



Standard Operating Procedure

Procedure Name: Licensure Requirements for Congregate Card Partner Providers - Qualified Residential Treatment Programs, Prenatal and Parenting Teen Homes, Supervised Independent Living for Youth Ages 10 and Older	Chapter: 12
Procedure Number: 2.12.5	Effective Date: DEC 2024

1.0 Purpose. The purpose of this procedure is to provide guidance for qualified residential treatment programs, prenatal and parenting teen homes, and supervised independent living for youth ages 18 and older that are congregate care Partner Providers and private child placing agencies. This procedure is five of seven procedures that cover the specific requirements to receive a license and defines the operational standards that must be met to be a licensed Partner Provider.

2.0 Definitions

3.0 Responsible Parties. Questions concerning this procedure should be directed to the Deputy Commissioners for Clinical Support. All requests for rule changes should be sent via email to the Director of Congregate Care at congregate.care@mdcps.ms.gov

4.0 Procedure.

Procedure 4.9 - Qualified Residential Treatment Programs. Qualified Residential Treatment Programs are a specific category of a non-foster family home setting, for which agencies must meet detailed assessment, case planning, documentation, judicial determination and ongoing review and permanency hearing requirements for a child to be placed in and continue to receive title IV-E FCMP's for the placement. The facility must also meet the definition of a CCI at sections 472(c)(2)(A) and (C) of the Social Security Act, including that it must be licensed (in accordance with section 471(a)(10) of the Act and that criminal record and child abuse and neglect registry checks must be completed in accordance with section 471(a)(20)(D) of the Act.

A. Eligibility Requirements. Partner Providers must meet or exceed all standards prescribed within these and other applicable policies to receive and maintain licensure. Mississippi Qualified Residential Treatment Programs must meet additional requirements above and beyond the requirements for MDCPS Therapeutic Group Home Licensure. Children and youth ages ten (10) to twenty (20) in foster care that have been assessed and deemed appropriate for this level of care.

B. Admission Criteria.

1) A qualified and independent individual must conduct a comprehensive assessment of a child placed in a QRTP within thirty (30) days of the placement start date (section 475A(c)(1)(A) of the Act). The qualified individual may conduct this assessment prior to the placement in the QRTP but must complete it no later than the end of the 30-day period.

2) Within sixty (60) days of a foster youth's placement in a QRTP, a court review must take place to approve or disapprove the placement. The Court will consider the 30-day assessment and determine whether the needs of the youth can be met through placement in a foster family home or whether the QRTP provides the most effective and appropriate level of care for the youth, as specified in the permanency plan for the youth.

3) A QRTP placement must be reviewed by the MDCPS Commissioner and the United States Department Health and Human Services Secretary if a foster youth fourteen (14) years of age or older has been placed in a QRTP for twelve (12) consecutive months or eighteen (18) non-consecutive months.

4) A QRTP placement must be reviewed by the MDCPS Commissioner and the United States Department Health and Human Services Secretary if a title IV-E agency places a child in a QRTP for more than twelve (12) consecutive months, or eighteen (18) non-consecutive months, or, in the case of a child who has not attained age thirteen (13), for more than six (6) consecutive or non-consecutive months, the title IV-E agency must submit to HHS:

a) The most recent versions of the evidence and documentation submitted for the most recent status review or permanency hearing; and

b) The signed approval of the head of the title IV-E agency for the continued placement of the child in that setting (section 475A(c)(5) of the Act).

C. Mississippi QRTP Program Requirements

1) QRTP's shall be licensed and nationally accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation, or others approved by the Secretary.

2) QRTPs shall have an agency improved trauma informed approach applicable to the population of youth being served in which all employees, volunteers, interns, and independent contractors within a QRTP must be trained in that trauma informed approach. MDCPS has identified Trust-Based Relational Intervention (TBRI) as its trauma informed approach of choice. Any other model must be deemed evidenced based according to the Family First Prevention Services Act Clearinghouse and approved by MDCPS. In addition, organizations shall have a trauma informed treatment model that addresses services of youth's and family's clinical needs.

3) QRTP shall have registered or licensed nursing and clinical staff in accordance with the following:

a) Provide care within the scope of their practice as defined by state law.

b) Are available twenty-four (24) hours a day and seven (7) days a week.

- c) Are accessible on-site or face-to-face to meet the youth's clinical and/or medical needs.

Note: QRTPs will be required to have nursing and clinical staff accessible in person or via telephone 24/7. These staff can be contract staff who can come on-site at any time if the child's needs warrant face-to-face interaction from these staff.

4) QRTP's should facilitate and document family participation in the child's treatment with consideration for the child/youth's safety and development needs. The treatment should be family driven with both the family and the child included in all aspects of care (when in the best interest of the child). Documentation of family involvement shall include:

- a) Facilitation of regular contact between the child and family including siblings and all attempts to do so.
- b) Ways in which family was actively involved and any support provided to the family of youth in residential treatment program.
- c) Plans to provide outreach and six (6) months of aftercare support for the child and the family must be documented and maintained in the youth's case file; (services may be provided directly or via partnerships with Partner Providers near youth's home).
- d) Partner Provider will continue to document at least monthly for six (6) months verifying aftercare support services to be kept in youth's file.
- e) Document any outreach with any known biological family and fictive kin of the child, how this outreach is made, and maintain contact information for any known biological family and fictive kin of the child.

5) The discharge policy shall apply to QRTPs according to paragraph 4.5.H.

Procedure 4.10 - Teen Maternity Home

A. Program Description. This is a setting specializing in providing prenatal, postpartum, or parenting supports for youth in foster care. The facility must meet the definition of a CCI in sections 472(c)(2)(A) and (C) of the Act.

B. Partner Provider Requirements. Partner Providers must adhere to the requirements for a Therapeutic Group Home in addition to the requirements for a Teen Maternity Home. The maximum bed capacity of each home is ten (10) beds per home for children/youth twelve (12) years of age through age twenty (20) years and (11) eleven months.

C. Eligibility Requirements. Pregnant or parenting teens in foster care who have been determined to have the capacity to reside in the setting with support and provide care for a dependent.

D. Admission Criteria

1) The youth must be between the ages twelve (12) years of age through age twenty (20) years and eleven (11) months and currently in MDCPS custody.

2) A complete medical examination including obstetrical findings shall be provided and reviewed prior to admission into the program.

3) Family and medical history shall be obtained on the pregnant or parenting teen and the additional parent if possible.

4) A comprehensive assessment shall be conducted by the Partner Provider for each mother in the program.

5) The prenatal program shall accept an applicant without prejudice based on age, race, marital status, plans for the child, prior pregnancies, or stage of pregnancy.

E. Planning and Service Delivery.

1) Transitional Living Plans must be developed for each youth admitted to the program. Basic Life Skills to include but not limited to:

a) Parenting skills (e.g., child-safe transitional and independent living accommodations, education in parenting, child discipline, and safety as well as direct supervision of parenting and related domestic skills)

b) Money management, budgeting, consumer education, and use of credit

c) Childcare facilities

d) Trust-Based Relational Intervention Training (TBRI)

e) Interpersonal skill-building

f) Educational advancement

g) Job attainment skills

h) Mental and physical health care

i) Individual and/or group counseling and parent/child counseling

2) Leisure activities for pregnant or parenting teens and dependent(s) shall be provided by the program. Transportation support shall be provided by the program.

3) Additional expectations for participants should be identified in the program handbook.

F. MDCPS Collaboration/Involvement. The program shall be monitored by the MDCPS Congregate Care Department and will be reviewed according to the MDCPS Congregate Care

review schedule. In addition, MDCPS specialists will conduct monthly visits with program participants and document contact with teens and dependent.

G. Staffing Requirements

1) The maternity home shall provide a staff/child ratio of two (2) staff members to every five (5) youth. If the ratio falls below 5, a minimum of two (2) staff shall always be present.

2) During sleeping hours, all staff members shall be awake.

3) A maternity home shall have on the premises or otherwise readily available 24 hours a day/7 days a week, a registered nurse or licensed practical nurse.

4) A maternity home shall obtain a consultation from a licensed practicing physician or licensed nurse practitioner concerning medical plans and a program of medical care for the mothers and their children.

H. Staff Development

1) The prenatal and Parenting Teen Placement shall provide training for the staff which includes:

a) Medical, physical and psychological implications of pregnancy

b) Parenting education

c) Safe sleep

d) Development needs of infants and toddlers

e) Trust-Based Relational Intervention.

f) Verbal de-escalation

2) Staff must also be able to provide information on legal options available to young mothers.

I. Physical Requirements

1) Family like setting

2) Semi-private sleeping quarters for pregnant teens and;

3) Private sleeping quarters for parenting teens and dependent child(ren). When parents and infants sleep in the same room, each room shall have a maximum of one (1) parent and their infant(s) and/or children. Each parent shall have their own bed, and each baby has his/her own crib.

J. In addition to the above requirements, there shall be compliance with all other applicable MDCPS licensure standards and contractual requirements. The prenatal and

parenting teen placement shall provide for diaper disposal or soiled diaper storage in a hygienic manner, as applicable.

Procedure 4.11 - Supervised Independent Living for Youth Ages 18 and older

A. Program Description

1) Supervised Independent Living is a licensed or approved setting in which young adults in foster care can reside in the least restrictive, non-traditional environment while continuing to receive casework and supportive services that promote independence and will help them become self-sufficient. The program should encompass a balance between independence and dependence.

2) Young adults in the program should not require 24-hour supervision but have scheduled and unscheduled intermittent check-ins.

B. Eligibility Requirements. Youth (ages 18-21) currently in foster care that has been assessed and determined to be ready for living independently with supportive services provided by the approved Partner Provider. Supportive services shall be provided by the program Partner Provider.

C. Admission Criteria

1) Youth (ages 18-21) currently in foster care that has been assessed and determined to be ready for living independently with supportive services provided by the approved Partner Provider.

2) Youth shall:

a) Turn 18 while in MDCPS custody participating in a high school, GED/HiSET, or post-secondary program.

b) Partner Provider shall ensure that youth remain in compliance with attendance policy established by high school, GED/HiSET, or post-secondary program. Young adults who are unable to do one of the above requirements because of a medical condition may also be eligible for services and support. Supportive services shall be provided by the program Partner Provider.

c) Partner Provider shall ensure that the youth is employed or actively seeking employment unless otherwise prevented by disability or full-time school attendance.

D. Planning and Service Delivery

1) The Partner Provider shall establish a Participant Handbook to provide to residents that includes participant expectations.

2) The Partner Provider shall provide to participants a monthly, monetary stipend (determined by MDCPS) to be paid out of the provided MDCPS per diem.

3) Supportive Services shall include but not be limited to:

- a) Savings and financial education
- b) Post-secondary education resources and information
- c) Job skill and job training resources
- d) Transportation and transportation plans
- e) Support navigating medical coverage and assessing any needed healthcare
- f) Life skills (cleaning, shopping, cooking, etc.)
- g) Resource linkage

4) Discharge Requirements

- a) The youth has appropriate resources to transition to full independence or has been released from custody.
- b) Discharges should be discussed with the multidisciplinary support team before discharge. In situations where immediate discharge seems most appropriate, the Partner Provider must follow MDCPS discharge criteria and notify the appropriate MDCPS Specialist and the MDCPS Coordinated Care Unit at therapeutic.placements@mdcps.ms.gov. The Partner Provider must follow MDCPS discharge criteria (See Discharge Policy).

E. MDCPS Collaboration/Involvement

1) The program shall be monitored by the MDCPS Congregate Care Department and will be reviewed according to the MDCPS Congregate Care review schedule. In addition, MDCPS specialists will conduct monthly visits with program participants and documents the young adult's:

- a) Access to community resources and services.
- b) Progress in achieving Transition Plan goals, to include supervised independent living (SIL) placement and personal goals (any barriers to achieving transition should be documented).
- c) Adequacy of furnishings (such as necessary furniture, cooking utensils and lines).

- d) Ability to make responsible decisions.
- e) Use of available funds.
- f) Services provided by the SIL Partner Provider; and
- g) Review of disaster and safety plans.

2) MDCPS Specialist's documentation shall also include contact with the teen and dependent on the ongoing monitoring of safety, permanency, and well-being.

F. Physical Requirements

1) Approved placement setting

- a) Single room occupancy in approved non-college dorm setting; or
- b) Apartment setting; or
- c) Shared house setting (on or off residential campus) shall include on-site management; or
- d) Occupancy in a college dormitory paired with case management and supportive services provided by an approved agency.

2) Interior and exterior housing conditions must be acceptable and include private or semi-private bedrooms.

3) Initial and annual safety inspection in conjunction with other required Congregate Care reviews.

G. Handbook for Supervised Independent Living

1) At a minimum, the Community Living Handbook must address the following:

- a) A person-friendly, person-first definition and description of the community living service being provided.
- b) The philosophy, purpose and overall goals of the service, to include but are not limited to:
 - i) Methods for accomplishing stated goals and objectives.
 - ii) Expected results/outcomes; and
 - iii) Methods to evaluate expected results/outcomes.

2) A description of how the independent living program service addresses the following items, to include but not limited to:

a) Visitation guidelines (applying to family, significant others, friends and other visitors) that are appropriate to Supervised Independent Living services.

i) Person's right to define their family and support systems for visitation purposes unless clinically/socially contraindicated.

ii) All actions regarding visitors (restrictions, defining individual and family support systems, etc.) must be documented in the person's record

iii) Any restrictions on visitors must be reviewed whenever there is an identified need or request by the person to change any of the restrictions.

iv) Visitation rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the person's state rights; and

v) To the greatest extent possible, people should have visitors of their choosing at any time.

b) Daily private communication (phone, mail, email, etc.) without hindrance unless clinically contraindicated:

i) Any restrictions on private telephone use must be reviewed daily.

ii) All actions regarding restrictions on outside communication must be documented in the person's record; and,

iii) Communication rights must not be withheld as punishment and may not be limited in ways that unreasonably infringe on the person's stated rights.

c) Dating

d) Off-site activities

e) Household tasks

f) Curfew

g) Respecting the rights of other people's privacy, safety, health and choices.

3) Policy regarding the search of the person's room, person and/or possessions, to include but not limited to.

a) Circumstances in which a search may occur.

b) Employees designated to authorize searches.

- c) Documentation of searches; and
 - d) Consequences of discovery of prohibited items.
- 4) Policy regarding screening for prohibited/illegal substances, to include but not limited to:
- a) Circumstances in which screens may occur.
 - b) Employees designated to authorize screening.
 - c) Documentation of screening.
 - d) Consequences of positive screening of prohibited substances.
 - e) Consequences of refusing to submit to a screening; and
 - f) Process for people to confidentially report the use of prohibited substances prior to being screened.

5.0 Regulatory Requirements.

- A. Sections 472(c)(2)(A) and (C) of the Social Security Act,
- B. Section 471(a)(10) of the Social Security Act
- C. Section 471(a)(20)(D) of the Social Security Act.
- D. Section 475A(c)(1)(A) of the Social Security Act
- E. section 475A(c)(5) of the Social Security Act

6.0 Appendix.

- A. Link to Policy for Licensure Requirements for Congregate Care Providers (Esper #1.12.1): [MDCPS Policy for Licensure of Congregate Care Providers \(Esper 1.12.1\)](#)
- B. Link to Licensure Requirements for Congregate Care Providers: Provider and Licensure Requirements - 4.1 Provider and 4.2 Licensure Requirements (ESPER #2.12.1): [Licensure Requirements for Congregate Care Providers \(Procedures 1 and 2\) Esper 2.12.1](#)
- C. Link to Licensure Requirements for Congregate Care Providers: Personnel Functions / Qualifications and Record keeping - 4.3 Personnel Functions/Qualifications and 4.4 Record

keeping (ESPER #2.12.2): [Licensure Requirements for Congregate Care Providers \(Procedures 3 and 4\) Esper 2.12.2](#)

D. Link to Licensure Requirements for Congregate Care Providers: Admission and Care and Services - 4.5 Admission and 4.6 Care and Services (ESPER #2.12.3): [Licensure Requirements for Congregate Care Providers \(Procedures 5 and 6\) Esper 2.12.3](#)

E. Link to Licensure Requirements for Congregate Care Providers: Physical Facility and Traditional Group Homes and Therapeutic Group Homes - 4.7 Physical Facility and 4.8 Traditional Group Homes and Therapeutic Group Home Requirements (ESPER #2.12.4): [Licensure Requirements for Congregate Care Providers \(Procedures 7 and 8\) Esper 2.12.4](#)

F. Link to Licensure Requirements for Congregate Care Providers - 4.12 Requirements for Private Childcare Agencies (ESPER #2.12.6) [Licensure Requirements for Congregate Care Providers \(Procedure 12\) Esper 2.12.6](#)

G. Link to Licensure Requirements for Congregate Care Providers – Requirements for Adoption Services, Intake and Assessment Centers, Permanency Assessment Centers, Adolescent Diversion Units / Access Units - 4.13 Requirements for Adoption Services, 4.14 Intake and Assessment Centers, 4.15 Permanency Assessment Centers, 4.16 Adolescent Diversion Units/Access Units (ESPER #2.12.7) [License Requirements for Congregate Care Providers \(Procedures 13-14-15-16\) Esper 2.12.7](#)

H. Link to the “Draft” Congregate Care – Level of Care Structure / Foster Care Maintenance Payment (ESPER #4.12.1) [Congregate Care - Level of Care Structure / Foster Care Maintenance Payment \(Esper 4.12.1\)](#)

I. Link to the Bi-Annual Review / Congregate Care Provider Scorecard (Esper #4.12.2) [Congregate Care Provider Scorecard / Bi-Annual Review \(Esper #4.12.2\)](#)

J. Link to the Foster Care Maintenance Payment (ESPER #4.12.3): [2024 Foster Care Board Payment Chart \(Esper #4.12.3\)](#)

K. Link to the Initial Application for Foster Care License (Esper #4.12.4): [MDCPS Application for Licensure \(Esper #4.12.4\)](#)

L. Link to the Renewal Application for Foster Care License (Esper #4.12.5): [MDCPS Renewal Application for Licensure \(Esper #4.12.5\)](#)

M. Link to the Serious Incident Forms (Esper #4.19.9): [MDCPS Serious Incident Forms \(Esper #4.19.9\)](#)