



# Show-Me Healthy Kids

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Family First  
Prevention  
Services Act  
(FFPSA)

July 1, 2022 implementation

Missouri Department of Social Services  
**CHILDREN'S  
DIVISION**

Missouri Department of  
**SOCIAL SERVICES**

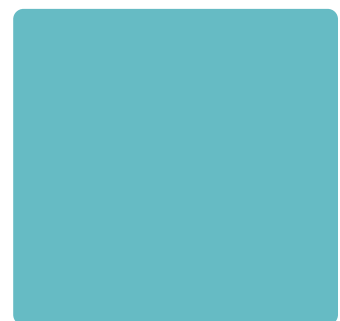
# Agenda



**Family First Prevention Services Act Overview**



**Show-Me Healthy Kids Impact**



**Independent Assessor**

# Family First Prevention Services Act Overview

Enacted February 9, 2018, in the Bipartisan Budget Act of 2018

The Family First Prevention Services Act (FFPSA) creates a **reimbursement pathway** for federal funds to provide services to keep children safely with their families. When foster care is needed, it allows federal reimbursement for care in family-based settings and certain residential treatment programs for children with demonstrated clinical need.



Child welfare federal financing legislation



Bipartisan support



Staged implementation timeline spans several years (2018 → 2026)

# Family First Prevention Services Act (FFPSA)

## Family First Priority Outcomes

**Children and families thrive when they are supported. Missouri aims to increase access to supports to ensure children grow up in safe, healthy homes.**

Safely reduce the number of children entering foster care



Increase statewide accessibility to prevention services



Enhance community collaboration to strengthen family supports



# Family First Prevention Services Act Overview

## How does FFPSA Reform Child Welfare?

- Provides states the opportunity to use Federal Title IV-E funding for specific trauma informed prevention services that help keep children safely with their families
- Emphasizes the importance of children growing up in safe, stable families by supporting services and resources for kinship caregivers
- Requires an independent assessment by a qualified clinician or trained person to determine if placement in a family setting or in residential treatment is the most effective and appropriate option to meet the needs of youth in foster care
- Ensures that youth in foster care whose needs cannot be met in a family setting receive quality trauma informed residential treatment services, short-term

# Prevention Services Eligibility

## FFPSA Target Populations Include

- Children identified as needing services through an active investigation or assessment, or are already receiving services by the state agency, to include non-court and court involved cases.
- Children involved in a newborn crisis assessment where the mother or child had a positive toxicology screening during pregnancy or at the time of birth.
- Children, including pre or post-natal infants, of pregnant or parenting youth currently in foster care or who have exited foster care, within the past five years.\*
- Children who have exited foster care through reunification, guardianship, or adoption within the past five years, and are at risk of disruption.\*
- Siblings of children in foster care who still reside in the family home with identified safety concerns and are at risk of entering foster care.

\*Only bullet points 3 and 4 include Show-Me Healthy Kids members – others are at risk of child welfare placement.

# Show-Me Healthy Kids Impacts

## Show-Me Healthy Kids Coordination with FFPSA

In efforts to coordinate with FFPSA federal guidance, the Show-Me Healthy Kids (SMHK) health plan will collaborate with the state agency and implement requirements to comply with the Family First Prevention Services Act of 2018 (PL 115-123) and other programs affecting SMHK members.



# Show-Me Healthy Kids Impacts

## Pregnant and Parenting Youth in Foster Care

The FFPSA prevention plan for pregnant and parenting youth in foster care includes the following:

Services to ensure youth is prepared and able to parent

Developing prevention strategies for any child born to youth in foster care

Services must be trauma informed

## Coordination with Show-Me Healthy Kids

- The health plan will screen and offer all pregnant members care management services.
- Ensuring access to the following:

*Prenatal Care*

*Postpartum Care*

*Pediatric Services*

*Prenatal and Postpartum Resource/Education*

*Safe Sleep Resources*

*Opportunities to Include Father*

- Support of caregiver, whether that be youth, or relative or foster parent.

# Show-Me Healthy Kids Impacts

## Pregnant and Parenting Youth in Foster Care

### Notification of a Pregnancy and Sharing Information

Children's Divisions case managers requires the following to best coordinate care with Pregnant and Parenting youth:



Open communication with SMHK care managers.



Notification from the SMHK care managers in the event of learning of a COA 4 youth being pregnant or parenting.



Monthly reports of pregnant and parenting youth.

# Show-Me Healthy Kids Impacts

## Trauma Informed Care (TIC)

FFPSA requires the following for prevention programs:

All eligible Title IV-E services must be trauma-informed, evidence-based, and approved by the federal Title IV-E Prevention Services Clearinghouse.

The services must be provided under an organizational treatment framework focuses on trauma and adheres to principles of a trauma-informed approaches and interventions.

These prevention programs and services are available for either a candidate for foster care or pregnant or parenting foster youth (who are classified as COA 4).

## Show-Me Healthy Kids

SMHK will provide training to enhance the competencies of network providers to deliver trauma-informed and evidence-based services to members.

The health plan will use the state provider incentive program with providers and provider groups to promote the delivery of trauma informed care.

# Show-Me Healthy Kids Impacts

## CCS Rehabilitation Services

FFPSA goals supports CCS Rehabilitation Services by ensuring the following:

Children in foster care should be placed in the least restrictive, most family-like setting appropriate to the child's specialized needs.

Children's Division (CD) will need to continuously develop additional community settings for youth, with a focus on Therapeutic Foster Homes.

Residential aftercare services must be provided for at least 6 months.

### CCS Services Include

- Residential Rehabilitation Services
- Residential Aftercare
- Treatment Foster Care (TFC)
- Transition TFC

# Show-Me Healthy Kids Impacts on Qualified Residential Treatment Programs (QRTF)

The DSS/CD Residential Program Unit (RPU) will be the point of contact for information regarding CD licensed residential facilities and services.

RPU will brief the SMHK regarding the current provider network and any changes as appropriate that may occur related to:

## Providers



- Newly licensed providers
- Newly contracted providers
- Newly established license types
- Any other substantive changes within the residential provider network\*

## Agency



- Agency specific changes to licensure and/or status (suspensions, revocations, corrective actions, QRTF, PRTF)

## Legislation



- FFPSA readiness activities
- Changes to regulations
- Legislative impacts to residential provider network

\*DSS/CD also maintains public facility list on website

# Show-Me Healthy Kids Impacts on QRTP

In accordance with the Family First Prevention Services Act:

On October 1, 2021 Missouri added QRTP and private PRTF services as a part of the residential services for children and youth.

As of May 16, 2022 there are 12 residential locations licensed and contracted to provide QRTP services.

- Approximately 330 beds
- CD averages approximately 1,200-1,400 youth in various residential settings
- Anticipate a reduction over time due to youth screened out by Independent Assessors
  - Slow reduction if no alternative settings are developed to support those screened out

As of May 16, 2022 there is 1 state operated PRTF service provider.

- There are private providers currently licensed that are pursuing this program model
- Department of Social Services and CD will terminate all contracts and licenses with private agencies who become PRTF

# Show-Me Healthy Kids Impacts

FFPSA aims to encourage state agencies to develop and increase programs to support families in the home setting.

## Activities to Build Resource Home Capacity

- 1 Family Resource Centers to support foster homes and relative homes; and the Kinship Navigators program will support relative placements.
- 2 Piloting 2 models of Pre-Service Foster Parent Training, with focus on trauma informed care to understand high need children and youth.
- 3 Piloting with Department of Mental Health to offer Mobile Crisis Response for Relative Providers and foster care providers.
- 4 Increase the number of Treatment Foster Homes (TFH)

# FFPSA Implication on Show-Me Healthy Kids

## *Children's Divisions Needs and Opportunities to Coordinate with SMHK*

### **Activities to Build Resource Home Capacity**

- DSS, in collaboration with community partners, state agencies, and other stakeholders across the state, will implement changes under the FFPSA.
- The FFPSA is designed to increase access to necessary supports to ensure children grow up in safe, healthy homes where families have meaningful access to needed community resources.
- Changes under the FFPSA, in response to its implementation, will require amendments to the Specialty Plan contract.

# FFPSA Implication on Show-Me Healthy Kids

## *Children's Divisions Needs and Opportunities to Coordinate with SMHK*

### **Residential Services**

- Assisting licensed facilities with becoming QRTP providers.
- More residential service options for children with complex needs and trauma responses including, but not limited to:  
  
Sexually Maladaptive Behaviors • Pica • Polyembolokoilamania • RAD • Aggression
- Increasing capacity and options to serve children with medical co-morbidities
- Development and recognition of sex trafficking programs

# FFPSA Implication on Show-Me Healthy Kids

## *Children's Divisions Needs and Opportunities to Coordinate with SMHK*

### **Residential Services**

- Improving utilization management of residential resources
- Decreasing length of stays (LOS) for SMKH members
- Developing QRTP settings that are below 16 beds
- Developing statewide aftercare network agreements and partnerships

# Independent Assessor

## Independent Assessor

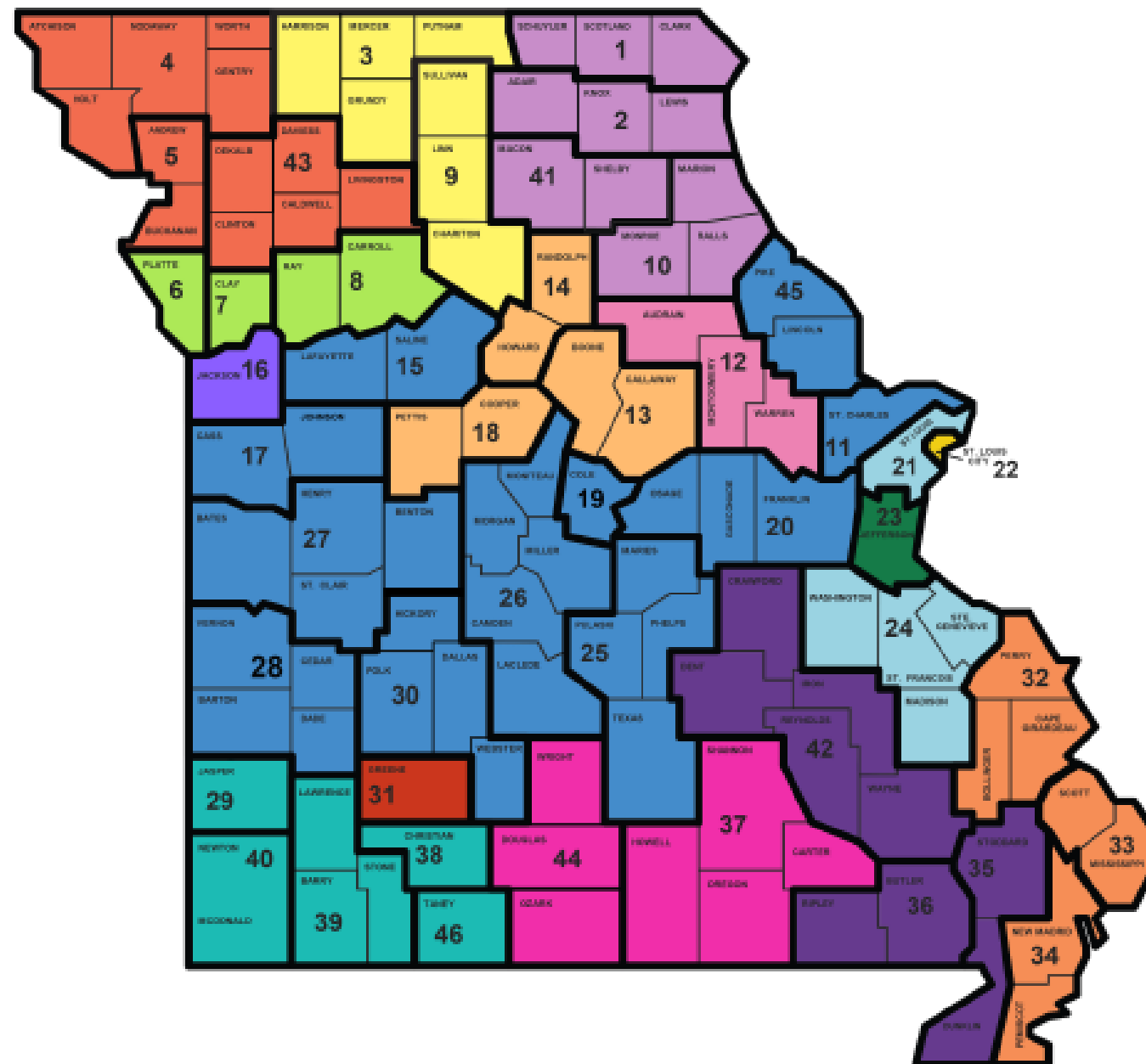
Requires an independent assessment by a qualified individual or trained person to determine if placement in a family setting or in residential treatment is the most effective and appropriate option to meet the needs of youth in foster care.



# Independent Assessor

## *Who is the Independent Assessor?*

This map displays the behavioral health Independent Assessor (IA) providers and the judicial circuits they cover.



Missouri Judicial Circuits	Behavioral Health Service Provider
4 • 5 • 43	Family Guidance Center
3 • 9	North Central MO Community Mental Health Center
1 • 2 • 10 • 41	Mark Twain Behavioral Health
6 • 7 • 8	Tri-County Mental Health Services
16	Comprehensive Mental Health Services, ReDiscover, Swope Health Services, Truman Behavioral Health
14 • 18 • 13	Burrell Behavioral Health
12	Arthur Center
11 • 15 • 17 • 19 • 20 • 25 • 26 • 27 • 28 • 30 • 45	Compass Health Network
21 • 24	BJC Behavioral Health
22	Hopewell Center
23	COMTREA
32 • 33 • 34	Bootheel Counseling Center
35 • 36 • 42	FCC Behavioral Health
37 • 44	Ozarks Health
31	Jordan Valley Community Health Center
29 • 38 • 39 • 40 • 46	Clark Mental Health Center

# Independent Assessor

## Independent Assessor Process

- 1 Assess the strengths & needs of the child using the CANs Tool
- 2 Determine whether the child's needs can be met in a family setting, or appropriate level of care in the least restrictive placement
- 3 Develop a list of child-specific short & long term mental & behavioral health goals
- 4 Work in conjunction with the family and FST for the child while conducting & making the assessment
- 5 If determined not to be placed in foster family home –IA must specify in writing why not, and why a residential setting is the most effective

# Independent Assessor

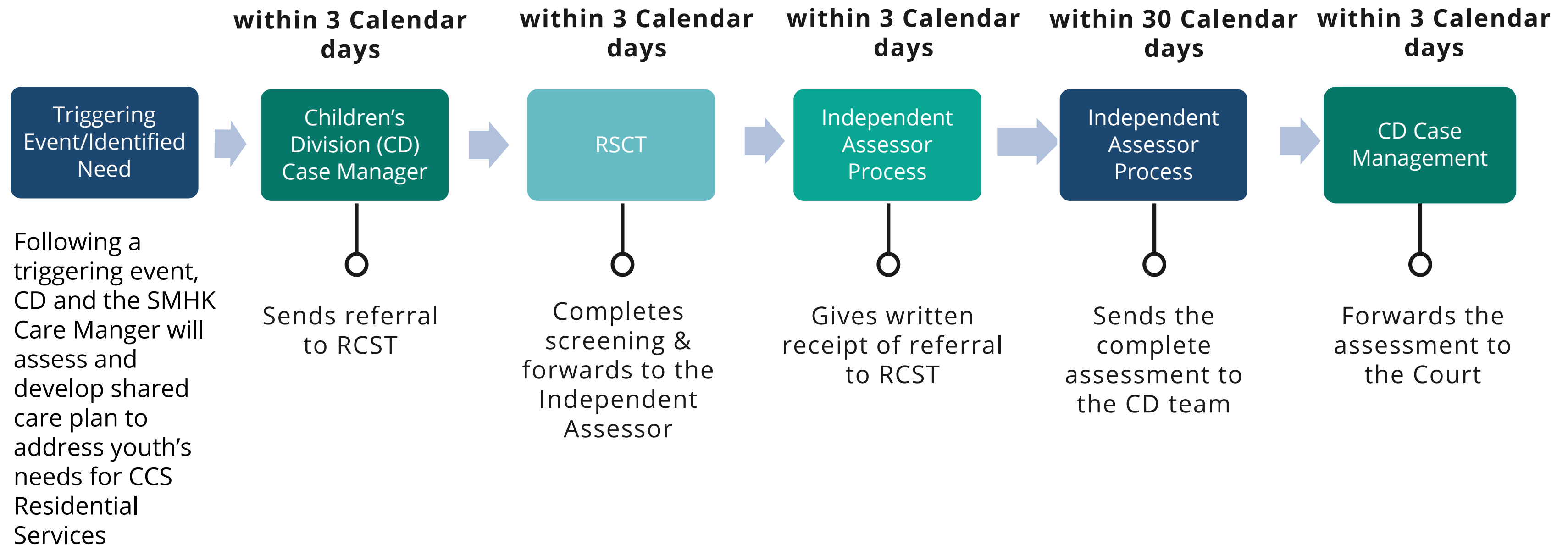
## Independent Assessor Triggering Events

- Child is currently in a residential treatment placement
- Court Ordered
- Youth With Elevated Needs (YWEN) staffing
- Family Support Team recommendation
- Supervisor/Worker consultation made for an emergency
- Recommendation by a Mental Health Professional or Clinician



# Independent Assessor

## CD Foster Care Children and Youth Residential Referral Procedure



# Independent Assessor

## Court Review Process

### 60 Day Court Review

Within 60 days of the start of each placement in a Qualified Residential Treatment Program (QRTP), a family or juvenile court must, among other things, consider the assessment, determination, and documentation made by the qualified individual in approving the placement.

If the court does not approve the placement timely, i.e., within the 60-day timeframe, the MO Children's Division may only claim title IV-E Foster Care Maintenance Payments (FCMPS) for the first 60 days of the placement in the QRTP.



MO CD has **30 days** to transition the youth to a new placement if residential treatment is not approved.

# Review Hearing Evidence Requirements

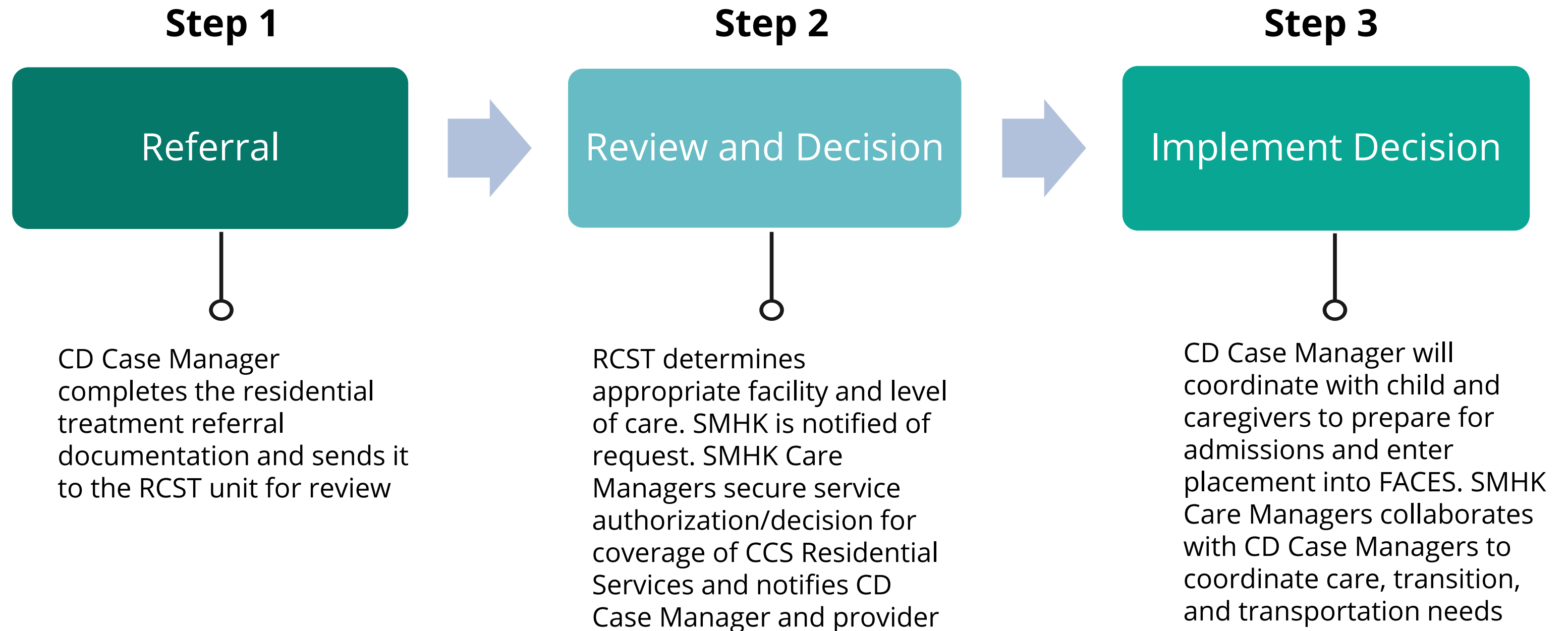
As long as a child remains placed in a QRTP, CD shall submit evidence at each status review and each permanency hearing held for the child.

Demonstrating that ongoing assessment of the strengths and needs of the child continues to support the determination that:

- The needs of the child cannot be met through placement in a foster family home;
- The placement in a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment;
- The placement is consistent with the short-and long-term goals for the child, as specified in the permanency plan for the child;
- Documenting the specific treatment or service needs that will be met for the child in the placement and the length of time the child is expected to need the treatment or services; and
- Documenting the efforts made by the agency to prepare the child to return home or to be placed with a fit and willing relative, a legal guardian, or an adoptive parent, or in a foster family home

# Show-Me Healthy Kids Assistance with Residential and CCS Services

## *For Foster Care Youth*



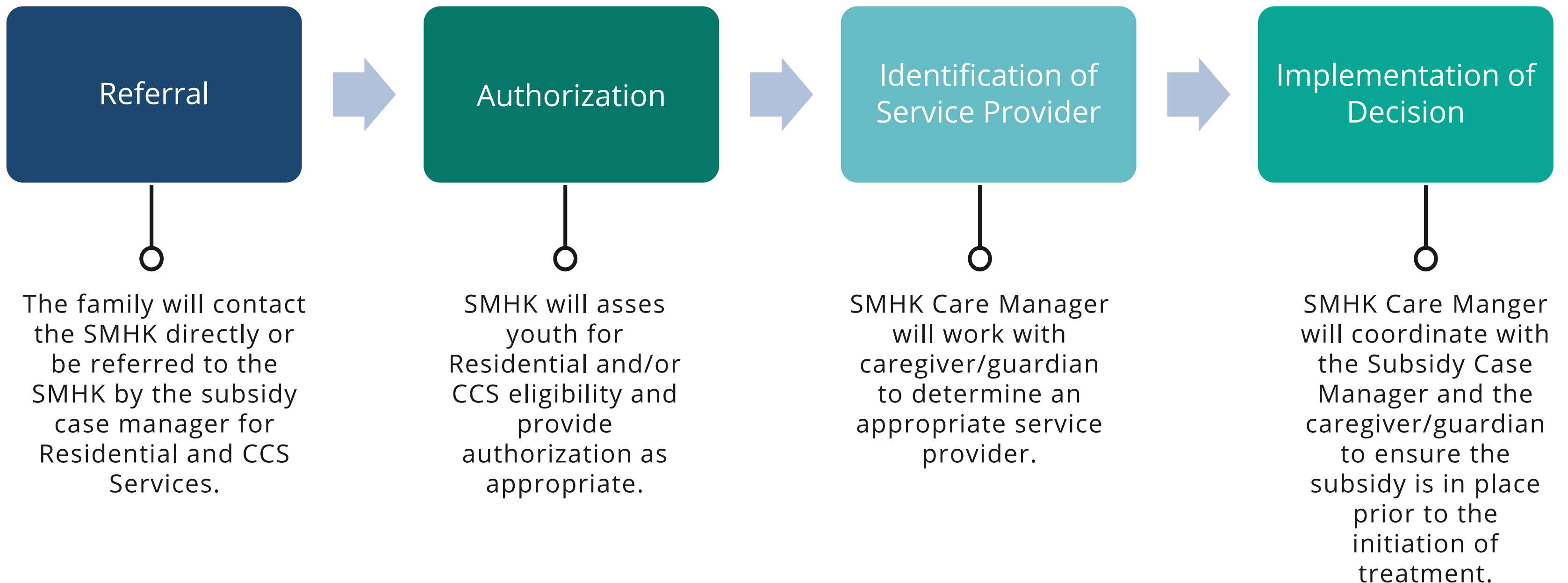
# Denial of Residential and CCS Services for Foster Youth

If residential services are denied SMHK must work with the CD Case Manager to develop a plan for appropriate services.



# Show-Me Healthy Kids Assistance with Residential and CCS Services

*For Adoption or Guardianship Subsidy Youth*



# Denial of Residential and CCS Services for Adoption or Guardianship Subsidy Youth

- SMHK is required to identify in lieu of services or supportive services within the community when the child does not meet residential or CCS eligibility.
- SMHK will notify the family of the health plan's appeal process.
- At the request of the family, the Subsidy Case Manager will determine if residential and/or CCS services should be covered by subsidy funds.



# Precertification Process

## **Show-Me Healthy Kids' Responsibility**

- Contracting with CCS rehabilitation service providers
- Authorizing coverage for CCS rehabilitation services
  - CD will perform the initial authorization for TFC services, SMHK will perform the continued authorizations
- Reimbursing for medically necessary CCS rehabilitation services

## **The MO HealthNet Division's (MHD) Responsibility**

- Prior and continued Authorizations will be performed by Conduent for fee-for-service (FFS) members
- Authorizing coverage for opted out members
- Reimbursing FFS claims that are medically necessary