

Big Bend Community Based Care Policy & Procedure

Series:	200: Placement Services	
Policy Name:	Specialized Therapeutic Foster Care	
Policy Number:	203	
Origination Date:	03/09/2009	Revised: Board Meeting of 12/13/2018
Regulation:	39.407, F.S. 409.1671, F.S. 65C-28.004, F.A.C. Specialized Therapeutic Services Coverage and Limitations Handbook	

Policy

It is the policy of Big Bend Community Based Care, Inc. (BBCBC), to appropriately utilize Therapeutic Foster Care for children who require that level of care to achieve safety, permanency, and well-being, assuring that children are placed in the least restrictive, most appropriate placement in which they can be successful.

Procedure

A. General Information.

1. The Therapeutic Foster care setting provides services to children with persistent and severe social, behavioral, emotional, and psychiatric disorders but with the capability to function in a community setting with specialized supports.
2. Therapeutic Foster Care will provide 24-hour services for children who have been determined to require a level of care and supervision higher than offered in traditional foster care.
3. Foster parents providing Therapeutic services will be specifically licensed and trained to care for children with a mental health or substance abuse diagnosis.
4. Services must include clinical interventions by the specialized therapeutic foster parent(s), a clinical staff person, and a psychiatrist.
5. The child will attend school in the community while in the Therapeutic Foster Care program.

B. Placement Process.

1. When it is determined that a child may be in need of therapeutic foster care, the Utilization Management Specialist (Behavioral Health Care Coordinator) will schedule a Multi-Disciplinary Team (MDT) as required. Medical Necessity criteria will be used to determine a child's eligibility for Therapeutic Foster Care. Please refer to *BBCBC OP 300-309, Multi-Disciplinary Team and Integrated Care Team Meetings*.
2. **Intrastate Movement for Youth Authorized for Specialized Therapeutic Foster Care.**
 - a. The Intake Placement Specialists in conjunction with the Utilization Management Specialist will work to identify an available placement within their area. If there is no identified placement, the CBCIH Regional Coordinator will assist the CBC in locating a provider within network by requesting a statewide search.
 - b. Upon locating a placement:

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- i. BBCBC will discuss placement with the potential receiving CBC to ensure that relevant mental health case information is shared and to ascertain if there are any concerns with the provider; the placement will not disrupt a local pending CBC's.
 - ii. BBCBC will hold a discussion with the accepting provider to ensure that relevant mental health case information and court orders are provided, as well as clarify funding for non-plan services.
 - iii. BBCBC will facilitate placement, which includes notification to the receiving CBC of the placement.
 - iv. BBCBC is responsible for the MDT and managing all service authorizations required during a child's placement.
 - v. BBCBC will be responsible for changing the bill county code to the county code of the geographic location of the placement.
- 3. Intrastate Movement for Plan Enrollees from an Out-of-Area CBC.**
 - a. The sending CBC will discuss placement with BBCBC to ensure that relevant mental health case information is shared and ascertain if there are any concerns about the provider; the placement will not disrupt a local pending BBCBC placement.
 - b. The sending CBC will hold a discussion with BBCBC to ensure that relevant mental health case information and court orders are provided, as well as clarify funding for non-plan services.
 - c. The sending CBC will facilitate placement that includes notification to BBCBC of the placement.
 - d. The sending CBC is responsible for the MDT/ICT and managing all service authorizations required during a child's placement.
- 4. In order to receive specialized Therapeutic Foster care services, a child must be authorized by a MDT as meeting the following criteria:**
 - a. Under 21 years of age;
 - b. Diagnosed as having a mental, emotional, or behavioral disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association; and
 - c. Exhibits behaviors that substantially interfere with or limit the role or ability to function in the family, school, or community, which behaviors are not considered to be a temporary response to a stressful situation.
- 5. A child can be authorized for either STFC Level 1 or STFC Level 2, dependent upon the severity of the child's needs and the qualifications of the STFC home.**
 - a. Level I:**
 - i. Requires admission to a psychiatric hospital, a crisis stabilization unit, or a residential treatment center without specialized therapeutic foster care.
 - ii. Within the last two (2) years, been admitted to one (1) of these treatment settings.
 - b. Level II:**

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- i. Meets the criteria of Level I specialized therapeutic foster care and is exhibiting more severe maladaptive behaviors such as:
 - a) Destruction of property;
 - b) Physical aggression toward people or animals;
 - c) Self-inflicted injuries;
 - d) Suicidal ideations or gestures;
 - e) An inability to perform activities of daily and community living due to psychiatric symptoms.
- c. Once authorization is obtained, the BBCBC Intake Placement Specialist or Utilization Management Specialist (Behavioral Health Coordinator) seeks placement from an authorized STFC provider.
- d. If a child is experiencing a mental health crisis and needs immediate placement into an STFC program, an authorization for crisis services may be requested.

C. Continued Stay Criteria.

- 1. Stays will be reviewed by the MDT at least every ninety (90) days but in accordance with the authorization period given by the Sunshine Health/Cenpatico Case Manager, another MMA plan, or by the MDT and reflected on the Appendix E.
- 2. The following information is reviewed:
 - a. The child's condition continues to require the STFC level of care as evidenced by continued intense and frequent maladaptive behaviors.
 - b. There is progress toward the child's treatment goals or there is an expectation of progress.
 - c. There is documented active discharge planning.

D. Discharge Criteria.

- 1. At least sixty percent (60%) of the child's treatment goals have been achieved and the child's presenting maladaptive behaviors can be effectively treated at a lower level of care.
- 2. The child is not making progress toward treatment goals and a higher level of care is required. Discharge from STFC will occur once a higher level of care is secured and any documented transition planning has occurred.
- 3. The child is released from custody or by court order.