

**Title 13—DEPARTMENT OF SOCIAL SERVICES**  
**Division 35—Children's Division**  
**Chapter 60—Licensing of Foster Family Homes**

**PROPOSED RULE**

**13 CSR 35-60.075 Treatment Foster Care**

*PURPOSE: The purpose of this rule is to provide foster family homes for children with significant emotional or behavioral needs, who can reside in a family setting with the benefit of intensive and individualized therapeutic intervention.*

(1) Definitions. For the purpose of this regulation, the following terms shall be defined as follows:

(A) “Treatment foster care” or “TFC” – A specialized program for children between the ages of six (6) and twenty (20) with significant emotional or behavioral needs, who, with intensive and individualized therapeutic intervention, can remain in a family setting and achieve positive growth and development.

(B) “Treatment foster home” – A home where the child’s caregiver(s) have fulfilled the requirements to provide treatment foster care and are responsible for providing intensive, individualized therapeutic interventions and daily care for one (1) to two (2) children with significant medical, developmental, emotional, or behavioral needs.

(2) Treatment Foster Care

(A) TFC exists to serve children whose special needs are so severe that they are at risk of being placed in restrictive congregate care settings such as hospitals, psychiatric centers, correctional facilities, or residential treatment programs. TFC services are provided by agencies contracted with the division to develop and oversee treatment foster homes. Each treatment foster home is assigned a TFC worker who is primarily responsible for the development of treatment plans. The TFC worker trains and supports the TFC parent(s) to implement key elements of treatment in the context of family and community life while promoting the goals of permanency planning for the child. The TFC worker also provides support and consultation to children enrolled in the TFC and their families. The TFC worker collaborates with other team members and coordinates activities to ensure children and families receive needed services according to their treatment plan. The TFC agency provides, at a minimum, weekly consultation to the TFC home and in-person contact every two (2) weeks.

(3) Process for Determining a Child’s Eligibility for Treatment Foster Care

(A) A child’s eligibility for treatment foster care is identified through one of the following triggering events:

1. The selection/screening team for the division’s Youth with Elevated Needs Program has recommended treatment foster care;
2. An independent assessor has recommended treatment foster care;
3. The child’s family support team has recommended treatment foster care; or
4. A clinician, such as a primary care physician or psychologist, who has examined or evaluated the child, has recommended treatment foster care.

(B) A division designee shall review the recommendation from one of the parties above, using an agency approved assessment tool, and supporting documentation such as the child's current mental health evaluations, medical reports, therapy/counseling reports, and school records.

(C) The division designee shall evaluate the child's condition and make a determination if treatment foster care is medically necessary, appropriate for the child, and the least restrictive placement in a community-based family setting.

(D) The division designee will determine an initial treatment period of up to nine months in duration. The initial treatment period may be extended upon review and approval by division designee.

(E) The division designee shall have the final authority to determine if a child qualifies for treatment foster care, and if so, when a child's placement in a treatment foster care home will end.

#### (4) Qualifications of Foster Parents in Treatment Foster Care Homes

(A) Qualifications. To be eligible to become TFC foster parents, applicants must meet one of the following criteria:

1. Have one year full-time experience in the care of a child, which may include a combination of any of the following:
  - A. Experience as a licensed foster parent in good standing,
  - B. Professional experience in the care/treatment of a child,
  - C. Volunteer experience in the care/treatment of children,
  - D. Experience providing care for a child with special needs; or
2. Have graduated from a four-year college with a degree in child and family development, special education, psychology, sociology, or another closely related area.
3. The division may allow an exception to be made to the eligibility requirements set forth above if the applicant is a relative of the foster child.

#### (5) Training Requirements

(A) Pre-Service Training. Applicants must complete the following preservice training requirements to qualify as a foster parent in a treatment foster care home:

1. Successfully complete a competency based pre-service training approved by the division as provided in 13 CSR 35-60.030(5).
2. Complete a minimum of twenty-seven (27) hours of specialized foster care training approved by the division that includes the following areas:
  - A. Effective communication and relationship building techniques
  - B. Positive reinforcement, discipline, and behavior management techniques
  - C. Crisis management and de-escalation techniques
  - D. Self-harming and suicide intervention and management
  - E. Running behaviors, prevention and management
  - F. Cultural competence and culturally responsive services
3. Relative caregivers who wish to become TFC foster parents will have up to ninety (90) days to complete nine (9) hours of pre-service relative training and will have up to six (6) months from the date on which the child is approved for relative TFC placement to complete the mandatory 27 hours of preservice training set forth in subsection (5)(A)(2) above.

(B) In-Service Training.

1. In addition to the in-service training required of all foster parents pursuant to 13 CSR 35-60.030, TFC foster parents must complete ten (10) additional hours of annual in-service training relating to the rehabilitative treatment and care of the foster child. As part of this ongoing training, the foster parent shall meet performance-based criteria as part of a professional family development plan.

2. The division may allow an exception to be made to the ten-hour annual training requirement if the primary caretaker in a treatment foster care home is a relative of the foster child.

#### (6) Competency Requirements

(A) In order to be licensed as TFC foster parents, applicants must demonstrate competency in the following subject matter areas, which will be covered in the preservice and in-service trainings:

1. Understanding trauma, grief, loss, and separation and the impact on child development;
2. Promoting successful transition into the family and the community;
3. Using trauma-informed strategies to meet the needs of children with exceptional care needs;
4. Assessing crisis situations and utilizing proper crisis intervention and regulation;
5. Recognizing and implementing positive approaches to challenging behaviors;
6. Understanding the importance of and advocating for permanency, family, and cultural connections; and
7. Understanding the importance of attachment, relationship building, connections, and creating a support system.

(7) Treatment Foster Care Parent Responsibilities. Foster parents in a treatment foster care homes shall be responsible for the following duties:

- (A) Complying with all foster home licensing requirements set forth this chapter;
- (B) Providing therapeutic interventions in the home and acting as a liaison with clinical personnel;
- (C) Assisting the child in understanding treatment goals, objectives, and interventions, and helping the child to achieve success;
- (D) Complying with all requests from the division for visits, training, and meeting participation, including participation in treatment plan meetings and treatment foster care support group meetings;
- (E) Ensuring routine transportation for each foster child, including transportation for the child to/from treatment team meetings, court appearances, medical, and counseling appointments; and
- (F) Working closely with all necessary parties, including the child's parents, visiting resources, and case managers to achieve permanency for the child, in accordance with the treatment plan.

*AUTHORITY: section 207.020, RSMo [2000] 2016. Original rule filed December 15, 2022..*

*PUBLIC COST: The proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.*

*PRIVATE COST: The proposed rule will not cost private entities more than five hundred dollars (\$500) in the aggregate.*

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with the Department of Social Services, Legal Services Division-Rulemaking, P.O. Box 1527, Jefferson City, MO 65102-1527, or by email to [Rules.Comment@dss.mo.gov](mailto:Rules.Comment@dss.mo.gov). To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*