

SERVICE MODEL FOR THERAPEUTIC FOSTER CARE

Key Service Components	Description
TFC Service Model Definition	<p>The Therapeutic Foster Care (TFC) service model is a short-term, intensive, highly coordinated, trauma informed and individualized rehabilitative service covered under Medi-Cal that is provided to a child/youth up to age 21 with complex emotional and behavioral needs who is placed with trained and intensely supervised and supported TFC parents.</p> <p>The TFC parents¹ serve as a key participant in the therapeutic treatment process of the child/youth. TFC services assist the child/youth in achieving client plan goals and objectives, improve functioning and well-being and help the child/youth to remain in community settings, 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 one-on-one environment. The TFC service model allows for the provision of certain Medi-Cal Specialty Mental Health Services (SMHS) components available under the ESPDT 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). TFC homes may also serve as a step down from STRTPs. The TFC service model is but one service option in the continuum of care for eligible youth. Counties are encouraged to continue to develop the resources, supports, and services needed to maintain foster youth in family-based home settings while promoting permanency for the youth through family reunification, adoption, or legal guardianship. These efforts may include the provision of ICC, IHBS, and Wraparound services, as appropriate.</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 components provided under the a TFC service model does not limit the availability of other Specialty Mental Health Services. TFC parents are not expected to provide other Specialty Mental Health Services that may be medically necessary.

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Eligibility Criteria ³	
Role of TFC Service Model Program Agency	<p>The TFC service model Program Agency is responsible for ensuring the TFC parents meet both Resource Family Approval (RFA) Program standards and meet the required qualifications as a TFC Parent. TFC parents will work under supervision of that agency. A Licensed Practitioner of the Healing Arts (LPHA) or a Licensed Mental Health Professional (LMHP) that is able to direct services employed by the TFC Agency will provide direction to the TFC parent and will ensure that the TFC parent is following the client plan. The LPHA or LMHP that is able to direct services will be acting as the team leader, providing direct and ongoing supervision of service delivery, or review and approval of the individual client plans. The LPHA or LMHP responsible for directing services assumes ultimate responsibility of the TFC services provided by the TFC parent.</p> <p>The agency will provide the management oversight of a network of TFC parents. This includes:</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 TFC parents who have the ability to meet the diverse therapeutic needs of the child/youth; • Actively participate on the Child and Family Team (CFT) to identify supports for the child and family, including linking with a TFC parent who can best meet the child/youth's

³ DHCS is in the process of finalizing specific eligibility criteria for TFC services.

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	<p>individual needs;</p> <ul style="list-style-type: none"> • Integrating the TFC parent and appropriate staff into the existing CFT; • Providing competency-based training to TFC parents both initially and ongoing; • Providing ongoing supervision and intensive support to the TFC parents; • Monitoring the child/youth’s progress in meeting plan goals related to the provision of EPSDT services provided under a TFC service model; • Maintaining of documentation (progress notes) related to TFC parents and child/youth which is included in the child/youth’s plan⁴; • Providing Medi-Cal-related reports, as required, to the County Mental Health Plan or designee; • Providing peer role supports to foster parent(s) and youth (both foster parent peer roles and former foster youth peer roles); and <p>As it relates to the care of the individual child/youth, the TFC Program Agency is responsible for the following:</p> <ul style="list-style-type: none"> • Collaborating and coordinating between and among the ICC coordinator and CFT with the TFC services in the development and implementation of the plan; • Assessing the child/youth’s progress in meeting plan goals related to provision of TFC services and communicating progress through the CFT; • Providing or arranging for the provision of, as appropriate, if included in their contract with the MHP, (i.e., set forth in the plan) non-TFC Specialty Mental Health Services such as crisis intervention services that may need to be available 24-hours a day, 7 days a week⁵; and, • Incorporation of evidence informed practices in the training of TFC parents and the treatment of the child/youth.

⁴ See definition of “the plan” in the Medi-Cal Manual for Intensive Care Coordination (ICC), IHBS and TFC for Medi-Cal Beneficiaries.

⁵ A TFC Program Agency would not have to be qualified to provide other mental health services (i.e., other mental health agencies could provide these services), but services such as 24/7 crisis intervention services will need to be available through the FFA or county MHP to the TFC parent related to the child’s or youth’s client plan. The TFC Agency would provide or arrange for SMHS under the authority of the MHP contract.

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<p>Qualifications for TFC Program Agency</p>	<p>TFC Program Agency is:</p> <ul style="list-style-type: none"> • A California Foster Family Agency (FFA) who meets licensure and accreditation requirements established by the California Department of Social Services (CDSS) and that is able to approve TFC homes; and accept for placement from county placing agencies; and, • A Medi-Cal Mental Health provider that has a contract with a County Mental Health Plan as a Medi-Cal provider (or a County Mental Health Plan that has been certified by DHCS) to provide both TFC services, and as appropriate if included in their contract with the MHP, a wide array of other specialty mental health services (e.g., ICC, IHBS, therapy services, therapeutic behavioral services; crisis intervention and stabilization).
<p>Role of TFC Parent as a Provider of Medicaid TFC Services</p>	<p>The child/youth placed with a TFC parent(s) will receive certain Medi-Cal SMHS service components under a TFC service model operating under the direction of a LPHA or LMHP able to direct services from the TFC Program Agency, as described below. The TFC parent(s) serve as one of the primary change agents for the trauma-informed, rehabilitative treatment of the child/youth as set forth in the client plan. A child/youth who is receiving certain Medi-Cal SMHS service components under a TFC service model through the TFC foster parent will continue to be eligible for and should receive other Specialty Mental Health Services including ICC and IHBS in and out of the home as set forth in their client plan.</p> <p>TFC parents provide a range of activities and services activities which include:</p> <ul style="list-style-type: none"> • Implementing in-home evidence informed practices that include trauma informed rehabilitative treatment strategies set forth in the child/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; • Implementing the risk management/safety components of the child/youth’s plan; • Participating as a member in the CFT in care planning, monitoring, and review processes; • Assisting or linking the child/youth in accessing needed medical, vocational, or other services

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	<p>needed to meet plan goals;</p> <ul style="list-style-type: none"> • Observing, monitoring, and alerting TFC Program Agency and members of the CFT about changes in the child/youth’s needs; • The TFC service model is provided face-to-face at the TFC home or anywhere in the community. <p>This service includes one or more of the following service components and is provided by the TFC parent:</p> <ul style="list-style-type: none"> • Plan development (limited to when it is part of the CFT) • Rehabilitation • Collateral
Service Authorization	<p>Service authorization should be consistent with County Mental Health Plan process for authorizing mental health services. As the nature of the TFC service model is high intensity and relatively short-term, the progress of this service should be reviewed in coordination with the CFT, at a minimum, initially at three months and every three months thereafter (or as determined by the CFT)⁶.</p>
Medi-Cal Documentation Requirements	<p>While Medi-Cal documentation requirements should be consistent with the County Mental Health Plan’s policies and procedures and the contract between DHCS and the County Mental Health Plan, at a minimum for Medi-Cal SMHS service components provided under the TFC service model:</p> <ul style="list-style-type: none"> • The TFC parents must write and sign a daily progress note and the TFC Program Agency’s LPHA/LMHP must review and co-sign the daily progress note which meets state Medicaid

⁶ Additional guidance on this aspect will be forthcoming.

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	<p>documentation standards of the child/youth's qualifying behavior, activities, progress, and achievements or progress toward specific outcomes outlined in the child/youth's Plan.</p> <ul style="list-style-type: none"> • The TFC Program Agency must comply with the mental health documentation requirements prescribed by the County Mental Health Plan and the contract between DHCS and the local mental health plan. • The SMHS service components provided under a TFC service model must be reflected in the child/youth's Plan.
Service Limitations/Lockouts	<p>The TFC service model does not include: 1) reimbursement for the cost of room and board which will be paid separately to the TFC parents utilizing federal, state 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> <p>Medi-Cal SMHS service components provided under the TFC service model are not reimbursable on days when Psychiatric Inpatient Hospital Services, Psychiatric Health Facility Services, or Psychiatric Nursing Facility Services are reimbursed, except for the day of admission to these services or prior to discharge when a child/youth is transitioning to a TFC home.</p>
Payment Methodology	<p><u>Rate for Medi-Cal SMHS service components Under the TFC Service Model:</u> :</p> <p>An all-inclusive per diem rate under Medi-Cal that will be paid to cover the Medi-Cal SMHS service components provided under the TFC service model by the TFC parent to the child/youth living in the TFC home. The TFC Agency shall be reimbursed for specialty mental health services in accordance with terms of the contract with a Local Mental Health Plan.</p> <p>Non-Medi-Cal Rate for Board and Care:</p> <p>A rate that will be received by the TFC Program Agency and paid to the TFC parent for board, care,</p>

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	and supervision and will be paid using federal IV-E or other state or local funding sources.
<p>Role of Other Entities</p> <ul style="list-style-type: none"> • County Mental Health Plan • County Child Welfare and Probation Agencies • California Department of Health Care Services (DHCS) • California Department of Social Services (CDSS) 	<p>The County Mental Health Plan is responsible for:</p> <ul style="list-style-type: none"> • Providing directly or arranging and paying for Medi-Cal SMHS service components provided under a TFC service model to Medi-Cal beneficiaries; • Providing directly or arranging and paying for other medically necessary SMHS as determined by the client mental health plan; • Certifying and monitoring the TFC Program Agency to ensure Medi-Cal SMHS requirements are met; • <p>County Child Welfare and Probation Agencies retain social work case management and placement responsibilities and file reports with courts of jurisdiction.</p> <p>The California Department of Health Care Services 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 consistent with the intent of the model, including providing technical assistance, resources, and tools to county agencies and private providers • Providing overall oversight of the TFC service model • Coordinating with CDSS in the administration of the TFC service model, where appropriate. <p>The California Department of Social Services is responsible for:</p> <ul style="list-style-type: none"> • Developing, implementing, and maintaining a rate setting system for the board, care, and supervision provided to child/youth receiving Medi-Cal SMHS service components under the

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	<p>TFC service model</p> <ul style="list-style-type: none">• Licensing FFAs and performing audits of agencies• Conducting oversight of program and licensing of agencies, including investigations for licensing violations• Coordinating with DHCS in the implementation of the program, where appropriate

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