

ATTACHMENT 1 - SERVICE DELIVERY THROUGH THE THERAPEUTIC FOSTER CARE SERVICE MODEL

Key Service Components	Description
TFC Service Model Overview	<p>The Therapeutic Foster Care (TFC) service model allows for the provision of short-term, intensive, highly coordinated, trauma-informed and individualized Specialty Mental Health Services (SMHS) service activities to children and youth up to age 21 who have complex emotional and behavioral needs and who are placed with trained, intensely supervised, and supported TFC parents.</p> <p>The TFC parent¹ serves as a key participant in the therapeutic treatment process of the child or youth. The TFC parent will provide trauma-informed interventions that are medically necessary for the child or youth. The SMHS service activities provided through the TFC service model assist the child or youth achieve client plan goals and objectives; improve functioning and well-being; and help the child or youth to remain in a family-like home in a community setting; thereby avoiding residential, inpatient, or institutional care.²</p> <p>The TFC service model is intended for children and youth who require intensive and frequent mental health support in a family environment. The TFC service model allows for the provision of certain SMHS service activities available under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit as a home-based alternative to high level care in institutional settings such as group homes and, in the future, as an alternative to Short-term Residential Therapeutic Programs (STRTPs). The TFC home also may serve as a step down from STRTPs. The SMHS service activities provided through the TFC service model should not be the only SMHS that a child or youth would receive. Children and youth receiving SMHS service activities through the TFC service model must receive Intensive Care Coordination (ICC) and other medically necessary SMHS, as set forth in the client plan.</p>

¹ As described under the section on TFC parent qualifications, due to the unique characteristics of this service and their role, it is understood that TFC parents are not required to be part of the child/youth’s long term permanency plan. However, the program design does not prohibit relative caregivers and “non-related extended family members from being TFC parents if they meet the TFC parent qualifications.

² Receipt of Medi-Cal SMHS service activities provided under the TFC service model does not limit the availability of other SMHS. The TFC parents are not expected to provide other SMHS that may be medically necessary.

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	<p>The SMHS service activities provided through the TFC service model are part of a continuum of care for children and youth. Counties are encouraged to continue to develop the resources, supports, and services needed to maintain foster children and youth in family-based home settings while promoting permanency for the children and youth through family reunification, adoption, or legal guardianship. These efforts may include the provision of ICC, Intensive Home Based Services (IHBS), and Wraparound services, as appropriate.</p> <p>The SMHS service activities provided through the TFC service model must be delivered using a Child and Family Team (CFT) to develop and guide the planning and service delivery process.</p>
<p>Indicators of Need for SMHS Service Activities through the TFC Service Model</p>	<p>The SMHS service activities provided through the TFC service model are appropriate for children and youth with more intensive needs or who are in or at risk of residential, inpatient, or institutional care, but could be effectively served in the home and community.</p> <p>The following are the circumstances in which SMHS service activities provided through the TFC service model may be appropriate to address the child or youth’s mental health needs:</p> <ol style="list-style-type: none"> 1. The child or youth is at risk of losing his or her placement and/or being removed from his or her home as a result of the caregiver’s inability to meet the child’s or youth’s mental health needs; and, either <ol style="list-style-type: none"> (a) There is recent history of services and treatment (for example, ICC and IHBS) that have proven insufficient to meet the child’s or youth’s mental health needs, and the child or youth is immediately at risk of residential, inpatient, or institutional care; or (b) In cases when the child or youth is transitioning from a residential, inpatient or institutional setting to a community setting, and ICC, IHBS and other intensive SMHS will

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	<p>not be sufficient to prevent deterioration, stabilize the child or youth, support effective rehabilitation, or to avoid the need to initiate or continue a more intensive level of care in a more restrictive setting.</p>
<p>Role of TFC Service Model Agency (TFC Agency)</p>	<p>The TFC service model Agency (TFC Agency) is responsible for ensuring the TFC parent meets both Resource Family Approval (RFA) program standards and the required qualifications as a TFC parent. The TFC parent will work under supervision of the TFC Agency. A Licensed Mental Health Professional (LMHP) that is able to direct services and is employed by the TFC Agency will provide direction to the TFC parent and will ensure the TFC parent is following the client plan. The TFC Agency’s LMHP assumes ultimate responsibility of the SMHS service activities provided through the TFC service model by the TFC parent. The TFC Agency will provide the management oversight of a network of TFC parents.</p> <p>The TFC Agency activities include:</p> <ul style="list-style-type: none"> • Recruiting, approving (unless already approved by the county), and annually re-approving foster care parents, following both RFA process and Medi-Cal SMHS requirements, as a TFC parent who has the ability to meet the diverse therapeutic needs of the child or youth; • Providing, at a minimum, a 40-hour training for the TFC parent prior to providing SMHS service activities through the TFC service model, as outlined in the TFC Service Model Parent Qualifications document; • Actively participating in the CFT to identify supports for the child and family, including linking with a TFC parent who can best meet the child or youth’s individual needs; • Integrating the TFC parent and appropriate staff into the existing CFT; • Providing competency-based training to the TFC parent, both initially and ongoing; • Providing ongoing supervision and intensive support to the TFC parent; • Monitoring the child’s or youth’s progress in meeting client plan goals related to SMHS service activities provided through the TFC service model;

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	<ul style="list-style-type: none"> • Maintaining documentation (progress notes) related to the TFC parent and the child or youth, which is included in the child’s or youth’s client plan³; • Providing Medi-Cal-related reports, as required, to the MHP or designee; and • Providing other supports to the TFC Parent and child or youth (i.e. parent partner and/or youth mentor). <p>As it relates to the care of the individual child or youth, the TFC Agency is responsible for the following:</p> <ul style="list-style-type: none"> • Collaborating and coordinating with the ICC coordinator and CFT in the development and implementation of the client plan; • Assessing the child’s or youth’s progress in meeting client plan goals related to the provision of SMHS service activities provided through the TFC service model and communicating progress through the CFT; and • Incorporating evidence informed practices in the training of the TFC parent and the treatment of the child or youth. <p>The TFC Agency also may be responsible for providing other non-TFC medically necessary SMHS, if included in its contract with the MHP.⁴</p>
Qualifications for TFC Agency	<p>The TFC Agency is:</p> <ul style="list-style-type: none"> • A California Foster Family Agency (FFA) that meets licensure and accreditation requirements established by the California Department of Social Services (CDSS), is able to approve TFC homes, and is able to accept the child or youth for placement from county placing agencies; and

³ See definition of “the plan” in the Medi-Cal Manual for Intensive Care Coordination (ICC), IHBS and TFC for Medi-Cal Beneficiaries.

⁴ A TFC Agency is not required to provide all SMHS (i.e. other mental health providers could provide these services). 24/7 crisis intervention services will need to be available through the FFA or county MHP.

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	<ul style="list-style-type: none"> • A Medi-Cal SMHS provider that has a contract with a MHP as a Medi-Cal provider (or a MHP that has been certified by DHCS) to provide TFC services. The TFC Agency may provide a wide array of other SMHS, if these SMHS are included in the TFC Agency’s contract with the MHP.
<p>Role of TFC Parent as a Provider of SMHS Service Activities</p>	<p>The TFC parent serves as a key participant in the trauma-informed, rehabilitative treatment of the child or youth, as set forth in the client plan. The TFC parent provides a range of service activities which include implementing the risk management/safety components of the child’s or youth’s client plan.</p> <p>The TFC parent provides one or more of the following TFC service model SMHS service activities:</p> <ul style="list-style-type: none"> • Plan development (limited to when it is part of the CFT): The TFC parent will participate as a member in the CFT in care planning, monitoring, and review processes. The TFC parent also will observe, monitor, and alert the TFC Agency and members of the CFT about changes in the child’s or youth’s needs. • Rehabilitation: The TFC parent will implement in-home informed practices which include trauma-informed rehabilitative treatment strategies set forth in the child’s or youth’s client plan. Examples of services to be provided include: providing skills-based interventions (including coaching and modeling); developing functional skills to improve self-care; and improving self-management in areas of anger management or self-esteem or peer relations; • Collateral: The TFC parent will meet the needs of the child or youth in achieving his or her client plan goals by reaching out to significant support person(s) and providing consultation and/or training for needed medical, vocational, or other services to assist in better utilization of SMHS by the child or youth.
<p>Service Authorization</p>	<p>Service authorization should be consistent with the MHP process for authorizing SMHS. The progress of this service should be reviewed in coordination with the CFT, at least every three (3) months.</p>

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Medi-Cal Documentation Requirements	<p>The SMHS service activities provided through the TFC service model should be documented in accordance with the MHP's policies and procedures and must be listed in the child's or youth's client plan.</p> <p>The TFC parent must write and sign a progress note for each day of service. The progress note must meet Medicaid documentation standards. The TFC Agency's LMHP must review and co-sign each progress note to indicate that service activities are appropriate and that documentation requirements are met.</p>
Service Limitations/Lockouts	<p>The TFC service model does <u>not</u> include:</p> <ol style="list-style-type: none"> 1) Reimbursement for the cost of room and board, which will be paid separately to the TFC parent utilizing federal, state and/or local foster care funding sources; or 2) Other foster care program related services (e.g., assessing adoption placements, serving legal papers, home investigations, administering foster care subsidies), or other parenting functions such as providing food or transportation. <p>The SMHS service activities provided through the TFC service model are NOT reimbursable:</p> <ul style="list-style-type: none"> • When the child or youth is receiving Psychiatric Inpatient Hospital Services, Psychiatric Health Facility Services, or Psychiatric Nursing Facility Services, EXCEPT for the day of admission to these facilities; • While the child or youth is detained in juvenile hall; or • While the child or youth is in a Short-term Residential Therapeutic Program or other residential setting.
Payment Methodology	<p>Rate for SMHS service activities provided through the TFC service model:</p> <p>The SMHS service activities provided through the TFC service model will be reimbursed at a daily per diem rate. This rate will depend upon whether or not the TFC Agency is a contractor of the MHP or is county owned and operated.</p>

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	<ul style="list-style-type: none"> • If the TFC Agency is a contractor of the MHP, the TFC Agency will be paid by the MHP at a rate that is negotiated between the MHP and the TFC Agency. • If the TFC Agency is county owned and operated, DHCS will reimburse the MHP the federal share of the MHP's interim rate. The county interim rate currently is set at \$87.40 per day. Each county's interim rate will be updated annually based upon its most recently filed cost report. <p>The TFC Agency shall will be paid for SMHS service activities provided through the TFC service model in accordance with terms of the contract with the MHP. The per diem daily rate includes:</p> <ul style="list-style-type: none"> • The TFC Agency's administrative and LMHP staff costs; and • The payment to the TFC parent for the SMHS service activities provided through the TFC service model to the child or youth living in the TFC home. <p>Rate for Board and Care:</p> <p>A rate that will be received by the TFC Agency and paid to the TFC Parent for board, care, and supervision of the child or youth will be paid by the placing agency using federal IV-E or other state or local funding sources and not by Medi-Cal.</p>
<p>Role of Other Entities</p> <ul style="list-style-type: none"> • County Mental Health Plan 	<p>The MHP is responsible for:</p> <ul style="list-style-type: none"> • Providing directly or arranging and paying for medically necessary SMHS service activities provided through the TFC service model to Medi-Cal beneficiaries; • Providing directly or arranging and paying for other medically necessary SMHS, as determined by the child or youth's client mental health plan; and

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<ul style="list-style-type: none"> • County Child Welfare and Probation Agencies • California Department of Health Care Services (DHCS) • California Department of Social Services (CDSS) 	<ul style="list-style-type: none"> • Certifying and monitoring the TFC Agency to ensure SMHS requirements are met. <p>County Child Welfare and Probation Agencies retain social work case management and placement responsibilities and file necessary reports with the courts.</p> <p>The California Department of Health Care Services (DHCS) is the designated single state agency for Medicaid and responsible for:</p> <ul style="list-style-type: none"> • Supporting statewide implementation of the TFC service model, including providing technical assistance and resources to counties and providers; • Providing overall oversight of SMHS, including those SMHS service activities provided through the TFC service model; and • Coordinating with CDSS in the oversight and implementation of the TFC service model, as needed. <p>The California Department of Social Services (CDSS) is responsible for:</p> <ul style="list-style-type: none"> • Developing rates for the board, care, and supervision of foster children and youth Licensing FFAs and performing audits of agencies; • Conducting oversight of program and licensing of agencies, including investigations for licensing violations; • Supporting statewide implementation of the TFC service model, including technical assistance and resources to counties; and • Coordinating with DHCS in the oversight and implementation of the TFC service model, as needed.