

## SERVICE LEVEL INDICATORS

### 100 SUPERVISION

#### **B100 BASIC SERVICE LEVEL SUPERVISION**

- B100.01** The caregiver provides a supportive setting, preferably in a family that is designed to maintain or improve the child's functioning by establishing clear rules appropriate to the developmental and functional levels of the child;
- B100.02** The caregiver establishes a clear system of rewards and consequences;
- B100.03** The caregiver supervises a child through guidance to ensure the child's safety and sense of security;
- B100.04** The caregiver provides regular daily supervision. The caregiver will consider the following primary factors that impact supervision: time, environment, activities, caregivers, admission and service plans, age of child, high-risk behaviors and any other factors important in assessing supervision; and
- B100.05** The caregiver provides a proper balance between supervision, autonomy and independence.

#### **M100 MODERATE SERVICE LEVEL SUPERVISION**

In addition to the supervision required at the Basic Service Level, the provider must meet the following requirements:

- M100.01** The caregiver provides more than routine supervision with additional structure and support, preferably in a family-like setting. The supervision should include structured daily routines with limit setting;
- M100.02** For a child with developmental delays, mental retardation, primary medical or habilitative needs, the caregiver provides regular daily supervision; and
- M100.03** For a child with primary medical or habilitative needs the caregiver provides, as appropriate, intermittent interventions that typically consist of verbal guidance, assistance, and monitoring from a caregiver.

#### **S100 SPECIALIZED SERVICE LEVEL SUPERVISION**

In addition to the supervision required at the Moderate Service Level, the provider must meet the following requirements:

- S100.01** The provider has a written policy statement describing how supervision is provided and explaining how the program is structured to stabilize or improve the child's functioning;
- S100.02** The provider has specialized training to provide therapeutic and habilitative support and interventions in a treatment setting;
- S100.03** The provider has an adequate number of staff available at all time to meet a child's needs, taking into account the child's age, medical, physical and mental condition, and other factors that affect the amount of supervision required;
- S100.04** The provider has written plans for the direct, continuous observation of a child who presents a significant risk of harm to self or others;
- S100.05** For a child with developmental delays or mental retardation the caregiver provides close daily supervision; and

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**S100.06** For a child with primary medical or habilitative needs the caregiver provides constant supervision and, as appropriate, extensive intervention which typically consists of physical intervention, assistance, and monitoring from a caregiver.

### **I100 INTENSE SERVICE LEVEL SUPERVISION**

In addition to the supervision required at the Specialized Service Level, the provider must meet the following requirements:

**I100.01** The caregiver has specialized training to provide intense therapeutic and habilitative support and interventions in a highly structured treatment setting with little outside access;

**I100.02** An adequate number of caregivers are available to provide 24-hour supervision;

**I100.03** For a child with developmental delays or mental retardation the caregiver provides 24-hour supervision; and

**I100.04** For a child with primary medical or habilitative needs the caregiver provides 24-hour close supervision and, as appropriate, frequent and continuous interventions which typically consist of hands-on physical intervention, assistance, and monitoring from a caregiver.

## SERVICE LEVEL INDICATORS

### **101 CHILD-TO-CAREGIVER RATIO**

#### **B101 BASIC SERVICE LEVEL CHILD-TO-CAREGIVER RATIO**

The child-to-caregiver ratio must meet the applicable licensing standards.

#### **M101 MODERATE SERVICE LEVEL CHILD-TO-CAREGIVER RATIO**

The child-to-caregiver ratio must meet the applicable licensing standards.

#### **S101 SPECIALIZED SERVICE LEVEL CHILD-TO-CAREGIVER RATIO**

The child-to-caregiver ratio must meet the applicable licensing standards and

- S101.01** There must be a written staffing plan documenting the ability to provide awake caregivers throughout the night whenever necessary to meet the needs of a particular child.

#### **I101 INTENSE SERVICE LEVEL CHILD-TO-CAREGIVER RATIO**

In addition to the child-to-staff ratio required at the Specialized Service Level, the provider must meet the following requirements:

- I101.01** During all waking hours the child-to-caregiver ratio must be no more than 5 to 1;
- I101.02** During sleep hours the caregiver's child-to-caregiver ratio must meet the applicable licensing standards;
- I101.03** There are enough caregivers, to provide 24-hour supervision to ensure the child's safety and sense of security, which includes frequent one-to-one monitoring with the ability to provide immediate on-site response;
- I101.04** The staffing patterns and assignments are documented in writing. The documentation includes the child-to-caregiver ratios, hours of coverage, and plans for providing backup caregivers in emergencies; and
- I101.05** The written staffing plan documents the ability to provide 1 to 1 child to caregiver ratio for 24 hours whenever necessary to meet the needs of a particular child.

## SERVICE LEVEL INDICATORS

### **200 – MEDICAL AND DENTAL SERVICES**

#### **B200 BASIC SERVICE LEVEL MEDICAL AND DENTAL SERVICES**

- B200.01** The caregiver arranges for medical and dental services as determined by an agreement between the caregiver and the juvenile probation department. The medical and dental services include routine services, annual check-ups, and services that are medically necessary;
- B200.02** The caregiver documents in the child's record that the child received these services;
- B200.03** The caregiver ensures that all the medications the child needs are administered as prescribed by the physician; and
- B200.04** The caregiver ensures children are taught age and developmentally appropriate sex education. This can include reproductive health, healthy romantic relationships, being sexually responsible, provide access to appropriate pregnancy prevention information and discuss sexually transmitted infections.

#### **M200 MODERATE SERVICE LEVEL MEDICAL AND DENTAL SERVICES**

In addition to the medical and dental services required at the Basic Service Level, the provider must meet the following requirements:

- M200.01** For a child, receiving psychotropic medication, a physician, as often as clinically necessary and appropriate, must monitor the child's condition; and
- M200.02** For a child, with developmental disabilities, mental retardation, primary medical or habilitative needs, the caregiver arranges, as appropriate, for licensed nursing services, assistance with mobility, and routine adjustment or replacement of medical equipment.

#### **S200 SPECIALIZED SERVICE LEVEL MEDICAL AND DENTAL SERVICES**

In addition to the medical and dental services required at the Moderate Service Level, the provider must meet the following requirements:

- S200.01** The provider has a written plan, agreement, or contract with medical personnel to provide routine medical, nursing and psychiatric services based on the needs of the child as identified in the child's service plan. The plan or agreement for medical, nursing and psychiatric services must include provisions for timely access to services in emergencies. The plan or agreement must also be sufficient to ensure appropriate monitoring of chronic but stable physical illnesses; and
- S200.02** For a child with developmental disabilities, mental retardation, primary medical or habilitative needs the provider also arranges, as appropriate, for: consistent and frequent medical attention; a skilled caregiver to provide medical assistance; an on-call nurse to be available; assistance with mobility; and administering of life-support medications and treatments.

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### **I200 INTENSE SERVICE LEVEL MEDICAL AND DENTAL SERVICES**

In addition to the medical and dental services required at the Specialized Service Level, the provider must meet the following requirements:

- I200.01** The provider has a written plan, agreement, or contract with medical personnel to provide 24-hour, on-call medical, nursing and psychiatric services based on the needs of the child as identified in the child's service plan. The plan or agreement for medical, nursing and psychiatric services must include provisions for timely access to services in emergencies. The plan or agreement must also be sufficient to ensure appropriate monitoring of chronic illnesses; and
- I200.02** For a child with developmental disabilities, mental retardation, primary medical or habilitative needs, the provider also arranges, as appropriate, for 24-hour medical or nursing supervision; 24-hour availability of nursing, medical, and psychiatric services; and 1 to 1 supervision during the provision of medical and dental services.

## SERVICE LEVEL INDICATORS

### **300-RECREATIONAL AND LEISURE TIME SERVICES**

#### **B300 BASIC SERVICE LEVEL RECREATIONAL AND LEISURE TIME SERVICES**

- B300.01** The caregiver ensures that opportunities to participate in community activities, such as school sports or other extracurricular school activities, church activities, or local social events, are available to the child; and
- B300.02** The caregiver organizes family activities that identify, recognize and reinforce the support that is available to the child.

#### **M300 MODERATE SERVICE LEVEL RECREATIONAL AND LEISURE TIME SERVICES**

In addition to the recreation and leisure time services required at the Basic Service Level, the provider must meet the following requirements:

- M300.01** The caregiver arranges and supervises structured daily routines for the child that include recreational and leisure-time activities;
- M300.02** The caregiver ensures the activities are designed to meet the child's therapeutic, developmental, and medical needs;
- M300.03** The caregiver documents the daily routine and the recreational and leisure-time activities the child participated in;
- M300.04** The caregiver allows enough flexibility in the daily routine and the activities for the child to manage his time based on his individual goals; and
- M300.05** The caregiver provides activities that are modified to meet any restrictions or limitations, due to a child's developmental disability, mental retardation, or medical condition.

#### **S300 SPECIALIZED SERVICE LEVEL RECREATIONAL AND LEISURE TIME SERVICES**

In addition to the recreation and leisure time services required at the Moderate Service Level, the provider must meet the following requirements:

- S300.01** The structured daily routine and the recreational and leisure-time activities are designed to address the needs of the children in care;
- S300.02** The therapeutic value of each activity based on the child's service plan is documented; and
- S300.03** If the child has primary medical or habilitative needs, recreational and leisure time activities may require medical and physical supports which are provided.

#### **I300 INTENSE SERVICE LEVEL RECREATIONAL AND LEISURE TIME SERVICES**

In addition to the recreation and leisure-time services required at the Specialized Service Level, the provider must meet the following requirements:

- I300.01** An interdisciplinary team of professionals who are qualified to address the child's individual needs design an individualized service plan. The individual recreation plan must specify the structured daily routine and the recreational and leisure-time activities and must be included in the child's service plan; and
- I300.02** If the child has primary medical or habilitative needs, the recreational and leisure-time activities may require 1-to-1 medical and physical supports which are provided.

## SERVICE LEVEL INDICATORS

### **400 – EDUCATIONAL SERVICES**

#### **B400 BASIC SERVICE LEVEL EDUCATIONAL SERVICES**

- B400.01** Access to a free and appropriate education within the limits of state and federal law is arranged and ensured for each child;
- B400.02** Reasonable support and assistance will be provided for each child who qualifies as a special education student under the *Individual with Disabilities Education Act* to ensure that the appropriate educational and related services, including *Early Childhood Intervention*, are available in the least restrictive environment appropriate. This may include the necessity to participate in the *Admission, Review and Dismissal (ARD) Committee* to develop the *Individual Education Plan (IEP)* explaining how the student will be educated.

#### **B401 BASIC, MODERATE, SPECIALIZED AND INTENSE SERVICE LEVEL SCHOOLING**

A Child needs:

- B401.01** a public school accredited by the Texas Education Agency (TEA);
- B401.02** a special "nonpublic-school" with an educational program approved by TEA;
- B401.03** a private or other nonpublic school accredited under the requirements of the Texas Private School Accreditation Commission (TPSAC) a private or other nonpublic school that has applied for accreditation under the requirements of TPSAC.

#### **M400 MODERATE SERVICE LEVEL EDUCATIONAL SERVICES**

In addition to the educational services required at the Basic Service Level, the provider must meet the following requirement:

- M400.01** Additional structure and educational support is provided.

#### **S400 SPECIALIZED SERVICE LEVEL EDUCATIONAL SERVICES**

In addition to the educational services required at the Moderate Service Level, the provider must meet the following requirements:

- S400.01** The caregiver must coordinate the child's educational and related services with the child's service plan, and document their consistency;
- S400.02** The caregiver must designate a liaison with the child's school;
- S400.03** The caregiver must document the liaison's involvement in the child's schooling; and
- S400.04** The caregiver must document a written description of the relationship between the provider and the school district; or a written agreement between the provider and the school district outlining the responsibilities of each party; and including procedures for resolving conflicts.

#### **I400 INTENSE SERVICE LEVEL EDUCATIONAL SERVICES**

In addition to the educational services required at the Specialized Service Level, the provider must meet the following requirement:

- I400.01** One to one support, as appropriate, is provided by caregivers knowledgeable and trained to deal with the child's special needs and to encourage the child to participate in the education process.

## SERVICE LEVEL INDICATORS

### **500 - CASEWORK AND SUPPORT SERVICES**

#### **B500 BASIC SERVICE LEVEL CASEWORK AND SUPPORT SERVICES**

Services that are designed to maintain and improve the child's functioning are provided in a family setting.

- B500.01** Assistance and support in developing or maintaining social skills appropriate to the child's age and development is provided;
- B500.02** Affection, reassurance and involvement in activities appropriate to the child's age and development to promote the child's well-being must be provided;
- B500.03** Support in helping the child adjust to the current placement must be provided; and
- B500.04** Access to therapeutic, habilitative and medical support addressing the child's particular needs, as specified in the child's service plan must be provided. If therapeutic habilitative and medical support services are provided, they must be documented.

#### **M500 MODERATE SERVICE LEVEL CASEWORK AND SUPPORT SERVICES**

In addition to the casework and support services that are required at the Basic Service Level, additional structure and support is provided in a family-like setting and the provider must meet the following requirements:

- M500.01** The provider also ensures that all caregivers receive support and direction from someone who is qualified to supervise their functioning as a caregiver;
- M500.02** The provider also ensures completion of a diagnostic assessment on each child within 30 days of admission. The assessment must address the child's strengths and needs in the following areas: physical; psychological; behavioral; family; social; and educational;
- M500.03** The provider ensures provision of intermittent therapeutic, habilitative and medical interventions in an environment designed to help the child attain or maintain functioning appropriate to the child's age and development;
- M500.04** The provider also ensures provision of individual, group, and family therapy for those children who need therapy by professional therapists or counselors or paraprofessional staff under the direct supervision of professional therapists or counselors;
- M500.05** The provider also ensures documentation of the provider's philosophy and program model governing therapeutic interventions and treatments and ensures that the therapeutic or habilitative program addresses the child's individual needs;
- M500.06** The provider ensures a written schedule of structured daily routines that is consistent with the provider's programs of therapeutic support; and
- M500.07** If the child qualifies for substance abuse services, the provider arranges for a substance abuse assessment and intensive therapeutic interventions. The therapeutic interventions may be provided on an outpatient basis and may include individual, family, or group therapy.

## **SERVICE LEVEL INDICATORS**

### **S500 SPECIALIZED SERVICE LEVEL CASEWORK AND SUPPORT SERVICES**

In addition to the casework and support services that are required at the Moderate Service Level, the provider must meet the following requirements:

- S500.01** Therapeutic, habilitative and medical interventions that are regularly scheduled, and professionally designed and supervised to help the child attain functioning appropriate to the child's age and development must be provided;
- S500.02** Individual, group, and family therapy by professional therapists or counselors for those children who need therapy, must be provided;
- S500.03** If the child qualifies for substance abuse services, the provider arranges for the child to participate in a substance abuse treatment program. The program may be either residential or nonresidential.

### **I500 INTENSE SERVICE LEVEL CASEWORK AND SUPPORT SERVICES**

In addition to the casework and support services that are required at the Specialized Service Level, the provider must meet the following requirement:

- I500.01** The child is provided with frequent and intense therapeutic, habilitative and medical interventions that are individually designed to stabilize the child's condition.

## SERVICE LEVEL INDICATORS

### **501 - SERVICE PLANS**

#### **B501 BASIC SERVICE LEVEL SERVICE PLAN REQUIREMENTS**

- B501.01** A service plan must be developed within 30 calendar days of the child's admission;
- B501.02** The service plan must be based on the child's plan for permanency;
- B501.03** The service plan must identify strengths and document strategies to address the child's medical and dental needs, developmental, educational and vocational needs, including life skills appropriate to the child's age and development, family contact needs; social needs; and emotional needs;
- B501.04** The caregiver and the child, as appropriate, actively participate in the development, implementation, and periodic review of the service plan; and
- B501.05** The provider must periodically review service plans according to the appropriate licensing standard.

#### **M501 MODERATE SERVICE LEVEL SERVICE PLAN REQUIREMENTS**

In addition to the service plan requirements at the Basic Service Level, the provider must meet the following requirements:

- M501.01** The provider must have a case manager to coordinate implementation of the service plan;
- M501.02** The provider must develop a service plan based on the diagnostic needs assessment for each child within 30 calendar days of the child's admission. This plan must include:
- A. An estimate of the length of time the child will remain in care;
  - B. A description of the goals of service;
  - C. Specific instructions for caregivers;
  - D. A transition plan; and
  - E. Documentation of:
    - i. The plan having been shared with the child and the child's parents or managing conservator; and
    - ii. The child's care to date; and
- M501.03** The provider must, when reviewing a service plan:
- A. Evaluate the services to date that have been provided to the child in each domain or function; and
  - B. Identify any additional need that has arisen since the previous service plan was developed.

#### **S501 SPECIALIZED SERVICE LEVEL SERVICE PLAN REQUIREMENTS**

In addition to the service plan requirements at the Moderate Service Level, the provider must meet the following requirements:

- S501.01** An initial service plan for each child is developed within 72 hours of the child's admission;
- S501.02** The diagnostic needs assessment and service plan for each child are developed by an interdisciplinary team or a full-time staff member with three years of experience in treating children with similar characteristics who has a master's degree in a mental health field from an accredited college or university and is licensed as a therapist or counselor or has a professional medical license;

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### **I501 INTENSE SERVICE LEVEL SERVICE PLAN REQUIREMENTS**

In addition to the service plan requirements at the Specialized Service Level, the provider must expand the service plan to cover all of the child's waking hours and include:

- I501.01** A description of the emotional, behavioral, and physical conditions that require intense services;
- I501.02** A description of the emotional, behavioral, and physical conditions the child must achieve and maintain to be assigned to a lower service level;
- I501.03** A description of the special treatment program and other services and activities that are planned to help the child achieve and maintain a condition allowing a lower service level;
- I501.04** Criteria for re-evaluating the child's condition after 90 days and deciding whether to continue the placement at the Intense Service Level; continue the placement at a lower service level; transfer the child to a less restrictive setting; or refer the child to an inpatient hospital; and,
- I501.05** The service provider must ensure that an interdisciplinary team of professionals develop, review, and supervise each child's service plan.

## SERVICE LEVEL INDICATORS

### 502 TRAINING REQUIREMENTS

#### **B502 BASIC SERVICE LEVEL TRAINING REQUIREMENTS**

**B502.01** Each family unit must receive at least 20 hours of training every year to help them understand the needs and characteristics of children in care, provide the care and emotional support that children need and appropriately manage children's behavior;

*Note: First-aid and cardiopulmonary-resuscitation training cannot be counted toward meeting this annual training requirement. However, hours earned renewing First-aid and cardiopulmonary resuscitation may be counted toward the annual requirement.*

**B502.02** When a foster parent is absent from the home for an extended time for military service or employment, training requirements may be adjusted, consistent with Minimum Standards §749.951;

**B502.03** Each direct care staff and foster parent must receive trauma informed care training annually. Each newly hired direct care staff and each verified foster parent must receive trauma informed care training within 60 days of hire or foster home verification. Certification of completed trauma informed care training must be placed in staff and foster parent records containing the training staff signature, completion date and number of hours. Trauma Informed Care training is available at no cost at the following website: <http://www.fostercaretx.com/about-us/centene-corporation/training/>;

*Note: No minimum hours of trauma informed care training is required. For family units, hours earned for trauma informed care training may be counted towards the annual training requirement. For caregivers, hours earned for trauma informed care training may be counted towards pre-service training requirements.*

#### **M502 MODERATE SERVICE LEVEL TRAINING REQUIREMENTS**

In addition to the training requirements at the Basic Service Level, the provider must meet the following requirements:

**M502.01** Each caregiver must receive pre-service training in areas appropriate to the needs and characteristics of children in care. At the conclusion of pre-service training, every foster family must have an individualized annual foster family training plan based on the population of children that the foster family serves;

**M502.02** The number of hours of annual training required at the Moderate Service Level is 30 hours per caregiver. These hours of training must help the caregiver understand the provider's therapeutic and habilitative treatment modalities, service programming and behavior management programs;

**M502.03** All caregivers who administer psychotropic medications must receive training on psychotropic medications;

**M502.04** A licensed physician, a registered nurse, or a pharmacist must conduct training on psychotropic medication;

**M502.05** The trainer assesses each participant, after the psychotropic medication training, to ensure that the participant has learned the course content; and

**M502.06** The training course provided to caregivers includes identification of the psychotropic medications; basic pharmacology (the actions and side effects of, and possible adverse reactions to, various medications); techniques and methods of administering medications; and related policies and procedures.

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*Note: The training received on psychotropic medication may be counted toward the annual training requirement. A provider will be exempt from this training requirement if the provider has a written policy statement specifying that the provider does not accept or maintain children on psychotropic medications.*

### **S502 SPECIALIZED SERVICE LEVEL TRAINING REQUIREMENTS**

In addition to the training requirements at the Moderate Service Level, the provider must meet the following requirements:

- S502.01** New caregivers without previous experience in residential childcare may not be assigned sole responsibility for any child until the new caregiver has been supervised for at least 40 hours while conducting direct child-care duties. An experienced caregiver must be physically available to each new caregiver at all times, until the new caregiver acquires the supervised experience. The provider must document the supervised child-care experience of every caregiver who provides direct care to children. Documented verification of a minimum of one year relevant experience to the population that the caregiver would serve, such as children with primary medical needs, pervasive development disorders, mental retardation, emotional disorders and physical disabilities, may permit new caregivers to be waived from the 40-hour supervision requirement;
- S502.02** All caregivers must receive 50 hours of training each year with the exception of caregivers in foster homes verified by child-placing agencies; and
- S502.03** Caregivers in foster homes verified by child-placing agencies must meet the following requirements: for homes with two or more caregivers, each caregiver must receive at least 30 hours of training; OR for homes with one caregiver, the caregiver must receive at least 30 hours of training.

## SERVICE LEVEL INDICATORS

### 503 PERSONNEL

#### **B503 BASIC SERVICE LEVEL PERSONNEL REQUIREMENTS**

Providers must ensure that all caregivers and staff members meet all appropriate licensing and contract requirements.

#### **M503 MODERATE SERVICE LEVEL PERSONNEL REQUIREMENTS**

In addition to the personnel requirements at the Basic Service Level, the provider must meet the following requirements:

- M503.01** The staff includes at least one case manager;
- M503.02** The casework and clinical supervisory staff have at least one year of experience in providing services to children who have been removed from their homes;
- M503.03** Each staff member with primary administrative and clinical responsibility for managing the therapeutic interventions and programs:
  - A. Is a psychiatrist; or
  - B. Is a psychologist; or
  - C. Has a master's degree in social work or another field of human services, and is an appropriately licensed and qualified paraprofessional or professional under the program model governing the provider's therapeutic interventions and treatments; or
  - D. Has a bachelor's degree in social work or another field of human services, and at least three years of experience in providing care to children who have been removed from their homes; or
  - E. Has a bachelor's degree in a field other than human services, and at least five years of experience in providing care to children who have been removed from their homes, including at least two years of clinical supervisory experience;
- M503.04** Professional therapists, or paraprofessional staff under the direct supervision of professional therapists, conduct interventions, such as individual, group, and family therapy;
- M503.05** The provider documents the treatment-plan strategies developed for, and the hours of therapeutic services and types of intervention provided to, the children in care;
- M503.06** The provider documents the number of paraprofessional or professional staff scheduled to provide therapeutic interactions;
- M503.07** The provider has enough appropriately qualified paraprofessional or professional staff available on a full-time, part-time, or consulting basis to assess and address the needs of all the children in care;
- M503.08** The provider has a professional-staffing plan that:
  - (A) includes a detailed description of the qualifications, responsibilities, and authority of every paraprofessional or professional position;
  - (B) indicates whether each such position is filled on a full-time, part-time, or consulting basis; and
  - (C) specifies the frequency and hours of service for each position;
- M503.09** The provider has ensured that the professional-staffing plan assigns responsibilities for conducting diagnostic assessments, developing and reviewing service plans, and providing treatment services;

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### **S503 SPECIALIZED SERVICE LEVEL PERSONNEL REQUIREMENTS**

In addition to the personnel requirements at the Moderate Service Level, the provider must meet the following requirement:

**S503.01** The provider arranges for medical or behavioral interventions such as individual, group, and family therapy to be conducted by professional therapists; or behavior or medical intervention as directed by the service plan.

### **I503 INTENSE SERVICE LEVEL PERSONNEL REQUIREMENTS**

In addition to the personnel requirements at the Specialized Service Level, the provider must meet the following requirements;

**I503.01** The provider ensures that a physician recommends and approves services at the time of the initial diagnosis and at each review; and

**I503.02** The individual treatment program is developed by an interdisciplinary team to address the child's intense needs.