Request for Contract – Information Summary
FY16 SCOPE OF WORK TEMPLATE

To be completed by staff for any amount over $1,000.00. If necessary, additional information may be requested regarding the vendor prior to proceeding with the contract process.

Name of Program/Services.
Enhanced Therapeutic Foster Care

Description of Services.
The Enhanced Therapeutic Foster Care model will address the needs of therapeutic foster care children with significant disruptive behaviors. This model provides increased support and supervision to therapeutic parents and provides one-on-one behavioral support for the therapeutic foster child.

Alliance has limited appropriate treatment alternatives for youth with significant disruptive behaviors. Several times Utilization Management (UM) has denied both PRTF and Residential Level III level of care, with the recommendation of TFC for a child/youth. However, TFC agencies could not find beds due to the youth’s history of disruptive behavior and/or the necessity of additional supervision because of the youth’s history of school suspensions or elopements. Therefore, UM had to authorize a higher level of care. Additionally, there have been a number of Alliance PRTF consumers with lengths of stay over 6 months, mostly because there were no viable discharge options. Although these children met eligibility for TFC, the concerns regarding these children’s needs for structure, support and case management were beyond what TFC agencies could offer.

In an effort to improve outcomes and reduce treatment costs, Alliance will pilot KidsPeace’s Enhanced Therapeutic Foster Care to test its effectiveness with the population needs described above. The pilot will be open to the Alliance catchment area, with an initial focus in Cumberland. Expansion to one other Provider chosen by RFP (ESUCP has been chosen as the second provider 7-1-16)

Required Elements of the Program/Service.

- TFC families maintain the ongoing responsibilities they have under the 10A NCAC Chapter 70 Children’s Services. In addition, they will implement Together Facing the Challenge with model fidelity.
- 0.5 FTE OPT clinician per 8 youth is available to provide clinical consultation with the TFC families, clinical direction to the team, and to provide individual and family therapy.
- 1 FTE Behavioral Specialist who can work proactively and reactively with the youth using interventions identified in the Person Centered Plan (PCP). Interventions should match up with Together Facing the Challenge model elements.
• Supervising QP has a supervisory caseload set at a maximum of 8 youth, with the average over the year anticipated to be 7.
• Bio-psychosocial to be completed within 30 days of the youth’s admission to program.
• Weekly face-to-face contact between TFC parents and team staff. This is identified through regular documentation collected.
• 24/7 crisis support.
• Linkages made to medication management as needed.
• Weekly 1 hour of psychiatric consultation.
• Weekly 1 hour team supervision by program manager and/or Clinical Director.
• Coordinated access to specialized therapeutic services and respite services as identified in the PCP.
• Participation of staff in the PCP Planning process within the context of a Child and Family team (CFT) that adheres to the System of Care philosophy and practice.

Target Population and Eligibility Criteria.

Target Population

• Children/Youth aged 5-19 (who are Alliance Medicaid enrollees) with a history of one or more of the following:
  ➢ Multiple out-of-home placements;
  ➢ Multiple disruptions of therapeutic foster care placements due to a pattern of behavioral problems;
  ➢ Denial of TFC placement due to history of behaviors requiring a higher level of supervision than traditional TFC placements can provide;
  ➢ One or more hospitalizations; or
  ➢ Chronic pattern of suspensions from school or day programming;
  ➢ Adoption disruption and/or interruption;
  ➢ Significant trauma history.

These youth will be referred in accordance with Alliance’s Enhanced TFC Referral and Authorization Process.

During this pilot year, although any Alliance Medicaid enrollee from the target population identified above can be referred to the Enhanced TFC Service, priority will be given to Cumberland Medicaid enrollees at the point of referral.
Exclusionary Criteria

Enhanced Therapeutic Foster Care Services cannot be provided during the same authorization period as Intensive In-Home Services.

Note: Specialty OPT and B3 Individual Respite can be considered on an individualized basis.

Discharge Criteria.

Consumer must meet one of the following:

- Consumer meets the goals of his/her treatment plan and is ready to be successfully discharged from services. Successful discharge may include reunification, stabilization and step down to TFC, or regular school attendance (without utilizing 1:1 staff).
- Consumer’s situation deteriorates and a higher level of care is needed to help consumer remain stable.
- Consumer is non-compliant and refuses attempts to be re-engaged with treatment and all reasonable strategies and interventions have been exhausted, indicating the need for a more intensive service.

Required Outcomes/Goals.

(FY 16 will serve as the baseline year for data collection and goal setting for all current outcome targets)

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

- 80% of youth move to a permanent or less restrictive setting.

Six and 12 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.
- 80% of youth with no new legal involvement (new charges, probation violations, or incarcerations).
- Out-of-home placement: Less than 10% of youth have been placed in a higher level of residential treatment services, less than 5% have had a psychiatric hospitalization, and less than 10% have been placed in a detention/correction facility.
**Reporting Requirements/Quality Management Requirements.**

Contractor shall prepare and submit an electronic Excel spreadsheet report with consumer-level data and fidelity monitoring measures on a monthly basis (by the 10th of each month) to Alliance’s Quality Management unit (at qmhelp@alliancebhc.org) and their Provider Network Development Specialist.

NCTOPPS: Contractor will meet requirements for submission of NC-TOPPS interviews in accordance with current NC-TOPPS Implementation Guidelines. Initial forms (or whichever form is expected based on the consumer’s continuation of an episode of care) shall be completed and submitted at intake for every consumer. Update Forms should be completed for the consumer at 3 months, 6 months, 12 months and every 6 months after that from the date of admission that marked the beginning of the episode of care. Every effort should be made to complete these forms during face-to-face meetings with the consumer; however, NCTOPPS may be completed during a phone interview with the consumer. If NCTOPPS is completed during a face-to-face or phone interview, all sections of the form must be completed. If the consumer is unable to be scheduled for either a phone interview or a face-to-face meeting, NCTOPPS forms may be completed using a consumer record.

Alliance requires providers to develop a formal Quality Management program. Elements of that program include (1) developing measures to monitor fidelity to the required elements of the program as outlined above, (2) establishing internal performance standards for the delivery of the services for which provider has contracted, (3) collecting data related to the delivery of those services and fidelity to the chosen evidence-based practice model used, and (4) creating reports measuring the provider’s performance and adherence to required outcomes.

The provider also will document its efforts to identify areas for improvement, implement Quality Improvement Projects (QIPs), and analyze the results of its quality-improvement efforts.

Upon Alliance’s request, the provider will submit all documentation related to its QM program and other quality-related activities.

**Collaboration.**

- Provider shall adhere to the **Alliance Enhanced TFC Referral and Authorization Process** (and related protocols) established for this program. Provider shall collaborate in the continued development of such process/protocols based on lessons learned as the program evolves.
- Provider shall collaborate with Alliance, Child Welfare, Department of Public Safety (Juvenile Justice & Adult Corrections), County school systems, Community Service Providers and other stakeholders as appropriate to coordinate treatment with the youth and their families.
- Provider shall adhere to System of Care values and principles in providing a person-centered, strength-based and recovery-focused environment.
• Provider shall present the Enhanced Therapeutic Foster Care model at local Community Collaborative, Provider Advisory Council, Juvenile Justice Substance Abuse Mental Health Partnership and Alliance Learning Collaborative meetings as requested by Alliance staff and schedule availability permits.

Utilization Management and Billing Requirement.

Services rendered shall be reimbursed on a fee for service basis for authorized services. Initial authorization will be for six months, with subsequent authorizations for three months at a time, with appropriate clinical justification. Provider will receive a reimbursement rate of $155 per day. Provider will utilize the billing codes of S5145 Z1.

Finance.

Provider shall submit all billing into the Alpha MCS System for reimbursement for Enhanced Therapeutic Foster Care services rendered through this Scope of Work. Provider is responsible for tracking the amount of service reimbursement they are paid under this Scope of Work.

Total Contract Amount: Medicaid only, UCR fee for service $185/day

Start Date: June 25, 2015

Completion Date: June 30, 2016