

## **STATE STANDARDS FOR RESIDENTIAL SERVICES: GROUP CARE INTENSIVE SERVICES**

### **DEFINITION AND AUTHORIZATION**

**Definition:** Group Care Intensive Services (GCIS) provides lodging, food, and the attentive and responsible care of children. GCIS are highly structured residential services having intensive staff supervision and programs for children who are experiencing relational or behavioral problems and are not able to function successfully in a less restrictive community environment. The program must be operational 24 hours per day, seven days per week, 365 days per year. **Temporary closings, except in emergency situations, are not allowable.**

The goal of the GCIS is to enable children to overcome their problems to the degree that they may be safely stepped down to a less restrictive environment. Intensive management refers to the level of supervision and intensity of programming required to manage children who present severe behavior management problems. Programming is tailored to the needs of the children served.

Providers shall be responsible for the provision of GCIS services and ensuring that each child's physical, social, emotional, educational/vocational, nutritional, spiritual/cultural and permanency needs are met.

**Authorization:** These services must be authorized by a designated referring State agency. Services may be recommended for a child who currently meets both of the following criteria for this level of care:

- The child is experiencing serious to severe relational or behavioral problems.
- The child is not able to function successfully in a less restrictive environment.

The designated referring State agency shall supply the group care intensive services provider with a written authorization for placement. Faxed or electronic copies of the authorization for placement are acceptable and should be received within 10 days of placement.

### **STAFF REQUIREMENTS, SUPERVISION, AND RATIOS**

**Staff Requirements:** The Group Care Intensive Services provider shall ensure that all staff meets the South Carolina Department of Social Services (DSS) licensing requirements Chapter 114 Statutory Authority: 1981 Code Sections 20-7-2250.

There must be a Human Services Professional (HSP) who is responsible for providing and/or coordinating services for each child's care. This involvement shall include an assessment, development and signing of the care plan, and periodic re-confirmation of the appropriateness of care.

Program components shall be rendered by the HSP or by staff under the supervision of the HSP. The following standards must be met:

- The HSP shall meet the standards as defined under Human Services Professional in the Standards Applicable to All Group Care Providers, Staff Requirements Section.
- The direct care staff must meet all DSS licensing, training and education requirements.
- The staff shall be engaged in child-centered activities during program hours.

Refer to the Standards Applicable to All Group Care Providers, Staff Requirements Section for more specific requirements.

**Supervision:** Services shall be provided by or directly supervised by the HSP. The HSP has responsibility for evaluating, assessing, and the provision of all essential tasks for children who are receiving care.

The HSP shall be available for supervision and discussion during program hours to ensure that children are receiving care in a safe, efficient manner. Those hours must normally be scheduled at a time the children are expected to be

awake and at the program. The HSP must spend a portion of his/her time watching and interacting with each child. These individual sessions will occur at a minimum of two times per week and shall be documented in the child's summary notes.

The HSP shall meet at least weekly with direct care staff either individually or in groups to discuss specific children's cases in order to monitor the child's behavioral, social, emotional, educational, vocational, nutritional, spiritual, cultural and permanency needs. This meeting will be documented in the child's summary notes.

### **Staff-to-Children Ratios:**

**HSP Ratio** - One HSP is required for each 10 children.

**Program Hours** - The staff-to-child ratio shall be a minimum of one HSP or direct care staff to five children during program hours. Staff shall be physically available on-site at the program. There must be staff designated as "on-call" that are available for emergencies.

**Sleeping hours** - All of the following conditions must be met:

- A minimum of two HSP or direct care staff must be present in each cottage/residence. One staff member must be awake at all times. On-call staff must be available for emergencies.
- A minimum ratio of one HSP or direct care staff to seven children must be maintained during sleeping hours in each cottage/residence.

**Alternative Settings** – For Group Care Intensive Services provided in approved alternative settings during sleeping hours all of the following conditions shall apply:

- There shall be a minimum of two staff physically present in each campsite.
- There shall be one awake staff member who rotates between campsites. This identified staff shall conduct routine, random checks of each campsite throughout the night. The program must maintain documentation to show that such checks were conducted, including the status of the campsite at each check.
- The minimum staff-to-child ratio in each campsite shall be one staff to every seven children.
- "On-call" staff shall be available to respond to emergencies.
- Administrators of these programs shall ensure that safety and environmental issues are adequately addressed.

## **PROGRAM COMPONENTS**

Each Group Care Intensive Service program must have a structure in place that clearly supports the development of desired behaviors, skills, and emotional growth through either a level system or another milieu or approach. Services must be identifiable as structured activities and demonstrated by a posted schedule of activities and services provided within the program. The structured programming and program components reflect behavioral, instructional, teaching elements and support the level of care provided. Program components shall be rendered by the HSP or by staff under the supervision of the HSP.

The services comprising the program components must be provided to help ensure that the child receives the needed services and supervision necessary for children at this level of care. The frequency of services rendered must be provided in accordance to these guidelines and as listed on the child's individual care plan. The behavior management, life skills and independence, recreation/leisure and general care program components must be provided daily. Documentation in the Progress Summary Notes should reflect the child's participation in and attainment of the skills learned in each program component.

The services must also be consistent with the child's needs and incorporated into the child's individual care plan. The services listed below are components of Group Care Intensive Services:

**Intake Assessment and Reassessments:** The assessment must reflect an understanding of the child and family's strengths and needs, observation of the child's behavior, and identification of problem areas. Assessments will be used in developing care plans. A reassessment will be completed when there is a substantial change in the child's functioning and/or marked increase in personal distress.

**Initial and ongoing care planning:** Care plans and service delivery must be individualized to the needs, strengths, and resources of the child and family and reflect the reason(s) for placement. Refer to the Standards Applicable to All Group Care Providers, Individual Care Plan Section for more specific requirements.

**Discharge, After-care, Transitional Services, and Permanency Planning:** Preparation of the child and family for discharge and aftercare should begin at intake. The referring State agency and the provider shall have continuous and guided interaction with family members, significant others for the purpose of transitioning the child back to the home and community. Permanency planning begins at the admission process and continues through discharge.

**Behavior Management:** The principles and techniques used by a program to assist a child in facilitating self-control, addressing inappropriate behavior and achieving positive outcomes in a constructive and safe manner. Behavior Management will be provided continuously to the child and be based on the child's individual needs.

Behavior Management should include interventions used to change specific behaviors. This could include providing re-direction of behavior or face-to-face interventions between the program staff and the child. In addition, behavior management can be incorporated into the GCIS structure, offered to groups of children, provided to individual children, or include techniques shared with the families of children being served in the residential program.

Behavior Management includes:

- supportive interactions to assist the child in solving identified problems and reinforce learned skills,
- teaching interpersonal conflict resolution, coping skills,
- working with the child and family on identified problems and thus helps strengthen the family unit.

**Crisis Intervention:** An intensive time-limited service provided by the staff face-to-face with the child following abrupt or substantial changes in the child's functioning and/or marked increase in personal distress. The interventions are often needed to prevent further decompensation or escalation.

**Life Skills and Independence:** Assisting children and adolescents according to their age, developmental and cognitive abilities to develop healthy life skills to achieve successful independence in the following areas:

1. **Daily Living Skills** which includes skills areas used on a daily basis: nutrition, menu planning, grocery shopping, meal preparation, dining decorum, kitchen clean up and food storage, home management and home safety.
2. **Housing and Community Resources** to assist youth in making a positive transition into the community. This may include housing, transportation and community resources.
3. **Money Management** to help youth make sound decisions, both now and in the future. This may include exploring beliefs about money and information about savings, income tax, banking and credit, budgeting and spending plans and consumer skills.
4. **Self-Care** to include skills that promote a youth's physical and emotional development. This may include personal hygiene, health, drugs and tobacco education and information about human sexuality and making safe choices.
5. **Social Development** focusing on relating to others now and in the future. This may include personal development, cultural awareness, communication and relationships education and training.
6. **Work and Study Skills** to address the skills needed to help youth complete their educational programs and pursue careers of interest. This may include career planning, employment, decision making and study skills.

Life skills will be provided continuously to the child.

**Recreation and Leisure:** Provides for a daily program of indoor and outdoor recreational and leisure activities. In addition to providing activities on site, the provider shall utilize the community's cultural, social, and recreational resources whenever possible and appropriate. Children's strengths, needs and interest should be addressed when

developing recreational and leisure activities. Children are not expected to spend a substantial portion of their leisure time watching television or playing video/computer games.

The program must ensure that all activities are age appropriate for the ages of the children being served. The program must maintain and/or provide access to a variety of recreational and leisure equipment and supplies such as games, sporting equipment, reading materials and art supplies.

Recreation and leisure activities must provide opportunities for children to participate in both group and individual events. Recreational and leisure activities must be supervised by provider staff. For children participating in community programs, the provider must ensure sufficient and appropriate supervision for the children in attendance.

**Educational and Vocational Services:** It is expected that the majority of youth will be enrolled in public school. If the residential program operates its own private school, the residential program must provide an educational program that satisfies the requirements set forth by the South Carolina Department of Education (SCDE). The SCDE must make this determination through monitoring, written reports, on-site visits, and other processes and activities. Children/youth with disabilities placed in or referred to the residential program by a public or state agency and placed in a private school operated by the residential program must receive a free appropriate public education (FAPE) as defined by the Individuals with Disabilities Education Act (IDEA).

For those youth who legally exited high school prior to completing a state-issued diploma, achieved a state-issued high school diploma, or achieved a GED, the program must provide access to academic or vocational classes or opportunities that will prepare them to lead self-sufficient lives. Note that all youth who have not achieved a state-issued high school diploma have a right to return to school through age 21 to continue their education.

For those youth who have not completed high school or who have achieved a high school diploma or GED, the program must provide access to academic or vocational classes/opportunities that will prepare them to lead self-sufficient lives.

Educational Services - Services provided shall include:

- Documentation of the child's academic progress.
- Documentation of each child's attendance, courses and grades at the time of withdrawal from school.
- Placement of the child in an educational program.
- Support of the youth's education by participation in student support team meetings, Individual Education Planning (IEP) meetings, parent/teacher conferences and disciplinary meetings.
- Monitoring of the child's educational progress at least monthly by contact with the local school personnel.
- Notifying and inviting parents/guardians/case workers, as appropriate to attend any school-related conferences.
- Ensuring that any child experiencing difficulty in school is considered for assistance.
- Providing each child structured study time and home work assistance.
- Providing opportunities for participation in school-related extra-curricular activities.

Vocational Services: For youth not required by law to be enrolled in secondary education, planning and services will focus on the development of life skills, basic academic skills, GED preparation, and/or vocational skills. Youth who have graduated from high school or completed the GED, may participate in a work program or engage in other similar educational enriching activities.

Vocational services may include the provision or access to the following:

- Counseling and guidance
- Job search and placement assistance
- Vocational and other training services
- On-the-job or personal assistance services to teach good work habits
- Supportive employment services
- Technical assistance for self-employment
- Transportation, if needed

**General Care:** In addition to the program components listed within this section and within the licensing regulations, providers must also ensure that the children receiving services within the residential program also receive services daily which focus on the following:

**Physical Care:** Physical Care includes access to all health services pertaining to the body. Some elements of physical care include: the acquisition of nutritional services to ensure health, physical, and emotional well being along with the medication monitoring, documenting, administering medication by direct care staff trained in medication administration.

**Social Care:** The provision of an environment in which the child's relationships with peers, staff, significant other, and community are improved through the use of recreational and leisure activities.

**Emotional Care:** Emotional care includes a support network that recognizes a variety of emotions that are accompanied by physiological or psychological changes.

## **DOCUMENTATION**

Each child's record must contain adequate documentation to support the services rendered and billed. Documentation of the services provided to the child, the child's responsiveness, and the interaction and involvement of the staff with the child should justify and support the services billed. Refer to the Standards Applicable to All Group Care Providers, Records/Documentation Section for more specific requirements.

In order for Group Care Intensive Services to be billed for any calendar day, services must have been rendered directly to the child during the day. The designated referring State agency should not be billed for days in which the child is absent or away for the full day unless the guidelines covering absentee days are met. The State agencies will continue to acknowledge and reimburse absentee days for out-of-home medical care and transition days as previously outlined in the Absentee Day Policy. Unless otherwise specified by the referring State agency, the number of days shall remain as specified; however, the State agency, upon timely notification to the provider, may elect to shorten the time they will reimburse under each type of leave depending on the child's needs and circumstances. Referring State agencies require notification of planned absences in advance and notification of emergency absences within 24 hours.