



# Contract Provider Manual

## Section Ten (10)-In Home Services

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# General Characteristics

This section provides the scope of services for the Therapeutic Foster Care and Continuum sections of the Provider Policy Manual. In-Home Services provide individual and family services in addition to providing care coordination with community resources and providers. These services include but are not limited to services identified in the Permanency Plan as necessary to achieve permanency and stability for the youth and family. The services may be provided in the youth's home, an identified permanency person's home, or within a foster home to help maintain community placement. Services are provided by a Case Manager at the intensity level required for the youth and family to be successfully unified or at the intensity level required to help maintain community placement.

## Admissions/Clinical Criteria

The need for In-Home Services may be identified by a current treating professional, provider agency, or by The Child and Family Team (CFT). The CFT then determines the appropriateness of In-Home Services through a Child and Family Team Meeting (CFTM).

1. A Child and Family Team Meeting (CFTM) occurs no less than at the following intervals:
  - a) Prior to initiating In-Home Services
  - b) Between 30 and 45 days following transition
  - c) At intervals outlined in the DCS [Child and Family Team Meeting Guide](#).
2. Duration of service provision:
  - a) The anticipated duration of service provision is typically 90 days and is determined by the CFT at the meeting prior to initiating In-Home Services. This duration is reviewed periodically.
  - b) The provider delivers In-Home Services for the duration of time specified based upon these determinations.
  - c) There may be one extension of 30 additional days beyond the 90 days, if approved by the Statewide Director, Regional Director (RD) or designee.
  - d) See specific requirements below for aftercare services for Qualified Residential Treatment Programs (QRTP) continuum providers.

# Personnel

Staff providing services meet all minimum requirements for education, training, and supervision, as outlined in [Section One \(1\)-Core Standards](#) of this Manual under Personnel Requirements, Case Manager.

## Individualized Treatment Plans

Agencies adhere to Core Standards. In addition, the provider develops a specific service plan for In-Home Services in coordination with the CFT. The plan specifies goals, action steps, intensity, and frequency of intervention with anticipated timeframes to meet the goals. Goals have corresponding expected outcomes. Outcome achievements are monitored by the provider and progress is noted in the youth's record.

## Service Components and Overview

1. Required contact may be with the parent only, foster parent only, child only, or a combination of the three and focus on:
  - a) Care coordination focused on improving child/youth and family linkage and engagement to providers and community resources
  - b) Setting up supervision and/or safety plans
  - c) Ongoing evaluation of strengths and needs
  - d) Goals established by the CFT
2. Minimum requirements for In-Home Services are as follows:
  - a) Initial face-to-face visit occur within 48 hours of referral.
  - b) Minimum number of face-to-face contacts is 8 times a month distributed throughout the month as clinically indicated and last approximately 45 minutes or longer. The minimum frequency of services would only be appropriate when there is clear evidence of stabilization and services are coming to a conclusion as discussed in a CFTM.

- c) Services are flexible and meet the needs and schedule of the child and family, or foster family. However, a minimum of 80% of the sessions take place in the foster home or permanency home.
  - d) Family dynamics are addressed, and services outlined in the treatment plan as appropriate for the family.
  - e) Staff is available for 24/7 on-call crisis response. The In-Home Services worker is the first point of contact in crisis situations with the one exception being the need for some kind of medical response. Most crisis response activities would involve face-to-face contact with the individual. It is acceptable to rotate on-call duties during off-hours.
3. Family Services: Services to the child/youth are integrated into family services. Services to foster and permanency families are defined by the CFT and the assessment of needs. Services may include but are not limited to:
- a) Relationship-building and therapeutic support
  - b) Family roles and responsibilities
  - c) Safety planning
  - d) Collaboration with other systems that impact the child
  - e) School communication monitoring/liaison
  - f) Pro-social peer group and life skills development
  - g) EPSDT/ health coordination
  - h) Medication management coordination and education
  - i) Substance-abuse assessment education and intervention
  - j) Disruption prevention
  - k) Behavior intervention
  - l) Setting appropriate and healthy boundaries

Additionally, services for the permanency family may include, but are not limited to:

- Informal assessment of family strengths and service needs
- Parenting education and mentoring
- Management of household finances
- Extended informal community support services
- Formal community support services
- Domestic violence issues and intervention

# Education of the Child/Youth

1. Children/youth typically attend public school.
2. Providers should refer to [Section Thirteen \(13\)-Educational Standards](#) of this manual for specific information related to the education of students in state custody.

## Records Management

The individual record for each child/youth contains the following information:

1. Documentation of the Treatment Plan and of its implementation;
2. Documentation of abuse, medical problems, accidents, seizures and illnesses. This documentation includes the treatment for such abuse, accidents, seizures and illnesses and any reports generated as a result of such incidents;
3. Results of assessments obtained;
4. Discharge summary detailing the child/youth's condition at the time of discharge and the signature of person preparing the summary; and
5. Appropriate consents and authorizations for the release and obtaining of information about the child/youth.

## Discharge Criteria

Discharge plans are determined through the CFTM. The team decides when the youth has successfully achieved treatment goals and when discharge best meets the needs of the youth and family.

# QUALIFIED RESIDENTIAL TREATMENT PROGRAM (QRTP) REQUIREMENTS

A QRTP must provide discharge planning and family-based aftercare for at least six (6) months post discharge. These aftercare services shall only be required when a child leaves the group home or facility and returns to their home. Those continuum providers shall provide no less than 90 days of in-home continuum services. At the expiration of the continuum services, the continuum provider shall make phone contact with the family twice a month for the next 60 days and then once a month for the final 30 days. The purpose of the phone contact is to

ensure that the family is stable and does not need assistance accessing services in the community. If the family does require assistance, the provider will work in conjunction with the family to identify appropriate providers or other assistance within their community. If the family refuses to speak with the provider, the provider shall maintain documentation of such refusal. Aftercare services provided through an in-home continuum will be reimbursed through the residential placement, if applicable. Aftercare services provided through telephone contact will be reimbursed through a case service request.