Therapeutic Foster Care

Therapeutic Foster Care (TFC) is a family-based treatment option for children with complex behavioral or emotional needs who can be served in the community with intensive support.

UHCCP TFC Medical Necessity Criteria

- TFC requires initial service, continued stay, and discharge authorization based upon medical necessity clinical criteria.
  - Upon initial admission, additional PA (i.e. review) will not be required for a period of less than 30 days.
- TFC service modifiers are available for specific conditions. Modifiers do not have clinical criteria requirements but are required in the authorization and should be specified as part of the authorization request.
  - UF: Co-occurring Behavioral-physical health conditions
  - UG: Co-occurring Behavioral health and cognitive conditions
  - UH Primary psychotic conditions
- Clinical Criteria
  - Admission Criteria:
    - TFC requires prior authorization.
    - The recommendation for TFC will come through the CFT process or through integrated rapid response interim service plan coordination if a CFT has not yet been established.
    - An assessment that indicates the member has been diagnosed with a behavioral health condition and indicates symptoms and behaviors to be treated
    - A recent completed approved assessment [CALOCUS/ECSII] must indicate sufficient necessity for the TFC level of care, behavioral health condition, and symptoms and behaviors to be treated
    - Special consideration will be given to members with two or more of the following:
      - Multiple out of home placements including foster homes, BHRF, BHIF, RTC, etc
      - History of disruption from a foster home due to behaviors
      - One or more hospitalizations due to behavioral health condition(s) in the last year

- Chronic patterns of suspensions from school, daycare, or day programming
- Adoption disruption or potential adoption disruption
- Significant trauma history or trauma-related diagnosis
- Placed or at risk of placement in a congregate care setting
- At risk of placement disruption due to behaviors requiring a higher level of supervision
- Identification as a potential victim of trafficking
- Crimin justice involvement
- Co-occurring developmental disability
- At risk of being removed from their home by Department of Child Safety due to behavioral concerns

- Evidence of moderate functional and/or psychosocial impairment as indicated by the CALOCUS/ECSII score and/or other clinical indications due to the behavioral health condition.
  - The behavioral health assessment and ISP requires BHP review and signature and demonstrates:
    - The identified impairment(s) has not or cannot reasonably be expected to improve to less intensive level of care or
    - Could improve with appropriate community-based treatment but treatment is not available and therefore warranting a more intensive level of care
- Member does not require or meet clinical criteria for a higher level

- <u>Continued Stay Clinical Criteria:</u>
  - Ongoing concurrent reviews will be conducted for continued stay. Continued stay medically necessary criteria includes:
    - Recent assessment [CALOCUS/ECSII] indicating the member has been diagnosed with a behavioral health condition and indicates symptoms and behaviors to be treated,
    - CFT expectation that TFC will improve the member's condition so that this service will no longer be needed,
    - Continued member demonstration of moderate functional and/or psychosocial impairment because of the behavioral health condition as evidenced by

- CALOCUS/ECSII score and other clinical indicators.
    - The identified impairment(s) has not or cannot reasonably be expected to improve to less intensive level of care or
    - Could improve with appropriate community-based treatment but treatment is not available and therefore warranting a more intensive level of care
  - Member does not require or meet clinical criteria for higher level of care

- <u>Discharge Criteria:</u>
  - The member demonstrates sufficient symptom and/or behavior relief as evidenced by the completion of TFC treatment goals,
  - Improvement of the member's functional capacity as evidenced by CALOCUS/ECSII score and/or other identified clinical indicators,
  - The CFT identifies:
    - The member can be cared for appropriately and safely in a less restrictive level of care,
    - Appropriate services, providers, and supports are available at the identified less restrictive level of care to meet the member's current behavioral health needs
  - No evidence that ongoing admission at the TFC level of care is warranted to improve the member's condition/clinical outcome,
  - Potential risk identified that continued stay in TFC may precipitate regression or decompensation, or
  - Current assessment(s) of member's needs, symptoms, behaviors by the CFT has established that continued stay in TFC is no longer adequate to provide for member's safety and treatment and therefore a higher level of care is necessary

- <u>Provider Assessments:</u>
  - CALOCUS/ECSII: Approved instrument that assesses for member service intensity needs. The instrument consists of six dimensions. The instrument is to be completed in collaboration with the child, family, and team.
  - Behavioral Health Assessments: An assessment shall include an evaluation of the member's:

  - Presenting concern(s)
  - Information on strengths and needs of the member and their family
  - Current and past behavioral health treatment
  - Current and past medical conditions and treatment
  - History of physical, emotional, psychological, or sexual trauma at any stage of life (if applicable)
  - History of other types of trauma
  - Current and past substance use related disorders (if applicable)
  - Social Determinants of Health (SDOH) or Health Related Social Needs (HRSN):
    - Living environment
    - Educational and vocational training
    - Employment
    - Interpersonal, social, and cultural skills
  - Developmental history
  - Criminal justice history
  - Public and private/natural resources
  - Legal status (presence or absence of a Health Care Decision Maker) and apparent capacity (ability to make decisions or complete daily living activities)
  - Need for special assistance
  - Language and communication capabilities
- Additional required components of the assessment:
  - Risk assessment of the member
  - Mental status examination of the member
  - Summary of clinician's impressions and observations
  - Recommendations for next steps
  - Diagnostic impressions of the qualified clinician
  - Identification of the need for further or specialty evaluation(s)
  - Other information that is determined to be relevant
- Optional assessment components:
  - Psychiatric evaluation
  - Psychological evaluation
  - Specific need standardized assessments