



COUNTY OF SANTA CLARA
Behavioral Health Services
 Supporting Wellness and Recovery

Policy & Procedure Number: BHSD #CLI-009

Primary Category	Impacts
BHSD System	<input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Administration <input checked="" type="checkbox"/> Service Delivery
Funding Stream	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Non-Medi-Cal <input type="checkbox"/> Managed Care <input type="checkbox"/> Fee for Service <input type="checkbox"/> MHA <input type="checkbox"/> Block Grant <input type="checkbox"/> General Funds
Provider Type	<input checked="" type="checkbox"/> BHSD County Clinics <input checked="" type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers

BHSD POLICY & PROCEDURE

I. BHSD P&P INFORMATION

Assigned Policy Name: Screening and Service Referral for Therapeutic Foster Care (TFC)

Assigned Policy Number: CLI-009

Policy Owner: Children, Youth, and Family (CYF) System of Care

Impacted Managed Care Policy Area(s): Mark All That Apply

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|--|--|
| <input checked="" type="checkbox"/> Administration (ADM) | <input type="checkbox"/> Appeals, Grievances, Incidents (AGI) |
| <input checked="" type="checkbox"/> Clinical (CLI) | <input checked="" type="checkbox"/> Compliance and Confidentiality (COP) |
| <input checked="" type="checkbox"/> Contracts (CON) | <input type="checkbox"/> Data Management (DTM) |
| <input type="checkbox"/> Fiscal (FIS) | <input type="checkbox"/> General Operations (GEO) |
| <input checked="" type="checkbox"/> Health and Safety (HAS) | <input type="checkbox"/> Health Education (HED) |
| <input type="checkbox"/> Legal (LEG) | <input type="checkbox"/> Medical & Pharmacy (MPS) |
| <input type="checkbox"/> Member Services & Materials (MSM) | <input type="checkbox"/> Personnel (PER) |
| <input type="checkbox"/> Provider Relations (PRR) | <input checked="" type="checkbox"/> Quality Management (QAM) |
| <input type="checkbox"/> Reporting (RPT) | <input checked="" type="checkbox"/> Service Delivery (SDM) |
| <input checked="" type="checkbox"/> Utilization Management (UMR) | |

II. BHSD P&P APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance:

Date:

County Counsel:

Date:

Section B: BHSD Director

BHSD Director:

DocuSigned by:

Sherni Teras

Date: 7/1/2024

Approved/Issue Date: 6/26/2024	Last Review/Revision Date:	Next Review Date: 6/26/2027	Inactive Date:
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III. REPLACES

- New

- **REFERENCES:**

- 9 CCR § 1810.310. Implementation Plan.
- Department of Health Care Services (DHCS) and California Department of Social Services (CDSS) Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, Third Edition, January 2018
- APL 19-010; Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21
- MHSUDS IN No. 16-031E Therapeutic Foster Care (TFC) Service Model and Continuum of Care Reform (CCR)
- MHSUDS IN No. 17-009 Therapeutic Foster Care (TFC) Service Model and Parent Qualifications
- MHSUDS IN No. 19-026; Authorization of Specialty Mental Health Services
- BHIN No: 21-058; Claiming for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services
- BHIN No: 21-073; Criteria for Beneficiary Access to Specialty Mental Health Services (SMHS), Medical Necessity and Other Coverage Requirements
- BHIN No: 22-016; Authorization of Outpatient Specialty Mental Health Services
- DHCS Mental Health Plan Contract Exhibit A-E
- BHSD Policy #CLI-007 Screening and Service Request for Intensive Care Coordination (ICC) & Intensive Home Based Services (IHBS)

IV. PURPOSE:

The purpose of this policy is to implement standardized procedures regarding screening and service referrals for Therapeutic Foster Care (TFC) for Medi-Cal beneficiaries.

V. POLICY:

This policy applies to Behavioral Health Services Department (BHSD) Children, Youth and Family (CYF) System of Care participating providers serving the eligible population.

Under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits, Therapeutic Foster Care (TFC) must be available to beneficiaries who are:

1. Under aged 21 years
2. Eligible for full scope Medi-Cal services
3. In need of medically necessary Specialty Mental Health Services (SMHS)

Additional requirements for TFC include:

1. Beneficiaries being considered for TFC must be receiving Intensive Care Coordination (ICC) and other medically necessary SMHS.
2. The beneficiary must have an established Child and Family Team (CFT).
3. The CFT must determine whether the beneficiary can benefit from the TFC service model.



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TFC screening must be conducted in the context of a CFT. To align with BHSD service delivery model in providing services to support beneficiaries and families, participating providers must screen all eligible full scope Medi-Cal beneficiaries under aged 21 years who are currently receiving ICC to determine if beneficiaries have more intensive TFC needs and to facilitate coordination with placing agencies as appropriate. Providers who are responsible for TFC screening and making referrals will be indicated by BHSD.

TFC requires a Mental Health Plan (MHP) Referral. To request TFC services for a beneficiary, participating providers must submit a TFC service referral to the Plan representative of the Interagency Placement Committee (IPC), a multi-disciplinary team with representatives from CSC Behavioral Health, Child Welfare, and Juvenile Probation departments to identify placement with appropriate level of care and services. Service referrals must be submitted and approved prior to the start of TFC services. Retroactive approvals will not be granted.

VI. DEFINITIONS:

Behavioral Health Services Department (BHSD). Encompasses all behavioral health operations, managed care functions, contracts, interfaces, funding streams and services to Santa Clara County beneficiaries. Includes and is not limited to the local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Mental Health Services Act (MHSa) and Santa Clara County programs reliant on General Funds.

Beneficiary. A person seeking or receiving behavioral health services from BHSD that is either a person certified as eligible for Medi-Cal or Medicare services, or someone for whom there is no third-party payor who may become responsible for paying all or part of the person's medically necessary behavioral health services.

Child and Family Team (CFT). Child and Family Team (CFT) refers to a group of individuals who collaborate with one another to support and serve the child/youth and family to ensure that the child's/youth's needs are being met. The CFT must include the child/youth, family and representatives from the placing agency, mental health, as well as any other formal or informal supports they would like to be members of the team. This team is responsible for determining and using a variety of team-based processes to identify the strengths and needs of the child/youth and their family in order to help achieve positive outcomes for safety, permanency, and well-being. The CFT plan articulates specific strategies for achieving the child/youth and/or family's goals based on addressing identified needs. For children/youth who are receiving ICC, IHBS, or TFC, a CFT meeting must occur at least every 90 days.



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Early and Periodic Screening, Diagnosis, and Treatment (EPSDT). EPSDT is a federal entitlement that requires states and counties to provide comprehensive and preventative health care services to low-income children under 21 who are enrolled in Medicaid. In California, Medicaid is referred to as Medi-Cal. The EPSDT component of Medi-Cal aims to ensure that all children and adolescents have access to appropriate preventive, dental, mental health, substance use, developmental, and specialty services. The federal government matches state dollars to fund these mandatory services.

Intensive Care Coordination (ICC). ICC is an intensive form of clinical case management and team facilitation service that identifies ancillary supports and systems to assist with beneficiary stabilization. ICC is intended for children and youth who: (1) are involved in multiple child-serving systems; (b) have more intensive needs; and/or (c) whose treatment requires cross-agency collaboration. ICC service components include assessing; service planning and implementation; monitoring and adapting; and transition. ICC services are provided through the principles of the Integrated Core Practice Model (ICPM), including the establishment of the Child and Family Team (CFT). ICC ensures that the beneficiary's complex behavioral health needs are met through active, integrated, and collaborative participation by a CFT comprised of provider(s), family, and natural supports.

Intensive Care Coordination (ICC) Coordinators. ICC Coordinators are part of the service delivery team and must be designated to the beneficiaries receiving ICC services. They serve as the single point of accountability to ensure appropriate services are coordinated and delivered and to provide ongoing support to the beneficiary, family, and CFTs.

Intensive Home Based Services (IHBS). IHBS is a community based mental health rehabilitative and collateral service for individuals already receiving Intensive Care Coordination (ICC). IHBS are individualized, strength-based interventions designed to improve mental health conditions that interfere with a child, youth, or young adult's functioning and are aimed at helping the beneficiary build skills necessary for successful functioning in the home and community. IHBS services are provided according to an individualized treatment plan developed in accordance with the ICPM by the CFT in coordination with the family's overall service plan which may include IHBS. Service activities may include, but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

Participating Provider. A County, Individual Provider or County Contracted Provider (CCP) that has agreed to contract with the BHSD Plan to provide eligible services to beneficiaries covered by its plan.



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Plan. Provides oversight to behavioral health Medi-Cal carve out programs. BHSD Medi-Cal managed care plans include the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

Practitioner. Workforce Members that provide direct Beneficiary care services, and are licensed, registered, waived, certified or meet criteria as a paraprofessional (mental health only), or a certified peer.

Prior Authorization. The process of obtaining approval or authorization to perform a covered service in advance of its delivery. Prior authorization is required for Intensive Home Based Services, Therapeutic Behavioral Services, Therapeutic Foster Care, Outpatient Electroconvulsive Therapy. The Plan will make authorization decisions for these intensive outpatient services within five (5) business days of receipt of request, or within 72 hours if the request meets expedited review criteria.

Specialty Mental Health Services (SMHS). Specialty mental health services include but are not limited to: Assessment, Plan Development, Rehabilitation Services, Therapy Services, Collateral, Medication Support Services, Targeted Case Management, Crisis Intervention, Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) and Therapeutic Behavioral Services (TBS). SMHS are provided to Medi-Cal beneficiaries through County Mental Health Plans (MHPs). All the MHPs are part of county mental health or behavioral health departments and the MHP can provide services through its own employees or through contract providers.

Therapeutic Foster Care (TFC). A service model under the EPSDT benefit that allows for the provision of short-term, intensive, highly coordinated, trauma informed and individualized SMHS activities to children and youth up to age 21 who have complex emotional and behavioral needs and who are placed with trained, intensely supervised, and supported TFC parents. TFC is intended for children and youth who require intensive and frequent mental health support in a family environment. The TFC service is a home-based alternative to high level care in institutional settings such as group homes and Short Term Residential Therapeutic Programs (STRTPs).

VII. OVERSIGHT AND MONITORING PROCEDURE

Processes	Requirements
Onboarding and Training	To implement this policy, participating providers serving the eligible population must meet the following requirements:



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	<ol style="list-style-type: none"> 1. Onboard current and new practitioners to this policy. <ol style="list-style-type: none"> a. Review the policy and procedures document. b. Review the TFC screening and TFC service referral forms. c. Become familiar with the eligibility criteria and procedures. 2. Develop internal procedures for TFC screening, service referral coordination and documentation.
Documentation	<ol style="list-style-type: none"> 1. Participating providers must develop internal documentation standards to capture TFC related activities. 2. Screening and service referral forms must be maintained in the beneficiary record and retained for auditing purposes. 3. All TFC activities must be documented in the beneficiary record and be accessible for claims, data reporting, and chart review.
CFT Meetings	<ol style="list-style-type: none"> 1. Provision and continued necessity of TFC should be discussed every 90 days and documented in CFT meeting notes.
Service Periods	<ol style="list-style-type: none"> 1. The initial TFC service period is up to twelve (12) months. 2. If continued services are needed, the extended TFC service period is up to six (6) months per referral.

VIII. WORKFLOW PROCEDURE

Responsible Party	Action Required
ICC Coordinators	<p>TFC Screening</p> <ol style="list-style-type: none"> 1. The TFC Screening must be conducted by an ICC Coordinator, who is a member of the beneficiary's clinical team and the CFT. 2. Conduct TFC screening as clinically appropriate and in a timely manner: <ol style="list-style-type: none"> a. As clinically indicated for changes in service needs or b. When a beneficiary is being transitioned to a higher level of care. 3. Utilize the most up-to-date version of the standardized "TFC Screening Form" (Appendix A) to screen eligible full-scope Medi-Cal beneficiaries under aged 21 for TFC service needs. <ol style="list-style-type: none"> a. Complete "TFC Screening" and "TFC Screening Outcome" sections.



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	<p>TFC Service Referral <i>Initial Service Referral</i></p> <ol style="list-style-type: none"> When a beneficiary meets criteria and accepts TFC services, complete "TFC Service Referral Form" (Appendix B). Submit the service referral to the MHP representative of IPC. <ol style="list-style-type: none"> Completed TFC Screening Form. Completed TFC Service Referral Form. <p><i>Extended Service Referral</i></p> <ol style="list-style-type: none"> If the CFT determines a beneficiary is need of TFC services beyond the initial approved 12 month service period, complete "TFC Extended Service Referral Form" (Appendix C). <ol style="list-style-type: none"> Provide justification for continued services. Submit the service referral to the MHP representative of IPC. <ol style="list-style-type: none"> Completed "TFC Extended Service Referral Form". Approved initial "TFC Service Referral Form". <p>CFT Documentation</p> <ol style="list-style-type: none"> Document CFT discussions, including whether continued TFC is recommended by CFT.
Plan IPC Representative	<p>TFC Service Referral Review</p> <ol style="list-style-type: none"> The Plan Representative will review the TFC service referral submission and facilitate the IPC review process. When a service referral is received: <ol style="list-style-type: none"> Review for completeness and appropriateness. If complete and appropriate, share service referral with IPC for review and discussion. When a service referral has been reviewed by IPC: <ol style="list-style-type: none"> Complete "Service Referral Determination" section on service referral form. Facilitate IPC signatures on service referral form. Provide signed service referral form to requesting provider. Document and track incoming service referrals and outcomes.

Interagency Placement Committee (IPC)	TFC Service Referral Approval <ol style="list-style-type: none"> 1. Will oversee the determination of request for TFC services. 2. Upon approval, department IPC representatives will provide signature on the service referral form. 3. Service referrals must be submitted and approved prior to the start of TFC services. 4. Retroactive referrals will not be accepted.
Child and Family Team (CFT)	<ol style="list-style-type: none"> 1. Will review the progress of TFC at least every three (3) months, and as needed.
IX. ATTACHMENTS	<ol style="list-style-type: none"> A. TFC Screening Form B. TFC Service Referral Form C. TFC Extended Service Referral Form

X. REVISION HISTORY				
Policy Name	Active Dates Range	Date Approved	Reason for Review	Summary of Changes