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3 **320-W THERAPEUTIC FOSTER CARE FOR CHILDREN**
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5 ~~EFFECTIVE DATE: March 24, 2021~~

6 ~~REFERENCES: A.R.S. §8-451, A.R.S. Title 8, Chapter 4, A.A.C. R9-10-101,~~
7 ~~A.R.S. Title 14, Chapter 5, Article 2 or 3, and A.R.S. §§ 514.05, 36-3221,~~
8 ~~36-3231 or 36-3281, ACOM Policy 414 and ACOM Policy 415, Attachment G.~~

9 REVISION DATE: (TDB)

10 EFFECTIVE DATE: March 24, 2021

11 REFERENCES: A.R.S. Title 14, Chapter 5, Article 2 or 3; A.R.S. §§ 8-451.01,
12 8-514.05, 36-3221, 36-3231 or 36-3281; A.A.C. R9-10-101; ACOM Policy
13 414

14 ~~A.R.S. § 8-451, A.R.S. Title 8, Chapter 4, A.A.C. R9-10-101, A.R.S. Title 14,~~
15 ~~Chapter 5, Article 2 or 3, and A.R.S. §§ 514.05, 36-3221, 36-3231 or~~
16 ~~36-3281, ACOM Policy 414~~

17 **PURPOSE**

18 ~~This policy establishes requirements for the provision of care and services~~
19 ~~to members in Therapeutic Foster Care (TFC) enrolled in a DDD Health~~
20 ~~Plan.~~

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23 **PURPOSE**
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25 This policy applies to the Division of Developmental Disabilities (Division)
26 Administrative Services Subcontractors (AdSS) and. ~~The purpose of this~~
27 ~~policy is to~~ establishes requirements for the provision of Therapeutic Foster
28 Ceare (TFC) and services provided to eligible Division Members ~~receiving~~
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30 Therapeutic Foster Care (TFC) services enrolled in a Division subcontracted
31 health plan.
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34 **DEFINITIONS**

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1. "Agency Worker" means a Therapeutic Foster Care Agency Worker that
37 meets the minimum qualifications at the level of Behavioral Health
38 Technician with a minimum of one year of experience in a human
39 services field.

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2. "AHCCCS" means the Arizona Health Care Cost Containment System.

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3. "Arizona Department of Child Safety" means the department
43 established pursuant to A.R.S. § 8-451 to protect children and to
44 perform the following:

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a. Investigate reports of abuse and neglect.

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b. Assess, promote, and support the safety of a child in a safe and
48 stable family or other appropriate placement in response to
49 allegations of abuse or neglect.

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c. Work cooperatively with law enforcement regarding reports that
51 include criminal conduct allegations.

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d. Without compromising child safety, coordinate services to
53 achieve and maintain permanency on behalf of the child,
54 strengthening the family and provide prevention, intervention,
55 and treatment services pursuant to A.R.S. Title 8, Chapter 4.

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4. "Behavioral Health Professional" means:

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58 a. An individual licensed under A.R.S. Title 32, Chapter 33, whose
59 scope of practice allows the individual to:

60 i. Independently engage in the practice of behavioral health
61 as defined in A.R.S. § 32-3251; or

62 ii. Except for a licensed substance abuse technician, engage
63 in the practice of behavioral health as defined in A.R.S. §
64 32-3251 under direct supervision as defined in A.A.C.

65 R4-6-10;

66 b. A psychiatrist as defined in A.R.S. § 36-501;

67 c. A psychologist as defined in A.R.S. § 32-2061;

68 d. A physician;

69 e. A behavior analyst as defined in A.R.S. § 32-2091;

70 f. A registered nurse practitioner licensed as an adult psychiatric
71 and mental health nurse; or ~~and~~

72 g. A registered nurse with a psychiatric-mental health nursing
73 certification or one year of experience providing behavioral
74 health services.
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80 5. "Behavioral Health Technician" means an individual who is not a
81 Behavioral Health Professional, who provides behavioral health
82 services at or for a health care institution, according to the health care

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institution's policies and procedures, and with clinical oversight by a

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Behavioral Health Professional, that if provided in a setting other than

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a health care institution would require the individual to be licensed as

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a Behavioral Health Professional under A.R.S Title 32, Chapter 33.

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6. "Caregiver" means an adult who is providing for the physical,

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emotional, and social needs of a child .

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7. "Child and Family Team" ~~(CFT)~~ means a defined group of individuals

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that includes the child and their family, a behavioral health provider,

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and any individuals important in the child's life that are identified and

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invited by the child and family to participate.

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8. "Crisis Plan" means a written plan established by the Member that is

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designed to prevent or reduce the effects of a behavioral health crisis.

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This plan identifies what is or is not helpful in crisis prevention through

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the identification of contacts and resources, and actions to be taken by

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the Member, family, Responsible Person, parents, guardians, friends, or

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others.

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9. "Immediate Jeopardy" means a situation in which the provider's

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noncompliance with one or more requirements of participation has

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caused, or is likely to cause, serious injury, harm, impairment, or

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death to a member.

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105 10. "Service Plan" means a comprehensive written description of all
106 covered health services and other informal supports which includes
107 individualized goals, family support services, care coordination
108 activities and strategies to assist the Member in achieving an improved
109 quality of life. The Service Plan is created and managed by the CFT. It
110 is a dynamic document that is regularly updated to adequately match
111 the strengths and needs of the Member and family.

112 11. "Member" means the same as "Client" as defined in A.R.S. § 36-551.

113 12. "Respite Care" means short-term relief for primary caregivers.

114 13. "Responsible Person" means the parent or guardian of a minor with a
115 developmental disability, the guardian of an adult with a
116 developmental disability or an adult with a developmental disability
117 who is a Member or an applicant for whom no guardian has been
118 appointed.

119 14. "Telemedicine" means the practice of synchronous (real-time) health
120 care delivery, diagnosis, consultation, and treatment and the transfer
121 of medical data through interactive audio and video communications
122 that occur in the physical presence of the member.

123 15. "Therapeutic Foster Care" means a covered behavioral health service
124 that provides daily behavioral interventions within a licensed family
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128 setting and is designed to maximize the Member's ability to live and
129 participate in the community and to function independently, including
130 assistance in the self-administration of medication and any ancillary
131 services indicated by the Member's comprehensive Service Plan, as
132 appropriate.

133 16. "Therapeutic Foster Care Agency Provider" means a TFC agency
134 provider credentialed by a Managed Care Organization to oversee
135 professional TFC Family Providers and holds contracts with pertinent
136 health plans or the Department of Child Safety to provide TFC services
137 to children.

138 17. "Therapeutic Foster Care Family Provider" means specially trained
139 adult(s) in a family unit licensed by the Department of Child Safety
140 and endorsed to provide TFC services to children. ~~Also known as TFC~~
141 ~~Parent(s).~~

142 18. "Therapeutic Foster Care Treatment Plan" means a written plan that
143 details the specific behavioral goals that the TFC Family and TFC
144 Agency Providers will help the Member achieve during the Member's
145 time in TFC. These TFC treatment goals are explicit, observable,
146 attainable, tailored to the Member's strengths and needs, and align
147 with the comprehensive Service Plan of the CFT. The TFC Treatment

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149 Plan outlines the steps the TFC Family and TFC Agency Providers will
150 implement to help the Member attain the TFC treatment goals and
151 successful discharge from TFC.

152 **POLICY**

153 ~~TFC is a covered behavioral health service that provides daily behavioral~~
154 ~~interventions within a licensed family setting. This service is designed to maximize~~
155 ~~the member's ability to live and participate in the community and to function~~
156 ~~independently, including assistance in the self-administration of medication and~~
157 ~~any ancillary services (such as living skills and health promotion) indicated by the~~
158 ~~member's ISP as appropriate.~~

159 ~~Programmatic support is available to the TFC family providers 24 hours per day,~~
160 ~~seven days per week. Care and services provided in TFC are based on a per diem~~
161 ~~rate (24-hour day), require prior and continued authorization, and do not include~~
162 ~~room and board. The AdSS shall refer to AdSS Operations ACOM Policy 414 for~~
163 ~~information on timeframes and requirements regarding prior authorizations.~~

164 ~~TFC service can only be provided for no more than three children in a Professional~~
165 ~~Foster Home.~~

166 ~~The AdSS and TFC agency providers shall ensure appropriate notification is sent to~~
167 ~~the Primary Care Provider (PCP) and Behavioral Health~~
168 ~~Home/Agency/TRBHA/Tribal ALTCS program upon intake/admission to, and~~
169 ~~discharge from TFC.~~

170 ~~The AdSS, TFC family providers and TFC agency providers shall adhere to DCS~~
171 ~~policies and procedures for children involved with DCS.~~

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173 **POLICY**

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175 **A. THERAPEUTIC FOSTER CARE**

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177 1. The AdSS shall ensure ~~and~~ TFC Agency Providers ~~to~~ shall adhere
178 to the following requirements:

179 a. Programmatic support is available to the TFC Family
180 Providers 24 hours per day, seven days per week.

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183 b. Care and services provided in TFC:
184 i. Are based on a 24-hour day per diem rate;
185 ii. Require prior and continued authorization; and
186 iii. Do not include room and board.
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189 c. TFC services are provided for no more than three children
190 in a professional foster home. ~~(Arizona State Plan for~~
191 ~~Medicaid)~~:-
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194 2. The AdSS shall ensure appropriate notification is sent to the
195 primary care provider and behavioral health home agency or
196 TRBHA, as applicable, upon admission to and discharge from
197 TFC.
198 3. The AdSS shall ensure TFC Family Providers and TFC Agency
199 Providers shall adhere to the Department of Child Safety (DCS)
200 policies and procedures for children involved with DCS.

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202 ~~CRITERIA FOR ADMISSION~~

203 ~~AdSS shall develop admission criteria for medical necessity which, at a minimum, —~~
204 ~~includes the below elements. AdSS shall submit admission criteria to the Division — for~~
205 ~~approval, as specified in their contract with the Division, and publish the — approved~~
206 ~~criteria on AdSS website.~~

- 207 1. ~~Criteria for Admission:~~
208 a. ~~The recommendation for TFC shall come through the CFT process.~~
209 b. ~~Following an Assessment by a licensed Behavioral Health Professional~~
210 ~~(BHP), the member has been diagnosed with a behavioral health~~
211 ~~condition, which reflects the symptoms and behaviors necessary for a~~

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~~request for TFC.~~

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~~e. As a result of the behavioral health condition, there is evidence that the member has recently (within the past 90 days) had a disturbance of mood, thought or behavior that renders the member incapable of independent or age appropriate self care or self regulation. This moderate functional and/or psychosocial impairment per Assessment by a BHP:~~

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~~i. Cannot be reasonably expected to improve in response to a less intensive level of care, and~~

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~~ii. Does not require or meet clinical criteria for a higher level of care, or~~

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~~i. Demonstrates that appropriate treatment in a less restrictive environment has not been successful or is not available, therefore warranting a higher level of care.~~

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~~d. At time of admission to TFC, in participation of health care decision maker and all stakeholders, there are documented plans for discharge and transition which includes:~~

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~~ii. Tentative disposition/living arrangement identified, and~~

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~~iii. Recommendations for aftercare treatment based upon treatment goals.~~

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B. CRITERIA FOR ADMISSION

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1. The AdSS shall develop medical necessity criteria for admission to TFC, and submit to the Division for approval, that contains the following elements:

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- a. Recommendation for TFC comes through the Child and Family Team (CFT) process.

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- b. Following an assessment by a licensed Behavioral Health

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Professional (BHP), the Member has been diagnosed with a

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behavioral health condition that reflects the symptoms and behaviors necessary to warrant a request for TFC.

c. There is evidence that the Member has had a disturbance of mood, thought, or behavior within the past 90 days that renders the Member incapable of independent or age-appropriate self-care or self-regulation as a result of the Behavioral Health Condition, and that this moderate functional or psychosocial impairment, per assessment by a BHP:

i. Cannot be reasonably expected to improve in response to a less intensive level of care; and

ii. Does not require or meet clinical criteria for a higher level of care; or

iii. Demonstrates that appropriate treatment in a less restrictive environment has not been successful or is not available, therefore warranting a higher level of care.

d. At the time of admission, in collaboration with the CFT and other individuals as applicable, there are documented

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plans for discharge and transition that identifies:

- i. Tentative living arrangement, and
- ii. Recommendations for aftercare treatment based on treatment goals.

Exclusionary Criteria

Admission to TFC shall not be used as a substitute for the following:

- ~~II. An alternative to detention or incarceration.~~
- ~~III. Ensuring community safety in an individual exhibiting primarily conduct disorder behaviors.~~
- ~~IV. Providing safe housing, shelter, supervision, or permanency placement.~~
- ~~V. As an alternative to parents'/health care decision makers' or other agencies' capacity to provide for the member.~~
- ~~VI. A behavioral health intervention when other less restrictive alternatives are available and meet the member's treatment needs, including situations when the member/health care decision maker is unwilling to participate in the less restrictive alternative, or an intervention for member runaway behaviors unrelated to a behavioral health condition.~~

B. EXCLUSIONARY CRITERIA

- 1. The AdSS shall not allow admission to TFC to be used as a substitute for the following:
 - a. Detention or incarceration;
 - b. Ensuring community safety in an individual exhibiting primarily conduct disorder behaviors;

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c. Providing safe housing, shelter, supervision, or
permanency placement;

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d. The Responsible Person's capacity or other agency's
capacity to provide for the Member; or

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e. A behavioral health intervention when other less restrictive
alternatives are available and meet the Member's
treatment needs, including when the Member or
Responsible Person is unwilling to participate in the less
restrictive alternative.

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C. EXPECTED TREATMENT OUTCOMES

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1. ~~Treatment outcomes shall align with: The AdSSTFC Agency Providers~~
shall require ~~align~~ treatment outcomes to align with:

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a. The Arizona Vision-12 Principles for Children's Behavioral
Health Service Delivery as specified in AMPM Policy 100;
and

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b. The Member's individualized physical, behavioral, and
developmentally appropriate needs.

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2. ~~Treatment goals for the member's time in TFC shall be: The AdSSTFC~~

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318 ~~Agency Provider~~ shall ~~require~~ ~~ensure~~ that the treatment goals for
319 ~~the~~ Member's time in TFC are as follows ~~are~~:

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321 a. Specific to the Member's behavioral health condition that
322 warranted treatment;

323 b. Measurable and achievable;

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325 c. Cannot be met in a less restrictive environment;

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327 d. Based on the Member's unique needs;

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329 e. Include input from the Member's family, Responsible
330 Person, and other designated representatives where
331 applicable; and

332 f. Support the Member's improved or sustained functioning
333 and integration into the community.

334 3. ~~Active treatment with the services available at this level of care can~~
335 ~~reasonably be expected to:~~ ~~The AdSSTFC Agency Providers shall~~

336 ensure active treatment with the services available at this level
337 of care can reasonably be expected to:

338 a. Improve the Member's condition in order to achieve
339 discharge from TFC at the earliest possible time, and

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342 b. Facilitate the Member's return to primarily outpatient care
343 in a ~~non-therapeutic/non-licensed setting~~ non-therapeutic,
344 non-licensed setting.
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346 **D. CRITERIA FOR CONTINUED STAY**

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348 ~~AdSS shall develop medically necessary criteria for continued stay which, at a minimum,~~
349 ~~includes the below elements. AdSS shall submit continued stay criteria to the Division for~~
350 ~~approval, as specified in their contract with the Division and~~ publish the approved
351 ~~criteria on the AdSS website~~

352 ~~All the following shall be met:~~

- 353 1. The AdSS shall develop medical necessity criteria for continued
354 stay, and submit to the Division for approval, that contains the
355 following elements:
- 356 a. The Member continues to meet the diagnostic threshold for
357 the behavioral health condition that warranted admission
358 to TFC.
- 359 b. ~~There is an expectation that continued treatment at the TFC shall~~
360 ~~improve the member's condition so that this type of service shall no~~
361 longer be needed, and It can reasonably be expected that
362 continued treatment will improve the Member's condition
363 to the point that TFC will no longer be needed.
- 364 c. ~~The CFT is meeting at least monthly to review progress, and have~~
365 ~~revised the TFC Treatment Plan and ISP to respond to any lack of~~

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~~progress, and for members, the Caregiver to whom the member shall be transitioned after discharge from a TFC has been identified and is actively involved in the member's care/treatment, if applicable. The CFT is meeting at least monthly to review progress and revise the TFC Treatment Plan and Service Plan to respond to any lack of progress.~~

- d. The transitioning Caregiver after discharge has been identified and is actively involved in the Member's care and treatment, if applicable.
- e. The Member continues to demonstrate ~~(within the last 90 days)~~ moderate functional or psychosocial impairment within the past 90 days as a result of the behavioral health condition, as identified through disturbances of mood, thought, or behavior, which substantially impairs independent or age-appropriate self-care or self-regulation.
- f. Active treatment is reducing the severity of disturbances of mood, thought, or behaviors that were identified as reasons for admission to TFC, and treatment is empowering the Member to gain skills to successfully

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function in the community.

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E. CRITERIA FOR DISCHARGE

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1. The AdSS shall develop medical necessity criteria for discharge

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from TFC, ~~settings which, at a minimum, includes the below elements.~~

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~~AdSS shall submit discharge criteria to the Division for approval, as specified~~

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~~in their contract with the Division, and publish the approved criteria on the~~

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~~AdSS website. Sufficient symptom or behavior relief is achieved as evidenced~~

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~~by completion of the TFC treatment goals and submit to the Division for~~

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approval, that contains the following elements:

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- a. Sufficient symptom or behavior relief is achieved as

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evidenced by completion of the TFC treatment goals.

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- b. The Member's functional capacity is improved and the

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Member can be safely cared for in a less restrictive level

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of care.

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- c. The Member can participate in ~~needed monitoring~~

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age-appropriate self-monitoring and follow-up services or a

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Caregiver is available to provide monitoring in a less

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restrictive level of care.

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- d. Appropriate services, providers, and supports are available

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415 to meet the Member's current behavioral health needs at a
416 less restrictive level of care.
- 417 e. There is no evidence to indicate that continued treatment
418 in TFC would improve the Member's clinical outcome.
- 419 f. There is potential risk that continued stay in TFC may
420 precipitate regression or decompensation of the Member's
421 condition.
- 422 g. A current clinical assessment of the Member's symptoms,
423 behaviors, and treatment needs has been reviewed by the
424 CFT and has established that continued care in a TFC
425 setting is no longer adequate to provide for the safety and
426 treatment. The CFT will then discuss if a higher level of care is
427 necessary.

428 **G. DISCHARGE PLANNING PROGRAM REQUIREMENTS**

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430 1. ~~Discharge planning details shall be included in the TFC Treatment Plan~~
431 ~~and be updated monthly. Discharge plans shall be completed using the~~
432 ~~approved standardized criteria across all providers. The CFT shall review and~~
433 ~~approve the plans as their support is required to successfully implement the~~
434 ~~details:~~
- 435 a. ~~Discharge planning is considered the successful completion of~~
436 ~~treatment goals such that sustainable transition into a less restrictive~~
437 ~~setting is possible:~~
- 438 i. ~~Discharge planning shall be developed as part of the TFC~~

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- ~~Treatment Plan and shall be in alignment with the ISP,~~
- ~~ii. The Discharge Plan shall include identification of and consistent work with Health Care Decision Maker(s), and~~
 - ~~iii. The TFC team shall continue to plan for discharge from the TFC family provider as soon as an appropriate lower level of community based care is identified.~~
- b. ~~Successful discharge planning for TFC shall include engagement of receiving Caregiver(s) to participate in transitional visits. It is important to understand the needs of the receiving Caregiver(s), and to provide them the appropriate coaching and mentorship, and~~
 - c. ~~In the event that the member has not been successful in TFC and the decision is made to move the member to a higher level of care, the TFC family provider and TFC agency provider in collaboration with the CFT will work to make this transition as seamless as possible~~
1. The AdSS shall require and TFC Agency Providers shall adhere to the following discharge planning program requirements:
- a. Discharge planning details are included in the TFC Treatment Plan, updated monthly, and align with the Service Plan.
 - b. Discharge plans are completed using the approved standardized criteria.
 - c. Discharge plans include identification of and consistent work with Responsible Persons, if applicable.
 - d. The TFC team continues to plan for discharge as soon as an appropriate lower level of community-based care is identified.

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e. Successful discharge planning includes engagement of the receiving caregiver to participate in transitional visits.

f. The TFC team assesses the needs of the receiving caregiver and provides the appropriate coaching and mentorship.

g. The CFT shall review and approve the discharge plans to ensure successful implementation of discharge planning details such that sustainable transition into a less restrictive setting is possible.

h. If a member has not been successful in TFC and a decision is made to move the Member to a higher level of care, the TFC Family Provider and TFC Agency Provider shall work in collaboration with the CFT to make the transition as seamless as possible.

H. TREATMENT PLANNING PROGRAM REQUIREMENTS

The TFC Treatment Plan shall:

~~a. Be developed in conjunction with the CFT,~~

1. The AdSS shall require the TFC Agency Provider to ~~shall~~ ensure the TFC Treatment Plan includes:

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- a. ~~Development is developed~~ in conjunction with the CFT; ~~;~~
 - b. ~~Describes~~ Strategies to address TFC Family Provider needs and successful transition for the Member to begin service with the TFC Family Provider, including pre-service visits, when appropriate, as well as respite planning; ~~;~~
 - c. Complementings and not conflictings with the ISP Service Plan and other defined treatments, and ~~includes~~ reference to the Member's:
 - i. Current physical, emotional, behavioral health, and developmental needs;
 - ii. Current educational placement and needs;
 - iii. Current medical treatment;
 - iv. Current behavioral treatment through other providers; and
 - v. Current prescribed medications.
 - d. ~~Updating~~es Member's current Crisis Plan in alignment with the TFC setting; ~~;~~
 - e. ~~Addressing~~es safety, social and emotional well-being, discharge criteria, acknowledgement of Member's

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permanency objectives and post-discharge services; and

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f. ~~Includes~~ Short-term, proactive treatment goals that are

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measurable, time-limited, and in keeping with the Service

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Plan.

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g. When age and developmentally appropriate, ~~includes~~ youth

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and biological family, kinship family, and adoptive family

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participation in development of the TFC Treatment Plan is

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required; and

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h. ~~Includes~~ Specific elements that build on the Member's

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strengths, while also promoting pro-social, adaptive

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behaviors, interpersonal skills and relationships,

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community, family and cultural connections, self-care, daily

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living skills, and educational achievement; and

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i. ~~Includes~~ Specifics to coordinate with natural supports

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and informal networks as a part of treatment.

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j. ~~If the TFC Treatment Plan includes co-parenting engagement with the member's caregiver(s), specific goals shall be developed to prepare the receiving caregiver(s) and successfully transition the member to the new placement.~~

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J. If the TFC Treatment Plan includes co-parenting

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548 engagement with the Member's Caregiver, ~~includes~~
549 development of specific goals to prepare the receiving
550 Caregiver and successfully transition the Member to the
551 new placement; ~~;~~
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553 k. ~~Includes~~ Plans for engagement of the Member's biological
554 family, kinship family, adoptive family and/ or transition
555 foster family, and other natural supports that can support
556 the Member during TFC placement and after transition; ~~;~~
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558 l. ~~Includes~~ Respite planning; ~~;~~
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560 m. ~~Be~~ Reviewed by:
561 i. The TFC Family Provider and TFC Agency Provider at
562 each home visit;
563 ii. The TFC Agency Provider and clinical supervisor at
564 each staffing; and
565 iii. The TFC Agency Provider and CFT at each revision or
566 at a minimum quarterly.
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568 n. ~~Include~~ documentation of the TFC Treatment Plan which shall be kept
569 by the TFC family provider and the TFC agency provider and shared

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572 ~~with the CFT. Includes d~~ Documentation of the TFC Treatment
573 Plan which is kept by the TFC Family Provider and the TFC
574 Agency Provider, and shared with the CFT.

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576 ~~For aftercare planning for DCS involved members, the TFC family provider may be~~
577 ~~the discharge placement. In such cases where the TFC family provider is the discharge~~
578 ~~placement, DCS foster care rates, policies and procedures apply. Licensing agencies shall~~
579 ~~coordinate these actions through the CFT and DCS as they are not governed by this Policy.~~
580 ~~Ongoing appropriate and approved relationship and communication with the TFC family~~
581 ~~provider after discharge is encouraged. This is determined with Health Care Decision Maker~~
582 ~~approval and in the best interest of the member.~~
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584 **I. THERAPEUTIC FOSTER CARE ROLES, RESPONSIBILITIES AND**
585 **QUALIFICATIONS**

- 586 1. ~~The TFC family provider will be licensed through DCS and will not require~~
587 ~~AHCCCS credentialing.~~
- 588 2. ~~The TFC agency provider will require credentialing with the AdSS.~~
- 589 3. ~~The TFC agency provider plays a critical role in providing clinical~~
590 ~~supports to the TFC family provider as they meet the daily needs of the~~
591 ~~member. These services include but are not limited to:~~
- 592 a. ~~Ensuring TFC family provider(s) comply with all state and~~
593 ~~local licensing requirements including application, training, life~~
594 ~~safety inspections, and administrative requirements,~~
 - 595 b. ~~Submission of deliverables,~~
 - 596 c. ~~During initial six weeks of placement, the TFC agency~~
597 ~~provider shall conduct one home visit per week; these visits~~
598 ~~may occur in person or via telemedicine (i.e. interactive~~
599 ~~audio/video communications). For continued stay beyond~~
600 ~~the initial six~~

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~~weeks, the TFC agency provider shall conduct a minimum of two home visits per month, (or more frequently as needed) with supporting documentation of each visit, including:~~

1. ~~The AdSS TFC Agency Providers shall be credentialed TFC Agency Providers. by the Division or a Division Administrative Services Subcontractor.~~
2. The AdSS shall require that the TFC Agency Providers do the following ~~shall~~:
 - a. Ensure TFC Family Providers comply with all applicable state and local licensing requirements, including application, training, life safety inspections, and administrative requirements.
 - b. Ensure submission of deliverables.
 - c. Conduct one home visit per week during the initial six weeks of placement; these visits may be in person or Telemedicine.
 - d. Conduct a minimum of two home visits per month for continued stay beyond the initial six weeks of placement, with supporting documentation of each visit, ~~that~~ includinges:

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- i. Review of the TFC Treatment Plan with the TFC
630 Family Provider;
 - 631 ii. Review case files and required documentation; and
632
633 iii. Check medical records and medication logs.
 - 634 e. Complete all AHCCCS required group biller requirements.
635
 - 636 f. Conduct TFC Family Provider recruitment to maintain and
637 increase the number of providers that can meet the needs
638 of Members receiving placed in TFC services.
639
 - 640 g. Conduct ongoing training per state licensing rule that
641 develops the skills of TFC Family Providers to enable them
642 to meet the needs of Members.
643
- 644 3. ~~The TFC agency provider shall:~~The AdSS shall require TFC
645 Agency Providers ~~shall~~ to have staff to operate resource teams to
646 support the TFC Family Provider as follows:
- 647 a. Beginning at the level of the Agency Worker, extending to
648 the clinical supervisor;
 - 649 b. Provide oversight by one or more independently licensed
650 BHPs;

- 651
652
653 c. Work in concert, applying the ~~their~~ specialized skills and
654 knowledge for service planning, training, and support of
655 direct service providers and the CFT; and
- 656 d. Each member of the team shall have in-depth familiarity
657 with the strengths and needs of the TFC Family Provider
658 in order to be effective resources ~~to them~~ in the provision
659 of care, developing training plans, and assisting in
660 matching Members to service environments.
- 661 4. ~~Have a documented agency crisis response policy. This shall include~~The
662 AdSS shall require TFC Agency Providers ~~shall~~ to have a
663 documented agency crisis response policy that specifies:
- 664 a. Supervisor's availability and the use of crisis response
665 provider to augment hours of availability;
- 666 b. The TFC Agency Provider fulfilling the role of first-line
667 support for the TFC Family Provider and Member during
668 times of crisis;
- 669 c. Access to a TFC Agency Provider ~~and/or~~ or appropriate
670 agency staff ~~shall be on a 24/7 basis available~~ ~~basis available~~ 24
671

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673
674 hours a day, seven days a week; and

675
676 d. ~~Ensuring that~~ Escalation to the appropriate TFC Agency
677 Provider's clinical leadership is available at all times.

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679 5. ~~Coordinate the TFC Treatment Plan with the ISP and incorporate TFC family~~
680 ~~provider participation in CFT meetings~~The AdSS shall require TFC
681 Agency Providers to ~~shall~~ coordinate the TFC Treatment Plan
682 with the Service Plan and incorporate the TFC Family Provider's
683 participation in CFT meetings.

684
685 6. ~~Support the TFC family provider(s) through clinical supervision available~~
686 ~~upon request and/or as TFC agency worker that identifies needs including~~
687 ~~but not limited to~~The AdSS shall require TFC Agency Providers.
688 ~~shall~~ to support the TFC Family Provider through clinical
689 supervision available upon request or as the TFC Agency Worker
690 that identifies needs, including:

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692 a. Provide training and specific skill building to enhance the
693 family's ability to stabilize behaviors and intervene as
694 challenges arise;

695 b. Facilitate respite;

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c. Attend all CFT, court, and professional meetings with or on behalf of the family; and

d. Contact between the TFC Family Provider and other caregivers in preparation for discharge.

7. The AdSS shall require the TFC Agency Providers to ~~shall~~ ensure ~~ensure~~ the following documentation, assessments, and records are updated and available:

- a. Current TFC Treatment Plan;
- b. Current Service Plan;
- c. Crisis 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,

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i. Previous placement history and outcomes; and

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j. Member and family strengths and needs, including skills,

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interests, talents, and other assists.

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8. The AdSS shall require TFC Agency Providers to have ~~The TFC~~

729

Agency Workers who are ~~shall~~:

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a. ~~Be~~ Qualified, at minimum, ~~qualified~~ at the level of

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Behavioral Health Technician with a minimum of ~~one~~ year

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of experience in a human services field.

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735

b. ~~Be~~ Supervised ~~supervised~~ by staff that possess a master's

736

degree in a behavioral health field, and licensed in the

737

state of Arizona, with a minimum of ~~two~~ years of

738

experience in a human services field.

739

740

c. ~~The~~ ~~Be~~ the primary agency representative at the CFT

741

meetings who shall:

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i. Be present to review the Service Plan,

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ii. Document progress to those plans,

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iii. Support the CFT,

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iv. Support the TFC Family Provider, and

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v. Participate in the CFT meetings.

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9. The AdSS shall require TFC Agency Providers to have Agency

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Workers responsible for the following:

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a. Lead the development of the TFC Treatment Plan with the

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TFC Family Provider and obtain clinical supervisor review.

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b. Ensure the TFC Family Provider completes full and

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accurate clinical documentation of interventions on the

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TFC Treatment Plan to demonstrate progress toward

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meeting treatment needs ~~captured to ensure full and~~ is fully

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captured and provides an accurate record of case

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progress.

763

c. Ensure the TFC Treatment Plan ~~be~~ is shared with the

764

behavioral health agency and other treating providers ~~and~~

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~~stakeholders~~ or individuals, as applicable, as part of the

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Member's Service Plan to assure care coordination.

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d. Monitor ~~Client Load~~ the number of Members assigned to a

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770 single Agency Worker. ~~(client is identified as the TFC member~~
771 ~~placed in the TFC placement)~~
- 772 i. The preferred maximum number of Members that
773 may be assigned to a single Agency Worker is 10
774 Members ~~or less.~~
- 775
776 ii. ~~The client load shall be adjusted downward if evaluation by the~~
777 ~~Supervisor deems additional time is needed for one or more~~
778 ~~assigned families/members for oversight and support~~ The
779 supervisor may lower ~~shall adjust~~ the number of
780 assigned Members to an Agency Worker ~~caseload~~
781 ~~downward~~ if additional time is needed for one or
782 more assigned families/members for oversight and
783 support.
- 784
785 e. ~~Shall have contact with the TFC member and TFC family provider~~
786 ~~minimum of once a week for the first six weeks of placement; these~~
787 ~~visits may occur in person or via telemedicine (i.e. interactive~~
788 ~~audio/video communications);~~
- 789 Have direct in-person or Ttelemedicine contact with the
790
791 TFC Member and TFC Family Provider a minimum of once
792 a week for the first six weeks of placement.
- 793 f. Have direct in-person or Telemedicine ~~Shall have~~ contact

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with the TFC Member and TFC Family Provider every other week or as needed for the remainder of the treatment, with one visit per month with the TFC Member to assess physical, emotional, and behavioral health needs are being met. ~~these visits may occur in person or via telemedicine (i.e. interactive audio/video communications),~~

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- g. Encourage coordination, collaboration, and advocacy with the educational system to support the TFC Family Provider and Member in meeting treatment and educational goals.

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J. TFC AGENCY PROVIDER SUPERVISION REQUIREMENTS

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1. The AdSS shall ensure TFC Agency Providers meet ~~shall ensure~~ the following supervision requirements ~~are met~~:

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- a. Clinical Supervision requires behavioral professional or higher, with a graduate degree in a human services field, and licensed with a minimum two years of experience. ~~.~~

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- i. Clinical supervision of TFC Agency staff that directly

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supports TFC Family Providers is ~~shall be~~ completed by a qualified clinical professional through regular direct clinical supervision.

ii. An Agency may employ a shared supervision model where administrative supervision is conducted by a non-clinical professional.

b. Administrative supervision requires a master's degree in a human services field and a minimum two years of experience.

c. Treatment planning for all TFC Family Providers is ~~is shall be~~ overseen by a qualified clinical professional as specified below:

i. ~~The~~ TFC Agency Provider shall define and document minimum frequency of TFC Treatment Plan reviews which shall occur no less than once per quarter.

ii. ~~The clinical supervisor shall have direct contact with the TFC family provider minimum once per month; these visits may occur in person or via telemedicine (i.e. interactive~~

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839
840 audio/video communications), and The clinical supervisor
841 shall have direct in-person or Telemedicine contact
842 with the TFC Family Provider at least once per
843 month.
844
845 iii. The clinical supervisor is part of the treatment team
846 and as such shall be active in the case review and
847 not solely independently solely an
848 independent reviewing the TFC Treatment Plan.
849 iv. The clinical supervisor shall participate ~~Participate~~
850 in the CFT meetings on an as-needed basis
851 depending on the progress of the TFC Treatment
852 Plan.

853 **K. TFC FAMILY PROVIDER REQUIREMENTS**

- 854
855 1. ~~The TFC family provider shall have the following qualifications:~~
856 The AdSS shall ensure TFC Family Providers meet the following
857 requirements: ~~do not require credentialing by the Division or a~~
858 ~~Division Administrative Services Subcontractor but are~~
859 ~~responsible for the following:~~

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a. Have at least ~~a minimum~~ one year of experience as an

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active licensed foster home working directly with Members

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or professional experience working directly with Members

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that have behavioral health issues or developmental

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disabilities, or both.

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b. ~~Shall adhere to the AHCCCS requirements of registration and assure~~

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~~they meet the requirements as an AHCCCS registered provider,~~

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~~and~~ Meet Adhere Meet to AHCCCS registration and

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requirements of registration as an AHCCCS registered

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provider.

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c. Complete all ~~TFC Agency Provider~~ training requirements

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and evaluations in preparation to provide TFC services

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effectively and safely to members and their families, as

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well as any ongoing training requirements as identified ~~or~~

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~~required~~ by the TFC Agency Provider in collaboration with

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the CFT.

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~~TFC family providers have the following responsibilities~~

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d. Abide by all licensing regulations as outlined in

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applicable ~~current~~ state and federal statutes for family

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foster parent licensing requirements, therapeutic level of licensure.

e. ~~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),~~

d. Provide basic parenting functions consistent with food, clothing, shelter, educational support, medical needs, transportation, teaching daily living skills, social skills, developing community activities, and supporting cultural, spiritual, and religious beliefs.

f. Provide behavioral interventions associated with ~~(e.g. anger management, crisis de-escalation, psychosocial rehabilitation, living skills training and behavioral intervention,)~~ and other behavioral interventions as needed, that aid the Member in making progress on TFC Treatment Plan goals.

g. Provide a family environment ~~that includes~~ with opportunities for:

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906 i. Familial and social interactions and activities;
907
908 ii. Use of behavioral interventions;
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910 iii. Development of age-appropriate living and
911 self-sufficiency skills; and
912 iv. Integration into a family and community-based
913 setting.
- 914 h. Meet the individualized needs of the Member in their
915 home as defined in the Member’s TFC Treatment Plan.
- 916 i. Be available to care for the Member 24 hours per day,
917 seven days a week, for the entire duration that the
918 Member is receiving out-of-home treatment services,
919 including times the Member is with respite caregivers.
- 920 j. Ensure that the Member’s needs are met when the
921 Member is in Respite Care with other TFC Family
922 Providers.
- 923 k. Participate in planning processes such as CFTs, TFC
924 discharge planning, and individualized education
925 programs.

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- I. Keep the following documentation per expectations requirements of the TFC Agency Provider including:
 - i. Record behavioral health symptoms,
 - ii. Incident reports,
 - iii. Interventions utilized,
 - iv. Progress toward the TFC Treatment Plan goals, and
 - v. Discharge plan.
- m. Assist the Member in maintaining contact with ~~his/her~~ their family and natural supports.
- n. Assist in meeting the Member's permanency planning or TFC discharge planning goals.
- o. Advocate for the Member in order to achieve TFC Treatment Plan goals and to ensure timely access to educational, vocational, medical, or other indicated services.
- p. Provide medication management consistent with AHCCCS guidelines for Members in out-of-home care.

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q. ~~Report allegations of misconduct toward members shall be managed according to all state and federal regulations~~ Report allegations of abuse, neglect, and misconduct toward Members as required by state and federal law.

r. ~~Maintain confidentiality according to statutory, HIPAA and AHCCCS requirements,~~ Maintain confidentiality as required by state and federal law.

2. The AdSS shall require any ~~Any~~ request to move a Member from placement prior to successful completion of the TFC Treatment Plan ~~is shall be~~ made through the CFT, and written notice provided following contractual time frames, with the only exception being Immediate Jeopardy.

3. The AdSS shall require TFC Family Providers to ~~shall~~ follow the Crisis 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.

4. The AdSS shall require the ~~The~~ TFC Family Providers to ~~shall~~ utilize the Crisis Plan and accept Agency Worker and supervisor

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976 support, including the use of respite, to maintain the placement
977 until an emergency CFT meeting is convened, services
978 implemented, and the placement is preserved.

- 979 5. ~~In the event the~~ If a TFC placement cannot be preserved, The
980 AdSS shall ensure TFC Agency Providers support the TFC Agency
981 Provider shall support the Member and TFC Family Provider until
982 a transition is identified.

983
984 **~~I. AdSS REPORTING REQUIREMENTS~~**

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986 1. ~~The AdSS shall monitor and report TFC bed utilization as specified in ACOM~~
987 ~~Policy 415, Attachment G, or as requested by the Division or AHCCCS.~~
988 2. ~~The AdSS shall report medical necessity criteria for admission, continued~~
989 ~~stay, and discharge for prior approval as specified in contract.~~

990 **~~L. DIVISION OVERSIGHT AND MONITORING OF AdSS~~**

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992
993 1. ~~The Division shall use the following methods to ensure the AdSS~~
994 ~~are in compliance with AdSS Medical Policy 320-W:~~
995 a. ~~Complete annual operational reviews of compliance.~~
996
997 b. ~~Analyze deliverable reports or other data as required,~~
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999 ~~including but not limited to, Provider Network Development~~
1000 ~~and Management Plans demonstrating network adequacy~~
1001 ~~and plans to promote specialty services described in this~~

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~~policy. ¶~~

~~c. Conduct oversight meetings with the AdSS for the purpose of reviewing compliance and addressing any access to care concerns or other quality of care concerns. ¶~~

~~d. Review data submitted by the AdSS demonstrating ongoing compliance monitoring of their network and provider agencies through Behavioral Health Chart Reviews. ¶~~

Signature of Chief Medical Officer:

SUPPLEMENTAL INFORMATION

1. For aftercare planning for DCS involved members, the TFC Family Provider may be the discharge placement. In such cases where the TFC Family Provider is the discharge placement, DCS foster care rates, policies, and procedures apply. Licensing agencies shall coordinate these actions through the CFT and DCS as they are not governed by this Policy.
2. Ongoing appropriate and approved relationship and communication

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with the TFC family provider after discharge is encouraged. This is

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determined with Responsible Person approval and in the best interest

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of the member.

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3. The TFC Family Providers are licensed by DCS and do not require

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credentialing by the AdSS.

Draft Policy for Public Comment