FY22 SCOPE OF WORK

Name of Program/Services: Intensive Alternative Family Treatment (IAFT®)

Description of Services: IAFT® is a specialized family type, residential service provided to children/youth and their families in a community setting. Individuals needing this level of care often present with challenging behaviors; are at risk for out of home placement; will benefit from clinically focused therapeutic treatment to avoid placement in a higher level of care or planned transition from a more restrictive setting; and exhibit improved family functioning upon return to natural living home/least restrictive setting after treatment.

IAFT® provides a structured, therapeutic, and supervised home environment and family setting to ameliorate behaviors and improve the level of functioning for children/youth and their families or natural supports.

- **Intensive-**Treatment at this level is highly supervised by ongoing clinical and administrative supervision from an IAFT® Provider Agency that occurs daily with professional staff, and weekly face to face for the IAFT® Treatment Parent(s), staff and supervisors. IAFT® includes a team of professionals, embracing a System of Care philosophy, who provide a team approach to care and treatment for children/youth and their family to encourage clinical growth and improved individual/family functioning.
- **Alternative - IAFT ®** is provided to children/youth with the hope of diverting from higher levels of care or transitioning from restrictive placements. Individuals meeting entrance criteria for IAFT ® have presenting clinical needs that are difficult to place or require special treatment needs that can be better addressed with the one-on-one therapeutic services in an IAFT® home.
- **Family - IAFT®** is family focused throughout the course of treatment. Family or other designated natural supports are heavily involved from point of referral, admission processes, matching of the IAFT ® home, and discharge planning. Shared parenting is highly recommended between the parent(s)/family of permanence and the IAFT® treatment team to ensure transference of shared treatment goals and behavioral interventions. This will ensure long lasting recovery and a successful transition to home or lower level of care.
- **Treatment** – Children/youth and their families who receive IAFT® should see symptom reduction and improved interactions with others as treatment progresses. IAFT® is goal oriented and is guided by the Person Centered Plan of the children/youth and their

families. Clinical outcome measures are continuously tracked, data is gathered to inform ongoing treatment needs and is also followed post discharge to ensure treatment gains are continued following the service. Weekly therapy is provided to the child/youth and/or family, to focus on treatment goals and work to improve functional impairments as documented on the Comprehensive Clinical Assessment and PCP.

Target Population and Eligibility Criteria: IAFT® is a specialized family type residential service provided to children/youth (ages 5-20) and their families in a community setting, with a history of two or more of the following which are causing current impairments in functioning:

- Multiple out-of-home placements
- Multiple disruptions of therapeutic foster care placements due to a pattern of behavioral problems
- Inability to maintain TFC placement due to history of behaviors requiring a higher level of supervision than traditional TFC placements can provide
- One or more hospitalizations within the last year
- Chronic pattern of suspensions from school or day programming
- Adoption disruption and/or interruption
- Significant trauma history which manifests in current symptoms and behaviors

Required Outcomes:
Children/youth and their families who receive IAFT® should see symptom reduction and improved interactions with others as treatment progresses. IAFT® is goal oriented and is guided by the Person Centered Plan (PCP) of the children/youth and their families. Clinical outcome measures are continuously tracked, data is gathered to inform ongoing treatment needs, and is also followed post discharge to ensure treatment gains are continued following the service. Weekly therapy is provided by a licensed/provisionally licensed therapist to the child/youth (and/or family), to focus on treatment goals and work to improve functional impairments as documented on the Comprehensive Clinical Assessment and PCP.

IAFT® can only be provided by a Rapid Resource for Families (RRFF) approved Network provider agency with the oversight of RRFF. Upon receipt of an MCO letter of recommendation an IAFT® Network Provider agency will undergo a credentialing process through RRFF. If approved, the request will go to the RRFF Board for final disposition for acceptance into the Network.

The (14) elements of IAFT® are designed to provide intensive therapeutic services/supports to improve the individual's mental/behavioral health and prevent further decompensation once returned to family or lower level of care.

Service Location:
IAFT® is to be provided in a licensed Therapeutic Family Foster home approved by N.C. Department of Health and Human Services, Division of Social Services (Licensing Authority). In addition to remaining in full compliance to the IAFT® Elements, the IAFT® homes will adhere to additional rules and regulations as outlined in applicable therapeutic foster care licensure rules.

Staffing Requirements:
IAFT® Provider agencies are permitted to establish their own specific team composition and titles for the designated roles.
At a minimum the team roles must consist of:
- An IAFT® trained Treatment Parent(s)
- Care Coordinator/Case Manager/Consultant for the IAFT® Treatment Parent(s) and designated caseload (Qualified Professional Status)
- Supervisor for the Care Coordinator/Case Manager
- A Licensed Professional, currently licensed in NC (i.e. LPA, LPC, LMFT, LCSW, as well as associate level licensed professionals)

Process: IAFT® Practice Elements: Purpose, Application and Fidelity Markers
Based on available research, these (14) elements have been identified as most crucial to effective services in the IAFT® settings. The validity of these practice elements and the synthesis of elements has been evaluated to determine they indeed generate positive impact, and combined delivery achieves better clinical outcomes for consumers and their families/community.

1. **Outcomes measured and evaluated:** Clinical level outcomes for consumers and families, agency process outcomes are completed, tracked in the agency database (CCW) and analyzed for treatment indicators of progression, emerging needs and overall agency fidelity.
   Purpose:
   - Data driven outcomes are an important structural component of the IAFT® program. Data informed practice ensures treatment is being provided in a manner to rehabilitate and improve functioning and symptomology of consumers/families.
   - Outcomes help prove clinical effectiveness of the model as well as show trends and patterns for consumers (population) in which IAFT® is effective and those areas of the model/program that may need to be further evaluated for program improvement.
   - Agency Process outcomes (quarterly compliance scores) help ensure fidelity to the IAFT® model and best practices across all IAFT® agencies.

   Procedure:
   - Staff are trained in the CCW database and remain knowledgeable about outcome

metrics.

- Responsible staff complete outcome metrics in a timely manner and on schedule for each IAFT® consumer from admission, fixed points during treatment and upon discharge.

Fidelity Marker:

- All outcome metrics are entered into CCW within (5) business days of occurrence. Timelines and collection tools are followed as indicated in IAFT® Data Collection Protocols.
- Completion, accuracy and timeliness of outcome metrics are monitored during compliance reviews.
- Approved Waiver on file for exemption of Element for clearly stated administrative or technical reasons.

2. **One (1) IAFT® child per IAFT® treatment family**

Purpose**:**

- Focused one-on-one interventions and purposeful day to day interaction between the IAFT® consumer and IAFT® Treatment Parent(s) allows for heightened treatment and intensive management of behavior towards rehabilitation of presenting needs.

Procedure:

- Agency staff evaluate IAFT® Treatment Parent(s) for matching of consumer needs, skill level and environmental preferences to allow for treatment success and admission into the home.

Fidelity Marker:

- Placement logs indicating only one child per licensed home.
- Approved Waiver on file for exemption of Element for clearly stated clinical reasons.

3. **Caseload of 8 to 10 children per family coordinator**

Purpose:

- Limited caseloads allows for deliberate organization of case management and care coordination activities between all Child and Family Team members, involved in the consumer's care to facilitate the appropriate delivery of IAFT® services.

Procedure:

- Agency reporting method of identified Coordinator/Case Manager caseload (average 6-8). Cases can be a mixture of TFC and IAFT® cases but cannot exceed the 8-10 maximum.

Fidelity Marker:

- Caseload verification via internal agency form, verbal report or preferred method of demonstration of compliance.

4. **Behavior tracking:** Daily phone/personal contact (M-F) between IAFT® Treatment Parents and staff with tracking a minimum of 5 times a week with data for all 7 days recorded in the RRFF CCW database.

   Purpose:

   - Daily contact between staff and IAFT® Treatment Parent(s) enhances level of support, on the spot problem solving and ongoing evaluation of behaviors and interventions.
   - Track and discuss frequency of observed target behaviors throughout the day, evaluate effectiveness of IAFT® Treatment Parent intervention and overall stress level of the consumer and IAFT® Treatment Parent.
   - Attend to stress level variations of IAFT® Treatment Parent that might indicate additional supervision, training or Respite need. Build and maintain rapport and support of team through increased, purposeful and productive communication.

   Procedure:

   - Agency will define timelines and methods of daily contact (5) days a week between coordinator and IAFT® Treatment Parent.
   - Care Coordinator/Case Manager will provide support, guidance and coaching to the IAFT® Treatment Parent and record data in CCW database.

   Fidelity Marker:

   - Behavior data, frequency of intervention and overall stress level is entered into the CCW database for each week of treatment (for example, attendance log, parent notes etc.)
   - Documented observed behaviors, effectiveness of interventions utilized and overall stress level matches other forms of documentation for treatment clarity and consensus.

5. **Supervision of IAFT® Treatment Parents**: Weekly face-to-face contact between IAFT® Treatment Parent(s) and staff

   Purpose:

- Effective supervision both clinical and administrative is integral to the adherence to IAFT® fidelity.
- As a foundation to the IAFT® treatment model, the purpose of weekly supervision with the IAFT® Treatment Parent is the improvement in the quality of practice in order to improve outcomes for children and families.
- Supervision should provide a safe and reliable space to build and maintain mutual trust and respect, reflect on treatment, behaviors and shared decision making.
- Weekly sessions should also include a mixture of one-on-one training regarding a variety of topics to improve IAFT® Treatment Parent skill level and provide individualized treatment for the consumer.

Procedure:

- Documentation note reflective of training areas needed by IAFT® Treatment Parent to address individualized clinical needs of consumer and/or implementation agency model.

Fidelity Marker:

- Documentation of weekly supervision session with designated duration, location and parties present. With 60% occurring face to face in the IAFT® home at least one hour in duration each week.
- Concise documentation of session content, identified training needs, recommendations and follow up.

6. **Supervision of IAFT® staff**:

Weekly face-to-face contact between IAFT® staff and supervisors.

Purpose:

- Effective group/team supervision both clinical and administrative is integral to the adherence to IAFT® fidelity. Equally important is the teamwork and communication among team members.
- A designated time is provided for the team to review current IAFT® caseload.

Procedure:

- Supervision that is focused on proactive work being accomplished through review of behavior checklists, clinical supervision regarding IAFT® Treatment Parent interactions with consumer, rating treatment progress, training needs and changes needed in treatment planning.

Fidelity Marker:

- Documentation of weekly supervision with IAFT® team members reflecting review of treatment and consumer needs; IAFT® Treatment Parent training needs; discharge/transition planning; addressing barriers to treatment or Element implementation; recommendations and other issues as identified by team.

7. 24/7 crisis support:

Purpose:

- Proactive crisis planning, response and prevention is integral to address challenging behaviors while providing the consumer a safe and supervised opportunity to utilize new skills and coping strategies.
- Crisis supports operate on known predictive behaviors, trauma triggers, past successful interventions and response strategies for the consumer and his/her supports.

Procedure:

- Agency is to have clearly identified 24/7 crisis response protocols and responsible IAFT® trained personnel.
- Consumer Crisis Plan is to be updated as changes are made, new information is learned and identifies roles, responsibility and contacts.

Fidelity Marker:

- Crisis Plan which identifies accurate information, proactive interventions matched to consumer needs and First Responder contacts.

8. Psychiatric oversight at a minimum of once every 30 days

Purpose:

- Clinical oversight by Psychiatric staff to review and coordinate the overall clinical direction of treatment and determine with team members any other needed supports, services or recommendations.
- Team approach to assess therapeutic interventions and supports to achieve consumer/family outcomes and transition planning.

Procedure:

- Agency has internal or contracted Psychiatric staff to conduct oversight at least once every 30 days to discuss IAFT® consumers on caseload.
- Preference is to have consultation provided by a Child and Adolescent Psychiatrist. *Psychiatric Staff with the following classifications must be licensed or certified, as*

appropriate, according to North Carolina General Statutes and shall practice within the scope of practice defined by the applicable practice board. (Child and Adolescent Psychiatrist, Psychiatric Nurse Mental Health Nurse Practitioner, Physician Assistant)

Fidelity Marker:

- Documentation of Oversight every 30 days, concise content of discussion, recommendations and follow ups on a continuous basis.

9. Respite available 2 days a month for the IAFT® Treatment Parent and consumer

Purpose:

- Planned Respite for the IAFT® Treatment Parent provides a break from the day to day caregiving it is not meant solely for Crisis management of the consumer.
- Use of respite helps maintain relationships, prevent burnout and potential placement disruption.
- Respite as a built in program incentive helps the IAFT® Treatment Parent maintain commitment to the service while attending to their own emotional health and leisure needs.

Procedure:

- Agency shall identify and clearly document potential Respite IAFT® trained and licensed parents for the youth. (Examples could include notation in weekly supervision, Respite parents & service identified in PCP)
- IAFT® Treatment Parents should be encouraged to access and use Respite to maintain their functioning and stabilization of the placement as needed or identified during weekly supervision.
- IAFT® staff should allow the consumer to meet prospective Respite parent(s) to ensure smooth transition.
- IAFT® Respite parents should be provided all current and relevant information on the consumer's daily routine, crisis plan and trauma triggers, potential medical issues.

Fidelity Marker:

- Respite listed as a service along with potential IAFT® Treatment Parents on the Person-Centered Plan or other document to indicate planned and available use. Although respite is highly recommended, it is not required to be utilized.

- Approved Waiver on file for exemption of Element for clearly stated clinical reasons for Respite over 5 consecutive days.

10. Access to specialized therapeutic services as indicated and designed for the consumer and their support system

Purpose:

- Weekly face to face therapy provided to the individual and/or family members to ensure treatment progress, reduction in presenting needs and support of transition/discharge plans.
- IAFT® is an intensive treatment service designed to improve the overall emotional health and functioning of the consumer and their family/support system, therefore it is expected that the IAFT® therapist is internal to the agency and a fully integrated member of the IAFT® team.
- Individualized weekly therapy is provided to or accessed by the consumer and their family for permanence.
- If specialized therapeutic services (i.e. TFCBT, substance use disorder, sexual offending etc.) are recommended or needed and cannot be provided In-House by the Agency then coordination and ongoing treatment collaboration with an external therapist is documented and contractually agreed upon by the IAFT® agency.

Procedure:

- Identified LP (preferred to be In-house) who provides child centered, family focused individual/family therapy as clinically appropriate.
- Therapy should address the defined focus of treatment as documented in most recent CCA and PCP. Therapy should remain strength based and work towards transition to lower level of care or family reunification by skill acquisition and functioning as guided by clinician treatment model or theory utilized.

Fidelity Marker:

- Documentation of weekly therapy for the individual and or family unless contraindicated and supported by clinical documentation.
- Documentation of communication and collaboration with any external specialist as appropriate.

11. Proactive, consistent, teaching-oriented behavioral intervention system

Purpose:

- IAFT® is an EPSDT covered service; therefore behavioral interventions must be in place and utilized by IAFT® staff in a consistent and proactive manner that works to improve or maintain the consumer's behavioral health and prevent development of additional behavioral health problems.

Procedure:

- Documentation demonstrates, IAFT® Treatment Parent's and staff's understanding of the model, proactive application of model interventions aimed at improving consumer's functioning and daily interactions with others. Service/Grid notes (use of interventions)
- Weekly supervision/consultation notes show ongoing administrative and clinical supervision for staff
- Weekly Individual/Family therapy notes, PCP interventions, Grid note interventions/key; that addresses skill acquisition, symptom reduction, and changes in functioning and improvement in presenting behaviors.

Fidelity Marker:

- Various documents, adherence tasks, treatment interventions aimed at improving or maintaining consumer's behaviors and functioning level. *(Examples could include but not limited to: Behavior/reward charts; clear & stated expectations regarding rules, consequences and behaviors in all settings).*

12. Implementation of one of the four North Carolina approved training models for IAFT® Treatment Parents.

Purpose:

- Agencies will adopt and utilize a Treatment Parent training model showing some evidence of effectiveness as a training tool or Evidenced Based Practice model for the population served.

Procedure:

- Agency has approved trainers and training curriculum for one of the following: Treatment Foster Care Oregon formerly Multidimensional Treatment Foster Care, Pressley Ridge, Teaching Family or Together Facing the Challenge, verified by the approval letter from NCDSS and demonstration of training for all IAFT® families supported by treatment and integration of model fidelity.

Fidelity Marker:

- Training certificates in the model with contact hours in personnel files.
- Tenets of the chosen model are demonstrated in a variety of documentation, treatment interventions and treatment philosophy utilized within the IAFT® service.

13. Weekly documentation inclusive of efforts for parental or family of permanence engagement in IAFT® treatment and/or development of natural supports.

Purpose:

- IAFT® is designed to engage, empower, motivate and strengthen family functioning and reintegration of the consumer into the family system upon treatment completion.
- All members of the IAFT® team must embrace a Systems of Care approach that is collaborative, strength based and solution focused. All efforts should empower and motivate families to identify solutions that will remove barriers, increase healthy functioning and build protective capacity for the consumer.
- For those consumers without an identified involved family IAFT® is designed to develop and strengthen community connections based on natural supports for the consumer.

  • *If consumer is in custody of local Department of Social Services or lacks natural supports: IAFT® Provider agency and Child and Family Team works diligently to locate, build, sustain in creative means potential forms of community mentors or natural supports that could participate in consumer's plan of treatment, recovery and transition to next level of care.*

Procedure:

- On a weekly basis, Agency documents and addresses family/parent and natural supports engagement, shared parenting and decision making and ongoing solutions to improve system functioning.
- Agency documents any barriers to meeting this element as well as ongoing efforts to reduce barriers.

Fidelity Marker:

- Clear, concise documentation of weekly efforts and results of engagement of family and/or natural supports for the consumer.
- Documented follow up on recommendations to identify, remove or reduce barriers to element.

14. Integration of Model Fidelity

Purpose:

- All activities converge to support compliance with IAFT® Elements throughout treatment interactions, documentation and consumer outcomes.

Procedure:

- Agencies adherence to all practice Elements and general Best Practice standards are evident in totality of service provision and documentation.

Fidelity Marker:

- Agency compliance will be assessed during scheduled Compliance Reviews.

Data Collection Protocol and Outcome Measures:

The following timelines for IAFT® consumer data collection Elements are to be completed and entered into the CCW Database prior to admission, at intake, during treatment (i.e. daily & 3-month intervals), at discharge, and at 3-6 month follow up after discharge date. In addition is the selected outcome assessment measures for the IAFT® program.

Element/Measure	Purpose	Responsible Party	Timeline	Location w/in CCW
Referral/Intake Screen/Form	Capture and report consumer's intake and referral information, including demographic and background clinical information supporting IAFT® admission criteria.	Referral Source/Professional IAFT® Agency	-Prior to admission -Updated for accuracy upon admission -Medication and Diagnoses updated throughout treatment as changes occur	**Manager Tools** -Prior to Admission -Referral Intake
Documents	Uploaded copies of current documents to support IAFT® Treatment • PCP: reflecting IAFT®, Respite/Providers, Individualized goals and interventions • CCA- current reflecting diagnoses & treatment recommendations • Initial Authorization from MCO • EPSDT: completed, signed and dated • Crisis Plan: current • Consent Form for RRFF follow- up	IAFT® Agency	- Within 5 days of Admission -Updated as needed if major changes or revisions	**Manager Tools** -Upload forms
Admission Criteria Checklist	Developed to provide staff with additional information to inform their clinical judgement when evaluating the appropriateness of IAFT® placement and matching with prospective treatment parent.	IAFT® Agency	- Within 5 days of admission entered CCW database -Completed upon discharge (under Admission tab)	**Manager Tools** -Prior to Admission (admission & discharge) -Admission Criteria Checklist
CALOCUS	Determines the level of intensity of care needed by measuring the clinical severity and service needs of the consumer.	IAFT® Agency	- Within 5 days of Admission - Within 5 days of discharge	**Manager Tools** -Prior to Admission
Children's Global Assessment Scale C-GAS	Measures most impaired level of general functioning for a specified time period.	IAFT® Agency	-Within 5 days of admission -Every 3 months during treatment (from date of admission) - Within 5 days of discharge	**Manager Tools** -Admission -Intervals -Discharge
NC-TOPPS *(IAFT® does not reflect MCO reporting requirements)*	Measures the quality of SA/MH services and their impact on individual's lives.	IAFT® Agency	-Within 5 days of admission -Within 5 days of discharge	**Manager Tools** -Intervals -NC TOPPS update Interview
EPSDT Request	Prior approval is needed to cover the funding for IAFT® services. Provider Agency is required to complete full EPSDT request.	IAFT® Agency	-Prior to admission: signed and dated -Annually (good for 12 months)	**Manager Tools** -Prior to Admission -Upload Forms

Daily Behavior Checklist	To gather and monitor data regarding: a). frequency of problem behaviors and to measure treatment parent's perceived effectiveness and stress b). frequency of youth alternative behaviors and to measure the consumer's perceived effectiveness and stress	IAFT® Agency	-Completed during daily phone call/personal contact to IAFT® treatment parent	**Manager Tools** -Intervals -Daily Behavior Checklist
Attendance Calendar	Record the location of treatment for that day (i.e., IAFT® home, Respite, Hospital, Therapeutic leave, AWOL).	IAFT® Agency	-Completed weekly; entire month to be entered by 3rd business day of following month -Ensure validation is done	**Manager Tools** -Intervals -Attendance Calendar
Discharge Summary	To document summary of treatment, placement outcomes. Final CGAS, CALOCUS and ROLES score is provided.	IAFT® Agency	-Within 5 days of discharge	**Manager Tools** -Discharge -Discharge Summary
Consent to Release Contact Information	Developed to obtain parent/legal guardian's consent to release contact information post-discharge.	IAFT® Agency	-Uploaded upon admission -Re-evaluated at discharge (within 5 days) to ensure information is still valid.	**Manager Tools** -Discharge -Upload Forms
MHSIP -YSS -YSS-F	Measures level of satisfaction of Parent and/or consumer *(To be in compliance at least one has to be completed)*	IAFT® Agency	-Within 5 days of discharge -If feasible can be completed within last month of planned discharge to ensure data collection.	**Manager Tools** -Discharge -MHSIP
Treatment Parent Satisfaction Survey	Designed to assess the opinions about IAFT treatment delivery by the Network Provider.	RRFF Employee	-Within 30 days of discharge.	**Manager Tools** -Discharge
Follow- Up Surveys	Collects participant outcome data for program quality improvement	RRFF Employee	-3, 6, 9 month and 1 year following discharge with goal of follow up at 2nd and 3rd year post discharge	**Manager Tools** -Discharge

General guidelines for data collection, entry and administration of outcomes assessments/instruments are as follows:

1. Information entered into CCW Database should be reviewed for accuracy before 'submission' and then routinely upon entry to ensure clean data.
2. Enter all paperwork and assessment scores/results into the database of CCW within 5 days of each data collection interval.
3. Update diagnoses, medications, contact information as changes are made during treatment, or upon clarification upon admission. Updated PCP's, new CCA's uploaded as changes are made is not mandatory but is greatly appreciated.
4. Due to changes to the Comprehensive Crisis Plan being separated from PCP document, please ensure the CCP is uploaded at admission.

Utilization Management

Discharge planning shall begin at admission to the service, to include expected length of stay and potential transitional plan. Update to be required at each subsequent authorization review.

The statewide vendor authorizes admission and conducts concurrent utilization reviews. Utilization review must be conducted a minimum of every 30 days and documented in the service record.

Entrance Criteria:

The consumer is eligible for this service when:

Medically stable but may need significant intervention to comply with medical treatment.
AND
The member's identified needs cannot be met with lower level of Residential Care.
AND
There is significant clinical evidence to support that the member would benefit from an environment in which he/she is the only child in the home.
AND

A. There is a mental health or substance use disorder diagnosis (as defined by the DSM-5, or any subsequent editions of this reference material), other than a sole diagnosis of intellectual and developmental disability
B. Member is between the ages of 5 and 20
C. Parent/Guardian must be a treatment participant (including CFT meetings)
D. Based on current comprehensive clinical assessment, this service was indicated and enhanced services (i.e., IIH, MST, FCT, Intercept) and/or lower level of residential (i.e., TFC) have been tried and were ineffective OR member is stepping down from a higher level of care (i.e. Inpatient, PRTF, Residential Level IV, Residential Level III)
E. History of two or more of the following which are causing current impairments in functioning:
    a. Multiple out-of-home placements
    b. Multiple disruptions of therapeutic foster care placements due to a pattern of behavioral problems
    c. Inability to maintain TFC placement due to history of behaviors requiring a higher level of supervision than traditional TFC placements can provide
    d. One or more hospitalizations within the last year
    e. Chronic pattern of suspensions from school or day programming
    f. Adoption disruption and/or interruption
F. Significant trauma history which manifests in current symptoms and behaviors

G. Current psychiatric evaluation (within previous 12 months)
H. For members identified with or at risk for inappropriate sexual behavior:
    a. at least one (1) incident of inappropriate sexual behavior and the risk for offending/re-offending is low to moderate; **OR**
    b. low to moderate risk for sexual victimizing; **OR**
    c. Deficits that put the community at risk unless specifically treated for sexual aggression problems.

    If a, b, or c apply, then a Sex Offender Specific Evaluation (SOSE shall be provided by a trained professional and a level of risk shall be established (low, moderate, high) using the Risk Checklist for Sexual Offenders, the Juvenile Sexual Offender Decision Criteria, and a Checklist for Risk Assessment of Adolescent Sex Offenders.

Continued Stay Criteria:
The desired outcome or level of functioning has not been restored, improved or sustained over the time frame outlined in the member's service plan or the member continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

A. Member has achieved initial service plan goals and additional goals are indicated.
B. Member is making satisfactory progress toward meeting goals.
C. Member is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the member's pre-morbid level of functioning, are possible or can be achieved.
D. Member is not making progress; the service plan must be modified to identify more effective interventions.
E. Member is regressing; the service plan must be modified to identify more effective interventions.

Discharge Criteria:
The member shall be discharged from this level of care if any one of the following is true:

A. The level of functioning has improved with respect to the goals outlined in the service plan and the member can reasonably be expected to maintain these gains at a lower level of treatment.
    OR
B. The member no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.

OR

C. Discharge or step-down services can be considered when in a less restrictive environment, the safety of the member around sexual behavior, and the safety of the community can reasonably be assured.

**Note: Any denial, reduction, suspension or termination of services requires notification to the member or legal guardian about their appeal rights.*

Exclusionary Criteria: IAFT® Services cannot be provided during the same authorization period as Intensive In-Home Services, FCT, Intercept, MST Services or any closely related enhanced behavioral health treatment that would otherwise duplicate service delivery scope of IAFT®.

Note: Specialty OPT and B3 Individual Respite can be considered on an individualized basis.

EPSDT Special Provision: Exception to Policy Limitations for a Medicaid Beneficiary under 21 Years of Age

a. 42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid beneficiary under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed practitioner).

This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the beneficiary's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the beneficiary's right to a free choice of providers.
EPSDT does not require the state Medicaid agency to provide any service, product or procedure: 1. that is unsafe, ineffective, or experimental or investigational.

2. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the beneficiary's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

b. EPSDT and Prior Approval Requirements:

1. If the service, product, or procedure requires prior approval, the fact that the beneficiary is under 21 years of age does NOT eliminate the requirement for prior approval.
2. IMPORTANT ADDITIONAL INFORMATION about EPSDT and prior approval is found in the NCTracks Provider Claims and Billing Assistance Guide, and on the EPSDT provider page. The Web addresses are specified below.
NCTracks Provider Claims and Billing Assistance Guide:
https://www.nctracks.nc.gov/content/public/providers/providermanuals.html
EPSDT provider page:
https://medicaid.ncdhhs.gov/

Finance:
Code S5145 22 HA is to be billed via Alliance Claims System (ACS)

DEFINITIONS

CCW (Client Care Web)
The database developer for Rapid Resource for Families. The two entities work together to provide a referral and data collection platform to agencies and Managed Care Organizations in North Carolina.

Treatment Parents
Paid treatment providers with specialized training in the IAFT model. Treatment parents may also be referred to as Level II Therapeutic Foster Parents.

Legal Guardian
As per Chapter 122C of the Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985, Article 1 Section 122C-3, Legally Responsible Person means: (i) when applied to an adult, who has been adjudicated incompetent, a guardian; (ii) when applied to a minor, a parent, guardian, a person standing in loco parentis, or a legal custodian other than a parent who has been granted specific authority by law or in a custody order to consent for medical care, including psychiatric treatment; or (iii) when applied to an adult who is incapable as defined in G.S. 122C-72(c) and who has not been adjudicated incompetent, a health care agent named pursuant to a valid health care power of attorney.