

POLICY AND PROCEDURE

POLICY NAME: Specialized Therapeutic Foster Care Services	POLICY ID: FL.UM.78.00
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 10/01/2021	PRODUCT(S): Managed Medical Assistance (MMA), Child Welfare (CW), Serious Mental Illness (SMI), Children’s Medical Service (FL CMS) and Long-Term Care (LTC)
REVIEWED/REVISED DATE: 08/2020, 9/2021, 3/2023	
REGULATOR MOST RECENT APPROVAL DATE(S): 08/19/2020	

POLICY STATEMENT:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved Services when medically necessary. Sunshine Health considers coverage of Specialized Therapeutic Foster Care Services when it is appropriate and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy.

PURPOSE:

To establish clinical criteria on which to review requests for Specialized Therapeutic Foster Care Services. Specialized Therapeutic Foster Care Services are intensive treatment services provided to children and adolescents under 21 years of age, with emotional disturbances, including those related to abuse and neglect that reside in a state licensed foster home. Specialized therapeutic foster care services are appropriate for long-term treatment and short-term crisis intervention.

There are two levels of specialized therapeutic foster care, which are differentiated by the type of supervision and training of the foster parents and intensity of programming required. Specialized therapeutic foster care levels are intended to support, promote competency, and enhance participation in normal age-appropriate activities of children who present moderate to severe emotional or behavioral management difficulties. Programming and interventions are tailored to the age and diagnosis of the enrollee.

The goal of specialized therapeutic foster care is to enable an enrollee to manage and to work toward resolution of his or her emotional, behavioral, or psychiatric difficulties in a highly supportive, individualized, and flexible home setting.

SCOPE:

Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Child Welfare (CW), Serious Mental Illness (SMI), Children’s Medical Service (CMS) and Long-Term Care (LTC) product line. This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the “Company”).

DEFINITIONS:

POLICY:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved Services when medically necessary. Sunshine Health considers coverage of Specialize Therapeutic Foster Care Services when it is appropriate and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy.

PROCEDURE:

- I. Specialized Therapeutic Foster Care services are offered at Level I or Level II intensity depending upon the needs of the enrollee. Crisis intervention is available at both levels. The three specialized therapeutic foster care services are:

- A. Level I Specialized Therapeutic Foster Care: Level I is characterized by close supervision of the enrollee within a specialized therapeutic foster home. Services must include clinical interventions by the specialized therapeutic foster parent(s), a clinical staff person, and a psychiatrist.
 - B. Level II Specialized Therapeutic Foster Care: Level II is characterized by frequent and intense contact between the specialized therapeutic foster parents, the enrollee, and the professional staff. Level II is intended to provide a high degree of structure, support, supervision, and clinical intervention.
 - C. Crisis Intervention: Specialized therapeutic foster care services may be used for crisis intervention for an enrollee for whom placement must occur immediately in order to stabilize a behavioral, emotional, or psychiatric crisis. The child must be in foster care or commitment status and meet Level I or Level II criteria.
- II. A Level I and Level II specialized therapeutic foster home may be used as a temporary crisis intervention placement for a maximum of 30 days. Any exception to this length of stay must be approved in writing by the multidisciplinary team.
 - III. A comprehensive behavioral health assessment (*please see medical necessity criteria for comprehensive behavioral health*) must be initiated within 10 working days of crisis intervention placement for any child who has not been previously authorized for specialized therapeutic foster care Level I or II and has not had a comprehensive behavioral health assessment in the past year.
 - IV. A placement may be made with the Substance Abuse and Mental Health office and district or regional Child Welfare and Community Based Care program offices or Juvenile Justice without the involvement of the full multidisciplinary team.
- V. Intensity Guidelines**
- A. Severity of the functional impairment
 - B. Appropriate intensity of services
 - C. Least restrictive or intrusive services necessary

VI. Admission Criteria:

The multidisciplinary team (MDT) must authorize specialized therapeutic foster care services. If the MDT determines that the enrollee requires specialized therapeutic foster care services, the Authorization for Therapeutic Foster Care form, found in the Florida Medicaid Handbook and the health plan outpatient treatment request form (OTR) must be completed. Additionally, the enrollee must meet the following criterion:

- A. Be experiencing serious emotional disturbance.
- B. Be a victim of abuse or neglect.
- C. Have been determined by the Department of Children and Families, district Child Welfare and Community Based Care program office to require out-of-home care.

OR the child must:

- D. Have committed acts of juvenile delinquency.
- E. Be suffering from serious emotional disturbance.

- F. Have been adjudicated delinquent and committed to the Department of Juvenile Justice, and the court must have ordered a low-risk residential community commitment setting for the child.
- G. **Level I:** Level I is for an enrollee with serious emotional disturbance, including a mental, emotional or behavioral disorder, or enrollees with a history of abuse and neglect, as diagnosed by a psychiatrist or other licensed practitioner of the healing arts. Without specialized therapeutic foster care, the child would require admission to a psychiatric hospital, the psychiatric unit of a general hospital, a crisis stabilization unit or a residential treatment center or has, within the last two years, been admitted to one of these settings. The child should also meet one of the following:
 - 1. The enrollee has a history of abuse or neglect and serious emotional disturbance. The enrollee's emotional and behavioral patterns are marked by self-destructive acts, impaired self-concept, heightened aggression, or sexual acting out. Additional signs of social and emotional maladjustment such as lying, stealing, eating disorders, and emotional immaturity may also be identified.
 - 2. The enrollee has a history of delinquent acts and has a serious emotional disturbance. The enrollee may exhibit maladaptive behaviors such as destruction of property, aggression, running away, use of illegal substances, lying, stealing, etc. The enrollee may display impaired self-concept, emotional immaturity or extreme impulsiveness, and limited ability to delay gratification. The enrollee's social and emotional immaturity impairs decision-making and places the enrollee at risk in a non-therapeutic community setting.
- H. **Level II:** Level II is for an enrollee who meets the criteria for Level I and has also been diagnosed by a psychiatrist or other licensed health care practitioner of the healing arts as having a serious mental, emotional, or behavioral disorder and who exhibits more severe maladaptive behaviors such as destruction of property, physical aggression toward people or animals, self-inflicted injuries and suicide indications or gestures, or an inability to perform activities of daily and community living due to psychiatric symptoms. The enrollee requires more intensive therapeutic interventions and the availability of highly trained specialized therapeutic foster parents.
- I. A individual treatment plan must be developed by the primary clinician with the following number of days of admission:
 - 1. Level I: within 30 days of admission
 - 2. Level II: within 14 days of admission
 - 3. Crisis Intervention: within 14 days of admission

VII. Continuing Stay Criteria

- A. Providers will submit and updated Outpatient Treatment Request form and the Authorization for Therapeutic Foster Care form for clinically review no less than every six months. The health plan reviews authorization requests at a frequency that is individualized to a member's medical needs.
- B. A psychiatrist must interview the child to assess progress toward meeting treatment goals. A psychiatrist must update the treatment plan on an as needed basis, but at least:
 - 1. Level I - on a quarterly basis; or
 - 2. Level II and Crisis Intervention - on a monthly basis.

Documentation and justification for all individual treatment plans that are not signed by the enrollee's parent, guardian, or legal custodian, must be provided in the enrollee's clinical record.

VIII. Discharge Criteria

- A. During the last three months prior to a planned discharge to an enrollee's biological family or other permanent placement, therapeutic visits can occur which are reimbursable.
- B. Three months prior to discharge, 5 therapeutic visits to the discharge placement setting can occur which are reimbursable.
- C. Two months prior to discharge, 8 therapeutic visits to the discharge placement setting can occur which are reimbursable.
- D. In the final month prior to discharge, total of 12 therapeutic visits to the discharge placement setting can occur which are reimbursable.
- E. The schedule for graduated therapeutic visits with the biological family or other permanent placement setting must be prior approved by the multidisciplinary team and included in the enrollee's medical record.
- F. The specialized therapeutic foster parents will maintain contact with the enrollee and the receiving placement as determined by the enrollee's treatment team.

IX. Clinical Exclusions

- A. There shall be no more than two children placed in a therapeutic family foster home unless an exception has been approved (Statute: 65C-13.030; Standards for Licensed Out-of-Home Caregivers).

X. Service Exclusions

- A. These services may not be reimbursed when provided in the enrollee's foster home:
 - 1. Therapeutic Behavioral Onsite Services Therapy H2019 HO
 - 2. Therapeutic Behavioral Onsite Services Behavior Management H2019 HM
 - 3. Therapeutic Behavioral Onsite Services Therapeutic Support Services H2019 HN
 - 4. Behavioral Health Day Services H2012
 - 5. Behavioral Health Day Services H2012 HF
- B. Medical or psychiatric services may be provided only when the treatment plan requires services by a psychiatrist more than once per month.
- C. Psychosocial rehabilitative services will not be reimbursed as a separate service for enrollees receiving specialized therapeutic foster care services.

XL. Required Components

- A. Placement in a home certified as a Level I or Level II specialized therapeutic foster home is intended for enrollees determined eligible for specialized therapeutic foster care services.
- B. The specialized therapeutic foster parent(s) serves as the primary agent in the delivery of therapeutic services to the child. Specialized therapeutic foster parents are specially recruited and trained in interventions designed to meet the individual needs of the child.
- C. One of the following individuals must serve in the role of a specialized therapeutic foster care clinical staff for each child:
 - 1. Psychiatric Nurse;
 - 2. Clinical Social Worker;
 - 3. Mental Health Counselor;
 - 4. Marriage and Family Therapist;
 - 5. Mental Health Professional; or
 - 6. Psychologist.

- D. Utilization Managers should have knowledge and education on the Specialized Therapeutic Services Coverage and Limitations Handbook in regards to reviewing MNC for these services. If at any point information that services are not being rendered as described in the handbook for that level of care, that information could be used for continued medical necessity determination.

Review Process

To assist in determining the medical necessity of Community Outreach Services the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review
- FL.UM.02.00 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend or terminate services must be made by a Sunshine Health Medical Director as outlined in the policy Clinical Decision Criteria and Application FL.UM.02.00
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions and Notifications FL.UM.05.00

<p>REFERENCES: FL.UM.05 Timeliness of UM Decisions policy and procedure FL.UM.02 Use of Clinical Criteria FL.UM.02.02 Clinical Decision Criteria and Application FL.UM.02.01 Medical Necessity Review specialized therapeutics services coverage and limitations handbook. Florida Agency for Health Care Administration Web site. http://portal.flmhis.com/FLpublic/Default.aspx. Published March 2014. Accessed April 10, 2020.</p>

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Behavioral Health, Utilization Management
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REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Created policy for integration. -added purpose to policy -removed reference to Cenpatico -updated frequency of health plan reviews under section VII (a) -removed frequency of treatment plan -removed sections on provider requirements -added section D under XI. -added references to AHCA handbooks	08/19/2020
Annual Review	Updated: Line of Business on Product Type	09/28/2021
Annual Review	Changed PRODUCT(S): Removed Ambetter throughout the document as it is not covered under that plan; changed 'FL CMS' to 'CMS throughout the document. Changed 'Specialize' to 'Specialized' Therapeutic Foster	3/24/2023

	Care. Replaced the word 'problems' with 'difficulties'.	
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POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

SVP Compliance _____

Senior Dir. Compliance _____