14 years or older.

(r) “Family” means the individuals to whom the child is related legally or biologically, such as, but not limited to parents, siblings, grandparents, aunts, and uncles.

(s) “Foster family home” means child care in a family setting as defined in RSA 170-E:25.

(t) “Foster care program” means a licensed child-placing agency which recruits, trains and licenses and supervises foster family homes and provides parental care in a licensed foster family home on a regular, 24 hour a day, residential basis.

(u) “Human services” means helping people in areas, which include:

- (1) Education;
- (2) Mental health;
- (3) Recreation;
- (4) Child care;
- (5) Medical services;
- (6) Law enforcement;

(7) Corrections; and

(8) Social services.

(v) “Incident” means:

(1) A child’s behavior that is extreme, including, but not limited, to behavior that is assaultive, destructive, self-injurious, or self-destructive;

(2) Any behavior leading to physical intervention or seclusion of a child; or

(3) An occurrence involving an accident or injury, or requiring involvement of outside agencies.

(w) “Juvenile probation and parole officer (JPPO)” means the DCYF representative who has an expertise in managing cases resulting from concerns of delinquency pursuant to RSA 169-B or CHINS pursuant to RSA 169-D, to ensure families and children achieve safety, permanency, and well-being.

(x) “License” means “license” as defined in RSA 170-E:25, XI.

(y) “NH bridges” means the case management, tracking, and automated billing system used by DCYF for children who are in out-of-home placement and/or for whom the department has a legal responsibility.

(z) “Permanency plan” means the set of goal-directed activities designed by DCYF, the parents and the child, that will achieve legal, emotional and physical permanency for children in foster care.

(aa) “Physical intervention” means a behavior management technique in which staff or foster parent(s) use the minimum amount of physical contact on a child, which is necessary for the circumstances, in accordance with RSA 627:6, II(b) and RSA 126-U, to protect the child, other children present, the foster family and the general public.

(ab) “Policies” mean written guidelines, practices and procedures specifying the current and future actions to be taken that direct the operation of the foster care program.

(ac) “Prescribing practitioner” means any of the following state licensed healthcare providers, that provide services identified in 42 CFR 440.130 to reduce a physical or mental disability, and aid in the restoration of a recipient to his or her best functioning level:

(1) Health care providers licensed in accordance with RSA 326-B;

(2) Physicians;

(3) Physician’s assistants;

(4) Any practitioner licensed by the New Hampshire board of mental health practice; and

(5) Any practitioner licensed by the New Hampshire board of psychologists.

(ad) “Program” means an identifiable system of social service interventions designed for an individual child or groups of children.

(ae) “Program coordinator” means the individual responsible for the daily administration of a foster care program.

(af) “Progress reports” means the monthly written notes sent to DCYF and the parent(s) or guardian(s) by the staff of a foster care program which document the services being provided to the child.

(ag) “Psycho-social assessment” means a type of professional assessment, which provides a clinical summary derived from a multidimensional evaluation of psychological, sociocultural, and environmental factors that are components of a presenting issue. It includes results of tests and evaluations, brief expressive descriptions of the problem, and an inventory of actual and potential assets and resources, the prognosis, and analysis of what is needed or planned to achieve the desired outcomes. The term psychosocial assessment includes a psychosocial diagnosis.

(ah) “Quality assurance” means the process that DCYF staff use to monitor, support, and provide technical assistance to foster care programs to assist in their ability to comply with He-C 6335.

(ai) “Residential treatment program” means a licensed child care program at which the executive director, employees, staff, and substitute staff provide 24-hour care and supervision of children 365 days a year to meet the treatment and supervision needs of the children per RSA 170-G:4, XVIII.

(aj) “Respite care” means “respite care” as defined in RSA 170-E:25, XV.

(ak) “Restraint” means “restraint” as defined by RSA 126-U:1, IV.

(al) “Runaway” means a child who has failed to return to his or her placement, has hid, or concealed him or herself without permission of his or her legal custodian, foster care provider, or supervising authority.

(am) “Seclusion means “seclusion” as defined by RSA 126-U:1, V-a.

(an) “Supervision” means an administrative, supportive, and educational process used extensively in foster care programs to help case managers and clinical staff develop and refine their skills, so they are able to provide quality care and treatment to the child and his or her family.

(ao) “Transitional plan” means an agreement made between a foster care program and the residential treatment team to set responsibilities, roles, and timeframes for the completion of tasks to complete the transition of a child from a residential treatment program to a foster care program.

(ap) “Transitional visit” means a visit which is part of the child’s community re-integration and transition process approved in the transitional plan that will support the matching and temporary overnight visitation of a child into a licensed foster family home towards the goal of achieving a successful permanent placement.

(aq) “Treatment plan” means the written, time-limited, goal-oriented, therapeutic plan developed by the treatment team for the child and family, which includes the strategies to address the issues that brought the child into placement, and which is consistent with rehabilitative and restorative services.

(ar) “Treatment team” means the individuals including, at a minimum, the child, if developmentally appropriate, his or her parent(s) and guardian(s), foster parent, foster care program clinical staff, prescribing practitioner, and DCYF staff.

He-C 6355.02 Application Process.

(a) A licensed foster family home shall be considered compliant with certification standards when it is determined to be in compliance with He-C 6446.

(b) A staffed foster family home shall be considered compliant with certification standards when it is determined to be in compliance with He-C 6355.11 and He-C 6446.

(c) Each foster care program shall be determined eligible for certification by demonstrating in its application that it meets the quality and performance certification standards in He-C 6355.

(d) Each foster care program applicant shall demonstrate compliance with RSA 170-G:4, XVII, He-C 6380, enrollment and payment requirements, and He-C 6420, Medicaid covered services in residential facilities.

(e) Any foster care program as defined in paragraph (t) above, licensed in accordance with RSA 170-E, He-C 6446 or from another state, that seeks certification in accordance with He-C 6355 shall request application Form 2612 “Certification For Payment Application - Foster Care Program” (January 2015) from DCYF and be supported by a need identified by DCYF in accordance with RSA 170-G:4.

(f) The application in (e) above shall be completed and signed by the foster care program’s executive director, or designee, affirming or agreeing with all of the following:

(1) “I have reviewed the Administrative Rules He-C 6355 and He-C 6446 and will adhere to the rules as a certified provider. I authorize the NH Division for Children, Youth and Families (DCYF) to conduct a certification for payment review to determine the program’s compliance with Administrative Rules He-C 6355 and He-C 6446. I further understand that DCYF has the right to verify information contained in this application.”

(2) “I attest that the program is in compliance with He-C 6355, He-C 6446 and the applicable Medicaid rules, and that all information provided as part of the application, and in the required attachments is true and complete to the best of my knowledge.”

(3) “I certify that the following pre-employment checks were completed for all staff, and reviewed as required in He-C 6355.04, a criminal record check, a BEAS state registry check, a DCYF central registry check and a NH motor vehicle record check.”

(4) “I attest that the program supports the following DCYF beliefs: everyone deserves to be safe; all children and youth need and deserve permanency; everyone needs and deserves a life of well-being; everyone deserves to be treated with courtesy and respect; prevention reduces child abuse, neglect and delinquency and promotes safety for children, youth, families and communities; all children, youth and families have strengths; and all children and youth belong with family;” and

(5) “I agree to cooperate with a site visit as part of the application process.”

(6) “The information contained in this application is correct to the best of my knowledge.”

(g) The completed application in (e) above shall be returned to DCYF within 90 days of receipt.

(h) The applicant shall provide the following information with the application in (e) above:

(1) A narrative, which shall include:

a. A description of the foster care program being proposed, to include any specialized services and the population the program desires to serve;

b. The documented need for the program as required by RSA 170-G:4, XVIII;

c. A description of how individual needs of children and families will be met, including but not limited to clinical provisions, educational, recreational, independent living, transitional services and case management, as applicable;

d. A description of how the program promotes the safety, permanency and well-being of children and families;

e. A description of medical services provided or arranged in order to meet the individual needs of children;

f. The quality assurance process that the applicant intends to use for the program, including all supporting documentation; and

g. How the program aligns with the beliefs attested to in paragraph (f) above.

(2) Attachments, which shall include:

a. The name, office held, professional affiliation, address and telephone number of each person on the program’s board of directors;

b. A copy of the program’s license issued in accordance with the following:

(1) For programs in New Hampshire, a copy of the license issued in accordance with RSA 170-E:31 and He-C 6446; or

(2) For programs outside of New Hampshire, documentation from the corresponding state's regulatory agency(ies);

c. A completed Form 2426 "Residential Resource Guide Provider Form" (January 2015);

d. A detailed budget describing the costs associated with the delivery of the foster care program;

e. An organizational chart, to include names, titles and job descriptions of personnel, and the corresponding credentials which document the education and experience requirements in He-C 6355.16, as applicable; and

(3) A copy of the program's policies required by HE-C 6355.09 and any other policies maintained by the program.

(i) If the type of certification being sought in (e)() above is for staffed foster family home care, the following additional information shall be included:

(1) The name and address of 3 non-family members as references for the director, including the most recent employer, if applicable;

(2) The names, addresses, and telephone numbers of the members of the board of directors and advisory board; and

(3) Documentation that the residence and staff have met the requirements of He-C 6446.

#### He C 6355.03 Renewal of Applications.

(a) A licensed foster care program seeking to renew the certification as a foster care program shall file for renewal of certification no later than 3 months prior to the expiration date of the current certification.

(b) The executive director or designee shall complete and sign Form 2384 "Certification for Payment Renewal Application – Foster Care Programs" (January 2015), affirming or agreeing to the following:

(1) "I have reviewed the Administrative Rules He-C 6355 and He-C 6446 and will adhere to the rules as a certified provider. I authorize the NH Division for Children, Youth and Families (DCYF) to conduct a certification for payment review to determine the program's compliance with Administrative Rules He-C 6355 and He-C 6446. I further understand that DCYF has the right to verify information contained in this application."

(2) "I attest that the program is in compliance with He-C 6355, He-C 6446 and the applicable Medicaid rules, and that all information provided as part of the application, and in the required attachments is true and complete to the best of my knowledge."

(3) "I certify that the following pre-employment checks were completed for all staff, and reviewed as required in He-C 6355.04, a criminal record check, a BEAS state registry check, a DCYF central registry check and a NH motor vehicle record check."

(4) "I attest that the program supports the following DCYF beliefs: everyone deserves to be safe; all children and youth need and deserve permanency; everyone needs and deserves a life of well-being; everyone deserves to be treated with courtesy and respect; prevention reduces child abuse, neglect and delinquency and promotes safety for children, youth, families and communities; all children, youth and families have strengths; and all children and youth belong with family;" and

(5) "I agree to cooperate with a site visit as part of the application process."

(6) "The information contained in this application is correct to the best of my knowledge."

(c) The foster care program shall provide the following information on the renewal application:

(1) A narrative which shall include:

- a. A description of any changes made to the program during the last certification period; and
- b. The results of the most recent self-evaluation reviewing the program's performance in meeting identified goals and outcomes; and

(2) Attachments documenting the following:

- a. A description of the foster care program being proposed, the documented need for the program, and how individual needs of children and families will be met, including but not limited to, clinical provisions, medical, educational, recreational, independent living, transitional and permanency services, as applicable and how the program promotes the safety, permanency and well being of children and families, including specialized services that are supported by certifications and/or accreditations;
- b. Any changes made to the program's board of directors and the names, addresses and telephone numbers of the new board members;
- c. The names and job functions of any personnel hired since the last certification; and
- d. A copy of the program's license and/or operational approval, in accordance with the following:

(1) For programs in New Hampshire, a copy of the license issued in accordance with RSA 170-E:31; or

(2) For programs outside of New Hampshire, documentation from the corresponding state's regulatory agency(ies);

e. A completed Form 2426 "Residential Resource Guide Provider Form" (January 2015).

(3) The signature of the executive director, or designee agreeing or attesting that:

a. "I have reviewed the Administrative Rules He-C 6355 and He-C 6446 and will adhere to the rules as a certified provider. I authorize the NH Division for Children, Youth and Families (DCYF) to conduct a certification for payment review to determine the program's compliance with Administrative Rules He-C 6355 and He-C 6446. I further understand that DCYF has the right to verify information contained in this application."

b. "I attest that the program is in compliance with He-C 6355, He-C 6446 and the applicable Medicaid rules, and that all information provided as part of the application, and in the required attachments is true and complete to the best of my knowledge."

c. "I certify that the following pre-employment checks were completed for all staff, and reviewed as required in He-C 6355.04, a criminal record check, a BEAS state registry check, a DCYF central registry check and a NH motor vehicle record check."

d. "I attest that the program supports the following DCYF beliefs: everyone deserves to be safe; all children and youth need and deserve permanency; everyone needs and deserves a life of well-being; everyone deserves to be treated with courtesy and respect; prevention reduces child abuse, neglect and delinquency and promotes safety for children, youth, families and communities; all children, youth and families have strengths; and all children and youth belong with family;"  
and

e. "I agree to cooperate with a site visit as part of the application process."

f. "The information contained in this application is correct to the best of my knowledge."

(c) The foster care program shall cooperate with the department during all site visits conducted in accordance with He-C 6355.27(b)(2).

He-C 6355.04 Requirements for Background Checks.

(a) The foster care program shall, within 30 days of employment, submit the following for each new staff member who will work directly with children in foster care:

(1) The full name;

(2) The date of birth;

- (3) The position for which he or she was hired; and
- (4) A notarized statement to confirm that the following pre-employment checks were completed and reviewed:
  - a. A criminal record;
  - b. BEAS state registry;
  - c. DCYF central registry; and
  - d. A NH motor vehicle record.

(b) The foster care program shall not make a final offer of employment to an individual until:

- (1) It has reviewed the criminal record, BEAS state registry, and DCYF central registry and NH motor vehicle record information; and
- (2) Has determined if any finding, arrest, criminal conviction and motor vehicle violation or offense of the employee affects the care and safety of children.

He-C 6355.05 Length of Certification. Certification shall be valid for 2 years from the date issued, unless certification is voluntarily surrendered by the foster care program, the program closes, or the program's certification is revoked by the department pursuant to He-C 6355.29.

He-C 6355.06 Reimbursement.

- (a) Billing shall begin on the day of admission and continue through the day of discharge.
- (b) The department shall only reimburse a certified provider as long as there is no concurrent payment for placement being made to another paid placement. The certified provider shall be reimbursed for the day of admission and the day of discharge, or both if applicable, pursuant to (a) above.
- (c) The foster care program may sub-contract with other providers for the range of services required by He-C 6355.12(c)(3) and (5)-(12) and He-C 6355.13(i)(2)-(20) as long as the DCYF staff member responsible for the child's case has approved the arrangement.
- (d) Any sub-contractor used on a temporary or long-term basis, as authorized in (c) above, shall operate with a current license in accordance with RSA 170-E or within the scope of their professional license, if required.
- (e) DCYF shall not be responsible for payments made by a foster care program to a sub-contractor for services provided in accordance with (d) above.

(f) Any foster care program that readmits a child who has run away or had an acute hospitalization shall be reimbursed pursuant to sections He-C 6355.20 and He-C 6355.21.

He-C 6355.07 Referrals and Admissions to a Foster Care Program.

(a) The foster care program shall make the following information available to the parent(s) or guardian(s) during the admission process:

- (1) The philosophy of the program;
- (2) Typical routines of the foster family;
- (3) The behavior management and disciplinary practices of the program;
- (4) Any specific treatment strategy used by the program;
- (5) Policies on visitation and other communication with the child;
- (6) The services provided to families and the associated costs;
- (7) Procedures that the parent(s) or guardian(s) may use to provide input about the care of the child;
- (8) The name and telephone number of staff at the foster care program that the parent(s) or guardian(s) may contact;
- (9) A description of any religious practices or services available to children;
- (10) How the educational needs of children are met; and
- (11) How health and medical needs of children are met.

(b) Should the parent(s) or guardian(s) not participate in the admissions process, the same information required in (a) above shall be mailed to them within 7 days of intake. If the parent's location is unknown, the information shall be provided to DCYF for service to the parent when located.

He-C 6355.08 Discharge Conditions.

(a) Once admitted to the foster care program, the child shall not be discharged unless one or more of the following conditions exist:

- (1) The child has successfully completed the program and is ready to transition to his/her identified permanency plan or concurrent permanency plan;
- (2) The treatment team has determined that a less restrictive environment is in the child's best interest;

(3) The child is a danger to himself, herself, or others and, after intensive staff intervention or crisis stabilization, it is determined that a more restrictive placement is necessary in order to maintain safety;

(4) The child is determined to be in need of psychiatric hospitalization after an emergency mental health evaluation;

(5) The child is a danger to others as determined via delinquency proceedings conducted pursuant to RSA 169-B; or

(6) The child's clinical needs can be best met in another setting as determined in the treatment planning process and the child has been accepted into that setting.

(b) If DCYF or the foster care program determines an unplanned discharge is necessary, all treatment team members shall be provided written, or electronic, notice at least 14 calendar days prior to the requested date that the child in placement is to be removed from their program including the detailed reasons for such request, except if a request for an immediate unplanned discharge is granted due to a circumstance identified in (a)(3), (a)(4), or (a)(5) above.

(c) Prior to a discharge, with the exception of a discharge relative to (a)(3), (a)(4), or (a)(5) above, the foster care program in conjunction with the family and the DCYF representative, or both, shall discuss the transitional services to support family reunification, or the child's transition to an alternative placement.

(d) When the child is discharged, the foster care program shall provide details around medication management and medical concerns to the entity the child is discharged to, in writing, on the day of discharge.

(e) A written discharge summary shall be completed no later than 15 days after the child's discharge.

(f) The discharge summary shall be filed in the foster care program's record and a copy shall be sent to the representative from DCYF and the parent(s) or guardian(s).

He-C 6355.09 Requirements for Written Policies of a Foster Care Program. The program shall have written policies and procedures on:

(a) The referral, admission and discharge process;

(b) Recruiting and screening of foster parents;

(c) Matching of youth with foster parents;

(d) The services provided to both the foster family and the child's family to promote permanency and support continued family involvement through placement;

(e) Respite care options;

(f) The array of social and clinical services provided and limitations or conditions for use;

(g) Responsibility of staff in the implementation of the treatment plan and the process by which they familiarize themselves with the needs of each child;

(h) The foster care program's processes for:

- (1) Filing a grievance,
- (2) Discharging a child; and
- (3) Emergency planning; and

(i) The foster care program's general behavioral and conduct expectations of children including discipline, conduct and management of children's adverse behaviors, including:

- (1) The treatment philosophy used as the basis for behavior management techniques supporting the creation of individualized treatment;
- 2) Child management techniques identified to assist foster parents and or staff in making decisions regarding children's care;
- 3) Acceptable and unacceptable foster parents and or staff responses to inappropriate behavior;
- (4) The procedures and requirements for reporting events governed by RSA 126-U;
- (5) The guidelines for using timeout, seclusion and physical intervention in accordance with RSA 126-U and He-C 4001; and
- (6) How foster parents and staff will document inappropriate behaviors of children and interventions used in response to a child's conduct;
- (7) How foster parents and staff obtain emergency services for children that are demonstrating behaviors that are a threat to self or others;
- (8) How incidents and inappropriate staff conduct will be documented and reported; and
- (9) Use of seclusion and restraint in accordance with RSA 126-U.

(j) The foster care program's record keeping policies regarding confidentiality;

(k) The foster care program's administrative procedures;

He-C 6355.10 Compliance Requirements for Foster Family Homes.

(a) Foster family homes shall provide substitute family life experiences for a child in a home for a planned, temporary time, in accordance with He-C 6446.

(b) These experiences shall include but not be limited to:

- (1) Care in a family environment for children who have pending petitions for, or have been adjudicated as, abused or neglected, in need of services, or delinquent;
  - (2) Access to age and developmentally appropriate opportunities and activities that positively support his or her education, physical, intellectual, and social needs; and
  - (3) Opportunities to maintain contact with family and identified connections, as deemed appropriate.
- (c) Foster family homes shall demonstrate compliance with this section and:
- (1) He-C 6446, Foster Family Care Licensing Requirements;
  - (2) RSA 170-E; and
  - (3) RSA 126-U.

He-C 6355.11 Compliance Requirements for Staffed Foster Family Homes.

(a) Staffed foster family homes shall provide substitute family life experiences for a child in a home staffed by program personnel, for a planned, temporary time, in accordance with He-C 6446, including but not limited to:

- (1) Care in a family environment for children who have pending petitions for, or have been adjudicated as, abused or neglected, in need of services, or delinquent;
- (2) Access to age and developmentally appropriate opportunities and activities that positively support his or her education, physical, intellectual, and social needs;
- (3) Opportunities to maintain contact with family and identified connections, as deemed appropriate; and
- (4) Staffed foster family homes shall not allow the possession or storage of weapons or firearms on the premises.

(b) Staffed foster family homes shall serve a maximum of 4 children in the foster family home.

- (c) Staffed foster family homes shall demonstrate compliance with this section and:
- (1) He-C 6446, Foster Family Care Licensing;
  - (2) RSA 170-E; and
  - (3) RSA 126-U.

(d) Staffed foster family homes shall be licensed and supervised by the child-placing agency that owns, rents, or leases the property, applied for the certification, and employs the staff assigned to the home.

(e) Staffed foster family homes shall not be required to have full-time resident staff, but shall comply with 24-hour staff coverage for the foster family home, as follows:

- (1) Employs direct care staff who meet the education, background, and experience requirements to be a foster parent pursuant to He-C 6446;
- (2) Employ a minimum of 2 staff or caregivers during waking hours to provide care and supervision; and
- (3) Provide overnight coverage with a minimum of one available staff on the premises.

He-C 6355.12 Compliance Requirements for Therapeutic Foster Care.

(a) Foster care programs certified to provide therapeutic foster care shall demonstrate compliance with this section and:

- (1) He-C 6446, Foster Family Care Licensing Requirements;
- (2) He-C 6448, Standards for Child Placing Agencies;
- (3) He-C 6420, Medicaid Covered Services;
- (4) RSA 170-E:25, IV; and
- (5) RSA 126-U.

(b) Foster care programs certified to provide therapeutic foster care shall be a licensed child placing agency in New Hampshire or any other state.

(c) Foster care programs certified to provide therapeutic foster care shall be provided in an experienced foster family home that is licensed in accordance with He-C 6446.

(d) Foster care programs certified to provide therapeutic foster care shall provide services to children who have chronic mental, emotional, physical, or behavioral problems that require individual supervision and consistent programmatic structure, in a treatment intensive family environment.

(e) The foster care programs certified to provide therapeutic foster care shall provide, at a minimum, the following services:

- (1) Placements in a licensed foster family home in the region where the child has resided unless otherwise requested by DCYF;
- (2) Case management services for parents and children;
- (3) Counseling and therapeutic interventions;
- (4) Coordination of treatment teams, case conferences, and services;

- (5) A system for 24-hour, 7-days-per-week crisis response that includes at a minimum, on-call services;
- (6) Transportation for the children in the therapeutic foster family home;
- (7) Child health support assistance;
- (8) Parent education and training;
- (9) Behavior and clinical consultation for foster parents, staff and parents;
- (10) Assistance with social development of the child, including but not limited to, child care, developmental pre-school, camp, community and recreational activities for children; and
- (11) A treatment planning process in accordance with this section.

(d) Therapeutic foster family homes shall be supervised by a child placing agency that has a family-centered focus in which foster parents and clinical support staff provide intensive services to children and their families and implement a structured treatment plan.

(e) The foster care program shall be established and designed so that the service delivery system is responsive to the needs of the foster children, families and therapeutic foster families.

(f) The foster care programs certified to provide therapeutic foster care shall employ at a minimum:

- (1) A program coordinator;
- (2) A recruitment and licensing specialist;
- (3) Clinicians who provide assistance and clinical support to therapeutic foster families; and
- (4) A prescribing practitioner.

(g) Unless otherwise determined in the case plan, supportive and clinical services needed to implement the treatment plan shall be provided to the child, family, and the foster parents by the therapeutic foster care program.

(h) The program shall maintain daily documentation of supportive services to the child and foster family to assess and monitor the child's progress. This shall include daily notes completed by the therapeutic foster care parent.

(i) At all treatment team meetings, the program shall outline in the treatment plan the level of support provided to the therapeutic foster care parents to meet the needs of the child and foster family.

(j) The clinician from the foster care program certified to provide therapeutic foster care shall:

- (1) Meet the qualifications to be clinical staff in accordance He-C 6355.01(i);
  - (2) Be supervised by a prescribing practitioner or licensed clinician for a minimum of one hour every 2 weeks;
  - (3) Deliver the level of support foster parents need to implement the child's treatment plan in the foster family home and the community;
  - (4) Coordinate and facilitate the meetings of the treatment team and the services to the child, family, and foster family; and
  - (5) Provide supportive individual and family counseling and clinical services as determined in the treatment plan for the child, family and foster family, unless otherwise determined in the case plan.
- (k) Therapeutic foster families shall:
- (1) Participate in weekly face-to-face supervisory visits in the foster family home provided by the program;
  - (2) Provide daily written notes each week to the therapeutic foster care program that reflect progress towards the goals and objectives established in the child's treatment plan;
  - (3) Care for not more than one foster child, unless assisting DCYF in coordinating care for a sibling group or an approved respite situation; and
  - (4) Provide no other certified or licensed child care services in the home.
- (l) The primary therapeutic foster parent shall:
- (1) Be a licensed foster parent who is at least 25 years of age and who has not experienced any major life changes within the past year, including but not limited to: a divorce, death of a spouse or child, or loss of employment;
  - (2) Have at least 4 years experience providing foster care, and an interest and demonstrated skill in working with children with significant clinical needs;
  - (3) Demonstrate 24 hour per day availability to meet the child's needs and provide case management responsibilities;
  - (4) Complete 24 hours of foster parent training per year, including ongoing and situation-specific topics including but not limited to:
    - a. Trauma-informed care which incorporates in the treatment an awareness of the impact of traumatic stress on the abused or neglected children and their families;
    - b. Parenting a child with attachment difficulties;

- c. Siblings and family relationships;
- d. Educational advocacy;
- e. Crisis management and positive behavioral interventions;
- f. Understanding and facilitating transitions to permanency; and
- g. Self-care of the foster parent; and

(5) Access foster parent support, which shall include, at a minimum, respite care, support groups, social events and activities.

(m) If the primary therapeutic foster parent is unable to meet the requirements in He-C 6355.12 (l)(3) above, the treatment team or program shall implement a pre-approved plan to support the therapeutic foster parent in meeting the needs of the child.

He-C 6355.13 Compliance Requirements for Individual Service Options Programs.

(a) Individual Service Options (ISOs) programs shall demonstrate compliance with this section and:

- (1) He-C 6446, Foster Family Care Licensing Requirements;
- (2) He-C 6420, Medicaid Covered Services;
- (3) RSA 126-U;
- (4) RSA 170-E; and
- (5) One of the following:
  - a. He-C 6448, Standards for Child Placing Agencies; or
  - b. He-C 4001, New Hampshire Residential Child Care Licensing rules.

(b) An ISO program shall have a current license to operate a residential facility or CPA in New Hampshire or any other state.

(c) ISO foster care services shall be provided in an experienced foster family home that is licensed in accordance with He-C 6446.

(d) The ISO program applying for certification may either be a child placing agency, or a licensed residential child care facility that has foster family homes licensed by another child placing agency, provided that the requirements in (a) above are met.

(e) An ISO program shall have an array of professional, social, and community services that may be accessed to meet the individual needs of a child and his or her family.

(f) An ISO program shall develop and implement a service delivery system that shall be designed primarily to wrap around individualized programming for children who have chronic mental, emotional, physical or behavioral problems.

(g) An ISO program shall place only one foster child with a family unless:

(1) A sibling group is being placed together; or

(2) The department and the ISO program determine, following an assessment of the foster parents ability, experience and skill, that a second unrelated child may be cared for and the safety and well-being of both children can be maintained.

(h) The ISO program shall be designed in such a way that the service delivery system is able to respond immediately and directly to the needs of the child.

(i) ISO programs shall provide services to children who meet the following criteria:

(1) Abused and neglected children, children in need of services (CHINS), and delinquents who have a court order, or children using voluntary services for an ISO foster care placement; and

(2) Children from birth to under 21 years of age, who display or have symptoms of any combination of the following:

a. Chronic mental, emotional, physical or behavioral problems;

b. Present post-traumatic stress symptoms;

c. Challenging and provocative behaviors;

d. A mental health diagnosis; and

e. Are sexually reactive;

(3) Can participate in a local education program;

(4) Will benefit from out-of-home placement in a foster family home care setting; and

(5) Require intensive supervision and consistent structure.

(j) The ISO program shall determine a child's acceptance within 10 days of the date of receipt of the referral form, Form 2094 "Referral to Individual Service Options Provider," (January 2015) completed by the CPSW or JPPO, which includes:

;

(1) Copies of court orders relating to the approval of and payment for the foster care;

- (2) The family's social history, if completed or as soon as available;
- (3) The child's and family's available medical history;
- (4) The current case plan in its entirety, if completed or as soon as available;
- (5) The child's predispositional investigation, if completed or as soon as available;  
and
- (6) The ISO's release of information form signed by the parent or guardian.

(k) The ISO program shall provide or coordinate services that meet the clinical needs of the child, child and parent, and the foster family either through services within the program or accessing community services. The program shall coordinate community-based services for the birth family, when requested.

(l) The service delivery system shall be based on the individual needs of the child as identified in the treatment plan.

(m) The ISO program shall conduct and document a psycho-social assessment and develop a treatment plan for each child in accordance with He-C 6355.15.

(n) ISO programs shall provide or coordinate the following services for the child identified for ISO foster care services, as applicable:

- (1) Placements in a licensed foster family home in the region where the child has resided, unless otherwise requested by DCYF;
- (2) Planned visitation, both supervised and unsupervised, among the parents and the child and siblings or extended family;
- (3) Case management, treatment planning, and service coordination, to include assistance in the coordination of:
  - a. Medical, community mental health, and dental care;
  - b. Public or private school education;
  - c. Recreation;
  - d. Vocational services; and
  - e. Substance abuse evaluations and random drug testing, if applicable;
- (4) Individual counseling and family counseling for the child;
- (5) Emergency on-call 24-hour response to crises;
- (6) Crisis stabilization;

- (7) Respite care in a licensed foster family home or program;
- (8) Licensed child care;
- (9) Transportation;
- (10) Adult living preparation for adolescents;
- (11) Administration of medications;
- (12) Identification of relatives, mentors, and others who will support or assist the child and family;
- (13) Transitional assistance to adult care, if applicable; and
- (14) Transitional assistance to reach the permanency goal for the child;

(o) If the program is unable to comply with He-C 6355.13 (n)(1) above, it shall document justification for a placement outside of the region, in accordance with the child's treatment or service needs.

(p) If the child identified for ISO services is placed with a sibling or sibling group, the foster care program shall only be financially responsible for the child identified for ISO services, and shall assist DCYF in coordinating services for the siblings in the same home.

He-C 6355.14 Crisis Stabilization for a Foster Care Program.

(a) The foster program shall contact the DCYF administrator or designee to request approval of residential crisis stabilization for a child, prior to service delivery.

(b) Crisis stabilization in residential care provided by a foster care program shall not exceed 10 days within each 12-month period that the child is in placement.

He-C 6355.15 Treatment Planning Process for a Foster Care Program.

(a) The treatment planning process shall only apply to therapeutic foster care programs (TFCs) and ISOs.

(b) All foster care programs shall conduct and document a psycho-social assessment of the child with recommendations for treatment. Based on the assessment and recommendations, the program shall conduct a treatment team meeting and develop a treatment plan within 30 calendar days of admitting the child.

(c) The treatment plan shall include:

- (1) The summary of the psycho-social assessment;
- (2) Treatment recommendations based on the psycho-social assessment;
- (3) A transition plan for the child and family that includes:

- a. An estimate by the treatment team members of the child's length of stay, based upon referral information and the foster care program's assessment;
- b. The child's permanency plan and concurrent plan identifying one of the following alternatives for the child in care:
  1. Reunification;
  2. Adoption;
  3. Guardianship by a relative or other person;
  4. Permanent relative placement; or
  5. Another planned permanent living arrangement; and
- c. Community reintegration and transition tasks that identify:
  1. Specific necessary supports or services that would enable the child to successfully return to his or her community;
  2. The treatment team member who is responsible for completing the necessary task; and
  3. The projected time frame for completion of each task.

(d) The treatment plan shall, at a minimum, contain the following domains relating to rehabilitative and restorative services:

- (1) Safety and behavior of the child;
- (2) Family;
- (3) Medical, including community mental health and dental care;
- (4) Education; and
- (5) Children 14 years of age or older, shall have adult living preparation in addition to general independent living skills.

(e) Each domain identified in (d) above shall address:

- (1) The goals and measurable objectives to be achieved by the child and family;
- (2) The time frames for completion of goals and objectives;
- (3) The method to be used for evaluating the child's and family's progress; and
- (4) The individualized interventions that shall be used to address the objectives, including:

- a. An identification of the services that will be provided directly or arranged for, and any measures for ensuring their integration with the child's activities including identifying how the child's family and foster family will participate in his/her care;
- b. An identification of the individuals responsible for implementing the stated interventions in the treatment plan;
- c. The frequency of the intervention; and
- d. How the intervention is documented.

(f) The treatment team shall consist of the following participants:

- (1) The child, if he or she is of an age, or developmentally appropriate to participate;
- (2) The child's parents or guardian;
- (3) The child's foster parent(s);
- (4) A representative of DCYF;
- (5) The prescribing practitioner;
- (6) The sending school district personnel for an identified child, as determined by the school district;
- (7) The case manager or clinician from the foster care program; and
- (8) Other persons significant in the child's life or case, including but not limited to:
  - a. Teachers;
  - b. Counselors;
  - c. Friends;
  - d. Relatives;
  - e. CASA or GAL;
  - f. The Family Assessment and Inclusive Reunification (FAIR) facilitator;
  - g. Educational surrogate; and
  - h. Other advocates assigned by the court.

(g) The treatment plan shall include the date and signatures of the following team members, indicating they participated in the process:

- (1) The foster care program's program director or clinical coordinator;
- (2) A representative of DCYF;
- (3) For Medicaid funding, the name of the prescribing practitioner. If the prescribing practitioner is also the clinical coordinator, he or she shall indicate these dual functions;
- (4) The clinician or the case manager of the foster care program;
- (5) The child, if appropriate for the age or developmental level;
- (6) The child's parents or guardian. If DCYF is the guardian, the worker shall sign to indicate the dual functions; and
- (7) The child's foster parent(s).

(h) When any of the individuals in (g) above do not participate, the foster care program shall document its efforts to involve them.

(i) Revisions to the treatment plan shall be explained in writing to any individuals of the team who are unable to participate and documented in the child's file.

(j) The treatment team shall implement the treatment plan, which shall be reflected in the child's daily routine, logs, progress notes, and discharge summary.

(k) The treatment plan shall be filed in the child's record and copies sent to the individuals identified in (g) above and the legally liable school district.

(l) An internal treatment plan review meeting shall be held by the foster care program's staff 3 months from the date of the initial treatment plan meeting, to evaluate progress made towards the established goals and objectives.

(m) The treatment team shall meet 6 months from the date of the initial plan to:

- (1) Update the treatment plan;
- (2) Document progress towards objectives; and
- (3) Review the requirements in (d) through (e) above.

(n) For children whose care is extended beyond the 6-month treatment plan meeting, the treatment team shall meet every 3 months thereafter, as in (m), or more frequently if necessary until the community reintegration and transition plan is implemented or an alternative discharge plan has occurred.

(o) The foster care program shall be allowed a 7 calendar day extension to acquire signatures on the treatment plans. Reasonable efforts to obtain the signature of the parent(s)/guardian(s) and DCYF shall be documented as meeting this requirement.

(p) Once the treatment plan is completed, foster parents, case managers, and clinicians shall receive direct supervision and instruction from the foster care program with oversight by the prescribing practitioner to assure that each child's treatment plan is consistently implemented.

He-C 6355.16 Staffing and Training Requirements for a Foster Care Program.

- (a) Foster care programs shall provide the following staff:
- (1) A program coordinator who has the following minimum qualifications:
    - a. A master's degree in social work, psychology, education or a related field, with an emphasis in human services;
    - b. 2 years of clinical experience working with families; and
    - c. 2 years of supervisory or management experience;
  - (2) At least one clinician pursuant to He-C 6355.01 (i), who has 2 years clinically supervised experience working with children and families.
  - (3) Case managers pursuant to He-C 6355.01 (c);
  - (4) A prescribing practitioner who is employed by the program or has a current contract or like agreement with the program;
  - (5) A recruitment and licensing specialist. The recruitment and licensing specialist from the program shall:
    - a. Recruit and screen applicants to be licensed as a foster family care provider;
    - b. Perform or coordinate a home study and recommend foster parents for licensure;
    - c. Coordinate pre-service training for prospective foster parents;
    - d. Coordinate ongoing training opportunities and monthly support groups for foster parents in accordance with the requirements of He-C 6446;
    - e. Participate in the matching of children with licensed foster family homes; and
    - f. Monitor foster care homes for compliance with He-C 6446; and
  - (6) Trained foster parents available to meet the needs of the children accepted into the program.
- (b) Clinicians who provide services to the children, foster care providers, and families shall:

(1) Participate in weekly supervision with the prescribing practitioner or clinical coordinator, which shall include a discussion of each case and a review of the progress made by the child and family towards the goals of the treatment plan.

(2) Receive 40 hours of specialized training during each year of employment, which shall be in individual and family issues and include:

- a. Current family systems theory;
- b. Current psychology of family systems;
- c. Ethics;
- d. Trauma-informed care;
- e. Any evidence-based programs pertinent to the service population; and
- f. Up to 15 hours of weekly supervision; and

(3) Clinicians shall not exceed a maximum of 10 concurrent cases.

(c) Case managers who provide services to the children, foster care providers, and families shall:

(1) Receive weekly supervision by a licensed clinician, or clinical coordinator, for a minimum of one hour every week, including a discussion of each case and a review of the progress made by the child and family towards the goals of the treatment plan.

(2) Receive 30 hours of specialized training during each year of employment which shall include:

- a. Ethics;
- b. Current practice;
- c. Needs of the service population; and
- d. Up to 8 hours of weekly supervision; and

(3) Case managers shall not exceed a maximum of 6 concurrent cases.

(d) Recruitment and licensing specialists shall receive 20 hours of training during each year of employment on topics related to foster care, which shall include recruitment techniques, and retention and training of foster parents.

(e) Foster parents shall receive a minimum of 24 hours of training each year on the provision of care based on the direction of the foster care program.

He-C 6355.17 Record Keeping and Reporting Requirements for a Foster Care Program.

(a) Each foster care program shall provide DCYF with a monthly progress report for each child in its care.

(b) Progress reports on the child's involvement in services shall be provided to the child's parent(s) or guardian(s) unless contraindicated by a court order, or if DCYF has applied for or is in the process of applying for a court order.

(c) Progress reports shall be mailed to DCYF, and parent(s) or guardian(s) no later than the 15<sup>th</sup> day of the month following the date of the progress report. If the child has been in care for fewer than 14 calendar days the information may be included in the most appropriate monthly progress note or discharge summary.

(d) The progress report shall include:

- (1) The child's name and date of birth;
- (2) The name of the person completing the report and the date of the report;
- (3) The name of the foster care program; and
- (4) The date of placement.

(e) Progress reports shall address the following areas of care:

- (1) Status of each domain identified in the treatment plan including notable changes in specific goals or objectives;
- (2) Summary of contacts with the child's family and identified connections;
- (3) Modifications to the treatment plan;
- (4) Educational data;
- (5) Contact with other professionals;
- (6) Information about each child's medical status, behavioral health care and dental issues, including but not limited to:
  - a. Prescriptions and current dosages;
  - b. List of over the counter medication;
  - c. Dates of visits during the month being reported;
  - d. New health care issues and diagnosis;
  - e. Next scheduled visits; and
  - f. Name of health care practitioner and office address;

(7) Summary of any incidents or incident reports including reports of the use of seclusion and restraint as required by RSA 126-U during the period being reported on; and

(8) Disposition of grievances.

(f) For youth who are age 14 or older and in state guardianship, progress reports shall include documentation of adult living preparation progress, including:

(1) Independent living training that was completed by staff or foster parents and the child;

(2) Post-care planning completed with the child; and

(3) The National Youth in Transition Database (NYTD) data via a completed Form 1969 "Monthly NYTD Checklist" (January 2015) or the date it was provided to the DCYF caseworker.

(g) The program shall keep records including a case record on each child and his or her family that contains:

(1) The assessment used for the development of the treatment plan;

(2) The signed treatment plan and revisions thereto;

(3) Weekly contact logs completed by the case manager or clinician documenting at least one Medicaid covered service;

(4) Daily child and family progress notes documented by the foster parent, including at least one Medicaid covered service provided every 7 days;

(5) Documentation of therapeutic work with the child(ren) and all identified members of the family system, in support of the case plan and treatment goals;

(6) Copies of the Form 2206 "Medical Authorization and Release," (August 2006);

(7) Copies of the Form 2267 "Child's Information Sheet," (January 2015) or Form 2281 "Youth Information Sheet," (January 2015) or Form 2281j "Youth Information Sheet," (January 2015);

(8) A record of health care visits including the date, the reason for the visit, provider name and address;

(9) Any protocol for the handling and transferring of psychotropic meds;

(10) Monthly progress reports;

(11) Any incident reports including reports of the use of seclusion and restraint as required by RSA 126-U; and

(12) A discharge summary, if applicable, to be sent within 15 days of discharge and which includes the following information:

- a. The results of the services provided, including the outcomes of the goals and objectives identified in the child's treatment plan;
- b. The needs of the child and family which remain to be met and the services which will meet those needs;
- c. For planned discharges, an individualized aftercare plan for each child being reunified with his or her family;
- d. An updated Form 2267 Child Information Sheet (January 2015) or the Form 2281 "Youth Information Sheet" (January 2015) or Form 2281j "Youth Information Sheet" (January 2015) as provided by the department; and
- e. Documentation of interventions utilized and the success or ineffectiveness of those interventions.

(h) Upon discharge from the foster care program, the program shall transfer the child's health care information to the new provider or to the parents or guardian.

(i) Incident reports, including reports of seclusion and restraint required by RSA 126-U:7-a, shall include, at a minimum:

- (1) The date;
- (2) Where the incident occurred, if applicable;
- (3) A detailed description of what occurred prior to, during and after the incident;
- (4) The names of all parties involved;
- (5) A description of any injuries sustained by, and any medical care administered to, the child, employees or others before, during or after the incident; and
- (6) How the incident was resolved and any outstanding need for follow-up.

(j) Unless prohibited by court order, the foster care program shall provide notification and documentation of the incident, as follows:

- (1) The foster care program shall provide verbal notification of the incident to the parent(s), guardian(s), and DCYF as soon as practicable or within 24 hours whichever is earlier;;
- (2) For any incident where a child is missing or runs away, or the child suffers an injury, which requires emergency care, the foster care program shall provide immediate verbal notice to the parent(s), guardian(s) and DCYF;

(3) The foster care program shall provide a copy of the written incident report described in (i) above to the child's parent(s), guardian(s) and DCYF within 5 business days of the incident; and

(4) Pursuant to RSA 126-U:7-a, for an incident involving serious injury or death during the use of seclusion or restraint:

a. The foster care program shall provide verbal notice of the incident immediately to DCYF;

b. The foster care program shall provide a copy of the incident report shall be delivered to DCYF within 48 hours of the incident;

c. DCYF shall provide verbal notice to the commissioner, the attorney general and the state's federally-designated protection and advocacy agency for individuals with disabilities as soon as practicable or within 24 hours of the incident, whichever is earlier; and

d. DCYF shall send a copy of the incident report to the commissioner, the attorney general and the state's federally-designated protection and advocacy agency for individuals with disabilities within 5 business days of receipt of the report of the incident.

(k) Child-specific reports written by the program shall be available for review by the child's parent(s) or guardian(s) unless contraindicated by the court order or if DCYF has applied for or is in the process of applying for a court order.

He-C 6355.18 Transitions to a Foster Care Program From a Residential Treatment Program.

(a) All transitional visits shall be implemented in accordance with DCYF's case plan and the residential program's treatment plan for the child.

(b) The identified foster care program shall become a member of the child's treatment team.

(c) The treatment team shall develop a written transitional plan and agreement in accordance with the case plan, which shall address the length of the transition not to exceed 3 months, the transportation needs, and other services required to make the transition successful.

(d) The foster care program shall be responsible for:

(1) Coordinating transitional visits with DCYF and the residential program;

(2) Preparing foster parents for the child's visits;

(3) Providing support and services to the foster parents as identified in the transition plan;

(4) Responding to the foster parents' needs during the visit; and

(5) Providing information to the residential program and DCYF concerning the outcome of the visit.

(e) Pursuant to He-C 6350.27(e), the residential program shall remain available to respond to any crisis during a transitional visit including returning the child to the program.

(f) The foster care program shall be responsible for the supervision of the child during a transitional visit.

(g) The foster family shall receive a stipend for the DCYF identified respite rate for overnight transitional visits. The foster care program shall provide any additional support requested by the foster family, as identified in the transitional plan.

(h) The process for transitional visits shall not exceed a total of 10 overnights as specified in the child's transitional plan.

He-C 6355.19 Respite Care.

(a) Foster care programs shall provide an array of respite options, including at a minimum:

- (1) Hourly staff support;
- (2) In-home and out-of-home care;
- (3) Alternative child care arrangements as described in the treatment plan; and
- (4) Emergency respite care.

(b) Overnight respite care providers shall be licensed providers, relatives of the child who are approved, or anyone who has another connection with the child and who has been approved by the treatment team.

(c) Foster care programs may provide respite services for another foster child in care, unless contraindicated by the child's treatment plan, and as approved by DCYF.

(d) If a sibling group is placed together, the foster care programs shall assist DCYF in coordinating respite care for the sibling group, and shall be financially responsible only for the child identified for ISO services.

He-C 6355.20 Access to In-Patient Care.

(a) A foster care program shall notify DCYF immediately upon learning of a child's need for inpatient or acute care.

(b) Should a child be admitted to an in-patient psychiatric or acute care hospital, the sending foster care program shall be reimbursed by the department at the authorized board, care, and treatment rate for up to 10 consecutive days, if the following criteria are met:

(1) The foster care program remains available to expedite the return of the child to the foster family home; and

(2) The foster care program and the placement provider remain in contact with the child during his or her hospitalization through attendance at treatment team meetings, phone contact, and visitation.

(c) While the child is admitted or hospitalized in accordance with (a) above, the sending foster care program shall not bill medicaid.

(d) If it is known at the time of the admission or hospitalization that the child will not be returning to the foster care program then the child's payment authorization to the program shall be closed out immediately.

He-C 6355.21 Runaways.

(a) Foster care programs shall notify DCYF immediately upon learning that the child has run away.

(b) Foster care programs shall continue to be reimbursed by DCYF at their authorized board and care and treatment rate for up to 10 consecutive days if the following conditions are met:

(1) The foster care program remains available to expedite the return of the child to the program; and

(2) The child has not been placed into another DCYF funded residential treatment program during that time period.

(c) If a child runs away, the foster care program shall not bill medicaid during the time that the child is absent without leave.

(d) If it is known at the time a child runs away that the child will not be returning to the foster care program then the child's payment authorization to the program shall be closed out immediately.

He-C 6355.22 Education.

(a) Foster care programs shall work cooperatively with the licensing agency, DCYF, the parent(s) or guardian(s) of the child in care, and the school in providing for the education of the child in care.

(b) The child shall be enrolled in the local public school unless his or her needs require an alternative approved educational program.

(c) The foster care program shall assist in implementing the individual education plan for a child in care who has been identified as educationally disabled.

(d) The foster care program shall make time and space available for studying and shall ensure that children have access to reference materials.

(e) The foster care program shall support the on-going education and career planning for youth over the age of 14.

(f) The foster care program shall ensure that life skills training is available and appropriate to the age and abilities of the child, including life skills training in:

- (1) Family roles;
- (2) Sex education;
- (3) Hygiene;
- (4) Social development; and
- (5) Self-care.

(g) Foster care programs shall assist a child who is eligible, to participate in the DCYF adult living program, and receive education in the following:

- (1) Consumer education;
- (2) Money management;
- (3) Housing needs;
- (4) Higher education; and
- (5) Career planning.

**Adopt He-C 6355.23, and Readopt and renumber existing He-C 6355.23 - He-C 6355.30 as He-C 6355.24-He-C 6355.31 consecutively, so that He-C 6355.23 and He-C 6355.24- He-C 6355.31 read as follows:**

He-C 6355.23 Adult Living Preparation.

(a) Foster care programs shall assist children to restore their developmentally appropriate skills and prepare for adulthood, by complying with the adult living preparation requirements and assisting in the completion of the DCYF adult living preparation documents.

(b) Foster care programs shall identify and meet the adult living needs of children who are age 14 or older.

(c) Information obtained through the adult living preparation shall be shared with the program through DCYF and included in the treatment plan, daily logs, monthly progress reports, and discharge summary, as appropriate.

(d) The process of completing or updating adult living preparation plans shall be done in collaboration with the DCYF worker and the child.

(e) Foster parents or program staff shall provide monthly information for the National Youth in Transition Database (NYTD) through Form 1969 "Monthly NYTD Checklist" (January 2015).

He-C 6355.24 Health Care.

(a) Pursuant to He-C 6355.15(d)(3), foster care programs shall comply with the child's treatment plan for health care by:

- (1) Arranging for health care services as set forth in the child's treatment plan;
- (2) Consulting with the DCYF health care coordinator at the state office when planning for the psychotropic needs of a child in care.
- (3) Ensuring that the prescribed program of immunizations is followed.

(b) Arranging for other routine and emergency health care visits and services as appropriate and as needed.

(c) Foster care programs shall maintain a record of the health care visits of a child in care, in accordance with He-C 6355.17(e)(6).

He-C 6355.25 Out-of-State Travel.

(a) The foster care program's staff shall obtain written permission from a child's parent(s) or legal guardian(s) before transporting a child outside the state of New Hampshire.

(b) The foster care program's staff shall obtain written permission from a child's parent(s), legal guardian(s) and DCYF before allowing out-of-state travel for overnight visits.

He-C 6355.26 Visitation and Interactions with Family and Friends.

(a) The foster care program shall encourage positive social relationships and life-long permanent connections with nurturing adults.

(b) The foster care program shall create and implement a plan with DCYF and the child's parent(s) or guardian(s) to maintain a strong and consistent relationship between the child and his or her family in accordance with the court order, if family interactions are supported by the permanency plan required in He-C 6355.15(c)(2)(b).

(c) The plan in (b) above shall:

- (1) Include the location where visits will take place and outline the plan for transportation arrangements.

- (2) Ensure visitation environments and locations present optimal opportunities for positive interactions between the child and the visiting individual(s);
- (3) Specify the length of time and frequency of visits;
- (4) Address privacy and safety issues, including the need for supervised visitation if required; and
- (5) Identify a variety of ways by which family, guardian(s) and friends may interact with the child including, but not limited to, phone contact and postal and electronic communication; and
- (6) Provide feedback to the team regarding how the visits have been and the needs and expectations of future visitation.

(d) The foster care program shall further support the child in maintaining connections through receiving and sending mail, use of electronic web-based communications, and phone, unless contraindicated in the treatment plan.

He-C 6355.27 Quality Assurance.

(a) The foster care program shall cooperate with DCYF in gathering data relative to outcome measures, as follows:

- (1) Provide quarterly data as requested by DCYF;
- (2) Provide an annual data report to DCYF, 30 days after the end of the calendar year; and
- (3) Provide an annual narrative report on the number of children served, work that was accomplished, and any system barriers to the DCYF foster care specialist.

(b) DCYF shall conduct quality assurance reviews with each foster care program, which consist of the following:

- (1) A review of all case records, including all foster family home and child treatment records;
- (2) A review of the renewal application as described in He-C 6355.03;
- (3) An annual analysis of the referral data and statistics;
- (4) An initial on-site visit conducted within the first year of a new foster care agency program's operation;
- (5) For currently certified programs, an on-site visit once every 2 years; and
- (6) An exit interview held with the executive director to review issues of noncompliance, areas of concern, observations, and commendations.

(c) Should it be determined during any departmental visit or quality assurance review that there are areas of non-compliance with this section, DCYF will require the foster care program to submit a plan of correction within 30 calendar days of the date of receipt of the notice of non-compliance.

He-C 6355.28 Waiver Process for a Foster Care Program.

(a) Waivers of requirements for a specific foster family home shall comply with He-C 6446.26.

(b) Applicants or programs seeking a waiver of a requirement **set forth** in He-C 6355.02 – He-C 6355.13 shall submit a written request to the department, including the following information:

- (1) The rule number for which the waiver is being requested;
- (2) The anticipated length of time for which the requested waiver will be needed;
- (3) The reason for requesting the waiver;
- (4) If the waiver is granted, how the foster care program shall continue to provide for quality care of the children in light of the waiver;
- (5) A plan specifying how the foster care program shall meet the intent of He-C 6355.02 – He-C 6355.13 if the waiver is granted;
- (6) The impact on the child and family if the waiver is not granted;
- (7) The potential impact on all children affected by the waiver request; and
- (8) A statement attesting that the request is not out of compliance with the program's licensing requirements in RSA 170-E:31.

(c) When a waiver request involves prospective staff **who do not meet the certification qualifications, the program shall not hire the individual until the department has made a decision to grant or deny the waiver request.**

(d) A request for a waiver shall be approved if the department determines it meets the following criteria:

- (1) The requested waiver will not jeopardize the quality of care and service provided to children;
- (2) The requested waiver will not be a violation of a state law; and
- (3) The foster care program has an alternative plan for complying with the intent of the rule.

He-C 6355.29 Denial and Revocation of Certification for Payment.

(a) The department shall deny an initial application when the applicant has not met the requirements set forth in He-C 6355.02

(b) The department shall revoke certification for payment when it determines that the applicant is non-compliant with He-C 6355, or has had its license denied, revoked or suspended in accordance with RSA 170-E:35.

(c) The department shall not renew the request for certification for payment if a foster care program notifies the department that it will no longer accept children from NH into its program when the program is not at full capacity.

(d) Revocation of certification for payment shall include removal of the program from the NH bridges payment system, and initiate the department's recoupment of unused funds, if applicable.

He-C 6355.30 Notification of Denial or Revocation.

(a) If the department denies or revokes certification for payment to an applicant or a foster care program, a letter shall be sent to the applicant or foster care program by certified mail that sets forth the reasons for the denial or revocation.

(b) The denial or revocation shall become final 10 business days after receipt of the letter referenced in (a) above, unless the applicant or certified program requests a hearing pursuant to RSA 170-G:4-a.

He-C 6355.31 Administrative Appeals and Hearings.

(a) Applicants or certified programs that plan to appeal a decision made by the department relative to the denial of an application or revocation of certification, shall file an appeal with the commissioner, within 10 business days of the date of the letter or other written notification of the action, pursuant to RSA 170-G:4-a, RSA 541-A and He-C 200.

(b) The appeal shall be:

(1) Made in writing;

(2) Signed by a person authorized to submit the appeal; and

(3) State the reasons for the appeal pursuant to RSA 170-G:4-a.

## Appendix

<b>RULE</b>	<b>STATUTES THE RULE IMPLEMENTS</b>
He-C 6355.01	RSA 170-G:5, Title IV-E 45 CFR 1355.20
He-C 6355.02 – 6355.08	RSA 170-G:5
He-C 6355.09	RSA 170-G:5, RSA 126-U:7-a
He-C 6355.10 – 6355.16	RSA 170-G:5
He-C 6355.17	RSA 170-G:5, RSA 126-U:7-a, 45 CFR 1356.80
He-C 6355.18 – 6355.27	RSA 170-G:5
He-C 6355.28 – 6355.30	RSA 170-G:5, RSA 170-G:4, XVIII