

## Attachment 2 - Therapeutic Foster Care (TFC) Service Model Parent Qualifications

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### Therapeutic Foster Care (TFC) Service Model

Under the TFC service model, to qualify as a Medicaid TFC provider, the TFC parent must be approved as a resource parent and a TFC provider by the TFC Agency<sup>1</sup>. This means that the TFC parent must:

- Meet and comply with all basic foster care or resource parent requirements as set forth in California Code of Regulations (CCR) Title 22, Division 6, Chapter 9.5 or Welfare and Institutions (W&I) Code 16519.5; and
- Meet and comply with all requirements related to their role as a TFC parent outlined below.

### Resource Family Approval (RFA)

Pursuant to Assembly Bill (AB) 403 (Statutes of 2015) all new family-based foster care providers will be required to meet Resource Family Approval (RFA) standards<sup>2</sup> starting January 1, 2017 and existing licensed/certified foster care providers will be required to complete the process by January 1, 2020.

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<sup>1</sup> A TFC Agency is a California Foster Family Agency (FFA) that meets licensure and accreditation requirements established by the California Department of Social Services (CDSS) and that is able to approve TFC homes; and accept for placement from county placing agencies; and a Medi-Cal SMHS provider that has a contract with a MHP as a Medi-Cal provider [or a MHP that has been certified by the Department of Health Care Services (DHCS)] to provide TFC services. The TFC service model does not limit the TFC Agency's ability to provide a wide array of other SMHS, if included in its contract with the MHP.

<sup>2</sup> For most updated information, refer to CDSS' RFA directives.

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TFC Parents must meet BOTH the RFA and TFC requirements as specified in Column A and B in the table on the following pages.

	<b>COLUMN A Resource Family Approval (RFA)</b>	<b>COLUMN B Additional Requirements for Therapeutic Foster Care (TFC) Services</b>
<b>Resource Parent</b>	<p>Must be at least 18 years of age.</p> <ul style="list-style-type: none"> <li>• All new caregivers, related and non-related, interested in providing care to children in child welfare or probation must go through the RFA process.</li> <li>• An approved Resource Family (RF) is approved for foster care, legal guardianship and adoption.</li> <li>• An RF has been determined to have ability and willingness to provide permanency and/or ability and willingness to support permanency for a child.</li> <li>• Counties, CDSS, and FFAs shall adhere to RFA standards for all families.</li> </ul>	<p>For TFC parents the minimum age is 21 rather than 18 years of age.</p> <ul style="list-style-type: none"> <li>• The TFC parent must meet California’s Medicaid rehabilitation provider qualification for “other qualified provider”<sup>3</sup> (i.e., has a high school degree or equivalent degree)” and meet provider qualifications and other requirements regarding certification, oversight, etc. as established by the Mental Health Plan (MHP).</li> </ul>
<b>Application Process</b>	<p>Forms:</p> <ul style="list-style-type: none"> <li>• Application and Criminal Records Statement</li> <li>• Home Environment Checklist</li> <li>• Risk Assessment</li> <li>• Written Report</li> <li>• Annual Update</li> </ul> <p>Supporting Documentation:</p> <ul style="list-style-type: none"> <li>• Proof of Identity</li> <li>• Department of Motor Vehicles (DMV) report for applicants and adults who may frequently transport children or non-minor dependents</li> </ul>	<p>The process for a resource parent to become a TFC parent will be determined by the TFC Agency in accordance with its contract with the MHP.</p>

<sup>3</sup> See California State Medicaid Plan Attachment 3.1 A Rehabilitation Mental Health Services.

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	<ul style="list-style-type: none"> <li>• Verification of good physical &amp; psychosocial assessment for applicants</li> <li>• Good mental health noted in the written report</li> <li>• Tuberculosis (TB) screening on all adults in home</li> <li>• Employment verification</li> <li>• Verification of income/expenses</li> <li>• Proof of home ownership or rental agreement</li> <li>• Prior history of applicant's status as Foster Family Home (FFH); Certified Family Home (CFH); approved relative or nonrelative extended family member; or employee, volunteer or licensee of a Community Care Facility (CCF)</li> <li>• Personal references</li> </ul> <p>Additional Requirements:</p> <ul style="list-style-type: none"> <li>• Home Environment Assessment (Building and Grounds)</li> <li>• Background Checks Assessment</li> <li>• Psychosocial Assessment</li> <li>• Pre-Approval Training</li> </ul>	

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<b>Background Checks</b>	<ul style="list-style-type: none"> <li>• Fingerprint based criminal records check on applicant and all adults in the home at adoption clearance levels                             <ul style="list-style-type: none"> <li>○ Department of Justice (DOJ)</li> <li>○ Federal Bureau of Investigation (FBI)</li> <li>○ Child Abuse Central Index (CACI)</li> </ul> </li> <li>• Full criminal history considered in psychosocial assessment</li> <li>• Megan’s Law check</li> <li>• DMV Report</li> <li>• Legal Administration Action Records System (LAARS) check                             <ul style="list-style-type: none"> <li>○ Licensing Information System (LIS)</li> </ul> </li> </ul>	<p>Any additional processes regarding background checks and screenings will be determined by the MHP and included in the contract between the TFC Agency and the MHP.</p>

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	<b>COLUMN A</b> <b>Resource Family Approval (RFA)</b>	<b>COLUMN B</b> <b>Additional Requirements for Therapeutic Foster Care (TFC) Services</b>
<b>Home Study Process and Inspection</b>	<p>Information provided to applicants:</p> <ul style="list-style-type: none"> <li>• Benefits associated with foster care, Adoption Assistance Program (AAP), Kin- GAP, Approved Relative Caregiver (ARC) funding, and any other assistance that may apply</li> <li>• Personal Rights of foster children</li> <li>• The applicant’s right to a due process hearing</li> <li>• Access to health, mental health, and dental care through Medi-Cal, in home supportive services, and developmental or other services based on the needs of a child or non-minor dependent in the care of a Resource Family</li> <li>• The Reasonable and Prudent Parent Standard<sup>4</sup></li> <li>• The Quality Parenting Initiative Partnership Plan<sup>5</sup>, if applicable</li> </ul> <p>Comprehensive RFA Assessment includes:</p> <ul style="list-style-type: none"> <li>• Home Environment Assessment Check               <ul style="list-style-type: none"> <li>○ Building and Grounds</li> <li>○ Fire Clearance (if required)</li> <li>○ Capacity determination</li> </ul> </li> </ul>	<p>This review process includes:</p> <ul style="list-style-type: none"> <li>• A comprehensive written report which includes a discussion of family strengths, challenges, risk management concerns; the family’s appropriateness for providing Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services under the TFC service model; and a recommendation for FFA approval, including the child/youth best served by the family and any restrictions.</li> </ul>

<sup>4</sup> As defined in W&I Code Section 362.05 (c), “reasonable and prudent parent 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 foster care under the responsibility of the state to participate in age or developmentally appropriate extracurricular, enrichment, cultural, and social activities.

<sup>5</sup> “Quality Parenting Initiative Partnership Plan” means the document that describes the roles of a Resource Family and a County in mutually supporting a child or non-minor dependent in care and meets the case plan objectives.

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<b>Home Study Process and Inspection (continued)</b>	<ul style="list-style-type: none"> <li>• Psychosocial Assessment               <ul style="list-style-type: none"> <li>○ Minimum 3 face-to-face interviews with each applicant (at least one jointly and one individually)</li> <li>○ Minimum 1 face-to-face interview with everyone in the home (including children)</li> <li>○ Interviews include at minimum:                   <ul style="list-style-type: none"> <li>• Childhood upbringing and experiences</li> <li>• Adult experiences and personal characteristics</li> <li>• A risk assessment, which shall include:                       <ul style="list-style-type: none"> <li>A. Past and current alcohol and other substance use and abuse history</li> <li>B. Physical, emotional, sexual abuse and family domestic violence history</li> <li>C. Past and current physical and mental health of the applicant</li> </ul> </li> </ul> </li> <li>• Current marital status and history of marriages, domestic partnerships, or significant relationships</li> <li>• Children living in or out of the home                   <ul style="list-style-type: none"> <li>A. Name</li> <li>B. Gender</li> <li>C. Date of birth</li> <li>D. Relationship to applicant</li> <li>E. General health</li> <li>F. Past and current behavioral issues</li> <li>G. If children are not living in the home, the reason</li> <li>H. Custody arrangements and disputes</li> </ul> </li> </ul> </li> <li>• Parenting approaches               <ul style="list-style-type: none"> <li>A. Family values</li> </ul> </li> </ul>	

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<b>Home Study Process and Inspection (continued)</b>	<ul style="list-style-type: none"> <li>B. Lifestyles, activities, and home environment</li> <li>C. Parenting practices and discipline procedures</li> <li>D. Ability to parent a child from different backgrounds or experiences including race, ethnicity, sexual orientation, gender identity, or a child who is gender non-conforming                             <ul style="list-style-type: none"> <li>• Social support system</li> <li>• Employment</li> <li>• Financial situation                                     <ul style="list-style-type: none"> <li>A. Ability within the home to ensure the stability and financial security of the family</li> <li>B. Understanding of legal and financial responsibilities when caring for a child or non-minor dependent</li> </ul> </li> <li>• Motivation to become a Resource Family</li> <li>• Characteristics and demographics of a child or non-minor dependent best served by the Resource Family</li> <li>• Discussion of the results of the background checks</li> </ul> </li> <li>• Use of home address by others not residing in the home and reasons, if applicable</li> <li>• Pre-Approval Training (See below for more information)</li> </ul>	

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	<ul style="list-style-type: none"> <li>• Written Assessment (Final product that summarizes, evaluates and makes final determination on approvability of family including strengths and weaknesses)</li> </ul>	
<b>Initial Training Requirements</b>	<p>A current certificate verifying completion of an age-appropriate Cardio-Pulmonary Resuscitation and First Aid course</p> <p>Minimum of 12 hours of pre-approval training which shall include:</p> <ul style="list-style-type: none"> <li>• A Resource Family orientation</li> <li>• An overview of the child protective system</li> <li>• Role of the resource family, including working cooperatively with service providers and agencies to develop and implement the case plan</li> </ul>	<p>40 hours of initial TFC parent training must be completed prior to the parent being eligible to provide services as a TFC parent. An outline and agenda of the 40-hour training shall be provided to and be approved by the MHP as a part of the contract. Training shall include the following at a minimum:</p> <ul style="list-style-type: none"> <li>• Introduction to Therapeutic Foster Care services and the TFC parent role in mental health treatment planning</li> <li>• Working with children who have been abused, neglected and/or delinquent</li> <li>• Trauma informed care</li> </ul>

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	<ul style="list-style-type: none"> <li>• Child and adolescent development and the effects of child abuse and neglect on child development</li> <li>• Positive discipline and the importance of self- esteem</li> <li>• Common health issues of foster children</li> <li>• Accessing education and health services available to foster children or non-minor dependents in care</li> <li>• Personal rights of foster youth</li> <li>• Options for permanency</li> <li>• Permanence, well-being, and education needs of children</li> <li>• Birth parent relationships and safety issues regarding contact, as applicable</li> <li>• Instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of- home care</li> <li>• Basic instruction on the existing laws and procedures regarding the safety of foster youth at school and the ensuring of a harassment and violence free school environment</li> <li>• Any other training a County or approving agency determines to be appropriate</li> <li>• Trauma effects including grief and loss, child abuse and neglect, child development and behavior and methods to behaviorally support children impacted by that trauma or child abuse and neglect</li> </ul>	<ul style="list-style-type: none"> <li>• Developmental stages and age appropriate interventions</li> <li>• Prevention of aggressive behavior and de-escalation techniques</li> <li>• Positive behavioral reinforcement techniques</li> <li>• Behavior management techniques</li> <li>• Introduction to individualized mental health treatment of children</li> <li>• Effective communication and relationship building techniques</li> <li>• Understanding and monitoring medications</li> <li>• Crisis management/de-escalation techniques</li> <li>• Cultural competence and culturally responsive services</li> <li>• Client sensitivity training (including stories and content developed and delivered by peer roles (e.g. foster parents, former foster youth, bio parents, etc.)</li> <li>• Training around stress and well-being/self-care</li> <li>• Involvement and role in Child and Family Team (CFT)</li> <li>• Progress note training/medical necessity criteria</li> <li>• Health Insurance Portability and Accountability Act (HIPAA)</li> <li>• Access to other medically-necessary Specialty Mental Health Services (SMHS)</li> </ul>
<b>Ongoing Training</b>	<p>Minimum of 8 hours of post-approval training on an annual basis</p> <ul style="list-style-type: none"> <li>• Trauma informed care and attachment</li> </ul>	<p>Minimum of 24 hours of annual ongoing training related to providing TFC services and which includes an emphasis on skill development and application and SMHS knowledge</p>

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	<ul style="list-style-type: none"> <li>• Core Practice Model</li> <li>• Crisis intervention</li> <li>• Behavior Management</li> <li>• Supporting children and non-minor dependents in school</li> <li>• Effects of drug and alcohol abuse on children and non-minor dependents</li> <li>• Administration of psychotropic medications</li> <li>• Emancipation and independent living</li> <li>• Any other training a County or approving agency determines to be appropriate</li> </ul> <p>In addition to the training specified above, the Resource Family shall maintain a current certificate for CPR and First Aid.</p>	<p>acquisition. This training can be provided in a variety of formats (videos, readings, internet training, and webinars).</p>
<p><b>Supervision of Resource Parents</b></p>	<p>Approved Resource Families shall be provided with monthly financial assistance, agency sponsored resources, at least once monthly visits from the child, youth, or NMD's social worker, and other supports.</p> <p>A county or approving agency shall monitor Resource Families through the following:</p> <ul style="list-style-type: none"> <li>• Conducting annual updates as required by Section 08-01</li> <li>• Conducting periodic evaluations and home environment assessments, as necessary</li> <li>• Investigating complaints against a Resource Family</li> <li>• Developing corrective action plans to correct identified deficiencies</li> </ul>	<p>The TFC parent provides plan development, rehabilitation and collateral under the direction of the TFC Agency's Licensed Mental Health Professional (LMHP). The TFC Agency has overall responsibility for monitoring the TFC parent. The TFC Agency's LMHP will meet with the TFC parent to review the treatment plan, review and co-sign progress notes and will provide support to the TFC parent as follows:</p> <ul style="list-style-type: none"> <li>• Face-to-face supervision in the home a minimum of 1 hour per week to review the treatment plan, review and co-sign progress note, ensuring that each progress note meets Medi-Cal SMHS and contractual requirements and supervise the provision of the following TFC service model SMHS service activities:</li> </ul>

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	<ul style="list-style-type: none"> <li>• Requiring a Resource Family to comply with corrective action plans</li> <li>• Investigating, as provided for in All County Letter (ACL) 13-64, possible address matches of registered sex offenders</li> </ul> <p>CDSS shall review annually a random sample of Resource Families in a county for compliance with applicable laws and the Written Directives. The review shall include the following Resource Family information:</p> <ul style="list-style-type: none"> <li>• Application</li> <li>• Background checks, including any exemptions</li> <li>• Annual updates</li> <li>• Complaints and investigations</li> <li>• Enforcement actions and administrative reviews</li> <li>• Reports of serious complaints and incidents involving Resource Families</li> <li>• Any other information deemed necessary to evaluate compliance with applicable laws and the Written Directives</li> </ul>	<ul style="list-style-type: none"> <li>○ Rehabilitation</li> <li>○ Planned development (as part of the CFT)</li> <li>○ Collateral</li> </ul>
<b>Annual Evaluation and Renewal</b>	<p>At least annually a county or approving agency shall update the approval of a Resource Family</p> <ul style="list-style-type: none"> <li>• The update shall begin no sooner than 60 days prior to their anniversary date and shall be completed no later than 30 days after</li> </ul> <p>Included in an annual update is the following:</p> <ul style="list-style-type: none"> <li>• Interview all individuals living in the home</li> <li>• Updated home environment assessment</li> </ul>	<p>The annual evaluation incorporates input from the child and family team members as well as a self-evaluation by the TFC parent. The home visit should be strength-based and solution-focused. It should address:</p> <ul style="list-style-type: none"> <li>• The TFC parent’s role and performance as therapeutic change agent; including treatment strategies</li> <li>• Case records and documentation</li> </ul>

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	<ul style="list-style-type: none"> <li>• Verify that a subsequent arrest notification (rap back) service is in place for all adults living in the home</li> <li>• If there are new adults in the home, a background clearance must be completed for each new adult living in the home, including a subsequent arrest notification service</li> <li>• A change in the number of people residing in the home, including when the resource family becomes a guardian or conservator for any child or other person, or an adult moves out of the home</li> <li>• Updated psychosocial assessment to address any changes that have occurred in the Resource Family's circumstances</li> <li>• A change in the physical or mental health of a child, NMD or any other residents in the home, including the Resource Family</li> <li>• A move to a new home location within the county, to another early implementation county, to a non-participating county, or returning to the approving County</li> <li>• A change in marital status</li> <li>• An update to an existing approval may be completed earlier than annually if in the county's judgment changes have occurred in the family's circumstances that warrant such an update</li> <li>• Personal and professional development goals and training</li> <li>• Barriers encountered and strategies for resolution through positive reinforcement</li> </ul>	