Department of Social and Health Services

Olympia, Washington

Social Service Manual

Revision # 119

Category Medicaid Treatment Child Care

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Summary

These revisions include a new MTCC mailbox for staff to send referrals, the newly revised MTCC referral form, and adds a link to the DEL MTCC website.

Medicaid Treatment Child Care

Revised March 11, 2013

Purpose: A budget proviso was included in the 2006 Supplemental budget that allows the Department of Social Health Services (DSHS), Economic Services Administration to refer children and families receiving Medicaid to Medicaid Treatment Child Care (MTCC) program beginning July 1, 2006. As of November 1, 2011 administration of the MTCC program will be transferred from Children's Administration to the Department of E Learning (DEL), there will be no changes to the program and services for the children will remain the same.

GUIDELINES

Medicaid Treatment Child Care (MTCC) is an early intervention/prevention program authorized by the Departm of Early Learning (DEL) and implemented through contracted community based providers to deliver quality early development child care to children age's birth to 5 years old. MTCC programs provide medically necessary; age

appropriate, psycho-social services to young children who are exposed to substantial environmental, familial, an biological risk factors that can impact their social development, behavior, and overall mental health.

MTCC providers conduct a process to admit, assess and diagnose each child authorized by DEL. A Multi-Disciplinary Team meets after the child has an assigned diagnosis to generate the child's Individual Treatment P (ITP). An ITP is developed to address the needs identified in this process. The services provided under the ITP include, but are not be limited to, the following:

- Therapeutic play;
 Individual counseling for behavior modification;
 Family counseling;
 Group interventions with both child and parent;
 Monthly home visits; and
 Facilitated groups for caregivers.

Economic Services Administration, Children's Administration and Public Health Nurses can make referrals to M for identified children that are at risk of abuse or neglect.

ELIGIBILITY

Any identified child on Medicaid at risk of abuse or neglect can be referred to MTCC. The following characteristics may be used to identify families that are at risk of abuse or neglect. One or more of these characteristics in and of themselves do not constitute abuse and/or neglect, although the more factors that a apparent strengthen the potential that the family may be at risk.

- Perceived and/or actual sources of financial and emotional support (socially and financially isolated), especially with any or all of the following:

 o Age of children (0-5)

 - o Several children close in age
 - Young parent(s): teens and early twenties (and therefore, young children)
 Mental health/Substance abuse
- - Drug or alcohol abuse by the parent(s) and not in treatment
 Mental illness diagnosed and not controlled

 - o Depression
- Domestic violence with violent partner still in family
 Chronically Impoverished (i.e. consistently during one or more years)
 Severe emotional problems of a child or a mentally ill child
 Poor education and work experience
 History of abuse/neglect for the child
 Parental history of abuse/neglect as a child

Once DEL authorizes the referral, the MTCC Provider must conduct a comprehensive assessment, diagnosis, and complete the Statement of Medical Necessity form and submit to DEL who completes the secondary review products are considered in the complete statement of Medical Necessity form and submit to DEL who completes the secondary review products are considered in the conduct and comprehensive assessment, diagnosis, and complete the Statement of Medical Necessity form and submit to DEL who completes the secondary review products are considered in the conduct and complete statement of Medical Necessity form and submit to DEL who completes the secondary review products are considered in the conduct and conduct are conducted in the conduct and conduct are conducted in the conduct and conduct are conducted in the conduct and conducted in the conduct are conducted in the conducted in

to determine medical necessity.

If the form meets medical necessity DEL will inform the MTCC provider and authorize payment for MTCC server for 6 months. If the child does not meet medical necessity criteria they will be transitioned out of the program will 30 days after being denied. If denied the WFSW and/or biological parent can ask DEL for a 'Request for Review

WORKER RESPONSIBILITY

The Community Services Office (CSO) Social Worker must:

- Identify and assess families that are at risk of abuse or neglect.
- Work with the MTCC provider to determine if a referral is appropriate and space is available.
- If appropriate, complete the <u>Referral/Authorization Form 13-001</u> and send to <u>Stacey Bushaw DSHS ESA CSDHQ MTCC Referrals</u> (or <u>ESAMTCCReferrals@dshs.wa.gov</u>) at <u>bushask@dshs.wa.gov</u>. The referral who will be reviewed and sendt to the <u>DEL MTCC Administrator</u> for authorization.
- Act as the case manager while the child remains in the program.
- Document in eJAS and update IRP as appropriate when the parent is involved in program activities.
- If available, attend the MTCC Provider Multi-Disciplinary case staffing(s) for referred families.

DEL must:

- Process the referral/authorization.
- Forward the completed authorization form to the MTCC provider.
- Review the Statement of Medical Necessity to determine medical necessity.
 - If the Statement of Medical Necessity is denied the social worker or biological parent can Reques Review.
- Authorize payment for services not to go over 6 months if Statement of Medical Necessity approved.
- Track referrals and authorizations.

MTCC provider must:

- Conduct a comprehensive assessment, diagnosis, and complete Statement of Medical Necessity form wit 30 calendar days from the first day in which the child attends the program.
- Send completed Statement of Medical Necessity forms to DEL.
- Complete the ITP within 50 calendar days of the first day the child attends the facility.
- Review and update tThe treatment plan shall be reviewed and updated at intervals not greater than 90 day
- Send monthly progress reports

NOTE: There are on-going reauthorizations required at regular 6 month intervals. This will require the social worker to track and re-authorize services at the appropriate time. The referent and the MTCC provider jointly responsible for timely reauthorizations.