



Treatment Foster Care-Case Management (TFC-CM)

TFC Overview provided by Clinical and
Quality teams
Quarter 1 2016

After today's training you will be able to:

- Determine DMAS Medical Necessity Criteria (MNC) for this level of care and the targeted member population for this level of care
- Demonstrate a better understanding of the DMAS Psychiatric Services Provider Manual Chapter IV
- Identify and Summarize regulations associated with this level of care
 - Case Management for Foster Care Children (Regulation 12VAC30-50-480)
 - Utilization Review of Treatment Foster Care (TFC) Case Management Services (Regulation 12VAC30-60-170)
 - Family assessment and planning team (FAPT) (Code of Virginia 2.2-5207)
- Have adequate knowledge about the Service Authorization Requests (SRA) submission requirements for TFC-CM

What is Treatment Foster Care Case Management?

- Case management services are a component of services provided to children who are in treatment foster care settings.
- Treatment foster care is different than regular foster care and the parents have been specially trained to deal with children with emotional disturbances.
- A treatment foster care case manager provides treatment planning, monitors the care plan, and links the member to other community resources as necessary to address the special identified needs of the member.
- Services to the members shall be delivered primarily by treatment foster parents who are trained, supervised, and supported by professional child-placing agency staff. TFC-CM focuses on a continuity of services that is goal-directed and results-oriented.

What is Treatment Foster Care Case Management?

continued

- Treatment Foster Care Case Management is a non-traditional service which is covered through Magellan.
- All traditional behavioral healthcare services are covered through the MCO.

What is the target population for this level of care?

To meet criteria for TFC, members must meet all three of the following conditions.

- Children in foster care under the age of 21
- Children experiencing a behavioral disorder or emotional disturbance
- A FAPT referral
 - The FAPT is a multidisciplinary team that considers the needs and strengths of youths and families, identifies and reviews the service plan, and makes recommendations to ensure the plan builds on the family's strengths and needs.
 - The FAPT consists of parent representatives, private providers, and staff from the Department of Human Services (DHS) (includes behavioral health, health and social services), court service units and schools.

Psychiatric Services Provider Manual for Treatment Foster Care Case Management (TFC) Chapter IV

•Duties as a TFC Case Manager

- Perform a periodic assessment to determine the member's needs for psychosocial, nutritional, medical, and educational services
- Develop individualized treatment and service plans to describe the services and resources needed to meet the needs of the member and to help access those services and resources
- Coordinate services and service planning with other agencies and providers involved with the member including the FAPT
- Refer the member to services and support specified in the individualized treatment and service plans
- Directly assist the child to locate or obtain needed services and resources
- Follow up and monitor ongoing progress in each case to ensure services are delivered by continually evaluating and reviewing each member's Plan of Care

•Case Load Size

- Shall have a maximum of 12 individuals
- Reference the manual for exceptions

Psychiatric Services Provider Manual for Treatment Foster Care Case Management (TFC) Chapter IV continued

- Initial Plan of Care (IPOC)

- The initial plan of care delineates the services that are to be provided to the individual at admission. This document must be completed within **14 calendar days** of the placement or be subject to retraction until completed.

- Treatment and Service Plans

- The TFC-CM provider shall prepare and implement an individualized comprehensive plan (CPOC) for each member in its care. When available, the birth parents shall be consulted unless parental rights have been terminated. If birth parents cannot be consulted, the agency shall document the reason in the member's record.

- Progress Reports and Ongoing Service Plans

- The TFC case manager shall complete written progress reports beginning 90 calendar days after the date of the member's placement and every 90 calendar days thereafter.

Psychiatric Services Provider Manual for Treatment Foster Care Case Management (TFC) Chapter IV continued

•Contacts with the Child in TFC-CM

- Face to face contacts to ensure member is receiving safe and effective services
- Face-to-face contacts shall be no less than twice a month, one with member, and one with member and treatment foster parent. Both cannot occur on same day
- Contacts should include discussing progress, supporting treatment foster parent, monitoring service delivery, and address any concerns
- A description of all contacts shall be documented in the narrative
- Members who are able to communicate shall be interviewed privately at least once a month
- The TFC case manager shall record all medications prescribed for each member and all reported side effects or adverse reactions

•Record Documentation

Psychiatric Services Provider Manual for Treatment Foster Care Case Management (TFC) Chapter IV continued

Medical Necessity Criteria (MNC) for TFC

Level I: Moderate impairment with one or more of the following moderate risk factors as documented on the CANS:

- (1) Needs intensive supervision to prevent harmful consequences;
- (2) Moderate/frequent disruptive or non-compliant behaviors in home setting that increase the risk to self or others; or
- (3) Needs assistance of trained professionals as caregivers.

Level II: The member must display a significant impairment with problems with authority, impulsivity, and caregiver issues as documented on the CANS. For example, the member must:

- (1) Be unable to handle the emotional demands of family living;
- (2) Need 24-hour immediate response to crisis behaviors; or
- (3) Have severe disruptive peer and authority interactions that increase risk and impede growth.

Level III: The member must display a significant impairment with severe risk factors as documented on the CANS. The member must demonstrate risk behaviors that create significant risk of harm to self or others.

Utilization Review of Treatment Foster Care (TFC) Case Management Services

Please reference 12VAC30-60-170 Utilization Review of Treatment Foster Care (TFC) Case Management Services for more information about the following areas:

- Service description and provider qualification
- Utilization control (assessment, qualified assessors, preauthorization, and medical necessity criteria)
- Non-covered services
- Regulation can be found at:

<http://law.lis.virginia.gov/admincode/title12/agency30/chapter60/section170>

Code of Virginia 2.2-5207

Code of Virginia 2.2-5207 will address Family assessment and planning team; membership; immunity from liability

Team member should represent the following:

- Community Services Board
- Juvenile Court Services Unit
- Department of Social Services
- Local school division
- Parent representative
- Department of Health (optional)
- Private organization/association for children's or family services (optional)

•Full code description can be found at:

<http://law.lis.virginia.gov/vacode/title2.2/chapter52/section2.2-5207/>

Case Management for Foster Care Children

Please reference 12VAC30-50-480 Case Management for Foster Care Children for more information on the following topics:

- Target group for services
- Definition of services
- Provider participation
- Freedom of choice
- Payment for case management services

This regulation can be found at:

<http://law.lis.virginia.gov/admincode/title12/agency30/chapter50/section480>

Service Authorization Requests to Magellan

- Initial Authorization please submit:
 - Individualized plan of care (IPOC)
 - Child and Adolescent Needs and Strengths Assessment (CANS)
 - Family Assessment and Planning Team (FAPT) assessment/documentation with a minimum of 3 FAPT treatment team members' signatures

- Submission Timeframe: provider can submit member information for review 30 days prior to desired start date, or up to 10 business days after the member is admitted to the agency for services

- Authorization length: if a member meets MNC, member **could** be authorized for up to 1 year

When submitting a Service Request Authorization (SRA) include:

- A completed state-designated uniform assessment instrument such as the Child and Adolescent Needs and Strengths assessment (CANS)
- Diagnosis
- Description of child's immediate behaviors prior to admission
- Child's functional level
- Clinical stability
- The level of family support
- Initial plan of care
- One of the following
 - Written documentation that the Community Planning and Management Team (CPMT) has approved the admission to treatment foster care
 - Certification by the FAPT that TFC case management is medically necessary

SRA Elements you will see on Magellan Health Care Form

Initial Review Submission form will include the following:

- 1) Intake (questions 1-4)
- 2) Coordination of Care (questions 5-9)
- 3) Clinical (questions 10-20)

Continued Stay Review Submission form will include the following:

- 1) Intake (questions 1-4)
- 2) Coordination of Care (question 5-9)
- 3) Clinical (questions 10-16)

Confidentiality Statement for Educational Presentations

By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.

The information contained in this presentation is intended for educational purposes only and is not intended to define a standard of care or exclusive course of treatment, nor be a substitute for treatment.

The information contained in this presentation is intended for educational purposes only and should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.

Confidentiality Statement for Providers

The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Magellan members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.

The information contained in this presentation is intended for educational purposes only and should not be considered legal advice. Recipients are encouraged to obtain legal guidance from their own legal advisors.

Thank You

