

TN

Department of
Children's Services



Contract Provider Manual

Section Six (6) - Continuums

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CONTINUUM OF CARE GENERAL REQUIREMENTS

1. General Characteristics

- a) A continuum is an array of services for children with moderate to severe mental health, behavioral, and medical issues and their families. The goal of the continuum model is to allow providers flexibility in designing services for children and families, the ability to facilitate rapid movement of children through the service system toward permanency, and the ability to customize the delivery of services to children and families in the least restrictive setting, including after the child returns home.
- b) A continuum provides a full array of services that will meet the needs of children at the assigned level. The continuum model is designed to encourage providers to move children to permanency or least restrictive settings quickly and appropriately.
- c) A continuum will be responsible for delivering all services necessary for maintaining the stability of the child/youth. If an agency is unable to provide a particular service to a child/youth directly, the continuum will procure the service from an appropriately credentialed entity. Children/youth will not be disrupted from a continuum based on lack of available services or placements.
- d) A continuum will have a clear theoretical approach that outlines a philosophy and methods of treatment that are based on best practices with a trauma-based focus approach. The continuum will provide an evidence-based treatment model specific to the child/youth's needs.
- e) A continuum will adhere to the guidelines for the corresponding type of setting in which the child is being served.

2. Exit from a Continuum

Once a child is accepted into a provider's continuum contract, the provider will be held responsible for the care and treatment of the child through their exit from custody to permanency. There are only four (4) justifiable reasons for the disruption of a child from continuum:

- a) The child/youth's needs have increased beyond the current scope of services.
- b) The child/youth has incurred additional serious juvenile justice charges that significantly increase community risk and the child/youth is most appropriate for a YDC setting (see Core Standards section of this manual);
- c) The step-down (from a higher to a lower contract) of a child/youth can be considered only if the child/youth has maintained in a foster home consistently with no RTF placements for a period of eighteen (18) months or more. One exception to the eighteen (18) month rule is if

the child is in a pre-adoptive placement. The CFTM will agree and the CANS be consistent with the recommendation for the move to a lower level of care. The provider has the right to appeal the decision in accordance with the CFTM appeals protocol; and

- d) The disruption of a pre-adoptive placement which necessitates an immediate alternative pre-adoptive placement that is in the best interest of the child/youth. This decision will occur in conjunction with the child/youth's team where the team may have identified a possible alternative placement outside of the current provider's network of services that more effectively meets the child/youth's needs.

3. Documentation and Utilization Review

- a) In order to alter services that the child/youth or family is receiving, A CFTM is required.
- b) Review:
 - ◆ At least annually, the Department of Children's Services will review the agency's practice. Contract expansion, contract reduction, corrective action plans, admission and referral rate, and/or termination will be determined based on agency's practice as compared to same contract types and the agency's past practice in these areas.
 - ◆ All children admitted to the contract and discharged from the continuum will become part of the provider's outcome evaluation and aftercare program.

4. General Service Component Requirements

- a) **Case Management:** Case management/coordination services will be provided as outlined in the Core section of this manual.
- b) **Crisis Intervention/Stabilization:** Services provided on a twenty-four (24) hour basis to a child and/or family experiencing a medical, mental health, parent/child interaction, or other significant emergency need. Mobile Crisis may be contacted if the situation requires it.
- c) **Emergency Placement Services:** Services will be available 24 hours a day through an on-call system that stabilizes children and families by locating alternative short-term placement in emergency situations.
- d) **Safety Planning:** The plan will include wraparound services, emergency response, crisis intervention, and/or child and family specific intervention which will support and stabilize the placement and avoid movement or disruption.
- e) **Diligent Search:** The agency will support DCS' efforts in diligent search. This support could include a search for a potential family member or individual to be an adoptive foster or planned permanency living arrangement (PPLA) support for a child.

LEVEL II CONTINUUM

1. Admissions /Clinical Criteria

Children/youth in a Level II continuum may present with a range of behaviors and characteristics. These may range from characteristics noted in the “Admissions/Clinical Criteria” section of the Therapeutic Foster Care portion of this manual (Section 2) to characteristics noted in the “Admissions/Clinical Criteria” section of the Group Care Facilities portion of this manual (Section 3).

2. Array of Services

All Level II Continuum providers will maintain or have access to the full array of services. Details of each of these services are described in the corresponding sections of this manual. The following services will be available to the provider either directly or through a sub-contracting arrangement:

- a) In-home services for reunification homes and other permanency homes.
- b) Foster Care: Therapeutic foster care, both for children/youth with mental health or behavioral problems.
- c) Adoption Services
- d) Group care

3. Capacity Requirements

At least 75% of children/youth in a Level II continuum will be placed in a family-based setting (per the Brian A settlement agreement).

4. Level II Special Needs Continuum of Care: Youth Development Center (YDC) Step-Down Services. This level of care is designed to serve the following populations:

- a) Youth (ages 16 up to 19) transitioning from a YDC after having received treatment and served their sentence in accordance with the court’s directive. Such youth may have a need for continued treatment and support as they are preparing for full community integration. These youth may have a past history of multiple felony charges and/or a history with a multitude of the following behaviors: aggression, intense gang affiliation, moderate to serious sex offences or described as having conduct or defiant behavioral needs. These problems may have diminished due to rehabilitation at the YDC as evidenced by the CANS and YLS.
- b) Youth (ages 16 up to 19) in detention on a case-by-case determination based on bed availability, identified treatment needs and who cannot be served by other private provider

agencies due to milieu safety concerns.

- c) Program will meet the requirements of the Special Populations Group Care section. As such, youth in this program may attend public school; however, if students are unable to attend public school, programs, they will attend an in-house, non-public school that is approved by the Tennessee State Department of Education and recognized to educate students in custody by the DCS Education Division.

LEVEL III CONTINUUM OF CARE

1. Admissions /Clinical Criteria

Children/youth in a Level III continuum may present with a range of behaviors and characteristics. These may range from characteristics noted in the “Admissions/Clinical Criteria” section of the Therapeutic Foster Care portion of this manual (Section 2) to characteristics noted in the “Admissions/Clinical Criteria” section of the Residential Treatment portion of this manual (Section 3).

2. Utilization Review

Clinical Review: There will be a clinical review that includes all involved DCS and agency staff after a child has been in a continuum for six (6) months, continuing monthly or as determined by the CFT, until a less restrictive service is identified and/or developed. This review will be held prior to a CFTM in which recommendations are discussed. The team will evaluate the ongoing need for services; develop a plan that facilitates discharge to less restrictive setting, recruitment of family support, or other services as appropriate to meet the child’s clinical needs.

3. Array of Services

All Level III Continuum providers will maintain or have access to the full array of services. Details of each of these services are described in the corresponding sections of this manual. The following services will be available to the provider either directly or through a sub-contracting arrangement:

- a) In-home services for reunification homes and other permanency homes.
- b) Foster Care: Therapeutic foster care, both for children/youth with mental health or behavioral problems.
- c) Group care
- d) Residential Treatment
- e) Adoption services

4. Capacity Requirements

- a) At least 50% of children/youth in a Level III continuum will be placed in a family-based setting (per the Brian A settlement agreement).
- b) The Level III Continuum providers will be expected to maintain an ongoing minimal capacity of 10-15% Congregate Care (Group Care and Residential Treatment). The calculation of the capacity will be based on the total number of Level III Continuum children/youth served annually. Capacity will be monitored on an ongoing basis by Central Office Network Development. Providers' contracts will reflect the capacity requirements.

5. Accessing Managed Care Organization (MCO) and Behavioral Health Organization (BHO) Services

- a) With some limited exceptions, children in DCS care are eligible for TennCare. While the child is in custody, the Managed Care Organization (MCO) assignment will be TennCare Select, the MCO serving custody children. The MCO provides all medically necessary TennCare Covered Services. Because Continuum providers are responsible for behavioral therapeutic services that are also funded in part by TennCare through DCS interagency agreement, coordination of outpatient mental health services is required.
- b) For exceptional services that are not paid for by TennCare, a discussion will take place between the provider and DCS leadership and fiscal department.
- c) Determinations of when a Level III continuum provider is responsible for providing a mental health service as well as when the provider may access that service through an outside BHO provider and have it paid for directly by TennCare depends on the type of setting in which the child is placed.
 - ◆ When a child in a Level III Continuum is being served in a residential treatment facility, the continuum provider is responsible for supplying all psychiatric services (e.g., psychiatric evaluations, medication management) and all needed specialized treatment services (e.g., alcohol and drug treatment, sexual offender treatment).
 - ◆ When a child in a Level III continuum is being served in a community placement (i.e., group home, foster home), the continuum provider may access an outside BHO provider in the community to supply psychiatric services and specialized treatment (i.e. problem sexual behavior or alcohol and drug) services. The outside BHO provider who delivers these services would be paid via TennCare. The continuum provider does not pay for these services out of their per diem.
- d) For all children in Level III continuum programs, psychological testing can be obtained from an outside BHO provider. Continuum providers are not responsible for providing psychological testing as part of their daily per diem rate and scope of services.

6. Level III Continuum Special Needs

The Level III Continuum Special Needs (L3CSN) is designed to serve a unique population of children/youth who cannot be served in other continuum programs due to their unique needs.

- a) There are three categories of Level 3 continuum special needs services that will be available under this scope. Agencies may provide one or more of the following:
 - ◆ Sex offender (SO): Will have SO residential, group care, foster care, and in-home services available. General residential programming is not required.
 - ◆ Alcohol and Drug (A&D): Will have A&D residential, group care, foster care, and in-home service. General residential programming is not required.
 - ◆ Mental Health/Behavioral treatment (MHB): Will serve youth with high mental health needs. Will maintain or have access through sub-contracting to the full array of services available in a Level III Continuum of Care. In addition, they will accept youth who have stabilized in Level 4 facilities and are ready for stepdown. Providers will deliver these services statewide.
- b) The Level III Continuum Special Needs providers will maintain an ongoing capacity of 40-45% RTF and group home capacity. This number is in compliance with the PPM's requirement of at least 50% placements in non-restrictive settings. Of the 40-45% capacity, 70-75% will be Residential Treatment capacity. Capacity will be monitored on an ongoing basis by Central Office Network Development. Provider's contracts will reflect the capacity requirements.

7. Level III Continuum Enhanced

This continuum of care serves adolescent youth aged 13 and up who are adjudicated delinquent. The facility will be staff secured. The agency will provide an array of services to include residential, foster care, and in-home services. The facility will exclusively serve youth who demonstrate a moderate to high risk for behavioral instability. These youth may pose a risk to self or others and have exhibited conduct problems, evidenced by one or more of the following:

- a) Multiple felony charges
- b) History of aggression
- c) Strong gang affiliation
- d) Sexual behavior problems