TN Department of Children's Services

Contract Provider Manual

Section Seven (7)-Unique Care Agreements

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General Characteristics

A Unique Care Agreement (UCA) is a contract between DCS and a provider for services to one, individual child or youth. These services are purchased individually due to the inability to access the needed service within the current direct-contractor network. Occasions may also arise in which a current network provider is engaged utilizing a UCA for services that would fall outside of the scope of their existing contractual menu.

It is the Department's responsibility to ensure that all reasonable efforts were made to secure the necessary services within the current direct contractor network and all network options were fully exhausted prior to seeking a UCA. These reasonable efforts are documented by the requesting DCS region in the Department's system of record or via documented e-mail communication.

The affected Regional Administrator will provide initial approval prior to the contract being fully executed. The Regional Mental Health Clinician will review and approve medical necessity for the services prior to consideration of a UCA when the primary treatment focus is mental health related. The Regional Nurse will review and approve in the event that unique medical services are being purchased. Once the UCA is approved by the Regional Mental Health Clinician (or Regional Nurse), that individual is asked to provide a level of care recommendation that reflects the treatment and supervision needs of the child. This is recorded in the context of a Child and Family Team Meeting (CFTM).

It is the Department's expectation that an individualized treatment plan will be developed by the UCA contracting provider in order to meet the specialized needs of the child being served. The UCA provider must also follow all DCS policies as well as all service requirements outlined in the current Contract Provider Manual (CPM) regarding the purchased level of care designated on the UCA.

In order to avoid unnecessary revisions and amendments to an active contract, UCAs are written to expire at the close of the fiscal year (06/30) in which utilization begins. Each UCA is reviewed prior to the designated End Date. If it is deemed necessary for services to continue past that date, all initial approving parties must re-approve the UCA extension.

Note: From time to time, the End Date of a UCA is pre-established and will not fall on the usual end of a fiscal year window. This could be due to the youth's 18th birthday occurring or any one of several other reasons. In these cases, the UCA would be set to expire on the pre-established date and not at the end of the admission fiscal year.

Admissions/Clinical Criteria

Upon consideration, the Scope of Services for a UCA is documented in the UCA justification form. This form is completed by a team that can include the identified provider, the Regional Mental Health Clinician (and/or Regional Nurse), the FSW and Placement Service Division (PSD) staff. The proposed provider is forwarded a link to the CPM. This informs the agency of the Core Standards for out-of-home care as well as all aspects of residential service provision in Tennessee relative to the level of care designated in the UCA for that individual child or youth. If the proposed UCA provider agrees to accept the child under these conditions, the contract the UCA provides is processed and fully executed. All necessary releases of information and admission/intake documentation requested by the identified contract agency are provided.

Fiscal amount/daily rate must be approved by the region & Network Development prior to implementation.

Utilization Review

All UCAs are reviewed monthly through the Utilization Review (UR) process to assure the continued necessity to extend the contracted service. This review evaluates the effectiveness of the services in stabilizing the child and whether all services are being delivered in a timely and consistent manner. The Regional Mental Health Clinician is a part of each UR and approves and justifies continuing the contracted service based on medical necessity. A Child and Family Team Meeting (CFTM) is convened every 90 days to document further need for the UCA services and contract.

Education

Providers should refer to ***Section 13-Education Standards***, page 6.

Monitoring

In the event it is determined that the contracted UCA services are being delivered in a manner that is untimely, therapeutically unsound or otherwise ineffective, a report of these findings is shared with the contract provider agency, the Department's Medical Director, the Executive Director of Network Development, the Director of Placement and Provider Services and the affected Regional Administrator. The contracting provider agency is then required to develop a Corrective Action Plan (CAP) designed to address and resolve all non-compliant findings to the Department's satisfaction. Findings indicating a consistent inability to provide the specific

services in accordance with the fully executed UCA on the part of the contract provider agency results in a request for repayment of all non-delivered services.

Requirements

Each UCA is assigned a core level of care. The contract provider agency is responsible for all requirements in the current version of the CPM associated with that assigned level of care as well as all requirements in the Core Standards section of the CPM regarding the care and maintenance of custodial children and youth. Any exception to the established standards contained in the current version of the CPM is documented in the CFTM and reflected clearly in the contractual language of the UCA.