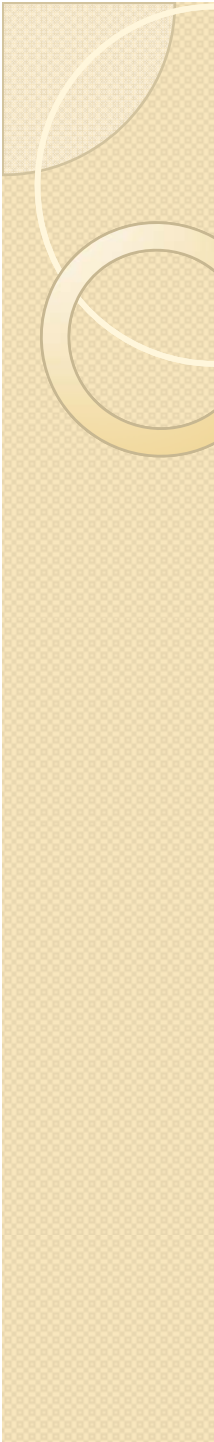


PPM UPDATES



EFFECTIVE DATE, JULY 1, 2009



Many of the changes made in the Provider Policy Manual affect specific sections, and those are detailed in the table below. However, some changes have a more global application.

Definition of “Therapy/Counseling” and Therapeutic Support.” These terms are fully defined in the **Glossary, Section 10.**

Requirements for Scopes of Service for each service type (e.g. **Foster Care, Residential, Continuum, etc.**) now prescribe the minimum amount of service to be provided for therapy/counseling service and/or therapeutic support.

In several areas, language has been changed to quote “Brian A” requirements. These additions should not result in agency program change but are added for clarity.

Includes recommendations of CANS and YLS for levels of care and treatment throughout the services.

Change wording “Scope of Services” in each service to General Characteristics” and generally adds more information about youth served.

Each agency should review these changes for each contracted service. Changes by section:

<i>Location</i>	<i>Change Made</i>	<i>Reason / Intent</i>
Core Standards		
I, H – Subcontracting (Page 5)	Information has been added to how to access policy and forms needed for subcontract.	For providers to access the current version of the forms.
I, S (Page 13)	Notify DCS of change in location/address	Identify provider responsibility and timing requirement.
II, B - Background Checks (Pages 14, 15)	Delete all except “Prior to hire”	4.1 will tell you to send your waivers to CPPP
III – Contract Program Requirements	This entire section has been re-organized and titles changed. A thorough review should be conducted to orient to new organization.	To reflect chronological order of contract requirements from referral to discharge
III, H, 3, e (Page 38)	Removed requirement to provide information to female child/youth on toxic shock syndrome.	Note: Agency licensure or accreditation may require this information

Each agency should review these changes for each contracted service. Changes by section:

<i>Location</i>	<i>Change Made</i>	<i>Reason / Intent</i>
	Core Standards	
III, L, 8, a - e. (Page 42)	PQT response time to CAPS	To clarify for providers time frames related to PQT reviews
III, M, 7 (Page 43)	A provision has been added regarding the scheduling of CFTMs	To assist with timely CFTMs needed for placement disruption
III, P Incident Reporting (Page 46, 47)	Reports are now being referred to as Incident Reports. The word "Serious" has been dropped in this section, and throughout the manual. Information included under "medication error" as to how to handle a youth who has refused medication	Consistency Clarification
III, R (Page 49)	Attachment 9 regarding education has been updated.	Updated information on education service requirements
III, W – Appeals (Page 54)	Information has been provided on various appeal procedures for providers.	To ensure providers are aware of agency and client rights, and know how to advocate, if needed.

**C
E
C
T
I
O
N
T
W
O**

FOSTER CARE

I, O (Page 4)	Remove USIA bonding guidelines. Rates posted on DCS website provider page.	These rates may change during the year. The DCS website will have the most recent.
II, D, 1 and 2 (Page 6)	Requirement is to follow DCS policy 16.4 and document training in web application	Clarification and consistency, documentation
II, E, 2 and 3 (Page 6)	Treatment plans include CANS information	Incorporate CANS strength-based information
II, E, 4 (Page 7)	Use of CANS in treatment planning	Incorporate strength-based information
II, E, 8 (Page 7)	Medication review quarterly	Monitoring of meds
II, G, 1, F, 2 (Page 7)	Resource parents participate fully in life of foster child including education and extra-curricular experiences	More home-like atmosphere
II, H, 1 (Page 7)	Supportive services to permanency family	Coordination with DCS
II, J, 3 (Page 9)	CANS and YLS score included in Education plan	consistency
II, J, 5 (Page 9)	Zero tolerance, alternative education setting	Meeting educational needs of youth
II, L, 2 (Page 10)	Includes CANS and YLS in discharge planning	Continue needed services
III, A, 2 (Page 11)	Special training needs of resource parents	Meet needs of child/youth
III, B, 1 (Page 11)	Documentation of need by licensed health care provider	Define medical needs of child/youth
III, D, 1 (Page 11)	Specialized training for resource parents	Safety
III, G, 2 (Page 12)	Defines responsibility of agency for 24 hour hospital sitter service	Care coordination and coverage
III, K, 2 and 3 (Page 12, 13)	DCS Regional Nurse review and recommendations	Consistency and well-being
IV, A, 1 (Page 14)	Define service needs of youth in Therapeutic Foster Care	Clarification
IV, C, 3 (Page 14)	Recommendation on age of resource parents	New recommendation
IV, C, 4 (Page 14)	Experience of resource parents	Safety and well-being
V, B, 5 (Page 17)	Sharing information regarding youth's delinquent record	Safety and well-being

Residential Treatment

I, A, (Page 1)	Describes services of program	Clarity
I, B, 2 (Page 1)	Community-based	Clarity
I, B, 8 (Page 1)	Out-patient clinical needs	Clarity
I, E, 2, b (Page 3)	Coordination of counseling/therapy	Clarity
I, E, 2, c (Page 3)	Provision of therapeutic support	Clarity
II, A (Page 5)	Describes services included in per diem rate	Clarity for billing
II, D, 2 (Page 6)	Therapy, support and family visits not contingent on child's behavior	Service clarity
II, E, h, i, j, k (Page 7)	Gives specific numbers, times, lengths of therapeutic support and therapy/counseling and staff qualifications	Agencies will need to carefully review these specific requirements for each service provision
II, E, 1, l (Page 7)	Face-to-face contact with a physician defined for admission and medication management	To clarify requirements for physician contact and documentation
III, A, 6 (Page 9)	Details services included in per diem rate	Billing clarification
III, B, 3, a (Page 7)	Diagnosis by DSM-IV-TR or by clinical presentation	Clarification of admission criteria
III, D, 2 (Page 2)	Agency compliance with DMHDD licensing regulations	Consistency
III, E, 1, l and j (Page 11)	Frequency of group and individual counseling/therapy	Service components clarified

CONTINUUMS

I, G, 5 (Page 4)	Face-to-face contacts, revised from 06/01 posting date	Consistency
II, D, 1 and 2 (Page 9)	Therapeutic Support; Counseling/therapy described and required within per diem	Clarification
III, B, 5, b, c, d (Page 16)	Counseling/therapy provided by qualified staff	Clarification
III, D (Page 17)	Describes services provided within per diem	Clarification
III, H, 2 (Page 22)	Defines payment of provision of services; community placement vs residential placement	Clarification

**S
E
C
T
I
O
N**

FIVE

UNIQUE CARE, SPECIAL POP, SPECIAL NEEDS

I, D <i>(Page 1)</i>	Monitoring is done by DCS	Clarification

SIX

PTC and DETENTION CENTERS

II, A <i>(Page 4)</i>	Weekly census information is no longer to be sent to CPPP. Information is now to be sent to Juvenile Justice Coordinator only.	Clarification, consistency,

**S
E
C
T
I
O
N**

Seven

IN-HOME SERVICES

B, 3, b	Minimum face-to-face contacts of 8-16	Consistency with Brian A
(Page 1)	sessions per month, defines length of visit, changed from 06/01 posting , or as defined by CFTM. Contacts are to be distributed throughout the month, as clinically indicated.	

Eight

ADOPTION

None

--	--	--

SECTION

NINE

Attachments

Attachment #1 and #2	Deleted names and replaced with department or division within DCS having responsibility for the policy	Consistency
Attachment # 4	Deleted RHET protocol	Refer to DCS policy only
Attachment # 6	Updated TENNCare information	
Attachment #7	Deleted the Resource Parent Training Guide <i>(Replaced with Appeal CFTM Decision)</i>	Refer to DCS policy 16.4 and 16.8
Attachment # 7	(New) Appeal of CFTM Decision	

TEN

Glossary

(Pages 6, 22 and 23)	Several minor changes for grammar and consistency; agencies should especially look at therapeutic support and therapy/counseling	Defining for consistency
-----------------------------	--	--------------------------