



FY22 SCOPE OF WORK

Name of Program/Services

Treatment Alternatives for Sexualized Kids (TASK)

Description of Services

Members aged 8-20 (Medicaid funded)

- Axis I diagnosis
- IQ:
 - 70 and adaptive functioning can be considered if not at 70 but there is some belief youth could be successful or
 - Under the DSM 5, IDD will be determined by IQ score and adaptive functioning. I/DD determination can be used to determine admission
- Non-Adjudicated youth or youth adjudicated of a sexual offense or an offense of a sexual nature (e.g., simple assault), and require participation in evaluation and/or treatment
- Youth requires Comprehensive Evaluation of Sexual Harm (CESH)/psychosexual assessment
- Youth requires a structured program of sex offense specific treatment including individual, group and family therapy
- Youth experiences dysregulation, whether trauma related or not, that is influencing problematic behaviors
- Youth requires development of skills related to self-regulation, communication, healthy sexuality, risk management, family conflict, delinquent peer group and peer relations, and school behavior problems
- Youth can be served in their home and family is cooperative with home visits

Youth who require foster care placement can be served when the youth cannot be maintained in the home because the victim is there or removed because parent reluctant to comply with treatment components including adequate supervision.

- TASK foster homes should be Children's Hope Alliance approved for this population
- Approved homes include a requirement for additional 1:1 training by TASK staff on boundaries, safety planning
- Approved homes preferably have no other kids in the home (0-kids preferred; 1+ kid if evaluated by TASK CFT as appropriate)
- Approved homes have the same expectations for the foster family that would be expected of the biological family including compliance with treatment, and all recommendations and orders
 - Require comprehensive safety plan for community/home living
 - Family committed to complying with all treatment requirements (safety plan, treatment requirements, recommendations)
 - Home environment able to manage prevention efforts provided in that setting

**Required Elements of the Program/Service**

Each week the child receives individual, group and family therapy along with support functions in the community (individual and group) to provide skill building and case management functions.

- 4 hours minimum per week to bill (one unit weekly) H2029 with 75% being face to face
- Case management functions are expected to include multisystem coordination such as Juvenile Court, DSS, schools, and other natural support systems.

Staff providing individual, group and family therapy are hold license or associate license in Social Work, Mental Health Counseling or Marriage and Family Therapy, or are a licensed PhD, or Licensed Psychological Associate.

Collaboration

Must collaborate with courts, other treatment providers, schools, juvenile justice and Alliance staff.

Documentation Requirements

Note per contact for H2029

1. 85% of members will experience a decrease in problematic sexual behaviors based on the Adolescent Clinical Sexual Behavioral Inventory (ACSBI) initial and final scores.
2. 85% of members will experience a decrease in their Juvenile Sex Offender Protocol II (JSOAP-II) dynamic score based on initial and final scores.

Reporting Requirements Provider must submit documentation of both the ACSBI and JSOAP-II initial and final scores for all youth who have completed treatment on a quarterly basis. In addition, Alliance Health requests data on recidivism for youth who have completed the program, at 6-months and 12-months post discharge. Reports shall be submitted to PNDProviderReports@alliancehealthplan.org. Please put the provider's name and service in the subject line of the email. All data is due no later than the 10th of the month following the end of the quarter. (Q1: October 10th; Q2: January 10th; Q3: April 10th; Q4: July 10th).

Utilization Management

Prior Authorization Required.

Service Authorization Request is entered using the H2029 code. If the disposition from the Assessment indicates the need for the TASK program, the provider submits a SAR using code H2029. Alliance Health Utilization Management will authorize in accordance with the Alliance Health benefit plan.

Authorization submission requirements:

- Service authorization request (SAR)
- Comprehensive evaluation of sexual harm assessment (CESH)



Entrance Criteria:

- Meets criteria for outpatient therapy based on Clinical Coverage Policy 8-C
- History of problem sexual behavior
- Experiencing dysregulation, whether trauma related or not, that is influencing sexually problematic behaviors
 - Self-regulation
 - Communication
 - Healthy sexuality
 - Family conflict
 - School behavior problems
 - Delinquent peer group and peer relations
 - Risk management

Continued stay criteria

- Meets continued stay criteria based on Clinical Coverage Policy 8-C
- The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the PCP
 - Identified treatment goals have not been met
 - Stage system has not been completed
 - Member has demonstrated a specific violation of safety plans
 - Member has demonstrated violation of participation agreements
 - Parent refuses to support youth and model appropriate behavior (e.g., follow safety plans, manage risk factors, and attend treatment meetings)
- The member is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the PCP
- Member does not currently demonstrate competency in one or more area of life (school, home, community)
- Parents are actively participating but not yet able to demonstrate proper structure, parenting skills, parental supervision, family communication, and/or family relationships
- Additional development of plans to address risk factors related to sexual and non-sexual reoffending

Discharge criteria:

- Meets discharge criteria based on Clinical Coverage Policy 8-C
- Member has completed all treatment requirements and finished all components of their treatment stage system, and



- Member demonstrates competency in all major areas of their lives such as school, home, and community or
- Member has met treatment goals and requirements, but may not meet all goals (e.g., academic, family, etc.), or
- Member is not able to successfully participate in home-based treatment and requires a higher level of care/out of home placement