

CY2025 BCBSAZ Health Choice Prior Authorization and Continued Stay Criteria for Therapeutic Foster Care for Children (ACC)

Determination Timeline:

Prior authorization for Therapeutic Foster Care (TFC) is required.

Standard requests are made as expeditiously as the member's health condition but no later than 14 calendar days from the receipt of the request regardless of whether the due date falls on weekends or legal holidays defined by the State of AZ.

Expedited determination is made as expeditiously as the member's health condition requires but no later than 72 hours from receipt of the request of the service regardless of whether the due date falls on weekends or legal holidays defined by the State of AZ.

Therapeutic Foster Care (TFC) is a covered behavioral health service that provides structured daily behavioral interventions within a home-based licensed family setting. This service is designed to maximize the member's ability to live in a family setting, participate in the community and function independently. Services provided in a TFC address behavioral, physical, medical, and development needs including assistance in the self-administration of medication and any ancillary services (such as living skills and health promotion) as appropriately indicated in the member's Individualized Service Plan (ISP).

Care and services provided by TFC Family Provider are based on a per diem rate (24-hour day) which does not include room and board. Services provided by a TFC Family Provider require Prior Authorization (PA).

I. CRITERIA FOR ADMISSION

- a) The recommendations for TFC come through the Child and Family Team (CFT) process, or
 - An interim service plan coordinated through Integrated Rapid Response can be used to establish this recommendation for admission, prior to the establishment of a full CFT.
- b) BCBSAZ Health Choice uses the recommended level of care determined by the Child and Adolescent Level of Care Utilization System/ Early Childhood Service Intensity Instrument (CALOCUS/ESCII) to demonstrate sufficient necessity for admission to TFC without requiring additional PA for a period of no less than 30 days.
- c) An assessment, which indicates the member has been diagnosed with a behavioral health condition and indicates symptoms and behaviors to be treated, and

- d) Special consideration will be given to children with two or more of the following:
- i. Multiple out-of-home placements (foster homes, Behavioral Health Residential Facility (BHRF), Behavioral Health Inpatient Facility (BHIF), Residential Treatment Center (RTC), etc.),
 - ii. History of disruption from a foster home due to behaviors,
 - iii. One or more hospitalizations due to a behavioral health condition in the last year,
 - iv. Chronic pattern of suspensions from school, daycare, or day programming,
 - v. Adoption disruption or potential adoption disruption,
 - vi. Significant trauma history or trauma-related diagnosis,
 - vii. Placed or at-risk of placement in a congregate care setting,
 - viii. At-risk of placement disruption due to behaviors requiring a higher level of supervision,
 - ix. Identified as a potential victim of trafficking,
 - x. Criminal justice involvement,
 - xi. Co-occurring developmental disability, and
 - xii. At-risk of being removed from their home by Department of Child Safety (DCS) due to behavioral concerns.
- e) As a result of the diagnosed behavioral health condition, there is evidence that the member has a moderate functional impairment as indicated by the CALOCUS/ECSII score and/or other clinical indicators. This moderate functional and/or psychosocial impairment per the behavioral health assessment and ISP, reviewed and signed by a BHP:
- i. Has not improved or cannot be reasonably expected to improve in response to a less intensive level of care, or
 - ii. Could improve with appropriate community-based treatment but treatment is not available, therefore warranting a more intensive level of care.
- f) Does not require or meet clinical criteria for a higher level of care.

II. CRITERIA FOR CONTINUED STAY

1. An assessment which indicates the member has been diagnosed with a behavioral health condition and indicates symptoms and behaviors to be treated,
2. An expectation by the CFT that continued treatment at the TFC shall improve the member's condition so that this type of service shall no longer be needed, and
3. The member continues to demonstrate moderate functional or psychosocial impairment as a result of a behavioral health condition.

III. CRITERIA FOR DISCHARGE

1. The member demonstrates sufficient symptoms or behavior relief as evidenced by completion of the TFC treatment goals,
2. The member's functional capacity is improved, at minimum, as evidence by an improved CALOCUS/ECSII score and/or other clinical indicators of improved functioning,
3. The member can be safely cared for in a less restrictive level of care, as identified by the CFT,
4. The CFT has identified that appropriate services, providers, and support are available to meet the member's current behavioral health needs at a less restrictive level of care,
5. There is no evidence to indicate that continued treatment in TFC would improve the member's clinical outcome,
6. There is a potential risk that continued stay in TFC may precipitate regression or decompensation of the member's condition, or
7. A current assessment of the member's symptoms, behaviors, and treatment needs by the CFT has established that continued care in TFC is no longer adequate to provide for the member's safety and treatment and therefore a higher level of care is necessary.