

TN

Department of
Children's Services



Contract Provider Manual

Section Six (6) - Continuums

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CONTINUUM OF CARE GENERAL REQUIREMENTS

1. General Characteristics

- a) A continuum is an array of services for children with moderate to severe mental health, behavioral, and medical issues and their families. The goal of the continuum model is to allow providers flexibility in designing services for children and families, the ability to facilitate rapid movement of children through the service system toward permanency, and the ability to customize the delivery of services to children and families in the least restrictive setting, including after the child returns home.
- b) A continuum provides a full array of services that meet the needs of children at the assigned level. The continuum model is designed to encourage providers to move children to permanency or least restrictive settings quickly and appropriately.
- c) A continuum is responsible for delivering all services necessary for maintaining the stability of the child/youth. If an agency is unable to provide a particular service to a child/youth directly, the continuum procures the service from an appropriately credentialed entity. Children/youth will not be disrupted from a continuum based on lack of available services or placements.
- d) A continuum has a clear theoretical approach that outlines a philosophy and methods of treatment that are based on best practices with a trauma-based focus approach. The continuum provides an evidence-based treatment model specific to the child/youth's needs.
- e) A continuum adheres to the guidelines for the corresponding type of setting in which the child is being served.

2. Exit from a Continuum

Once a child is accepted into a provider's continuum contract, the provider is held responsible for the care and treatment of the child through their exit from custody to permanency. There are only four (4) justifiable reasons for the disruption of a child from continuum:

- a) The child/youth's needs have increased beyond the current scope of services.
- b) The child/youth has incurred additional serious juvenile justice charges that significantly increase community risk and the child/youth is most appropriate for a YDC setting (see Core Standards section of this manual);
- c) The step-down (from a higher to a lower contract) of a child/youth can be considered only if the child/youth has maintained in a foster home consistently with no RTF placements for a period of eighteen (18) months or more. One exception to the eighteen (18) month rule is if the child is in a pre-adoptive placement. The CFTM agrees and the CANS is consistent with the recommendation for the move to a lower level of care. The provider has the right to

- appeal the decision in accordance with the CFTM appeals protocol; and
- d) The disruption of a pre-adoptive placement which necessitates an immediate alternative pre-adoptive placement that is in the best interest of the child/youth. This decision occurs in conjunction with the child/youth's team where the team may have identified a possible alternative placement outside of the current provider's network of services that more effectively meets the child/youth's needs.

3. Service Hold

"Service Hold" for children and youth on a Trial Home Visit (THV) with children who are being provided custodial continuum in home services for the first 30 days of services through a contract provider:

- a) The provider continues serving the family for a period of time (described in item 3b below) if the youth is temporarily gone from a THV due to reasons such as runaway, acute hospitalization, medical hospitalization, or detention stay.
- b) The Regional Administrator/designee may approve a service hold via email within a 24 hour timeframe from the moment the run, detention or hospitalization occurs for up to 3 days (total annual days) for run episode and 7 days for acute/medical hospitalization or detention stay. Any approval past the 3 days for run episode and 7 days for acute/medical hospitalization or detention stay requires Deputy Commissioner Approval.
- c) The provider for children who are on Runaway status during a THV is responsible for meeting and engaging the family to discuss location of child daily. They complete harboring runaway forms, notify law enforcement, obtain the NCIC number and share it with DCS staff, and have daily contact with the DCS FSW. The provider is responsible for preservation of the family placement. If that is not possible, due to safety issues, the provider is responsible for identifying an appropriate placement within the continuum.
- d) The provider for children who are at acute hospitalization, medical hospitalization, or detention stay during at THV is responsible for providing in home services to family to discuss reasons/trigger for acute or medical hospitalization stay. They assist the caregiver in transporting the child to the hospital, sitting in the hospital while waiting on acute bed or during the hospital stay for medical reasons, participating in Discharge CFTMs in order to plan for discharge activities, and assesses readiness of the family for children to return to their home. The provider provides family transportation to the hospital for visitation and/or therapy. If the team, including the DCS and the Provider, deem it inappropriate for the child to return to the THV based on recommendations of the team, the Provider is responsible for identifying an appropriate placement within the continuum.

Note: For further expectations around transportation refer to page 4 "***Transportation***" in [**Section One \(1\)-Core Standards.**](#)

4. Documentation and Utilization Review

- a) In order to alter services that the child/youth or family is receiving, A CFTM is required.
- b) Review:
 - ◆ At least annually, the Department of Children's Services reviews the agency's practice. Contract expansion, contract reduction, corrective action plans, admission and referral rate, and/or termination is determined based on agency's practice as compared to same contract types and the agency's past practice in these areas.
 - ◆ All children admitted to the contract and discharged from the continuum become part of the provider's outcome evaluation and aftercare program.

5. General Service Component Requirements

- a) **Case Management:** Case management/coordination services are provided as outlined in the Core section of this manual.
- b) **Crisis Intervention/Stabilization:** Services provided on a twenty-four (24) hour basis to a child and/or family experiencing a medical, mental health, parent/child interaction, or other significant emergency need. Mobile Crisis may be contacted if the situation requires it.
- c) **Emergency Placement Services:** Services are available 24 hours a day through an on-call system that stabilizes children and families by locating alternative short-term placement in emergency situations.
- d) **Safety Planning:** The plan includes wraparound services, emergency response, crisis intervention, and/or child and family specific intervention which supports and stabilizes the placement and avoids movement or disruption.
- e) **Diligent Search:** The agency supports DCS' efforts in diligent search. This support could include a search for a potential family member or individual to be an adoptive foster or planned permanency living arrangement (PPLA) support for a child.

LEVEL II CONTINUUM

1. Admissions /Clinical Criteria

Children/youth in a Level II continuum may present with a range of behaviors and characteristics. These may range from characteristics noted in the "Admissions/Clinical Criteria" section of the Therapeutic Foster Care portion of this manual (Section 2) to characteristics noted in the "Admissions/Clinical Criteria" section of the Group Care Facilities portion of this manual (Section 3).

2. Array of Services

All Level II Continuum providers maintain or have access to the full array of services. Details of each of these services are described in the corresponding sections of this manual. The following services are available to the provider either directly or through a sub-contracting arrangement:

- a) In-home services for reunification homes and other permanency homes.
- b) Foster Care: Therapeutic foster care, both for children/youth with mental health or behavioral problems.
- c) Adoption Services
- d) Group care

3. Capacity Requirements

At least 75% of children/youth in a Level II continuum are placed in a family-based setting.

4. Level II Special Needs Continuum of Care: Youth Development Center (YDC) Step-Down Services. This level of care is designed to serve the following populations:

- a) Youth (ages 16 up to 19) transitioning from a YDC after having received treatment and served their sentence in accordance with the court's directive. Such youth may have a need for continued treatment and support as they are preparing for full community integration. These youth may have a past history of multiple felony charges and/or a history with a multitude of the following behaviors: aggression, intense gang affiliation, moderate to serious sex offences or described as having conduct or defiant behavioral needs. These problems may have diminished due to rehabilitation at the YDC as evidenced by the CANS.
- b) Youth (ages 16 up to 19) in detention on a case-by-case determination based on bed availability, identified treatment needs and who cannot be served by other contract provider agencies due to milieu safety concerns.
- c) Program meets the requirements of the Special Populations Group Care section. As such, youth in this program may attend public school; however, if students are unable to attend public school, programs, they attend an in-house, non-public school that is approved by the Tennessee State Department of Education and recognized to educate students in custody by the DCS Education Division.

LEVEL III CONTINUUM OF CARE

1. Admissions /Clinical Criteria

Children/youth in a Level III continuum may present with a range of behaviors and characteristics. These may range from characteristics noted in the “Admissions/Clinical Criteria” section of the Therapeutic Foster Care portion of this manual (Section 2) to characteristics noted in the “Admissions/Clinical Criteria” section of the Residential Treatment portion of this manual (Section 4).

2. Utilization Review

Clinical Review: There is a clinical review that includes all involved DCS and agency staff after a child has been in a continuum for six (6) months, continuing monthly or as determined by the CFT, until a less restrictive service is identified and/or developed. This review is held prior to a CFTM in which recommendations are discussed. The team evaluates the ongoing need for services; develop a plan that facilitates discharge to less restrictive setting, recruitment of family support, or other services as appropriate to meet the child’s clinical needs.

3. Array of Services

All Level III Continuum providers maintain or have access to the full array of services. Details of each of these services are described in the corresponding sections of this manual. The following services are available to the provider either directly or through a sub-contracting arrangement:

- a) In-home services for reunification homes and other permanency homes.
- b) Foster Care: Therapeutic foster care, both for children/youth with mental health or behavioral problems.
- c) Group care
- d) Residential Treatment
- e) Adoption services

4. Capacity Requirements

- a) At least 50% of children/youth in a Level III continuum are placed in a family-based setting.
- b) The Level III Continuum providers are expected to maintain an ongoing minimal capacity of 10-15% Congregate Care (Group Care and Residential Treatment). The calculation of the capacity is based on the total number of Level III Continuum children/youth served annually. Capacity is monitored on an ongoing basis by Central Office Network Development. Providers’ contracts reflect the capacity requirements.

5. Accessing Managed Care Organization (MCO) and Behavioral Health Organization (BHO) Services

- a) With some limited exceptions, children in DCS care are eligible for TennCare. While the child is in custody, the Managed Care Organization (MCO) assignment is TennCare Select, the MCO serving custody children. The MCO provides all medically necessary TennCare Covered Services. Because Continuum providers are responsible for behavioral therapeutic services that are also funded in part by TennCare through DCS interagency agreement, coordination of outpatient mental health services is required.
- b) For exceptional services that are not paid for by TennCare, a discussion takes place between the provider and DCS leadership and fiscal department.
- c) Determinations of when a Level III continuum provider is responsible for providing a mental health service as well as when the provider may access that service through an outside BHO provider and have it paid for directly by TennCare depends on the type of setting in which the child is placed.
 - ◆ When a child in a Level III Continuum is being served in a residential treatment facility, the continuum provider is responsible for supplying all psychiatric services (e.g., psychiatric evaluations, medication management) and all needed specialized treatment services (e.g., alcohol and drug treatment, sexual offender treatment).
 - ◆ When a child in a Level III continuum is being served in a community placement (i.e., group home, foster home), the continuum provider may access an outside BHO provider in the community to supply psychiatric services and specialized treatment (i.e. problem sexual behavior or alcohol and drug) services. The outside BHO provider who delivers these services would be paid via TennCare. The continuum provider does not pay for these services out of their per diem.
- d) For all children in Level III continuum programs, psychological testing can be obtained from an outside BHO provider. Continuum providers are not responsible for providing psychological testing as part of their daily per diem rate and scope of services.

6. Level III Continuum Special Needs

The Level III Continuum Special Needs (L3CSN) is designed to serve a unique population of children/youth who cannot be served in other continuum programs due to their unique needs.

- a) There are three categories of Level 3 continuum special needs services that are available under this scope. Agencies may provide one or more of the following:
 - ◆ Sex offender (SO): Have SO residential, group care, foster care, and in-home services available. General residential programming is not required.
 - ◆ Alcohol and Drug (A&D): Have A&D residential, group care, foster care, and in-home service. General residential programming is not required.

- ◆ Mental Health/Behavioral treatment (MHB): Serves youth with high mental health needs. Maintains or has access through sub-contracting to the full array of services available in a Level III Continuum of Care. In addition, they accept youth who have stabilized in Level 4 facilities and are ready for stepdown. Providers deliver these services statewide.

b) The Level III Continuum Special Needs providers maintain an ongoing capacity of 40-45% RTF and group home capacity. This number is in compliance with the CPM's requirement of at least 50% placements in non-restrictive settings. Of the 40-45% capacity, 70-75% is Residential Treatment capacity. Capacity is monitored on an ongoing basis by Central Office Network Development. Provider's contracts reflect the capacity requirements.

7. Level III Continuum Enhanced Special Needs Juvenile Justice (JJ)

This continuum of care serves adolescent youth aged 13 and up who are adjudicated delinquent. The facility is staff secured and also maintains a perimeter fence. The agency provides an array of services to include residential, foster care, and in-home services. Youth served in this program have a history of major impairments in several areas, such as work or school, family relations, judgment, thinking or mood. Youth may have a history of multiple felony charges and/or a history of a multitude of behaviors, including but not limited to: self-harm, aggression, sex-offending behaviors or described as having conduct, oppositional or defiant behaviors.

On a case-by case basis, situations may arise that require youth on this type of contract to be placed outside the State of Tennessee due to complex behavioral issues, high levels of acuity, etc. In these cases, the language appearing below applies to the Department as these youth are being placed in those facilities.

It is required, at a minimum, that (1) all juveniles confined pursuant to this contract be released within the jurisdiction of the sending entity and (2) the out-of-state entity provide the following information before transferring the juvenile:

- a) The juvenile's record of institutional violence, escape, attempted escape, suicidal and self-harming behaviors, and sexually aggressive behaviors;
- b) All appropriate medical information of the juvenile, including certification for tuberculosis screening or treatment;
- c) All appropriate and available mental health information for the juvenile; and
- d) All appropriate and available education information for the juvenile.