

Clinical Policy: Therapeutic Foster Care

Reference Number: OK.CP.BH.501

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[Coding Implications](#)

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Description

This clinical policy outlines the utilization management of authorization requests for therapeutic foster care services within Oklahoma Complete Health in compliance with the Oklahoma Health Care Authority: Title 317. Part 83, Therapeutic Foster Care.

Therapeutic foster care (TFC) consists of residential behavioral management services for member/enrollees who have moderate behavioral and emotional health needs, and may also present with a secondary physical, developmental, intellectual, and/or social disorder that is supported alongside the mental health need. The services are provided in a specialized foster care setting for member/enrollees who require more intensive or therapeutic services than are found in a traditional foster care setting.¹

Policy/Criteria

- I. It is the policy of Oklahoma Complete Health and Centene Advanced Behavioral Health that Therapeutic Foster Care (TFC) services are **medically necessary** when meeting all of the following:
 - A. Member/enrollee meets one of the following:
 1. Four through 17 years old;
 2. Up to 21 years old or has not yet completed high school and has requested extended services;
 - B. Diagnosis meets one of the following:
 1. Meets diagnostic criteria from the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), with the exception of V codes and adjustment disorders;
 2. Provisional diagnosis and request is to receive TFC services for a maximum of 30 days, after which an assessment must be completed confirming a current DSM diagnosis and include a detailed description of the symptoms to confirm the diagnosis;
 - C. Member/enrollee's symptoms meet all the following:
 1. Moderate behavioral and emotional needs are the primary need for professional attention, and may also present with a secondary physical, developmental, intellectual and/or social disorder that is supported alongside the mental health needs;
 2. The current disabling symptoms could not have been/have not been manageable in a less intensive treatment program, or the level of care is warranted to reduce the risk of regression of symptoms and/or sustain the gains made at a higher level of care;
 3. The member/enrollee's needs prohibit full integration in a family/home setting without the availability of twenty-four (24) hour crisis response/behavior management and clinical interventions from professional staff, preventing the member from living in a traditional family home;

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4. Member/enrollee is medically stable and not actively suicidal or homicidal and not in need of substance abuse detoxification services;
5. Member/enrollee responds to close relationships within a family setting;
- D. The legal guardian, parent or, if in custody, the Oklahoma Human Services (OHS) or Oklahoma Office of Juvenile Affairs (OJA), agrees to actively participate in the member/enrollee's treatment needs and planning;
- E. A comprehensive assessment meets all of the following. Note: For member/enrollees <18 years of age, the assessment must be completed with the direct, active, face to face participation of the member/enrollee and foster parent(s), or legal guardian or biological parent (when applicable):
 1. Completed by a licensed behavioral health professional (LBHP) or licensure candidate. Note: for provisional diagnoses, the assessment must be completed within 30 days of admission to confirm diagnosis and support the need for TFC services;
 2. Documentation includes all, but is not limited to, the following:
 - a. Date, to include month, day, and year;
 - b. Source of information;
 - c. First name, middle initial and last name;
 - d. Gender;
 - e. Birthdate;
 - f. Home address;
 - g. Telephone number;
 - h. Referral source;
 - i. Reason for referral;
 - j. Person to be notified in case of emergency;
 - k. Presenting reason for seeking services;
 - l. Start and stop time;
 - m. Dated signature of foster parent, legal guardian or other persons including the biological parent(s) participating in the assessment and member/enrollees 14 years of age and older;
 - n. Bio-psychosocial information includes all of the following:
 - i. Identification of the member's strengths, needs, abilities, and preferences;
 - ii. History of the presenting problem;
 - iii. Previous psychiatric treatment history, including treatment of psychiatric issues, substance use, drug and alcohol addiction, and other addictions;
 - iv. Health history and current biomedical conditions and complications;
 - v. Alcohol, drug, and/or other addictions history;
 - vi. Trauma, abuse, neglect, violence, and/or sexual assault history of self and/or others, including OHS involvement;
 - vii. Family and social history, including psychiatric, substance use, drug and alcohol addiction, other addictions, and trauma/abuse/neglect;
 - viii. Educational attainment, difficulties, and history;
 - ix. Cultural and religious orientation;
 - x. Vocational, occupational, and military history;
 - xi. Sexual history, including human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), other sexually transmitted diseases (STDs), and at-risk behaviors;

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- xii. Marital or significant other relationship history;
- xiii. Recreation and leisure history;
- xiv. Legal or criminal record, including the identification of key contacts (e.g., attorneys, probation officers);
- xv. Present living arrangements;
- xvi. Economic resources;
- xvii. Current support system, including peer and other recovery supports;
- o. Mental status and level of functioning information, including, but not limited to, questions regarding the following:
 - i. Physical presentation, such as general appearance, motor activity, attention, and alertness;
 - ii. Affective process, such as mood, affect, manner, and attitude;
 - iii. Cognitive process, such as intellectual ability, social-adaptive behavior, thought processes, thought content, and memory;
 - iv. All related diagnoses from the most current version of the DSM;
 - v. Pharmaceutical information for both current and past medications, to include the following:
 - a) Name of medication;
 - b) Strength and dosage of medication;
 - c) Length of time on the medication;
 - d) Benefit(s) and side effects of medication;
 - p. LBHP's interpretation of findings and diagnosis;
 - q. Dated signature and credentials of the qualified practitioner who performed the face-to face behavioral assessment. If performed by a licensure candidate, it must be countersigned by the LBHP who is responsible for the member/ enrollee's care;
- F. The Individual Plan of Care (IPC) meets one of the following:
 - 1. *Initial IPC*, all the following:
 - a. Completed by a LBHP or licensure candidate;
 - b. Completed within 30 days of admission into the program with the member, the legal guardian (OHS/ OJA), the foster parent(s), the treatment provider(s), and the biological parent(s), when applicable. Note: The IPC is not valid until all applicable signatures are obtained;
 - c. Documentation of all of the following:
 - i. All related diagnoses from the most current version of the DSM;
 - ii. Strengths, needs, abilities, and preferences (SNAP);
 - iii. Presenting challenges, problems, needs, and diagnosis;
 - iv. Specific goals for the member/enrollee;
 - v. Objectives that are specific, attainable, realistic, and time-limited;
 - vi. Each type of service and estimated frequency to be received;
 - vii. The name and credentials of all the practitioners who will be providing and are responsible for each service;
 - viii. Any needed referrals for service;
 - ix. Specific discharge criteria;
 - x. Member/enrollee's involvement in, and responses to the treatment plan, including the signature and date of member/enrollees 14 years old and over;

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2. *Updated IPC*, all the following:
 - a. Completed face to face at a minimum of every 90 days during active treatment, in either a scheduled three-month review or within the existing IPC through an addendum until the review/update is due;
 - b. Includes all of the following:
 - i. Update to the bio-psychosocial assessment, reevaluation of diagnosis, goals and/or objectives;
 - ii. Progress, or lack of, on previous goals and/or objectives;
 - iii. Statement documenting the review of the current IPC, and, if no changes are needed, an explanation and a statement addressing the status of the identified problem behavior that led to TFC placement;
 - iv. Change in goals and/or objectives (including target dates) based upon member's progress or identification of new needs, challenges, and problems;
 - v. Change in frequency and/or type of services provided;
 - vi. Change in practitioner(s) who will be responsible for providing services on the plan (as applicable);
 - vii. Change in discharge criteria;
 - viii. Description of the member/enrollee's involvement in and responses to, the treatment plan, and his/her signature and date (if 14 years old and over);
- G. The service request meets all the following:
 1. If continued treatment is requested, it is for up to six-month extensions;
 2. One to two hours of individual, family and/or group therapy is performed per week;
 3. Includes but is not limited to any of the following services:
 - a. Substance use/chemical dependency education, prevention, or therapy;
 - b. Substance use/chemical dependency rehabilitation in non-residential settings to begin, maintain and/or enhance recovery;
 - c. Psychosocial rehabilitation (PSR) and support services, all the following:
 - i. Member/enrollee is cognitively able to benefit from the service;
 - ii. Delivered face-to-face to improve the member/enrollee's ability to function in the community, improve self-care and social skills, and promote lifestyle change and recovery practices;
 - iii. Member/enrollee has a Serious Emotional Disturbance (SED) and/or moderate behavioral and emotional health needs;
 - iv. Delivered as an adjunct to more intensive behavioral health therapies;
 - d. Behavior management;
 - e. Crisis intervention to stabilize a member/enrollee's behavior and prevent placement disruption;
 - f. Case management;
 - g. Therapeutic behavioral services (TBS) to restore, retain, and improve the self-help, communication, socialization, and adaptive skills necessary to reside successfully in home and community-based settings;
 - h. Discharge planning meeting all the following:
 - i. After-care plan that identifies the member/enrollee's needs and specific recommendations for follow-up care, including continued treatment, educational services, or other community resources as applicable;
 - ii. Outlines plans that are in place at the time of discharge, one of the following:

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- a) Reunification plans (when appropriate) for member/enrollees in parental custody;
- b) Plan is developed in collaboration with the caseworker and finalized at the time of discharge for member/enrollees in the custody of OHS or OJA;
- iii. Completed in partnership Child Welfare Services (CWS) of the Oklahoma Human Services (OHS) and an LBHP within the ITFC agency.

Background

Therapeutic foster care (TFC) provides individualized treatment services in the least restrictive, non-institutional therapeutic environment, to children who require more intensive behavioral health services than available in traditional and supported foster care family settings, when additional supports are not available or have failed to stabilize the child in a lesser restrictive placement; and do not require 24-hour supervision by an adult who is not sleeping.¹

Oklahoma Human Services²

The legal basis of TFC services is identified in: OAC- 340:75-8-1. Purpose, legal basis, and definitions as:

1. Section 1-7-103 of Title 10A of the Oklahoma Statutes (10A O.S. § 1-7-103) mandates OHS review and assess each child in OHS custody to determine the type of placement consistent with the child's treatment needs in the nearest geographical proximity to the child's home.
2. OHS develops and implements a diversity of community-based services and residential care, as needed, to provide for adequate and appropriate home-based and community-based treatment or rehabilitation of each child in a:
 - (A) foster home;
 - (B) group home;
 - (C) community residential center; or
 - (D) non-secure facility consistent with the child's individualized treatment needs and, when possible, in or near the child's home community.

Oklahoma Health Care Authority¹

Title 317:30-5-740. Definitions:

Therapeutic foster care (TFC) agency is a foster care agency that provides foster care as defined in Section 1355.20 of Title 45 of the Code of Federal Regulation as twenty-four (24) hour substitute care for children placed away from their parents or guardians and for whom the title IV-E agency has placement and care responsibility. TFC settings are foster family homes.

TFC home is an agency-supervised, private family home in which foster parents have been trained to provide individualized, structured services in a safe, nurturing family-living environment. The children receiving services in this setting have moderate behavioral and emotional health needs, and may also present secondary physical, developmental, intellectual, and/or social disorder that is supported alongside the mental health needs. TFC homes are considered the least restrictive out-of-home placement for these children.

Therapeutic foster care (TFC) model is a model in which children in the TFC environment receive increased individualized behavioral health and other support services from qualified staff. Because TFC members require exceptional levels of skill, time, and supervision, the

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number of unrelated children placed per home is limited no more than two (2) TFC members may be placed in a home at any one time unless additional cases are specifically authorized by Child Welfare Services (CWS) of the Oklahoma Human Services (OHS), or Oklahoma Office of Juvenile Affairs (OJA).

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®*	Description
H0004	Behavioral health counseling and therapy, per 15 minutes
H0031	Mental health assessment, by nonphysician
H0032	Mental health service plan development by nonphysician
H0034	Medication training and support, per 15 minutes
H2011	Crisis intervention service, per 15 minutes
H2014	Skills training and development, per 15 minutes
H2017	Psychosocial rehabilitation services, per 15 minutes

Reviews, Revisions, and Approvals	Revision Date	Approval Date
New policy adapted from Oklahoma Complete Health under the prior authorization requirements outlined in the Oklahoma Health Care Authority: Title 317. Part 83. Therapeutic Foster Care	04/24	

References

1. Oklahoma Secretary of State Administrative Rules. Title 317. Oklahoma Health Care Authority. Part 83. Therapeutic Foster Care. <https://rules.ok.gov/code?q=>. Effective September 14, 2020. Accessed April 19, 2024.
2. Oklahoma Human Services. OAC: 340:75-8-1. Purpose, legal basis, and definitions. [Purpose, legal basis, and definitions \(oklahoma.gov\)](#). Revised September 15, 2023. Accessed April 19, 2024.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical

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policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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