
POLICY TRANSMITTAL NO. 10-30	DATE: MAY 25, 2010
FAMILY SUPPORT SERVICES DIVISION/OKLAHOMA HEALTH CARE AUTHORITY	DEPARTMENT OF HUMAN SERVICES OFFICE OF INTERGOVERNMENTAL RELATIONS AND POLICY

TO: ALL OFFICES

SUBJECT: MANUAL MATERIAL

OAC 317:30-5-740 through 740.1; 30-741 through 30-5-745

EXPLANATION: **Policy revisions were approved by the Board and the Governor as required by the Administrative Procedures Act.**

Rules are revised to change the reimbursement methodology for outpatient behavioral health services provided in Therapeutic Foster Care settings from an all inclusive per diem payment to fee-for-service. The requirement of "unbundling" per diem rates has been an ongoing trend for the Centers for Medicare and Medicaid Services (CMS). This change will more closely align our reimbursement with CMS preferences and requirements. Rules are also revised to update terminology, provider requirements and coverage guidelines.

Original signed on 5-24-10

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WF # 10-K (NAP)

INSTRUCTIONS FOR FILING MANUAL MATERIAL

OAC is the acronym for Oklahoma Administrative Code. If OAC appears before a number on an Appendix or before a Section in text, it means the Appendix or text contains rules or administrative law. Lengthy internal policies and procedures have the same Chapter number as the OAC Chapter to which they pertain following an "OKDHS" number, such as personnel policy at OKDHS:2-1 and personnel rules at OAC 340:2-1. The "340" is the Title number that designates OKDHS as the rulemaking agency; the "2" specifies the Chapter number; and the "1" specifies the Subchapter number.

The chronological order for filing manual material is: (1) OAC 340 by designated Chapter and Subchapter number; (2) if applicable, OKDHS numbered text for the designated Chapter and Subchapter; and (3) all OAC Appendices with the designated Chapter number. For example, the order for filing personnel policy is OAC 340:2-1, OKDHS:2-1, and OAC 340:2 Appendices behind all Chapter 2 manual material. Any questions or assistance with filing manual material will be addressed by contacting Policy Management Unit staff at 405-521-4326.

<u>REMOVE</u>	<u>INSERT</u>
317:30-5-740	317:30-5-740, 1 page only, revised 4-21-10
317:30-5-740.1	317:30-5-740.1, pages 1-3, revised 4-21-10
317:30-5-741	317:30-5-741, 1 page only, revised 4-21-10
317:30-5-742	317:30-5-742, 1 page only, revised 4-21-10
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317:30-5-743.1	317:30-5-743.1, 1 page only, revised 4-21-10
317:30-5-744	317:30-5-744, 1 page only, revised 4-21-10
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317:30-5-740. Eligible providers

(a) Definitions. The following words or terms used in this Part shall have the following meaning, unless the context clearly indicates otherwise:

(1) Therapeutic foster care (TFC) agencies. A foster care agency is an agency that provides foster care as defined in the Code of Federal Regulations (CFR) as "24-hour substitute care for children outside their own homes." Therapeutic foster care settings are foster family homes.

(2) Therapeutic foster care homes. Agency-supervised private family homes in which foster parents have been trained to provide individualized, structured services in a safe, nurturing family living environment for children and adolescents with significant emotional or behavioral problems who require a higher level of care than is found in a conventional foster home but do not require placement in a more restrictive setting. Therapeutic foster care homes are considered the least restrictive out-of-home placement for children with severe emotional disorders.

(b) TFC Agency Requirements. Eligible TFC agencies must have:

- (1) current certification from the Oklahoma Department of Human services (OKDHS) as a child placing agency;
- (2) a contract with the Division of Children and Family Services of the Oklahoma Department of Human Services, or OJA;
- (3) a contract with the Oklahoma Health Care Authority; and
- (4) a current accreditation status appropriate to provide outpatient behavioral health services in a foster care setting from:

- (A) The Joint Commission formerly the Joint Commission on Accreditation (JCAHO), or
- (B) the Rehabilitation Accreditation Commission (CARF), or
- (C) the Council on Accreditation (COA), or
- (D) the American Osteopathic Association (AOA).

317:30-5-740.1. Provider qualifications and requirements

(a) Therapeutic foster care model. Children in the TFC environment receive intensive individualized behavioral health and other support services from qualified staff. Because TFC children require exceptional levels of skill, time and supervision, the number of unrelated children placed per home is limited; no more than two TFC children in a home at any one time unless additional cases are specifically authorized by OKDHS, Division of Children and Family Services or OJA.

(b) Treatment team. TFC agencies are primarily responsible for treatment planning and coordination of the child's treatment team. This team is typically composed of an OKDHS or OJA caseworker, the child, the child's parents, others closely involved with the child and family. It also includes the following:

(1) Behavioral Health Rehabilitation Specialist (BHRS). A bachelors level team member that may provider support services and case management. In addition to the minimum requirements at OAC 317:30-5-240.3 (c), the BHRS must have:

(A) a minimum of one year of experience in providing direct care and/or treatment to children and/or families, and

(B) have access to weekly consultation with a licensed behavioral health professional.

(2) Licensed Behavioral Health Professional (LBHP). A masters level professional that provides treatment and supervision for the treatment staff to maintain clinical standards of care and provide direct clinical services. In addition to the requirements at OAC 317:30-5-240.3(a), the LBHP in a TFC setting must demonstrate a general professional or educational background in the following areas:

(A) case management, assessment and treatment planning;

(B) treatment of victims of physical, emotional, and sexual abuse;

(C) treatment of children with attachment disorders;

(D) treatment of children with hyperactivity or attention deficit disorders;

(E) treatment methodologies for emotionally disturbed children and youth;

(F) normal childhood development and the effect of abuse and/or neglect on childhood development;

(G) anger management;

(H) crisis intervention; and

(I) trauma informed methodology.

(3) Licensed Psychiatrist and/or psychologist. TFC agencies must provide staff with access to professional psychiatric or psychological consultation as deemed necessary for the planning, implementation and appropriate management of the resident's

treatment. See OAC 317:30-5-240.3(a) and OAC 317:25-275.

(4) **Treatment Parent Specialist (TPS).** The TPS serve as integral members of the team of professionals providing services for the child. The TPS receives special training in mental health issues, behavior management and parenting techniques; and implements the in-home portion of the treatment plan with close supervision and support. They provide services for the child, get the child to therapy and other treatment appointments, write daily notes about interventions and attend treatment team meetings. The TPS must be under the supervision of a licensed behavioral health professional of the foster care agency and meet the following criteria:

(A) have a high school diploma or equivalent;

(B) be employed by the foster care agency as a foster parent complete with OSBI and OKDHS background screening;

(C) completion of therapeutic foster parent training outlined in this section;

(D) have a minimum of twice monthly face to face supervision with the licensed, or under-supervision for licensure, LBHP, independent of the child's family therapy;

(E) have weekly contact with the foster care agency professional staff; and

(F) complete required annual trainings.

(c) **Agency assurances.** The TFC agency must ensure that each individual that renders treatment services (whether employed by or contracted by the agency) meets the minimum provider qualifications for the service. Individuals eligible for direct enrollment must have a contract on file with the Oklahoma Health Care Authority.

(d) **Policies and Procedures.** Eligible TFC agency providers that are defined in section OAC 317:30-5-740(a) shall have written policies and procedures for the orientation of new staff and foster parents which is reviewed and updated annually, for the following:

(1) pre-service training of foster parents in treatment methodologies and service needs of emotionally and behaviorally disturbed children;

(2) treatment of victims of physical, emotional, and sexual abuse;

(3) treatment of children with attachment disorders;

(4) treatment of children with hyperactive or attention deficit disorders;

(5) normal childhood development and the effect of abuse and/or neglect on childhood development;

(6) treatment of children and families with substance abuse and chemical dependency disorders;

(7) the Inpatient Mental Health and Substance Abuse Treatment of Minors Act;

- (8) anger management;
- (9) inpatient authorization procedures;
- (10) crisis intervention;
- (11) grief and loss issues for children in foster care;
- (12) the significance/value of birth families to children receiving outpatient behavioral health services in a foster care setting; and
- (13) trauma informed methodology.

317:30-5-741. Coverage by category

(a) **Adults.** Outpatient Behavioral Health Services in Therapeutic Foster settings are not covered for adults.

(b) **Children.** Outpatient behavioral health services are authorized in therapeutic foster care settings for certain children and youth by the designated agent of the Oklahoma Health Care Authority. The children and youth authorized for services in this setting have special psychological, social and emotional needs, requiring more intensive, therapeutic care than can be found in the traditional foster care setting. The designated children and youth must continually meet medical necessity criteria to be eligible for coverage in this setting. The medical necessity criteria are continually met for initial requests for services and all subsequent requests for services/ extensions. Medical necessity criteria is delineated in the OHCA Behavioral Health Provider Manual.

317:30-5-742. Description of services

(a) Treatment services must be provided in the least restrictive, non-institutional therapeutic milieu. The foster care setting is restorative in nature, allowing children with emotional and psychological problems to develop the necessary control to function in a less restrictive setting.

(b) Outpatient behavioral health services must include an individual plan of care for each member served. The individual plan of care requirements are set out in OAC 317:30-5-742.2(b)(1). Treatment services in a therapeutic foster care setting may include an array of services listed in (1) B (6) of this subsection as provided in the individual plan of care. Services include, but may not be limited to:

- (1) Individual, family and group therapy;
- (2) Substance abuse/chemical dependency education, prevention, and therapy;
- (3) Psychosocial rehabilitation and support services;
- (4) Behavior management
- (5) Crisis intervention; and
- (6) Case Management.

317:30-5-742.1. Reimbursement

Services provided to a member without a written individual plan of care as described in OAC 317:30-5-742.2(b)(1) will not be reimbursed.

317:30-5-742.2. Individual plan of care and prior authorization of services

(a) All outpatient behavioral health services must be prior authorized by the designated agent of the Oklahoma Health Care Authority before the service is rendered by an eligible service provider. Without prior authorization, payment is not authorized.

(b) All outpatient behavioral health services in a foster care setting are provided as a result of an individual assessment of the members needs and documented in the individual plan of care.

(1) Individual plan of care requirement.

(A) A written individual plan of care following a comprehensive evaluation for each member must be formulated by the provider agency staff within 14 days of admission with documented input from the member, legal guardian (OKDHS/OJA) staff, the foster parent (when applicable) and the treatment provider(s). It is acceptable in circumstances where it is necessary to fax a service plan to someone for review and have them fax back their signature; however, the provider must obtain the original signature for the clinical file within 30 days. No stamped or photocopied signatures are allowed. This plan must be revised and updated each 90 days with documented involvement of the legal guardian and resident.

(B) The individual plan of care must be individualized and take into account the member's age, history, diagnosis, assessed functional levels, culture, and the effect of past and current traumatic experiences in the life of the member.

It includes the member's documented full five-axis DSM-IV diagnosis, appropriate goals, and corresponding reasonable and attainable objectives and action steps within the expected time lines. Each member's individual plan of care is to also address the provider agency's plans with regard to the provision of services.

(C) Requests for outpatient behavioral services in a foster care setting will be approved for a maximum of three months.

(2) Description of Services. Agency services include:

(A) Individual, family and group therapy. See OAC 317:30-5-241.2(a),(b), and (c).

(B) Substance abuse/chemical dependency therapy. Substance abuse/chemical dependency therapy can be provided if a member is identified by diagnosis or documented social history as having emotional or behavioral problems directly related to substance abuse and/or chemical dependency. The modalities employed are provided in order to begin, maintain and enhance recovery from alcoholism, problem drinking, drug abuse, drug dependency addiction or nicotine use and addiction.

(C) Psychosocial rehabilitation (PSR).

(i) Basic living skills redevelopment. Daily activities that are age appropriate and relevant to the goals of the individual plan of care. This may include, but is not limited to, food planning and preparation, maintenance of personal hygiene and living environment, household management, personal and household shopping, community awareness and familiarization with community resources, mobility skills, and job application and retention skills.

(ii) Social skills redevelopment. Goal directed activities for each member to restore, retain and improve the self help, communication, socialization, and adaptive skills necessary to reside successfully in home and community based settings. These will be daily activities that are age appropriate, culturally sensitive and relevant to the goals of the individual plan of care. These may include self-esteem enhancement, violence alternatives, communication skills or other related skill development.

(iii) Crisis/behavior management and redirection. The provider agency must provide crisis/behavior redirection by agency staff as needed 24 hours per day, 7 days per week. The agency must ensure staff availability to respond to the residential foster parents in a crisis to stabilize members' behavior and prevent placement disruption.

(iv) Discharge planning. The provider agency must develop a discharge plan for each member. The discharge plan must be individualized, child-specific and include an after care plan that is appropriate to the member's needs, identifies the member's needs, includes specific recommendations for follow-up care and outlines plans that are in place at the time of discharge. The plan for children in parental custody must include, when appropriate, reunification plans with the parent(s)/legal guardian. The plan for children who remain in the custody of the Oklahoma Department of Human Services or the Office of Juvenile Affairs must be developed in collaboration with the case worker and in place at the time of discharge. The discharge plan is to include at a minimum, recommendations for continued treatment services, educational services, and other appropriate community resources. Discharge planning provides a transition from foster care placement into a lesser restrictive setting within the community.

317:30-5-743.1. Inspection of Care

There will be an on site Inspection of Care of each Therapeutic Foster Care (TFC) agency that provides care to members which will be performed by the OHCA or its designated agent. The OHCA will designate the members of the Inspection of Care Team. This team will consist of two team members and will be comprised of Licensed Behavioral Health Professionals and/or Registered Nurses. The Inspection may include observation and contact with members. The Inspection of Care (IOC) review will consist of members present or listed as facility residents at the beginning of the Inspection of Care visit as well as members on which claims have been filed with OHCA for TFC services. The review includes validation of certain factors, all of which must be met for the services to be compensable. Following the on-site inspection, the Inspection of Care Team will report its findings to the agency. The agency will be provided with written notification if the findings of the Inspection of Care have resulted in any deficiencies. A copy of the final report will be sent to the agency's accrediting agency. Deficiencies found during the IOC may result in a recoupment of the compensation received for that service. The individual plan of care is considered to be critical to the integrity of care and treatment and must be completed within the time lines designated at OAC 317:30-5-742.2. If the individual plan of care is missing or it is found that the child did not meet medical necessity criteria at any time, all paid services will be recouped for each day the individual plan of care was missing from the date the plan of care was due for completion.

317:30-5-744. Billing

(a) Claims must not be submitted prior to OHCA's determination of the member's eligibility and must not be submitted later than 1 year after the date of service. If the eligibility of the individual has not been determined after ten months from the date of service, a claim should be submitted in order to assure that the claim is timely filed and reimbursement from SoonerCare funds can be made should the individual be determined eligible at a later date.

(b) Claims for dually eligible individuals (Medicare/Medicaid) should be filed directly with the OHCA.

317:30-5-745. Documentation of records

All services must be reflected by documentation in the records including the date the service was provided, the beginning and ending time the service was provided, the location in which the service was provided, a description of the resident's response to the service and whether the service provided was an individual, group or family session, group rehabilitative treatment, social skills (re)development, basic living skills (re)development, crisis behavior management and redirection, or discharge planning, and the signature of the person providing the service.