

## Therapeutic Foster Care Questions and Responses

**Question:** The grant requirements for Tier 2 is a caseload of 8 for each case manager. Is it possible for the case manager to carry Tier 1 children in addition to the Tier 2. The grant requirements for Tier 3 is a caseload of 6 for each case manager. Is it possible for the case manager to carry Tier 1 children in addition to the Tier 3.

**Response: No. The goal for Tier 2 and Tier 3 is to provide specialization and for the case manager to be readily available for assistance, as needed.**

**Question:** On page 9 of the announcement it says the first three months should be devoted to gathering information for development needs. In past meetings this information has been gathered and presented in reports based on data in FACTS and broken down by each county. Can we have access to this data and reports? **Yes, a copy can be provided to you.** On page 11 of the announcement under item G, section lists Family Youth Engagement, is something going to be offered so we can train trainers for our agency? If not does the state have a schedule of times when it is going to be offered to us? On page 11 of the announcement under item G, section c, who will be responsible for providing BCF Policy Cross training? How often will this be offered? Will we be able to use the Pressley Ridge training model that they used in their pilot?

**Response: Yes. The Bureau for Children and Families is supportive of agencies partnering with Pressley Ridge to use the training model for intensive therapeutic foster care.**

**Question:** Will agencies be allowed to use models other than the Pride?

**Response: No, not at this time. Pride is to be used for all foster families. The Tier 2 and Tier 3 must include additional training to ensure the family has the knowledge and understanding to provide these foster care services.**

**Question:** What happens if we are awarded grant and are unable to recruit the eight Tier 2 and three Tier 3 foster homes within six months?

**Response: Grant funds will be paid back to the Department on a pro-rated basis for any non-recruited homes.**

**Question:** If our Agency does not receive a start-up grant for recruitment and training, does that mean we cannot provide the service at all? For example, if we decide to bear the cost of recruiting and training a family who will meet the requirements and provide services at Tier 2 or 3, will we be able to accept placements at this level of service and bill for care at the appropriate rate?

**Response: No. The recipients of this grant will be the sole providers of the advanced levels of foster care.**

**Question:** What is the planned announcement date for selected applicants?

**Response: The Bureau will notify successful applicants in mid-September, 2016.**

**Question:** Is it the applicant's responsibility to identify training needs, develop/obtain training programs, and deliver training for families for Tier 1 and Tier 2? Or, has DHHR identified this training and will train the applicant who would then train families? Or something else? Pages 5 and 7 of the Funding Announcement indicate new needs for training and that "pre-service training must be evidence based or evidence/research supported..." Is this a change in the past policy that requires PRIDE training or reflecting that training in addition to PRIDE is required?

**Response: It will be each recipient's responsibility to provide training for foster parents and staff, unless otherwise stated in this grant announcement.**

**Question:** Will there be some DHHR/BCF oversight in the determination of Tier placement for children? What process will be used for this oversight?

**Response: Yes. Oversight will be performed through current methods established for other grants, such as statements of work, and through the processes of Kepro (formally APS Healthcare).**

Is there an identified process for changing a child's tier classification? If so, please describe. Areas of concern include oversight, impact on the child if a change in foster home is necessary, timing/flexibility in obtaining waivers to potentially avoid placement changes, and timing for making a change.

**Response: Processes with Kepro (formally APS Healthcare) to determine medical eligibility are in development. The tier classification can go down but will not go up in the tier placements because of the bed limits.**

**Question:** Are waivers for foster family placements considered for number of children and for level of training? This is a particular concern if a child's tier classification changes while in a placement at a lower tier level.

**Response: No.**

Children currently in foster care may need the services and care provided in Tier 2 and Tier 3. How do you envision evaluating this need and making the change? For instance, page 5 indicates that children must be identified during the initial assessment and may seem to imply that children already in care are limited to Tier 1.

**Response:** The Bureau believes that the predominance of Tier 2 and Tier 3 children/youth are currently being served in residential care. Therefore, only new placements will be considered for the advanced levels of foster care and the children/youth must meet the Tier 2 and Tier 3 criteria.

**Question:** It is unlikely, at least initially, that we would have a social worker dedicated to children in a single tier in a region. You have specified maximum case loads for each tier. Have you established a way to determine an acceptable case load when staff serve children with various levels(tiers) of foster care?

**Response:** See above response related to case load figures. Future revisions of caseloads could occur based upon data collected.

**Question:** Does DHHR/BCF intend to change any of the agreements / policies already established with agencies that provide "Traditional Foster Family Care" (Tier 1) as a result of the implementation of a three-tiered service?

**Response:** No. There will be an addendum to the contracts for the agencies who receive this grant.

**Question:** We often use outside services including counseling, psychological assessment and others. Will we be able to continue utilizing these outside services in the 3-Tier system? Are there new requirements or concerns in this area?

**Response:** Yes. Providers of this service can still access other medically necessary services that can be billed to Medicaid. The ultimate responsibility is with the child placing agency to ensure the child receives the oversight, crisis support and other services necessary to maintain placement.

**Question:** How much funding is available?

**Response:** There is no maximum amount available but as with any project, costs should be reasonable. Applicants should submit a budget which projects training and recruitment costs for the project period.

**Question:** The finance section (Page 9) and Budget (p 13, p 16) indicates the recruitment and training expenses should be described, should other start-up needs for program development be cited separately?

**Response:** No. Only training and recruitment costs are relevant to this grant announcement.

**Question:** Page 9 of the Funding Announcement says that applicants must describe the development needs for the proposed area(s) to be served and during the first three months of the grant identify the county's target population, determine existing number of children in out-of-home care in each county, determine the number who are placed

outside of their home region, and determine the existing number of foster care homes in each county. This information and analysis has previously been a DHHR responsibility. How will DHHR participate in this work and how will access to DHHR data be provided?

**Response: It is anticipated that applicants will utilize existing community partnerships, including local DHHR, to complete this analysis.**

**Question:** The funding announcement states that "Applicants are limited to agencies with child placing and behavioral health licenses with no less than three years' experience delivering SFC services in WV." Can an agency which was granted a license 12/2013 and began delivering services to youth 8/2015 be considered?

**Response: The Bureau will not prohibit any agency from applying.**

**Question:** Can an agency that is not awarded this funding still recruit and certify Tier II and Tier III families and place Tier II and Tier III youth in accordance with the Therapeutic Foster Care model?

**Response: No. However, further grant announcements may be forthcoming as data becomes available related to the effectiveness of this foster care model.**

**Question:** Page 5 of the Funding Announcement states that the target population are children between the ages of 5 and 17. On p. 6, the Tier 3 description indicates that "drug exposed infants with additional medical needs" are included and that Tier 2 could very well have "other children who have medical needs that exceed preventative care." Please clarify this apparent target population age discrepancy?

**Response: The Bureau does not want all Tier 1 and Tier 2 beds dedicated to infants that are drug exposed/affected. The Bureau currently places infants with substance exposure in traditional foster care. The Bureau wants beds for all ages, with an emphasis on children/youth aged five to 17.**