To:	Division of Participant Enrollment and Service Review Division of Clinical Support
From:	Chief, Division of Clinical Support, Office of Long Term Services and Supports
Re:	Standard Operating Procedure – Therapeutic / Treatment Foster Care Programs

PURPOSE:

The purpose of this communication is to standardize policy and procedures for the Office of Long Term Services and Supports (OLTSS) when reviewing plans of service (POS) for individuals enrolled in a Therapeutic / Treatment Foster Care (TFC) Program and concurrently enrolled in or applying to the Community Personal Assistance Services (CPAS), Community First Choice (CFC), Home and Community-Based Options Waiver (HCBOW), or Increased Community Services (ICS) programs.

BACKGROUND:

The TFC Program is administered and monitored by the Department of Human Services (DHS) and operated by the Local Department of Social Services (LDSS). TFC provides wraparound, 24-hour substitute care support services for children, adolescents and young adults with medically fragile, serious emotional, behavioral, and / or psychological conditions. The TFC model is designed to provide coordinated treatment services where children, adolescents, and young adults can remain in a family setting. Treatment services are provided according to a written treatment plan where treatment foster parents are provided individualized, focused training and are a part of a treatment team. TFC provides support services that meet an individual's need for activities of daily living (ADLs), instrumental activities of daily living (IADLs), community skills, interpersonal relationships, appropriate educational activities, and delegated nursing tasks that would otherwise be performed by a gratuitous caregiver. The DHS provides room and board and difficulty of care stipend payment for each individual's treatment home, which is inclusive of all the necessary support services. TFC also provides coverage for other services, including but not limited to environmental adaptations and respite care.
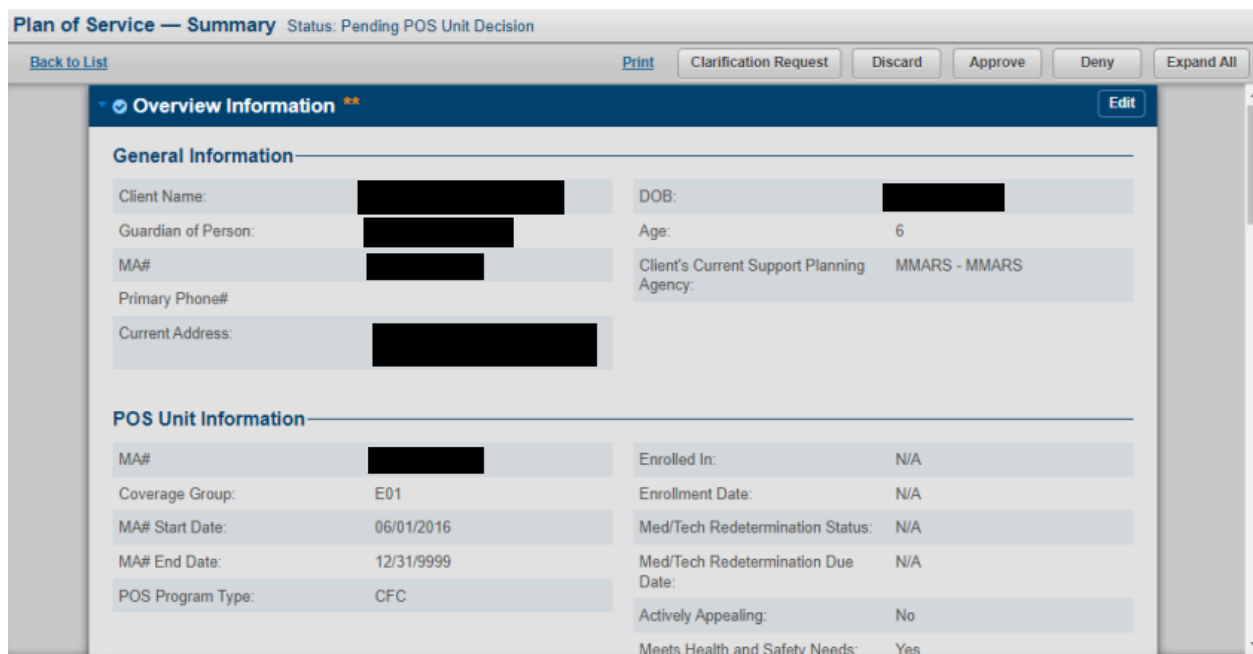
ELIGIBILITY:

According to the DHS, Office of Licensing and Monitoring, individuals placed in TFC are not eligible to be enrolled in the CFC Program. The DHS and LDSS are responsible for meeting the support services and community needs of individuals placed in TFC. The state regulations for TFC are contained in Code of Maryland Regulations (COMAR) 07.02.21.

PROCEDURES:
Upon receiving a POS, staff should review the Medicaid Coverage Group for each applicant / participant via LTSS*Maryland* or the Medicaid Management Information System (MMIS2). Staff should involve the applicant/participant's assigned Supports Planner (SP) to assist with identifying the status of each individual in TFC.

Foster Care coverage codes are on the E-Track (attachment 1). The E-Track has five (5) designations E01 – E05. All individuals in TFC will have one of these five (5) coverage codes; however, not all individuals in the E-Track will be enrolled in TFC. Coverage group information can be found on the POS in the Overview Information, POS Unit Information Section (*see screenshot below*).

This information can also be found via the Client Summary section that can be accessed in the left navigation panel (*see screenshot below*).

Client Summary

▾ Eligibility Information

Medicaid Eligibility

Current MA #	██████████

Eligibility Span

View Coverage Group Details

Coverage Group ⇕	Start Date ⇕	End Date ⇕	LTC/Community ⇕
E01	06/01/2016	12/31/9999	Community

Special Program Code

View Special Program Code Details

Special Program ⇕	Start Date ⇕	End Date ⇕	Disenrollment Reason ⇕	Disenrollment Source ⇕
CON	07/15/2016	07/23/2036	0AA	2
HOS	12/01/2020	02/09/2021	0 A	0

Level of Care

LOC Type ⇕	Status ⇕	Effective Date ⇕	UCA Validation Date ⇕
CPAS LOC	Approved By UCA Physician	02/16/2021	02/16/2021

Information on an individual's Medicaid Coverage Group can also be found in MMIS, Screen PF1.

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01/04/22        RECIPIENT ELIGIBILITY DISPLAY SCREEN 1      USER: 269 INQUIRY
REISSUE:    CTAD:                   LAST TRANS: 032521    UPD-USER: 999
RECIP-ID    ████████   HOH/CASE: ▨▨▨▨▨▨      MPI:          BATCH-UP: 100321
ORIG-ID:               CARES-IRN: ▨▨▨▨▨  HOHMPI:          PREV-UP: 032521
CURR-ID:               SSN: XXXXXXXXX HIC:            MBI:
LNME:                  FNME: ██████      MI: M SFX:       ELIG: 001 (PF1)
 HOH:                       APPL-DT: 040616   A/P: Y    HMO:       (PF2)
ADDR:                       INSR: T6   TPL:         MEDICRE:       (PF3)
ADDR:                       DEC-DT: 041516             LTC:        (PF4)
CITY:                  BIRTH: ██████   DEATH:        WAIVER:       (PF5)
STATE: MD  ZIP:          RC: B-B    EC: N LC: E SEX: F  MNG-CRE:  E (PF6)
RES-CNTY: 15 ████        HOSP-NUM:             NEW-IDS: 003 (PF7)
PHONE: ██████          DT-OF-ENTRY:              SPC PGM:      (PF8)
CITZ-IDEN: SI 01 DIST-OFF: 150    UNIT:             MCO:       (PF9)
INCOME: 00000   ASSETS: 00000 ORIG: N HOH-ID: 00000000000  CARES-DT: 020116
SCREEN-DT:      EPSDT: N    RETURN-CD:      VCN: 1    ISSUE-DT: 091120
------------------------- ELIGIBILITY SPANS ----------------------------
NO  BEGIN   END   COV TYP CAT SCP SPLT-AMT  CIT SRC CN-RSN  EVS-DT LST-TRAN  G
01  060116 999999 E01  E            0.00   C   C                  052716
02
03
04
05
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Once staff have identified an individual as being enrolled in the TFC Program under DHS, staff should initiate the denial process for the POS and consult with staff from the Clinical Unit, if appropriate.

1. Contact the SP to request that he / she follow up with the applicant / participant's parent / guardian to determine whether the applicant / participant is indeed enrolled in the TFC Program. If yes, ask the SP to document this in the Progress Notes section of LTSS*Maryland* (under the category "Adoptions / Foster Care").

2. Complete the denial summary for services requested on the POS:

   a. Select the appropriate COMAR and reason for denial on the denial summary:
      i. If personal assistance services (PAS) were requested, use this denial language: "*COMAR 10.09.84.14 / 10.09.20.09 – Duplication of program task*."

      ii. If items that substitute for human assistance were requested, use this denial language: *"COMAR 10.09.84.18 – Other: Duplication of program task; Is not medically necessary."*

      iii. If a personal emergency response system (PERS) was requested, use this denial language: *"COMAR 10.09.84.17 – Does not live alone, not alone for an extended period of time and not medically necessary."*

      iv. If transition services were requested, use this denial language: *"COMAR 10.09.84.21 – Does not require the item being requested."*

      v. If an environmental assessment was requested, use this denial language: *"COMAR 10.09.84.19 - Duplication of program services."*

      vi. If consumer training was requested, use this denial language: *"COMAR 10.09.84.16 - Duplication of program services."*

Please Note: There may be other services requested that require a customized denial reason.

In addition to any of the above denial reasons, staff may include this denial language as well: *"COMAR 10.09.84.13 / 10.09.20.08 – Services not necessary to prevent institutionalization."*

3. Complete the denial letter for the applicant / participant, entering the below rationale for denial:

   a. *Services you requested are not supported by documentation submitted to the Department or are restricted under program limitations (COMAR 10.09.84.23).*

   Reason(s): [check both boxes]
   □ *Each item or service shall be confirmed by the Program as not covered for the participant by any other third-party payer (COMAR 10.09.84.18C). Due to the participant's enrollment in the Therapeutic Foster Care Program, the participant is not eligible for CFC services.*

▫ *The requested item(s) do not comply with the policies and procedures defined by the Department (COMAR 10.09.84.18).*

b. If PAS was requested, use this denial language as well:
    i. *Services you requested are not supported by documents submitted to the Department or are restricted under program limitations (COMAR 10.09.84.23 or 10.09.20.13). The services being denied are Personal Assistance Hours:*
        *Participant Requested Hours:_X_*
        MDH Approved Hours: 00

    Reason(s): [check both boxes]
    ▫ *The medical evaluation and documents provided do not support the requested number of Personal Assistance Hours. The hours are not needed to prevent institutionalization (COMAR 10.09.84.13 or 10.09.20.08).*

    ▫ *The requested tasks for the provider to complete are not covered under the program (COMAR 10.09.84.14 or 10.09.20.09).*

c. If home-delivered meals (categorized as "items that substitute for human assistance") were requested, use this denial language as well:
    i. *Assistance: Home Delivered Meals*
        *Participant Requested Home Delivered Meals: _X_*
        MDH Approved Home Delivered Meals: 00

    Reason(s): [check the box below]
    ▫ *The medical evaluation and documents provided do not support the requested number of Home Delivered Meals. The meals are not needed to prevent institutionalization (COMAR 10.09.84.13).*

d. If other items that substitute for human assistance were requested, use this denial language as well:
    i. *Reason(s):* [check the box below]
    ▫ *The requested item(s) does not comply with the policies and procedures defined by the Department (COMAR 10.09.84.18).*

e. If a PERS was requested, use this denial language as well:
    i. ▫ *The Personal Emergency Response System is denied. The Personal Emergency Response System is denied because you do not live alone or are not left alone for long periods of time without a way to call for help in an emergency situation (COMAR 10.09.84.23).*

f. If an environmental assessment was requested, use this denial language as well:
    i. *Reason(s):* [check the box below]

☐ *The requested service is not covered by the program in the setting you have chosen to live (COMAR 10.09.84.19).[1]*

g. If transition services were requested, use this denial language as well:
   i. *Reason(s):* [check the box below]
      ☐ *The requested item is not covered by the program (COMAR 10.09.84.21).*

h. If consumer training services were requested, use this denial language as well:
   i. *Participant Requested Consumer Training Hours:_X_hours for _X_weeks. MDH Approved Consumer Training Hours: _0__ hours for _0__ weeks.*

      Reason(s): [check both boxes]
      ☐ *The medical evaluation and documents provided do not support the requested number of Consumer Training hours. The hours are not needed to prevent institutionalization (COMAR 10.09.84.13).*

      ☐ *The requested tasks for the provider to complete are not covered under the program (COMAR 10.09.84.16).*

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[1] EA cannot be approved as a function of the TFC Program setting.

Addendum A - E-Track Coverage Group - Revised March 2021

Children younger than 19 years old are enrolled in D04 if their parent or other primary caretaker is willing to pay the monthly premium and if their household income is above 265 percent and at or below 322 percent of the federal poverty level (FPL). Medical care services for D04 recipients are provided through HealthChoice and fee-for-service (FFS) for dental, mental health, and other services. The premium is equal to two (2) percent of the monthly income of a family of two (2) at 250 percent FPL (the bottom income range before Affordable Care Act conversion). Foster Care, Subsidized Adoptions, and Former Foster Care - E-Track groups are Modified Adjusted Gross Income (MAGI)-exempt and do not have income or resource tests. These coverage groups provide Medicaid to children who receive foster care, subsidized guardianship, subsidized adoption services through the Social Services Administration of the DHS, or are former foster care adults up to age 26. *See Medicaid Manual Section 300 for a description of the policies and procedures for eligibility determinations and redeterminations. Note that E01 through E04 are determined on CARES in connection with the associated Social Services programs, while E05 is a new mandatory group determined on Maryland Health Connection (MHC).*

E01 Title IV-E or SSI, Foster Care or Subsidized Adoption: Medical Assistance is provided to a foster care or subsidized adoption child who receives Supplemental Security Income (SSI) or is determined eligible for assistance under Title IV-E of the Social Security Act.

E02 Non-Title-IV-E, Foster Care or Special Needs Subsidized Adoption & Subsidized Guardianship: Medical Assistance is provided to non-IV-E foster care children who meet the Medical Assistance technical eligibility requirements (e.g., citizenship or eligible alien status). Children eligible for subsidized adoption and subsidized guardianship are also included in this group if they are technically eligible for Medical Assistance and have special needs for medical, mental health, or rehabilitative care. This group also contains independent foster care adolescents who are not eligible for federal (IV-E) benefits, but eligible for state after-care benefits and can retain Medical Assistance coverage, without regard to income, until age 21.

E03 State Funded Foster Care: Maryland funds coverage equivalent to Medical Assistance for children in foster care who are not IV-E or SSI eligible and do not meet the Medical Assistance technical eligibility requirements (e.g., citizenship or eligible alien status). Children in this group may not be enrolled in HealthChoice or Rare and Expensive Case Management (REM).

E04 State Funded Subsidized Adoption & Subsidized Guardianship: Maryland funds coverage equivalent to Medical Assistance for children in State subsidized adoption and subsidized guardianship who are not IV-E or SSI eligible and either do not meet the Medical Assistance technical eligibility requirements (e.g., citizenship or eligible alien status, Social Security number) or do not have special needs for medical, mental health, or rehabilitative care. Children in this group may not be enrolled in HealthChoice or REM.

E05 Former Foster Care up to 26 years old (Mandatory Adult Group Eff. 1/1/2014): Medical Assistance coverage provided without regard to income for individuals up to age 26 who were in foster care (and concurrent Medicaid) in Maryland on their 18th birthday.