

Therapeutic Family Services Endorsement Workgroup  
July 16, 2009

Attending: Bob Hensley/DSS, Yvonne French, Jim Jarrard, Mabel McGlothlen, Beverly Bell/DMH, Helen Woolyard, Regina Arrowood/Catawba DSS, Peggy Balak/Saguara, Fred Waddle/UCP-ES, Tara Fields/American Human Services, Karen McLeod and Leslie Kellenberger/CFSA, Dave Peterson/Wake LME, Carrie Baines/Durham LME, Deanna Janus/Pride in NC, Jennifer Evans/Wake DSS, Laura Beavers/Value Options

**Next Phone Conference will be Tuesday July 28<sup>th</sup> at 12:00.**

Recommendations

Remove any duplication of DSS licensure rules from the endorsement checksheets. Bob Hensley with DSS is reviewing the TFS checksheet to identify any duplication.

Develop a list of indicators which would lead us to the value to be added by the endorsement process, ensuring that only qualified providers become directly enrolled of the three categories identified:

1. Existing Child Placing Agencies already licensed, nationally accredited and endorsed/directly enrolled for other enhanced services.
2. Existing Licensed Child Placing Agencies that aren't nationally accredited and/or endorsed/directly enrolled
3. Newly Licensed Child Placing Agencies

Remaining Questions

Bob and Catharine and Susan Robinson looked at staffing language in the new definition and found that DSS rules and definition are not in conflict. Providers disagree and favor the 1:12 QP ratio found in rule to the 1:10 ratio in the definition, reminding the Divisions that the role of the QP is not to provide direct services to the child. The role of the QP is to provide supervision to the Therapeutic Parent(s) who provide TFS services to the child.

Is TFS an "enhanced benefit?" If not, does that affect what the endorsement process looks like?

What will monitoring of TFS look like? How will the LMEs and DMH and DSS connect and collaborate and avoid duplication?

## Factoids

- DMA will directly enroll Child Placing Agencies (LCPA) with one agency-wide number (like CAP providers). Enrollment will not be site-specific.
- LCPAs are licensed through the Division of Social Services.
- Each Child Placing Agency providing the new service will have a Licensed Clinician on staff.
- Each individual Therapeutic Family within the Child Placing Agency is licensed through the Division of Social Services. These are the only licensed paraprofessionals in our system. Homes are licensed by the State not by the Child Placing Agencies.
- In addition to these three types of licensing, each Child Placing Agency will have Masters level QPs on staff.
- Of the 20 largest LCPAs in the state, 18 are already nationally accredited for therapeutic foster care.
- Many of the licensed LCPAs in North Carolina are already endorsed by LMEs and directly enrolled with DMA to provide other enhanced benefit services so have completed the business verification process.
- The four County DSSes and one LMEs providing TFC are not licensed. By statute they are LCPAs through deemed status. Of the five, only Catawba DSS is nationally accredited.
- Monitoring of TFC is currently done by DSS and a few LMEs

## Notes

Bob Hensley is revising CPA licensing procedure this month particularly around agencies writing their policies and procedures. He is implementing a classroom setting training process and is considering inviting DMH and/or LMEs to participate in the training. Most of these trainings will be in Charlotte. They will be a group process with a goal of reducing the time it takes to become licensed. Bob was asked if he ever issues denials. In the paper process, yes. He added that individual homes are terminated, but no negative action has been taken which would cause an agency to be terminated. Bob lets the licenses expire.

Only two current residential providers have approached Bob so far about becoming a LCPA. Wake has gotten several calls from .1700 agencies requesting information. For new providers, it could easily be over a year before they could start to bill. They must consider the large start up cost of hiring staff and then recruiting, licensing, training therapeutic families before they ever get referrals or bill. A large influx of new providers is unlikely because of licensure timelines and up front start up costs.

To ensure that staff are in place, licensure ensures initially. For newly licensed agencies, their assigned state DSS consultant visits when possible in person within 3-6 months and looks at personnel files. There is concern about lack of staff on-going.

Jim Jarrard reminds the workgroup that DMH has stewardship over the service and is responsible for assuring that nothing gets missed in the detail or requirements of the service definition. He does not want duplication of any sort between DSS and DMH or more monitoring than there needs to be. He is willing for us to find a way for DSS and DMH and LMEs to monitor. Bob wants DSS to spend more time with new agencies and will let DMH know about deficiencies found. All want effective connection and collaboration between DSS and DMH. LMEs not already monitoring TFC are concerned about what monitoring of TFS is going to look like. Providers want standardization across LMEs.

There was much discussion around what value endorsement will add for established agencies already licensed, accredited and endorsed/enrolled for other enhanced services. DMH and LMEs are very very concerned about poor quality providers doing TFS. The group kicked around whether attestation letters or LME letters of support would be sufficient. Letter of support is in rule on the DMH side but not on the DSS side. Talked about if it made sense for the LME to look at agency first, before they get licensed. No. Discussed a limited endorsement process for established accredited and enrolled agencies versus a more thorough process for new agencies.

Concern was expressed about agencies with an office in Raleigh placing kids anywhere across the state. DSS licensing ensures satellite offices and that therapeutic families receive an hour a week of supervision from their QP.

Instead of backing in to more stringent qualifications as was considered with CS Comprehensive Providers, the workgroup recommends being proactive with strict requirements on the front end, considering such factors as how long have you been in business? Are you accredited? Are you licensed?

Submitted by Leslie Kellenberger