**Section 301.90 Foster Family Home Care**

a) Foster family home care is provided in licensed foster family homes for children who cannot remain in the home and who can benefit from a family structure of care. The Department shall have legal responsibility for the child before the child is placed in a foster family home. The home shall have received a license or permit under the provisions of 89 Ill. Adm. Code 402 (Licensing Standards for Foster Family Homes) before it receives children for foster care payment.

b) The Department shall provide specialized foster care services for *a child in the custody or guardianship of the Department who requires such services due to emotional, behavioral, developmental or medical needs, or any combination thereof, or any other needs which require special intervention services, the primary goal being to maintain the child in foster care or in a permanency setting.* [20 ILCS 505/5.30(a)]

1) A child's eligibility for specialized foster care services, and the specific service interventions needed, shall be determined based upon:

A) The results of the Child and Adolescent Needs and Strengths (CANS) assessment tool, assessing the following child traits, domains and functioning:

i) Trauma experiences;

ii) Trauma stress symptoms;

iii) Child strengths;

iv) Life domain functioning;

v) Acculturation;

vi) Child behavioral/emotional needs; and

vii) Child risk behaviors; and

B) One of the following:

i) The recommendation of the Child and Youth Investment Team (CAYIT) developed at a staffing convened specifically to address the child's eligibility for specialized foster care services; or

ii) A referral from the Division of Child Protection of a child new to care for an assessment by Department Specialized Foster Care Unit staff; or

iii) The recommendation of Department clinical staff when a child in the custody or guardianship of the Department is discharged from a psychiatric hospital.

2) Examples of medical conditions that may require specialized foster care services include, but are not limited to:

A) The child has a life threatening disease as documented by a medical professional (e.g., brain tumor, cancer);

B) The child is dependent on life saving equipment (e.g., ventilator dependent, dialysis equipment, oxygen 24 hours a day);

C) The child has a medical/physical condition or impairment that requires an extraordinary level of daily supervision and/or assistance;

D) The child is a quadriplegic;

E) The child has severe physical limitations due to multiple physical conditions;

F) The child is currently in a psychiatric hospital or has been psychiatrically hospitalized within 72 hours after day of intake; or

G) The child is an alleged sexual perpetrator confirmed by a delinquency petition and/or an Indicated SCR report.

3) Examples of other behavioral and mental health issues that may warrant consideration for specialized foster care services include, but are not limited to, sexual victimization, sexual aggression, fire setting, juvenile delinquency, compulsive behaviors, mental retardation, substance abuse problems or mental illness. Behavioral health services shall be provided as described in 89 Ill. Adm. Code 302.390 (Behavioral Health Services).

4) When assessing whether a child with a condition or behavior described in subsections (b)(1) through (3) requires specialized foster care services, the Department shall also consider the following 4 factors, cumulatively:

A) The child's individual functioning in his or her home, school and community;

B) The child's current or recommended involvement in identified services;

C) The child's degree of need as defined by the recommended intensity and/or frequency of services; and

D) The caregiver's required level of participation in activities and/or services needed to meet the child's treatment and educational needs.

5) When the Department determines that a child requires specialized foster care services, the Department shall provide the following minimum services:

A) Develop and implement a treatment plan in the best interests of the child that will help stabilize, and when possible lessen or alleviate the child's special needs.

B) Assess the foster parents with whom the child is placed or may be placed for the ability, experience and willingness to meet the child's needs.

i) Caregivers shall be required to complete child-specific training, when recommended by the Department or the child's medical/treatment provider.

ii) Caregivers shall complete 12 hours of training per year that is tailored specifically to the child's medical and/or mental health needs and functioning. This training shall be separate from the training hours required for licensure or license renewal. The agency providing case management for the child shall provide training or identify training resources to meet this requirement and shall ensure that the caregivers are able to meet the needs of the child. Caregiver training shall be documented in the case record and in the caregiver's licensing record.

iii) Caregivers shall support visitation with parents, siblings or members of the extended family.

iv) Caregivers for a child who has complex health problems (e.g., a child who has asthma or a seizure disorder, uses a wheel chair, requires a feeding tube, is visually impaired or has a speech impairment, etc.) are able and willing to provide appropriate care for the child.

v) Caregivers for a child who has a developmental, emotional, psychological or mental health disorder, such as compulsive behaviors, mental retardation, substance abuse problems or mental illness, are able and willing to provide appropriate care for the child.

vi) Caregivers are able and willing to transport the child to and from required treatment and services.

vii) Other factors that shall be considered in selecting a child's placement are those specified in this Part and in 89 Ill. Adm. Code 301 (Placement and Visitation Services).

C) Monitor the child's health, safety and wellbeing and the child's and caregiver's compliance with the service plan. The child's caseworker shall:

i) visit the child at least 3 times per month. At least one visit per month must take place in the caregiver's home;

ii) arrange for all recommended support services, mental health and/or medical treatment for the child, contact each service provider monthly, and obtain written client progress reports from each service provider on a quarterly basis;

iii) participate in the quarterly Child and Family Team Meetings;

iv) participate in the semiannual Administrative Case Reviews; and

v) request a CAYIT if the child's needs cannot be met in his or her current placement setting, even with additional services or supports. The CAYIT team shall develop recommendations regarding services, interventions and placement settings best able to meet the child's needs.

6) The child's caseworker shall incorporate all recommended services into the child's portion of the client service plan.

7) The Department staff who conduct assessments of children for specialized foster care services in subsections (b)(1)(B) through (D) shall possess the following minimum qualifications: a Master's in Social Work or Psychology, or be a Licensed Clinical Social Worker (LCSW), Professional Counselor (LPC), Clinical Professional Counselor (LCPC), or Clinical Psychologist.

8) The CAYIT team in subsection (b)(1)(B) shall be comprised of the following Department staff: a CAYIT Reviewer who is a Licensed Clinical Social Worker (LCSW), Clinical Professional Counselor (LCPC), or Clinical Psychologist; a CAYIT Facilitator, who convenes the CAYIT staffing; a CAYIT Implementation Coordinator, who is responsible for monitoring implementation of the recommendation; and the child's caseworker and the casework supervisor. Other persons who shall be invited to the CAYIT staffing include: providers who are serving the child (e.g., psychologist, educational advisor, nurse), the child's foster parents/relative caregivers, the child's guardian ad litem and the biological parents (when appropriate). Children over 12 years of age are expected to participate in the CAYIT staffing unless deemed clinically inappropriate by the CAYIT Reviewer.

9) The Department shall monitor implementation of the recommended services until all of the recommendations are implemented.

A) After a CAYIT staffing, described in subsection (b)(1)(B), the CAYIT Implementation Coordinator shall monitor implementation.

B) After assignment of case by the Department Specialized Foster Care Unit staff, described in subsection (b)(6)(C), the child's caseworker and casework supervisor shall monitor implementation. The caseworker and supervisor shall also incorporate in the client service plan those services recommended as a result of the comprehensive assessment required in 89 Ill. Adm. Code 315.100(b).

C) After a recommendation of Department clinical staff, described in subsection (b)(1)(D), Department clinical staff shall monitor implementation.

10) The treatment plan shall be reviewed at least annually and modified, if necessary, to ensure that services identified in the treatment plan continue to be appropriate to promote stability and meet the needs of the child.

A) The Department's Specialized Foster Care Unit shall facilitate the review of the child's treatment plan, in collaboration with the Department's clinical and other service divisions.

B) Based on the information presented at the staffing and completion of the CANS assessment tool, staff of the Department's Specialized Foster Care Unit shall make one of the following recommendations:

i) Continuation of the services in the treatment plan; or

ii) Modification of the treatment plan to include additional services deemed necessary to promote stability and meet the child's needs or remove any services deemed to be ineffective or no longer necessary to promote stability and meet the child's needs.

11) After each review pursuant to subsection (b)(10), the child's caseworker shall incorporate all recommended services into the child's portion of the client service plan. The caseworker and casework supervisor shall monitor implementation of those services.

12) Children for whom the Department is legally responsible who are adopted and are eligible for adoption assistance as defined in 89 Ill. Adm. Code 302.310 (Adoption Assistance), or for whom guardianship is transferred pursuant to 89 Ill. Adm. Code 302.405 (Subsidized Guardianship Program), may be eligible to receive services that are similar to the specialized foster care services described in this subsection (b).

A) The determination that an adopted child or a child in a Subsidized Guardianship living arrangement requires services similar to specialized foster care services shall be based on the results from the CANS assessment tool and the recommendation of the Department's Post-Adoption Committee.

B) The Post-Adoption Committee shall be comprised solely of Department staff selected by the Director (or designee) and shall include clinical staff, a Registered Nurse and a post-adoption worker. Clinical staff conducting the assessment shall possess a Master's in Social Work (MSW) or Psychology, or be a Licensed Clinical Social Worker (LCSW), Professional Counselor (LPC), Clinical Professional Counselor (LCPC), or Clinical Psychologist.

i) The Post-Adoption Committee shall identify the services, if any, needed to maintain the adoption or subsidized guardianship placement. This may include new services for the child or an increase in services that the child is currently receiving under the subsidy.

ii) When the identified services are Medicaid-eligible or can be obtained through available community services, the child's adoptive parents or guardians shall be required to utilize and exhaust those services before asking the Post-Adoption Committee to increase the amount of the subsidy to pay for the services.

iii) When the services are not Medicaid-eligible or cannot be obtained through community services, or when the services have been exhausted, the Post-Adoption Committee may amend the amount of the adoption or guardianship subsidy to pay for the services.

13) The Department shall conduct training of Department and purchase of service agency staff responsible for implementing this subsection (b).

c) Although foster family home care is generally provided to children whose parents are unable or unwilling to protect or care for them, it is also available for hearing impaired children who require special education not available in their home communities. The Department is not legally responsible for the children receiving this unique placement service. Care is provided in cooperation with the Illinois State Board of Education.

(Source: Amended at 34 Ill. Reg. 7898, effective May 31, 2010)