

Themes	Oregon	Washington	Alaska
Staff Training Requirements	<p>OAR 410-170-0030(4)(b)(A-C)</p> <p>A) Receive a minimum of 28 hours of initial training prior to or within 30 days of employment or certification on the following topics: <i>BRS services</i> documentation, mandatory reporting of child abuse, program policies and expectations, gender- and cultural-specific services, behavior and crisis management, medication administration, discipline and restraint policies, and suicide prevention. <i>Any direct care staff, social service staff, or program coordinator</i> who has not yet completed this initial training prior to employment or certification, must be supervised by a person who has completed this training when having direct contact with <i>BRS clients</i>; and</p> <p>(B) Receive a minimum of 16 hours of training annually on the following topics: skills-training that supports evidence-based or promising practices, and other subjects relevant to the responsibilities of providing <i>services</i> and <i>placement related activities</i> to the <i>BRS client</i>; and</p> <p>(C) Have and maintain cardiopulmonary resuscitation (CPR) and first aid certification;</p>	<p>Staff (page 23)</p> <p>All BRS staff that have unsupervised contact with clients providing supervision, recreation, or any other activity or individuals who supervise these staff shall attend 30 hours of training annually and it shall be documented in the staff's social service summary. The contractor must also provide 30 hours of training annually to all BRS professional staff. Topics offered must be based on the staff members needs for skill development, their interests, and the issues of the children they are serving. The training shall also be relevant to the staff's specific job duties. Prior to the Contractor accepting referrals for youth identified as sexually aggressive or physically assaultive/aggressive the Contractor shall ensure or provide any staff responsible for the supervision or care of these youth have completed specialized or specific training for sexually aggressive or physically assaultive/aggressive youth. CA does offer such trainings. These trainings can be taken in a classroom, online or the contractor can provide the training using a DVD offered upon request by CA. Information may be accessed at: http://www.dshs.wa.gov/ca/partners/trainin gVid.asp Working with Children who Display Physically Aggressive Behaviors and Working with Children who Display Sexual Behavior Problems</p> <p>Foster Parents (page 44)</p> <p>Foster parents shall complete all DLR required foster parent trainings before</p>	<p>Page 13</p> <p>A residential child care facility shall ensure that all employees receive a minimum of 15 hours of training a year. A caregiver may count orientation and pre-service training hours required that exceed six hours toward the 15 hour requirement. Training hours required in this section are clock hours and may include any training that is relevant to the caregiver's primary job responsibilities. A facility may count informal training that increases caregiver skills. Documentation must include the date, subject, method of training, and the name of the person who conducted the training. Facilities are encouraged to include Core Training Components in meeting the 15-hour training requirement. Core Training Components are as follows:</p> <ul style="list-style-type: none"> • Professional role of child care workers; • Child development; • Relationship building; • Communication Skills; • Teaching Discipline; • Clinical Diagnoses; • De-escalation and crisis intervention including approved passive restraint techniques; • Clinical Issues such as FASC, trauma, substance abuse, etc. <p>A residential child/youth care facility where passive physical restraint might be used shall ensure that a caregiver is trained in passive restraining techniques before being allowed to passively restrain any child/youth in care. Staff doing passive restraint must be trained in trauma treatment and follow individualized behavioral management plans that are in place for children who have experienced trauma issues.</p>

		<p>placement of children in the home.</p> <p>-The contractor shall develop, monitor, and annually assess training plans for treatment foster parents. Foster parents must obtain 30 hours of training annually. Topics offered maybe based on foster parents’ needs for skill development, and the issues of the children they are serving. Prior to placing a sexually aggressive (SAY) or physically aggressive assaultive youth (PAAY) with a foster parent (s) that foster parent (s) shall have specific training to address the safety and supervision of SAY or PAAY youth. This training can be obtained through DLR in a classroom setting, online or by the Contractor using a DVD provided upon request by CA. Online trainings can be accessed at: http://www.dshs.wa.gov/ca/partners/trainingVid.asp Working with Children who Display Physically Aggressive Behaviors Working with Children who Display Sexual Behavior Problems</p> <p>-The contractor shall provide monthly meetings for informal support and training for foster parents.</p>	<p>*The department recognizes that programs have unique needs and challenges that preclude a one-size-fits-all approach to care training. Programs may request approval to use alternative methods for achieving care training for entry-level child/youth care workers. The department will contract to provide core training to RBRS providers at no cost to the employee.</p>
<p>Social Service Staff Requirements</p>	<p>410-170-0030 (4)(d) Social service staff must have a Master’s degree from an accredited college or university with major study in social work or a closely allied field and one year of experience in the care and treatment of <i>children or young adults</i>; or have a Bachelor’s degree with major study in social work, psychology, sociology or a closely allied field and two years of</p>	<p>Case Managers and/or Social service staff shall have the primary responsibility of planning, developing and implementing services for youth. Social service staff shall collaborate with DSHS in delivering services to each youth: (page 21)</p> <p>Social Service Staff (page 21) At a minimum there shall be one person who provides social services must have a</p>	

	<p>experience in the care and rehabilitation of <i>children or young adults</i>.</p>	<p>master's degree in social work or a closely allied field from an accredited school. This individual shall be licensed or certified with the Department of Health in WA State. Social service staff without a master's degree in social work or closely related field must have a bachelor's degree in social work or closely related field. A person with a master's degree must consult at least eight hours per month with any social service staff who has only a bachelor's degree. At least 4 hours of these consults shall be in person.</p> <p>Case Manager (page 22) Masters Degree Social Work or closely allied field OR Bachelors Degree Social Work or closely allied field, with two year experience working with children and families.</p>	
<p>Direct Care Staff Requirements</p>	<p>410-170-0030 (4)(a) No less than 50% of the <i>direct care staff</i> for a <i>BRS provider</i> must have a Bachelor's degree from an accredited college or university. A combination of formal education and experience with <i>children or young adults</i> may be substituted for a Bachelor's degree. <i>Direct care staff</i> must be under the direction of a qualified <i>social service staff member or a program coordinator</i>;</p>	<p>Page 48 CHILDCARE STAFF: Responsibilities include, but are not limited to, assisting social service staff in addressing behavioral and emotional problems per the treatment plan. No less than 50% of the child care staff in a facility must have a Bachelor's Degree. Combinations of formal education and experience working with troubled children may be substituted for a Bachelor's Degree. Minimum qualifications are a high school diploma or GED.</p>	<p>7 AAC 50.210. Qualifications and responsibilities of persons having regular contact with children in a facility a) An adult having regular contact with children in a facility and a caregiver of any age must be a responsible individual of reputable character who exercises sound judgment. (b) A caregiver in a full time care facility must have the capacity to deal with frustration and conflict and the ability to work with children who, because of the children's background and experience, might express themselves negatively toward the caregiver. (c) An individual associated in a manner described in 7 AAC <u>10.900(b)</u> with a facility where child care is provided is subject to the applicable requirements of <u>AS 47.05.300</u> - 47.05.390 and 7 AAC <u>10.900</u> - 7 AAC <u>10.990</u> (i) A caregiver in a residential child care facility must have received a high school diploma or obtained a general educational development diploma.</p>

			<p>(j) A caregiver must be able to</p> <ol style="list-style-type: none"> (1) support behavior of children with positive guidance and set clear and consistent limits to promote the children's ability for self discipline; 2) provide children with a variety of age-appropriate learning and social experiences; (3) prevent exposure of children to high risk, including exposure to physical hazards and encounters with persons or animals known to be a danger; (4) use strategies to prevent aggressive behavior and to deescalate volatile situations; and (5) act as a positive role model for children.
<p>Program Coordinator/ Director Staff Requirements</p>	<p>410-170-0030 (4)(c) The program coordinator or program director must have a Bachelor’s degree from an accredited college or university, preferably with major study in psychology, sociology, social work, social sciences, or a closely allied field, and two years of experience in the supervision and management of a residential facility for the care and treatment of children or young adults;</p>	<p>Page 48 PROGRAM DIRECTOR: Responsibilities include supervising staff, providing overall direction to the program, ensuring that appropriate professional oversight is provided to the program, and assuring that contractual requirements and intents are met. Minimum qualifications are a Bachelor’s Degree with major study in psychology, sociology, social work, social sciences, or a closely allied field, AND Two (2) years experience working in a residential program for adolescents;</p>	<p>7 AAC 50.200 Qualifications of administrator</p> <ol style="list-style-type: none"> (a) The administrator of a residential child care facility or a foster parent must be an individual who is at least 21 years of age. (b) An administrator or foster parent must be of good character and reputation, have an understanding of the development of children, the ability to care for children, positive experience with working with persons of different cultures, and the skills to work with children, family members, division staff, community agencies, and, if applicable, staff of the facility. (c) The administrator of a residential child care facility must have management and supervisory skills necessary to plan and evaluate programs, select and supervise personnel, and handle finances. In this subsection, "select and supervise personnel" includes the delegation of responsibility and motivation of staff. (d) The administrator of a residential child care facility must have at least 60 semester hours of college credit or an associate degree in a human services field. College credit in management will substitute for 30 of the 60 required hours. In addition, an administrator of a residential child care facility must have a minimum of four years of increasingly responsible supervisory and administrative

			<p>experience in a child welfare agency or other setting that serves children, adolescents, or both, with at least one year of experience in a residential setting.</p> <p>(e) In addition to the requirements of this section, an administrator must meet the personnel qualifications set out in 7 AAC <u>50.210</u>.</p> <p>(f) The designated administrator shall submit to the licensing representative the names, addresses, and telephone numbers of four individuals, at least three of whom are unrelated by blood or marriage to the designated administrator, who can provide references attesting to the designated administrator's good character, reputation, interpersonal, and professional skills.</p> <p>(g) The licensing representative will assess the qualifications of the designated administrator. If the review shows that the person is not qualified under this section and 7 AAC <u>50.210</u>, the licensing representative will inform the agency that the individual may not serve as an administrator and that the agency's license is subject to denial or revocation unless a qualified administrator is designated within 30 days of receipt of notice by the agency.</p>
Master Level Oversight		<p>MASTER'S LEVEL OVERSIGHT: In addition to the staffing qualifications listed in this section, the Contractor's program shall have master's level oversight. This requirement may be met through a master's level program director or social service staff or by subcontracting with a consultant. The Contractor shall obtain written approval from DSHS for a consultant who provides program oversight. (page 49)</p>	
Billable day and absent day	<p>OAR 410-170-0110</p> <p>(3) Billable Care Day:</p> <p>(a) For purposes of computing a <i>billable care day</i>, the <i>BRS client</i> must be in the</p>	<p>Page 9</p> <p>1.16 Will payment be paid when a youth is on the run, in detention or hospitalized?</p> <p>A. CA shall pay for temporary absences of children from BRS only in compliance with</p>	<p>Page 15</p> <p>PROGRAM CORE AND RBRS FUNDING</p> <p>To ensure ongoing capacity in a facility, RBRS providers are eligible for Core Capacity funding without regard to occupancy in a bed. Core funds</p>

direct care of the BRS provider at 11:59 p.m. of that day or be on an authorized home visit in accordance with section (4) of this rule;

(b) A billable care day **does not include any day where the BRS client is on runaway status, in detention, an inpatient in a hospital**, or has not yet entered or has been discharged from the *BRS contractor's* or *BRS provider's* program.

413-090-0085 DHS

(1) **Billable care day** (see OAR 410-170-0020):

(a) The *BRS contractor* (see OAR 410-170-0020) is compensated for a *billable care day services* (see 410-170-0020) and *placement-related activities* (see 410-170-0020) rates on a fee-for-service basis in accordance with OAR 410-170-0120.

(b) The *BRS contractor* may include an overnight *transitional visit* (see OAR 413-090-0065) by the *BRS client* (see 410-170-0020) to another placement in its *billable care days*. The *BRS contractor* must:

(A) Receive prior approval for the *transitional visit* from the *Department* (see OAR 410-170-0020);

(B) Ensure that the *transitional visit* is in support of the MSP goals related to transition;

(C) Pay the hosting placement at the established *absent day* (see OAR 413-090-0065) rate for the sending *BRS provider* (see 410-170-0020); and

CA policy. In addition, the following conditions shall apply:

1. CA shall not pay for absences of a child from BRS, unless there is an agreement in writing with the Contractor for the child to return to their placement within 15 days.
2. When a child leaves a BRS placement, unless there is agreement in writing by CA and the Contractor to place the child back into their placement, the social worker shall only pay the actual days of care provided, not including the last day of placement. Acceptable absences, where the plan is to return the child to the foster home within 15 days, include:
 - a. Planned visitation;
 - b. Hospitalizations;
 - c. Attendance at summer camps and similar activities;
 - d. Respite placements;
 - e. Temporary placement while Treatment foster parent(s) is vacationing or receiving medical treatment;
 - f. Juvenile detention placement of youth;
 - g. Runaways when the bed is being held for the return of the child.
3. An exception to policy (ETP) may be submitted to the Regional Administrator to continue payment beyond 15 days of absence or when a planned absence is for a reason other than listed above, if continued payment is necessary to continue a plan of care which is in the child's best interests. Payment for absences with Regional Administrator or designee approval shall not exceed 30 days.

use state general funds allocated on an annual basis through the legislative process, not Medicaid funds.

Core Capacity is funded through a grant award under 7 AAC 78 (see Appendix 2). This grant ensures the RBRS provider will be reimbursed for the amount expended in a fiscal year. No funding will be reimbursed over and above the total dollar amount identified on the provider's Cumulative Fiscal Report or above the provider's approved grant award.

Core funding is \$40 per bed (x 365 days for a full year grant award) and is paid regardless of whether beds are utilized. Funds awarded are based upon the level of RBRS provided.

(D) Ensure the hosting placement will not seek any reimbursement from the *Department* for the care of the visiting *BRS client*.

2) Absent Days:

(a) The *BRS contractor* is compensated for an *absent day* at the *absent day* rate in order to hold a *BRS program* placement for a *BRS client* with the prior approval of the *BRS client's caseworker* (see OAR 410-270-0020).

(b) Notwithstanding OAR 410-170-0110(4), the *BRS contractor* may request prior approval from the *BRS client's caseworker* to be reimbursed for more than 8 but no more than 14 calendar days of home visits in a month for a *BRS client*. However, any additional days of home visits approved under this rule will be paid at the *absent day* rate.

OAR 416-335-0090 OYA

(1) Billable Care Days:

(a) The BRS Contractor is compensated for a Billable Care Day (Service and Placement Related Activities rates) on a fee-for-service basis in accordance with OAR 410-170-0110 and this rule.

(b) The BRS Contractor may include overnight Transitional Visits by the BRS Client to another placement in its Billable Care Days. The BRS Contractor must:

(A) Receive prior approval for the Transitional Visit from OYA;

(B) Ensure that the Transitional Visit is in support of the MSP, MSP-T, or MSP-S

	<p>goals related to transition; (C) Pay the hosting placement at the established Absent Rate for the sending BRS Provider; and (D) Ensure that the hosting placement will not seek any reimbursement from OYA for the care of the visiting BRS Client. 2) Absent Days: (a) The BRS Contractor is compensated for an Absent Day at the Absent Day rate in order to hold a BRS Program placement for a BRS Client with the prior approval of the BRS Client’s JPPO and the Community Resources Manager. (b) Notwithstanding OAR 410-170-0110(4), the BRS Contractor may request prior approval from OYA to be reimbursed for more than eight calendar days of home visits in a month for a BRS Client. However, any additional days of home visits approved under this rule will be paid at the Absent Day rate.</p>																																					
Staffing Ratio	<p>OAR 410-170-0030 A&E, ICC, and ILS 7am-3pm 1:7 3pm-11pm 1:4.7 11pm-7am 1:9.3</p> <p>Step-Down, ILP, Basic Res</p> <table border="0"> <tr> <td>School Days</td> <td>Non School Days</td> </tr> <tr> <td>7am-3pm 1:7</td> <td>7am-3pm 1:4.7</td> </tr> <tr> <td>3pm-11pm 1:4.7</td> <td>3pm-11pm 1:4.7</td> </tr> <tr> <td>11pm-7am 1:9.3</td> <td>11pm-7am 1:9.3</td> </tr> </table> <p>Intensive Res, Res, Enhanced, STS</p> <table border="0"> <tr> <td>School Days</td> <td>Non School Days</td> </tr> <tr> <td>7am-3pm 1:7</td> <td>7am-3pm 1:4.7</td> </tr> </table>	School Days	Non School Days	7am-3pm 1:7	7am-3pm 1:4.7	3pm-11pm 1:4.7	3pm-11pm 1:4.7	11pm-7am 1:9.3	11pm-7am 1:9.3	School Days	Non School Days	7am-3pm 1:7	7am-3pm 1:4.7	<p>This varies by contract.</p> <p>Minimum staffing ratios Minimum for awake hours – High level of care 1:3 Minimum for awake hours – Low level of care 1:4 Minimum for asleep hours – 1:8</p>	<p>Handbook – pg. 21</p> <table border="0"> <thead> <tr> <th>Level</th> <th>Level of Care</th> <th>Staff/Youth</th> </tr> </thead> <tbody> <tr> <td rowspan="3">II</td> <td>ESAS</td> <td>1:5</td> </tr> <tr> <td>ESAS under 30 months</td> <td>1:3</td> </tr> <tr> <td>Night Staff</td> <td>1:12</td> </tr> <tr> <td rowspan="2">III</td> <td>Night under 30 months</td> <td>1:5</td> </tr> <tr> <td>Res Child/ Youth Care</td> <td>1:5</td> </tr> <tr> <td rowspan="2">IV</td> <td>Night Staff</td> <td>1:12</td> </tr> <tr> <td>Res. Diagnostic Tx</td> <td>1:3</td> </tr> <tr> <td></td> <td>Night Staff</td> <td>1:12</td> </tr> </tbody> </table>	Level	Level of Care	Staff/Youth	II	ESAS	1:5	ESAS under 30 months	1:3	Night Staff	1:12	III	Night under 30 months	1:5	Res Child/ Youth Care	1:5	IV	Night Staff	1:12	Res. Diagnostic Tx	1:3		Night Staff	1:12
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Appropriate Level of Care	<p>OAR 410-170-0040</p> <p>In order to meet the requirement in section (2)(a)(B) of this rule, the designated LPHA must determine that the <i>BRS program</i> is medically appropriate because the person:</p> <p>(a) Has a primary mental, emotional or behavioral disorder, or developmental disability that prevents the person from functioning at a developmentally appropriate level in the person’s home, school or community;</p> <p>(b) Demonstrates severe emotional, social and behavioral problems, including but not limited to: drug and alcohol abuse; anti-social behaviors requiring close supervision, intervention and structure; sexual behavioral problems; or behavioral disturbances;</p> <p>(c) Requires out-of-home behavioral rehabilitation treatment in order to restore or develop the person’s appropriate functioning at a developmentally appropriate level in the person’s home, school or community;</p> <p>(d) Is able to benefit from the <i>BRS program</i> at a developmentally-appropriate level;</p> <p>(e) Does not have active suicidal, homicidal, or serious aggressive behaviors; and</p> <p>(f) Does not have active psychosis or psychiatric instability.</p>		<p>Handbook – pg.5</p> <p>Required Approval for Admitting a Recipient to Residential Child Care</p> <ul style="list-style-type: none"> • Recommendation to place a recipient in residential care is required by the department staff. • The appropriateness of placement in Level II, III or IV facilities is determined by medical necessity criteria. Placement length of stay is based on medical necessity criteria. • For referrals received on behalf of recipients who are not in department custody, the referring guardian, parent, community facility, out-of-state treatment facility, or other state agency must submit a completed <i>Request Form</i> to the department before a recipient can be placed at the facility.
Voluntary nature of BRS,	OAR 410-170-0060	The <i>BRS client’s</i> participation in the <i>BRS</i>	From call with Alaska BRS placement are all voluntary, youth are able to

<p>how is that addressed</p>	<p><i>program is voluntary. The BRS contractor must, or ensure its BRS provider, develops and follows a process that allows the BRS client to provide no more than 3 business days advance notice of his or her decision to leave the BRS contractor's or BRS provider's program. If the BRS client wants to be discharged from the program, the BRS client is only required to provide the BRS contractor or BRS provider with 3 business days advance notice;</i></p>		<p>leave the program if they want.</p>
<p>Assessment and Evaluation Report Requirements</p>	<p>OAR 410-170-0070 Legal custody and basis for custody; Medical information including prescribed medications and dosages; Family information including specific cultural factors; Mental health information; Alcohol and drug use both current and historical; Educational needs; Vocational needs; Social living skills; and Placement plans including home visits, anticipated discharge date, and placement resources; Identified problems, reason for referral or placement, and pertinent historical information; The <i>BRS client's</i> behaviors, response to current <i>services</i>, and strengths and assets; Significant incidents or interventions or both; The behavior management level needed for the <i>BRS client</i>, specifically any behavior management needs greater than usual for its program;</p>		

	<p>Identification of any <i>service</i> goals; and Identified needs by assessment and history.</p>		
<p>Documentation Requirements</p>	<p>OAR 410-170-0070 Initial Service Plan Assessment and Evaluation Report Master Service Plan Master Service Plan 90 day Update Aftercare Transition Plan Discharge Summary Aftercare Summary</p> <p>OAR 410-170-0080 Documentation of BRS Services, including weekly record of hours and review by social service staff</p> <p>OAR 410-170-0100 Documentation of daily recreational activities and 2-3 times a week recreation in the community.</p>	<p>Contract pg. 24</p> <p>3.13 What records shall be retained under BRS contracted services? In addition to the records required under Minimum Licensing Requirements, the Contractor shall retain and make available the following records: CLIENT RECORDS</p> <ul style="list-style-type: none"> • Current Legal Authorization (court order, VPA, etc.) • Approval for Placement, which includes documented agreement of the start date and BRS service level • Information regarding intake, assessment and referral • Case planning documents to include ISSP and ISTP • Quarterly Reports • Cultural relevancy, LEP and ILS plans, when appropriate • EPSDT assessment, or equivalent in other states • Medical care provided to youth • Professional consultation notes, to include who provided consultation • Assessment of potential conflict of interest, if the youth is placed in a foster home setting • Placement extensions from DSHS • Incident Reports involving the youth • Health Assessment • Program Orientation • IBMP • ISTP • ILS assessment and Plan 	<p>Handbook – pg. 16 RBRS providers must submit monthly and quarterly reports that provide information about services rendered and request for payment. These reports must be submitted on forms provided by the department. Forms referred to in this handbook are available on the DBH/RCCY Website http://dhss.alaska.gov/dbh/Pages/Residentialcare/forms.aspx</p> <p>Daily Utilization Report (Submit On-Line) RBRS providers are required to report changes to their facility population to the RCCY website by the Internet in response to the RCCY e-mail sent daily to facility staff. Information is to be input on the DBH/RCCY Web site http://dhss.alaska.gov/dbh/Pages/Residentialcare/forms.aspx</p>

		• Copies of Aftercare Service Plans	
Gender Responsiveness	<p>OAR 410-170-0030 Receive a minimum of 28 hours of initial training prior to or within 30 days of employment or certification on the following topics: <i>BRS services</i> documentation, mandatory reporting of child abuse, program policies and expectations, gender- and cultural-specific services, behavior and crisis management, medication administration, discipline and restraint policies, and suicide prevention.</p>		
Cultural Competence	<p>OAR 410-170-0030 Receive a minimum of 28 hours of initial training prior to or within 30 days of employment or certification on the following topics: <i>BRS services</i> documentation, mandatory reporting of child abuse, program policies and expectations, gender- and cultural-specific services, behavior and crisis management, medication administration, discipline and restraint policies, and suicide prevention.</p> <p>OAR 410-170-0100 The <i>BRS contractor</i> or <i>BRS provider</i> shall provide access to or make available social and cultural activities for the <i>BRS clients</i> as part of the therapeutic milieu of the program.</p>	<p>Page 8 1.14 How shall culturally, ethnically and religiously relevant services be provided under BRS? -The Contractor shall provide accessible services to clients that are culturally relevant and respond to each client’s cultural beliefs and values, ethnic norms, language needs, religion, and individual differences. Service providers are encouraged to employ a diverse workforce that reflects the diversity of their clientele and the community. -In order to ensure that services are culturally relevant, the Contractor may need to obtain consultation from a consultant who is recognized by the community at, or prior to, the initial planning meeting.</p>	
Developmentally Appropriate	<p>OAR 410-170-0070 The <i>BRS contractor</i> or <i>BRS provider</i> must ensure that the <i>ISP</i> is individualized, developmentally appropriate, and based on a thorough assessment of the <i>BRS client’s</i> referral information,</p>		

	This is in the rule for all service planning		
Trauma Informed	No information found in BRS material	No information found in BRS material	No information found in BRS material
Foster/Proctor Parent Requirements	Must meet certification requirements. Same education/ qualifications as direct care staff.		
Types of BRS Services	<p>OAR 410-170-0080</p> <p>Crisis counseling: The <i>BRS contractor</i> or <i>BRS provider</i> provides the <i>BRS client</i> with counseling on a 24-hour basis in order to stabilize the <i>BRS client's</i> behavior until the problem can be resolved or assessed and treated by a qualified mental health professional or licensed medical practitioner;</p> <p>Individual and group counseling: The <i>BRS contractor</i> or <i>BRS provider</i> provides face-to-face individual or group counseling sessions to the <i>BRS client</i> which are designed to remediate the problem behaviors identified in the <i>BRS client's ISP</i> or <i>MSP</i>;</p> <p>(Milieu therapy: The <i>BRS contractor</i> or <i>BRS provider</i> provides the <i>BRS client</i> with structured activities and planned interventions designed to normalize psycho-social development, promote safety, stabilize environment, and assist in responding in developmentally appropriate ways. The program's staff must monitor the <i>BRS client</i> in these activities, which include developmental, recreational, academic, rehabilitative, or other productive work. Milieu therapy occurs in concert with one of the other types of <i>services</i>;</p> <p>Parent training: <i>Direct care staff</i> or <i>social</i></p>	<p>Handbook pg. 15</p> <p>2.5 What services shall be provided for each youth?</p> <p>- BEHAVIORAL SERVICES: Behavioral assessment and intervention as indicated in the IBMP, either as part of the contractor's service network or in conjunction with community resources. Options for intervention should include individual, family and group services.</p> <p>- COUNSELING AND THERAPY: The contractor shall advise or give guidance to the family and child(ren) and provide services or activities intended to remedy or alleviates a disorder or undesirable condition. BRS youth are also eligible to be screened through the Regional Support Network (RSN) for Mental Health Services. The BRS contractor shall be responsible for activities specific to the child's behavior in the youths setting. These services shall focus on behavior rehabilitation directly related to the child's level of functioning. The provider shall be responsible to ensure the needs are met that are stated in the ISTP. Activities focused on long term family reconciliation goals or resolution of issues underlying the behavioral problems, may be provided by the RSN or other private practitioners.</p> <p>- SUBSTANCE ABUSE SERVICES: Substance</p>	<p>Handbook pg. 7</p> <ol style="list-style-type: none"> 1. Individualized, strength based treatment plan, including crisis prevention; 2. Planned individual and group therapeutic behavioral health services; 3. Family engagement, education, skill development, referral, mediation, transition and after-care planning, consultation and in-home services (as appropriate); 4. Community experiences; 5. Ongoing individual, group, and family psychotherapy as identified in treatment plan; 6. Maintain and improve the child/youth's educational progress and develop an individualized educational program for each child/youth (coordinate with school the IEP team as needed).

service staff provide planned activities or interventions (face-to-face or by telephone) to the *BRS client's* family or identified aftercare resource family.

Parent training is designed to assist the family in identifying the specific needs of the *BRS client*, to support the *BRS client's* efforts to change, and to improve and strengthen parenting knowledge or skills indicated in the *ISP* or *MSP* as being necessary for the *BRS client* to return home or to another community living resource;

Skills-training: The *BRS contractor* or *BRS provider* provides the *BRS client* with planned, curriculum-based individual or group sessions designed to improve specific areas of functioning in the *BRS client's* daily living as identified in the *ISP* or *MSP*. Skills-training may be designed to develop appropriate social and emotional behaviors, improve peer and family relationships, improve self-care, encourage conflict resolution, reduce aggression, improve anger control, and reduce or eliminate impulse and conduct disorders;

abuse assessment, education, treatment and relapse prevention shall be provided where indicated either as part of the contractor's service network or in conjunction with community resources.

- **CASE MANAGEMENT SERVICES:** Oversight of the IBMP/ISTP; communication and coordination with community partners, family, foster family, DSHS staff, and other child/family team members. To assist the social worker in implementing the permanent plan for each youth.

- **EDUCATIONAL SERVICES:** Educational services shall be provided either by means of an on-ground self-contained education program or through the use of public schools. DSHS is not responsible for education costs, including a 1:1 school aid for a youth. When, or if the contractor needs support with the public school, the Contractor shall utilize educational advocate resources to ensure the youth is receiving all appropriate services. CA has the authority to provide BRS for youth from eighteen through twenty years of age to enable them to complete their high school, vocational school program or post secondary education (RCW 74.13.031). The continuation of services for 18-20 year olds shall only occur if the following criteria are met;

- Youth continues to attend high school or equivalent program or is enrolled in a post secondary education program are eligible for extended foster care (policy 43105), agrees to stay in care and complies with all CA and

		<p>Contractor placement requirements.</p> <ul style="list-style-type: none"> • Youth continues to meet eligibility for BRS and need that level of care. • CA agrees to continue to pay for BRS. • The Contractor agrees to continue to provide BRS. • CA Regional RA or designee provides approval per CA policy 4533. <p>- REMEDIATION AND STABILIZATION: Education and other services focused on skill acquisition, stabilization of behaviors and resolution of conflicts shall be offered. Options for intervention should include individual, family or group services and shall be provided either as part of the contractor’s service network or the contractor shall arrange for these services in the community. The cost of these services shall be the financial responsibility of the Contractor. These costs are included in the rate.</p> <p>- AGGRESSION /ANGERMANAGEMENT SKILLS: FOR ALL YOUTH WHO EXHIBIT OR HAVE A HISTORY OF ASSAULTIVE OR AGGRESSIVE BEHAVIOR. THIS INTERVENTION SHOULD TEACH ADOLESCENT TO UNDERSTAND AND REPLACE AGGRESSION WITH POSITIVE ALTERNATIVES. COMMUNITY SUPPORT DEVELOPMENT: Efforts shall be made to identify and develop linkages to support the family and child to facilitate the child’s continued success in the community where the child will reside.</p>	
Admission/ denial process	OAR 410-170-0050 The <i>BRS contractor</i> , or as applicable the	Sample contract- pg. 32 Ability to Serve Youth Referred	Handbook – pg. 5

	<p><i>BRS provider, must make admission decisions for the BRS client based on its agency-approved written admission criteria</i> unless provided with written authorization from the agency to accept a <i>BRS client</i> who does not meet its admission criteria.</p> <p>The <i>BRS contractor, or as applicable the BRS provider, shall not deny an eligible BRS client admission to its program if a vacancy exists</i> within the program at the time of referral and the <i>BRS client</i> meets its <i>agency-approved</i></p>	<p>The Contractor shall act in good faith to the greatest extent possible, and accept the hardest to place children. Based upon openings, the Contractor shall have the ability to serve children referred at the contracted service levels. CA and the Contractor shall jointly determine whether placement of a child would impact the safety of the child or other children in residence. The Contractor shall have the primary responsibility for developing and implementing the ISTP in coordination with the DSHS Social Worker. The ISTP shall be consistent with the ISSP.</p>	<p>A RBRS provider may refuse a placement only if the facility cannot appropriately serve the recipient with reasonable accommodations due to the recipient’s special needs or the facility's lack of capacity or the recipient does not meet medical necessity criteria in the opinion of the facility staff.</p>
<p>Placement Related activities (clothing, medication, transportation)</p>	<p>ORAR 410-170-0100</p> <p>Transportation: The <i>BRS contractor or BRS provider</i> is responsible for the transportation of the <i>BRS client</i> to: attend school, to the extent not provided by the school district; medical, dental, and therapeutic appointments, to the extent not provided through the Oregon Health Plan; recreational and community activities; places of employment; and shopping for incidental items;</p> <p>Recreational, social, and cultural activities:</p> <p>The <i>BRS contractor or BRS provider</i> shall provide recreation time for the <i>BRS client</i> on a daily basis, and offer activities that are varied in type to allow <i>BRS clients</i> to obtain new experiences. The <i>BRS contractor or BRS provider</i> shall document recreation as having been provided, by recording the type of activity the <i>BRS client</i> participated in, and the date it occurred;</p>	<p>Sample contract – pg 33</p> <p>Youth requiring placement outside their own home shall be provided a place of residence, food, replacement clothing (a minimum of \$40 a month for clothing) and essentials for life, in addition to other services provided by the Contractor.</p> <p>Handbook pg. 16 & 17</p> <p>➤ HEALTH CARE SERVICES: To include emergency care, routine health care, health maintenance and disease prevention services such as: nutrition, hygiene, pregnancy prevention, preventing sexually transmitted infections, etc. The Contractor must comply with the provisions of RCW 13.34.060 <i>Authorization of Routine Medical and Dental Care</i> and Chapter 71.34 RCW <i>Mental Health Services for Minors</i>, for children prescribed psychotropic medication. Per Chapter 71.34 RCW and CA policy 4541, consent for the administration of</p>	<p>Handbook – pg. 19</p> <ol style="list-style-type: none"> 1. Ensure the provisions of appropriate medical, psychiatric, dental, and psychological evaluations and therapy as needed; 2. Assess each recipient placed in care and verify whether a health examination has been performed no later than one year before placement, or arrange for completion of a health exam no later than 30 days of placement; 3. Provide continuing medical and dental services according to the EPSDT schedule set out in 7 AAC 110.200 – 7 AAC 110.210 after 30 days in placement; 4. Obtain evidence of immunization records not later than 30 days after a recipient is placed in care;

The *BRS contractor* or *BRS provider* shall provide each *BRS client* 2 to 3 opportunities per week to participate in recreational activities in the community, unless the *BRS client* is clearly unable to participate in offsite activities due to safety issues. If a *BRS client* is restricted from participation in community recreation, the *BRS contractor* or *BRS provider* shall document the reason in the *BRS client's* case file, and the reason must be reviewed regularly to ensure that the *BRS client* is not unnecessarily restricted from offsite activities. The *BRS contractor* or *BRS provider* shall offer any *BRS client* who is restricted from community activities alternative opportunities for recreation on-site;

The *BRS contractor* or *BRS provider* shall provide access to or make available social and cultural activities for the *BRS clients* as part of the therapeutic milieu of the program. These activities are to promote the *BRS client's* normal development and help broaden the *BRS client's* understanding and appreciation of the community, arts, environment and other cultural groups;

The *BRS contractor* or *BRS provider* may not permit *BRS clients* to participate in recreational activities that present a higher level of risk to *BRS clients* without pre-approval by the *caseworker*. This applies to activities that require a moderate to high level of technical expertise to perform safely, present

psychotropic medication can only be given by;

- The parent of the child or
- CA social worker if child is legally free or with a court order authorizing administration or
- The child is age 13 or older and competent to give consent on their own behalf.

If the child gives consent on their own behalf the Contractor must clearly document the consent and place the documentation in the child's records. The contractor shall also submit a copy of this documentation to the CA social worker.

➤ **TRANSPORTATION:** Routine transportation for youth in care shall be the primary responsibility of the Contractor. Routine transportation shall include, but not be limited to transportation to: educational, recreational, medical and counseling and/or other therapeutic services, visitation and community support development appointments. The Contractor shall also assist with transportation upon transition into and out of their program, based upon the agreement with the CA Social Worker. The Contractor shall ensure the supervision and safety of the youth while providing transportation as outlined in RCW 46.61.687 Child passenger restraint requirements and WAC 388-148-0210 What requirements do I need to follow when I transport children.

At the discretion of DSHS, DSHS may pay for non-routine travel. The Contractor must obtain prior written approval for all non-routine travel from the CA Regional

environmental hazards, or where special certification or training is recommended or required such as: whitewater rafting, rock climbing, ropes courses, activities on or in any body of water where a certified lifeguard is not present and on duty, camping, backpacking, mountain climbing, using motorized yard equipment, and horseback riding;

Non BRS-Related Medical Care:

If there is no record that the BRS client has received a physical examination within the six months immediately prior to the *BRS client's* placement with its program, the *BRS contractor* or *BRS provider* shall ensure or make every effort to ensure that the *BRS client* receives a general medical check, consistent with health insurance allowances, within 30 days of placement. The *BRS contractor* or *BRS provider* shall keep documentation of this procedure in the *BRS client's* file and send a copy to the *BRS client's* caseworker;

The *BRS contractor* or *BRS provider* shall ensure that each *BRS client's* mental health, physical health, (including alcohol and drug treatment services), dental and vision needs are arranged for. This does not include paying the cost of services or medications which are covered by the Oregon Health Plan (OHP) or by the *BRS client's* third party private insurance coverage. For services or medications not covered by OHP or third party private insurance, the *BRS contractor* or *BRS*

Administrator, or designee.

	<p><i>provider</i> must notify and work with the <i>caseworker</i> to resolve payment issues; The <i>BRS contractor</i> or <i>BRS provider</i> shall administer and monitor medications consistent with all applicable licensing rules and the program’s own medication management policy; The <i>BRS contractor</i> or <i>BRS provider</i> shall facilitate the <i>BRS client’s</i> access to other providers whenever identified needs cannot be met within the scope of <i>services</i> offered by the program. If health care services are needed but the program is unable to access the needed services for the <i>BRS client</i>, the <i>BRS contractor</i> or <i>BRS provider</i> shall immediately notify the <i>caseworker</i> about this in writing and document its unsuccessful efforts to access healthcare for the <i>BRS client</i> in the <i>BRS client’s</i> case file.</p>		
Transitional visit	<p>OAR 413-090-0085 (DHS) The <i>BRS contractor</i> may include an overnight <i>transitional visit</i> (see OAR 413-090-0065) by the <i>BRS client</i> (see 410-170-0020) to another placement in its <i>billable care days</i>. The <i>BRS contractor</i> must: Receive prior approval for the <i>transitional visit</i> from the <i>Department</i> (see OAR 410-170-0020); Ensure that the <i>transitional visit</i> is in support of the MSP goals related to transition; Pay the hosting placement at the established <i>absent day</i> (see OAR 413-090-0065) rate for the sending <i>BRS provider</i> (see 410-170-0020); and Ensure the hosting placement will not seek</p>	<p>Sample contract – pg. 33</p> <p>Youth’s Transition to Less Restrictive Placement The Contractor shall transition youth to a less restrictive placement in accordance with the BRS Handbook. The Contractor and CA should mutually agree, to the greatest extent possible, on a targeted transition placement. This mutually agreed upon placement should be determined at the child’s initial case staffing meeting, held within 30 days of entry.</p>	<p>Handbook – pg. 22</p> <p>Discharge Planning Discharge planning for a recipient in care starts at the time of placement and should focus on a community-based discharge aimed at family reunification or alternative long-term placement. Resources may be available in a community that will assist with family reunification, transitioning youth to another facility or to independent living. RBRS providers are strongly urged to be aware of the resources available in their community and to use those services that are available for transitioning activities. Discharge planning requires that the following be in place:</p> <ul style="list-style-type: none"> • A plan that outlines necessary services and supports that are available in the community and that the family and the youth have participated in

	<p>any reimbursement from the <i>Department</i> for the care of the visiting <i>BRS client</i>. 416-335-0090 (OYA) same process</p> <p>Transitional planning starts at intake and is carried through all service plans.</p>		<p>developing;</p> <ul style="list-style-type: none"> • Appointments are in place for the services and supports; • An appointment for medication follow up is in place, including assuring that the medication is available in the community pharmacy; • An educational transition plan is in place and school records have been provided; • A plan for follow up with the family for post-discharge services; • A crisis diversion plan to assist the family when post-discharge problems start to occur.
<p>Service Hours</p>	<p>OAR 410-170-0090 A&E, ICC, ILS, Step-Down, ILP 6 hours total – 1 hr. individual by social service staff</p> <p>TFC, BRS Proctor, MTFC, Proctor Day Tx, Basic Residential, Intensive Rehab, Residential, Enhanced, STS 11 hours total – 2 hrs. individual, 1 hr. of individual must be by social service staff</p> <p>Enhanced TFC 13 hours total - 2 hrs. individual, 1 hr. of individual must be by social service staff</p>	<p>Services are provided in accordance to service plans. Time studies are completed for billing Medicaid service hours.</p>	<p>Services are provided in accordance to service plans. Monthly reports are submitted.</p>
<p>Outcome and Measures</p>		<p>Sample Contract page 31 Outcomes and Measures. It is an expectation that the Contractor will achieve the following outcomes, using a wraparound approach based on information captured on the Youth Transition Reports and Contractor Annual Report:</p> <ol style="list-style-type: none"> 1. Youth safely achieve permanency as quickly as possible, to be measured by: <ol style="list-style-type: none"> a. Length of stay during service period; b. The number of transitions to family, 	<p>Handbook – pg. 17 The department requires that RBRS providers assess their services for effectiveness, efficiency, and customer satisfaction, and to have a plan for using that information to improve their service outcomes as documented in the facility's policy and procedures. <i>RBRS providers are required to use those instruments adopted by the Department of Health and Social Services, Division of Behavioral Health including:</i></p> <ul style="list-style-type: none"> • <i>The Alaska Screening Tool (AST);</i>

		<p>relative, adoptive home, foster parent guardianship; and</p> <p>c. Number of transitions to a regular foster home or transitional housing.</p> <p>2. Youth overall level of functioning (emotional, behavioral, medical) is increased, to be measured by:</p> <p>a. The difference between the total entry and exit CFARS scores for the service period.</p> <p>3. Youth educational performance is increased, to be measured by:</p> <p>a. The difference between entry and exit CFARS school domain scores for the service period.</p>	<ul style="list-style-type: none"> • <i>The Client Status Review (CSR)</i>; • <i>The Behavioral Health Consumer Survey (BHCS)</i>; <p>Further information can be found at: https://akaims-support.dhss.alaska.gov/training.htm</p>
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