

**Treatment Foster Care Assessment Process Transition
From OCFS to APS Healthcare
Effective 8/1/09**

Changes for Providers- System with DHHS vs. System with APS Healthcare

1. Providers will no longer review LOC with DHHS
2. Treatment Foster Families will no longer review LOC with DHHS staff.
3. Provider Continued Stay Review frequency with APS will increase from 90 days to 180 days.
4. DHHS will no longer issue letters by US Mail to Foster Families to update them about authorizations/placement decisions. DHHS will expect providers to notify the families.
5. Providers will complete required assessment tools and submit via APS CareConnection®. Required tools are:
 - a. Caregiver Questionnaire- All children at each Continued Stay Request
 - b. CAFAS- All Children at each Continued Stay Request and Discharge
 - c. CHAT- All Children with diagnosis of Mental Retardation
6. Providers will discharge children in APS CareConnection when:
 - a. Child leaves TFC
 - b. An Adoption Subsidy begins

Process

1. CW places children new to Treatment Foster Care or returning from higher or lower level of care in Treatment Foster Care at Level C.
2. CW will pay room & board to provider via MACWIS. Providers will not authorize R&B via APS.
3. Provider submits a Registration via APS CareConnection® and receives a 90 day authorization. Children new to Treatment Foster Care or returning to Treatment Foster Care from a higher or lower level of care should be registered at Level C.
4. New Registrations that are transitions within the Treatment Foster Care system either within the same Provider agency or between Treatment Foster Care Providers may be registered at the established Level (C, D, or E). A note indicating a change in location or Provider and previously established level should be included in "Additional Information".
5. At the end of the 90 day authorization the provider submits a Continued Stay Request via APS CareConnection®.
6. APS Clinicians review the request according to DHHS LOC rules and approve, deny, partially authorize or renegotiate the request.
7. Typical Continued Stay Authorizations are for 180 days (6 months).
8. In any six (6) month period, the Provider may submit only one (1) Review sooner than 6 months if clinical need changes.

9. When the child leaves that providers' TFC facility, the provider submits a discharge in APS CareConnection®.
10. When an adoption subsidy begins, the DHHS LOC Unit Manager will notify the provider of the start date of the adoption subsidy. The provider will discharge the child from TFC services in APS CareConnection® on the day that the adoption subsidy begins.

Denial/Partial Authorization Process

1. If APS authorizes a decreased LOC within TFC (e.g. from E to D or E to C) APS notifies provider via download and DHHS via daily report & letter
2. If APS determines that a child does not meet DHHS LOC rules (and medical necessity criteria) for TFC, APS will alert the DHHS LOC Manager.
3. APS issues a Partial Authorization, for 60 days, with the expectation that the child will be discharged from TFC at the end of the 60 day authorization.
4. APS will determine if the child is at level A or B, and notify DHHS via the care manager note and the provider via the provider note.

Appeal Process

1. If APS decreases LOC within TFC (e.g. from E to D or E to C):
 - a. Provider may request reconsideration by APS
 - b. If the Foster Family does not agree with the outcome of the reconsideration, they may request an Administrative Hearing with the DHHS Office of Administrative Hearings.
 - c. The Foster Family will contact the DHHS Levels of Care Program Manager to request the hearing.
 - d. The Department will request a copy of the clinical record from the APS Appeals/Complaint Coordinator (1-866.521.0027, fax # 1-866-325-4752) that APS has, concerning the decision. APS will fax a copy of the record to DHHS upon request.
 - e. The DHHS Levels of Care Program Manager will represent DHHS at the hearing.
 - f. If a Foster Family Appeal is upheld:
 - i. DHHS will fax a copy of the written decision to the APS Quality Coordinator
 - ii. The APS Quality Coordinator will ensure that the DHHS decision is reflected in APS CareConnection® and in the notification download to the provider.
 - iii. The authorized level is changed back to the level originally requested, as of the date of the original request.

2. If APS determines that a child does not meet DHHS LOC rules (and medical necessity criteria) for TFC, and issues a denial or partial authorization of the request:
 - a. Provider may request reconsideration by APS
 - b. Member/Guardian may appeal to DHHS Office of Administrative Hearings

Treatment Foster Care (TFC) Service Grid Changes

Service Grid Revision:

Due to changes in MaineCare Policy, the procedure codes for Treatment Foster Care are changing, effective August 1, 2009.

The Service Grid has been revised effective 8/1/09.

Several new Treatment Foster Care codes have been added to the service grid.

Procedure Codes to be Eliminated:

The following procedure codes will no longer be used for Treatment Foster Care in APS CareConnection® as of 8/1/09:

RTS – Child PNMI Intensive Residential Tx

RTS – Child PNMI Residential Treatment

New TFC Procedure Codes to be included in the ASO:

These procedure codes will be required for all TFC authorizations and claims for children/youth age 18 and below beginning 8/1/09:

RTS-U8 – Treatment Foster Care Level C

RTS-U8 – Treatment Foster Care Level D

RTS-U8 – Treatment Foster Care Level E

Billing Unit for these codes is 1 day.

Registration authorization period will be for 90 days and 90 units.

The Continued Stay Authorization will be no more than 180 days.

Re-Registration with New Procedure Codes in APS CareConnection® for 8/1/09

Beginning on August 1, 2009, providers will need to register their clients with these new codes. Providers should use the “COPY” function to copy over clinical history into a **Registration** for the new procedure codes. Do not submit a CSR to start the new procedure codes. The Registration authorization will be for 90 days.

To Register an Existing Client for a New Service Code:

Please have on hand your most recently authorized APS Case ID and authorization end date. (If you are unsure of this information, you may search for it under the “Search Responses” option.)

Under the “Search Request” option, enter the most recently authorized APS Case ID and click “Search”.

- a. Click the “COPY” link.
- b. Record the new APS Case ID number for future reference.
- c. On the tabs on the left, choose the “Administrative” tab.
 - i. Under “Authorization Type”, choose Registration.
 - ii. Fill out the start date.
 - iii. Under “Review Type”, choose Children’s Services.
 - iv. Under “Category of Service”, choose Treatment Foster Care.
 - v. Choose the appropriate “Location Address” from the drop-down.
 - vi. Click “Save and Continue” at top of the page.
- d. You will be automatically moved to the “Requesting Agency” section. Please fill out all fields, and then choose “Save and Continue”.
- e. You will be automatically moved to the “Multiaxial Assessment” section. Choose “Save and Continue” to move past this page.
- f. You will be automatically moved to the “Services Requested” section.
 - i. Choose “Add New Procedure Request”.
 - ii. Choose the new service code under the “Service” drop-down that corresponds to member’s current level (C, D, or E).
 - iii. Choose the “Frequency”.
 - iv. Choose the “Billing Provider ID” number.
 - v. **The “Service Length” will automatically populate, as will the “Units”. Please change the “Units” to the number of previously authorized units you have remaining.**
 - vi. **For the “Auth End Date”, enter the most recently authorized end date.**
 - vii. Choose “Save”.
- g. You are now finished entering all required information for this review. On the tabs on the left, please select the last option, “Submit to APS”. **You must also choose the “Submit to APS” option near the center of the page.** You will receive a pop-up that states your request was successfully processed.

Treatment Foster Care Provider APS CareConnection Instructions for Submitting a Continued Stay Review and Requesting a Change in Level

Continued Stay Review Requirements for Treatment Foster Care

Please have on hand your most recently authorized APS Case ID. (If you are unsure of this information, you may search for it under the “Search Responses” option.)

1. Under the “Search Request” option, enter the most recently authorized APS Case ID and click “Search”.
 - a. Click the “EXT” link.
 - b. Record the new APS Case ID number for future reference.
2. Verify the member information. Click “Save and Continue”.
3. Enter the Guardian Information, if applicable. Click “Save and Continue”.
4. On the Administrative section:
 - a. Fill out the start date for this request.
 - b. Make sure that the “Location Address” is still correct.
 - c. Click “Save and Continue”.
5. You will be automatically moved to the “Requesting Agency” section. Please fill out all fields with the contact information for the clinician, and then choose “Save and Continue”.
6. You will be automatically moved to the “Multiaxial Assessment” section.
 - a. Fill out the “Date of Diagnostic Assessment”, “Primary Diagnosis”, and “Axis V Current” fields.
 - b. Fill out any additional Axis I-IV information if available.
 - c. Choose “Save and Continue”.
7. You will be automatically moved to the “Services Requested” section.
 - a. Choose “Modify”
 - b. The “Service Length” will automatically populate, as will the “Units”. You may adjust the units as needed, to cover expected number of sessions during this authorization period.
 - c. The last field is “Auth End Date”. Please place your cursor in the “Service Length” box, and click the “Tab” key on your keyboard. The “Auth End Date” will then automatically populate for you.
 - d. Choose “Save”, and then “Save and Continue”.
8. You will be moved to the “Symptoms and Behavior” section.
 - a. Fill out the “Caregiver Questionnaire” drop-down.
 - b. Fill out the “CAFAS” section.
 - c. Click “Save and Continue”.

9. Fill out the "Psychiatric Medications" section if applicable. Choose "Save and Continue" to move forward.
10. Fill out the "Clinical Indicators Justifying Service Request" page. Choose "Save and Continue"
11. Choose "Save and Continue" to move past the "Treatment and Service History" page.
12. Choose "Save and Continue" to move past the "RDS" page.
13. "Treatment Plan" page:
 - a. Fill out the "Individual Treatment Plan" as applicable.
 - b. Enter "Date Current Treatment Plan was Developed".
 - c. Fill in the "Treatment Plan Goals" using the "Add New Goal" link or click on existing Goals to update them.
 - d. Select "Save and Continue".
14. Fill out the "Additional Required Reporting Data" section if applicable. Choose "Save and Continue" to move forward.
15. "Transition Discharge Plan" page:
 - a. Fill out this page as applicable.
 - b. If you chose "No" for the first question, please note that in order to move forward you will need to select the "Other" box under the "Anticipated Step Down Service" section.
 - c. Choose "Save and Continue".
16. Please enter any other pertinent information into the "Additional Information" section if applicable, and then select "Save and Continue".
17. You are now finished entering all required information for this review. **You must choose the "Submit to APS" option near the center of the page to complete the request and submit to APS for review.** You will receive a pop-up that states your request was successfully processed.

Requesting a Level Change at time of Continued Stay Review Request

If a level change is needed, please submit a Continued Stay Review request from the most current authorization. Complete the request as described above, with current clinical documentation. In the "Additional Information" section, you must copy and paste the following message, inputting the appropriate levels where indicated:

*****Requesting a Level Change from Level (C,D,E) to Level (C,D,E)*****

- o The APS Healthcare Care Manager will review the request and make a determination to either approve the request or refer it to the APS Healthcare Physician Advisor who will approve or deny the request.



- If a change in Level is approved, the procedure code in the review will be changed to the newly approved TFC Level procedure code by APS staff and the provider will be notified in the download notification.
- If the Physician Advisor does not approve the requested change in TFC level, but does decide that the child meets medical necessity for another level of TFC a partial authorization specifying the approved level will be issued.
- If the APS Healthcare Physician Advisor determines that a child does not meet medical necessity for Treatment Foster Care levels C, D or E, they will determine whether a child meets level of care for either Level A or Level B. A note describing the approved Level A or Level B will be placed in the provider download as well as being included in the APS Healthcare report to the DHHS Levels of Care Program Manager.

Please contact APS Provider Relations at 866-521-0027, Option 1 with questions.