



Minnesota Health Care Programs

Behavioral Health Division
Intensive Treatment in Foster Care

Overview for Mental Health Providers

Table of Contents

Overview of Document and Templates.....	1
What Do Providers Need to Do?	1
Background.....	1
Intensive Treatment in Foster Care	1
What is ITFC?	1
Who is Eligible for ITFC?	2
What Services Must Be Provided?.....	3
Application Requirements.....	4
Certification.....	4
Certification Process	4
Specific Population Competency.....	5
Changes Occurring after Certification.....	6
Definitions	7
ITFC and Other Concurrent Services	8
Mental Health Services	9
ITFC Community Options Chart	10

Overview of Document and Templates

This Intensive Treatment in Foster Care (ITFC) Overview contains several steps and activities that agencies and individual providers must complete in order to become a certified ITFC provider.

This document was developed to provide information to agencies seeking reimbursement from Minnesota Health Care Programs (MHCP).

This ITFC overview:

- Provides background information regarding ITFC.
- Identifies ITFC treatment components.
- Gives information about the certification process and timeframes for completion.

What Do Providers Need to Do?

Providers need to:

1. Review information in this document.
2. Attend an ITFC Administrative and Clinical Applicant Provider Orientation Session prior to completing and submitting the online certification application.
3. Complete and submit, via email, the online application. Please follow instructions on application about renaming document and sending email attachments. There is no need to submit a hard copy.

Background

Intensive Treatment Services in Foster Care

Intensive Treatment in Foster Care (ITFC) was developed in 2012 through a series of stakeholder groups with counties, tribes, treatment foster care providers, mental health providers, advocacy organizations and parents. Keeping in mind the demographic and service needs of the children, it was determined that ITFC needed to be a flexible service package that could be provided to all the members of the child's family, foster family and members of the permanency plan in any family foster care setting. Using a family foster care home distinction makes it possible for the service to be available in a traditional treatment foster home, relative or kinship home, or a county or tribally licensed home. The inclusion of the child's biological or pre-adoptive family in the service assists in concurrent and permanency planning.

Specific service delivery payment requirements were developed to respond to the needs expressed by the stakeholder groups. Often children in foster care have been to multiple providers (both physical and mental health) with no comprehensive assessment that incorporates all of their previous care; therefore, an extended diagnostic assessment, including an extensive review of records and trauma assessment, needs to be conducted. To combat issues of children experiencing multiple placements or unnecessary hospitalizations, ITFC providers are required to be available by phone 24/7 and coordinate with local regional crisis response providers. To comply with Minnesota's initiative to address the over utilization of psychotropic medications in foster care, the ITFC provider is expected to continually collaborate and consult with the child's medical providers and be aware of the medication regimen and potential side effects.

What is ITFC?

ITFC is a mental health service for youth and their families who live in a family foster care setting and require intensive clinical and ancillary services. These services are delivered using various combinations of services and treatment modalities to achieve the treatment outcomes identified in the child or youth's individualized treatment plan (ITP).

ITFC is a clinical service that must be delivered while a child or youth lives in a family foster care setting to decrease mental health symptoms and functional impairments caused by the child's mental illness. Unlike Children's Therapeutic Services and Supports (CTSS) or Children's Residential Treatment (CRT), ITFC is not a rehabilitative service.

ITFC is a bundled package of services to be delivered in the child or youth's home, foster home, school, parent's current residence or any other natural setting. Services may be delivered in an outpatient setting (i.e., office) when it is deemed medically necessary based on the intervention. Services are to be delivered at least three days per week totaling at least six hours of service.

ITFC includes:

- Psychotherapy (individual, family and group)
- Psychoeducational Services (individual, family and group)
- Clinical Care Consultation
- Crisis Assistance

Who is Eligible for ITFC?

To be eligible for ITFC, five conditions must be met. The child/youth must be between the ages of 0 to 21;

1. Living in a family foster care setting (where the license holder lives in the home);
2. Be recipient of Minnesota Health Care Programs;
3. Have an extended diagnostic assessment within the past 180 days that documents a mental illness;
4. Documentation of medical necessity that intensive treatment services are required to treat symptoms and functional impairments within a foster family setting; and
5. A level of care determination that demonstrates intensive intervention without 24-hour medical monitoring is required.

Eligible ITFC Providers

- County-operated agencies
- Indian health services facilities or a facility owned and operated by a tribe or tribal organization operating as a 638 facility under Public Law 93-638
- Non-county agencies (i.e. non-profits, community mental health centers (as defined under Minnesota Statutes, section 245.62), mental health clinics (Rule 29 – Minnesota Rule 9505.0750 to 9505.0870) or clinicians in private practice).

To be an eligible provider of ITFC, an agency must meet the provider certification requirements described in this document, have a service provision contract with a placing agent or tribe to provide services for an individual child and be enrolled as an MHCP provider. Individual clinicians providing ITFC must document whether they are certified to provide Trauma Informed Child/Parent Psychotherapy or Trauma Focused Cognitive Behavioral Therapy. Clinicians are required to be certified in one of the approved evidence based practices.

DHS determines through the ITFC certification process whether an agency has a clinical infrastructure, administrative infrastructure and service delivery system that meets the standards identified by the department as necessary for intensive work with foster children; all of these must support an individualized treatment planning process that is culturally appropriate, child-centered and family-driven to achieve the maximum mental health benefit and permanency outcomes for children/youth and their families.

What Services Must Be Provided?

The agencies must be able to provide core ITFC services. These are:

- Psychotherapy (individual, family and group)
- Psychoeducation (individual, family and group)
- Crisis assistance
- Clinical care coordination

ITFC also has strict service provision payment delivery standards described in statute that require the following:

- All services must be delivered by a mental health professional or a clinical trainee, as defined in Minnesota Rules, part 9505.0371;
- Each child receiving treatment services must receive an extended diagnostic assessment within 30 days of enrollment in this service unless the client has a previous extended diagnostic assessment that the client, parent, and mental health professional agree still accurately describes the child's current mental health functioning;
- Each previous and current mental health, school, and physical health treatment provider must be contacted to request documentation of treatment and assessments that the eligible child has received. This information must be reviewed and incorporated into the diagnostic assessment and team consultation and treatment planning review process;
- Each child receiving treatment must be assessed for a trauma history, and the child's treatment plan must document how the results of the assessment will be incorporated into treatment;
- Each child receiving services must have an individual treatment plan that is reviewed, evaluated and signed every 90 days using the team consultation and treatment planning process;
- Each child must have a crisis assistance plan within ten days of initiating services and must have access to clinical phone support 24 hours per day, seven days per week, during the course of treatment. The crisis plan must demonstrate coordination with the local or regional mobile crisis intervention team;
- Services must be delivered and documented at least three days per week, equaling at least six hours of treatment per week, unless reduced units of service are specified on the treatment plan as part of transition or on a discharge plan to another service or level of care;
- Location of service delivery must be in the child's home, day care setting, school or other community-based setting that is specified on the child's individualized treatment plan;
- Treatment must be developmentally and culturally appropriate for the child;
- Services must be delivered in continual collaboration and consultation with the child's medical providers, and, in particular, with the prescribers of psychotropic medications, including those prescribed on an off-label basis. Members of the service team must be aware of the medication regimen and potential side effects;
- Parents, siblings, foster parents, and members of the child's permanency plan must be involved in treatment and service delivery unless otherwise noted in the treatment plan; and
- Transition planning for the child must be conducted starting with the first treatment plan and must be addressed throughout treatment to support the child's permanency plan and post discharge mental health service needs.

Application Requirements

Certification

ITFC Certification is required.

- Attend an ITFC Orientation Session.
- Complete and submit an application, including the sample clinical case file.

Certification Process

NOTE: In this document, the Children’s Mental Health Division is referred to as the “Department.”

The Minnesota Department of Human Services (DHS), as the Minnesota Medicaid authority is responsible for the overall certification process. DHS reserves the authority to revise certification and recertification criteria at any time without notice.

The certification process determines whether the provider meets the applicable standards established by the Department that are needed to provide adequate mental health services to children in foster care placements.

Agencies must document mental health professionals, clinical supervisors and clinical trainees that will be providing this service, including information on training and certification in the approved evidence based practices. Individual clinicians providing ITFC must document whether they are certified to provide Trauma Informed Child/Parent Psychotherapy or Trauma Focused Cognitive Behavioral Therapy. Clinicians are required to be certified in one of the approved evidence based practices. Each individual provider of this service must have completed a criminal background investigation at the time of application. In accordance with Minnesota Statutes, section 245C.32, the clinician must provide informed consent to the background investigation and release of the information to the Behavioral Health Division. Whenever a new therapist joins the agency to provide ITFC, a new background check must be conducted and the Behavioral Health Division must be notified. Agencies must provide information on organizational structure and how ITFC services fit into the continuum of care.

Agencies must describe the 24/7 phone availability staffing plan for the service and the agency’s crisis assistance plan and documentation of coordination with local crisis response services. Agencies must create a two-hour ethics training, or documentation of external education, for all individual clinicians providing ITFC that discusses boundaries relevant to home-based work, working with abused and vulnerable children, having dual roles as therapist and coordinator of services, confidentiality, appropriate touch, and multiple systems work. Agencies will need to create a special informed consent form for this service that describes confidentiality and information sharing within the complexity of working with children, foster families, biological families, placing agents, insurance providers and other systems.

Agencies must also create and submit a sample clinical file that contains the following information:

- Extended Diagnostic Assessment (with a trauma assessment, CASII/ECSII, and SDQ)
- Individual Treatment Plan that is created with a team treatment planning process
- Crisis Assistance Plan
- Informed Consent Form
- Service Provision Contract with County or Tribe
- Two weeks of Progress Notes
- Individual Treatment Plan Review (done at 3 months of service provision)

Specific Population Competency: In addition to basic certification, individual providers or agencies can request a population specific competency demonstrated through a combination of training; education; evidence based practice certification; child wellness, permanency and mental health outcomes; and history of practice. Population specific competencies can be requested in the following domains and will be posted on the Intensive Treatment in Foster Care website:

Early Childhood Mental Health
Adoption/Attachment
Transition Age Youth

African American Culturally Specific
Native American Culturally Specific
Dual Diagnosis (Mental Illness and Chemical Dependency)

Once agencies have state certification, outreach can be done to counties and tribes to work with children who are currently living in family foster care settings. Minnesota Statutes, section 256B.0946 requires that a provider needs both state certification and a “service provision contract” with a county or tribe. For the purposes of this service, a service provision contract shall mean an agreement between the placing agent, tribal representative, insurance representative, foster parent, parent or guardian and child to direct communication and collaboration during the course of ITFC treatment. ITFC providers who are working with children who have both tribal and county involvement must have tribal agreement to the service provision contract.

The service provision contract must be signed by the placing agent, tribal representative, insurance care coordinator, parent, foster parent, child, and ITFC provider describing frequency of team meetings, communication expectations, 24/7 coverage plan, supervisor information, and the process to resolve disagreements that might materialize during the course of treatment. A sample service provision contract can be found in Appendix A.

Certification Review – Part I

The agency must submit a complete application. This means all required application materials and attachments are submitted.

NOTE: IHS and 93-638 facility provider agencies seeking to become a ITFC provider may complete the same certification application process or submit their standards for certification and/or credentialing. Per [Minnesota Statutes 256B.02](#), a federally recognized tribe that intends to implement standards for certification or credentialing an individual provider must submit the standards to the commissioner of DHS, along with evidence of meeting, exceeding, or being exempt from corresponding state standards.

All agencies must submit their ITFC application to the Minnesota
Department of Human Services - Behavioral Health Division.

The Department Business Days 1 to 15

The Department has up to fifteen (15) business days to acknowledge receipt of an application. An agency can check the Community ITFC Tracking Document to see the status. A status of under review does not in any way mean that submitted application materials are deemed adequate to meet standards, criteria or assurances. A partially completed application cannot be considered a valid application.

The Department Business Days 15-120

If the agency’s application does not meet minimum standards, the Department shall communicate in writing the reason(s) for denial or request additional information be provided to show how the agency meets requirements.

The Department will provide technical assistance on ITFC standards and requirements. However meeting the standards and criteria of the certification process is the responsibility of the agency.

The Department has up to 120 business days to conduct a formal review of the application. The Department may request additional information to clarify content. The agency has 60 days from receiving the request to respond to the Department's request for additional information. Thereafter, the application is denied. The clock for DHS review time stops while DHS waits for a response.

If the Department does not certify the agency, the Department will notify the agency in writing and list the reason(s) for the agency's denial.

The ITFC initial certification is effective for one to three years from the "effective date." Prior to the end of the initial certification the Department or Department representatives will conduct an on-site evaluation. Approval of continuing certification is required prior to the end of the initial certification if the provider plans to continue to provide and seek reimbursement for ITFC services. Thereafter, periodic recertification applications will be required.

At the time of recertification, agencies will need to conduct background checks for all of the employees providing ITFC services and provide documentation of ethics training completion. Recertification applications will be approved based on the following tentative requirements:

- Adherence to employee background checks and ethics training policies
- Certification in evidence based practices (Trauma Informed Child/Parent Psychotherapy or Trauma Focused Cognitive Behavioral Therapy)
- Clinical case documentation standards
- Significant change in Strength and Difficulties Questionnaire (SDQ) results for children upon discharge
- Decrease use of local crisis and hospital inpatient services during ITFC treatment
- Reduction in out-of-home placement (residential treatment and foster care) days at six months and one year post discharge from ITFC

Changes Occurring after Certification

Following certification, a certified provider will likely experience changes in personnel, administrative and clinical policies and procedures, organizational structure and other changes. Certain changes need to be communicated to DHS so appropriate action may be taken. Certain changes must be communicated in writing. All changes in personnel must be submitted in writing with criminal background checks as required in certification process. Complete [Children's Mental Health Intensive Treatment in Foster Care Notification of Change DHS-5360C](#) as appropriate.

For changes affecting provider's ability to meet ITFC standards, DHS has up to 90 days to review and approve or not approve. If approved, DHS will communicate this to the provider agency.

DHS can approve significant changes as long as the changes comply with certification and MA requirements. If the submitted written changes are unclear or not approvable, DHS can require a meeting with the provider and/or clarification in writing. If problems related to clarity or non-approval cannot be resolved within an additional 30 days through this communication process, then DHS may take action to address the problem through the decertification process.

NOTE: If significant changes result in a provider becoming noncompliant with requirements (e.g., lack of clinical supervision, lack of qualified staff, etc.), the provider is no longer eligible to receive reimbursement for services provided under ITFC. The effective date of noncompliance is the date the change occurred and the provider no longer met ITFC standards.

Agencies must comply with all policies and requirements as defined in Mental Health Services of the [Minnesota Health Care Programs Provider Manual](#).

- [Provider Requirements](#)
- [Programs and Services](#)
- [MCO/PMAP](#)
- [Billing Policy](#)
- [Authorization](#)

Definitions

Clinical Care Consultation

“Clinical care consultation” means communication from a treating clinician to other providers working with the same client to inform, inquire, and instruct regarding the client’s symptoms, strategies for effective engagement, care and intervention needs, and treatment expectations across service settings, including but not limited to the client’s school, social services, day care, probation, home, primary care, medication prescribers, disabilities services, and other mental health providers and to direct and coordinate clinical service components provided to the client and family.

Clinical Trainee

“Clinical trainee” has the meaning given in Minnesota Rules, part 9505.0371, subpart 5, item C. A clinical trainee is complying with requirements for licensure or board certification as a mental health professional or a student in a bona fide clinical field placement or internship under a program leading to completion of the requirements for licensure as a mental health professional and receiving clinical supervision by an approved clinical supervisor as described in a supervision plan.

Culturally appropriate

Culturally appropriate” means providing mental health services in a manner that incorporates the child’s cultural influences, as defined in Minnesota Rules, part 9505.0370, subpart 9, into interventions as a way to maximize resiliency factors and utilize cultural strengths and resources to promote overall wellness.

Department

Minnesota Department of Human Services Children’s Mental Health Division, Intensive Treatment Services in Foster Care (ITFC) certification team.

Family

“Family” means a person who is identified by the client or the client’s parent or guardian as being important to the client’s mental health treatment. Family may include, but is not limited to, parents, foster parents, children, spouse, committed partners, former spouses, persons related by blood or adoption, persons who are a part of the client’s permanency plan, or persons who are presently residing together as a family unit.

Medical Necessity or Medically Necessary

A health service is consistent with the child’s/youth’s diagnosis and:

- Is recognized as the prevailing standard or current practice by the provider’s peer group
- Is rendered in response to a life threatening condition or pain
- To treat an injury, illness or infection
- To treat a condition that could result in physical or mental disability
- To care for a mother and child through the maternity period
- To achieve a level of physical or mental function **or**
- Is a preventative health service.

Medical necessity is demonstrated by providing the rationale for why the youth requires this level of service rather than a less intensive service to treat the same diagnosed condition. ITFC distinguishes itself from other services on the children’s mental health continuum since it is an intensive clinical service that does not require a rehabilitative focus. The service package focuses on decreasing symptoms and impairments to functioning but does not require the clinicians to document what capacity the child lacks or was not able to acquire because of her or his mental illness. Medical necessity for ITFC must focus on the child’s current symptomology, functional impairments and placement needs within the family foster care setting.

Intensive Treatment in Foster Care & Other Concurrent Service

**ITFC certified agency must provide all the covered services.
When requesting authorization, clearly document medical necessity for the additional service(s),
including reasons ITFC does not or cannot meet recipient's needs (for example, specialty service,
transitional service, etc.)**

Other Service	Is service included in ITFC?	Can service be provided in addition to ITFC?	Service Limitations
MH-TCM	No	Yes	
Children's Mental Health Day Treatment	No	Yes	Day treatment program must request authorization.
Children's Residential Treatment Services	No	No	Cannot be billed separately. No authorization required.
Partial Hospitalization	No	Yes	Partial hospitalization thresholds and limitations apply.
IRTS	No	Yes	ITFC and IRTS may be provided concurrently without authorization.
CTSS and ARMHS	No	No	Rehabilitative skills training is a not a component of ITFC services and cannot be billed separately.
Mental Health Behavioral Aide Services	No	No	Cannot be billed separately. No authorization required.
Crisis Assessment and Intervention (mobile)	No	No	Can be billed separately. No authorization required.
Crisis Stabilization – non-residential	No	No	Cannot be billed separately. No authorization required.
Crisis Stabilization – residential	No	Yes	Service limits apply. Services must be provided with ITFC and residential provider.
Medication Management	No	Yes	May be provided by physician or advance practice registered nurse with mental health certification.
Outpatient Psychotherapy	Yes	No	A component of ITFC. Cannot be billed separately. No authorization required.
Inpatient Hospitalization	No	Yes	Inpatient hospitalization services are reimbursed separately from ITFC. ITFC claims: enter POS code 21.
Waivered Services	No	No	Cannot be billed separately. No authorization required.
Other medical services (e.g., PCA)	No	Yes	Service limits apply to each service.

Mental Health Services

The Children’s Mental Health Act identifies mental health services each county must include in their children’s mental health system. Some of the services identified in the first column of the below table are covered benefits under Medical Assistance or MinnesotaCare.

Children’s Mental Health Act (Minnesota Statutes, 245.487 to 245.2887)	Minnesota Health Care Programs (MA and MinnesotaCare)
<p>Minnesota Statutes, 245.487, Subd. 2. Children’s mental health services. The children’s mental health service system developed by each county board must include the following services:</p> <ol style="list-style-type: none"> 1. Education and prevention services according to section 245.4877; 2. Mental health identification and intervention services according to section 245.4878; 3. Emergency services according to section 245.4879; 4. Outpatient services according to section 245.488; 5. Family community support services according to section 245.4881; 6. Day treatment services according to section 245.4884, subdivision 2; 7. Residential treatment services according to section 245.4882; 8. Acute care hospital inpatient treatment services according to section 245.4883; 9. Screening according to section 245.4885; 10. Case management according to section 245.4881; 11. Therapeutic support of foster care according to section 245.4884, subdivision 4; 12. Professional home-based family treatment according to section 245.4884, subdivision 4; and 13. Mental health crisis services according to section 245.488, subdivision 3. 	<p>Outpatient Mental Health Services (Minnesota Rule, 9505.0370 and Minnesota Statutes, 256B.0625)</p> <ul style="list-style-type: none"> ■ Diagnostic Assessment ■ Explanation of Findings ■ Psychological Testing ■ Medication Management ■ Psychotherapy ■ Neuropsychological Testing <p>Rehabilitative Mental Health Services</p> <ul style="list-style-type: none"> ■ Children’s Therapeutic Services and Supports (CTSS) (Minnesota Statutes, 256B.0943) <ul style="list-style-type: none"> ◆ Individual, Family & Group Psychotherapy ◆ Individual, Family & Group Skills Training ◆ Crisis Assistance ◆ Mental Health Behavioral Aide (MHBA) Services <ul style="list-style-type: none"> • Direction of MHBA ◆ Service Combinations <ul style="list-style-type: none"> • Children’s Day Treatment • Therapeutic Components of Preschool Programs ■ Children’s Residential Treatment Services ■ Youth Act <p>Partial Hospitalization Services</p> <p>Crisis Services</p> <ul style="list-style-type: none"> ■ Children’s Crisis Response Services (Minnesota Statutes, 256B.0944) <p>Mental Health Targeted Case Management</p> <p>Mental Health Travel Time</p> <p>Inpatient Hospitalization</p>

Children’s Mental Health Act (Minnesota Statutes, 245.487 to 245.2887)

245.487, Subd. 6. Funding from the federal government and other sources. The commissioner shall seek and apply for federal and other nonstate, nonlocal government funding for mental health services specified in sections 245.487 to 245.4887, in order to maximize nonstate, nonlocal dollars for these services.

245.486 Limited appropriations.

Nothing in sections 245.461 to 245.485 and 245.487 to 245.4887 shall be construed to require the commissioner or county boards to fund services beyond the limits of legislative appropriations.

245.4874, (b) when the county board refers clients to providers of children’s therapeutic services and supports under section 256B.0943, the county board must clearly identify the desired service components not covered under sections 256B.0943 and identify the reimbursement source for those required services, the method of payment, and the payment rate to providers.

ITFC Community Options Chart

Primary Certification required?	Yes
Covered services included	<ul style="list-style-type: none"> ■ Psychotherapy ■ Psychoeducational services ■ Crisis assistance ■ Clinical care consultation
Mental Health Professional (MHP) as defined by Minnesota Health Care Programs (MHCP) required?	<p>Yes</p> <ul style="list-style-type: none"> ■ MHP must enroll separately.
Required providers	MHP are required providers. Mental health professionals must clinically supervise clinical trainees' services in order for services to be reimbursed.
Eligible Recipients	Youth enrolled in Medical Assistance or MinnesotaCare who have covered services listed on an ITP.
Diagnostic assessment as defined by MHCP within 180 days before the start of the service required?	<p>Yes</p> <ul style="list-style-type: none"> ■ Living in a family foster care setting. ■ Documentation of medical necessity that intensive treatment services are required to treat symptoms and functional impairments. ■ A level of care determination that demonstrates intensive intervention without 24-hour medical monitoring is required.
Complete the ITFC Certification Application	<p>Complete:</p> <ul style="list-style-type: none"> ■ Electronic application including: <ul style="list-style-type: none"> ◆ Assurance statements ◆ Contracts (if applicable) ◆ Model clinical case
Individual Treatment Plan required?	<p>Yes</p> <ul style="list-style-type: none"> ■ Utilizing team treatment planning process.
Authorization/Service limits	ITSFC requires service authorization after 72 per diem units per year.
Coordination of services required?	Coordinate services with all other mental health, physical health, and social service providers.
Third Party Liability (TPL) required? (Obtaining a payment or a denial from private insurance)	Yes
Prepaid Medical Assistance PMAP contracts required?	Required for youth whose MA or MinnesotaCare services are covered under a health plan.