APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member’s particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member’s benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

Specialized therapeutic foster care (STFC) and Therapeutic Group Home (TGH) services both included in the AHCA Specialized Therapeutic Services Coverage and Limitations Handbook. These services are designed to provide an appropriate level of care and supervision in a safe, home environment using a treatment team.

Clinical Coverage Guideline

approach. Services must include clinical interventions by the specialized therapeutic foster parent(s), a clinical staff person, and a psychiatrist. Services are appropriate for both long-term treatment and short-term crisis intervention. The goal of services is to enable an member to manage and to work towards resolution of his or her emotional, behavioral, or psychiatric problems in a highly supportive, individualized, and flexible home setting. Services may be used for crisis intervention for an member for whom placement must occur immediately in order to stabilize a behavioral, emotional or psychiatric crisis. The member must meet criteria.

**Delivery of Care**

Specialized therapeutic services and crisis intervention are available at either STFC Level I or Level II or TGH intensity depending upon the needs to the member.

**Level I Specialized Therapeutic Foster Care.** Level I services are designed to be higher acuity services and are characterized by close supervision of the member within a specialized therapeutic foster home. Services must include clinical interventions by the specialized therapeutic foster parent(s), a clinical staff person and a psychiatrist. Level I is for an member with serious emotional disturbance, including a mental, emotional or behavioral disorder as diagnosed by a psychiatrist or other licensed practitioner of the healing arts. Without specialized therapeutic foster care, the member would require admission to a psychiatric unit of a general hospital, a crisis stabilization unit or a residential treatment center or has, within the last two years, been admitted to one of these settings.

Level I is for an member who has:

1. A serious emotional disturbance, including a mental, emotional or behavioral disorder as diagnosed by a psychiatrist or other licensed practitioner of the healing arts. Without specialized therapeutic foster care, the member would require admission to a psychiatric hospital, the psychiatric unit or a general hospital, a crisis stabilization unit or a residential treatment center or has, within the last two years, been admitted to one of these settings.

AND,

2. A history of delinquent acts and has a serious emotional disturbance. The member may exhibit maladaptive behaviors such as destruction of property, aggression, running away, use of illegal substances, lying stealing, etc. The member may display impaired self-concept, emotional immaturity or extreme impulsiveness, and immaturity impairs decision-making and places the member at risk in a non-therapeutic community setting; **OR,**

   A history of abuse or neglect and serious emotional disturbance. The member’s emotional and behavioral patterns are marked by self-destructive acts, impaired self-concept, heightened aggression, or sexual acting out. Additional signs of social and emotional maladjustment such as lying, stealing, eating disorders and emotional immaturity may also be identified.

AND,

3. Been determined by the multi-disciplinary team that the member cannot be adequately treated with less intensive services.

AND,

4. Been a victim of abuse or neglect; **AND** been determined by the Department of Children and Families, district Child Welfare and Community Based Care program office to required out-of-home care.

**OR,**

5. Committed acts of juvenile delinquency; **AND,** has been adjudicated delinquent and committed to the Department of Juvenile Justice, and the court must have ordered a low-risk residential community commitment setting for the member.
Level II Specialized Therapeutic Foster Care

Level II services are less intensive and are characterized by frequent and intense contact between the specialized therapeutic foster parents, the member and the professional staff. A Level II Home must have at least one licensed parent who is not employed outside the home and is available 24 hours per day. Level II is intended to provide a high degree of structure, support, supervision and clinical intervention.

Providers must be certified annually by the designated Substance Abuse and Mental Health office, the district Child Welfare and Community Based Care program office or Juvenile Justice and area Medicaid staff as meeting the specific qualifications to provide these specialized services.

Certification will be withdrawn if the provider fails to continue to meet the specific qualifications to provide these specialized services.

Specialized therapeutic foster care services must be offered at Level I or Level II intensity depending upon the needs of the member. No more than two specialized or regular foster care members or children/adolescents committed to Juvenile Justice may reside in a home being reimbursed for specialized therapeutic foster care services.

Placement in a home certified as a Level I or Level II specialized therapeutic foster home is intended for members determined eligible for specialized therapeutic foster care services. Any exceptions to this requirement must be approved in writing by the multidisciplinary team.

Level II is for an member who meets the criteria for Level I, and:

- Exhibits more severe maladaptive behaviors such as destruction of property, physical aggression toward people or animals, self-inflicted injuries, and suicide indications or gestures, or an inability to perform activities of daily and community living due to psychiatric symptoms, AND
- The member requires more intensive therapeutic interventions and the availability of highly trained specialized therapeutic foster parents.

Crisis Intervention. Specialized therapeutic foster care services may be used for crisis intervention for an member for whom placement must occur immediately in order to stabilize a behavioral, emotional, or psychiatric crisis. The member must be in foster care or commitment status and meet Level I or Level II criteria.

Therapeutic Group Home. This service is reference by name on in the specialized therapeutic services handbook, thus making all the criteria and standards applicable to STFC and TGH using the same licensed providers.

POSITION STATEMENT

Applicable To:

- Medicaid – Florida

Exclusions

Members are excluded from this benefit when any of the following are met:

- Functional and behavioral problems are primarily related to cognitive or developmental disabilities; OR
- Medical issues prevent utilization of specialized therapeutic foster care.

Coverage

Providers of specialized therapeutic services must:

- Be certified by the Community Based Care program office and the Area Medicaid office or Juvenile Justice as a specialized therapeutic foster care services provider; AND,
- Be enrolled in Medicaid as a specialized therapeutic foster care provider.
Admission Criteria

Members must meet all of the following criteria for admission:

- No more than two specialized or regular foster care children or children committed to Juvenile Justice may reside in a home being reimbursed for specialized therapeutic services. Only in the case of placement of a sibling(s) of the therapeutic foster care child may the two-child limit be exceeded and only when the specialized therapeutic foster home has the licensed capacity; AND,

- The specialized therapeutic foster parent(s) serves as the primary agent in the delivery of therapeutic services to the member. Specialized therapeutic foster parents are specially recruited and trained in interventions designed to meet the individual needs of the member; AND,

- One of the following individuals must serve in the role of specialized therapeutic foster care clinical staff for each member:
  o Psychiatric Nurse; OR,
  o Clinical Social Worker; OR,
  o Mental Health Counselor; OR,
  o Marriage and Family Therapist; OR,
  o Mental Health Professional; OR,
  o Psychologist.

Continued Stay Criteria

The multi-disciplinary team must determine the level of specialized therapeutic services required by the member, and review each child/adolescent’s status to re-authorize services no less than every six months. A specialized therapeutic foster home may be used as a temporary crisis intervention placement for a maximum of 30 days. Any exception to this length of stay must be approved in writing by the multidisciplinary team.

In addition, there must be evidence of the following services and that the child is safe and able to benefit from the service. The member must meet all of the following criteria:

1. Clinical staff are responsible for:
   a. Directly supervising and supporting the specialized therapeutic foster parents throughout the member’s length of stay;
   b. Evaluating and assessing members who are receiving services;
   c. Contributing to and participating in the preparation of a treatment plan;
   d. Providing in-service training to the therapeutic foster care parents, targeting skills needed to comply with treatment plan requirements;
   e. Supervising the performance of the specialized therapeutic foster care parent(s);
   f. Working with the Department of Children and Families, district Child Welfare and Community Based Care program office, or Juvenile Justice counselor to coordinate other treatment initiatives, including school performance, permanency and reunification planning;
   g. Preparing and training the member’s biological or legal parents to resume care of their child/adolescent when reunification is the goal;
   h. Working with the member’s targeted case manager if one has been assigned;
   i. Conducting regularly scheduled face-to-face meetings with the specialized therapeutic foster parents in order to monitor the member’s progress and discuss treatment strategies and services;
   j. Conducting monthly visits to other community settings to observe the member’s behavioral, psychological, and psychosocial progress and to coordinate treatment evaluation.

AND,

2. Home visits have been conducted as often as necessary to support the foster parent(s) and member in making progress toward the treatment goals. A telephone call may not substitute for a home visit.
visits must be individually documented to substantiate the service. Visits will be conducted by clinical staff in accordance with the level of service designated in the member’s treatment plan, but no less than:
- Level I – once per week; OR,
- Level II and Crisis Intervention – twice per week.

AND,

3. A psychiatrist has interviewed the member to assess progress toward meeting treatment goals. A psychiatrist must update the treatment plan on an as needed basis, but at least:
- Level I – on a quarterly basis; OR,
- Level II and Crisis Intervention – on a monthly basis.

AND,

4. The treatment needs of the member still require that a specialized therapeutic foster parent be available 24 hours per day to respond to crises or to the need for special therapeutic interventions. This may require that one of the foster parents not work outside the home. A Level II specialized therapeutic foster home must have at least one licensed parent who is not employed outside the home and available 24 hours/day.

AND,

5. For crisis intervention services, a comprehensive behavioral health assessment must be initiated (through referral), by the vendor, within 10 working days of crisis intervention placement for any member who has not been previously authorized for specialized therapeutic foster care and has not had a comprehensive behavioral health assessment within the past year.

**Discharge Criteria**

To qualify for discharge:
- The symptoms/behaviors that precipitated admission have sufficiently improved so that the member can be maintained at a lesser level of care and member will not be compromised with treatment being given at a less intensive level of care; **AND**,  
- A comprehensive discharge plan has been developed in consideration of:
  - Member’s strengths social and/or familial support system, resources and skills, identification of triggers for relapse; and other factors/obstacles to improvement, and living arrangements; **AND**,  
  - Discharge is not likely to interfere with gains achieved while in specialized therapeutic foster care; **AND**  
  - Documentation of rationale for discharge addresses negative effect of multiple placements on the member, assessment of member to maintain positive gains achieved, and other discharge issues.

**CODING**

**CPT® Codes** – No applicable codes.

**HCPCS® Codes**

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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>S5145</td>
<td>Foster Care, therapeutic, child; per diem</td>
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<tr>
<td>H0019</td>
<td>Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem</td>
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<tr>
<td>H0031</td>
<td>Mental health assessment, by nonphysician</td>
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NOTE: Category could fall into any approved behavioral health diagnosis code.

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.
REFERENCES


MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

<table>
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<td>5/4/2017, 6/2/2016, 5/7/2015</td>
<td>• Approved by MPC. No updates to AHCA manuals.</td>
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<tr>
<td>6/5/2014</td>
<td>• Approved by MPC. New.</td>
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