

Therapeutic Foster Care Medical Necessity Criteria

Lines of Business:

- All Medicare Marketplace
 Medicaid Medicare-Medicaid Programs (MMP) Other: _____

I. DEFINITION(S)

Molina Healthcare of Arizona, Inc. (Molina or Molina Healthcare) has adopted the definitions that are located on AHCCCS' website: <https://azahcccs.gov/Resources/Downloads/ContractAndPolicyDictionary.pdf>

Therapeutic Foster Care (TFC)	A family-based treatment option for children with complex behavioral or emotional needs who can be served in the community with intensive support.
Therapeutic Foster Care (TFC) Agency	An agency credentialed by a health plan to oversee TFC Family Providers and holds contracts with the health plans and/or DCS to provide monitoring and oversight of TFC services provided to children.
Therapeutic Foster Care (TFC) Family Provider	Specially trained adult(s) in a family unit licensed by DCS and endorsed to provide TFC services to children. Also known as TFC Parent(s).
Therapeutic Foster Care (TFC) Treatment Plan	A written description of the specific behavioral goals that the TFC Family Provider will help the child and family achieve during the child's time in TFC. These TFC treatment goals will be explicit, observable, attainable, tailored to the member's strengths and needs, and will align with the comprehensive Individualized Service Plan (ISP) of the Child and Family Team (CFT). The TFC Treatment Plan outlines the steps the TFC Family Provider will implement to help the member attain the treatment goals and thus successfully be discharged from TFC.
Therapeutic Foster Care (TFC) Agency Worker	A staff member of a TFC Agency that at minimum, is a Behavioral Health Technician (BHT) with one year experience in a human services field and receiving clinical supervision by a Behavioral Health Professional (BHP). III. POLICY Therapeutic Foster Care (TFC) is a covered behavioral health service.

II. PURPOSE

To provide medical necessity criteria for Therapeutic Foster Care. TFC is a covered behavioral health service that provides daily behavioral interventions within a licensed family setting. This service is designed to maximize the member's ability to live and participate in the community and to function independently.

III. POLICY

TFC is a covered behavioral health service that provides daily behavioral interventions within a licensed family setting. This service 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

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services (such as living skills and health promotion) indicated by the member's ISP as appropriate (Arizona State Plan for Medicaid).

Programmatic support is available to the TFC Family Providers 24 hours per day, seven days per week. Care and services provided in TFC are based on a per diem rate (24-hour day), require prior and continued authorization, and do not include room and board.

TFC service can only be provided for no more than three children in a Professional Foster Home (Arizona State Plan for Medicaid).

Molina Healthcare of Arizona (Molina) and TFC Agency Providers shall ensure appropriate notification is sent to the Primary Care Provider (PCP) and Behavioral Health Home/Agency/TRBHA/Tribal ALTCS program upon intake/admission to, and discharge from TFC.

Medical Necessity

1. Medical Necessity Criteria for Admission:

- a. The recommended level of care determined using CALOCUS/ECSII shall be used to demonstrate sufficient necessity for admission to the indicated level of care without requiring additional PA for a period of no less than 30 days,
- b. The recommendation for TFC shall come through the CFT practice specified in AMPM Policy 580, i. An interim service plan coordinated through Integrated Rapid Response can be used to establish this recommendation for admission, prior to the establishment of a full CFT.
- c. An assessment, as outlined in AMPM Policy 320-O and AAC Title 9, Chapter 10, which indicates the member has been diagnosed with a behavioral health condition and indicates symptoms and behaviors to be treated, and
- d. Special consideration will be given to children with two or more of following:
 - i. Multiple out-of-home placements (foster homes, Behavioral Health Residential Facility (BHRF), Behavioral Health Inpatient Facility (BHIF), Residential Treatment Center (RTC), etc.),
 - ii. History of disruption from a foster home due to behaviors,
 - iii. One or more hospitalizations due to a behavioral health condition in the last year,
 - iv. Chronic pattern of suspensions from school, daycare, or day programming,
 - v. Adoption disruption or potential adoption disruption,
 - vi. Significant trauma history or trauma-related diagnosis,
 - vii. Placed or at-risk of placement in a congregate care setting,
 - viii. At-risk of placement disruption due to behaviors requiring a higher level of supervision,
 - ix. Identified as a potential victim of trafficking,
 - x. Criminal justice involvement,
 - xi. Co-occurring developmental disability, and
 - xii. At-risk of being removed from their home by Department of Child Safety (DCS) due to

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behavioral concerns.

- e. As a result of the diagnosed behavioral health condition, there is evidence that the member has a moderate functional impairment as indicated by the CALOCUS/ECSII score and/or other clinical indicators. This moderate functional and/or psychosocial impairment per the behavioral health assessment and ISP, reviewed and signed by a BHP:
 - i. Has not improved or cannot be reasonably expected to improve in response to a less intensive level of care, or
 - ii. Could improve with appropriate community-based treatment but treatment is not available, therefore, warranting a more intensive level of care.
- f. Does not require or meet clinical criteria for a higher level of care.

2. Criteria for Continued Stay:

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

3. Criteria for Discharge

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