NEBRASKA

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DEPT. OF HEALTH AND HUMAN SERVICES

Department of Health and Human Services

Treatment Family Care Services Implementation Plan

September 30, 2022

Prepared in Accordance with Neb. Rev. Stat. § 68-1210

Contents

I. Executive Summary

In April 2022, the Nebraska State Legislature approved Legislative Bill 1173[1] which was subsequently signed into law by Governor Ricketts on April 19, 2022. LB 1173 amended section 68-1210 to add subsection (2) ordering the creation of an implementation plan for Treatment Family Care Services (TFCS) in order to expand the service array for high-acuity children and youth in the Foster Care System:

(2)(a) On or before October 1, 2022, the Division of Medicaid and Long-Term Care and the Division of Children and Family Services of the Department of Health and Human Services shall develop a plan to implement treatment family care services. The plan shall be submitted to the Health and Human Services Committee of the Legislature and the Nebraska Children's Commission.

(b) On or before October 1, 2023, the Division of Medicaid and Long-Term Care shall implement treatment family care services as allowed by federal law. The department shall seek to maximize federal funding for such program prior to utilizing state Medicaid funds for eligible children.

In response to this legislative mandate, the Division of Medicaid and Long-Term Care (MLTC) and the Division of Children and Family Services (CFS) of the Department of Health and Human Services (DHHS) jointly undertook a planning process to produce Nebraska's TFCS Implementation Plan (hereafter, "the Plan"). The Plan includes an overview of the TFCS Model, and four implementation workstreams; the TFCS State Plan Amendment, Rates and Billing, Contracting, and Training, culminating with an implementation date of October 1, 2023.

DHHS took an evidence-based approach to program development. DHHS reviewed research on other states TFCS or TFCS-like programs, consulted with other states, and evaluated options for funding and for service delivery models. DHHS identified the following items as essential for improving outcomes for high-risk children and youth:

- Better access to care in the least restrictive setting
- Access to enhanced care coordination and crisis stabilization in home and community-based settings
- Trauma-informed, person-centered care delivered in a wrap-around model
- Cross divisional and cross-agency collaboration, and blended funding

During the implementation phase, DHHS will seek to operationalize the program in ways that generate administrative efficiencies and maximize opportunities for federal funding.

Nebraska's TFCS will be a wrap-around model of care that will provide intensive, highly coordinated, trauma-informed, and individualized services to children and youth in foster care (CYFC), up to age 19 who have complex mental health and/or substance use disorders that are causing functional impairment to a degree that puts them at risk of meeting criteria for placement in a more restrictive setting (e.g., psychiatric residential treatment facility). TFCS will not be an alternative to institutional placement; it may be a step-down from higher levels of care.

DHHS will seek authority to reimburse for certain TFCS services that are currently not covered by Medicaid via a 1915(i) HCBS State Plan Amendment (hereafter, "the SPA"). MLTC and CFS will jointly administer the TFCS program. Individual agency responsibilities for program administration, operation, and oversight will be determined and documented in the SPA application, scheduled for submission to CMS on or before March 1, 2023.

[1] https://nebraskalegislature.gov/FloorDocs/107/PDF/Final/LB1173.pdf

II. Planning Process and Findings

As part of the planning process, DHHS reviewed previous state foster care program reports, conducted research on other state TFCS or TFCS-like programs, consulted with other states, and evaluated options for funding and for service delivery models.

DHHS reviewed the 2020 report of the Foster Care Reimbursement Rate Committee (FCRRC) of the Nebraska Children's Commission[2] along with a variety of publicly available documents from other states. The NE behavioral health and substance use disorder Medicaid service definitions and Nebraska's State Plan[3], were also reviewed. In addition, two federally commissioned reports provided important information for the planning process:

- In 2019 the Medicaid and CHIP Payment and Access Commission (MACPAC) was charged with conducting a review for the development of an operational TFC definition and include a list of potential services to treat mental illness and trauma that would be within the scope of such a definition. Based on a review of 14 states, the MACPAC report[4] identified 5 common elements: treatment planning, specialized training, crisis support, structured activities, and behavioral health services.
- In 2018 RTI International released "State Practices in Treatment/Therapeutic Foster Care", a report commissioned by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.[5] The report explores how TFC is implemented and supported by states and includes a list of key elements of the service. Those key elements align with the common elements described in the MACPAC report but include greater emphasis on intensive or enhanced case management as a core support of the TFC service.

Key findings from these sources include:

- TFCS can be described as the practice of serving children and youth who have serious behavioral health and/or medical needs in a family-based setting rather than an institutional or group setting.
- TFCS is typically implemented as a wrap-around service delivery model, including highly trained and supervised TFCS parents paid at a higher rate than traditional foster care parents, high-intensity care coordination, crisis services and a variety of behavioral health services that vary by state.
- States typically contract with one or more "TFC Agencies" for parent recruitment, training, and supervision, crisis support services, care coordination, and a core set of behavioral health services.
- TFCS programs rely on multiple funding sources, with the most common being Medicaid and the Title IV-E Foster Care Program. Title IV-E of the Social Security Act reimburses states for daily care and supervision (room and board) for eligible children. Title IV-E also funds administrative costs for program management recruiting, and training foster parents. Medicaid is the primary funding source for treatment services within TFCS.

[2] https://childrens.nebraska.gov/PDFs/Reports/FCRRC/FCRRC%202020%20Legislative%20Report%20Final%20Electronic%20Version%2006.17.2020.pdf

[3] https://dhhs.ne.gov/Pages/Medicaid-State-Plan.aspx

[4] https://www.macpac.gov/wp-content/uploads/2019/06/Mandated-Report-on-Therapeutic-Foster-Care.pdf

[5] https://aspe.hhs.gov/sites/default/files/private/pdf/259121/TREATMENTFOSTERCARE.pdf

III. Nebraska's Treatment Family Care Services Model

Nebraska's TFCS will be a wrap-around model of care that provides intensive, highly coordinated, trauma-informed, and individualized services to children and youth in foster care (CYFC), up to age 19 who have complex mental health and/or substance use disorders that are causing functional impairment to a degree that puts them at risk of meeting criteria for placement in a more restrictive setting (e.g., psychiatric residential treatment facility). TFCS will not be an alternative to institutional placement; it may be a step-down from higher levels of care. Children and youth with co-occurring developmental or intellectual disabilities and/or who are medically fragile are included.

TFCS eligible CYFC will be placed with trained, intensely supervised, and supported TFCS parents. An important goal of TFCS is to improve placement stability by providing extra training and support to TFCS parents, as well as in-home support and intervention, to proactively address problems that might otherwise results in placement disruption. The TFCS providers, staff, and parents, will receive trauma-informed care training and additional training tailored to the individual needs of the child or youth.

DHHS will implement TFCS using a multi-phased approach, initially focused on:

- Aligning the delivery of TFCS services with the implementation of the newly updated DHHS foster care tier structure;
- Addressing the immediate need for enhanced care coordination and crisis stabilization; and
- Providing intensive, trauma-informed training for TFCS agencies and families.

A. TFCS Program Eligibility

To be eligible for TFCS, CYFC will be required to meet the following minimum requirements:

1. Placement in either Intensive Plus or Specialized foster care levels: CFS will determine the appropriate level of care utilizing established evaluation tools and criteria developed for the foster care program levels of care introduced on October 1, 2022.
2. Impaired Functioning & Service Intensity: CFS will determine the appropriate comprehensive biopsychosocial assessment screening tool(s). The Child and Family care team (CFT) will review clinical indicators of impaired functioning: Prior psychological assessment records, prior placement history, and prior treatment history. Youth must demonstrate significant levels of behavioral health needs as evidenced by Serious Emotional Disturbance (SED) determination and must reach the appropriate threshold on the selected assessment tool.

B. TFCS Services

TFCS members will receive medically necessary services and supports, which will be documented in an individualized person-centered plan of care. All TFCS members will receive a core set of services included in the SPA. During the initial phase of TFCS implementation, DHHS will seek SPA approval for enhanced care coordination, crisis stabilization, and trauma-informed care training.

Following SPA approval, the state will contract with one or more TFCS agencies (enrolled as Medicaid providers) to deliver the SPA services. The specific requirements for TFCS providers and staff will be documented in the SPA.

IV. Implementation Plan

A. TFCS Implementation Workstreams and Timeline

The TFCS Implementation Plan is organized into four workstreams depicted in Figure 1 below: the TFCS State Plan Amendment, Rates and Billing, Contracting, and Training, culminating with an implementation date of October 1, 2023. Workplans for each workstream are currently being developed and will be in place early in the 4th quarter of 2022. The workplans will capture the detailed implementation activities, processes, and decisions that will take place during the implementation year and include start and end dates, entity responsible, status, and dependencies with other workstreams or activities. Workplans will be developed, approved, and monitored by MLTC and/or CFS as applicable to the given workstream.

B. Description of Workstreams

i. TFCS State Plan Amendment

Section 1915(i) of the Social Security Act gives state Medicaid programs the flexibility to cover home and community-based services through the Medicaid State Plan Amendment (SPA) without the need to seek a federal waiver, and without the criteria that individuals be eligible for institutional care. Several states, including Nevada, provide TFCS under 1915(i) authority which offers several benefits[6]:

- Allows states to target services to a limited population, in this case, children and youth in foster care
- Can help people transition out of institutional long-term services and supports, such as Psychiatric Residential Treatment Facilities (PRTFs)
- Can help prevent institutionalization by providing services at an earlier stage in the development of illness, conserve institutional beds for the neediest cases, and shorten the length of institutional stays

DHHS will seek authority to reimburse for certain TFCS services that are currently not covered by Medicaid via a 1915(i) HCBS State Plan Amendment: enhanced care coordination, crisis stabilization, and trauma-informed training. DHHS is working with CMS to jointly develop the SPA application. The approach to several elements of the application, including program administration and operations, target group and needs-based eligibility criteria, evaluation and re-evaluation processes, and the services, have been the subject of numerous planning meetings.

At this point in the planning process, an overview of Nebraska's proposed TFCS model is in place, as described in section III. Nebraska's Treatment Family Care Services Model, of this document. All aspects of the model are subject to CMS approval.

During the initial SPA development period:

- DHHS will continue to meet to develop service definitions, participation criteria, and provider and staff qualifications for the initial phase of implementation.
- DHHS will continue to evaluate additional services and supports that may be incorporated as enhancements in later phases of TFCS implementation, such as respite.
- A 90-day period of stakeholder engagement will take place and inform the design of the TFCS program.
- A regulatory review process will be conducted concurrently with development of the SPA application; regulatory updates will take place following SPA approval.

[6] https://www.medicaid.gov/Medicaid/spa/downloads/NV-21-0002.pdf

DHHS and stakeholder experience during the initial phase of TFCS will inform the development of future iterations and enhancements to the program.

ii. Service Reimbursement Rates and Billing

DHHS is developing reimbursement methodologies, rates, and billing requirements for TFCS services. These requirements will be finalized upon approval of the SPA. DHHS will also work with Heritage Health Medicaid managed care organizations (MCOs) for those TFCS services that may be reimbursed through the managed care delivery system. This includes updating managed care capitation rates to reflect the incorporation of TFCS services.

iii. Contracting

In alignment with the completion of TFC service design and the development of reimbursement methodologies, DHHS is identifying provider entities, including prospective TFCS agencies, that the Department and Medicaid MCOs will need to contract with for the delivery and reimbursement of TFC services. The contracting process may include the development of new provider types and DHHS will work with providers to update Medicaid program enrollment and Heritage Health network enrollment as required.

iv. Training

CFS will be responsible for developing the training curriculum for TFCS agencies, staff, and parents. The curriculum development period begins before SPA approval and extends 60 days beyond SPA approval to provide time to accommodate any program modifications that take place during the CMS review and approval process. .

Figure 1 – TFCS Implementation Workstreams and Timeline