

320-W - THERAPEUTIC FOSTER CARE FOR CHILDREN

EFFECTIVE DATES: 10/01/20, 10/01/22, 07/11/24

APPROVAL DATES: 04/16/20, 07/07/22, 05/14/24

I. PURPOSE

This Policy applies to ACC, ACC-RBHA, ALTCS E/PD, DCS/CHP (CHP), and DES/DDD (DDD) Contractors. Fee-For-Service (FFS) Programs including: American Indian Health Program (AIHP), DES/DDD Tribal Health Program (DDD THP), Tribal ALTCS, TRBHA, and all FFS populations, excluding Federal Emergency Services (FES). (For FES, refer to AMPM Chapter 1100). This Policy establishes requirements for the provision of care and services to members in Therapeutic Foster Care (TFC) as outlined in the AHCCCS Medicaid State Plan.

II. DEFINITIONS

Refer to the [AHCCCS Contract and Policy Dictionary](#) for common terms found in this Policy including:

BEHAVIORAL HEALTH PROFESSIONAL (BHP)	BEHAVIORAL HEALTH TECHNICIAN (BHT)	CHILD AND FAMILY TEAM (CFT)
CONTRACTOR	DEPARTMENT OF CHILD SAFETY (DCS)	DESIGNATED REPRESENTATIVE (DR)
HEALTH CARE DECISION MAKER (HCDM)	HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)	INDIVIDUALIZED EDUCATION PLAN (IEP)
INDIVIDUALIZED SERVICE PLAN (ISP)	MEMBER	PRIMARY CARE PROVIDER (PCP)

For purposes of this Policy, the following terms are defined as:

THERAPEUTIC FOSTER CARE (TFC) A family-based treatment option for children with complex behavioral or emotional needs who can be served in the community with intensive support.

THERAPEUTIC FOSTER CARE (TFC) AGENCY An agency credentialed by a health plan to oversee TFC Family Providers and holds contracts with the health plans and/or DCS to provide monitoring and oversight of TFC services provided to children.

THERAPEUTIC FOSTER CARE (TFC) FAMILY PROVIDER

Specially trained adult(s) in a family unit licensed by DCS and endorsed to provide TFC services to children. Also known as TFC Parent(s).

THERAPEUTIC FOSTER CARE (TFC) TREATMENT PLAN

A written description of the specific behavioral goals that the TFC Family Provider will help the child and family achieve during the child's time in TFC. These TFC treatment goals will be explicit, observable, attainable, tailored to the member's strengths and needs, and will align with the comprehensive Individualized Service Plan (ISP) of the Child and Family Team (CFT). The TFC Treatment Plan outlines the steps the TFC Family Provider will implement to help the member attain the treatment goals and thus successfully be discharged from TFC.

THERAPEUTIC FOSTER CARE (TFC) AGENCY WORKER

A staff member of a TFC Agency that at minimum, is a Behavioral Health Technician (BHT) with one year experience in a human services field and receiving clinical supervision by a Behavioral Health Professional (BHP).

III. POLICY

Therapeutic Foster Care (TFC) is a covered behavioral health service that provides structured daily behavioral interventions within a home-based licensed family setting. This service is designed to maximize the member's ability to live in a family setting, participate in the community and to function independently. Services provided in a TFC address behavioral, physical, medical, and development needs including assistance in the self-administration of medication and any ancillary services (such as living skills and health promotion) as appropriately indicated in the member's Individualized Service Plan (ISP).

A. THERAPERUTIC FOSTER CARE OVERVIEW

Therapeutic Foster Care (TFC) is provided by a TFC Family Provider, who has received specialized training and licensing that aligns with AAC Title 21, Chapter 6. The TFC Family Providers are trained, monitored, and provided clinical support by a TFC Agency that is credentialed with the Contractor. The Contractor shall ensure that TFC Family Providers and TFC agencies adhere to policies, procedures, and applicable statutes.

The Contractor shall have a policy and procedure for monitoring expectations of TFC Agencies and TFC Family Providers to ensure the quality of services delivered, and a process for conducting quality reviews and performance improvement in accordance with AMPM Policy 910.

The TFC Family Providers and agencies serving FFS members shall adhere to the policies, procedures, and applicable statutes. Policies, procedures, and quality-related documentation shall be available upon request by AHCCCS DFSM. Refer to AMPM Policy 830 for FFS Quality of Care and provider requirements.

Care and services provided by a TFC Family Provider are based on a per diem rate (24-hour day) which does not include room and board. Services provided by a TFC Family Provider require Prior Authorization (PA). For FFS, refer to AMPM 820 for Prior Authorization requirements

The Contractor shall refer to ACOM Policy 414 for information on timeframes and requirements regarding PAs.

1. The TFC agencies shall ensure treatment aligns with:
 - a. The Arizona Vision and 12 Principles for Children’s Behavioral Health Service Delivery as specified in AMPM Policy 580,
 - b. Collaboration and skill building for identified primary caregiver following discharge as specified in AMPM Policy 586,
 - c. The member’s individualized physical, behavioral, and developmental needs,
 - d. Trauma-informed care, and
 - e. Evidence-based best practices.
2. The TFC treatment goals shall be:
 - a. Specific to the member’s behavioral health condition that warranted treatment,
 - b. Measurable and achievable,
 - c. Based on the member’s unique needs, and
 - d. Supportive of the member’s improved or sustained functioning and integration into the community.
3. The TFC Treatment Plan shall:
 - a. Be developed in conjunction with the CFT,
 - b. Complement and not conflict with the ISP and other defined treatments, and include reference to the member’s current:
 - i. Physical, emotional, behavioral health, and developmental needs,
 - ii. Educational placement and needs,
 - iii. Medical treatment,
 - iv. Behavioral treatment through other providers, and
 - v. Prescribed medications.
 - c. Include an updated safety plan in alignment with the TFC setting,
 - d. Be developed in collaboration with the child, at a level that is determined to be age and developmentally appropriate,
 - e. Be developed with the voice of the biological, kinship, and/or adoptive family,
 - f. Include specific elements that build on the members’ strengths, while also promoting pro-social, adaptive behaviors, interpersonal skills and relationships, community, family and cultural connections, self-care, daily living skills, and educational achievement,
 - g. Include specifics to coordinate with natural supports and informal networks as a part of treatment,
 - h. Include plans for engagement of the member’s biological, kinship, adoptive, and/or transition foster family in the member’s treatment,
 - i. Include specific goals that prepare the receiving caregiver(s) to care for the member’s needs and ensures the member can successfully transition to the new caregiver,

- j. Include a discharge plan that:
 - i. Is developed within seven days of admission,
 - ii. Identifies a caregiver for post-discharge,
 - iii. Is reviewed monthly at the CFT meeting,
 - iv. Outlines criteria for the member’s discharge,
 - v. Recommends post-discharge services,
 - vi. Engages the identified caregiver that will support the member post-discharge in planning for transition and transitional visits, or
 - vii. If a member has not been successful in TFC and a higher level of care is required, outlines the steps necessary to make this transition.
- k. Include respite planning,
- l. Be reviewed by:
 - i. The TFC Family Provider and TFC Agency worker at every home visit,
 - ii. The TFC Agency worker and clinical supervisor at each staffing, and
 - iii. The TFC Agency worker at each CFT meeting, or at a minimum quarterly.
- m. Be maintained by the TFC Family Provider and the TFC Agency and shared at each revision with the CFT.

B. THERAPEUTIC FOSTER CARE AGENCY ROLES/RESPONSIBILITIES

The Contractor shall ensure and monitor that TFC agencies:

1. Provide clinical support to the TFC Family Provider as they meet the daily needs of the member, including:
 - a. Assignment to a TFC Agency worker that conducts home visits and participates in CFTs and treatment planning,
 - b. Assist in the development of a clinically appropriate TFC Treatment plan, which is reviewed by the BHP, and
 - c. A BHP shall participate in a meeting with the TFC Agency worker and the TFC Family Provider at least once per month, in-person or via telemedicine (i.e., interactive audio/video communications). The BHP shall also be available by request or as needed to provide any necessary support to the TFC Family Provider.
2. Have programmatic support available to TFC Family Providers 24 hours per day seven days a week, which are outlined in a TFC Agency crisis response policy that includes:
 - a. Supervisor’s availability and the use of crisis response provider to augment hours of availability,
 - b. The TFC Agency fulfilling the role of first line support for TFC Family Provider and member during times of crisis,
 - c. Access to a TFC Agency and/or appropriate agency staff on a 24/7 basis, and
 - d. Ensuring that escalation to appropriate TFC Agency clinical leadership is available at all times.

3. Meet the administrative requirements of AHCCCS, the State, and Tribal licensing authority. These requirements include but are not limited to:
 - a. Ensure TFC Family Provider(s) comply with all State licensing requirements in AAC Title 21, Chapter 6 including application, training, life safety inspections, and administrative requirements,
 - b. Submission of deliverables,
 - c. During the initial six weeks of a child receiving services in a TFC, the TFC agency shall conduct one home visit per week with the child and TFC Family Provider. In addition to licensure required home visits outlined in AAC Title 21, Chapter 6 the TFC agency will support the TFC Family Provider with therapeutic interventions used to meet TFC Treatment Plan goals; these visits may occur in-person or via telemedicine (i.e., interactive audio/video communications),
 - d. For continued stay beyond the initial six weeks, the TFC Agency shall conduct a minimum of two home visits per month, (or more frequently as needed),
 - e. Complete supporting documentation of each home visit, including:
 - i. Review of the TFC Treatment Plan with TFC Family Provider,
 - ii. Review of therapeutic interventions provided and required documentation, and
 - iii. Check medical record documentation and medication logs.
 - f. Complete all AHCCCS required group biller requirements,
 - g. Recruitment of additional TFC Family Providers, and
 - h. Conduct training per State licensing rules in AAC Title 21, Chapter 6, that develops the skills of TFC Family Providers to enable them to meet the needs of members.
4. Ensure documentation, assessments, and records are maintained and made available to TFC Family Providers in accordance with AAC Title 9 Chapter 10 and AMPM Policy 940 including but not limited to the member's:
 - a. Current TFC Treatment Plan,
 - b. Current ISP,
 - c. Safety plan,
 - d. Discharge plan,
 - e. Social history information,
 - f. Previous and current (within a year of referral date) behavioral health annual assessments, psychiatric evaluations, psychological evaluations,
 - g. School and educational information,
 - h. Medical information,
 - i. Previous placement history and outcomes, and
 - j. Member and family strengths and needs, including skills, interests, talents, and other assists.
5. Ensure TFC Family Providers complete full and accurate clinical documentation of all interventions. Documentation demonstrates progress toward meeting TFC Treatment Plan goals to ensure full and accurate record of case progress.
6. Ensure TFC Treatment Plan is shared with the member's behavioral health agency, Primary Care Physician (PCP), other treating providers, and stakeholders to assure care coordination.

7. Encourage coordination/collaboration/advocacy with the educational system to support the TFC Family Provider and member in meeting treatment and educational goals.
8. Provide notification to the PCP and all behavioral health providers involved in the member's treatment when a member is admitted to or discharged from a TFC.

C. THERAPEUTIC FOSTER CARE FAMILY PROVIDER ROLES/RESPONSIBILITIES

The Contractor shall ensure that TFC Family Providers:

1. Abide by all licensing regulations as outlined in current and relevant Federal and State statutes and rules, including rules in AAC Title 21, Chapter 6, for family foster parent licensing requirements, therapeutic level of licensure.
2. Provide TFC to no more than three children in a professional foster home, as outlined in AAC Title 21, Chapter 6.
3. Provide basic parenting functions (e.g., food, clothing, shelter, educational support, meet medical needs, provide transportation, teach daily living skills, social skills, the development of community activities, and support cultural, spiritual/religious beliefs).
4. Provide behavioral interventions (e.g., anger management, crisis de-escalation, psychosocial rehabilitation, living skills training and behavioral intervention) that shall aid the member in making progress on TFC Treatment Plan goals.
5. Provide a family environment that includes opportunities for:
 - a. Familial and social interactions and activities,
 - b. Use of behavioral interventions,
 - c. Development of age-appropriate living and self-sufficiency skills, and
 - d. Integration into a family and community-based setting.
6. Meet the individualized needs of the member, as defined in the member's TFC Treatment Plan.
7. Be available to care for the member 24 hours per day, seven days a week for the entire duration that the member is receiving out of home treatment services.
8. Plan for the member's needs to be met when the member is in respite care with other TFC Family Providers.
9. Participate in planning processes such as CFTs, TFC discharge planning, Individualized Education Programs (IEPs).

10. Maintain documentation, per AAC Title 21, Chapter 6, and AMPM Policy 940, including:
 - a. Record behavioral health symptoms,
 - b. Incident reports,
 - c. Interventions utilized,
 - d. Progress toward the TFC Treatment Plan goals, and
 - e. Discharge plan.
11. Assist the member in maintaining contact with their biological, kinship and/or adoptive family and natural supports.
12. Assist in meeting the member’s permanency planning or TFC discharge planning goals.
13. Advocate for the member to achieve TFC Treatment Plan goals and to ensure timely access to educational, vocational, medical, or other indicated services.
14. Provide medication management consistent with AHCCCS guidelines for members in out of home care.
15. Allegations of misconduct toward members shall be reported according to all Federal and State regulations.
16. Maintain confidentiality according to statutory, Health Insurance Portability and Accountability Act (HIPAA) and AHCCCS requirements.
17. Ensure any request to move a member from placement prior to successful completion of TFC Treatment Plan is made through the CFT and written notice is provided following contractual timeframes with the only exception being immediate jeopardy.
18. Follow the safety plan and work to preserve the placement to the best of their ability, including consultation with the CFT for consideration of additional in-home supports and services as appropriate, and necessary to support the member and family.
19. Accept TFC Agency worker and BHP support, including the use of respite to maintain the placement until an emergency CFT is convened, services implemented, and the placement is preserved. In the event the TFC placement cannot be preserved, the TFC Agency shall support the member and TFC Family Provider until a proper transition is identified.

D. CONTRACTOR REQUIREMENTS

The Contractor shall establish medical necessity criteria for admission, continued stay, and discharge. The Contractor’s criteria at minimum shall include the criteria outlined below. The Contractor shall submit criteria to AHCCCS for approval, as specified in Contract, and publish the approved criteria on the Contractor’s website. The Contractor’s authorization process shall align with the criteria approved by AHCCCS and not require additional criteria beyond the approved criteria.

1. Medical Necessity Criteria

Criteria for admission

- a. The Contractor shall develop admission criteria for medical necessity, which at a minimum includes: The recommended level of care determined using CALOCUS/ECSII, optional resource for FFS programs, shall be used to demonstrate sufficient necessity for admission to the indicated level of care without requiring additional PA for a period of no less than 30 days,
- b. The recommendation for TFC shall come through the CFT practice specified in AMPM Policy 580,
 - i. An interim service plan coordinated through Integrated Rapid Response can be used to establish this recommendation for admission, prior to the establishment of a full CFT.
- c. An assessment, as outlined in AMPM Policy 320-O and AAC Title 9, Chapter 10, which indicates the member has been diagnosed with a behavioral health condition and indicates symptoms and behaviors to be treated, and
- d. Special consideration will be given to children with two or more of following:
 - i. Multiple out-of-home placements (foster homes, Behavioral Health Residential Facility (BHRF), Behavioral Health Inpatient Facility (BHIF), Residential Treatment Center (RTC), etc.),
 - ii. History of disruption from a foster home due to behaviors,
 - iii. One or more hospitalizations due to a behavioral health condition in the last year,
 - iv. Chronic pattern of suspensions from school, daycare, or day programming,
 - v. Adoption disruption or potential adoption disruption,
 - vi. Significant trauma history or trauma-related diagnosis,
 - vii. Placed or at-risk of placement in a congregate care setting,
 - viii. At-risk of placement disruption due to behaviors requiring a higher level of supervision,
 - ix. Identified as a potential victim of trafficking,
 - x. Criminal justice involvement,
 - xi. Co-occurring developmental disability, and
 - xii. At-risk of being removed from their home by Department of Child Safety (DCS) due to behavioral concerns.
- e. As a result of the diagnosed behavioral health condition, there is evidence that the member has a moderate functional impairment as indicated by the CALOCUS/ECSII score and/or other clinical indicators. This moderate functional and/or psychosocial impairment per the behavioral health assessment and ISP, reviewed and signed by a BHP:
 - i. Has not improved or cannot be reasonably expected to improve in response to a less intensive level of care, or
 - ii. Could improve with appropriate community-based treatment but treatment is not available, therefore warranting a more intensive level of care.
- f. Does not require or meet clinical criteria for a higher level of care.

2. Criteria for continued stay

The Contractor shall develop medically necessary criteria for continued stay which, at a minimum, includes:

- a. An assessment which indicates the member has been diagnosed with a behavioral health condition and indicates symptoms and behaviors to be treated,
- b. An expectation by the CFT that continued treatment at the TFC shall improve the member's condition so that this type of service shall no longer be needed, and
- c. The member continues to demonstrate moderate functional or psychosocial impairment as a result of a behavioral health condition.

3. Criteria for discharge

- a. The Contractor shall develop medical necessity criteria for discharge from TFC which, at a minimum, includes: The member demonstrates sufficient symptom or behavior relief as evidenced by completion of the TFC treatment goals,
- b. The member's functional capacity is improved, at minimum, as evidence by an improved CALOCUS/ECSII score and/or other clinical indicators of improved functioning,
- c. The member can be safely cared for in a less restrictive level of care, as identified by the CFT,
- d. The CFT has identified that appropriate services, providers, and support are available to meet the member's current behavioral health needs at a less restrictive level of care,
- e. There is no evidence to indicate that continued treatment in TFC would improve the member's clinical outcome,
- f. There is potential risk that continued stay in TFC may precipitate regression or decompensation of the member's condition, or
- g. A current assessment of the member's symptoms, behaviors, and treatment needs by the CFT has established that continued care in TFC is no longer adequate to provide for the member's safety and treatment and therefore a higher level of care is necessary.

E. TRAINING EXPECTATIONS

The Contractors shall establish:

1. An adequate network of TFC Family Providers that are appropriately trained to provide TFC to members, including TFC Family Providers that have received specialize training in the treatment of members diagnosed with a developmental disabilities, medical complexity, or psychosis.
2. Training for behavioral health staff including CFT facilitators working with children and youth in the expectations outlined in this policy, and in understanding TFC as a part of the children's continuum of care. The objectives of this training shall include, but are not limited to:
 - a. Identification of members that could benefit from TFC,
 - b. Medical necessity criteria, as outlined in this policy, and
 - c. The appropriate use of TFC services.