

MD Residential Rehabilitation and Treatment Foster Care Services Description of Provider Type and Service Array

Primary Goal of Maryland Residential Rehabilitation Services and Therapeutic Foster Care:

CFR: 440.130(d) **Rehabilitative Services:** includes any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a recipient to his best possible functional level.

Facility / Service Type

I. Residential Child Care Program

A Residential Child Care Program is a group home that provides 24 hour per day services for youth. These youth exhibit behavioral, developmental, emotional, or mental impairments and receive a structured set of services and activities that are designed to achieve specific symptom alleviation relative to the needs of the youth served. These services or activities are designed to meet basic needs such as medical, mental health, education, social services, or independent psychosocial skills.

II. Treatment Foster Care Program

A Treatment Foster Care Program is a 24 hour substitute care program, operated by a licensed Child Placement Agency [CPA] or Local Department of Social Services [LDSS] for youth with serious emotional, behavioral, medical or psychological diagnoses. The Treatment Foster Care Program Services provide treatment for these youth committed to the Department of Human Resources and the Department of Juvenile services within private homes of trained, certified treatment parents. Certified Treatment parents support no more than 2 youth at a time.

The certified treatment parent, as part of the treatment team, receive additional support and guidance from regularly scheduled home visits with child placement staff and work in conjunction with other professionals involved in the child's Individual Treatment Plan [ITP].

Levels of Intensity Defined

Levels of Intensity identify and define the scope and intensity of services available to accommodate the diverse needs of youth and their families. Service intensity levels distinguish the capabilities of programs in five service domains. Services in each of these domains are provided with varying degrees of intensity describes below.

The **five service domains** are: Twenty–Four Hour Milieu Care and Supervision, Clinical Treatment Services, Education Services, Health/Medical Services; and Family Support Services.

- **Twenty–Four Hour Milieu Care and Supervision-** The scope and intensity of care and supervision (milieu services) offered in treatment foster care and residential child care programs will vary based on the abilities, disabilities and functioning of children referred to and placed. In all programs, the milieu or residential environment must provide, at a minimum; adequate supervision, recreation, socialization and transition services in a nurturing, culturally sensitive environment that enables and supports children’s participation in needed treatment and educational services. Staffing intensity and the scope and intensity of milieu program services is proportionate to the needs of children served. In all cases, staffing and service intensity is sufficient to ensure the maintenance of a safe and therapeutic environment. The scope of care and supervision provided in all DDA licensed programs for children includes the maintenance of a safe environment, ensuring that adequate shelter, food, clothing, transportation and other basic life needs are met and providing “parenting” functions consistent with the ages and developmental needs of children in care.
- **Clinical Treatment Services-** The intensity of clinical treatment services offered in treatment foster care and residential child care programs is determined by the scope of professional services available, the setting(s) in which they are offered, and the degree to which they are interactive with milieu treatment services, education/special education services and/or other treatment services. The appropriate level of intensity for clinical treatment services is determined by the scope and complexity of their diagnosed need for treatment and not by the nature of their residential placement. The child and authorized health care decision maker are members of the treatment team and participate in all decisions regarding services and placements. Clinical treatment services include services provided by licensed and/or certified professionals. Services may be offered individually or in combination as determined to be needed in a client service plan. Services typically available include any of, or a combination of the following:
 - Case Management
 - Psychological Assessment/Evaluation;
 - Behavior Plan Development
 - Individual counseling;
 - Family counseling;
 - Cognitive behavioral therapies
 - Expressive therapies;
 - Pharmacology;

- Medication management; and
- Psychiatry
- **Education Services:** Treatment foster care and residential child care programs provide access to education services for all children of mandatory school age up to age 21 for special education students who have not earned a secondary school diploma, general equivalency diploma, or certificate of completion. Education services are provided in the least restrictive setting consistent with the students educational and treatment needs..
- **Health/Medical Services-** Treatment foster care and residential child care programs, at a minimum, provide access to routine pediatric medical and dental services provided in accordance with the requirements for Early, Periodic, Screening, Diagnosis and Treatment (EPSDT). Treatment foster care and residential child care programs provide medical services for children with a very broad range of medical conditions. Treatment foster care and residential child care programs that administer medication must have the staff that is administering medication certified as medication technician in compliance with COMAR 10.27.11. The intensity of services provided is proportionate to the scope and severity of medical needs Family Support Services characteristics accepted by the group home. The intensity of medical services is influenced more by the severity of children’s medical conditions than the range of medical conditions accepted.
- **Family Support Services-** “Family” is defined as including parents, siblings, extended family, friends, advocates, and other interested parties who are part of the child’s social network. Family Services need to be provided for children in treatment foster care and residential child care programs based on their individual needs and circumstances. Among children placed in these programs, there is a continuum of family involvement ranging from no contact with family members to extensive family involvement in most aspects of a child’s care and treatment. Except in instances where family involvement is precluded by a Court order or a child’s family refuses to have contact with the child, every treatment foster care and residential child care programs, at a minimum, maintain ongoing communication with the child’s family members, allow for and accommodate family visitation and permit and facilitate communication between the child and his/her family members.

The **intensity** of services across domains varies among group homes and treatment foster care. These variations in the intensity of services offered are designed to respond to the needs of youth served as an alternative to providing a narrowly defined set of services based on the type of program. As a result within group homes there will be a variety of levels of intensity in which a program will operate.

Group home levels are distinguished by four levels of intensity for care and supervision and three levels for clinical treatment services, education services, health/medical services and family support services. Treatment foster care is distinguished by low, moderate and high levels of service.

Levels

Description of LOI (Group Homes)

Level 1: Low	Youth are placed in group homes when less structured and restrictive options (in-home care and wraparound services or traditional and treatment foster homes) cannot provide either the intensity of care and supervision or both.
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	Low intensity clinical treatment services are appropriate when their needs can be met on an outpatient basis. This includes youth who can function with low level care and supervision and who typically comply with their prescribed treatment regimen.
Level 2: Moderate	Youth are placed when their needs vary across the five domains of the levels of intensity. Youth require a predictable and consistent structure with clear rules and a level of supervision necessary to ensure compliant behavior and participation in the full range of prescribed treatment, education, recreation and socialization activities. Youth for whom moderate intensity clinical treatment services are appropriate include youth with mental illness, moderate to severe emotional disturbances, social development deficits that will respond to clinical treatment interventions. Moderate intensity clinical treatment services are appropriate for youth who need continuous case management, periodic assessment, and an ongoing regimen of therapies for all or a significant period of time related to the reasons for their group home placement.
Level 3: Intermediate Intensity (Care and Supervision Level)	Youth who require an intermediate level of intensity of care and supervision require a highly structured environment and close supervision at all times because of their behaviors or the severity of their disabilities. Most often, youth requiring intermediate level of care and supervision have failed to acclimate to the expectations of less structured group care settings.
Level 4: High	Youth who require high intensity are those who need either or both a highly structured milieu and intense supervision. Youth in highly structured, supervision intensive milieu programs exhibit extreme disruptive, maladaptive and delinquent behaviors and pose a clear threat to their own safety or the safety of others. Typically they require intense around the clock supervision and immediately available crisis intervention, including access to supervised time out. Youth for whom high intensity clinical treatment services are appropriate consist of youth with chronic mental illness including histories of psychiatric hospitalizations and/or placements in Residential Treatment Center (RTC's) and youth with severe emotional disturbances. High Intensity clinical treatment services are appropriate for youth who need continuous case management, periodic assessment, and an intensive, more highly integrated regimen of therapies for all or a significant period of time related to the reasons for their group home placement.

Treatment Foster Care

Level 1: Low	Youth in the low intensity care and supervision have mild symptomology related to their behaviors, emotions, developmental status or medical conditions. The certified treatment parent demonstrates a clear understanding of the youth's specific needs and demonstrates capacities necessary in effectively managing symptoms presented. Youth in this intensity have relatively low clinical needs but still
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	have more than average youth. Axis I (Rule-Out or NOS)
Level 2: Moderate	Youth in the moderate intensity care and supervision category have moderate symptomology related to their behaviors, emotions, developmental status or medical conditions. In addition, the treatment parent demonstrates a clear understanding of the youth's specific needs and the capacity to manage behaviors and prescribed interventions. They require specific training to address the complexity and intensity of the youth's needs. In addition the child placement worker (licensed social worker) monitors each youth and treatment parent more frequently than twice per month face to face contact. Youth in this intensity have moderate clinical needs that require specialized services. Axis I or II diagnosis (Rule-Out acceptable)
Level 3: High	Youth served in the high intensity care and supervision category have serious symptomology related to their behaviors, emotions, developmental status or medical conditions. Youth exhibit destructive behaviors on a regular basis, which may pose a possible threat to self or others, or youth have serious medical conditions that pose a threat to their life. Youth will often require extensive assistance to function in the home and community. The treatment parent will provide constant interventions based on the treatment plan and part of a prescriptive treatment model or curriculum that ensures safety of the youth, the family and community. In addition, the child placement worker (licensed social worker) typically monitors each youth and treatment parent more frequently, with a minimum of four face to face contacts a month. In the highest level, the youth's clinical symptomology is typically acute or chronic and requires constant supervision by the treatment parent to be safely maintained in the foster home. These programs would typically employ Medicaid qualified therapists, psychiatrists, and other specialists to serve the complexity of these youth's needs.

Service Description by Provider Type and Frequency of Contact based on Level of Intensity

This chart reflects all services currently available within each of the above settings. Number of services to eligible recipients is based on recipient level of need / level of intensity of symptoms as defined in the associated studies/research. Each participant is evaluated for designation of the level of intensity and monitored for reduction in symptoms or decrease levels of need on an ongoing basis. Frequency of contact is based on the assessed level of need for each service.

Regardless of whether a child is placed in a Residential Child Care Program or Treatment Foster Care Program the same services are available based on the child’s identified needs in their Individual Service Plan. (OR: It is noted when there is a difference in service provided to RCCP and TFC)

Service Type / Definition	Qualifications of Provider (Who provides the Service)	Frequency of contact (based on level of need / level of intensity)
<p>Behavioral Management:</p> <p>Services provided to youth exhibiting dysfunctional behavior, and fostering stability and accountability by assisting them in understanding the consequences of inappropriate behavior.</p> <p>The techniques of behavioral modification are based largely on principles of learning, specifically operant and respondent conditioning and respondent to increase or decrease the frequency of behaviors.</p>	<p>Providers for TFC:</p> <ul style="list-style-type: none"> • Psychiatrist (Licensed) • Social Worker (LSWA, LGSW, LCSW, LCSW-C) • Counselor (Licensed) • Daily implementation of Behavioral modification techniques: Certified Treatment Foster Care Parent • LSWA, LGSW and LCSW supervised by the LCSW-C <p>-----</p> <p>-----</p> <p>Providers for RR:</p>	<p>Treatment Foster Care:</p> <p>LOI 1: Licensed Social Worker meets with the Certified treatment parent and child for behavior modification at least 2x per month</p> <p>LOI 2: Licensed Social Worker meets with the Certified treatment parent and child at least 3x per month with the support of behavioral aides, mentors, or crisis intervention specialist for behavior modification</p> <p>LOI 3: Licensed Social Worker meets with the Certified treatment parent and child at least 4x per month with the support of behavioral aides, mentors, crisis intervention specialist, or psychiatrist for behavior modification</p> <p>-----</p> <p>-----</p> <p>Residential Rehabilitation</p>

	<ul style="list-style-type: none"> • RCC Direct Child Care Staff (certified in behavioral management) • RCC Certified Program Administrator (certified in behavioral management) • House Manager (certified in behavioral management) • Licensed Social Worker (LSWA, LGSW, LCSW and/or LCSW-C) • Therapists (LGSW, LCSW, LCSW-C) 	<p>LOI 1: Certified Direct Child Worker- minimum 1x month</p> <p>LOI 2: Licensed social worker minimum 1x month and/or Therapist – 1 x month</p> <p>LOI 3: Licensed social worker 1x per week and/or Therapist – 1x per week Paid Consultant (psychiatrist) - 1x per month Certified child care worker – daily</p> <p>LOI 4: Licensed social workers – daily access Psychiatrist – daily access Therapists – daily access Certified child care workers – daily</p>
<p>Case Management & Coordination</p> <p>A coordinated and collaborative process for achieving client well-being and autonomy through advocacy, planning, facilitation, communication, education, identification of service resources, and service facilitation.</p> <p>The case manager ensures that available resources are being used in a timely and cost-effective manner to achieve service or treatment plan goals and optimize the youth’s functioning.</p> <p>The organization of services and related activities for an individual to ensure that his needs are met and services are not duplicated by the organizations involved in providing care.</p>	<p>Providers for TFC:</p> <ul style="list-style-type: none"> • Licensed Social Workers (LSWA, LGSW, LCSW, LCSW-C) LCSW-C supervises staff • LCPC-C provides supervision and signs off on the ITP. <p>----- -----</p> <p>Providers for RR:</p> <ul style="list-style-type: none"> • Licensed Social Workers • (LSWA, LGSW, LCSW and/or LCSW-C) • Mental Health Professionals 	<p>Treatment Foster Care:</p> <p>LOI 1: Licensed Social Worker 2x per month</p> <p>LOI 2: Licensed Social Worker 3x per month with the support of behavioral aides, mentors, crisis intervention specialist</p> <p>LOI 3: Licensed Social Worker with the support of behavioral aides, mentors, crisis intervention specialists 4x per month; Licensed mental health professional 1x month</p> <p>----- -----</p> <p>Residential Rehabilitation</p> <p>LOI 1: Licensed Social Worker and/or certified staff minimum 1x per month)</p>

<p>Care coordination is a central, ongoing component of an effective system of care for youth with special behavioral, emotional, or mental health care needs and engages families in the development of a care plan and links them to health, mental health, and other services that address the full range of their needs and concerns.</p>		<p>LOI 2: Licensed Social Worker and/or certified staff minimum 2x per month)</p> <p>LOI 3: Licensed Social worker - daily access Mental Health Staff – daily access</p> <p>LOI 4: Licensed social worker - daily access Mental Health staff – daily access</p>
<p>Counseling</p> <p>A relatively short-term, interpersonal, theory-based process of helping persons who are fundamentally psychologically healthy to resolve developmental and situational issues. This may include the application of mental health treatment, psychological or human development principles, or cognitive, affective, behavioral or systemic intervention strategies that address wellness, personal growth, or pathology. Settings may include family, peer support, group or individual process.</p>	<p>Providers for TFC:</p> <ul style="list-style-type: none"> • Mental Health Professional, Licensed Social Worker • Psychiatrist (Licensed) • Intern under the direction of a licensed social worker <ul style="list-style-type: none"> ○ LCSW-C Social Worker signs off on documents <p>-----</p> <p>-----</p> <p>Providers for RR:</p> <ul style="list-style-type: none"> • Licensed Social Worker • Mental Health Professional • Psychiatrist 	<p>Treatment Foster Care:</p> <p>LOI 1: LSW, MHP, minimum 2x per month</p> <p>LOI 2: LSW, MHP minimum 3x per month</p> <p>LOI 3: LSW, MHP, Psychiatrist - minimum 4 x per month</p> <p>-----</p> <p>-----</p> <p>Residential Rehabilitation</p> <p>LOI 1: Minimum 1x per month</p> <p>LOI 2: Minimum 2x per month</p> <p>LOI 3: Daily access to qualified staff</p>
<p>Crisis Intervention</p> <p>An emergency psychological care aimed at assisting individuals in a crisis situation to restore equilibrium to their bio-psychosocial functioning and to</p>	<p>Providers for TFC:</p> <ul style="list-style-type: none"> • Certified Treatment Foster Care parents • Licensed Social Workers 	<p>Treatment Foster Care:</p> <p>LOI 1: Licensed social worker - daily access</p> <p>LOI 2: Licensed social worker - daily access</p>

<p>minimize the potential for psychological trauma.</p>	<ul style="list-style-type: none"> • Psychiatrists/Psychologists <ul style="list-style-type: none"> ○ Licensed social worker provides the documents; LCSW-C supervisor signs off on documentation <p>-----</p> <p>-----</p> <p>Providers for RR:</p> <ul style="list-style-type: none"> • Direct child care staff (DCC) (certified in behavioral management); • Program administrator (PA) (certified in behavioral management); • House manager (HM) (certified in behavioral management); • Licensed social worker (LSW); • Mentors • Psychiatrists/Psychologists <ul style="list-style-type: none"> ○ Program Administrator, House Manager signs off on direct child care documentation ○ Licensed Social Worker signs off clinical documentation 	<p>LOI 3: Licensed social worker -daily access Psychiatrists/Psychologist – daily access Behavioral Aides, Mentors, crisis intervention specialists-daily access</p> <p>-----</p> <p>-----</p> <p>Residential Rehabilitation</p> <p>LOI 1: DCC staff (certified in behavioral management); PA (certified in behavioral management); HM (certified in behavioral management); LSW -24 hour access</p> <p>LOI 2: DCC staff (certified in behavioral management); PA (certified in behavioral management); HM (certified in behavioral management); LSW; mentors- 24 hour access</p> <p>LOI 3: DCC staff (certified in behavioral management); PA (certified in behavioral management); HM (certified in behavioral management); LSW; mentors, Psychiatrists/Psychologists - 24 hour access</p>
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<p>Family Services</p> <p>Services and intervention designed to strengthen families planning to be reunified with the child in care. These services meet the specific needs of the child and their family As they cope with mental health issues and other stressors that impact their functioning.</p> <p>These services may include consumer information workshops, in home supports services provided to child in the biological family home setting to learn coping and management skills. , psychological counseling (psychotherapy) to help family members improve communication and resolve conflicts. , parenting training, crisis services, and respite care for the youth in care.</p> <p>These services are not for the certified treatment parent.</p>	<p>Providers for TFC:</p> <ul style="list-style-type: none"> • Certified Treatment Foster Parent • Licensed Social Worker • Behavioral Aide • Mentor • Mental Health Professional, <ul style="list-style-type: none"> ○ Licensed social work signs off on documentation <p>-----</p> <p>-----</p> <p>Providers for RR:</p> <ul style="list-style-type: none"> • Direct child care staff; • Program administrator; • House manager; • Licensed social worker; • Mentors <ul style="list-style-type: none"> ○ Program Administrator and/or House Manager signs off on Direct Child Care documentation ○ Licensed Social Worker signs off on clinical documentation 	<p>Treatment Foster Care:</p> <p>LOI 1: minimum 2x per month</p> <p>LOI 2: minimum 3x per month)</p> <p>LOI 3: minimum 4x per month)</p> <p>-----</p> <p>-----</p> <p>Residential Rehabilitation</p> <p>LOI 1: Minimum 1x per month</p> <p>LOI 2: Minimum 2x per month</p> <p>LOI 3: Minimum 3x per month</p>
<p>Independent Psychosocial Skills Training</p> <p>Independent psychosocial skills training seeks to effect changes in a youth’s environment and in a</p>	<p>Providers for TFC:</p> <ul style="list-style-type: none"> • Certified Treatment Foster Parent; • Licensed Social Worker, 	<p>Treatment Foster Care:</p> <p>LOI 1: CTFP daily access; Licensed social worker as needed</p>

<p>youth's ability to deal with his/her environment, so as to facilitate improvement in symptoms or personal distress. The re-teaching, coaching, and assisting with independent psychosocial skills training, psychological support to the youth and their families, vocational rehabilitation, social support and network enhancement, interpersonal communication and problem-solving is essential in meeting the goal of developing and restoring the youth's abilities to lead an independent life. There is often a focus on challenging stigma and prejudice to enable social inclusion, on working collaboratively in order to empower youth towards meeting the goal of psychosocial recovery.</p>	<p>Behavioral Aide, Mentor, Mental Health Professional</p> <ul style="list-style-type: none"> ○ Licensed social work signs off on documentation <p>-----</p> <p>-----</p> <p>Providers for RR:</p> <ul style="list-style-type: none"> • Direct child care staff • Program administrator • House manager • Licensed social worker • Mentors <ul style="list-style-type: none"> ○ Program Administrator, House Manager signs off on direct child care documentation ○ Licensed social worker signs off on clinical documentation 	<p>LOI 2: CTFP daily access; Licensed social worker as needed</p> <p>LOI 3: CTFP daily access; Licensed social worker with support of behavioral aides, mentors, mental health professional as needed</p> <p>-----</p> <p>-----</p> <p>Residential Rehabilitation</p> <p>LOI 1: 24 hour access</p> <p>LOI 2: 24 hour access</p> <p>LOI 3: 24 hour access</p>
<p>Medication (staff administered or supervision of client self-administered)</p> <p>The facilitation of the safe and effective use of prescription and over-the-counter medications.</p> <p>Facilitation is the process of engaging the child in accepting and understanding the need for their medication for example the need to have an asthma</p>	<p>Providers for TFC:</p> <ul style="list-style-type: none"> • Certified treatment foster parent with medication administration training <p>-----</p> <p>-----</p> <p>Providers for RR:</p>	<p>Treatment Foster Care:</p> <p>LOI 1: daily access</p> <p>LOI 2: daily access</p> <p>LOI 3: daily access</p> <p>-----</p> <p>-----</p> <p>Residential Rehabilitation</p>

<p>inhaler.</p> <p>Medication management also encompasses the manner in which medications are selected, procured, delivered, prescribed, administered, self administered, documented, and monitored to the youth.</p>	<ul style="list-style-type: none"> • Medication Administration trained/certified direct child care staff • Medication Administration trained/certified House Manager • Medication Administration trained/certified Program Manager • Register Nurse Staff 	<p>LOI 1: 24 hour access</p> <p>LOI 2: 24 hour access</p> <p>LOI 3: 24 hour access; Register Nurse staff – 24 hour access</p>
<p>Psychotherapy (group and individual)</p> <p>A method for the treatment of mental disorders and behavioral disturbances in which a licensed health care practitioner enters into a professional contract with the patient and, through a therapeutic communication or interaction, attempts to:</p> <ol style="list-style-type: none"> 1.) Alleviate emotional disturbances; 2.) Reverse or alter maladaptive patterns of behaviors; or 3.) Encourage personality growth and development. <p>This term is often used by social workers as a synonym for individual psychotherapy, conjoint therapy, couples therapy, psychosocial therapy, or group therapy.</p>	<p>Providers for TFC:</p> <p>Licensed Social Worker -LGSW, under the supervision of a LCSW-C or LCSW, LCSW-C Psychologist</p> <p>----- -----</p> <p>Providers for RR:</p> <p>Licensed Social Worker</p>	<p>Treatment Foster Care:</p> <p>LOI 1: service not provided</p> <p>LOI 2: service not provided</p> <p>LOI 3: weekly</p> <p>----- -----</p> <p>Residential Rehabilitation</p> <p>LOI 1: service not provided</p> <p>LOI 2: bi-weekly</p> <p>LOI 3: weekly</p>
<p>Supportive Counseling</p> <p>To educate clients about their circumstances, feelings, and possible outcomes regarding their choices and actions. A counselor who can</p>	<p>Providers for TFC:</p> <ul style="list-style-type: none"> • Licensed Social Worker • Certified Treatment Foster 	<p>Treatment Foster Care:</p> <p>LOI 1: Monthly</p> <p>LOI 2: Biweekly</p>

<p>understand and empathize with the client's feelings and thoughts is also able to reflect those emotions back to the client. Accurate reflection allows the counselor to help a client clarify certain feelings and circumstances in his life with the goal of promoting interpersonal skill building, conflict resolution, and self-reinforcement, and to re-establish the client's mental and emotional growth to the highest functional level.</p>	<p>Parent</p> <ul style="list-style-type: none"> • Behavioral Aides (Bachelor's level human service professional) • Mentor <p>-----</p> <p>-----</p> <p>Providers for RR:</p> <ul style="list-style-type: none"> • Licensed Social Workers • Direct Child Care Worker • Certified Program Administrator • House Manager 	<p>LOI 3: Weekly</p> <p>-----</p> <p>-----</p> <p>Residential Rehabilitation</p> <p>LOI 1: weekly</p> <p>LOI 2: daily</p> <p>LOI 3: daily</p>
<p>Therapeutic Recreation</p> <p>The delivery of treatment services to restore, remediate, and rehabilitate the youth's level of functioning and independence through activities that facilitate leisure, recreation, and play for youth with mental, emotional, or social limitations.</p> <p>Services are designed to expand skills and knowledge to foster positive values and attitudes, and to maximize independence by decreasing barriers and increasing ability and opportunity.</p> <p>Intervention activities vary widely and are based upon client interests. Examples of intervention activities include creative arts (e.g., crafts, music, dance, and drama), sports, adventure programming, dance/movement, and leisure education.</p>	<p>Providers for TFC:</p> <p>Not a provided service. (Agency contracts for services)</p> <p>-----</p> <p>-----</p> <p>Providers for RR:</p> <ul style="list-style-type: none"> • Services are provided by certified professionals as part of an overall treatment plan. 	<p>Treatment Foster Care:</p> <p>Not a provided service for TFC</p> <p>-----</p> <p>-----</p> <p>Residential Rehabilitation</p> <p>LOI 1: not a provided service</p> <p>LOI 2: not a provided service</p> <p>LOI 3: at a minimum weekly</p> <p>LOI 4: at a minimum weekly</p>