

2960.3310 ADMISSION, TREATMENT, AND DISCHARGE.

Subpart 1. **Generally.** Treatment foster care serves children and youth whose special needs would place them at risk of placement in more restrictive residential settings such as hospitals, psychiatric centers, correctional facilities, or residential treatment programs.

Subp. 2. **Admission.** Admission to a treatment foster care home must meet the requirements of items A and B.

A. Admission to a treatment foster care program is based on the recommendation of a licensed professional who is qualified to direct treatment and is familiar with the child's individual needs. The recommendation must be based on a diagnostic evaluation and recognize the reasons the child is at risk for placement in more restrictive residential settings. The recommendation must identify behavioral concerns to be addressed in a treatment plan.

B. Upon admission to a treatment foster care placement, a treatment team must be established for the child. Members of the treatment team are parents, treatment foster parents, county case manager, licensed professional directing treatment, treatment foster care social worker, and other persons identified by the team who are needed to develop and execute a comprehensive treatment plan.

Subp. 3. **Treatment.** The child's treatment plan must be developed within ten days of admission and meet the requirements in items A to D.

A. The treatment goals in the treatment plan must address the child's needs as determined by a licensed professional directing treatment. The treatment plan must be consistent with the placement plans in Minnesota Statutes, section 260C.212, subdivisions 1 and 2, the case plan in Minnesota Statutes, section 260B.198, subdivision 5, or service plan in Minnesota Statutes, section 256B.092. The child's treatment goals must be measurable and identify desired treatment outcomes. Treatment foster parents shall document daily observations of the desired treatment outcomes.

B. The treatment plan must identify treatment strategies to be used with the child by the treatment foster parents.

C. The plan must identify specific supports and services the treatment foster parents will use with the child. Substitute and respite care services must be addressed in the plan.

D. The treatment team must develop the treatment plan and meet the requirements in subitems (1) to (3).

(1) The treatment foster care social worker shall lead the development and documentation of the treatment plan.

(2) The treatment plan must be reviewed and evaluated every 30 days by the treatment foster parent and the treatment foster care social worker.

(3) The treatment team must reassess the treatment plan every 90 days. The treatment team must report the child's progress in attaining treatment goals and update the treatment goals as appropriate. A licensed professional directing the treatment, who must be familiar with the child's individual needs, must review the child's treatment plan and consider the child's progress toward meeting treatment goals, and provide recommendations about the treatment plan to the treatment team.

Subp. 4. **Discharge.** The treatment plan must define outcomes and goals that the child needs to meet for discharge from treatment foster care. The unplanned discharge of a child must follow part 2960.3080, subpart 11. If an unplanned discharge is by the request of the treatment foster parents, the treatment foster care licensing agency shall document the review and evaluation of the treatment foster parent's skills to determine if the treatment foster parents had the appropriate skills to care for the discharged child.

Statutory Authority: *L 1995 c 226 art 3 s 60; MS s 241.021; 245A.03; 245A.09*

History: *28 SR 211; L 2012 c 216 art 6 s 13*

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