

**ARIZONA SUPREME COURT
ADMINISTRATIVE OFFICE OF THE COURTS
JUVENILE JUSTICE SERVICES DIVISION
Contract Year 2009-2010
SERVICE SPECIFICATION
THERAPEUTIC FOSTER CARE HOME
Service Code 154**

LICENSE REQUIREMENT:

Licensed as a DES Professional Foster Care Home.

PREREQUISITES:

Prior experience in providing a lower level foster care home service or other prior treatment experience and training related to this service.

UNIT OF SERVICE:

One unit of service equals one 24 hour period. To be considered as a billable unit, the client must have been under supervision by the foster parent at 11:59 p.m. that day.

REQUIREMENTS:

Ability to address the specific behavioral or special needs of the youth while participating as a member of the therapeutic team. It is preferred that one primary parent remain in the home. At minimum, one (1) primary parent shall be available to the client's needs at all times if remain home during working hours (Monday-Friday, 8:00 a.m. – 5:00 p.m., excluding state holidays), if childcare arrangements are approved by Contractor. The court will review each youth considered for placement on a case by case basis if young children are in the home.

TRAINING:

The following training (1, 2, 3, 4 only) must be completed **prior** to any placement of a youth:

1. DES Professional Foster Care or Regular Family Foster Care licensure
2. JPO & court procedures
3. CPR/First Aid
4. CPI training

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5. In addition to licensing requirements,
Primary Parent: 20 hours of therapeutic training which must be applicable to population of youth served - 10 hours must be completed within 6 months of licensure and the remainder within the next six months.
- Other Parent:** 6 hours of therapeutic training which must be applicable to population of youth served - 3 hours must be completed within the next 6 months of licensure and the remainder within the next six months.
6. In addition to re-licensing requirements,
Primary Parent: 24 hours of annual training which must be applicable to population of youth served.
Other Parent: 12 hours of annual training which must be applicable to population of youth served.

LIMIT YOUTH: 3

REIMBURSEMENT: Negotiated contract rate.

SERVICE TASKS:

1. Provide all necessary youth transportation.
2. Provide a supportive and caring living environment.
3. Provide the youth with appropriate structure and discipline.
4. Ensure youth attends school or is home-schooled in accordance with ADE standards.
5. Provide for all clothing, food and personal needs.
6. Provide the youth with positive role models.
7. Assist the youth in meeting spiritual needs through youth's choice of attendance at a church or other appropriate venue.
8. Assist the youth in managing his/her personal and clothing allowance.
9. Document disbursement of personal and clothing allowance to the youth.
10. Report acts of violence or other unlawful behavior to youth probation officer, licensing agent and law enforcement as appropriate.

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11. Report runaways immediately to law enforcement, probation officer and licensing agent.
12. Keep a client file and document youth's behavior on a daily basis. File must be kept in a locked cabinet.
13. Assist youth with medications and schedule. Keep all prescription medication in a locked and/or refrigerated cabinet as necessary and document medication delivery.
14. Create a service plan with the probation officer and other members of the Child and Family Team (CFT) which addresses the specific role and direct service responsibilities of the foster parents.
15. Document delivery of the foster parents' direct service responsibilities.
16. Participate with the CFT in updating the youth's service plan every 90 days or more often as needed.

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I have read and fully understand the requirements to provide Therapeutic Foster Care Home services and agree to all requirements and restrictions and propose the following rate:

Proposed service rate: \$ _____ / day / youth

Other proposed agreement: _____

Provider Signature / Date

AOC USE ONLY: DO NOT FILL IN BEYOND THIS LINE

Final contract rate: \$ _____ /day / youth

Other agreement: _____

Provider Signature / Date

AOC Signature / Date