



North Carolina Department of Health and Human Services
Division of Social Services
Regulatory and Licensing Services

952 Old U.S. Highway 70, Black Mountain, North Carolina 28711

Telephone: (828) 669-3388 ■ Fax: (828) 669-3365

Michael F. Easley, Governor
Dempsey Benton, Secretary

Sherry S. Bradsher, Director
(919) 733-3055

December 10, 2007

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES

DEAR PRIVATE AGENCY DIRECTOR:

**ATTENTION: CHILD WELFARE SUPERVISOR
CHILD PLACEMENT STAFF**

SUBJECT: THERAPEUTIC FOSTER CARE

EFFECTIVE: IMMEDIATELY

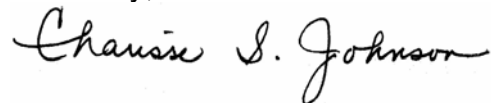
Effective January 1, 2008 agencies are required to comply with 10A NCAC 70E .1001(b) which states no more than two foster children shall reside in a therapeutic foster home. Many agencies have inquired about the waiver process for this rule. Since the capacity rule mirrors the service definition it is essential that the Division of Medical Assistance give their approval for Medicaid payments to continue for children in therapeutic foster homes where more than two foster children reside.

In order to receive approval from the Division of Medical Assistance the following information must be provided to Tara Larson: A cover letter that gives the name/age of the child for whom you are requesting a waiver, the name of the supervising agency, the names of the foster parents, the facility ID number of the foster home, the names/ages of the other foster children in the home and whether they are receiving therapeutic foster care or family foster care and the anticipated discharge dates of all the foster children in the home. The waiver will be considered under EPSDT policy (attached). The treating clinician will need to document the diagnosis, treatment approach/intervention, etc and how disruption at this point would cause harm. The treating clinician will need to cover the points in the EPSDT policy. This documentation from the treating clinician will need to be mailed with the cover letter to Tara Larson, MSC 2501, Raleigh, NC 27699.

In order to expedite the process you will need to mail the above information (cover letter and the documentation from treating clinician) along with form DSS-5199 (Request for Waiver) to the Black Mountain office at the above address. As soon as you receive notification from DMA fax this information to the Black Mountain office at 828-669-3365. The cover letter for the fax will need to contain the name of the foster home, the facility ID of the foster home, the name of the supervising agency and the name, phone number, e-mail address of the staff member of the supervising agency handling this request.

If you have questions about DMA issues please contact Tara Larson (Tara.Larson@ncmail.net). If you have questions about licensure issues please contact (Rhoda.Ammons@ncmail.net) or Tara Foster (Tara.Foster@ncmail.net). Rhoda and Tara can also be reached at 828-669-3388.

Sincerely,



Charisse Johnson, Chief
Family Support & Child Welfare Services

cc: Sherry Bradshaw
Jo Ann Lamm
Sarah Barham
Local Business Liaisons
FSCWS Team Leaders
Children's Services Programs Representatives
Regulatory and Licensing Services Consultants
Tara Larson

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