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OF INTEREST TO

County Directors

Social Services Supervisors and
StaffMinnesota Health Care Program
Providers

Tribal Agencies

Children's Mental Health
Collaboratives

Managed Care Organizations

Foster Care Providers

ACTION/DUE DATE

Please read for information

EXPIRATION DATE

August 5, 2019

Behavioral Health Division Updates Information: Intensive Treatment in Foster Care

TOPIC

Intensive Treatment in Foster care service description, service provision standards, certification process, and fee-for-service rates.

PURPOSE

To provide updated information and clarification on the Intensive Treatment in Foster Care benefit for Minnesota Health Care Program participants as described in Minnesota Statutes, section 256B.0946.

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TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

Introduction/Purpose

This bulletin serves to inform mental health providers, counties, tribal authorities, managed care organizations, foster care providers and interested others regarding the Intensive Treatment in Foster Care (ITFC), Minnesota Health Care Program (MHCP) benefit set. This bulletin contains information on service components, eligible providers, the certification process, fee-for-service program rates, and service delivery payment requirements for this program.

Background

Therapeutic services for children placed in foster care settings has been a key component of Minnesota's Comprehensive Children's Mental Health Act, which was passed in 1989. Therapeutic support of foster care was added to the Medicaid benefit set in 1994. The Children's Therapeutic Services and Supports (CTSS) benefit set followed approximately ten years later. In 2013, the Minnesota State Legislature passed Laws of Minnesota 2013, Chapter 108, Article 4, Section 26 which amended Minnesota Statutes, section 256B.0946 to include Intensive Treatment in Foster Care.

Program Overview

ITFC is designed to help children with significant mental health symptoms and impairments in their functional abilities who are living in a family foster care setting. ITFC is a comprehensive mental health service for youth and their families who require intensive clinical and supportive ancillary services. Program services provided include psychotherapy, psychoeducation, crisis assistance and clinical care consultation.

ITFC is intended to help reduce placement disruptions or the need for higher level of care services, or as a step down from more intensive residential placements, enabling children to get the care and treatment they need while living in safe, stable home environments. These services are delivered using trauma informed, evidence based practices to achieve the treatment outcomes identified in the child or youth's individualized treatment plan (ITP). ITFC distinguishes itself from other services on the children's mental health continuum since it is an intensive clinical service that does not require a rehabilitative focus.

Services are designed to:

- Help children who require an intensive clinical mental health service to maintain the child's foster care placement and strengthen permanency planning;
- Create more flexible, coordinated service delivery among all of the child's team members (parents, foster parents and professionals);
- Provide 24 hour therapeutic support to children, parents, and foster providers
- Promote trauma informed, evidence based practices to improve outcomes for children.

ITFC services are to be provided in the community (at the child's foster home, biological family's residence, school, day care, etc.) unless otherwise noted on the treatment plan for treatment purposes. ITFC services require extensive collaboration among a number of providers or agencies to implement and monitor the child's change in functioning and symptom level. Collaboration is important as children in foster care often have

multiple providers and caregivers that need to be involved in treatment. The inclusion of the child's parents, foster parents, siblings and other treatment team members assists in concurrent and permanency planning, where clinically appropriate.

Evidence Based Practices

Services are delivered using a trauma informed approach, and clinicians must be nationally certified in either Trauma Focused Cognitive Behavioral Therapy (TF-CBT) or Trauma Informed Child/Parent Psychotherapy (TI-CPP). Clinical trainees who are fully trained in evidence based practices and receiving supervision and billing under a mental health professional who is certified, can provide TF-CBT without certification when they are within 1000 hours of applying for independent licensure.

It is recommended that the agency collaborate with the county and treatment team to ensure that the completion of a full course of trauma based treatment be incorporated into the permanency plan. If it is not possible to complete the TF-CBT or TI-CPP treatment while the child is still in the foster home placement, the ITFC provider should continue the treatment in the biological or adoptive home, and is permitted to submit billing under ITFC fee-for-service until the course of treatment is completed.

DHS may allow, in specific instances, exceptions to the requirement for clinicians to provide either TF-CBT or TI-CPP. Clinicians must provide justification to show it is in the best interests of the child/youth to utilize alternate evidence based practices. For example, if the child is under the age of 2 years, and is in what is expected to be a short-term placement, it would be acceptable to provide Attachment Bio-Behavioral Catch-up therapy (ABC) instead of the full course of TI-CPP. Other types of situations when alternate EBP's may be considered appropriate include geographical/service location issues, child and family cultural considerations, cognitive capacity or co-morbid psychiatric/behavioral/substance abuse issues.

A. Client Eligibility

To be eligible for Intensive Treatment in foster care services the child must be between the ages of 0 through 20 and meet the following criteria:

- Live in a licensed family foster care setting (where the license holder lives in the home);
- Be a recipient of Minnesota Health Care Programs;
- Have an extended diagnostic assessment within the past 180 days that documents a mental illness;
- Have documentation of medical necessity that intensive treatment services are required to treat symptoms and functional impairments within a foster family setting;
- Have a level of care determination completed by the placing county, tribe or case manager that demonstrates intensive intervention without 24-hour medical monitoring is required; and,
- Have an individual treatment plan (ITP) that clearly documents the necessity for the type of mental health service requested.

B. Referral Sources

Children and/or youth may be referred to the Intensive Treatment in Foster Care program through several sources including county workers, foster parents, family members and certified ITFC providers. All eligibility and licensing criteria must be met, providers must be certified by DHS, and a service provision contract with a county board or a reservation tribal council must be in place.

C. Eligible Services

Intensive Treatment in Foster Care is a comprehensive mental health service package for children on MHCP. Children receiving ITFC are eligible to receive a combination of these service components over the course of service delivery and these should be noted on the child's treatment plan.

Required Service Components:

- Psychotherapy (individual, family, multifamily and group);
- Crisis Assistance;
- Psychoeducational Services (individual, family, multifamily and group); and
- Clinical Care Consultation.

D. Eligible Services Definitions

As defined in [Minnesota Statutes, section 256B.0946](#).

Clinical care consultation means communication from a treating professional to other providers working with the same client to inform, inquire, and instruct regarding the client's symptoms, strategies for effective engagement, care and intervention needs, and treatment expectations across service settings including but not limited to the client's school, social services, day care, probation, home, primary care, medication prescribers, disabilities services, and other mental health providers and to direct and coordinate clinical service components provided to the client and family.

Psychoeducation services means information or demonstration provided to an individual, family or group to explain, educate, and support the individual, family or group in understanding a child's symptoms of mental illness, the impact on the child's development, and needed components of treatment and skill development so that the individual, family, or group can help the child to prevent relapse, prevent the acquisition of comorbid disorders, and achieve optimal mental health and long-term resilience.

Team consultation and treatment planning means coordination of treatment plans and consultation among providers in a group concerning the treatment needs of the child, including disseminating the child's treatment service schedule to all members of the service team. Team members must include all mental health professionals working with the child, a parent, the child unless the team lead or parent deem it clinically inappropriate, and at least two of the following: an individualized education program case manager, probation agent, children's mental health case manager, child welfare worker, including adoption or guardianship worker, primary care provider, foster parent, and any other member of the child's service team.

Crisis Assistance has the meaning given in [Minnesota Statutes, section 245.4871, subdivision 9a](#) including the development of a plan that addresses prevention and intervention strategies to be used in a potential crisis.

E. Service Delivery Requirements

Because ITFC was developed looking specifically at the treatment and permanency needs of children in foster care within the State of Minnesota, ITFC also has specific service delivery requirements in order to bill and receive payment from MHCP:

- All services must be delivered by a mental health professional or a clinical trainee, as defined in Minnesota Rules, part 9505.0371;
- Each child receiving treatment services must receive an extended diagnostic assessment within 30 days of enrollment in this service unless the child has a previous extended diagnostic assessment (completed within the past 180 days) that the child, parent, and mental health professional agree still accurately describes the child's current mental health functioning. Either an extended or standard diagnostic assessment must be completed yearly to determine continued eligibility for the service;
- Each previous and current mental health, school, and physical health treatment provider must be contacted to request documentation of treatment and assessments that the eligible child has received. This information must be reviewed and incorporated into the diagnostic assessment, and the team consultation and treatment planning review process;
- Each child receiving treatment must be assessed for a trauma history, and the child's treatment plan must document how the results of that assessment will be incorporated into treatment;
- Each child receiving services must have an individual treatment plan that is reviewed, evaluated and signed every 90 days using the team consultation and treatment planning process;
- Each child must have a crisis assistance plan within ten days of initiating services and must have access to clinical phone support 24 hours per day, seven days per week, during the course of treatment. The crisis plan must demonstrate coordination with the local or regional mobile crisis intervention team;
- Services must be delivered and documented at least three days per week, equaling at least six hours of treatment per week, unless reduced units of service are specified on the treatment plan as part of transition or on a discharge plan to another service or level of care;
- Location of service delivery must be in the child's home, day care setting, school or other community-based setting that is specified on the child's individualized treatment plan for particular treatment purposes;
- Treatment must be developmentally and culturally appropriate for the child;
- Services must be delivered in continual collaboration and consultation with the child's medical providers, and, in particular, with the prescribers of psychotropic medications, including those prescribed on an off-label basis. Members of the service team must be aware of the medication regimen and potential side effects;
- Parents, siblings, foster parents, and members of the child's permanency plan must be involved in treatment and service delivery unless otherwise noted in the treatment plan; and
- Transition planning for the child must be conducted starting with the first treatment plan and must be addressed throughout treatment to support the child's permanency plan and post discharge mental health service needs.

F. Eligible Providers

Intensive Treatment in Foster Care service components may only be provided by an agency (county, tribe or provider) that has been certified using the provider certification process developed by DHS and:

- Non-county or non-tribal providers must have a service provision contract with a county board or a reservation tribal council
- Eligible agencies must be able to demonstrate the ability to provide all of the services required under Minnesota Statute 256B.0946
- Each individual clinician providing services under ITFC must be either a licensed mental health professional or clinical trainee
- Mental health professionals must be certified in either Trauma Informed Child/Parent Psychotherapy (TI-CPP) or Trauma Focused Cognitive Behavioral Therapy (TF-CBT); clinical trainees must be trained in either TI-CPP or TF-CBT, and receiving supervision and billing under a mental health professional who is certified, and be within 1000 hours of applying for independent licensure to be eligible to provide TF-CBT.
- Each individual provider of this service must have completed and passed a criminal background check at the time of application.
- Agencies must submit client and program specific data and treatment outcome measures as requested by DHS.

All provider agencies and their qualified employees must be enrolled as MHCP providers. Mental health practitioners who are qualified as clinical trainees may also provide ITFC services under the supervision of an eligible treating provider.

G. Certification

State certification involves approval and acceptance of the provider agency's application based on the thoroughness and appropriateness of the submitted application materials and whether the agency meets the statutory standards. ITFC provider agencies will initially be certified for one year by the commissioner or designated certification body.

Before applying for initial certification, potential ITFC agencies must attend an applicant orientation session. The orientation session will include an on-site visit by DHS staff. Agencies will be expected to provide information regarding agency history, staffing and current services provided. DHS staff will provide information and orientation to the Intensive Treatment Foster Care program's services, policies and procedures. To schedule an orientation, please send an email noting your interest to DHS.ITSFC@state.mn.us.

After orientation, agencies will be expected to submit a completed application form along with a sample mock file that contains at least the following:

- Extended Diagnostic Assessment (with a trauma assessment, CASII/ECSII, SDQ and/or DC-05)
- Individual treatment plan that has been created with a team treatment planning process
- Crisis assistance plan
- Informed consent form
- Service provision contract with a county or tribe

- Two weeks of progress notes
- Individual treatment plan review (completed at three months of service)

Once agencies have state certification, they may begin outreach to counties and tribes to work with eligible children who are currently living in family foster care settings. Further information, and the downloadable certification application, application guideline and program overview are available on the ITFC website at [Intensive Treatment in Foster Care](#).

H. EBP and Population Specific Competency

Agencies may wish to note agency and clinician's individual competencies on their website and on sites such as Fast-tracker in the following areas:

- Certification in specific Evidence Based Practices
- Early Childhood Mental Health (List ages: under 5 years, over 5 years or both)
- Adoption/Attachment
- Transition Age Youth
- African American Culturally Specific
- Native American Culturally Specific
- Dual Diagnosis (mental illness and chemical dependency)

DHS will no longer include agency specific competencies on the [Intensive Treatment in Foster Care](#) website.

I. Re-certification

Once agencies have been certified, they will be on a one to three year certification cycle. Initial certification will be for one year. Re-certification will be for either two or three years. At the time of re-certification, agencies will need to participate in a site visit and program review by DHS staff. Re-certification applications will be approved based on the following requirements:

- Adherence to employee background checks and ethics training policies
- Certification in evidence based practices (TI-CPP and/or TF-CBT)
- Clinical case documentation standards
- Documentation of all program service delivery requirements
- Significant decrease in SDQ scores for children
- Decreased use of local crisis and hospital inpatient services during ITFC treatment

J. Billing Rate and Structure

ITFC is an intensive clinical service that requires 24/7 coverage availability by a licensed mental health professional or clinical trainee. In order to provide this service, agencies must have staff available to clients, their families and foster families in crisis situations beyond normal business hours. Agencies must also collaborate with local crisis programs. All face-to-face service delivery (unless documented on the treatment plan) must be provided in the child's foster home, family home, school, day care setting or other appropriate community based setting.

Clinical services are to be provided to the client group (child, foster parents, biological or pre-adoptive family, and other members of the child's permanency plan), in combination with clinical care consultation to the child's treatment or service team for at least three days per week, totaling six hours of treatment per week, unless otherwise described on the treatment plan – and due to transitioning to a different level of mental health care.

ITFC is a bundled service for MHCP and will be reimbursed at a single day per client encounter rate. The single day per client rate is based on an average of two hours of clinical service provided each day of service combined with an expectation of phone consultation and availability for both the client's family and other service providers and the need for supervision and consultation within the treatment team. The per diem rate includes, but is not limited to, ancillary services and administrative related tasks such as phone calls, paperwork, emails, faxes and copies, etc. The rate is based on current fee-for-service MHCP rates for similar services (individual and family therapy.) Travel time will be submitted along with the ITFC claim. Each single day per client encounter rate for fee-for-service clients will be \$405.41.

Counties should use BRASS code 462 when reporting Intensive Treatment in Foster Care.

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-2600 (voice) or toll free at (800) 627-3529 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.