TREATMENT FOSTER CARE WORKGROUP

April 10, 2017 Report to the Foster Care Reimbursement Rate Committee

TREATMENT FOSTER CARE WORKGROUP ACTIVITIES

The Treatment Foster Care Workgroup has met five times since its last update to the Foster Care Reimbursement Rate Committee and Nebraska Children's Commission.

In this time the group has worked to create a service description and draft regulations for a proposed service identified as Treatment Family Care.

The group has consulted with numerous stakeholders and subject matter experts to create the service descriptions provided for review.

Materials and programs consulted include: Nebraska Medicaid Regulations, Nebraska Medicaid State Plan Amendment, Treatment Foster Care Oregon, FFTA Guidelines, and Professional Foster Care program information from Nebraska Families Collaborative.

The group also engaged in a thorough review of the existing levels of out-of-home care in Nebraska.

TREATMENT FOSTER CARE WORKGROUP ACTIVITIES

The group will begin work on the rate structure after the elements of service are reviewed by the FCRRC and NCC.

The rate structure will include a streamlined payment process, maximized Federal fund matching, minimized overhead, and providing the best placement for youth.

The group is exploring the need for a Medicaid State Plan Amendment, regulations.

This information is presented to the FCRRC for feedback and direction on the service elements prior to creating a rate structure.

The group requests to present these elements to the Nebraska Children's Commission for additional feedback.

TREATMENT FAMILY CARE SERVICE DESCRIPTION

Treatment Family Care

SERVICE DESCRIPTION

Treatment family care is a service for children/youth in a home-like environment intended to divert youth with high needs from congregate care and out-of-state placements.

Treatment family care occurs in a home when caregiver(s) or specially trained foster parents are available to provide consistent behavior management programs, therapeutic interventions, and render services as part of a multi-disciplinary treatment team and under the direction of a supervising practitioner.

Children/youth in treatment family care are not automatically moved to a different non-kinship/relative placement after they have completed treatment. Placement following completion of the course of treatment will be based on the multi-disciplinary team's recommendations, and the youth's permanency goals and discharge plans.

AGENCY LICENSING REQUIREMENTS

Treatment Family Care

AGENCY LICENSING REQUIREMENTS

The agency must be licensed as a Child Placing Agency (474 NAC 6-005), and appropriately licensed by the Department of Health and Human Services, Division of Public Health.

Each agency will employ or contract with licensed program/clinical directors to supervise unlicensed direct care staff consistent with State Licensure.

GUIDELINES FOR PROGRAM USE

Treatment Family Care

GUIDELINES FOR PROGRAM USE

A child/youth is eligible for Treatment Family Care Services when:

1. the child/youth is age 20 or younger,
2. The child/youth has participated in an EPSDT screening,
3. the treatment is clinically necessary,
4. the need for continued treatment at this level is documented in an Initial Diagnostic Interview and functional assessment; and
5. The child/youth has a diagnostic condition listed in the current Diagnostic and statistics Manual of the American Psychiatric Association (excluding developmental disorders).

GUIDELINES TO DETERMINE IF TREATMENT IS CLINICALLY NECESSARY

The following general guidelines are used to determine when treatment family care services are clinically necessary for a child/youth:

1. Utilization of treatment family care is appropriate for individualized treatment and is expected to improve the child/youth's condition to facilitate least restrictive interventions;
2. The child/youth's problem behaviors are persistent but can be managed with this moderate level of structure;
3. The child/youth's daily functioning is moderately impaired in such areas as family relationships, education, daily living skills, community, health, etc.;
4. The child/youth has a history of previous problems due to ongoing inappropriate behaviors or psychiatric symptoms; or
5. The child/youth has special needs severe enough that in the absence of such programs, they would be at risk of placement into restrictive residential settings such as hospitals, psychiatric centers, correctional facilities, or residential treatment programs.

STAFFING PATTERN

Treatment Family Care

STAFFING PATTERN

Supervisor

provides support and consultation to treatment team and specialist. The supervisor/specialist ratio must not exceed 1 to 6 and must be adjusted to accommodate for mixed caseloads and variables such as the severity of clients served or by the experience/qualifications of the specialist staff.

Supervising Practitioner

is a member of the multi-disciplinary treatment team. The supervising practitioner supports and supervises the multi-disciplinary team in providing active treatment to the child/youth/family. The supervising practitioner must be a licensed practitioner of the healing arts who is able to diagnose and treat the major mental illness within his/her scope of practice and must maintain this licensure in the state in which the program operates (471 NAC 32-001.04). The supervising practitioner may have a provisional license. The agency may contract or employ the supervising practitioner.

STAFFING PATTERN

Specialist

The Specialist is the practical leader of the treatment team and works in development of the treatment plan, supports and consults with the treatment families, client families, and other members of the treatment team. Also advocates for, coordinates, and links treatment families and client families to other services available in the community. Caseload should not exceed one specialist to 12 with a preferred maximum of eight, when specialist exclusively has a TFC caseload. Caseloads are adjusted for considerations such as: special service needs, unusual staffing configurations or service design, length of stay and stability of children and youth, number of caseworker responsibilities, difficultly of the client population served, size of the geographic area, and resulting travel time required of a specialist, intensity of services required by the child's family.

MULTI DISCIPLINARY TREATMENT TEAM

Treatment Family Care

ROLES IN MULTI DISCIPLINARY TREATMENT TEAM

Supervisor

The Supervisor share responsibilities of developing the plan, also evaluates progress reports and updates.

Supervising Practitioner

The Supervising Practitioner helps in the development of the treatment plan based on a thorough assessment for each child/youth/family admitted to the program and input provided by the multi-disciplinary treatment team. Participates in ongoing treatment planning and implementation for each child/youth/family as appropriate.

ROLES IN MULTI DISCIPLINARY TREATMENT TEAM

Specialist

The Specialist takes primary day-to-day responsibility for leadership of the treatment team. The specialist organizes and manages all team meetings and team decision making. The specialist takes an active role in identifying goals and coordinating treatment services provided to the youth. Seeks to inform and involve other team members in the process including treatment parents and the child/youth's family.

Treatment Family

The Treatment Family is part of the multi-disciplinary treatment team. While they do not take primary or exclusive responsibility for the design of the treatment plan, they implement the in-home portion of the treatment plan. They contribute vital input based upon their observations of the child/youth and family in the natural environment of the treatment home.

ROLES IN MULTI DISCIPLINARY TEAM

Family

The child/youth's family is expected to take an active role in the development of the treatment plan and all treatment plan reviews. The agency and staff are required to make and document efforts to engage the child/youth's family, including extended family and individuals with caring connections to the child/youth, for all children/youth in Treatment Family Care Programs.

Additional Members

Additional members will vary based on the needs of the child/youth/family.

TREATMENT PLAN

Treatment plan must be developed by the multi-disciplinary treatment team within 14 days of the child/youth's admission to treatment family care., and reviewed every thirty days.

The plan must contain:

- Goals and objectives based on the recommendations from the IDI and the supervising practitioner.
- Treatment interventions that reflect the recommendations from the IDI and the goals and objectives identified in the treatment plan.

The supervising practitioner will ensure that the evaluation of the treatment plan reflects the child/youth's response to the treatment interventions as related to the goals and objectives of the treatment plan.

The treatment plan must be the most efficient and appropriate use of the program to meet the child/youth/family's particular needs and must address active and ongoing involvement of the family in treatment family care program.

TREATMENT PARENT ROLE

Treatment Family Care

TREATMENT PARENT RESPONSIBILITIES

Treatment parents are the primary interventionists and members of the multi-disciplinary treatment team whose primary responsibility is to implement the specific strategies of the treatment plan in the home.

Their responsibilities also include providing parenting duties as outlined in the state and agency regulations concerning foster parents.

A treatment parent must be available to respond to crisis or emergency situations.

If youth is placed outside of the home, the treatment parents are expected to contact and engage with the child/youth's family, including extended family, individuals with kinship ties or caring connections to the youth.

If youth is placed outside of the home, the treatment parents should utilize a co-parenting approach with the child/youth's parents, when at all possible.

TREATMENT PARENT TRAINING

Training must include the following components:

Preservice training: Licensed foster homes shall be required a number of hours commensurate with state and accrediting body (if applicable) requirements and sufficient to ensure that all material is covered adequately.

In Service Training: The number of hours should be commensurate with state and accrediting body (if applicable) requirements and sufficient to ensure that all material is covered adequately.

TREATMENT PARENT SUPPORT

Treatment Parent Support – Treatment family care programs are obligated to provide intensive support, technical assistance, and supervision to all treatment parents. This must include specific management and supervision services in addition to those listed below:

Information Disclosure

Access to counseling and therapeutic supports as needed

Peer support

Financial Support

Damages and Liability Coverage (when applicable)

Legal Advocacy (when applicable)

NEXT STEPS

Treatment Family Care

TREATMENT FAMILY CARE NEXT STEPS

The group will take feedback from the group and further refine service elements.

Using these service elements, the group will begin work on a rate structure.

The group will review rate structures from other programs and states to begin its work.

Additional research will be done to identify and begin to address statutory and regulatory changes that will need to occur to implement this service.