POLICY:

The Indiana Department of Child Services (DCS), with input from the Child and Family Team (CFT), will recommend placing a child in a licensed special needs or therapeutic foster family home, if he or she has needs that cannot be met in a foster family or relative home. See separate policy, 5.7 Family Team Meetings.

DCS will recommend placement in a special needs foster family home, if the child has a mild to moderate mental, physical, and/or emotional condition or requires additional supervision or assistance in behavioral management, activities of daily living, and/or medical treatment management. See Related Information for additional details.

DCS will recommend placement in a therapeutic foster family home, if the child is diagnosed with a serious medical and/or mental health condition or disability that requires specialized in-home care and/or treatment. See Related Information for additional details.

DCS will not recommend placing a child in a special needs or therapeutic foster family home if he or she does not have special or therapeutic needs requiring such placement, unless the child will be placed with a sibling who requires a special needs or therapeutic foster family home setting, or no other placement options are available.

The DCS Local Office Director or designee must approve all recommendations to place a child in a special needs or therapeutic foster family home.

Code References

1. IC 31-27-4-3: Special needs foster home; licenses
2. IC 31-9-2-117.5: Special needs foster family home

PROCEDURE [NEW]

The Family Case Manager (FCM) will:

1. Review the Placement Needs Summary with the CFT and obtain the CFT’s recommendation. See separate policies, 8.1 Selecting a Placement Option and 5.7 Child and Family Team Meetings;
   a. Consult with the child’s physician and/or mental health provider to determine the severity of the child’s needs and any special care requirements,
   b. Determine whether a special needs or a therapeutic foster family home is appropriate to meet the child’s needs, and
   c. Identify potential placement options by considering the following:
      1) Access to appropriate medical and/or mental health resources,
      2) Appropriate facilities in the home to meet the needs of the child, and
3) The ability of the family to care for a child with special needs.

2. Obtain approval of the recommendation to place the child in a special needs or therapeutic foster family home as mandated by DCS local office procedures;
3. Document all reasons for recommending placement of a child in a special needs or therapeutic foster family home if the child does not have special needs requiring such placement;
4. Document all reasons for not recommending placement of a child who has special or therapeutic needs into special needs or therapeutic foster family home;
5. Ensure that all steps outlined in 8.1 Selecting a Placement Option are documented in the Indiana Child Welfare Information System (ICWIS);
6. Ensure the child’s current and anticipated medical, dental, vision, mental health, therapeutic, and/or rehabilitative needs are addressed in the Case Plan (SF2956). See separate policy, 5.8 Developing a Case Plan; and
7. Ensure that the special needs or therapeutic foster family home receives and utilizes the Medical Passport (DCS Pamphlet 036 (R2/3-06)) to assist in documenting all medical care services the child receives while in out-of-home care. See separate policy, 8.27 Maintaining Health Records - Medical Passport.

The Supervisor will:
1. Review the recommendation to place a child in special needs or therapeutic foster family home;
2. Forward the recommendations to the DCS Local Office Director or designee for approval; and
3. Notify the FCM whether the recommendation is approved.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

2. Case Plan (SF2956) – Available in ICWIS
3. Medical Passport (DCS Pamphlet 036 (R2/3-06))- Available only in hard copy

RELATED INFORMATION

Special Needs Foster Family Home:
A special needs foster family home must meet special training requirements. These include the 20 hours of pre-service training required to become a licensed foster home and 10 additional hours of specialized training to meet child-specific needs (e.g. operation of specific medical equipment, training in emotional trauma, caring for a child who is autistic, behavior management techniques, etc.). See separate policy, 12.14 In-Service Training Requirements.

A special needs foster family home may not provide supervision and care to more than eight (8) children each of whom is less than 18 years of age or is 18 years of age or older and is receiving care and supervision under an order of a juvenile court. No more than four (4) children
may be under the age of six (6) years. These totals include the children for whom the provider is a parent, stepparent, guardian, custodian, or other relative. DCS may grant an exception to this limitation if it is determined that placement of siblings in the same special needs foster family home is beneficial. DCS must consider the unique needs of each special needs child in DCS care to determine the appropriate number of children to be placed in the home. DCS may require a special needs foster family home to provide supervision and care to less than the maximum number allowable based on the special needs of the child(ren) to be placed there.

**Therapeutic Foster Family Home:**
Training requirements for a therapeutic foster family home include 30 hours of pre-service training that includes 20 hours of pre-service training required to become licensed as a foster family home and 10 additional hours of pre-service training for a therapeutic foster family home. See separate policy, [12.14 In-Service Training Requirements](#).

A therapeutic foster family home may not provide supervision and care to more than two (2) children in DCS care at the same time, excluding the children for whom the applicant or operator is a parent, stepparent, guardian, custodian, or other relative. DCS may grant an exception to this limitation if the placement of siblings in the same therapeutic foster family home is beneficial or in the best interests of the children in DCS care residing in that home.

The FCM as well as the therapeutic foster parent(s) should talk with hospital personnel, the child’s current physician, and mental health provider, if applicable, to ensure that the child receives appropriate care. The FCM should also request a written treatment summary and/or plan from the child’s physician and ensure that a copy is contained in the child’s case file and that they receive a copy. If the treatment plan requires special skills, the FCM will ensure that the therapeutic foster family receives the training necessary to implement the treatment plan.