To:	**Therapeutic Foster Care (TFC) Providers**
From:	**Behavioral Health Services, Children, Youth and Families (CYF)**
Date:	**November 23, 2020**
Title	**TFC Forms – Effective December 2020**

On January 1, 2017 the Department of Health Care Services (DHCS) implemented the Therapeutic Foster Care (TFC) service model under the Katie A. settlement agreement. TFC is intended for children and youth who require intensive and frequent mental health support in a family environment. The TFC service model allows for the provision of short-term, intensive, highly coordinated, trauma-informed, and individualized Specialty Mental Health Services (SMHS) (plan development, rehabilitation, and collateral) for children and youth up to age 21 who have complex emotional and behavioral needs and who are placed with trained, intensely supervised, and supported TFC parents.

In accordance with Medi-Cal Manual, 3rd Edition, the following local forms have been established and made available on the Optum Website to facilitate the delivery and documentation of TFC services. This information notice serves as a summary of the forms developed for the provision of TFC services, which include:

- **TFC Prior Authorization Request** – The form is utilized to request authorization prior to the provision of TFC services, in accordance with DHCS Information Notice 19-026 which outlines specific mental health services requiring prior authorization.
- **TFC Prior Authorization Request Explanation** – Provides instructions on how to complete the TFC Prior Authorization Request form.
- **Annual TFC Parent Agreement and Certification** – The form outlines the roles and responsibilities of the TFC parent and includes the TFC certification period. The form must be reviewed and signed by the TFC Parent, TFC Clinical Lead, and the Foster Family Agency (FFA) Representative prior to providing TFC services and must be renewed annually.
- **TFC Daily Progress Note** – The form is completed by the TFC Parent in CCBH electronic health record within the appropriate timelines. The TFC Clinical Lead must review the TFC Daily Progress Note to ensure each note meets Medi-Cal Specialty Mental Health Service (SMHS) standards and contractual requirements before signing and finalizing the progress note. If corrections are needed, all corrections are to be completed by the TFC Parent within the appropriate timelines of receiving feedback.
- **TFC Daily Progress Note Explanation** - Provides instructions on how to complete the TFC Daily Progress Note.
- **TFC Clinical Documentation Tip Sheet** – The Tip Sheet was developed to assist the TFC clinical team with understanding billing codes and documentation standards for TFC service model.
- **TFC Parent Documentation Tip Sheet** – The Tip Sheet was developed to assist TFC Parents with understanding Medi-Cal SMHS documentation standards.
- **Annual TFC Parent Evaluation - TFC Agency Version –** The evaluation is completed by the TFC Clinical Lead, at minimum within 12 months. The evaluation review period must align with the TFC parent's certification dates and must not exceed the one-year timeframe. The evaluation must be strengths-based, and solution focused and must include input from the Child and Family Team (CFT).
- **Annual TFC Parent Evaluation - TFC Agency Version Explanation** - Provides instructions for the TFC agency on how to complete the evaluation.
- **Annual TFC Parent Self-Evaluation** – The evaluation is completed by the TFC parent as part of the annual TFC parent evaluation. The evaluation review period must align with the TFC parent's certification dates and must not exceed the one-year timeframe.

For More Information:

- Contact your Contracting Officer's Representative (COR) or
- Trang Hoang, Behavioral Health Program Coordinator, Trang.Hoang@sdcounty.ca.gov, 619-339-5069

To:	**Therapeutic Foster Care (TFC) Providers**
From:	**Behavioral Health Services, Children, Youth and Families (CYF)**
Date:	**November 23, 2020**
Title	**TFC Forms – Effective December 2020**

- **Annual TFC Parent Self-Evaluation Explanation** – Provides instructions for the TFC parent on how to complete the evaluation.

Additionally, the TFC service provider shall create and maintain forms for internal use. Copies of any internal TFC forms shall be forwarded to the County COR upon creation or revisions. Internal forms include:

- **TFC Parent Daily Report**
- **TFC Referral**
- **TFC Remittance Agreement**
- **TFC Parent Training Policy & Procedure**

Attachments:

- TFC Prior Authorization Request – released December 1, 2020
- TFC Prior Authorization Request Explanation – released December 1, 2020
- Annual TFC Parent Agreement and Certification – released December 1, 2020
- TFC Daily Progress Note – released December 1, 2020
- TFC Daily Progress Note Explanation Form – released December 1, 2020
- TFC Clinical Documentation Tip Sheet – released December 1, 2020
- TFC Parent Documentation Tip Sheet – released December 1, 2020
- Annual TFC Parent Evaluation – TFC Agency Version – released December 1, 2020
- Annual TFC Parent Evaluation – TFC Agency Version Explanation – released December 1, 2020
- Annual TFC Parent Self-Evaluation – released December 1, 2020
- Annual TFC Parent Self-Evaluation Explanation – released December 1, 2020

References:

- DHCS MHSUDS Information Notice No.: 19-026 Dated May 31, 2019: Authorization of Specialty Mental Health Services
- All County Information Notice (ACIN) No.: I-21-18 Dated May 18, 2018: The California Children, Youth and Families Integrated Core Practice Model and the California Integrated Training Guide and Attachment 1 – The California Integrated Core Practice Model for Children, Youth, and Families and Attachment 2 – Integrated Training Guide
- DHCS Medi-Cal Manual, 3rd Edition Dated January 2018
- All County Information Notice (ACIN) No.: I-91-17 Dated December 21, 2017: Therapeutic Foster Care (TFC) Training Resource Toolkit and Attachment – TFC Training Resource Toolkit
- All County Information Notice (ACIN) No.: I-05-17 Dated February 21, 2017: Therapeutic Foster Care (TFC) Service Model and Parent Qualifications and Attachment 1 – Service Delivery Through the Therapeutic Foster Care Service Model and Attachment 2 – Therapeutic Foster Care (TFC) Service Model Parent Qualifications
- All County Information Notice (ACIN) No.: I-52-16E Dated August 16, 2016: Therapeutic Foster Care (TFC) Service Model and Continuum of Care Reform (CCR) and Draft TFC Service Model and Draft TFC Service Model Parent Qualifications.

For More Information:

- Contact your Contracting Officer's Representative (COR) or
- Trang Hoang, Behavioral Health Program Coordinator, Trang.Hoang@sdcounty.ca.gov, 619-339-5069

FAX TO: **Optum Public Sector San Diego**
Fax: (866) 220 – 4495
Phone: (800) 798-2254, Option 3, then Option 4

County of San Diego Mental Health Plan
Therapeutic Foster Care (TFC) Prior Authorization Request - Through FFAST

☐ Prior Authorization Request (Prior to provision of TFC)

☐ Continuing Request (After initial authorization of up to 12 months)

Client Information

Client Name: _____	Date of Birth: _____	Client ID: _____

Foster Family Agency Stabilization and Treatment (FFAST) Information

Legal Entity: San Diego Center for Children		Program Name: FFAST
Phone: 858-633-4115		Fax: 858-737-6972
Unit #: 6980	Subunit #: 6986	Program Manager Name: Aisha Pope

SCOPE OF SERVICE:

Therapeutic Foster Care is a short-term, intensive, highly coordinated, trauma- informed, and individualized intervention, provided by a TFC parent to a child or youth who has complex emotional and behavioral needs, documented with service code (94).TFC services are available to Katie A subclass members as well as beneficiaries under 21 who are eligible for the full scope of Medi-Cal services, meet medical necessity criteria and are receiving Intensive Care Coordination. A Child and Family Team must be identified in order to provide TFC. TFC is intended for children and youth who require intensive and frequent mental health support in a family environment.

MEDICAL NECESSITY: (Items 1-5 are required for authorization of TFC)

1. ☐ **Client is under the age of 21**
2. ☐ **Intensive Care Coordination (ICC) is a documented intervention on the Client Plan dated: _____**
   (Not eligible for TFC unless receiving ICC)
3. ☐ **Client has a CFT in place to guide TFC service provision. Most recent CFT meeting date: _____**
   (Not eligible for TFC unless a CFT is in place)
4. ☐ **Client meets medical necessity criteria for Specialty Mental Health Services as documented in the Behavioral Health Assessment (BHA) dated: _____**
   Title 9 included diagnosis: _____
5. ***The following are clinical indicators of need and are not requirements or conditions for TFC services - per Medi-Cal Manual Third Edition, Chapter 2 "Target Population":*** (Check at least 1)
   Client is at risk of losing their placement and/or being removed from their home as a result of the caregiver's inability to meet the client's mental health needs; and, either:
   - ☐ **There is a recent history of services and treatment (for example, ICC and IHBS) that have proven insufficient to meet the client's mental health needs, and the client is immediately at risk of residential, inpatient, or institutional care; or**
   - ☐ **Client is transitioning from a residential, inpatient, or institutional setting to a community setting, and ICC, IHBS, and other intensive SMHS will not be sufficient to prevent deterioration, stabilize the client, or support effective rehabilitation; or**
   - ☐ **Not applicable, TFC need is based on meeting criteria #1-4 above**

TFC FREQUENCY AND DURATION REQUEST:

1. **Amount Requested:**
   ☐ **Up to 7 days of TFC intervention per week**
2. **Duration Requested:**
   ☐ **Up to 12 months of TFC intervention**

FAX TO: **Optum Public Sector San Diego**
Fax: (866) 220 – 4495
Phone: (800) 798-2254, Option 3, then Option 4

FOR USE BY OPTUM ONLY/AUTHORIZATION DETERMINATION

☐ **OPTUM Reviewed BHA, Client Plan and/or Progress Notes**

☐ **TFC scope, amount and duration authorized as requested: START DATE: _____END DATE: _____**

☐ **TFC request is ☐ denied; ☐ modified; ☐ reduced; ☐ terminated; or ☐ suspended**

Reason: _____

NOABD was issued to the Medi-Cal beneficiary and provider on the following date: _____

Optum Clinician Signature/Date/Licensure:

Within five business days of Optum receipt, authorization will be forwarded to the requesting provider

2020

County of San Diego Mental Health Plan
Therapeutic Foster Care (TFC)
Prior Authorization Request

COMPLETED BY:

1. Licensed/Waivered Psychologist
2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
3. Licensed/Registered Professional Clinical Counselor
4. Physician (MD or DO)
5. Nurse Practitioner

Note: Child/Youth must be receiving Intensive Care Coordination (ICC) in order to be eligible for TFC

COMPLETION REQUIREMENTS:

1. TFC Prior Authorization Request form is completed and submitted to Optum via FAX (866) 220-4495 for all clients that will be receiving TFC prior to initial provision of TFC – through TFC provider (Foster Family Agency Stabilization and Treatment Services – FFAST)
2. Continuing request is completed by TFC provider and resubmitted within 12 months before previous authorization expires
3. Prior authorization must be obtained before TFC services are initiated, and a continuing request must be authorized prior to providing services once the initial request expires

DOCUMENTATION STANDARDS:

The following elements of the TFC Prior Authorization Request form must be addressed

1. Client Information
   - Must include name, DOB and Client ID
2. TFC Program (FFAST) Information
   - Must include Legal Entity, Program Name, Phone, Fax, Unit #, Subunit # and Program Manager Name
3. Medical Necessity (Completion of items #1-5 on the form are required for authorization of TFC)
   - Must indicate client is under the age of 21 (service only available to youth under age 21)
   - Must indicate ICC is a documented intervention on the client plan and include date of client plan (Not eligible for TFC unless receiving ICC)
   - Must indicate client has a CFT in place to guide TFC service provision and include the date of the most recent CFT meeting (not eligible for TFC unless a CFT is in place)
   - Must indicate medical necessity criteria for TFC is documented in the Behavioral Health Assessment (BHA). Include date of BHA and Title 9 included diagnosis
   - Must indicate either of the following Clinical Indicators of Need for TFC services, as set forth by the Medi-Cal Manual 3rd Edition (or most current edition), in Chapter 2 "Target Population", or indicate if it is not applicable and the need for TFC is based on medical necessity
     - Indicate if the client is at risk of losing their placement and/or being removed from the home as a result of the caregiver's inability to meet the client's mental health needs; and either:
       - There is a recent history of services and treatment (for example, ICC and IHBS) that have proven insufficient to meet the client's mental health needs, and the client is immediately at risk of residential, inpatient, or institutional care; or
       - Client is transitioning from a residential, inpatient, or institutional setting to a community setting, and ICC, IHBS, and other intensive SMHS will not be sufficient to prevent deterioration, stabilize the client, or support effective rehabilitation; or
       - Not applicable, TFC need is based on meeting criteria #1-4 as outlined on the form

4. TFC Frequency and Duration Request
    - Amount requested: TFC intervention will be requested for up to 7 days per week
    - Duration requested: TFC will be requested for up to 12 months of intervention
5. Optum Authorization Determination
    - Optum will make a determination to approve the request when medical necessity is met and will provide authorization determination within 5 business days of receipt
    - When the scope, amount and duration of TFC services are authorized, the start date and end date shall be viewable to the TFC provider in the CCBH Clinician Home Page Authorizations Tab
      OR
    - Optum will deny, modify, reduce, terminate or suspend the TFC request and an NOABD will be sent to the Medi-Cal beneficiary and requesting provider

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: _____

TFC Program Information

Program Name: San Diego Center for Children – Foster Family Agency Stabilization and Treatment (FFAST)

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”

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

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

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

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:** _____

County of San Diego Mental Health Services
TFC DAILY PROGRESS NOTE

***Client Name:** ***Case #:**

*** Date:** ***Program Name:**

Day of the week:

YOUTH OVERALL MOOD/BEHAVIOR:

MORNING: Was Youth Accessible? ☐ Yes ☐ No

*** Youth's Presentation**:
☐ Calm ☐ Cooperative ☐ Angry ☐ Defiant ☐ Tantrums ☐ Irritable ☐ Anxious
☐ Withdrawn ☐ Sad ☐ Hyperactive ☐ Good Hygiene ☐ Poor Hygiene ☐ Hallucinations
☐ Other

*** Describe youth's targeted behavior(s) observed and include any known antecedents** (as identified in the Client Plan. Provide observations of the youth's behavior(s) for the day. Include target behavior(s), as well as appropriate behaviors and interactions the youth engaged in):

*** Intervention(s) Utilized** (Describe the strategies used to address the target behavior, based on proposed interventions identified in the client plan):

*** Youth's Response to Intervention(s)** (Describe how the youth responded to interventions and strategies used. Include details and if the youth remembered to utilize coping strategies before or after the behavior. Can the youth think of what could have gone better or identify other coping interventions/strategies?):

AFTERNOON: Was Youth Accessible? ☐ Yes ☐ No

*** Youth's Presentation**:
☐ Calm ☐ Cooperative ☐ Angry ☐ Defiant ☐ Tantrums ☐ Irritable ☐ Anxious
☐ Withdrawn ☐ Sad ☐ Hyperactive ☐ Good Hygiene ☐ Poor Hygiene ☐ Hallucinations
☐ Other

*** Describe youth's targeted behavior(s) observed and include any known antecedents** (as identified in the Client Plan. Provide observations of the youth's behavior(s) for the day. Include target behavior(s), as well as appropriate behaviors and interactions the youth engaged in):

*** Intervention(s) Utilized** (Describe the strategies used to address the target behavior, based on proposed interventions identified in the client plan):

*** Youth's Response to Intervention(s) (**Describe how the youth responded to interventions and strategies used. Include details and if the youth remembered to utilize coping strategies before or after the behavior. Can the youth think of what could have gone better or identify other coping interventions/strategies?):

EVENING: Was Youth Accessible? ☐ Yes ☐ No

*** Youth's Presentation**:
☐ Calm ☐ Cooperative ☐ Angry ☐ Defiant ☐ Tantrums ☐ Irritable ☐ Anxious
☐ Withdrawn ☐ Sad ☐ Hyperactive ☐ Good Hygiene ☐ Poor Hygiene ☐ Hallucinations
☐ Other

*** Describe youth's targeted behavior(s) observed and include any known antecedents** (as identified in the Client Plan. Provide observations of the youth's behavior(s) for the day. Include target behavior(s), as well as appropriate behaviors and interactions the youth engaged in):

*** Intervention(s) Utilized** (Describe the strategies used to address the target behavior, based on proposed interventions identified in the client plan):

*** Youth's Response to Intervention(s)** (Describe how the youth responded to interventions and strategies used. Include details and if the youth remembered coping strategies before or after the behavior. Can the youth think of what could have gone better or identify other coping interventions/strategies?):

SLEEP PATTERN (explain any behaviors associated with sleep on the day of the progress note):
☐ No Concerns ☐ Bedtime Refusal ☐Difficulty Falling Asleep ☐ Night Waking
☐Nightmares/Night Terrors ☐ Bedwetting ☐ Other:
Explain:

EATING:
☐ No Concerns ☐ Refusal ☐ Overeating ☐ Picky ☐ Other:
Explain:

TOILETING:
☐ No Concerns ☐ Daytime Wetting ☐ Daytime Soiling ☐ Other:
Explain:

AGGRESSION:
☐ No Concerns ☐ Mild ☐ Moderate ☐ Severe ☐ Other:
Explain:

Additional Collateral Information (describe any contact or important information obtained from other CFT members or youth's significant support. Does not include contact with any member of the FFAST team)**:**

*** Overall Risk** (Based on current service, including mitigating factors, evaluation and determine if the youth is at an elevated risk for):

Were any risks observed or reported during the day of TFC service? ☐ Yes ☐ No

Danger to Self:

Danger to Others:

Action(s) Taken:

Signature/Title/Credential:

_____

Signature/Title/Credential Date Time

Printed Name: CCBH ID number:

Co-Signature/Title/Credential:

_____

Signature/Title/Credential Date Time

Printed Name: CCBH ID number:

*Indicates required fields

2020

County of San Diego Mental Health Plan

Therapeutic Foster Care (TFC)
Daily Progress Note

COMPLETED BY:

Certified TFC Parent

REVIEWED AND CO-SIGNED BY:

TFC Clinical Lead designated as one of the following:

1. Licensed/Waivered Psychologist
2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
3. Licensed/Registered Professional Clinical Counselor
4. Physician (MD or DO)
5. Nurse Practitioner

COMPLETION REQUIREMENTS:

1. TFC Daily Progress Note is completed by the TFC Parent in the CCBH Electronic Health record within 24 hours of the service**
2. TFC Daily Progress Note is reviewed by the TFC Clinical Lead within 48 hours of when note is entered in the CCBH system**
3. If no corrections are needed, the TFC Clinical Lead co-signs and Final Approves the TFC Daily Progress Note in the CCBH system
4. If corrections are needed, the TFC Clinical Lead will inform the TFC Parent of corrections. Corrections are required to be completed by the TFC Parent within 24 hours of receipt**
5. Prior Authorization must be obtained before TFC services are initiated, and a continuing request must be authorized prior to providing services once the initial request expires
6. TFC Daily Progress Notes will **not** be eligible for reimbursement in the following circumstances:
    - TFC Daily Progress Notes submitted without Prior Authorization from Optum
    - TFC Daily Progress Notes not finalized within the county standards of 14 days – TFC Provider may establish a shorter timeline**
    - TFC Daily Progress Notes submitted during a week when there is no 1:1 meeting between the TFC Parent and TFC Clinical Lead**

DOCUMENTATION STANDARDS:

The following elements of the TFC Daily Progress Note form must be addressed

1. **Client Information***
    - Must include name, Case #, Date of Service and Program Name
2. **Day of the Week**
    - Must include Day of the Week that the Service was provided
3. **Youth's Overall Mood/Behavior**
    - Each Daily TFC Progress note must have the following completed for the Morning, Afternoon and Evening when the youth is present
        - **Youth Presentation ***
            - Select the descriptions that best describe the TFC Parent's observation of the youth's presentation. More than one box can be selected.
            - If other, provide a description of the youth's presentation

- **Describe youth's targeted behavior observed and include any antecedents***
  - Provide a brief description of the observed targeted behavior for that specific time of the day
  - Include appropriate behaviors and interactions the youth engaged in
  - Describe any known antecedents to the observed behavior for that time of the day
- **Intervention(s) Utilized***
  - Describe strategies used to address the target behavior and/or strategies to reinforce appropriate behaviors and interactions
  - Strategies used to address behavior must be based on the TFC Parent interventions in the Client Plan, as guided by the Child and Family Team (CFT)
- **Youth's Response to Interventions***
  - Describe how the youth responded to the specific interventions used by the TFC Parent
  - Include details/observations of youth before intervention, during intervention, and after intervention
  - Include detail regarding strategies the youth used related to TFC Parent/Client Plan interventions

❖ If the TFC Parent does not have access to the youth (youth not present) for a portion of the day select "No Access"

❖ All times of day (morning, afternoon, evening) must be completed in which the youth is present

❖ To meet Medi-Cal standards for reimbursement, youth must be present for at least one portion of the day and the subsequent TFC Daily Note section (morning, afternoon, evening) must be completed

4. **Sleep Pattern (explain any behaviors associated with sleep on the day of the progress note)**
   - Select any observed or reported sleep concerns
     - Multiple boxes can be selected
   - Provide a brief explanation if sleep concerns are identified
   - If no sleep concerns are identified select "No Concerns"
5. **Eating**
   - Select any observed or reported eating concerns from the day of service
     - Multiple boxes can be selected
   - Provide a brief explanation if eating concerns are identified
   - If no eating concerns are identified select "No Concerns"
6. **Toileting**
   - Select any observed or reported toileting concerns
     - Multiple boxes can be selected
   - Provide a brief explanation if toileting concerns are identified
   - If no toileting concerns are identified select "No Concerns"
7. **Aggression**
   - If aggression is observed or reported, select one of the following options:
     - Mild, Moderate or Severe
   - Provide a brief explanation if aggression is present
   - If no aggression is present, select "No Concerns"

8. **Additional Collateral Information**
   - Describe any contact with members of the youth's CFT or other significant support person(s)
     - Collateral Information excludes any exchange of information with the TFC program (FFAST team)
9. **Overall Risk***
   - **Danger to Self**
     - Describe observations or reports of youth displaying danger to self
     - Danger to self may include threats or actions of self-harm, risk-taking behavior, suicide attempts or other actions indicating a danger to self that require immediate intervention
   - **Danger to Others**
     - Describe observations or reports of threats or actions of danger to others
     - Danger to others may include verbal or physical threats or actions, aggression, violence, property destruction with potential for harming others, or other actions indicating a danger to others that require immediate intervention
   - **Action(s) Taken**
     - If Danger to Self or Others is identified, describe the interventions/actions taken by the TFC Parent to evaluate the youth's risk and/or reduce or mitigate danger
     - Actions taken may include contacting the TFC Lead, calling the police or PERT team, calling 911 in an emergency, and/or other actions by the TFC Parent to help reduce the risk of danger
10. **Signature/Title/Credential**
    - TFC Parent electronically signs TFC Daily Progress Note in CCBH
    - TFC Clinical Lead electronically provides co-signature in CCBH
    - TFC Parent title and credentials will be indicated in CCBH

*Indicates required fields on TFC Daily Progress Note

**TFC Provider established timelines and therefore TFC Provider may issue written exceptions, but must adhere to Medi-Cal and County established timelines.

Paper TFC Progress Notes are only to be completed when the electronic health record is not accessible

TFC CLINICAL DOCUMENTATION AND BILLING TIP SHEET

TYPE OF ACTIVITY	EXCEPTIONS TO BILLING
Weekly Supervision (**not billable**): The TFC Clinician is required to meet with the TFC Parent, face-to-face, in the Parent's home, a minimum of one hour per week. In addition to monitoring the interventions provided by the TFC Parent, the TFC Clinician will review and co-sign daily progress notes, ensuring that each progress note meets Medi-Cal and contractual requirements. *Note: the supervision requirement is tracked and monitored by the service provider.	**Example:** -**SC36 Family Rehab** – If during the supervision some time is spent reviewing previously taught skills to manage client's symptoms and determining effectiveness, or teaching learning new skills, this could be billable as a family rehab session. ***Note: TFC Clinician would be billing for this service and could only claim for the time spent reviewing of the skills. Time spent on other supervision activities are considered to be never-billable.***
TYPE OF ACTIVITY	**SPECIALITY MENTAL HEALTH BILLABLE**
Actively participating in the CFT to identify supports for the child/youth and family, including linking the child or youth with a TFC parent who can best meet the child's or youth's individual needs	**Example:** - **SC82 ICC** – TFC Clinical Lead attends a CFT meeting to discuss the referral of a new TFC client. The TFC Clinical Lead asks questions about the client to gain a better understanding of the client's needs and the best fit for a TFC Parent. TFC Clinical Lead also works with the group to identify needs and supports. Documentation of a CFT meeting and the writer's unique contribution to the meeting. ***Note: FFAST Clinician can also bill for their individual contribution to the meeting.***
Educating and integrating the TFC parent and appropriate staff into the existing CFT	**Example(s):** - **SC82 ICC** - A TFC parent has concerns over an upcoming CFT meeting. TFC Clinical Lead meets with the TFC parent to discuss each concern and provide education where appropriate and ***related to the client's mental illness and treatment goals***. - **SC 33 Collateral** - Coordinating with other possible CFT members that could support the client. Client is assigned a new teacher's aide at school and the TFC Clinical Lead calls (with ROI) to discuss the client's case, interventions that work and other important information related to the client's mental health and/or mental health treatment. ***Information is exchanged back and forth.*** ***Note: If the person contacted is a part of the CFT, SC 82 may be utilized.***

TFC CLINICAL DOCUMENTATION AND BILLING TIP SHEET

Completing or updating the client's Behavioral Health Assessment (BHA)	**SC10 Assessment –** It is determined that the client will begin TFC. The FFAST or TFC clinician must update the pertinent components of the BHA to reflect the changes in treatment (TFC) and any other updates as appropriate.
Creating a client plan (specific to the TFC components) **** Completed by TFC Clinician***	**Example:** **SC 13 Plan Development:** During a CFT, the team determines that the client would benefit from TFC. **SC 13 Plan Development:** TFC interventions are determined in a CFT meeting with the FFAST clinician, the TFC parent, client and TFC Clinical Lead. The TFC Clinician updates the client plan to include new TFC interventions. ***Note: If Client has a CFT SC82 may be used.***
Collaborating with supports in the client's life.	**Example(s):** **SC 33 Collateral –** Client started participating in an afterschool program. TFC Clinical Lead meets with the afterschool program lead and discusses the client's behaviors (not listening to direction, low frustration tolerance, being easily annoyed). The program leader shares the program details and how the client has engaged so far in the program. TFC Lead Clinician works with the program lead to explain interventions that have been successful in the home setting, including encouraging client to report what he is feeling by using "I" statements, and having the client take a ten-minute time out, so they can use relaxation exercises to calm. TFC Lead Clinician is sharing useful interventions and specifics about the client's mental health so that the group leader can incorporate these interventions to assist client in self-managing behavior at the afterschool program. **SC 82 ICC** – TFC Clinical Lead contacts the client's teacher, who is part of the CFT, to ask how the client has been at school and discuss new interventions that were implemented after the last CFT meeting. The teacher shares how the client is doing at school including areas that are going well and some areas that need improvement. TFC Clinical Lead provides historical behavioral issues and triggers related to the areas that need improvement (provide specific detail) as well as explaining a new coping skill the client is working on (provide specific intervention). The teacher asks questions and plans to incorporate a few of the coping skills provided in this meeting at school with the assistance of the teacher. ***Note: These activities can also be provided by FFAST clinician.***

Providing skill building and instruction to the TFC parent or parent and client, both initially and ongoing	**Example(s):** - **SC 36 Family Rehab** - TFC Clinical Lead meets with the TFC parent to provide education and role play strategies for responding to the client when they are in an elevated state and ways to redirect the client's behavior and provide good choices. - **SC 36 Family Rehab -** TFC Clinical Lead calls the TFC parent wanting to check in on the home situation and target behaviors the client is displaying. Client's behaviors include mood dysregulation and anger outbursts. TFC Clinical Lead discusses any warning signs or catalysts to the behavior and provides psychoeducation regarding the behavior and positive vs negative reinforcement. TFC Clinical Lead works with the parent to create mental health interventions to address the behavior (i.e., speaking in a calm voice, offering the client a quiet time out, or other appropriate interventions.) - **SC36 Family Rehab (with client) –** TFC Clinical Lead meets with the TFC parent and the client to provide education about the importance of having a routine. Client becomes agitated when given direction to brush teeth or get ready for school. TFC Clinical Lead works with the TFC parent and the client to create a home schedule for weekdays and weekends to support a consistent routine for the client and TFC parent to follow. ***TIP:*** ***– SC 33, 50 or 82 can be utilized to follow up to check on the progress of this intervention and possibly provide feedback/education.***
Providing rehabilitation services to the client.	**Example(s):** -**SC 34 Ind Rehab or SC 83 IHBS** - TFC Clinical Lead meets with the client at home and provides a rehabilitation service to the client. Client has issues with getting out of bed and is often late to school or does not attend. TFC Clinical Lead works with client to identify that procrastinating on homework due to lack of motivation is causing her to go to bed late which makes it more difficult to wake up in the morning. TFC Clinical Lead and client work together to create an evening schedule for the client to follow to ensure she completes her tasks and gets to bed at an earlier time. -**SC 36 Family Rehab or SC 83 IHBS** – Client Plan developed by CFT has the intervention of teaching the client to use "I" statements to share how he is feeling. The TFC Clinical Lead teaches the client and TFC parent together to report what they are feeling, using

	"I" statements and paying attention to tone of voice. TFC Clinical Lead models the use of "I" statements with client practicing back and forth. TFC Clinical Lead then steps back and monitors as the TFC parent engages in "I" statements with the client, interjecting if redirection is needed. Document the intervention and the client's response to the "I" statement intervention. ***TIP (s)*** ***- SC 36 or 33 can be utilized by the TFC Clinical Lead to educate the TFC parent on the schedule and coaches the parent on how to react if client does not engage in the intervention.*** ***– SC 33, 50 or 82 can be utilized to follow up to check on the progress of interventions and possibly provide feedback/education.***
Monitoring the child's/youth's progress in meeting client plan goals related to TFC	**Example(s):** **SC33 -** TFC Clinical Lead contacts the TFC parent to check in on how the client is doing and how the interventions of "I" statements and time outs. Parent shares the update about the client. TFC Clinical Lead provides feedback to the TFC parent and trains/role plays how to engage the client in deep breathing to try to calm the client when elevated. **SC82 –** Participation in a CFT meeting where the efficacy of the client's plan was discussed, and changes were made based on feedback and recommendations from the different CFT members. Document the writer's individual contribution to the meeting. ***CFT Note: The CFT meeting SC82 progress note must include the needed documentation regarding <u>TFC progress every 90 days.</u>*** ***Note: If Client has a CFT SC82 may be used.***
Linking to Community resources	**Example(s):** **SC 82 - if client is not present:** it was determined at the last CFT meeting that the client would benefit from partaking in the Big Brother and Sister program to foster community support and relationship building skills and this was added to the client plan. If the provider were contacting resources (i.e. Big Brother and Sister program) via telephone to link client to identified supports and determine client's eligibility to

	engage in the program, the documentation would need to include why the provider was needed to complete the service, as well as how the service is needed to address client's mental health symptoms. **SC 82** – TFC Clinical Lead contacts the TFC parent to see how the client engaged in their first outing with the Big Brothers and Sisters organization. TFC parent updates the TFC Clinical Lead about the outing and how the client benefited from the interaction. ***Notes: Faxing of referral forms to identified resources would be a never billable activity.***
Crisis Intervention	**Example:** **SC 70 Crisis Intervention**– Client was engaging in self-harm behavior of banging their head and the TFC Clinical Lead was not able to de-escalate the client to a safe level. The TFC Clinical Lead calls PERT due to the severity of the client's behavior and mood and provides the current situation to PERT and information about client's mental health. While waiting for PERT, the TFC Clinical Lead makes attempts to de-escalate the client with learned coping skills including modeling deep breathing and a 10 to 1 countdown technique. PERT arrives assesses the client and client is taken to the hospital for further evaluation and monitoring. **SC 70 Billable elements:** - TFC Clinical Lead's attempts at de-escalating the client - Call to PERT giving information about the client. - Time spend waiting for PERT while continuing to provide interventions, sooth the client and/or prevent further deterioration. ***Note: If no intervention was provided while waiting for PERT or clinician to arrive that time is not billable.***

TFC CLINICAL DOCUMENTATION AND BILLING TIP SHEET

SERVICE CODE DEFINITIONS:
SC 33 COLLLATERAL: A service activity to a significant support person in the client's life for the purpose of meeting the needs of the client in achieving the goals of the client plan. May include but is not limited to consultation and training of the significant support person(s) to assist in better understanding of mental illness. The client may or may not be present for this service activity.
SC 34 INDIVIDUAL REHAB: A service activity provided to a client and may include the following: counseling, assistance in improving, maintaining, or restoring an individual's functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education. If family or others are present, the focus of the session shall be on the client's individual goals.
SC 36 FAMILY REHAB: A service activity provided to one or more family members and may include the following: counseling, assistance in improving, maintaining, or restoring an individual's functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education. Client may or may not be present.
SC 82 INTENSIVE CARE COORDINATION: Intensive Care Coordination (ICC) is a service that is mandated for members of the Katie A Subclass and available through the EPSDT benefit to all children and youth under the age of 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity for these services. ICC is provided through collaboration between the members of a Child and Family Team (CFT). A Child and Family Team must be identified in order to provide ICC. ICC requires active, integrated and collaborative participation by the provider and at least one member of the CFT. ICC is a service that is used for the identification and coordination of ancillary supports and systems which promote safety, permanency and well-being. ICC services are offered to clients with significant and complex functional impairment and/or whose treatment requires cross- agency collaboration.
SC 83 INTENSIVE HOME-BASED SERVICES: Intensive Home-Based Services (IHBS) are mental health rehabilitative services that are available to Katie A subclass members as well as beneficiaries under 21 who are eligible for the full scope of Medi-Cal services and meet medical necessity criteria and are receiving Intensive Care Coordination. A Child and Family Team must be identified in order to provide IHBS. IHBS are individualized, strength-based interventions that assist the client in building skills necessary for successful functioning in the home and community. IHBS is offered to clients with significant and complex functional impairment. These services are primarily delivered in the home, school or community and outside an office setting.
SC 10 ASSESSMENT: A service activity designed to evaluate the current status of a client's mental, emotional or behavioral health. Assessment includes but is not limited to the following: mental status determination, analysis of client's clinical history; analysis of relevant cultural issues and history and diagnosis. The Server may be gathering information from a variety of sources.
SC 13 PLAN DEVELOPMENT: A service activity that consists of development of client plans, approval of client plans, and/or monitoring of a client's progress. Includes team meetings for these purposes. Whenever possible, client should be present for these activities.
SC 70 CRISIS INTERVENTION: Response to an unplanned event enabling client to cope with a crisis while maintaining his/her status as a functioning community member to the greatest extent possible. Includes related components such as assessment, evaluation, collateral contacts, and therapy. Crisis Intervention is only provided to the client or the client with family present.

TFC PARENT DOCUMENTATION TIP SHEET

What You Can Do To Strengthen Your Progress Note Documentation

Use language which is behaviorally specific.
Avoid jargon which is vague and does not convey a precise meaning.

NON-SPECIFIC DOCUMENTATION	STRONGER DOCUMENTATION
Lacking Insight	Has extreme difficulty in identifying feelings and relating feelings to antecedent events
Hyperactive	Youth is unable to remain seated, runs around the playroom, and shifts attention frequently from one toy to another
Aggressive	Youth smashed the doll's head into the wall
Hostile	Youth shouted at parent, I hate you and I don't want to be here."
Inappropriate	Youth began to rub his genital region during the session
Labile	Youth was tearful, then abruptly began singing and running around the room
Depressed	Youth stated she feels empty and guilty believing she has done something terrible
Disorganized	Youth jumps from topic to topic without any apparent pattern
Psychotic	Youth appears to be responding to voices and occasionally shouts, "I did not"
Defiant	Youth shouts "No, you do it" in response to every request
Has Issues With Peers	Youth states that he would like to have friends, but often misinterprets and overreacts to behaviors of new acquaintances
Has Poor Judgment	Youth has extreme difficulty in predicting possible reactions to what he says to others
Low Self Esteem	Youth reports feeling undeserving and believes he is a burden to others
Discussed Youth's Issues	Explored with Youth her earliest memories of feeling confused by her emotions
Supports	These are examples of "therapeutic non-specifics." While they are elements of the provider's skill set, they are not, by themselves interventions. Without elaboration, these verbs do not describe interventions which meet the standards of specialty mental health services.
Listens Empathically	
Encourages	

TFC PARENT DOCUMENTATION TIP SHEET

THERAPUTIC INTERVENTION LIST This is not an exhaustive list and prompts below are not enough documentation to support the Specialty Mental Health Services. Prompts are meant to be used as a guide for more thorough documentation.	
Demonstrated positive regard…as evidenced by…	Offered choices of…
Established non-verbal signal… by demonstrating…	Outlined expectations … through examples…
Gave leadership responsibilities …as evidenced by…	Practiced replacement behaviors… by demonstrating…
Gave praise for good effort …as evidenced by…	Provide frequent break for self-soothing …as evidenced by…
Ignored negative behavior … by demonstrating…	Provided positive reinforcement by…
Implemented reinforcers in the home of…	Recognized positive behaviors …as evidenced by…
Modeled alternative behavioral response … by demonstrating…	Redirected undesirable behavior…as evidenced by…
Modeled assertive communication … through examples…	Reminded to use words, not aggression…as evidenced by…
Modeled compliance with requests by stating/displaying…	Reviewed behavioral chart …as evidenced by…
Modeled conflict resolution … through examples…	Role played choice and consequence … by demonstrating…
Modeled consistent natural discipline …as evidenced by…	Role-played appropriate behavior… by demonstrating…
Modeled good listening skills … by demonstrating…	Set appropriate boundaries… through examples…
Modeled good sportsmanship … by demonstrating…	Taught self-monitoring/management skills of…
Modeled healthy boundaries … through examples…	Taught appropriate behavior… by demonstrating…
Modeled healthy relationships … by demonstrating…	Taught how to identify feelings… through examples…
Modeled positive thinking …as evidenced by…	Taught how to set short-term daily goals, such as…
Modeled pro social skills … by demonstrating…	Taught relaxation techniques… by demonstrating…
Modeled self-regulation skills … by demonstrating…	Taught self-talk strategies… through examples…
Modeled/practiced expected behavior … through examples…	Teach link between effort and outcome… through examples…
Modeled/taught anger management strategy … by demonstrating…	Use "wait time" to avoid power struggle…as evidenced by…
Monitored behavior…as evidenced by…	

TFC PARENT DOCUMENTATION TIP SHEET

	DAILY PROGRESS NOTE EXAMPLES
Describing Youth's Targeted Behavior(s)	**Example(s):** <u>Target Behavior: Reactivity and Aggression</u> • TFC parent observed the youth have an aggressive outburst 3 times today. The youth became upset and slammed the door when he was attempted to be woken up for the 2nd time. Later in the day the youth became upset when asked to share and took the toy out of his sibling's hands after being redirected. <u>Target Behavior: Social Anxiety/Avoidance of Social Situations</u> • The youth had difficulties with motivation for school and getting ready this morning as evidenced by refusal to get out of bed for the first 2 attempts at waking her. • Client appeared anxious on the way to school by demonstrating her shut down behavior of not making eye contact or communicating.
Intervention(s) Utilized	**Example(s):** Client Plan developed by TFC Agency/CFT has the intervention of teaching the youth to use "I" statements to share how he is feeling. TFC parent teaches the youth to report what they are feeling, using "I" statements, in a normal tone of voice, rather than shouting. TFC parent and the youth practice back and forth using "I" statements. Document the intervention and the youth's response to the "I" statement intervention. The youth's school has informed the TFC parent that the youth had an outburst at school today over an interaction with a peer. The TFC parent assisted the youth in identifying situations that are more challenging than others (e.g., interacting with groups, rather than just one or two individuals), and what situations tend to trigger disruptive behavior. TFC parent then teaches the youth deep breathing techniques (or other appropriate intervention) and practices with the youth. Youth can utilize breathing techniques at school when they become elevated or disruptive. In a CFT youth planning meeting it was determined that an active team sport would be beneficial for the youth to learn peer interaction and have a healthy outlet for energy. The TFC Clinical Lead provided referrals for soccer teams in the youth's neighborhood. TFC parent takes the youth to meet the coach and see what a practice would be like. Prior to getting out of the car the TFC parent engages the youth in a role play activity of meeting the new coach. TFC parent accompanies the youth to meet the coach and uses reminder signals (previously determined) to encourage the youth to slow down when they started to get anxious and elevated in the new environment. Based on the goals established in the CFT meeting, the TFC parent implemented the following interventions to eliminate the youth's food hoarding: The TFC parent had youth accompany them to the grocery store. During the store visit the TFC parent assisted the youth in selecting healthy snack foods, making them feel more in control of what food is available to eat.

TFC PARENT DOCUMENTATION TIP SHEET

	Then at home assisted youth in preparing snacks, by putting the healthy snack foods youth selected into plastic containers to take with them after they finish their meals at home and to take to school.
Additional Collateral Information: Any contact or important information obtained from other CFT members or youth's significant support	**Example(s):** Youth started participating in an afterschool program. TFC parent meets with the program lead and discusses the client's behaviors (not listening to direction, low frustration tolerance, being easily annoyed). The program leader shares the program details and how the client has engaged so far in the program. TFC parent works with the program lead to explain interventions that have been successful in the home setting, including encouraging youth to report what he is feeling by using "I" statements, and having the youth take a ten-minute time out, so they can use relaxation exercises to calm. TFC parent is sharing useful interventions and specifics about the youth's mental health so that the group leader can incorporate these interventions to assist youth in self-managing behavior at the afterschool program. TFC parent contacts the youth's teacher, who is part of the CFT, to ask how the youth has been at school and discuss new interventions that were implemented after the last CFT meeting. The teacher shares how the youth is doing at school including areas that are going well and some areas that need improvement. TFC parent informs the teacher of a new coping skill, 4 count breath, that the parent and youth have practice together and how effective it has been. The teacher learns how to engage in the 4-count breath from the TFC parent so the youth can utilize this at school with the assistance of the teacher.
Overall Risk	**Example:** **Danger to Self/Actions Taken**– Youth escalated and was engaging in self-harm behavior of banging their head and TFC parent was not able to de-escalate the youth to a safe level. TFC parent after contacting the TFC Clinical Lead, calls PERT due to the severity of the youth's behavior and mood. TFC parent provides the current situation to PERT and information about youth's mental health. While waiting for PERT the parent provides soothing soft speech to prevent the youth from escalating further. PERT arrives assesses the youth and youth is taken to the hospital for further evaluation and monitoring.

County of San Diego Mental Health Plan
TFC Parent Annual Evaluation – TFC Agency Version

TFC Evaluation Date: _____	Check One: ☐ Initial Evaluation ☐ Continuing Evaluation
TFC Parent Name: _____	Evaluation Review Period From: _____ To: _____ (maximum of one year)
Program Name: San Diego Center for Children – Foster Family Agency Stabilization and Treatment (FFAST)	

Per Medi-Cal Manual 3rd Edition, the TFC Agency must conduct at minimum one TFC Parent evaluation annually. The evaluation is strengths-based and solution-focused:

TFC Agency Evaluation Questions
1. *Identify at least three strengths the TFC Parent displayed during the evaluation period: _____
Rate the following using the provided scale. Provide comments for any rating indicating 'Area of Need' or 'Concern'
2. *TFC Parent's ability to implement TFC strategies as guided by the 'Client Plan' and Child Family Team: ☐ Meets Expectation ☐ Area of Need ☐ Area of Concern Comments: _____
3. *TFC Parent's 'Daily Progress Note' documentation and management of case records: ☐ Meets Expectation ☐ Area of Need ☐ Area of Concern Comments: _____
4. TFC Parent's contribution to helping youth remain in a family/community like setting and avoid residential care: ☐ Meets Expectation ☐ Area of Need ☐ Area of Concern Comments:_____
5. TFC Parent provided a trauma informed environment for the youth that reduced risk for exposure to trauma/re-traumatization during the evaluation period: ☐ Meets Expectation ☐ Area of Need ☐ Area of Concern Comments:_____
6. The TFC Parent provided an environment that valued the youth's culture and was free of discrimination and prejudice during the evaluation period: ☐ Meets Expectation ☐ Area of Need ☐ Area of Concern Comments:_____
Child and Family Team (CFT) Input
7. *Provide input from the CFT regarding TFC services (if TFC services are not currently being provided utilize CFT Progress Notes/CFT Summary and Action Plans for input) _____
Additional Comments
8. *Provide additional comments, including any training needs or issues that must be addressed for the TFC Parent to continue to be successful in their role as a TFC Parent: _____

The TFC Agency shall review the TFC Agency Evaluation, CFT Input and TFC Parent Self-Evaluation with the TFC Parent. A copy of the TFC Annual Parent Evaluation shall be provided to the TFC Parent and retained by the TFC Agency in TFC Parent's record. Items with an * are specified in the Medi-Cal Manual.

Completed by:

TFC Clinical Lead Signature: _____ **Date:** _____

Reviewed by:

TFC Parent Signature: _____ **Date:** _____

2020

County of San Diego Mental Health Plan
Therapeutic Foster Care (TFC)
TFC Parent Annual Evaluation – TFC Agency Version

COMPLETED BY:

TFC Clinical Lead

REVIEWED BY:

Certified TFC Parent

COMPLETION REQUIREMENTS:

- TFC Parent Evaluation must occur at a minimum annually per Medi-Cal Manual 3rd Edition
- TFC Parent Evaluation must be strengths-based and solution-focused and incorporate input from the Child and Family Team (CFT)

DOCUMENTATION STANDARDS:

The following elements of the TFC Agency Evaluation questions must be addressed

1. **TFC Evaluation Date**
   - Include the date the evaluation was completed
2. **Must select 'Initial Evaluation' or 'Continuing Evaluation'**
3. **TFC Parent Name**
   - Include the TFC Parent's First and Last Name
4. **Evaluation Review Period**
   - Include the start and end date of the evaluation review period
   - The dates must align with the TFC parent's certification date and must not exceed a one-year timeframe
5. **TFC parent's strengths**
   - Identify at least three strengths of the TFC Parent
6. **For questions #2 - #6, complete the following:**
   - Select 'Meets Expectation,' 'Area of Need,' or 'Area of Concern'
   - Provide comments for any rating indicating 'Area of Need' or 'Area of Concern'
7. **Child and Family Team (CFT) Input**
   - Include a summary of feedback from the CFT that is strengths-based
   - If TFC services are not currently provided, include feedback previously received from CFT Progress Notes/CFT Summary and Action Plans
8. **Additional Comments**
   - Include any training needs or concerns that must be addressed
   - Comments must be strengths-based and solution focused
9. **Signature and Date**
   - TFC Clinical Lead signs and dates form after reviewing with TFC Parent
   - TFC Parent signs and dates form after reviewing with TFC Clinical Lead
   - Wet signatures are not required

County of San Diego Mental Health Plan
Annual TFC Parent Self-Evaluation

TFC Parent Name: _____	TFC Parent Self-Evaluation Date: _____
Evaluation Review Period From: _____ To: _____ (maximum of one year)	
Program Name: San Diego Center for Children – Foster Family Agency Stabilization and Treatment (FFAST)	

Per Medi-Cal Manual 3rd Edition, the TFC Agency must conduct a TFC Parent evaluation at minimum annually, which must include a Self-Evaluation from the TFC Parent

Self-Evaluation Questions
1. Identify at least three strengths you have displayed in your role as a TFC Parent during the evaluation period: _____
2. Identify at least one area you would like to improve in your role as a TFC Parent during the next evaluation period: _____
3. Identify any additional trainings that would help you be successful in your role as a TFC Parent: _____
4. Identify any additional resources or support that would help you be successful in your role as a TFC Parent: _____
5. Additional Comments: _____

The TFC Parent Self-Evaluation is to be reviewed by the TFC Clinical Lead and incorporated into the TFC Parent Annual Evaluation

Completed by:

TFC Parent Signature: _____ **Date:** _____

Reviewed by:

TFC Clinical Lead Signature: _____ **Date:** _____

2020

County of San Diego Mental Health Plan
Therapeutic Foster Care (TFC)
Annual TFC Parent Self-Evaluation

COMPLETED BY:

Certified TFC Parent

REVIEWED AND CO-SIGNED BY:

TFC Clinical Lead

COMPLETION REQUIREMENTS:

- TFC Parent self-evaluation occurs at minimum annually per Medi-Cal Manual 3rd Edition

DOCUMENTATION STANDARDS:

The following elements of the TFC parent self-evaluation questions must be addressed

1. **TFC Parent Name:**
   - Include the TFC Parent's First and Last Name
2. **TFC Self-Evaluation Date**
   - Include the date the evaluation was completed
3. **Evaluation Review Period**
   - Include the start and end date of the evaluation review period
   - The dates must align with the TFC parent's certification date and must not exceed a one-year timeframe
4. **Identify at least three strengths you have displayed in your role as a TFC Parent during the evaluation period**
5. **Identify at least one area you would like to improve in your role as a TFC Parent during the next evaluation period**
6. **Identify any additional trainings that would help you be successful in your role as a TFC Parent**
7. **Identify any additional resources or support, if any, that would help you be successful in your role as a TFC Parent**
8. **Additional Comments**
   - Include additional comments or concerns that must be addressed
9. **Signature and Date**
   - TFC Parent signs and dates form
   - TFC Clinical Lead signs and dates form after reviewing with TFC Parent
   - Wet signatures are not required