



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.

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Transition TFC

No prior authorization is required for Transition TFC.

Effective 8-1-2025: Transition TFC services does not require pre-authorization from the youth's managed care plan (SMHK) **for the first 6 months of services**, only a copy of the youth's discharge/transition plan.

Requests for Transition TFC Services beyond 6 months, TFC agency shall: Submit current updated Transition/ Discharge Plan with supporting documentation to the managed care plan (SMHK), supporting documentation to demonstrate that the youth and youth's family continues to require this level of care and services to maintain the youth in community family setting and/or continue to work towards achieving permanency for the youth.