

**County of San Diego Mental Health Plan
Annual TFC Parent Agreement and Certification:
TFC Parent Roles and Responsibilities**

TFC Parent Information

TFC Parent Name: _____	Phone: _____
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TFC Program Information

Program Name: San Diego Center for Children – Foster Family Agency Stabilization and Treatment (FFAST)
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TFC parents are expected to provide TFC Specialty Mental Health Services (SMHS), as outlined by the County of San Diego, the TFC program (FFAST) and in the [Medi-Cal Manual Third Edition, released January 2018](#), or most current edition of the Medi-Cal Manual.

Compensation for TFC services is further detailed in the Remittance Agreement between FFAST and the Foster Family Agency (FFA). Compensation will only be provided for documented services that meet Medi-Cal standards.

TFC Parent Roles and Responsibilities

Expectations as a Key Participant in the delivery of TFC Intervention:

- Meet and comply with all basic foster care or resource parent requirements, as set forth in California Code of Regulations (CCR) Title 22, Division 6, Chapter 9.5 and Welfare and Institutions (W&I) Code 16519.5; and the Written Directives issued by CDSS to administer the Resource Family Approval (RFA) program operated by counties*
- Understand the role as a: Medi-Cal provider, foster parent, and member of the Child and Family Team (CFT) providing Specialty Mental Health Services (SMHS) to a child/youth*
- Have a current National Provider Identifier (NPI) number*
- Implement mental health-based parenting interventions under the direction of the TFC Clinical Lead*
- Assist the child/youth in achieving client plan goals and objectives*
- Participate in CFT meetings as scheduled, at minimum every 90 days*
- Participate in family therapy with assigned FFAST family therapist and youth as scheduled

Expectations for Documenting TFC Services

- Write a Daily Progress Note for every day that TFC services occur*
 - Daily Progress Notes are expected to be completed within 24 hours of the service
- Incorporate Daily Progress Note corrections given by the TFC Clinical Lead
 - All corrections are expected to be made within 24 hours of receiving feedback
- Complete Daily Progress Notes by the weekly deadline (notes final approved after the deadline are not eligible for reimbursement)
- Write up to 7 Daily Progress Notes per week, and no less than 4 Daily Progress Notes per week, unless otherwise arranged with the TFC Clinical Lead (ie: During vacations) as aligned with CFT recommendation
 - Notes written during a week when there is no 1:1 meeting with the TFC Clinical Lead or designee will not be eligible for reimbursement
- Document Daily Progress Notes in the CCBH electronic health record*
- Document TFC Parent interventions in accordance with Medi-Cal standards and guidance from the TFC clinical lead*
- For detailed information on documenting TFC services please refer to the “TFC Documentation and Billing Tip Sheet” and “TFC Daily Progress Note Explanation Form”

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Collaboration and Oversight of TFC services with the TFC program (FFAST)

- Meet with TFC Clinical Lead face to face for a minimum of (1) hour per week to:
 - Review TFC interventions and the child's response to interventions*
 - Review child's progress and discuss any changes needed for the upcoming week*
 - Check in and discuss additional TFC Parent needs and support*
 - Review Daily Progress Notes for co-signature by the TFC Clinical Lead, ensuring that each Daily Progress Note meets Medi-Cal Specialty Mental Health Services standards and contractual agreements*
 - Ensure all required documentation is completed*
 - Video options for weekly face to face are available as needed
- Participate in a daily phone call for 10-20 minutes (Monday – Friday) with a TFC Family Liaison to complete a Parent Daily Report (PDR). Phone calls on Monday may last longer as it covers Saturday – Monday
- Keep TFC Clinical Lead up to date of unusual occurrences or concerns that occur between meetings or PDR calls

Training Requirements for TFC

- Complete 40 hours of initial TFC parent trainings prior to providing services as a TFC parent, which include training on each of 18 TFC pre-service training topics either provided by FFAST or another approved provider (ie: FFA, Grossmont FAKCE, etc)*
- Complete 24 hours of relevant and approved Continuing Education trainings per year either provided by FFAST or another approved provider (ie: FFA, Grossmont FAKCE, etc)*
- Provide TFC Clinical Lead or Family Liaison with copies of training certificates when training is obtained outside of FFAST

TFC Parent Evaluation

- Participate in an annual TFC Parent Evaluation which will incorporate input from the CFT members (if there is an active TFC case) and the FFA*
 - TFC Parent Evaluations will be conducted at minimum once every 12 months from the time the TFC Parent completes initial training and receives certification
 - The TFC Parent Evaluation should be strengths-based, solution-focused, and address:
 - The TFC parent's role and performance as a key participant in the therapeutic treatment process of the child/youth, including treatment strategies
 - Case records and Daily Progress Note documentation
- Complete an annual TFC Parent Self-Evaluation Form as part of the annual TFC parent evaluation*
- Participate in informal evaluations with the TFC Clinical Lead to determine additional training needs or concerns that must be addressed to support continued success as a TFC parent
 - Informal evaluations will be conducted at minimum every 90 days while TFC services are being provided

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TFC Parent Payment

- TFC Daily Progress Notes must be prepared per Medi-Cal requirements and submitted within established deadlines*
 - Non-compliant notes or notes submitted after established deadlines will not be eligible for payment*
- The FFA will receive \$55.00 for each qualified TFC Daily Progress Note submitted by the deadline, and shall remit \$50 of the \$55 to the TFC Parent

** Indicates requirements set forth by the Medi-Cal Manual, Third Edition*

- ❖ By signing this document, the TFC Parent acknowledges that they have reviewed and agree to the above Roles and Responsibilities. Any exceptions to the Parent's Roles and Responsibilities outside of the Medi-Cal requirements require prior written authorization from the FFAST administration.

TFC Parent Signature: _____ Date: _____

Reviewed by:

FFA Representative Signature: _____ Date: _____

FOR FFAST INTERNAL USE ONLY

Type of TFC Certification (Select One):

- ☐ Initial Certification
☐ Annual Recertification

Completion Date of Initial or Ongoing TFC Trainings: _____

TFC Certification Effective Date: _____

TFC Certification End Date: _____

TFC provider (FFAST) has reviewed and verified that the requirements for the TFC Parent's certification have been met at this time. A current copy of the Annual TFC Parent Agreement has been retained in each TFC client's medical record. Any exceptions to the Parent's Roles and Responsibilities outside of the Medi-Cal requirements require prior written authorization from the FFAST administration to be retained by the administration and made available to the county upon request.

TFC Clinical Lead Signature: _____ Date: _____