



## FY22 SCOPE OF WORK

### Name of Program/Services

Treatment Alternatives for Sexualized Kids (TASK)

### Description of Services

Juveniles age 10-20 (Medicaid funded)

- o 18 years old may be the imposed cut off based on IPRS funding or OJJ funding
- o Axis I diagnosis
- o IQ: 70 and adaptive functioning can be considered if not at 70 but there is some belief youth could be successful or
- o Under the DSM 5, IDD will be determined by IQ score and adaptive functioning. I/DD determination can be used to determine admission.
- o 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
- o Youth requires Comprehensive Evaluation of Sexual Harm (CESH)/psychosexual assessment
- o Youth requires a structured program of sex offense specific treatment including individual, group and family therapy
- o Youth experiences dysregulation, whether trauma related or not, that is influencing problematic behaviors
- o 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.
- o Youth can be served in their homes 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.

- o TASK foster homes should be Children's Hope Alliance approved for this population
- o Approved homes include a requirement for additional 1:1 training by TASK staff on boundaries, safety planning
- o Approved homes preferably have no other kids in the home (0-kids preferred; 1+ kid if evaluated by TASK CFT as appropriate)
- o 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
- o Require comprehensive safety plan for community/home living
- o Family committed to complying with all treatment requirements (safety plan, treatment requirements, recommendations)
- o 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 community support functions (individual and group) to provide skill building and case management functions.

- o 4 hours minimum per week to bill H2029 with 75% being face to face
- o Reporting on a monthly basis to include:
  - o Dates of individual therapy sessions
  - o Dates of family therapy sessions
  - o Dates of group therapy sessions
  - o Hours spent with skill development either one-on-one or with the family members.
  - o Hours spent completing case management activities, to include;
    - o Coordination with juvenile court system
    - o Social services (as applicable)
    - o School
    - o Natural supports
    - o Dates of child and family team meetings
    - o Outcomes
    - o Recidivism
    - o Discharge Disposition
    - o Monthly Educational Progress and Safety Reports



### **Collaboration**

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

### **Documentation Requirements**

Note per contact/session for H2029, Comprehensive Evaluation of Sexual Harm

### **Reporting Requirements**

Outcomes to be reported every 90 days through the submission of the authorization:

1. All Partners clients participating in the TASK program will not engage in offending behaviors 90% of the time.
2. 85% of client will experience a reduction in the Treatment Outcome Package (TOP) tool.
3. 85% of clients will have a decrease in dynamic risk scale scores on Juvenile Sex Offender Assessment Protocol (JSOAP).
4. Partners requests data on recidivism of the youth served after the program. Ideally 6 mos. and 12 mos. post discharge data

### **Utilization Management**

Prior Authorization Required. The Partners Care Coordinator (CC) generates the referral to the TASK Program. The CC contacts the Contractor regarding referral & review for admission. The CC will work with the Contractor to ensure the provider has all the clinical information so that the SAR can be submitted. UM will work with the Contractor directly on this process. CC and the Contractor will work jointly to ensure once assessments are completed by the Contractor and disposition determined, the consumer is placed in the most clinically appropriate level of care.

Service Authorization Request is entered using the XXXXX code. If the disposition from the Assessment indicates the need for the TASK program, the Contractor submits a notification SAR using code H2029. Partners Utilization Management will authorize 90 days through a notification SAR which is essentially a pass through. Contractor agrees to submit a SAR for review and approval for H2029 every 90 days through the episode of treatment.

Continued stay criteria to be assessed every 90 days by MCO:

- ☐ The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the PCP
- o Identified treatment goals have not been met
- o Stage system has not been completed
- o Client has demonstrated a specific violations of safety plans
- o Client has demonstrated violation of participation agreements.
- o Parent refuses to support youth and model appropriate behavior (e.g., follow safety plans, manage risk factors, and attend treatment meetings).
- ☑ The client 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.
- o Client cannot demonstrate competency in one or more area of life (school, home, community)
- o Parents are actively participating but not yet able to



demonstrate proper structure, parenting skills, parental supervision, family communication, and/or family relationships o Additional development of plans to address risk factors related to sexual and non-sexual reoffending

Discharge criteria: ☐ Client has completed all treatment requirements and finished all components of their treatment stage system and ☐ Client demonstrate competency in all major areas of their lives such as school, home, and community or ☐ Client has met treatment goals and requirements, but may not meet all goals (e.g., academic, family, etc.). ☐ Client is not able to successfully participate in home based treatment and requires a higher level of care/out of home placement