

Nebraska Crisis Support Services - Therapeutic Family Care (TFC)

Information for Crisis Providers, March 2024

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Presentation Outline

- Therapeutic Family Care Program
 - Partner Roles
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 - TFC Care Coordination
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 - Crisis Service Maintenance and Response
 - Mobile Crisis
- Provider Enrollment, Billing, and Reimbursement

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Therapeutic Family Care Program

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Therapeutic Family Care (TFC)

- Nebraska is implementing the TFC model of care to improve outcomes for high-risk children and youth in foster care (CYFC).
- TFC will provide:
 - Better access to care in the least restrictive setting
 - **Enhanced care coordination and crisis maintenance and response in home and community-based settings**
 - Trauma-informed, person-centered care delivered in a wrap-around model

Success depends on communication and collaboration among state and local agencies and provider partners

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Independent Assessment of Eligibility

TFC Care Coordinators conduct independent assessment (PECFAS/CAFAS) to determine TFC eligibility.

Professional Qualifications:

- Licensed Independent Mental Health Practitioner
- Licensed Mental Health Practitioner
- Psychologist
- Clinical Program Manager
- Master Social Worker
- Certified Master Social Worker
- Registered Nurse
- Provisionally Licensed staff

ASSESSMENT TIMING

- Referral to TFC within 48 hours of individual identified as Tier 4 or 5
- Assessment (PECFAS/CAFAS) within 14 days of referral
- Re-assessment every 6 months or earlier if indicated

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TFC Eligibility Criteria

Children in the TFC target group **ages 4-6** years of age are eligible for TFC services if they exhibit significant functional impairment as evidenced by a PECFAS assessment indicating moderate impairment (Score of 20+) in at least one of the following subdomains:

- Behavior Towards Others; or
- Moods; or
- Self-Harm; or
- Thinking.

Children and youth in the TFC target group **ages 7-18** years of age are eligible for TFC services if they exhibit significant functional impairment as evidenced by a CAFAS assessment indicating:

- Mild impairment across most subdomains (Total Score of 80+); or
- Moderate impairment on multiple subdomains (Score 20+ on two or more Youth subdomains); or
- Severe impairment on at least one subdomain (Score 30 on one or more Youth subdomains), excluding Substance Use subdomain.

Individuals are no longer eligible for TFC Services if they are no longer meet these criteria ~
no longer in target group and/or no longer meet PECFAS/CAFAS scoring thresholds

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TFC Care Coordinator Role (1 of 2)

- Conducts eligibility assessment, and re-assessment
- Identification of treatment goals, and the services and supports required to meet those goals
- Ongoing and periodic reviews of progress towards treatment goals
- Development of an individualized TFC Care Plan and maintenance of written updates to the plan documented in the individual's record.
 - This record will be within the FAS portal as well as uploaded into NFOCUS no less than monthly.
 - The TFC Care Plan must identify the TFC Crisis Provider selected by the participant/family.
 - The TFC Care Coordinator provides a list of the TFC Crisis Service providers and their service areas to the participant/family.
 - The TFC Care Coordinator educates the participant/family on when and how to access TFC Crisis Services.
- Coordination of services with the supervising practitioner and other medical and clinical treatment team members to ensure access to medical care, behavioral health care, and habilitation services to meet treatment goals
- Assessment of the individual's treatment progress through observation of the individual and the TFC foster parents, as well as progress and treatment report review.

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TFC Care Coordinator Role (2 of 2)

- **Provide support and technical assistance to the caregiver/foster parents, foster care agency and participant/family related to the TFC Care Plan.** Technical assistance includes the development of updates to the in-home treatment strategies, ongoing child-specific skills training, and resource support. The **TFC Care Coordinator will coordinate the plan changes with the Foster Care Agency** to ensure needs are met and who is providing what component. *CFS Foster Care agencies will continue to provide required programming/services within their foster care service description/contracts.*
- Contact will be made at least once a month with the participant and caregiver and can be completed virtually.
- Facilitate monthly child and family care team meetings which include all case-involved individuals. The CFS Specialist will be invited to all TFC Care Coordination meetings.
- The CFS Specialist will invite the TFC Care Coordinator to scheduled Family Team Meetings (FTM) and in the months that a FTM is held, it can be a combination meeting of the Care Coordination meeting and the Family Team Meeting.
- Identify all who need to be included in the Care Planning and notification of the Care Plan – eg school, medical providers, etc.

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Foster Parent/Caregiver/Foster Care Agency Role

- Provide youth-specific history and related information to the TFC Care Coordinator in a timely fashion.
 - The TFC Care Coordinator may request information to assist with the completion of the PECFAS/CAFAS assessment and develop the care plan.
- Assist the TFC Care Coordinator in engaging the youth, family, and caregivers in the TFC program activities, as needed.
 - TFC program activities include assessments, care planning and team meetings.
- Attendance and participation in PECFAS/CAFAS assessment and TFC Care Planning meetings.
- Ensure follow-through on Agency responsibilities for the youth as noted in the developed care plan.
- Maintain weekly documentation of youth strengths, needs, behaviors, and progress, as well as any contacts with the crisis support providers and updates on those contacts.
- Ensure compliance with Tier 4 and 5 contractual training expectations.
- If a Tier 4 and 5 foster care provider, ensure compliance with Tiered Foster Care Service Description in the contractual agreement.

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Overview: Crisis Support Services –TFC

TFC Crisis Service Maintenance and Response

- Provides 24/7 access to a licensed clinician
- Reimbursed on per member per month basis

TFC Mobile Crisis

- In-person community-based response, if indicated
- Reimbursed on a service basis

- Providers **MUST** enroll in Nebraska Medicaid under Provider Type 80, and be contracted and credentialed with MCOs
- **Providers MUST offer both services**
- Individuals chose their crisis provider from those available in their area; TFC Care Coordinator makes the referral; Provider responds within 24 hours
- Providers are **NOT** required to be current Tier 4 / 5 Foster Care Providers

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Crisis Support Services – TFC Medicaid Service Definitions

Information is a summary of the approved Medicaid Service Definition (MSD) – reference the Medicaid MSD for full information

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Basic Definition

Service Title: Crisis Service Maintenance and Response

Service Definition (Scope): TFC CSMR must provide a phone line that is answered by a live voice 24 hours a day, 7 days a week and can link the individual to a licensed behavioral health professional, law enforcement, and other emergency services. TFC CSMR is designed to assist individuals enrolled in the TFC Program and their foster parents in pre-crisis or crisis situations related to a behavioral health problem. The desired outcome is de-escalation of the pre-crisis or crisis, ensuring safety and making the necessary linkages.

Individual Desired Outcome:

- Caller experiences a reduction in distress.
- Caller experiences a reduction in risk of harm to self or others.
- Caller is referred to appropriate services.

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Setting of Care, Facility License, Hours of Operation, Staffing Ratio

Setting of Care: Phone

Facility License:

- Individual providers must have an NPI, be enrolled with Nebraska Medicaid, and be licensed appropriately by the DHHS Division of Public Health as required by DHHS Division of Medicaid and Long-Term Care (MLTC).
- If this service is provided by a Mental Health Substance Abuse Treatment Center, they must be licensed by the DHHS Division of Public Health and accredited by CARF, TJC, or COA, and accredited to provide the level of care applicable to this service as required by DHHS Division of Medicaid and Long-Term Care (MLTC).

Staffing Ratio: Adequate staffing to handle call volume

Hours of Operation: 24/7

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Staffing Requirements

- Direct Care Staff trained to recognize and respond to a behavioral health crisis
 - Peer Support or Community Treatment Aide trained to recognize and respond to a behavioral health crisis
 - On staff or consultative agreement with a **Licensed Clinician**.
 - Direct link to law enforcement and other emergency services.
 - Personal recovery experience is preferred for all positions
 - Personal experience with the foster care system is preferred for all positions
- All staff must meet the qualifications and supervision requirements as defined in the document titled *Medicaid Requirements for Therapeutic Family Care Service Providers*.

Licensed Clinicians May include:

- Psychiatrist
- Physician
- Advanced practice registered nurse (APRN)
- Psychologist
- Provisionally licensed psychologist
- Physician Assistant (PA)
- Licensed Independent Mental Health Practitioner (LIMHP)
- Licensed mental health practitioner (LMHP)
- Provisionally licensed mental health practitioner (PLMHP)

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Admission & Continued Stay Guidelines

Admission Guidelines

The individual must meet the Therapeutic Family Care eligibility criteria and meet all the following admission guidelines:

- Verbal report of a current behavioral health pre-crisis or crisis
- Verbal request for assistance with the pre-crisis or crisis.

Continued Stay Guidelines

The individual must meet the Therapeutic Family Care eligibility criteria and all the following continued stay guidelines:

- The call continues until the pre-crisis or crisis is resolved or a licensed behavioral health professional, law enforcement, or other emergency service is deemed necessary and arrives to offer assistance or the caller voluntarily ends the call.

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Service Expectations

- Provide a phone line that is answered by a live voice 24 hours a day, 7 days a week and called the TFC 24-Hour Crisis Support phone line
- A protocol is in place to ensure the caller is connected to a clinician in real-time through a “warm hand-off” when deemed necessary. The protocol must include an on-call clinician who is expected to immediately answer calls, a back-up clinician in the event the on-call clinician is non-responsive, and a hand-off to 988 in the event the back-up clinician is non-responsive.
- Perform brief screening of the intensity of the situation.
- Work with the TFC foster family unit toward immediate relief of distress in pre-crisis and crisis situations; reduction of the risk of escalation of a crisis; arrangements for emergency onsite responses when necessary; and referral to appropriate services when other or additional intervention is required.
- Establish involvement of law enforcement and other emergency services as needed.
- Provide education on when and how to access the TFC 24-Hour Crisis Support phone line.
- Use linguistically appropriate approaches when necessary.
- Provide access to Nebraska Relay Service or TDD and staff appropriately trained in the utilization of the service.
- Providers will receive referrals from the TFC Care Coordination Team for new members. Providers are expected to respond to the referral within 25 business hours (e.g. a referral received at 1pm on a Friday requires a response by 1pm on the following Monday).
- For each member, if no crisis call is received within a month, proactive outreach to the TFC foster family via phone is required, at minimum once a month.

Basic Definition

Service Title: Therapeutic Family Care Mobile Crisis

Service Definition (Scope): TFC Mobile Crisis is designed to use natural supports and resources to manage and resolve an immediate mental health or substance use disorder crisis in the least restrictive environment by creating and implementing a crisis intervention plan with the individual and foster family (TFC foster family). This service is delivered in-person in the individual's home or community setting. The desired outcome is resolution of the crisis, ensuring safety and making the necessary referrals and linkages.

Individual Desired Outcome:

- The crisis intervention plan for the individual and foster family is developed and implemented.
- The crisis is resolved, and the individual can safely remain in the foster family unit or is transferred to a safe and least-restrictive setting for ongoing care.



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Setting of Care, Facility License, Hours of Operation, Staffing Ratio

Setting of Care: Community-based setting

Facility License:

- Individual providers must be licensed by the DHHS Division of Public Health as required by DHHS Division of Medicaid and Long-Term Care (MLTC).
- If this service is provided by a Mental Health Substance Abuse Treatment Center, they must be licensed by the DHHS Division of Public Health and accredited by CARF, TJC, or COA, and accredited to provide the level of care applicable to this service as required by DHHS Division of Medicaid and Long-Term Care (MLTC).

Staffing Ratio: Minimum one-to-one in person; two-to-one is preferred

Hours of Operation: 24/7

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Staffing Requirements (1 of 2)

- Direct Care Staff trained to recognize and respond to a behavioral health crisis
 - Peer Support or Community Treatment Aide trained to recognize and respond to a behavioral health crisis
 - On staff or consultative agreement with a **Licensed Clinician**.
 - Direct link to law enforcement and other emergency services.
 - Personal recovery experience is preferred for all positions
 - Personal experience with the foster care system is preferred for all positions
 - One or more staff may respond to a crisis and must include or have access to a Licensed Clinician 24/7
- All staff must meet the qualifications and supervision requirements as defined in the document titled *Medicaid Requirements for Therapeutic Family Care Service Providers*.

Licensed Clinicians May include:

- Psychiatrist
- Physician
- Advanced practice registered nurse (APRN)
- Psychologist
- Provisionally licensed psychologist
- Physician Assistant (PA)
- Licensed Independent Mental Health Practitioner (LIMHP)
- Licensed mental health practitioner (LMHP)
- Provisionally licensed mental health practitioner (PLMHP)

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Staffing Requirements (2 of 2)

All staff who respond on-site must be trained in:

- CPR and First Aid
- Diversity training
- Accessing interpretation services
- Opioid Overdose Safety (Narcan)
- Trauma Informed Services
- Mental Health First Aid (All non-licensed staff)
- At least one suicide intervention and response framework, such as Question, Persuade, Refer (QPR), Assessing and Managing Suicide Risk (AMSR), CAMS-Care Suicide Prevention Training and Response, or Counseling on Access to Lethal Means (CALM)
- Administering standardized suicide risk screening tools, such as Suicide Behaviors Questionnaire—Revised (SBQ-R), Ask Suicide-Screening Questions Toolkit (ASQ), Columbia-Suicide Severity Rating Scale (CSSRS)
- Administering substance use screening tools, such as the Cut, Annoyed, Guilty, and Eye—Adapted to Include Drugs (CAGE-AID) questionnaire
- Developing safety plans, such as the Stanley-Brown Safety Plan

- Mobile Crisis Response teams that provide services to youth must complete youth specific training such as adolescent development, working with CFS or Probation involved youth, EPC alternatives for youth 18 years old and under.

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Admission & Continued Stay Guidelines

Admission Guidelines

The individual must meet the Therapeutic Family Care eligibility criteria and meet all the following admission guidelines:

- Exhibits active crisis symptoms consistent with current DSM diagnoses.
- Exhibits potential for risk of harm to self or others if support is not provided.
- Prompt, in-person crisis evaluation and intervention are needed.
- At risk of being placed in Emergency Protective Custody and/or hospitalized if support is not provided.

Continued Stay Guidelines

The individual must meet the Therapeutic Family Care eligibility criteria and all the following continued stay guidelines:

- Individual continues to meet admission guidelines.

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Service Expectations (1 of 2)

- In-person meeting with the individual in crisis within one hour from the time of dispatch of TFC Mobile Crisis (2 hours in rural and frontier settings), with response time not to exceed 3 hours.
- Mobile Crisis response, in-person, by 2 team members is preferred.
- Conduct an evaluation including brief mental health status and substance use disorder screening tools such as: SBQR, ASQ, CAGE-AID, CSSRS to ensure the individual is assessed for suicidality, homicidality, substance abuse, and current symptoms.
- Develop a safety plan such as the Brown-Stanley Safety Plan with the individual and support system.
- Provide mental health and/or substance use disorder interventions and crisis management.
- Ensure consultation to hospital emergency personnel, law enforcement, and community agencies as needed
- Provide linkage to information and referrals including appropriate community based mental health and/or substance use disorder services.

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Service Expectations (2 of 2)

- Provide post crisis follow-up support with the first attempt made within 24 hours and 3 total attempts made within 72 hours including crisis disposition (review of the case and additional referrals for the individual).
- Arrange for alternatives to psychiatric hospitalization if appropriate.
- All services must be provided with cultural competence.
- A licensed clinician must be available at all times to provide support, guidance, and direction to the Mobile Crisis Response team. The clinician must respond within 30 minutes of contact by the team member(s). The response may indicate a need for the clinician to arrive in-person.
- Non-licensed Certified Peer Support Specialists and Direct Care Staff must be accompanied by another staff member until they have completed all training.

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Crisis Support Services – TFC

Provider Enrollment, Billing & Reimbursement

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Provider Enrollment

- Providers must meet the qualifications and staffing requirements in the Medicaid Service Definition for “Crisis Support Services, Therapeutic Family Care”, and the Medicaid provider requirements in 471 NAC 2 and 32.
- Interested Providers should contact: DHHS.MedicaidProviderEnrollment@nebraska.gov to obtain an attestation form; the completed form must be uploaded during the enrollment process.
- Providers must enroll in Nebraska Medicaid under provider type Crisis Support Service TFC, provider specialty is Mental Health and Substance Abuse, the type of practice is Group.
- All licensed and non-licensed group members must be enrolled as part of this group.
- To enroll, contact Maximus (the MLTC Provider Screening and Enrollment contractor) at 1-844-374-5022 or at [Log In \(nebraskamedicaidproviderenrollment.com\)](https://nebraskamedicaidproviderenrollment.com).
- Eligible Providers MUST be contracted and credentialed with the MCOs. For more information, visit <https://dhhs.ne.gov/Pages/Heritage-Health-Contacts.aspx> and click on the MCOs logo.



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Medicaid Billing and Reimbursement (1 of 2)

Procedure Code	Service Description	Rate	Unit	Provider Type	Provider Specialty
H0030	Crisis Service Maintenance and Response	\$15.00/day	Number of days during the billing period	Crisis Support Service TFC	Mental Health and Substance Abuse
H2011 (1 non-licensed responder)	Mobile Crisis	\$27.02 per 15 minutes	15 minutes	Crisis Support Service TFC	Mental Health and Substance Abuse
H2011 with modifier HT (for each of 2 non-licensed responders)	Mobile Crisis	\$27.02 per 15 minutes for each non-licensed provider	15 minutes	Crisis Support Service TFC	Mental Health and Substance Abuse
90839 and 90840 (licensed clinician)	Crisis Psychotherapy	<i>As noted on the MHSA Fee Schedule</i>		Crisis Support Service TFC	Mental Health and Substance Abuse

Medicaid Billing and Reimbursement (2 of 3)

- H0030 and H2011 will only be reimbursed for eligible Medicaid recipients who meet the qualifications and staffing requirements in the Medicaid Service Definition for “Crisis Support Services, Therapeutic Family Care”
- Providers submit 1 claim per service rendering provider; multiple dates of service may be included in the claim
- The dates of service may overlap with dates of service submitted by other service rendering providers
- The service begins upon arrival

When providing TFC Mobile Crisis, Providers are reminded that the **service limitations** under procedure codes 90839 and 90840 are a maximum of three hours per day over a two-day period (one occurrence) without prior authorization; and a maximum of three occurrences over a 90-day period without prior authorization. A prior authorization is required to exceed the limitations.

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Medicaid Billing and Reimbursement (3 of 3)

- Nebraska Medicaid will reimburse for Crisis Support Services -TFC effective 4/1/2024
- Services will be reimbursed by the individual's Managed Care Organization (MCO)
- The Mental Health and Substance Use Fee Schedule is available via <http://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx> and will be updated to reflect the new services and rates before April 1, 2024.
- Eligible Providers MUST enroll with Nebraska Medicaid under Provider Type "Crisis Support Service TFC"
- Eligible Providers will be asked to sign an attestation indicating they meet the requirements outlined in the Medicaid Service Definition.
- Eligible Providers MUST be contracted and credentialed with the MCO