



**TREATMENT FOSTER CARE (TFC)** is a living situation consisting of highly intensive individual treatment for children ages 6–20 years of old with significant emotional or behavioral needs who require a higher level of care.

### Evidence for Prior Authorization may include:

- The participant is medically stable
- Residential & Specialized Placement Referral (CS9) packet
- Level of Care Determination Form (CD-137)
- Child/Youth psychiatric/behavioral health diagnosis (ICD-10 code)
  - » Most recent psychiatric evaluation completed by psychiatrist, psychologist, or advanced practice psychiatric nurse if available
  - » Documentation of previous treatment history and outcome of treatment, if applicable.
- The participant's needs cannot be met in a traditional foster home

### Optional item if available:

- Independent assessment (IA) recommending treatment foster care (IA is **not** required for TFC)

### Evidence for Reauthorization Reviews may include:

- Plan of care since last review
- Psychiatrists/treatment team progress notes or summary
- Individual therapy progress notes since last review period or summary
- Family therapy progress notes since last review period (If not applicable, clearly documented why family therapy sessions are not occurring.)
- Any updates to the member's diagnosis
- Discharge Plan – to include any details currently available, including any established outpatient providers, appointment dates and times, recommended treatment level of care, change in level of condition necessitating a higher level of TFC
- DLA 20 assessment is required upon re-authorization.

### Optional item if available:

- Caregiver Assessment (if available for relative TFC placements)

### Evidence Supporting Discharge Includes **ONE** of the following:

- The member's documented treatment plan has been substantially met and sustained.
- The member, family, guardian and/or custodian that have been identified in the discharge plan are not participating in treatment after several documented attempts to engage them in treatment.
- The member has resources which allow him/her to be maintained in a less restrictive treatment environment that been identified and secured.
- The member is not making progress toward treatment goals and a higher level of care is needed to obtain progress.
- Permanency is achieved, the member is released from custody due to age, or other criteria determined by children's division.

**Transition Treatment Foster Care Prior Authorization is not required.**