



## Prior Authorization for Therapeutic Foster Care (TFC) Procedure

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### Purpose

The purpose of this procedure is to provide operational guidance to the Department of Behavioral Health (DBH) workforce for reviewing requests from agencies prior to authorization of Therapeutic Foster Care (TFC), as specified in the California Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice (No.: 19-026), which require authorization prior to rendering TFC services.

### Authorization Types

Authorization Type	Authorization Requirement
Standard Authorization Request	DBH shall notify the requesting agency of an approval or denial decision made in writing within five (5) business days. A written notice must also be provided to the client specifying the decision made by DBH to deny or authorize a service request or authorization, detailing the service amount, duration, or scope that is less than what meets requirements. The notice to the client shall meet requirements for notices of adverse benefit determination. See DBH Notice of Adverse Benefit Determination (NOABD) Procedure (QM6029-4).
Expedited Authorization Request	<p>For cases in which the agency indicates, or DBH determines, that the standard timeframe could seriously jeopardize the client's life, health, or ability to attain, maintain, or regain maximum function, DBH shall make an expedited decision and provide the client with a notice regarding authorization details as the client's health condition requires, but no later than 72 hours after receipt of the request for services (CFR, title 42, section 438.210(d)(2).</p> <p>If requesting an expedited review, the agency submitting the request must consult with the agency's Manager or Clinical Supervisor regarding the review criteria and obtain their signature on the TFC request form before submitting it to the DBH Authorizations Unit. If the TFC request does not include the Manager or Clinical Supervisor's signature, the request will be processed as a standard authorization.</p>

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# Prior Authorization for Therapeutic Foster Care (TFC) Procedure, Continued

## TFC Prior Authorization Form

The requesting provider shall submit the Therapeutic Foster Care (TFC) Prior Authorization Request form (CHD022) before the provision of services as follows:

Step	Action
1	Submit TFC authorization requests to the Authorizations Unit using encrypted email to DBH-PriorAuthReq@dbh.sbcounty.gov. For encryption requirements refer to Electronic Mail Policy (IT5005).
2	Indicate the requesting agency name in the subject line of the email.  <b>Note:</b> When sending an email, PHI identifiers should <b>not</b> be included in the subject line of an email or notated as the title of an attachment. PHI identifiers include a client's initials.
3	If requesting an expedited review, indicate "Expedited Request" on the subject line to alert the Authorizations Unit of expedited processing timeframes.
4	If the agency does not have encrypted email capabilities, the agency may fax the TFC authorization request to (909) 890-0353. <ul style="list-style-type: none"><li>• If faxing, the agency shall contact the Authorizations Unit at (909) 386-9740 to notify them that the TFC authorization request form will be faxed.</li></ul>

The request for Authorization must include the following clinical documents:

- Screening Tool for TFC (CHD024)
- Clinical Assessment
- Problem List
- Current Intensive Care Coordination (ICC) Care Plan
- Child Adolescent Needs and Strengths (CANS) or Adult Needs and Strengths Assessment (ANSA)
- Child and Family Team Meeting (CFTM) Individualized Care Plan (ICP)

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# Prior Authorization for Therapeutic Foster Care (TFC) Procedure, Continued

## Review of TFC Prior Authorization Request Form

For a child/youth to be considered as potentially eligible for TFC, they must:

- Have full-scope Medi-Cal;
- Be under 21 years of age;
- Be involved with multiple agencies such that Intensive Care Coordination is required;
- Be engaged in ICC Services;
- Have an established Child and Family Team (CFT), and
- Have a situation/condition that supports the need for TFC.

The table below describes important information for DBH to consider during the authorization review process:

If...	Then...
One of the above criteria is not indicated on the TFC Authorization Request Form and the TFC Screening Tool.	The request for Authorization will be denied.
Based upon a review of this form, the child/youth is potentially eligible.	Then a review of clinical documentation will determine if TFC should be authorized.

## Review of Clinical Records

Each of the clinical documents listed above is reviewed to support the Authorization of TFC. The table below describes the required review order and criteria needed to support Authorization. If at any point the decision is to deny Authorization, then the Notice of Adverse Benefit Determination (NOABD) Procedure (QM6029-4) must be followed. DBH shall review the Authorization and determine as follows:

Step	Action	
1	Review problem list to verify the ICD-10-CM diagnosis.	
	If...	Then...
	The diagnosis is not valid,	Deny TFC authorization.
	The diagnosis is valid,	Review CANS/ANSA.

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## Prior Authorization for Therapeutic Foster Care (TFC) Procedure, Continued

### Review of Clinical Records, continued

2	CANS/ANSA scores must:	
	<ul style="list-style-type: none"> <li>Indicate at least one (1) Behavioral/Emotional Item and/or Risk Behavior is dangerous or disabling and requires immediate or intensive action to be addressed (i.e., "3"). A module may include such items (e.g., Early Childhood, TAY, etc.).</li> <li>Indicate a functional impairment for one (1) additional item that is disabling and requires immediate or intensive action (i.e. "3").</li> </ul>	
	<b>If...</b>	<b>Then...</b>
	Criteria is <u>not</u> met,	The Authorization of TFC must be denied due to the assessment not supporting the need for intensive services.
3	Criteria <u>is</u> met,	Review remaining documentation.
	Review the Clinical Assessment to decide if the assessment supports diagnosis and medical necessity for SMHS and TFC.	
4	<b>Note:</b> If Clinical Assessment does not support the diagnosis and medical necessity, then deny Authorization based on medical necessity not being established.	
	Review the care plan to determine if it satisfies the provision of services.	
	<b>If...</b>	<b>Then...</b>
	The care plan does not include ICC.	The Authorization of TFC must be denied due to the requirement of ICC not being incorporated into treatment.
	The care plan does include ICC, the above requirements are met, and the clinical assessment supports diagnosis and medical necessity for SMHS and TFC.	Authorize TFC for up to 90 days and provide Authorization to the TFC agency that completed the care plan.

**Note:** If the client has been receiving TFC, the "Authorization" serves as an extension. Requests for additional authorization of services may be submitted within 30 days before the end date of the existing Authorization.

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# Prior Authorization for Therapeutic Foster Care (TFC) Procedure, Continued

## Documentation Signature Requirements

The following table describes documentation signature requirements:

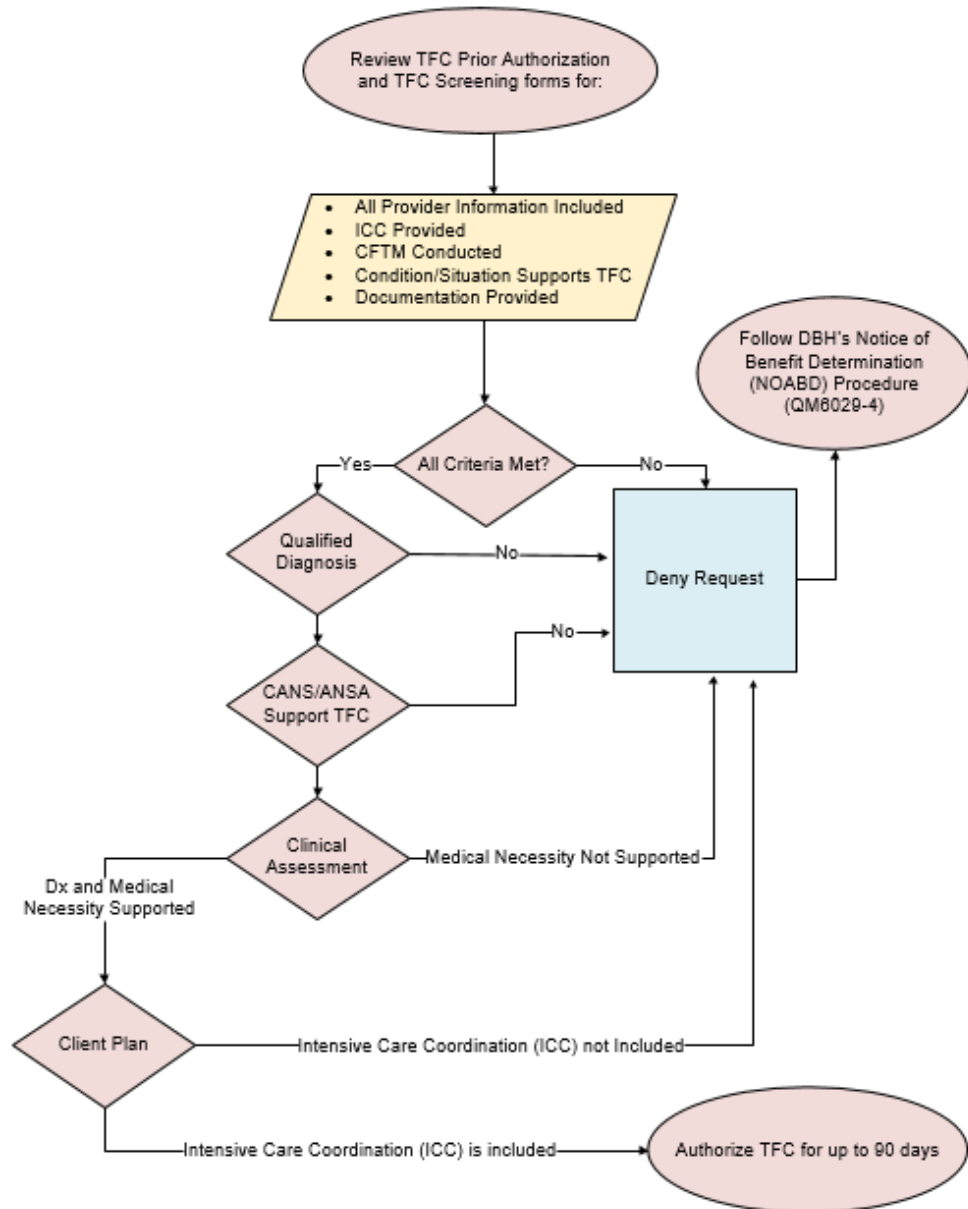
Document	Required Provider Signature
CFTM Individualized Care Plan	<ul style="list-style-type: none"> <li>Any staff that is part of the Child and Family Team.</li> <li>Child/Youth as evidence of participation in the CFTM. If the child/youth is unavailable or refuses to sign, then a written explanation about why the signature could not be obtained must be submitted.</li> <li>Best Practice is to include signatures from: <ul style="list-style-type: none"> <li>Parent/Guardian</li> <li>Staff from other agencies involved with child/youth</li> </ul> </li> </ul>
Problem List	No Signature Required
CANS/ANSA	No Signature Required
Clinical Assessment	The signature of a Licensed Practitioner of the Healing Arts (LPHA) is not required. <b>However, an attempt to obtain a signature from an LPHA is both best practice and highly suggested.</b>
Care Plan	<ul style="list-style-type: none"> <li>A Signature is NOT required from the client and/or guardian (if applicable) if the plan is written in a progress note as a Care Plan in compliance with documentation requirements.</li> <li>If completed within a stand alone document and not a progress note, then signatories should include the following: <ul style="list-style-type: none"> <li>The TFC parent who assisted in the development of the treatment plan and is involved in providing TFC.</li> <li>Specialty Mental Health Provider (SMHP) collaboration as evidenced by documentation indicating agreement with the treatment plan.</li> <li>Child/Youth participation and agreement as evidenced by documentation within the clinical record, indicating agreement with the treatment plan. If the child/youth is unavailable or refuses to sign, then a written explanation about why the signature could not be obtained must be submitted.</li> </ul> </li> </ul>

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# Prior Authorization for Therapeutic Foster Care (TFC) Procedure, Continued

## TFC Prior Authorization Flowchart

The below flowchart describes the TFC Prior Authorization process.



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## Referenced Forms, Policies, and Procedures

### [DBH Standard Practice Manual and Forms:](#)

- Therapeutic Foster Care (TFC) Prior Authorization Request form (CHD022)
  - Prior Authorization for Therapeutic Foster Care (TFC) Policy (CHD023)
  - Screening Tool for Therapeutic Foster Care (TFC) Services Referral Form (CHD024)
  - Change to Electronic Mail Policy (IT5005)
  - NOABD Procedure (QM6029-4)
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## Reference(s)

- [California Department of Health Care Services MHSUDS Information Notice No.: 19-026: Authorization of Specialty Mental Health Services](#)
- [Medi-Cal Manual for Intensive Care Coordination \(ICC\), Intensive Home Based Services \(IHBS\), and Therapeutic Foster Care \(TFC\) Services for Medi-Cal Beneficiaries, Third Edition \(January 2018\)](#)
- [Code of Federal Regulations, Title 42, Section 438.910](#)