

# Network of Caregivers Guide

**Caregiver Options for Children Removed from the  
Home in a Juvenile Dependency Matter**

This document was developed by the Arizona Department of Child Safety. It was used, in collaboration with the FFPSA Working Group of the Court Improvement Program, Dependent Children's Services Division of the Arizona Administrative Office of the Courts, to plan and implement the *Symposium on Caregivers for Arizona's Foster Children* held virtually on April 9, 2021.

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# NETWORK OF CAREGIVERS GUIDE

This guide has been developed to provide clear information about caregiver options for a child when temporary custody is clearly necessary to protect him or her from abuse or neglect and it is contrary to the child's welfare to remain in their home. This guide is organized from the least restrictive to the most restrictive caregiver type. The caregiver types have also been organized by their function and the purpose and criteria for each is provided. For additional guidance, please refer to the Network Diagram of Caregivers.

When determining the caregiver, the following questions are asked in order to correctly place a child from the beginning of the dependency.

1. Is the child a member of a sibling group?
2. Is it safe and appropriate for the siblings to be placed together?
3. Is there an identified kinship caregiver?
4. Can they meet all of the child's needs with the available supports?
5. Was there a previous foster caregiver?
6. Is placement with the previous foster caregiver in best interest of the child?
7. Is the previous foster caregiver willing to care for the child?
8. Is the child eligible for services from the Division of Developmental Disabilities (DDD)?
9. Is there an available child developmental home (CDH) with the skills to support the child?
10. Is there an available DDD group home with the skills to support the child?
11. Is there an available foster home for the child?
12. Can the foster home meet the needs of the child?
13. Is the child over the age of 18?
14. Does the child have a Child and Adolescent Service Intensity Instrument (CASII) score of level 2 or greater?
15. If his or her CASII score is greater than 2, do the conditions match qualified residential treatment placement (QRTP) qualifications?
16. Is there a group home that can support the child?

## Kinship Care

### Purpose

A kinship caregiver is the least restrictive caregiver for a child who has been removed from the home and is in the custody of the Department of Child Safety (DCS).

### Criteria

A kinship caregiver is an adult relative or person in the family network who has a significant relationship with the child and who is caring him or her under the care, custody and control of the Department. A kinship caregiver is at least 18 years of age, undergoes a criminal and DCS records check, and is able to meet the child's needs.<sup>1</sup>

### Caregiver Review Cadence

A DCS Specialist performs monthly reviews during their face-to-face visits with the child and his or her caregiver to ensure that the child's needs are being met.

### Caregiver Payer

The kinship caregiver is the traditional payer for placement but can receive foster care reimbursement if they become licensed family foster parents. A kinship caregiver also receives a kinship stipend provided by DCS and is eligible for temporary assistance for needy families (TANF) child only payments.

## Foster Home

### Purpose

A foster home provides a safe and stable environment for a child who cannot be with his or her parents and for whom a kinship caregiver is unavailable or unwilling to care. The foster home provides an environment that feels like home.

### Criteria

A foster home must be licensed and must follow requirements outlined in administrative code.<sup>2</sup>

### Caregiver Review Cadence

A DCS Specialist performs monthly reviews during their fact to face visits with the child and the caregiver to ensure that the child's needs are being met.

### Caregiver Payer

DCS is the primary payer for caregiver costs in licensed foster homes.

## Traditional Group Care

### Purpose

Traditional group care placement provides a safe and reliable source of temporary housing until placement with a less restrictive caregiver or the child's return to home

<sup>1</sup> [https://dcs.az.gov/sites/default/files/documents/files/CSO-2143-gotoguide\\_Section3.pdf](https://dcs.az.gov/sites/default/files/documents/files/CSO-2143-gotoguide_Section3.pdf)

<sup>2</sup> <https://casetext.com/regulation/arizona-administrative-code/title-21-child-safety/chapter-6-department-of-child-safety-foster-home-licensing>

can be achieved. Each of the following caregiver types is defined by services and environment provided to address the emotional and behavioral needs of a child. Each caregiver can be specialized into the following: sibling, LBGTO, intensive shelter, shelter, independent living, medical, parenting teen, and trafficked child. In June 2021, in alignment with the Families First Prevention Services Act (FFPSA), many of the caregiver types identified will become Qualified Residential Treatment Program (QRTP) caregivers to better meet the needs of children with a therapeutic approach.

**STANDARD** – Utilized for a child with no identified emotional or behavioral issues.

- Ages 0-17, both Male and Female
- Indian Child Welfare Act (ICWA) child
- LGTBQ (with no co-occurring behavioral issues)
- Sibling group
- Pregnant teen and teen parent with baby

**STRUCTURED** – Utilized for a child with emotional or behavioral problems who requires a more restrictive environment and a higher level of structure and supervision than can be provided in the STANDARD group home.

- Aggressive behaviors
- High behavioral health needs
- Minor sexualized behaviors

**SIGNIFICANT TRAUMA** – Utilized for a child with significant emotional or behavioral problems who requires a more restrictive environment and a higher level of structure and supervision than what can be provided in the STANDARD or STRUCTURED group home.

- Sex trafficking victim
- Sexual abuse victim
- Moderate sexualized behaviors
- Significant health needs (e.g. diabetes, asthma, significant trauma)
- Does not qualify but approaches identification as developmentally delayed
- High risk behaviors

**SEXUALLY MALADAPTIVE BEHAVIOR (SMB)**: Utilized for a child with significant sexual behavioral problems who requires a more restrictive environment and a higher level of structure and supervision than what can be provided in the STANDARD, STRUCTURED, or SIGNIFICANT TRAUMA group home.

- On probation for a sex offense
- Pending charges for a sex offense
- A DCS safety plan that restricts the age of children with whom he or she can be placed
- Cannot accept STANDARD, STRUCTURED, or SIGNIFICANT TRAUMA children

### Criteria for Admission

A child is assessed using a caregiver screening tool and is placed into the level of care that best addresses his or her needs.

### Caregiver Review Cadence

A caregiver is reviewed by DCS Placement Administration every ninety days to ensure that the child's needs are being met.

### Caregiver Payer

DCS is financially responsible for caregiver costs.

## Medically Fragile Foster Home

### Purpose

This caregiver provides medically complex care for the child whose needs outstrip the resources and abilities of his or her parents and may also provide the care and supervision required for the child to reside outside of a hospital or medical facility.

### Criteria for Admission

A child must meet two or more criteria in at least one of the following categories to qualify for a medically fragile foster home.

#### Substance Exposed or Premature Infant

- Medical and physical complications of drug exposure and/or premature birth – issues with feeding or sleeping, significant irritability, difficult to console, significant sensitivity to light, motion, or noise.
- Use of health aides and/or medical equipment – chest percussion therapy vest, dialysis, G-tube feeding, tracheotomy care, suctioning, line of care, and apnea monitor.
- Neurological/behavioral symptoms – feeding problems, seizures, developmental delays.
- Followed by multiple medical professionals – cardiologist, neurologist, pulmonologist, physical therapist, occupational therapist, speech therapist.

#### Serious Medical Condition

- Followed by multiple medical professionals – cardiologist, neurologist, pulmonologist, physical therapist, occupational therapist, speech therapist, etc.
- Use of health aides and/or medical equipment – chest percussion therapy vest, dialysis, G-tube feeding, tracheotomy care, suctioning, line of care, apnea monitor, etc.
- Requires foster parent to administer and chart multiple medications on a daily basis.

- Requires foster parent to be trained in and to administer daily treatments or therapies – physical, occupational, and speech therapies, etc.
- Diagnosis that requires the foster parent to provide specialized care and supervision – Autism, Autism, Cerebral Palsy, Epilepsy, Cognitive Disability, etc.

### Substantial Development Delays

- Child is significantly delayed in a least one area – cognitive, fine motor, gross motor, social and language, etc.
- Receives multiple therapies weekly – physical, occupational, and speech therapies.
- Requires foster parent to be trained in and to administer daily treatments or therapies.
- Child attends specialized day care or school program, requiring foster parent to attend meetings – individualized education program (IEP), etc.
- Child requires assistance with daily living activities – toileting, dressing, feeding, etc.
- Diagnosis that requires the foster parent to provide specialized care and supervision – Autism, Autism, Cerebral Palsy, Epilepsy, Cognitive Disability, etc.

### Caregiver Review Cadence

A caregiver is reviewed by DCS Placement Administration every 90 days.

### Caregiver Payer

DCS is financially responsible for caregiver costs.

## Child Developmental Home

### Purpose

This caregiver provides the physical and emotional support required by the child receiving services from DDD and the Arizona Long Term Care System (ALTCS).

### Criteria for Admission

Individuals must be determined medically necessary by a medical professional or school evaluator trained in childhood development in order to be placed in a Child Developmental Home (CDH) facility. Listed below are the criteria for an eligibility determination related to age and diagnosis.<sup>3</sup>

- A child, birth to three years of age, must have a significant delay in one or more developmental areas or an established condition that could lead to a developmental disability.
- A child 3 to 6 years of age must:
  - Voluntarily apply;
  - Be an Arizona resident; and

<sup>3</sup> <https://des.az.gov/services/disabilities/developmental-disabilities/determine-eligibility>

- Have one of the following developmental disabilities – Autism Spectrum Disorder, Cerebral Palsy, Intellectual (Cognitive) Disability, Epilepsy;  
OR  
Be at-risk for developing one of these disabilities to qualify for DDD services.
- A child age 6 to adult must:
  - Voluntarily apply;
  - Be an Arizona resident;
  - Be diagnosed with a developmental disability – Autism Spectrum Disorder, Cerebral Palsy, Intellectual (Cognitive) Disability, Epilepsy – which developed before the age of 18 and is likely to continue indefinitely; and
  - There must also be significant limitations in daily life skills related to the disability.

### Caregiver Review Cadence

Caregivers are reviewed by the DCS, DDD Support Coordinators and DDD nursing staff when applicable every 90 days.

### Caregiver Payer

If the child is enrolled in ALTCS, DDD traditionally pays for caregiver costs and services. If the child is not enrolled in ALTCS, DCS pays for caregiver costs.

## DDD Group Home

### Purpose

A community residential facility licensed by the Arizona Department of Health Services (ADHS) that provides habilitation and room and board for up to six residents. The goal of this caregiver is to provide a “home like setting” in which the child can acquire the skills and knowledge needed to actively participate in the community.<sup>4</sup>

### Criteria for Admission

A child must be determined medically necessary by a medical professional or school evaluator trained in childhood development in order to be placed in a CDH facility.

Listed below are eligibility criteria related to age and diagnosis.<sup>5</sup>

- A child, birth to three years of age, must have a significant delay in one or more developmental areas or an established condition that could lead to a developmental disability.

<sup>4</sup> <https://www.ahccms.org/arizona-health-care-dd-programs/#%3A~%3Atext%3DGroup%20Home%20Habilitation%26text%3DOur%20goal%20is%20to%20assist%2Cand%20safety%20of%20each%20member>

<sup>5</sup> <https://des.az.gov/services/disabilities/developmental-disabilities/determine-eligibility>

- A child 3 to 6 years of age must:
  - Voluntarily apply;
  - Be an Arizona resident; and
  - Have one of the following developmental disabilities – Autism Spectrum Disorder, Cerebral Palsy, Intellectual (Cognitive) Disability, Epilepsy;
 OR  
 Be at-risk for developing one of these disabilities to qualify for DDD services.
- A child age 6 to adult must:
  - Voluntarily apply;
  - Be an Arizona resident;
  - Be diagnosed with a developmental disability – Autism Spectrum Disorder, Cerebral Palsy, Intellectual (Cognitive) Disability, Epilepsy – which developed before the age of 18 and is likely to continue indefinitely; and
  - There must also be significant limitations in daily life skills related to the disability.

### Caregiver Review Cadence

Caregivers are reviewed by DCS, DDD Support Coordinators and DDD nursing staff when applicable every 90 days.

### Caregiver Payer

If the child is enrolled in ALTCS, DDD traditionally pays for caregiver costs and services. If the child is not enrolled in ALTCS, DCS pays for caregiver costs.

## Medically Complex Caregiver

### Purpose

A child with medical complexity, formerly known as *medically fragile*, has extensive needs for health services, experiences functional limitations, and is a high resource utilizer. A child with these high needs is placed in a medical group home setting when a medical foster home is not available to meet their needs.

### Criteria for Admission

A child must be determined medically eligible by a medical professional to receive the caregiver services and health care confirmation is required. As noted in DCS Policy (DCS- 1700), a child must meet two or more criteria in at least one of the following categories to qualify as needing a Medically Complex Caregiver.

#### Substance Exposed or Premature Infant

- Medical and physical complications of drug exposure and/or premature birth – issues with feeding or sleeping, significant irritability, difficult to console, significant sensitivity to light, motion, noise, etc.

- Use of health aides and/or medical equipment – CPT vest, dialysis, G-tube feeding, tracheotomy care, suctioning, line of care, apnea monitor, etc.
- Neurological/behavioral symptoms – feeding problems, seizures, developmental delays, etc.
- Followed by multiple medical professionals – cardiologist, neurologist, pulmonologist, physical therapist, occupational therapist, speech therapist, etc.

#### Serious Medical Condition

- Followed by multiple medical professionals – cardiologist, neurologist, pulmonologist, physical therapist, occupational therapist, speech therapist, etc.
- Use of health aides and/or medical equipment – CPT vest, dialysis, G-tube feeding, tracheotomy care, suctioning, line of care, apnea monitor, etc.
- Requires foster parent or caregiver to administer and chart multiple medications on a daily basis.
- Requires caregiver to be trained in and to administer daily treatments or therapies – physical, occupational, speech, etc.
- Diagnosis that requires the caregiver to provide around the clock, in-home specialized care and supervision.

#### Substantial Development Delays

- Significantly delayed in at least one area – cognitive, fine motor, gross motor, social and language, etc.
- Receives multiple therapies weekly – physical, occupational, speech, etc.
- Requires caregiver to be trained in and to administer daily treatments or therapies – physical, occupational, speech, etc.
- Attends specialized day care or school program, requiring foster parent to attend meetings – IEP, etc.
- Requires assistance with daily living activities – toileting, dressing, feeding, etc.
- Diagnosis that requires the caregiver to provide around the clock, in-home specialized care and supervision.

#### Caregiver Review Cadence

Medically Complex Caregivers are reviewed by DCS every ninety days.

#### Caregiver Payer

If the child is enrolled in ALTCS, DDD traditionally pays for caregiver costs and services.

If the child is not enrolled in ALTCS, DCS pays for caregiver costs.

## Behavioral Health Treatment Settings

Behavioral Health Treatment Settings are licensed by the Arizona Department of Health Services and contracted with health plans and Tribal Communities to provide services approved by a licensed clinician.

Federal Medicaid law sets forth the need to use clinically determined medical necessity criteria to apply Medicaid funding for these treatment settings. Some criteria used for these decisions are included below. The exclusionary criteria include consideration of a child's clinical need and the efficacy of the treatment setting to meet that clinical need.

Arizona Health Care Cost Containment System (AHCCCS) is the Medicaid Health plan for Arizona. Comprehensive Medical and Dental Program (CMDP) is the health plan for children in foster care in Arizona.

## Therapeutic Foster Care (TFC)<sup>6</sup>

### Purpose

Therapeutic or treatment foster care (TFC) is a clinical intervention, which includes placement in specifically trained foster parent homes, for youth in foster youth with severe mental, emotional, or behavioral health needs. TFC serves children and youth age infant to 18 (or older if the state Medicaid plan allows).

### Criteria for Admission

- The recommendation for Therapeutic Foster Care family provider shall come through the Child and Family Team (CFT) process.
- Following an assessment by a licensed Behavioral Health Professional (BHP), the child has been diagnosed with a behavioral health condition which reflects the symptoms and behaviors necessary for a request for TFC.
- As a result of the behavioral health condition, there is evidence that the child, within the past 90 days, had a disturbance of mood, thought or behavior which renders the child incapable of independent or age-appropriate self-care or self-regulation.
- Per assessment by a BHP, cannot be reasonably expected to improve in response to a less intensive level of care, and
  - Does not require or meet clinical criteria for a higher level of care, or
  - Demonstrates that appropriate treatment in a less restrictive environment has not been successful or is not available, therefore warranting a higher level of care.

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<sup>6</sup> <https://ahcccscomments.azurewebsites.net/wp-content/uploads/2020/04/AMPM-320-W-Therapeutic-Foster-Care-For-Children-And-Adult-Behavioral-Health-Therapeutic-Homes.pdf>

- At time of admission to a TFC, there is a documented plan for discharge which includes tentative disposition/living arrangements and recommendations for aftercare treatment based upon above treatment goals.
- EXCLUSIONARY CRITERIA – Admission to TFC shall not be used as a substitute for:
  - Detention or incarceration.
  - Ensuring community safety if a child or youth is exhibiting primarily conduct disordered behaviors.
  - Providing safe housing, shelter, supervision or permanency placement.
  - Capacity of parent, health care decision maker, or other agency to provide for the child.
  - A behavioral health intervention when other less restrictive alternatives are available and meet the child’s treatment needs, including when the child and/or health care decision maker is unwilling to participate in the less restrictive alternative.
  - An intervention for a child’s runaway behaviors unrelated to a behavioral health condition.

### Caregiver Review Cadence

TFC placements are reviewed at least every 90 days by an AHCCCS contracted provider.

### Caregiver Payer

- For children in out-of-home care TFC service is predominately paid through Medicaid. Other payers may include a Tribe or DCS.
- TFC is available as a benefit to AHCCCS Medicaid recipients.
- Commercial health plans do not pay for TFC service.

## Behavioral Health Residential Facility (BHRF)<sup>7</sup>

### Purpose

Residents live in individual or shared dwellings while participating in a program of therapeutic activities, supportive relationships, and psychiatric treatment.

### Criteria for Admission

As outlined in AHCCCS Policy, a child considered for a BHRF has a diagnosed behavioral health condition which reflects the symptoms and behaviors necessary for a request for residential treatment. The behavioral health condition causing the significant

<sup>7</sup> <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320v.pdf>

functional and/or psychosocial impairment shall be evidenced in the assessment by the following.

- At least one area of significant risk of harm within the past three months as a result of:
  - Suicidal/aggressive/self-harm/homicidal thoughts or behaviors without current plan or intent;
  - Impulsivity with poor judgment/insight;
  - Maladaptive physical or sexual behavior;
  - Inability to remain safe within his or her environment, despite environmental supports; or
  - Medication side effects due to toxicity or contraindications.
- At least one area of serious functional impairment as evidenced by:
  - Inability to complete developmentally appropriate self-care or self-regulation due to member's Behavioral Health Condition(s);
  - Frequent inpatient psychiatric admissions or legal involvement due to lack of insight or judgment associated with psychotic or affective/mood symptoms or major psychiatric disorders;
  - Impairments persisting in the absence of situational stressors that delay recovery from the presenting problem.
- A need for 24-hour behavioral health care and supervision to develop adequate and effective coping skills that will allow the member to live safely in the community.
- Anticipated stabilization cannot be achieved in a less restrictive setting.
- Evidence that appropriate treatment in a less restrictive environment has not been successful or is not available, therefore warranting a higher level of care.
- Child and Family/guardian/designated representative agrees to and participates as part of the treatment team.
- EXCLUSIONARY CRITERIA – Admission to a BHRF shall not be used as a substitute for:
  - Detention or incarceration.
  - Ensuring community safety if a child or youth is exhibiting primarily conduct disordered behaviors.
  - Providing safe housing, shelter, supervision or permanency placement.
  - A behavioral health intervention when other less restrictive alternatives are available and meet the child's treatment needs, including when the child and/or health care decision maker is unwilling to participate in the less restrictive alternative.
  - An intervention for a child's runaway behaviors unrelated to a behavioral health condition.

### Caregiver Review Cadence

BHRF placements are reviewed at least every 60 days by an AHCCCS contracted provider.

### Caregiver Payer

- For children in out-of-home care BHRF service is predominately paid through Medicaid. Other payers may include a Tribe or DCS.
- BHRF is available as a benefit to AHCCCS Medicaid recipients.
- Commercial health plans do not pay for BHRF service.

## Behavioral Health Hospital or Behavioral Health Inpatient Facility (BHIF)<sup>8</sup>

### Purpose

Behavioral Health Inpatient Facility (BHIF) services provide treatment for children and adolescents who demonstrate severe and persistent psychiatric disorders, when outpatient services in the community do not meet their treatment needs and they require services at a psychiatric residential treatment facility under the direction of a psychiatrist. These services are designed for children and adolescents who have significant deficits in social, behavioral, psychiatric, and psychological functioning and who require active treatment in a controlled environment with a high degree of psychiatric oversight, 24 hour nursing presence, effective program and treatment availability, and continuous supervision provided by professional behavioral health staff.

### Criteria for Admission

Admissions to a BHIF are not emergent or urgent and are always prior authorized. Most health plans use an evidence-based tool to determine prior authorization such as Milliman or Interqual Clinical Guidelines. Common elements in standard BHIF criteria sets may include:

- Diagnosis – A behavioral health diagnosis is required for admission to an inpatient setting; also, a behavioral health diagnosis is required to be documented at the time of discharge from inpatient services.
- Behavior and Functioning
  - Imminent risk of danger to self or others as a result of a behavioral health condition as evidenced by
    - Current suicidal ideation, behavior or intent,
    - Current homicidal or significant assaultive ideation, behavior or intent,
    - or

<sup>8</sup> <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/criteria.html>

- Immediate physiologic jeopardy.
- Disturbance of mood, thought or behavior which renders the child acutely incapable of developmentally appropriate self-care or self-regulation;
- Disturbance of mood, thought or behavior that requires an assessment or medication trial that cannot be safely or adequately implemented in a less restrictive setting; or
- Level of functioning that does not meet the above criteria, but the child cannot return to his or her residence due to risk of harm to self or others due to a treatable behavioral health disorder, or there is a likelihood of imminent behavioral decompensation.
- Intensity of Service – This type of service provides planned, comprehensive assessment or treatment involving close daily psychiatric supervision and 24-hour medical supervision. Treatment should be in the least restrictive type of service consistent with the child’s need and therefore should not be instituted unless there is documentation of a failure to respond to or professional judgment of an inability to be safely managed in a less restrictive type of service.
- Expected Response – The child’s behaviors and symptoms, which were identified as reasons for admission, can be effectively treated by medically indicated treatment available in this setting. The treatment can reasonably be expected to improve or stabilize the child’s condition so that this type of service will no longer be needed.
- Exclusionary Criteria – Admission to a BHIF shall not be used as a substitute for:
  - Detention or incarceration.
  - Ensuring community safety if a child or youth is exhibiting primarily conduct disordered behaviors.
  - Providing safe housing, shelter, supervision or permanency placement.
  - A behavioral health intervention when other less restrictive alternatives are available and meet the child’s treatment needs, including when the child and/or health care decision maker is unwilling to participate in the less restrictive alternative.
  - An intervention for a child’s runaway behaviors unrelated to a behavioral health condition.

### Caregiver Review Cadence

The BHIF placement is reviewed at least every 30 days by an AHCCCS contracted provider.

### Caregiver Payer

- For children in out of home care, BHIF service is predominately paid through Medicaid. Other payers may include a Tribe and DCS.

- BHIF is available as a benefit to AHCCCS Medicaid recipients.
- BHIF is available as a benefit through commercial health plans which may have their own rules that could include maximum authorization of 7 days.

# Glossary

## ***Arizona Long Term Care System (ALTCS)***

Health insurance for individuals who are age 65 or older, or who have a disability, and who require nursing facility level of care.

## ***Behavioral Health Professional (BHP)***

Provide counseling and direction to people dealing with challenges like addiction, physical limitations and mental illness. The profession includes psychologists, psychiatrists, mental health counselors, behavioral therapists, licensed social workers and other healthcare providers.

## ***Caregiver Screening Tool***

An instrument created and used by DCS to identify a caregiver that can meet the child's needs.

## ***Child and Adolescent Service Intensity Instrument (CASII)***

Standardized assessment tool that provides a determination of the appropriate level of service intensity needed by a child or adolescent and his or her family.

## ***Child Developmental Home (CDH)***

Foster home for a child with a developmental disability. Licensed by the DDD.

## ***Child and Family Teams (CFT)***

Behavioral health practice for children in foster care in the behavioral health system. A defined group of people is invited to participate by the child and family including the child and family, a behavioral health representative, and any individuals important in the child's life.

## ***Current Procedural Terminology (CPT)***

A medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations.

## ***Health Care Decision Maker***

An individual who is authorized to make health care treatment decisions for the patient. As applicable to the particular situation, this may include a parent of an unemancipated minor or a person lawfully authorized to make health care treatment decisions.

***Individualized Education Program (IEP)***

Describes the goals the team sets for a child during the school year, as well as any special support needed to help achieve these goals.

***LET- Likely Eligible Tool (LET)***

Used by DCS and DDD to temporarily place children in DDD settings until the DDD determination has been completed.

***Qualified Residential Treatment Program (QRTP)***

A group care facility utilizing a trauma-informed treatment model that includes services to meet the clinical needs of children with serious emotional or behavioral disorders or disturbances.