

NMNC 3.304.03 Therapeutic (or “Treatment”) Foster Care

Therapeutic Foster Care is a service provided to children and adolescents in a community-based home environment by trained foster parents. The service is intended for youth who have been removed from their natural home by a child welfare agency or court; who have been placed in the custody of such agency; or who have been placed in Therapeutic Foster Care by their parent/guardian. This level of care is for children/adolescents who require more intensive supervision than is expected in traditional foster care placement and who require therapeutic interventions in addition to the routine care and protection offered in a traditional foster care model. The individual is placed in the safe and secure environment of a private home setting, licensed as a therapeutic foster care home, with adults (therapeutic foster parents) who have received specialized training in the care of children/adolescents with serious emotional, behavioral or substance use disorders. The biological and/or adoptive family may also require support and intervention, particularly if reunification is the permanency plan. Services provided in this setting include supervision, mentoring, counseling, behavioral management and crisis intervention, as needed. Therapeutic Foster Parents ensure that the youth receives needed psychiatric and psychological services, medical care and education. Therapeutic Foster Parents receive supervision and are supported by the staff and programs of the child placement agency. This level of care is transitional, typically considered for children/adolescents who have been recently discharged, or are being diverted, from residential treatment and/or observation/stabilization units. There is an expectation that the child/adolescent is maintained in the community while preparing for permanency placement, such as: return to family of origin; adoption; traditional foster care or kinship care; or independent living. Licensure and credentialing requirements specific to facilities and individual practitioners apply and are found in our provider manual/credentialing information.

Admission Criteria	Continued Stay Criteria	Discharge Criteria
<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> 1) Child/adolescent demonstrates symptoms consistent with a <i>DSM</i> or <i>ICD</i> diagnosis that requires, and can reasonably be expected to respond to, therapeutic intervention 2) Child/adolescent’s medical and psychiatric symptoms require and can be managed safely in a supervised treatment foster care home setting 3) As a result of a behavioral health diagnosis, the child/adolescent exhibits unpredictable, risk-taking or problematic behaviors significant enough to warrant placement in a specialized behavioral health home setting to support his/her efforts to meet basic needs, utilize appropriate judgment and coping skills, and comply with treatment 4) Child/adolescent demonstrates capacity to benefit from a variety of community resources, including therapeutic school, behavioral and other community supports as may be indicated. The therapeutic foster family is able to participate, on behalf of the child, in counseling and training in areas such as problem-solving, life-skills development, and medication compliance. 	<p>All of the following criteria must be met for continuing treatment at this level of care:</p> <ol style="list-style-type: none"> 1) Child/adolescent's condition continues to meet admission criteria at this level of care 2) Child/adolescent's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate 3) Treatment planning is individualized and appropriate to the individual’s changing condition with realistic and specific goals and objectives stated. Treatment planning is updated, with the child/adolescent’s and/or guardian’s participation whenever possible, which includes consideration of all applicable and appropriate treatment modalities such 	<p>Any one of the following criteria must be met for discharge from this level of care:</p> <ol style="list-style-type: none"> 1) Child/adolescent's documented treatment plan goals and objectives have been substantially met and sustained for an adequate period of time; or 2) Child/adolescent no longer meets admission criteria, or meets criteria for less or more intensive level of care, and that level of care is sufficiently available; or 3) Child/adolescent, family, guardian and/or custodian are competent but non-participatory in treatment or in following the program rules and regulations. The non-participation is of such a degree that treatment at

<p>5) Child/adolescent demonstrates capacity to function adequately in a family and community environment with the added structure and support of a specialized therapeutic foster care program</p> <p>6) It has been determined the child/adolescent cannot currently remain with his/her biological, adoptive or surrogate family due to any of the following:</p> <ul style="list-style-type: none"> a) child welfare entity or court determines to transfer custody to the child welfare agency; or b) child welfare entity or court determine to remove child/adolescent from previous home; or c) with additional supports and services, caregiver/parent is unable to manage the youth's behavioral health needs 	<p>as, social, occupational and interpersonal assessment with involvement unless contraindicated. Expected benefit from all relevant treatment modalities is documented.</p> <p>4) All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.</p> <p>5) Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of treatment have not yet been achieved or adjustments in the treatment plan to address lack of progress are evident and there is fair likelihood that the child/adolescent will demonstrate progress with these changes</p> <p>6) Care is rendered in a clinically appropriate manner and focused on the child/adolescent's behavioral and functional outcomes as described in the discharge plan</p> <p>7) When medically necessary, program coordinates medication evaluation and follow-up if needed</p> <p>8) There is documented active discharge-planning from the beginning of the placement. The discharge plan is individualized as evidenced by having specific realistic, objective and measurable discharge criteria and appropriate plans for follow-up care. The discharge plan includes the child/adolescent and family</p>	<p>this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues; or</p> <p>4) Consent for treatment is withdrawn, and it is determined that the child/adolescent or parent/guardian has the capacity to make an informed decision and the child/adolescent does not meet criteria for more intensive level of care; or</p> <p>5) Support systems, which allow the individual to be maintained in a less restrictive treatment environment, have been thoroughly explored and/or secured; or</p> <p>6) Child/adolescent is released from custody due to age, achievement of permanency, or other criteria determined by state authorities; or</p> <p>Child/adolescent is reunified with parent(s)</p>
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	<p>as appropriate and feasible. A timeline is expected for implementation and completion.</p> <p>9) There is a documented active attempt at coordination of care with relevant providers and community support systems when appropriate</p> <p>10) Family dysfunction or support system remains a barrier to return to that environment and/or other desired placement is not available at the current time</p> <p>11) Unless contraindicated, family, guardian, and/or custodian is actively involved in the treatment and discharge/permanency planning as required by the treatment plan, or there are active efforts being made and documented to involve them</p>	
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Exclusions

Any **one** of the following criteria is sufficient for exclusion from this level of care:

1. Treatment setting at this level of care is not able to provide for the safety and security of the child/adolescent; or
2. Child/adolescent requires a level of structure and supervision beyond the scope of the program; or
3. Child/adolescent does not demonstrate the capacity to function adequately in a family and community environment, even with the added structure of a specialized treatment foster care program, and instead requires a group living situation and/or an environment with 24-hour awake staffing; or
4. Other living arrangements in combination with less restrictive treatment interventions would be adequate to meet the patient’s needs; or
5. Child/adolescent has medical conditions or impairments that would prevent beneficial utilization of services, or is not stabilized on medications; or
6. Primary problem is social, economic (i.e. housing, lack of child care, etc..), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration (adult or juvenile) or as an alternative to specialized schooling (which should be provided by the school system); or
7. Treatment foster care services do not meet the expected level of intensity and/or supervision of the child/adolescent (example: multiple special needs children in the home that prevents the Therapeutic Foster Care Parent from providing the individualized attention to the child/adolescent)

Reference Sources

Beacon’s Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:

- 1) Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)

- 2) National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Care Guidelines
- 3) National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
- 4) Professional publications and psychiatric texts: [see Beacon's [Publication Reference Table](#)]
- 5) Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
- 6) National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)