

Department of Social and Health Services

Olympia, Washington

Social Service Manual

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Category Medicaid Treatment Child Care
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Summary

CA has recently updated the Medicaid Treatment Child Care (MTCC) referral authorization form along with adding a new process to determine if the child meets medical necessity. WorkFirst social workers will continue to identify and make referrals based on program criteria. They will also continue to act as the case manager while the child remains in the program, document in eJAS and update the IRP as appropriate when the parent is involved in program activities.

Treatment Child Care

August 1, 2010

A budget proviso was included in the 2006 Supplemental budget (ESSB 6386, Section 202(19)) that allows the Department of Social and Health Services (DSHS), Economic Services Administration to refer children and families receiving Medicaid to the Medicaid Treatment Child Care (MTCC) program beginning July 1, 2006.

GUIDELINES

Medicaid Treatment Child Care (MTCC) is a day treatment program authorized by Children's Administration and is a contracted service that provides medically necessary psycho-social

services to children ages 0-5 years old with mental and/or behavioral issues and who are at risk of child abuse and neglect.

MTCC providers conduct a process to admit, assess and diagnose each child authorized by Children's Administration. A Multi-Disciplinary Team meets after the child has an assigned diagnosis to generate the child's Individual Treatment Plan (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 and Public Health Nurses can make referrals to MTCC 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 are 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:
 - Age of children (0 -5)
 - 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
 - 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 CA authorizes the referral, the MTCC Provider must conduct a comprehensive assessment, diagnosis, and complete Statement of Medical Necessity form and submit to CA who completes the secondary review process to determine medical necessity.

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

WORKER RESPONSIBILITIES

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 13-709 -Referral/Authorization Form and send to the Children's Administration gatekeeper 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.

Children's Administration 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 Request for 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 within 30 calendar days from the first day in which the child attends the program.
- Send completed Statement of Medical Necessity forms to CA.
- Complete the ITP within 50 calendar days of the first day the child attends the facility. The treatment plan shall be reviewed and updated at intervals not greater than 90 days.

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 are jointly responsible for timely reauthorizations.
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For additional information about MTCC visit the Working Connections Child Care Manual at <http://www.dshs.wa.gov/esa/wccc/default.htm>.