



## SCOPE OF WORK

**Name of Program/Services: Enhanced TFC**

### **Description of Services:**

This is a risk share model with Alliance to see if TFC outcomes can be improved. The goal would be to increase step down to a lower level of care and improved functioning upon discharge. The vision is for youth and their identified step-down family to achieve a degree of wellness that supports the youth successfully stepping down. A name for the model is “Family Wellness” which incorporates Together Facing the Challenge as the base EBP. This name reflects the effort to promote family wellness for the youth in the foster home and their step-down family. The focus would be on trauma informed care and connecting families with the resources needed for stability.

### **Required Elements of the Program/Service:**

- Embedded clinical services. The SAMHSA report on TFC recommended that therapy be provided by the agency that is providing TFC. This integrates the treating clinician as an active part of the TFC Team, offering clinical direction at all stages of treatment. The clinician would be more accessible for crisis assessment, safety planning and immediate interventions. This level of clinical access is difficult to achieve when youth in care are seeing a therapist external to Provider Agency. In the event that a client is treated by an external therapist, Provider Agency could request a contract with the therapist to cover therapy and clinical consultation to ensure that clinical services are embedded.
- Behavioral Support Services. Provide 1:1 service for skill building, crisis response and support when clients are suspended from school or after school care.
- Lower Caseloads. Family Consultants would have a maximum caseload of 8 clients. This would allow more proactive planning and comprehensive case management.
- Weekly Team Review. The Family Wellness Team would consist of the Family Consultant, Therapist, Behavioral Support Specialist and Program Manager. The team would review each client weekly to determine progress and needs. The team would identify weekly what supports and resources would best serve the client based on their current functioning and life situation. This would cultivate a dynamic service that meets the client where they are with immediacy and fluidity.
- Psychiatric Review. There would be the opportunity to review client needs weekly with the Provider Agency psychiatrist if needed. This provides strong clinical support when there are concerns about clinical complexity and medication.
- Biological Family Support. Approximately 50% of youth in care are in the custody of their biological family. The remainder are in DSS custody. Those in DSS custody are in various stages of family reunification or the process of terminating parental rights. Whether DSS is involved or not, many of these families are struggling to successfully parent these youth and struggling with maintaining basic resources (food, clothing, shelter, safety). When feasible, the Provider Agency will work to connect biological families with local resources, Families United, NAMI or other support groups. The



Provider Agency will also offer training/mentoring in our model of care, Together Facing the Challenge, and continue work toward certification. This would equip biological families with the same intervention techniques used by our Therapeutic Foster Families. Family therapy would be provided to ensure the family system benefits from therapeutic leave and is ultimately prepared for reunification. This level of biological family involvement will require additional travel by the Family Wellness Team due to many families having limited transportation and/or inflexible schedules.

**UM and Target Population:**

Services comply with current Level II Family Type definition.

**Required Outcomes:**

During Treatment-Agency Measure

- No more than 20% of youth move to another TFC placement once matched and placed with TFC Home.

At Discharge-(for youth who received at least 60 days of service):

- 80% of youth move to a permanent or less restrictive setting, or planned residential program.

Six Months Post Discharge (for youth who received at least 60 days of service):

- 80% of youth have remained stable in a permanent, planned or less restrictive setting.
- Out-of-home placement: Less than 10% of youth have been placed in a higher level of residential treatment services, and less than 5% have had a psychiatric hospitalization.

Twelve Months Post Discharge (for youth who received at least 60 days of service):

- 80% of youth have remained stable in a permanent or less restrictive setting.
- Out-of-home placement: Less than 10% of youth have been placed in a higher level of residential treatment services, and less than 5% have had a psychiatric hospitalization.

**Reporting Requirements:**

- To use the CCW Database for Alliance referrals. Utilizing means that referral sources are directed to utilize the database for referral whenever possible. Agency must show database compliance at a minimum of 80% for referral response and self-certification of data accuracy monthly. Monthly agency level reports will be given to Provider Agency.
- To direct referral sources to the database



- To certify the accuracy of all the agency data entered on a monthly basis.
- To send agency personnel to training for database usage.
- To seek technical assistance as needed from Rapid Resource for Families and Alliance
- If we are not able to fulfill this agreement at any time, our rate will return to \$88.58.
- To sign my agency's annual agreement with RRF and to pay our annual licensing fee of \$450.00.

**Collaboration:**

In order to extend these supports to biological families, the Provider Agency will need the partnership of local Child Collaboratives. This Provider Agency commits to working with Alliance and local Child Collaboratives to mobilize resources that support biological family success upon step down. When needed resources are not available, the Provider Agency will identify the gaps and problem solve with our community partners. This is a step toward developing a viable support system for families that struggle to meet the needs of their children.

**Utilization Management:**

Must follow Alliance Health's Benefit Plans which can be found at [www.alliancehealthplan.org](http://www.alliancehealthplan.org) and submit service authorization requests through the Alliance Claims System (ACS) provider portal.

**Finance:**

Provider must submit all billing into the Alliance Claims System (ACS) system for reimbursement for the Family Wellness Program rendered through this Scope of Work. Provider is responsible for tracking the amount of service reimbursement they have been paid under this Scope of Work.

Billing code is S5145 for Level II Family Type at \$91.24 per diem for each bed day the youth is in placement. If consumer successfully completes the month, the last day of the month you will also bill code H0036 U3 Z4 at \$2859.68 (differential payment), 1 per 30 cumulative service days on the last day of each completed successful 30 service day period. For planned discharges not on the last day of the 30 day cycle, Provider will bill S5145 22 Z2 at a prorated rate of \$185 per day. For unplanned discharges or disruptions, you will forfeit the monthly differential payment.

