Service Name	Treatment Family Care (TFC)
Setting	Treatment Family Care home
Facility License	The community based agency that operates the TFC program as required by Department of Public Health; and the individual treatment family care homes as licensed by Department of Health and Human Services.
Basic Definition	TFC is an all-inclusive rehabilitative model of care that provides intensive care for youth provided by trained and supported treatment parents. TFC must be a community based behavioral health program under the clinical direction of a psychiatrist, psychologist, or LIMHP. TFC is a Medicaid eligible, highly supportive, and individualized approach serving youth ages 20 and younger who have a history of trauma in addition to complex mental health or substance use disorders that are causing functional impairment. Children and youth with co-occurring developmental or intellectual disabilities and/or who are medically fragile are included. The youth have a history of psychiatric residential or inpatient treatment, or have been unsuccessful in remaining at home with outpatient services, and are clinically identified as requiring out of home treatment at the TFC level. This level of care will address the symptoms that affect the daily functioning of the youth and prevent further regression. This service requires intensive involvement and frequent contact between members of the treatment team. It is intended to provide a high degree of structure and supervision.
Service Expectations	• An Initial Diagnostic Interview (IDI) will be completed prior to the beginning of treatment and will identify TFC as the level of care needed. This IDI will serve as the initial treatment plan for the youth until a comprehensive treatment plan is developed. • The discharge plan is to be defined at intake and is reviewed and updated at each 30 day treatment team meeting, or sooner, as clinically indicated. • Utilization of a team approach to decision making is used in this program. • The treatment team will develop the comprehensive treatment plan within 30 days of admission. • Treatment shall address the mental health/substance use and bio psychosocial issues that have contributed to the youth's need. • The treatment plan will identify goals, objectives, and interventions necessary to improve or prevent regression in the mental health status of the youth. • Ongoing treatment meetings will be held at a minimum of every 30 days until treatment services are no longer necessary or the youth is no longer demonstrating benefit from this level of treatment. • In cases where parental rights are intact and the permanency plan is reunification, the reunifying family is the parent. In cases where reunification is not the permanency plan, the reunifying family is identified as the home with which the youth will experience permanency. When the youth enters TFC without an identified reunifying home upon discharge, one of the goals of the plan must be to develop that resource while TFC is being provided. • The treatment team will consist of the youth, TFC parents, licensed clinician, agency staff, reunifying family, and other support networks deemed appropriate to the treatment review and planning process.

	• Clinical expectations include: 1) oversight of the treatment plan, 2) collaboration with formal and informal networks, 3) provision of treatment and rehabilitative interventions, 4) ongoing assessment of the youth to determine progress in the treatment, 5) regular review, and updating, if necessary, of the diagnosis and treatment interventions. • A licensed clinician provides treatment services in the youth's home, the TFC home and/or in the community. Clinical services are provided for the youth, the reunifying family, and the TFC parents as deemed appropriate in the treatment plan. The frequency of this service is to be no less than weekly for each or as otherwise defined by the treatment plan and endorsed by the clinical supervisor. Frequency of services can be titrated as needed during the termination phase of treatment. • The licensed clinician will also serve as the liaison for communication and a treatment consultant for all treatment team members. • The licensed clinician will provide the reunifying family and the TFC parent(s) assistance in understanding clinical issues that impact the youth. • A TFC member will be available to provide rehabilitative intervention for the youth. • The clinical director or the licensed clinician will be available to provide crisis intervention to support all members of the treatment team at all times. • The reunifying family is involved, as clinically appropriate, and is active in service decisions for the youth. • The service is all inclusive and will be reimbursed at a daily rate for treatment services in the TFC home. • The following criteria must be met for a client's admission to a TFC program: o The need for TFC must be identified on an Initial Diagnostic Interview based on the following criteria: The client must have sufficient need for active treatment at the time of intake to justify the expenditure of the client/family's and program's time, energy, and resources; Of all reasonable options for active treatment available to the client, active treatment in this program must prevent placement in a more restrictive setting and be reasonably expected to improve the client's condition; o The proposed or revised treatment plan must be the most efficient and appropriate use of the program to meet the client/family's particular needs; o The plan must address active and ongoing involvement of the family in care provision; and o The program is designed to meet the needs of clients age 20 and younger. • The community based behavioral health program that operates the TFC program, and trains and supports the TFC family, provides a 20 hour initial training on mental health and substance use disorders, including the effects of trauma on youth, suicide prevention, emotional and behavioral interventions, in addition to training topics required by the agency. • It is the responsibility of the TFC parent(s) to attain 12 additional training hours per year to be determined and approved by the agency which the program is operated out of. • In addition to the biological, adoptive or guardianship children, the TFC parent(s) will have no more than two youth receiving TFC treatment residing in their home at a time (special consideration is given to sibling groups). • The TFC program shall have a director and an adequate number of non-licensed staff to provide administration, training, and any additional support of the TFC program.

	• Length of service is individualized according to the needs of the youth. • When TFC treatment is complete, the youth will be discharged from TFC treatment.
Staffing	• Licensed Program Clinical Director (psychiatrist, psychologist or LIMHP) • Licensed and/or provisionally licensed clinician • Child placing agency staff • TFC parents
Hours of Operation	• 24/7 with the availability of clinical assistance.
Desired Individual Outcome	• The youth has met the treatment plan goals and objectives. • The condition that brought the child to this treatment level is stabilized, and the child is able to successfully maintain at home and in the community in the absence of the supportive services and interventions provided in the TFC home. • The youth has support systems secured to help maintain safety and stability at home and in the community.
Admission guidelines	All of the following guidelines are required to be met: • The youth has a current edition DSM diagnoses for a disorder that is causing functional impairment requiring TFC level of intervention. • The youth has been unsuccessful in a lower intensity of services and/or is clinically identified as requiring TFC care treatment to prevent regression and improve symptoms and functioning. • The youth has a history of psychiatric residential or inpatient treatment or is at risk of requiring a higher level of care in the absence of this program. And one or more of the following: • The youth is experiencing or is at risk for self-harming, aggressive, or destructive behaviors • The youth has a significant history of trauma Excluding factors include the following: truancy and law violations in the absence of other symptoms.
Continued stay guidelines	• The youth is making progress toward the goals but has not made sufficient progress to consider discharge; and/or • There is sufficient clinical information to show that TFC level of care continues to be the least restrictive level of care that can meet the individual needs of the youth.
Discharge Criteria	• The youth no longer meets admission criteria or meets criteria for a more or less intense level of service; • And one of the following: o Youth has not benefited from the TFC program and there is not a reasonable expectation of further progress at this level of care. o The youth has met the goals of TFC and can be safely discharged from treatment.

FCRRC Treatment Family Care Rate Recommendations

Recommended Medicaid Rate

(Developed from prior Medicaid CBAR service components which are now unbundled services):

- 6 hrs of CTA @ 11.98 per 15 minute increment (Medicaid Rate)
  - 6 hrs x 4 to equal an hour = 24 (15 minute sessions per week)
  - 24 x $11.98 = $287.522 per week
- 2 Individual therapy sessions per week (60 min. session with LMHP)
  - 2x $112.08 (Medicaid Rate) = $224.16
- 2 Family sessions per week (potentially one with foster family and one with birth family)
  - 2 x$90.42 (Medicaid Rate) = $224.16
- 1 IDI (Initial Diagnostic Interview – 1x)
  - $125.52 (Medicaid Rate)/4 months = $31.35 (Anticipated 4 months ALOS)
- Clinical Consultation ($42.31-$87.25/hr Medicaid rate) –
  - 2 hrs/month @ $87.25 = $174.50/4.5 wks = $38.77

$287.52 + $224.16 + $180.84 + $31.35 + $38.77	= $762.64 (weekly total)
$762.64/7 (days in a week)	= $108.95/day

Therapist Salary: $48,518 (Nebraska Average according to www.indeed.com)

- Covered within the Medicaid daily rate
- 20-25 hours of direct client contact (sessions) with average of 2 sessions per week would equate to an average caseload of 1:10-
  - Need to factor in crisis on-call response, which may reduce case load to 1:8

Clinical Supervisor Salary: $65,659 (National Average according to www.ziprecruiter.com)

- A percentage of this salary is covered within the Medicaid rate (Clinical consultation)
  - 53%
- The remaining percentage should be covered within the Level 4 rate
  - 47%
- Anticipate 1 Supervisor to 8 FCS (1 FCS:6 youth) = 48 youth \
- 40 hrs/wk x 4.5=180 hours - 2 hrs. Consultation per youth (96 hours) = 84 hours non consultation
  53% Clinical consultation (96/180) = $34,799
  47% Level 4 rate (84/180) = $30,860

Recommended Administration and Support Rate:

Clinical Supervisor Salary: See above

- 47% included in the Level 4 rate ($30,860)

FCRRC Treatment Family Care Rate Recommendations

**recommended that the Clinical supervisor NOT be a requirement given the challenges to obtain clinicians in rural areas –

Respite

- Costs should be included in Admin and Support Rate to be paid directly by agency so caregivers are trained and supported according to child specific needs.
- Keeping it separate from the Foster Parent rate allows for birth families to utilize respite if TFC provided in Family Home
- Recommend 4 days per month
    - Can be utilized as partial or full
        - 12 hours or more = full day
        - 11:59 or less = partial day
    - Overnights would not automatically equate to a full day