

Foster Care Services: Residential Treatment

[BACK](#)

[CONTENTS](#)

[FORWARD](#)

TABLE OF CONTENTS

Section	Heading	Page
1005.1	Introduction	3
1005.2	Program Definitions & Descriptions of Children Served	4
1005.3	Non-MATCH Residential Treatment Resources	6
1005.4	Local Multi-agency Teams For Children	9
1005.5	The State Multi-agency Team For Children (MATCH)	13
1005.6	Discharge Planning & Utilization Reviews	13
1005.7	Approval Process for Match Providers	14
1005.8	The MATCH Outcome System	15
1005.9	Department of Human Resources Case Manager	16
1005.10	Case Manager Responsibilities During Treatment & At Discharge	17
1005.11	MATCH Services for Children in Parental Custody	19

Foster Care Services: Residential Treatment

Attachments

- **Special Eligibility Conditions: Criteria for consideration as Severely Emotionally Disturbed**
- **MATCH Profile Instrument, Part I - Sample Copy**
- **MATCH Application Instructions**

Foster Care Services: Residential Treatment

1005

RESIDENTIAL TREATMENT

1005.1

Introduction

There are children who have severe emotional disturbances (SED) which are so serious that they may require treatment in residential settings. The attached "Special Eligibility Conditions: Criteria for consideration as Severely Emotionally Disturbed" describes children who may be diagnosed with severe emotional disturbance.

The Department of Human Resources arranges and purchases residential treatment through the Multi-agency Team for Children Program. The program and the state and local multi-agency teams through which the program operates are referred to as MATCH. The types of Therapeutic Residential Intervention Services purchased by MATCH are: Therapeutic Foster Care, Intermediate Residential Treatment, Therapeutic Residential Wilderness Camps and Intensive Residential Treatment. Limited funding is available through MATCH to obtain treatment from a variety of public and private providers throughout the state. Appendix I of the Foster Care Services Manual provide program descriptions, admission criteria, and other pertinent data regarding MATCH approved providers of residential treatment services. These programs offer a variety of therapeutic options and treatment settings designed to meet the individual needs of children and adolescents.

Referrals to MATCH placement resources are made only after (1) thorough examination of all birth family and alternative family resources and (2) exploring and eliminating all other community-based options and funding sources that might meet the child's needs. The child and parent must be residents of Georgia to receive and maintain MATCH funding. Local multi-agency teams are in place throughout the state and serve as the entry point for children who may need MATCH-funded residential treatment services. **To be considered for MATCH funding, a child must be staffed by his/her community's local team and approved for referral to state MATCH.** The case staffings by the local MATCH teams provide assurance that all community options have been explored, and give a professional, multi-disciplinary approach to the development of treatment recommendations.

The state MATCH team includes a consulting psychologist and representatives from the Division of Mental Health, Mental Retardation and Substance Abuse, the Departments of Education and Juvenile Justice, the Office of Regulatory Services and members of the Department of Family and Children Services Treatment Unit.

The Treatment Services Unit serves as the focal point for issues regarding residential treatment, group care and Level of Care. Unit members provide technical assistance, program planning, policy development, and consultation. Consultants are assigned to counties, and are available to assist local Department of Human Resources case managers, state hospital staff, local MATCH teams, as well as communities where DMHM RSA & DFCS are attempting to work together to approve therapeutic foster homes.

Foster Care Services: Residential Treatment

PROGRAM DEFINITIONS AND DESCRIPTIONS OF CHILDREN SERVED THROUGH THE MATCH PROGRAM

THERAPEUTIC FOSTER CARE

1005.2

Description of Child Served:

A child appropriately served in **Therapeutic Foster Care** has a mental health diagnosis and moderate problems or occasional major problems in one or more areas of functioning. This includes behavior that would present a danger to self or others if the child were not in a therapeutic setting. Despite mental health problems, a child in therapeutic foster care has sufficient social adaptive skills and behavior control to participate openly in community activities and the public school. Although the child is likely to display episodes of aggressive or antisocial behavior, he or she is capable of meaningful social relationships.

Program Definition:

Therapeutic Foster Care provides individualized treatment and support services in a family setting. The child lives with a substitute family in the family's own home. Clinical staff and the therapeutic foster parent(s) work together as a treatment team to provide a therapeutic environment designed to help the child achieve increased emotional stability and an improved level of behavioral functioning and social interaction. The therapeutic foster parents are specially recruited, screened, and trained to provide an environment with sufficient structure and treatment services to help children achieve their individualized treatment goals.

There are two levels of Therapeutic Foster Care. The levels differ primarily in the severity of the mental health treatment needs of the children served, the amount of individual psychotherapy provided to the children, and the level of supports and supervision given to the therapeutic foster parents.

INTERMEDIATE RESIDENTIAL TREATMENT

Description of Child Served:

A child appropriately served in **Intermediate Residential Treatment** has a serious mental health diagnosis and substantial problems in one or more areas of life. A child at this level has mental health needs and behaviors that present a moderate risk of causing harm to self or others, inappropriate social skills, episodes of aggressive, sexual acting-out or other anti-social behavior. There may be serious academic and/or behavioral problems in school.

Program Definition:

Foster Care Services: Residential Treatment

Intermediate Residential Treatment provides a structured physical environment and a treatment program where children live in cottages in an open campus setting or in group homes in residential communities. Most activities are therapeutically designed to improve the social, emotional and educational functioning of the children served and to teach children prosocial adaptive skills. Therapeutic Intervention is encompassed within the program milieu, including formalized behavior programs and individual, group and family therapy. Appropriate professional staff are employed on a full time, part time or consulting basis depending upon the size of the program and the needs of the children. Such staffs include a psychiatrist, a psychologist, nurse and an adequate number of therapists or social workers to carry out the treatment plan with the children. Some intermediate programs have on-campus schools.

THERAPEUTIC RESIDENTIAL WILDERNESS CAMPS

Description of Child Served:

A child appropriately served in a **Therapeutic Residential Wilderness Camp** has a serious mental health diagnosis and exhibits substantial problem behaviors in a variety of settings, such as home, school and/or the community. A child at this level has mental health needs and behaviors that present a moderate risk of causing harm to self or others, including depression, withdrawn behaviors, low self-esteem, undisciplined behavior, physical fighting, serious violations of rules at home and at school, truancy, staying out all night, lying, stealing, recklessness and risk-taking acts.

Program Definition:

Therapeutic Residential Wilderness Camps provide care, supervision and treatment in an outdoor setting where physical, environmental, athletic and other challenging activities are therapeutically designed to improve the child's social, emotional, and educational functioning and to teach the child prosocial adaptive skills. Children live in an outdoor setting. Therapeutic intervention is encompassed within a unique program milieu and involves physical and psychological challenges, which are implemented by professional and paraprofessional staff under the direct supervision of professional staff. Appropriate professional staff are employed on a full time, part time or consulting basis (depending upon the size of the program and the needs of the children). Such staffs include a psychiatrist, nurse and an adequate number of therapists or social workers to carry out the treatment plans with the children. The camps have on-grounds schools.

INTENSIVE RESIDENTIAL TREATMENT

Description of Child Served:

A child appropriately served in **Intensive Residential Treatment** has a severe mental health

Foster Care Services: Residential Treatment

diagnosis and is unable to function in multiple areas of life. A child at this level presents a moderate to severe risk of causing harm to self or others. The threat of danger to self may include serious suicide threats, suicide attempts and self-mutilation. The child may exhibit persistent or unpredictable aggression, serious sexual acting-out or sexual aggression. He or she may be markedly withdrawn and isolated due to either depression or a thought disorder, or may appear out of touch with reality. The emotional problems may be complicated by an accompanying physical disorder. The child may lack motivation or ability to participate in personal care or social activities.

Program Definition:

Intensive Residential Treatment provides a highly structured program with 24-hour supervision. Secure programming is available for evaluation and crisis stabilization as needed for children who are dangerous to self or others. There are formalized behavior groups and therapeutic interventions, including individual, group and family therapy. Therapies occur more frequently at this level of care in order to achieve stabilization and improved functioning and social adaptation. The treatment plan is implemented in all aspects of the daily living routine to create a therapeutic milieu in which all activities planned and interventions applied are individually designed with the goal of stabilizing and improving the child's functioning. Children are allowed access to community activities, public school participation and other normalizing situations as promptly and fully as is consistent with their treatment plans. There is 24-hour nursing coverage; and social work, psychiatric and psychological support on staff. An on-campus school is available.

1005.3 NON-MATCH RESIDENTIAL TREATMENT RESOURCES

The following resources are available to assist children in need of residential treatment, and must be explored fully by the local community before a referral is made to state MATCH.

A. Division of Mental Health, Mental Retardation and Substance Abuse

The Community System of Care - The Division of Mental Health, Mental Retardation and Substance Abuse (DMHM RSA), through its Regional Boards, has established a system of treatment services for children and adolescents in communities across the state. This Community System of Care offers a variety of services to include **outpatient services, in-home crisis services, day treatment, respite care, therapeutic foster care and therapeutic group homes.**

This system of care, particularly the provision of therapeutic foster care, depends upon a partnership between the various local agencies serving children with severe emotional disturbance, especially between DMHM RSA through its Regional Boards and local Departments of Family and Children Services. See Appendix S for information about the role local DFCS may play in the approval and re-evaluation of these therapeutic foster care homes.

For information about services available in your community, contact your local DMHM RSA Community Service Board or Regional Board. The Community System of Care services may be

Foster Care Services: Residential Treatment

available to assist a child who is in a regular foster home and preserve the placement by providing support to the foster family and additional therapeutic support to the child.

Outdoor Therapeutic Programs (OTP) - Residential mental health treatment for children and adolescents is also available through DMHM RSA in the outdoor therapeutic residential wilderness programs located in Cleveland and Warm Springs. Warm Springs serves girls and boys; Cleveland serves boys. Children who may be candidates for OTP must be staffed first at their local MATCH committee. If local MATCH approves the referral, the agency case manager applies directly to the facility. State MATCH is not involved in that process.

Substance Abuse Programs - DMHM RSA offers residential substance abuse programs for youth ages 13 and older. These programs serve young people whose primary presenting problem is the abuse of alcohol, drugs and other substances. Information about these programs can be obtained from the local DMHM RSA Community Service Board or Regional Board, or by contacting a state MATCH consultant.

Developmental Disabilities/Mental Retardation - Children with mild mental retardation or below, and who have a primary mental health diagnosis can be considered for MATCH funding. However, all efforts to serve the child in the community must be explored first. Contact should be made with the DMHM RSA Developmental Disabilities Specialist in the area. The child should be assessed by the Comprehensive Evaluation Team and considered for developmental residential services available in the community through one of the **Medicaid Waiver Programs**. Waiting lists for these programs are usually long. Because they are oftentimes abandoned by caretakers and have no place to live, children in DFCS custody may be given priority and placed on the "short-term planning list." If not a regular member of the local MATCH team, the developmental specialist for the area should be invited to the MATCH staffing of the child.

Autism Services, located in Clayton County, is available to provide consultation statewide to assist children with autism and their caretakers. Some limited respite care is available.

B. Department of Education Tuition Grant Program

The Department of Education funds a **Tuition Grant** Program which supports the purchase of residential treatment for severely emotionally disturbed students whose needs are such that the educational program must occur in a residential treatment setting. The Individual Educational Plan (IEP) process determines whether residential treatment is recommended by the local school system.

C. Department of Juvenile Justice Specialized Treatment Services

Each Department of Juvenile Justice (DJJ) region has a residential placement specialist who is responsible for administering the Specialized Treatment Services program. This program includes funds to purchase residential treatment for children committed to DJJ. Children in the custody of DFCS and committed to DJJ are the responsibility of both agencies. When a child

Foster Care Services: Residential Treatment

in DFCS custody and committed to DJJ needs therapeutic residential services, both departments are expected to share the cost of the child's treatment. When only one department has funds available, the decision to proceed with a therapeutic placement will be made on a case-by-case basis. The MATCH referral must include a written statement from DJJ giving the amount of payment toward care and treatment to be made by them.

If a child in need of residential treatment is committed solely to DJJ and is not in DFCS custody, full funding must be sought through the DJJ residential placement specialist even if the child is included in an open DFCS service case. The DJJ State MATCH representative or designee may staff the child at local and state MATCH in order to obtain Medicaid funding for therapeutic residential services.

D. Level of Care

Level of Care funds are used to provide support services to a limited number of children in DFCS custody who are most critically in need due to diagnosed medical and/or emotional/behavioral conditions. (See Social Services County Letter No. 97-6 and Administrative Services County Letter No. 97-15. Revised Foster Care Services, Chapter 1004 to be released.)

Foster Care Services: Residential Treatment

LOCAL MULTI-AGENCY TEAMS FOR CHILDREN

1005.4

Requirement

Coordinated planning and multi-agency collaboration in the provision of therapeutic services for emotionally disturbed children shall occur in communities through a statewide network of local multi-agency teams for children.

The point of entry into the Department of Human Resources state system for the arrangement and purchase of residential treatment services is through the local multi-agency team for children, generally known as MATCH. To be considered for MATCH funding a child must first be staffed by local MATCH and must meet the eligibility conditions for severe emotional disturbance.

Procedures

1. Local multi-agency team membership is to be determined by individual communities as a response to each community's needs and interagency relationships. All teams will include representatives from the DHR divisions that serve children and/or adolescents. Because the majority of children have needs that transcend one agency or discipline, local communities are encouraged to seek representation from the Department of Juvenile Justice, the local school system(s) and the Juvenile Court. Representatives of private agencies and child advocates may be included as considered appropriate by the team. Some teams may choose to have parents or parent substitutes involved in the staffings of individual children.
2. Local multi-agency teams will work to coordinate the services of the various agencies and to provide conflict resolution for issues that cross agency lines. Teams will assure that all possible resources are explored for each child. Teams may choose to conduct other activities related to serving children such as planning and advocacy efforts.
3. Local multi-agency teams will staff the cases of children who have such serious mental health needs that residential treatment may be needed.
4. Local teams will facilitate the designation of a primary case manager, from one of the DHR divisions that serves children and adolescents, for each case that is to be forwarded to State MATCH.
5. The local teams will ensure that all community and funding resources are exhausted before referring the case to the state team by considering the following:
 - The possibility of financial participation from other public agencies, such as the school

Foster Care Services: Residential Treatment

system and the Department of Juvenile Justice (DJJ).

- The existence of Social Security Benefits, Medicaid, PeachCare, SSI, child support, insurance, Veterans Benefits. It is likely that all children who are severely emotionally disturbed will be eligible for SSI. Application for the SSI should be made at the local Social Security office.
 - An evaluation of the child's appropriateness for residential services through basic care facilities, OTP, and/or Mental Health's Community System of Care.
6. A referral is made to the State MATCH team when the local team has staffed the case of the child, and has determined:
- Residential treatment is recommended.
 - All community options have been tried and/or evaluated and are not appropriate to meet the child's needs.
 - All financial resources have been explored. Application has been made for SSI.
 - A case manager from the DHR divisions that serve children and adolescents has been identified.
7. The MATCH referral information may be sent by the local team. Or, the referral may be authorized by the local team and the materials prepared and sent by the local case manager. This is a decision to be made by the team. The information required for referral to state MATCH consist of:

a. Documents/Attachments That Are Required For All MATCH Applications

- A MATCH Profile Instrument, Part I and Attachments (See MATCH Application Instructions) completed by the case manager. The guide compiles social and educational material regarding the history and current functioning of the child. It includes a weighted behavioral scale. **The guide is a critical tool in determining a child's priority for MATCH funding and in making placement recommendations.**
- Current Social History.
- A current psychological evaluation.
- The Statement of Educational Services which details the efforts of the local school system to serve the child (Attachment 2).
- A list of the efforts to secure a less restrictive setting for the child. This should include the

Foster Care Services: Residential Treatment

names of the facilities that have considered the child for admission and their reasons for denying the child (Attachment 3).

- A written statement from community mental health staff detailing their efforts to serve the child and their inability to provide therapeutic residential services.

The copy of the MATCH Profile Instrument in the Attachment section is for informational purposes only. Originals are required and should be requested from the Treatment Services Unit.

b. Documents/Attachments That Are Required If Applicable

- For a child in parental custody, the Placement Agreement Form signed by the parent(s), the local case manager and the case manager's supervisor. Within their means, parents are required to contribute toward their child's care and treatment and for personal expenses (Attachment 4.)
- For a child committed to DJJ, the application must include a copy of: 1) current commitment order, 2) the screening committee and placement form, 3) the placement risk and needs assessment form, and 4) a written statement from DJJ giving the amount they will pay toward care, treatment and personal expenses.
- For a child receiving Special Education services, a copy of the current Individual Education Plan (IEP), the eligibility report and the school administered psychological should be included with the application.
- Reports or discharge summaries from previous residential and/or therapeutic placements.
- A Psychiatric Evaluation if available.

A Checklist is included in the MATCH Application Instructions, which should serve as a guide to the local team or case manager in assembling the necessary documentation.

On a case-by-case basis, MATCH may waive the need to review individual items of the MATCH Profile Instrument and Attachments. The case manager or chairperson of the local team should contact the MATCH consultant assigned to their area if they are having difficulty securing all of the required information.

8. Local teams maintain ongoing responsibility for coordinated case management planning for children, even those children placed out of their communities. Local teams provide a focus for assisting children in maintaining ties to their home communities and for transition planning when children are preparing to leave residential treatment programs.

Foster Care Services: Residential Treatment

THE STATE MULTI-AGENCY TEAM FOR CHILDREN

1005.5

Requirement

Coordinated planning and multi-agency collaboration in the provision of therapeutic services for severely emotionally disturbed children shall occur through the work of the State Multi-agency Team for Children (MATCH). State MATCH will provide a multi-agency, multi-disciplinary approach to the determination of placement priorities, available funding, placement resources, resource development, program approval and monitoring, and the maintenance of an outcome measurement system to assess the effectiveness of residential services.

Procedures

1. The state MATCH consultant will review the MATCH assessment package information received from the community to make sure that it is complete and that the child meets the criteria to be considered severely emotionally disturbed.

If the application packet is incomplete, the state consultant will notify the local case manager in writing of the information that is needed before the child's case can be presented to state MATCH.

2. When the application packet is complete, the child will be presented at the state MATCH meeting. Results of the staffing will be conveyed to the local case manager by phone and by memo. A copy of the memorandum will be sent to the chairperson of the local interagency team. When a MATCH referral is authorized, a formal letter will be sent to the provider and to the case manager. Placements are approved based on the consideration of available funds, placement priorities, treatment recommendations, placement vacancies, and the individual therapeutic needs of the child for whom placement is sought.

If a child is not approved for MATCH funding, the state team will identify other possible sources of help for the child.

1005.6

Requirement

Discharge planning for children in residential care will begin with their initial treatment plan and extend through the entire course of their treatment. All treatment efforts will be directed towards improving the child's level of functioning and stability so that he or she may return home to family, a family substitute or a less restrictive therapeutic setting. The latter is referred to as a "step-down" placement. In keeping with this emphasis on completion of treatment and appropriate discharge

Foster Care Services: Residential Treatment

as quickly as possible, Utilization Reviews (UR's) will be conducted on a semi-annual basis for all children placed in residential programs through MATCH.

Procedures

1. During the utilization review, a MATCH consultant will meet with treatment staff assigned to the child and the local case manager. The child's history, progress in treatment, current functioning, goals, and service plan will be reviewed. At the conclusion, MATCH determines whether this particular type and level of treatment continues to be appropriate for the child. A projected date is established with recommendations for placement and transition to another setting or back to the community.
2. A copy of the utilization review will be sent to the local agency responsible for the placement within four weeks of the review.
3. If the clinical condition of the child changes so that the projected date for discharge is no longer valid and discharge cannot occur as planned, the MATCH consultant, at the request of the local case manager, will consider the revised treatment documentation and clinical assessment and will ask the MATCH team to determine whether the discharge date will be revised.

1005.7

Requirement

The Department of Human Resources (DHR), through the Office of Regulatory Services (ORS), is authorized to license child caring institutions, child placing agencies, and intensive residential treatment facilities for children and youth. In addition, MATCH develops programmatic standards for the provision of therapeutic residential services. After licensing by ORS, an agency may apply to MATCH for enrollment as a MATCH provider. This approval process involves both MATCH and ORS in a joint effort, which evaluates the adequacy and appropriateness of the program to meet the needs of children, placed through MATCH.

Procedures

1. A. potential provider may make a telephone or written request for information regarding MATCH enrollment. Inquiries are directed to MATCH program staff.
2. State MATCH will receive and evaluate applications from therapeutic programs, and will ask for input from local MATCH teams and agency staff as they have interaction with current or prospective providers of treatment services.
3. ORS and MATCH, individually and in tandem, will make site visits, conduct desk audits, review program and client records, and review other measures of performance, as necessary, to determine compliance with MATCH programmatic standards.

Foster Care Services: Residential Treatment

4. Providers will be considered for re-approval for enrollment each new state fiscal year and will be notified of approval status for that year.

1005.8

Requirement

State MATCH, working collaboratively with a variety of stakeholders, has in place a standardized outcome system to measure the effectiveness of the residential treatment services provided to children and adolescent with severe emotional disturbance.

Procedures

1. MATCH providers must complete and submit the MATCH Outcome System instruments to the state MATCH office each month. At designated intervals, information is to be gathered on each child receiving MATCH-funded services.
2. At the point of discharge, parents/custodians/legal guardians should be given a consumer satisfaction instrument to complete. MATCH providers are to submit the results for these and other consumer satisfaction surveys to state MATCH on a semi-annual basis.
3. Once a child is discharged from the MATCH system, the last provider to serve the child must gather information about his/her functioning at designated intervals and submit this information to state MATCH. Sources of information may include the case manager, the parent/custodian/guardian and/or the young person who received the services.
4. State MATCH is responsible for maintaining the data system and producing reports that are useful to case managers, service providers, policy makers, and funding sources.

Foster Care Services: Residential Treatment

The Department of Human Resources Case Manager

1005.9

Requirement

The local department of Human Resources (DHR) agency representative who functions as a child's case manager has responsibility to advocate for the child's special needs and to pursue all available treatment resources for the child by working cooperatively with the local team, state MATCH and, if MATCH funding is approved, with the treatment provider.

Procedures

The DHR case manager's responsibilities in the initial MATCH Program process are:

1. To consult with appropriate professional mental health clinicians regarding the treatment needs of the child. Obtain clinical evaluations, including a psychological if a current one does not exist, and any other evaluations as recommended. These may include a psychiatric and/or neurological evaluation.
2. To explore all possible resources to meet the recommended treatment needs of the child. Efforts should be made to support the child and his/her family or family substitute with the services and treatment that are needed. Community-based treatment for a child with severe emotional disturbance is the first option to be sought.
3. To staff the child's case with the local multi-agency team for children in order to evaluate the child's treatment needs, examine all options, particularly those in the community, and explore financial resources. If the local team recommends referral to state MATCH, to prepare the MATCH application packet with supporting documentation and submit it to the appropriate state MATCH consultant. (See 1005.4.)
4. To explore all potential financial resources to support the child's placement including SSI, insurance, tuition grant programs through the local school system, and funds through the Department of Juvenile Justice for children committed to that Department.
5. To notify the county accounting staff as soon as a child has been MATCH-funded so that the child's income can be forwarded to the state office each month.

NOTE: The County Department of Family and Children Services should not be billed for any expenses, including clothing, for children in their custody who are in MATCH placements with the exception of Northwest and West Central Regional Hospital Adolescent Units.

Foster Care Services: Residential Treatment

Arrangements for a child's clothing and personal expenses should be made directly with unit staff. For all other MATCH providers, personal expenses (including clothing) are included in the MATCH payment rate.

6. To conduct promptly the application and admission activities with the treatment facility(ies) when a MATCH placement is authorized.
7. To notify the State MATCH consultant of: a) any issues or concerns regarding the suggested placements, b) problems which may occur during the application and admission process or c) obstacles or issues that may preclude the child being placed within 45 days of the MATCH approval. Failure to place the child within this time frame may result in the loss of MATCH funding.

1005.10

Requirement

When children enter residential treatment, it is critical that their local DHR case manager continue to play an active role in case planning, service coordination, transitional services and aftercare planning. The case manager serves as a bridge between the residential program provider and the child's family and community.

Procedures

The DHR case manager's responsibilities while the child is in treatment and following discharge are:

1. To participate in the utilization review process and follow through on recommendations. To maintain contact with the child according to foster care policy, at a minimum, and more often when time and resources allow. To help arrange family visits as appropriate and, where no viable family exists, to work with the facility to identify a visiting resource for the child.
2. To notify State MATCH of anything that would affect MATCH approval of the provider or indicate the need to consider a child's transfer to another provider.
3. To notify the Child Protective Services Unit at the local DFCS office in which the MATCH-approved facility or therapeutic foster home is located if there are allegations of abuse or neglect. Local CPS staff will screen all referrals and follow the procedures as outlined in the CPS services manual, 2106.3a.
4. To facilitate discharge planning according to the child's treatment plan and utilization review recommendations. For older children, the discharge plan should be solidified well in advance of their eighteenth birthday.

Foster Care Services: Residential Treatment

5. To cooperate with the MATCH provider after the child's discharge from the MATCH system to gather information about the child's adjustment to the community for use in the MATCH Outcome system.

Foster Care Services: Residential Treatment

MATCH Services for Children in Parental Custody

1005.11

Requirement

Children in the custody of their parents, biological or adoptive, can be considered for MATCH funding. (See 1005.3, Paragraph C for information about children in parental custody and committed to DJJ.) There must be a sponsoring DHR agency, and that agency must maintain an open case throughout the child's stay in residential treatment. The decision regarding the sponsoring agency is made at the local level. Although the sponsor for children in parental custody is usually DMHM RSA, local DFCS staff may serve in this capacity. Depending on the child and family circumstances, the case may be open as Child Protective Services or Placement Services. Placement Services should be used in those instances when there is a threat of adoption dissolution. (See Chapter 60, Appendix B, Section 2.)

Procedures

The DHR case manager responsibilities are:

1. To follow the requirements and procedures outlined in 1005.5.
2. To assist the family in applying for SSI for the child. If the child is not eligible for SSI, the case manager should instruct the family to apply for medicaid for the child.
3. To complete Part I - The Case Manager section of the "Agreement Regarding Application to the Multi-agency Team for Children (MATCH)" and assist the family in completing Part II for Parent/Legal Guardian (see MATCH Application Instructions.) The parents of children in parental custody are responsible for paying to the provider an agreed-upon financial contribution toward the cost of care and treatment as well as for all personal expenses for their children.
4. To maintain an open case throughout the child's stay in MATCH placement, to plan for the child's return to the community, and when indicated to provide aftercare services when the child is discharged from treatment. (See Case File Organization, Chapter 70, Appendix B for information about setting up the case record.)

Foster Care Services: Residential Treatment

ATTACHMENTS

Chapter 1005

Residential Treatment

- Special Eligibility Conditions: Criteria for consideration as Severely Emotionally Disturbed
- MATCH Profile Instrument, Part 1 - Sample Copy
- MATCH Application Instructions
- Therapeutic Foster Care Guidelines For Community Service Boards And County Department Of Family And Children Services Agencies