320-W THERAPEUTIC FOSTER CARE FOR CHILDREN

REVISION DATE: 1/10/2024, 2/2/2022
EFFECTIVE DATE: March 24, 2021
REFERENCES: A.R.S. Title 14, Chapter 5, Article 2 or 3; A.R.S. §§ 8-451.01, 8-514.05, 36-3221, 36-3231 or 36-3281; A.A.C. R9-10-101; ACOM Policy 414

PURPOSE

To delineate the responsibilities of the Division of Developmental Disabilities (Division) staff, contracted service providers, and other persons involved in providing Therapeutic Foster Care (TFC) and services to eligible Division Members, including Members enrolled in the Division's Tribal Health Program.

Further, this policy establishes requirements for Division oversight and monitoring of duties delegated to Administrative Services Subcontractors (AdSS) as specified in contract and AdSS Medical Policy 320-W.

DEFINITIONS

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

services field.

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

3. "Arizona Department of Child Safety" means the department established pursuant to A.R.S. § 8-451 to protect children and to perform the following:
   a. Investigate reports of abuse and neglect.
   b. Assess, promote, and support the safety of a child in a safe and stable family or other appropriate placement in response to allegations of abuse or neglect.
   c. Work cooperatively with law enforcement regarding reports that include criminal conduct allegations.
   d. Without compromising child safety, coordinate services to achieve and maintain permanency on behalf of the child, strengthening the family and provide prevention, intervention, and treatment services pursuant to A.R.S. Title 8, Chapter 4.

4. "Behavioral Health Professional" means:

   a. An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
      i. Independently engage in the practice of behavioral health as defined in A.R.S. § 32-3251; or

ii. Except for a licensed substance abuse technician, engage in the practice of behavioral health as defined in A.R.S. § 32-3251 under direct supervision as defined in A.A.C. R4-6-10;

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

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

d. A physician;

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

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

g. A registered nurse with a psychiatric-mental health nursing certification or one year of experience providing behavioral health services.

5. "Behavioral Health Technician" means an individual who is not a Behavioral Health Professional, who provides behavioral health services at or for a health care institution, according to the health care institution's policies and procedures, and with clinical oversight by a Behavioral Health Professional, that if provided in a setting other than a health care institution would require the individual to be licensed as a behavioral health professional under A.R.S Title 32, Chapter 33.

6. "Caregiver" means an adult who is providing for the physical, emotional, and social needs of a child.

7. "Child and Family Team" means a defined group of individuals that includes the child and their family, a behavioral health provider, and any individuals important in the child's life that are identified and invited by the child and family to participate.

8. "Crisis Plan" means a written plan established by the Member that is designed to prevent or reduce the effects of a behavioral health crisis. This plan identifies what is or is not helpful in crisis prevention through the identification of contacts and resources, and actions to be taken by the Member, family, Responsible Person, parents, guardians, friends, or others.

9. "Immediate Jeopardy" means a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a member.

10. "Service Plan" means a comprehensive written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination

activities and strategies to assist the Member in achieving an improved quality of life. The Service Plan is created and managed by the CFT. It is a dynamic document that is regularly updated to adequately match the strengths and needs of the Member and family.

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

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

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

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

15. "Therapeutic Foster Care" means a covered behavioral health service that provides daily behavioral interventions within a licensed family setting and is designed to maximize the Member's ability to live and participate in the community and to function independently, including

assistance in the self-administration of medication and any ancillary services indicated by the Member's comprehensive Service Plan, as appropriate.

16. “Therapeutic Foster Care Agency Provider” means a TFC Agency Provider credentialed by a Managed Care Organization to oversee professional TFC Family Providers and holds contracts with pertinent health plans or the Department of Child Safety to provide TFC services to children.

17. “Therapeutic Foster Care Family Provider” means specially trained adult(s) in a family unit licensed by the Department of Child Safety and endorsed to provide TFC services to children.

18. “Therapeutic Foster Care Treatment Plan” means a written plan that details the specific behavioral goals that the TFC Family and TFC Agency Providers will help the Member achieve during the Member’s time in TFC. These TFC treatment goals are explicit, observable, attainable, tailored to the Member’s strengths and needs, and align with the comprehensive Service Plan of the CFT. The TFC Treatment Plan outlines the steps the TFC Family and TFC Agency Providers will implement to help the Member attain the TFC treatment goals and successful discharge from TFC.

POLICY

A. THERAPEUTIC FOSTER CARE

1. The Division and TFC Agency Providers shall adhere to the following requirements:
   a. Programmatic support is available to the TFC Family Providers 24 hours per day, seven days per week.
   b. Care and services provided in TFC:
      i. Are based on a 24-hour day per diem rate;
      ii. Require prior and continued authorization; and
      iii. Do not include room and board.
   c. TFC services are provided for no more than three children in a professional foster home.
   d. Appropriate notification is sent to the primary care provider and behavioral health home agency or TRBHA, as applicable, upon admission to and discharge from TFC.
2. TFC Family Providers and TFC Agency Providers shall adhere to The Department of Child Safety (DCS) policies and procedures for children involved with DCS.

B. CRITERIA FOR ADMISSION

1. The Division shall develop medical necessity criteria for

admission to TFC, and submit to AHCCCS for approval, that contains the following elements:

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

b. Following an assessment by a licensed Behavioral Health Professional (BHP), the Member has been diagnosed with a 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 plans for discharge and transition that identifies:

i. Tentative living arrangement, and

ii. Recommendations for aftercare treatment based on treatment goals.

C. EXCLUSIONARY CRITERIA

1. The Division 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;

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

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

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

D. EXPECTED TREATMENT OUTCOMES

1. TFC Agency Providers shall align treatment outcomes with:

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

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

2. TFC Agency Providers shall ensure treatment goals for the Member's time in TFC are:

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

   b. Measurable and achievable;

c. Cannot be met in a less restrictive environment;

d. Based on the Member's unique needs;

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

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

3. TFC Agency Providers shall ensure active treatment with the services available at this level of care can reasonably be expected to:

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

b. Facilitate the Member's return to primarily outpatient care in a non-therapeutic, non-licensed setting.

E. CRITERIA FOR CONTINUED STAY

1. The Division shall develop medical necessity criteria for continued stay, and submit to AHCCCS for approval, that contains the following elements:

a. The Member continues to meet the diagnostic threshold for

the behavioral health condition that warranted admission to TFC.

b. It can reasonably be expected that continued treatment will improve the Member's condition to the point that TFC will no longer be needed.

c. 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 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 function in the

community.

F. CRITERIA FOR DISCHARGE

1. The Division shall develop medical necessity criteria for discharge from TFC, and submit to AHCCCS for approval, that contains the following elements:
   a. Sufficient symptom or behavior relief is achieved as evidenced by completion of the TFC treatment goals.
   b. The Member’s functional capacity is improved and the Member can be safely cared for in a less restrictive level of care.
   c. The Member can participate in age-appropriate self-monitoring and follow-up services or a Caregiver is available to provide monitoring in a less restrictive level of care.
   d. Appropriate services, providers, and supports 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.

g. A current clinical assessment of the Member's symptoms, behaviors, and treatment needs has been reviewed by the CFT and has established that continued care in a TFC setting is no longer adequate to provide for the safety and treatment.

G. DISCHARGE PLANNING PROGRAM REQUIREMENTS

1. The TFC Agency Provider 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.

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

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

2. 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.

3. If a decision is made to move the Member to a higher level of care, the TFC Agency Provider shall work in collaboration with the TFC Family Provider and CFT to make the transition as seamless as possible.

H. TREATMENT PLANNING PROGRAM REQUIREMENTS

1. The TFC Provider Agency shall ensure the TFC Treatment Plan includes:

a. Development in conjunction with the CFT;

b. 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. Complementing and not conflicting with the Service Plan and other defined treatments, and 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 Member's current Crisis Plan in alignment with the TFC setting;

e. Addressing safety, social and emotional well-being, discharge criteria, acknowledgement of Member's permanency objectives and post-discharge services; and

f. Short-term, proactive treatment goals that are measurable, time-limited, and in keeping with the Service Plan.

g. When age and developmentally appropriate, youth and biological family, kinship family, and adoptive family participation in development of the TFC Treatment Plan is required;

h. Specific elements that build on the Member’s 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; and

i. Specifics to coordinate with natural supports and informal networks as a part of treatment.

j. If the TFC Treatment Plan includes co-parenting engagement with the Member’s Caregiver, development of specific goals to prepare the receiving Caregiver and successfully transition the Member to the new placement;

k. Plans for engagement of the Member’s biological family,

kinship family, adoptive family, and or transition foster family, and other natural supports that can support the Member during TFC placement and after transition;

l. Respite planning;

m. Review by:

   i. The TFC Family Provider and TFC Agency Provider at each home visit;

   ii. The TFC Agency Provider and clinical supervisor at each staffing; and

   iii. The TFC Agency Provider and CFT at each revision or at minimum quarterly.

n. Documentation of the TFC Treatment Plan which is kept by the TFC Family Provider and the TFC Agency Provider and shared with the CFT.

I. THERAPEUTIC FOSTER CARE ROLES, RESPONSIBILITIES AND QUALIFICATIONS

1. TFC Agency Providers shall be credentialed through the Division Administrative Services Subcontractors.

2. The TFC Agency Provider 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 includes:

      i. Review of the TFC Treatment Plan with the TFC Family Provider;

      ii. Review case files and required documentation; and

      iii. Check medical records and medication logs.

   e. Complete all AHCCCS required group biller requirements.

   f. Conduct TFC Family Provider recruitment to maintain and

increase the number of providers that can meet the needs of Members receiving TFC services.

g. Conduct ongoing training per state licensing rules that develops the skills of TFC Family Providers to enable them to meet the needs of Members.

3. The TFC Agency Provider shall have staff to operate resource teams to support the TFC Family Provider as follows:

a. Beginning at the level of the Agency Worker, extending to the clinical supervisor;

b. Provide oversight by one or more independently licensed BHPs;

c. Work in concert, applying the specialized skills and knowledge for service planning, training, and support of direct service providers and the CFT; and

d. Each member of the team shall have in-depth familiarity with the strengths and needs of the TFC Family Provider in order to be effective resources in the provision of care, developing training plans, and assisting in matching Members to service environments.

4. The TFC Agency Provider shall have a documented agency crisis response policy that specifies:

   a. Supervisor's availability and the use of crisis response provider to augment hours of availability;

   b. The TFC Agency Provider fulfilling the role of first-line support for the TFC Family Provider and Member during times of crisis;

   c. Access to a TFC Agency Provider or appropriate agency staff available 24 hours a day, seven days a week; and

   d. Escalation to the appropriate TFC Agency Provider's clinical leadership is available at all times.

5. The TFC Agency Provider shall coordinate the TFC Treatment Plan with the Service Plan and incorporate the TFC Family Provider's participation in CFT meetings.

6. The TFC Agency Provider shall support the TFC Family Provider through clinical supervision available upon request or as the TFC Agency Worker that identifies needs, including:

   a. Provide training and specific skill building to enhance the

family's ability to stabilize behaviors and intervene as challenges arise;

b. Facilitate respite;

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 TFC Agency Provider shall 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,

i. Previous placement history and outcomes; and

j. Member and family strengths and needs, including skills, interests, talents, and other assists.

8. The TFC Agency Worker shall:

a. Be qualified, at minimum, at the level of Behavioral Health Technician with a minimum one year of experience in a human services field.

b. Be supervised by staff that possess a master's degree in a behavioral health field, and licensed in the state of Arizona, with a minimum two years of experience in a human services field.

c. Be the primary agency representative at the CFT meetings who shall:

i. Be present to review the Service Plan,

ii. Document progress to those plans,

iii. Support the CFT,

iv. Support the TFC Family Provider, and

v. Participate in the CFT meetings.

d. Lead the development of the TFC Treatment Plan with the TFC Family Provider and obtain clinical supervisor review.

e. Ensure the TFC Family Provider completes full and accurate clinical documentation of interventions on the TFC Treatment Plan to demonstrate progress toward meeting treatment needs is fully captured and provides an accurate record of case progress.

f. Ensure the TFC Treatment Plan is shared with the behavioral health agency and other treating providers or individuals, as applicable, as part of the Member's Service Plan to assure care coordination.

g. Monitor the number of Members assigned to a single Agency Worker.

i. The preferred maximum number of Members

assigned to a single Agency Worker is 10 members.

ii. The supervisor may lower the number of assigned Members to an Agency Worker if additional time is needed for one or more assigned families/members for oversight and support.

h. Have direct in-person or Telemedicine contact with the TFC Member and TFC Family Provider a minimum of once a week for the first six weeks of placement.

i. Have direct in-person or Telemedicine contact 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.

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

J. TFC AGENCY PROVIDER SUPERVISION REQUIREMENTS

1. The TFC Agency Provider shall ensure the following supervision requirements are met:

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:

   i. Clinical supervision of TFC Agency staff that directly supports TFC Family Providers is 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 TFC Agency Providers is 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 no less than once per quarter.

   ii. The clinical supervisor shall have direct in-person or

Telemedicine contact with the TFC Family Provider at least once per month;

iii. The clinical supervisor is part of the treatment team and shall be active in the case review and not solely independently reviewing the TFC Treatment Plan.

iv. The clinical supervisor shall participate in the CFT meetings on an as-needed basis depending on the progress of the TFC Treatment Plan.

K. TFC FAMILY PROVIDER REQUIREMENTS

1. TFC Family Providers shall meet the following requirements:

   a. Have at least one year of experience as an active licensed foster home working directly with Members or professional experience working directly with Members that have behavioral health issues or developmental disabilities or both.

   b. Adhere to AHCCCS registration and requirements as an AHCCCS registered provider.

   c. Complete all TFC Agency Provider training requirements

and evaluations in prepatration to provide TFC services effectively and safely to members and their families, as well as any ongoing training requirements identified by the TFC Agency Provider in collaboration with the CFT.

d. Abide by all licensing regulations as outlined in applicable state and federal statutes for family foster parent licensing requirements, therapeutic level of licensure.

e. Provide basic parenting functions consistent with providing 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 anger management, crisis de-escalation, psychosocial rehabilitation, living skills training and intervention, and other behavioral interventions as needed, that aid the Member in making progress on TFC Treatment Plan goals.

g. Provide a family environment with opportunities for:

   i. Familial and social interactions and activities;

ii. Use of behavioral interventions;

iii. Development of age-appropriate living and self-sufficiency skills; and

iv. Integration into a family and community-based setting.

h. Meet the individualized needs of the Member in their home as defined in the Member's TFC Treatment Plan.

i. 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, including times the Member is with respite caregivers.

j. Ensure that the Member's needs are met when the Member is in Respite Care with other TFC Family Providers.

k. Participate in planning processes such as CFTs, TFC discharge planning, and individualized education programs.

l. Keep the following documentation per requirements of the

TFC Agency Provider:

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 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.

q. Report allegations of abuse, neglect, and misconduct

toward Members as required by state and federal law.

r. Maintain confidentiality as required by state and federal law.

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

3. TFC Family Providers shall follow the Crisis Plan and work to preserve the placement, 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 TFC Family Provider shall utilize the Crisis Plan and accept agency worker and supervisor support, including the use of respite, to maintain the placement until an emergency CFT meeting is convened, services implemented, and the placement is preserved.

5. If a TFC placement cannot be preserved, the TFC Agency Provider shall support the Member and TFC Family Provider until

a transition is identified.

L. DIVISION OVERSIGHT AND MONITORING OF AdSS

1. The Division shall use the following methods to ensure the AdSS are in compliance with AdSS Medical Policy 320-W:

   a. Complete annual operational reviews of compliance.

   b. Analyze deliverable reports or other data as required, including Provider Network Development and Management Plans demonstrating network adequacy and plans to promote specialty services described in this 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.

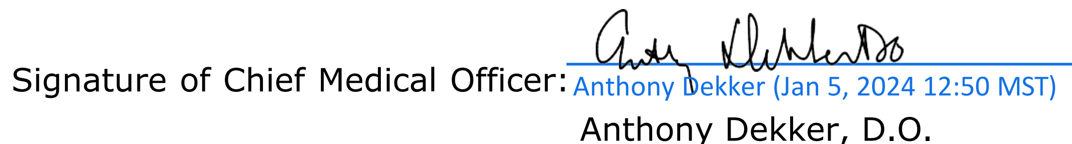
   d. Review data submitted by the AdSS demonstrating ongoing compliance monitoring of their network and provider agencies through Behavioral Health Chart Reviews.

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 with the TFC family provider after discharge is encouraged. This is determined with Responsible Person approval and in the best interest of the member.

3. TFC Family Providers are licensed through DCS and do not require credentialing by the AdSS.

Signature of Chief Medical Officer: 

Anthony Dekker, D.O.