



Series: 400: Placement

Policy Name: Therapeutic Level of Care Recommendations and Placement Changes

Policy Number: 404

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Regulation: 409-175 F.S.
 65C-13 F.A.C.
 65C-14 F.A.C.
 65C-15 F.A.C.
 65C-28.004 F.A.C
 CFOP 170-11
 Florida Medicaid Community Behavioral Health Services Coverage & Limitation Handbook
 Family First Prevention Services Act (FFPSA)

Policy: It is the policy of Communities Connected for Kids (CCKids) to access therapeutic levels of care for children who are in need of elevated behavioral, mental and medical needs with more therapeutic support than that of a traditional foster care setting.

Definitions:

“Point of Contact (POC)” also known as the Behavioral Health Specialist, and previously known as the Single Point of Access (SPOA), means the person or entity designated by each Community Based Care lead agency as the central point of contact for accessing residential treatment services.

“Psychiatric Residential Treatment Provider (PRTC)” also known as “Statewide Inpatient Psychiatric Program (SIPP)” means those residential mental health treatment programs enrolled with the Agency for Health Care Administration (AHCA) or contracted with a Medicaid Managed Medical Assistance (MMA) plan.

“Therapeutic Group Home (TGH)” means a 24-hour residential program licensed by AHCA under Chapter 65E-9, F.A.C., providing community-based mental health treatment and extensive mental health support services in a homelike setting to no more than 12 children who meet the criteria in ss. 394.492(5) or (6), F.S. The primary mission of a therapeutic group home is to provide treatment of children and adolescents with serious emotional disturbances. A Therapeutic Group Home is considered residential treatment and requires a determination of suitability for placement.

“Qualified Residential Treatment Programs” (QRTP) were created under FFPSA and implemented in May 2021 in Florida. Placement of a child in QRTP is for the specific purpose of addressing the child’s emotional and behavioral health need through observation, diagnosis, and treatment setting. A QRTP must obtain a TGH residential licensed through ACHA and a credential from DCF.

“Specialized Therapeutic Foster Care (STFC)” Level IV licensed foster homes that provide intensive treatment services to children under the age of 21 with emotional disturbances. STFC services are appropriate for long-term treatment and short-term crisis intervention. The goal of STFC is to enable a child to manage and work toward resolution of emotional, behavioral, or



psychiatric problems in a highly supportive, individualized, and flexible home setting. STCF Crisis Intervention may be used for a maximum of 30 days for a child for whom services must occur immediately in order to stabilize a behavioral, emotional, or psychiatric crisis

Procedure:

General Information

For children in out-of-home care, the point of contact (POC) provides consultation to child welfare professionals in assessing the need for residential treatment and in scheduling child specific staffings (CSS) with the child's multidisciplinary treatment team. In addition, the CBC point of contact is responsible for managing the process of referring children for suitability assessments and continued stay reviews as outlined in policy 208: *Child Specific Staffings*.

1. DCM will submit a uRefer for a Child Specific Staffing (CSS)
 - a. Clinical Department will schedule, complete and document recommendations during the staffing and determine if medical necessity criteria is met for a therapeutic level of care.
 - b. Clinical documentation, educational and medical information is needed for these staffings from the child welfare professional.

2. Outcome of the CSS staffing recommends a therapeutic level of care:

Recommendation for STFC Level 1 or 2 (Level IV Foster Home)

- a. POC coordinates placement of the child by reaching out to STFC providers listed on the Community Based Care Integrated Health, Inc (CBCIH) Provider Directory.
- b. Search for STFC placement should begin with providers closest to the child's removal county and expand outward as necessary until a match is identified. Consideration can also be made for providers who may be local to the area children are placed in if they have significant connections or ties to that community (schools, activities, etc.)
- c. POC will communicate placement matches with all key stakeholders (Placement Department, current caregiver, DCM, GAL, child when appropriate, etc.) so transitional planning to include scheduling a transitional MDT per policy 319 *Multidisciplinary Team Meeting* can be coordinated.
- d. POC is responsible for monitoring continued stay criteria via Child Specific Staffing (*Policy 208: Child Specific Staffings*)

Recommendation for Suitability Assessment.

This process would involve the POC coordinating a Qualified Evaluator to determine the proper level of care for a child.

- a. Qualified Evaluator (QE) Recommends a PRTC/SIPP or TGH, the POC would work on referring the child to recommended level of care placements listed in the CBCIH Provider Directory. If the recommendation is for the TGH level of care, preference should be considered for the TGH credentialed as QRTP.



- i. POC maintains a tracker of efforts to place into recommended level of care.
 - ii. CCKids Placement Services Department will update POC on placement moves of children that are pending QE recommendations or HLOC placement.
 - iii. POC will communicate placement matches with all key stakeholders (Placement Department, current caregiver, DCM, GAL, child when appropriate, etc.) so transitional planning to include scheduling a transitional MDT per policy 319 *Multidisciplinary Team Meeting* can be coordinated.
 - iv. The DCM is responsible for working with Children's Legal Services (CLS) in notifying all parties and obtain necessary court orders for residential placement.
 - v. POC is responsible for monitoring continued stay criteria as well as ensuring the 60 Day Suitability Reassessment and subsequent 90 Day Reassessments are completed upon admission into residential treatment
- b. QE does not recommend a Suitability Assessment. In the event the suitability assessment does not yield any recommendations for residential treatment, the POC may reconvene the CSS and determine if placement in an STFC home is appropriate.

3. Discharges

- a. For children recommended to step down from a therapeutic residential setting to a lower level of therapeutic residential treatment or STFC, the POC will continue to coordinated placement as outlined above.
- b. For children ready to discharge from a therapeutic level of care and need placement into licensed foster care, POC will notify CCKids Placement Services of potential discharge and start inviting them to the child specific staffings.
 - i. Placement Specialists will be responsible for placements into level II, III and/or IV homes. See policy 401 *Placement of Children in Licensed Out-of-Home Care*.
- c. For children discharging into Level I, relative/non-relative care, or returning to their parent, POC will coordinate discharge planning and placement with the assigned DCM.
- d. POC will communicate placement matches for all higher therapeutic levels of care with all key stakeholders (Placement Department, current caregiver, DCM, GAL, child when appropriate, etc.) so transitional planning which includes scheduling a transitional MDT can be coordinated.

Out of State Placements

For any child requiring placement in a PRTC out of state, the POC will work collaboratively with the Behavioral Health Supervisor and Director of Clinical & Placement Services to vet out treatment options available and will follow the escalation protocol established through the Local, Regional & State Review Teams and CFOP 170-11; 5-12. Placement out of state is considered



only after all attempts to meet the child's placement and treatment needs within the state of Florida and have failed.

DocuSigned by:
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