

South Carolina Medicaid UM Guideline

Subject: Therapeutic Child Care (TCC)
Status: Active

Current Effective Date: 07/01/2016
Last Review Date: 8/9/2023

Description

The purpose of this face-to-face service is to assist children *under the age of six (6)* with severe emotional and/or behavioral disturbances, and to promote or enhance appropriate developmental functioning which fosters social, emotional and self-regulatory behavioral competence. Services incorporate a combination of psychotherapy and skill building.

TCC is a child-focused, family-centered intervention which targets the relationship between the child and the parent (or primary caregiver). Grounded in attachment theory, services are relationship-based, developmentally appropriate and trauma informed. Services must be evidence-based and include either Trauma Focused Cognitive-Behavioral Therapy (TF-CBT) or Parent-Child Interactive Therapy (PCIT). TCC provides a continuum of individual, family and group services that meet the needs of children with severe emotional and/or behavioral disturbances. The service is family-focused, with the intention of keeping the child in his or her home and community. The TCC must have documentation of staff certification to provide the evidence-based treatment being utilized as well as a documented plan for fidelity monitoring. TCC Services must be rendered in a South Carolina Department of Social Services (SCDSS) licensed or approved daycare facility that affords an adequate therapeutic environment and that protects the child's rights to privacy and confidentiality.

Clinical Indications

Medical Necessity

Criteria A-J must be met to satisfy criteria for admission into TCC Services.

- A. The child must be under the age of 6.
- B. The child has been diagnosed with a serious emotional disorder (SED), or an applicable Z-code diagnosis, per the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM).
- C. The diagnosis requires and will respond to therapeutic interventions specific to the TCC service description.
- D. The child must be exhibiting moderate to severe behavioral problems that significantly impair the child's ability to function at an age-appropriate developmental level.
- E. The family or caregiver agrees to be an active participant, which involves participating in interventions to better understand the child's needs identified in the Diagnostic Assessment

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(DA) and Individual Plan Of Care (IPOC), for the purpose of maintaining progress during and after treatment.

- F. Traditional mental health services (i.e., individual/family/group therapy, medication management, etc.) are not currently clinically appropriate to prevent the child from deteriorating or reaching identified goals.
- G. The level of care provided is determined by the clinician to be the least restrictive and that the benefits to receiving the treatment outweigh any potential harm.
- H. The child has a history of exclusion from one or more daycare or preschool due to behavioral problems and/or is at risk for abuse or neglect.
- I. The child is expected to benefit from the interventions and needs would not be better clinically met by any other formal or informal system or support.
- J. The score on the age-appropriate assessment tool, completed by the LPHA, indicates need for TCC*:

*For beneficiaries from birth until 1.5 years, has scored in the 81st percentile or above on the Parenting Stress Index (PSI).

*For beneficiaries ages 1.5-5 years, has scored in the borderline to clinical range (minimum T score of 65) on at least one syndrome scale and one DSM-Oriented scale on The Child Behavior Check List (CBCL).

Continued Stay Criteria

Criteria A-E must be met to satisfy criteria for continued TCC services.

- A. The child continues to meet the Admission Criteria.
- B. There is documentation from the provider that the child is receiving the scope and intensity of services required to meet the program goals stated in the child's IPOC.
- C. The child has shown improvement and is expected to continue to benefit from TCC, which remains appropriate to meet the child's needs.
- D. The child and others identified by the treatment plan process are active participants in the creation of the treatment plan and discharge plan, and are actively participating in treatment. The child's designated others and treatment team agrees on treatment goals, objectives and interventions.
- E. Desired outcome or level of functioning has not been restored or sustained over the timeframe outlined in the child's IPOC.

Same Day Service Exclusions

- A. Only one RBHS Community Support Service (CSS) will be reimbursed on any date of service;
- B. A private RBHS provider, or multiple private RBHS providers, shall not be reimbursed for services when more than one CSS is provided to a child and/or family on the same date of service;

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- C. Children in foster care, therapeutic foster care and those served by the Continuum of Care are exempt from the same-day service restriction.

Not Medically Necessary:

Coding

Procedure / HCPC Code	Modifier	Service Definition
H2037	-	TCC, Developmental Delay Prevention (Therapeutic Childcare Services)

Discussion/General Information

As a result of TCC:

- The child will demonstrate an improved ability to initiate and respond to social interactions in a developmentally appropriate manner.
- The child will show a significant reduction in intense and disruptive problem behaviors that interfere with the child's ability to successfully participate in normal developmental experiences or present a danger to self and/or others.
- The child will develop age-appropriate behavioral competencies that will result in enhanced problem solving, coping strategies, self-control and more successful interactions with other children and adults.
- The child will demonstrate an enhanced ability to meaningfully perform age-appropriate role functions and to learn from the home and educational environments.
- The child will show significant improvements in mood as evidenced by reductions in excessive irritability and/or sadness.
- The child will demonstrate a reduction in behaviors which previously made the child unmanageable in the home, school and community.

Overall, as a result of TCC, there will be an increase in the child's ability to be present, interact and participate in various tasks for longer periods of time. Further, the child will demonstrate an increased capability to interact with adults in therapeutic and educational tasks, resulting in increased educational and emotional functioning. The improvements in mood will be accompanied by positive changes in self-worth and confidence.

Parents or primary caregivers of participants will:

- Learn strategies for managing problem behaviors and interacting effectively with their children.

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- Identify and reduce maladaptive patterns and stresses in the home that compound the child’s behavioral and emotional challenges.
- Consistently and appropriately, provide for the child’s basic needs for health, safety, comfort, affection and stimulation.

Definitions

Severe Emotional Disability (SED) is defined as “persons who are under the age of 18, who have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM-V, that resulted in functional impairment which substantially interferes with or limits the child’s role or functioning in family, school or community activities.” **Collaborative for Children and Families**

Trauma Focused Cognitive Behavioral Therapy: Trauma-focused cognitive behavioral therapy (TF-CBT) is an evidence-based treatment approach shown to help children, adolescents and their caregivers overcome trauma-related difficulties. It is designed to reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss and other traumatic events.

Parent-Child Interaction Therapy (PCIT): A family-centered treatment approach proven effective for abused and at-risk children ages 2 to 8 and their caregivers — birth parents, adoptive parents, or foster or kin caregivers. During PCIT, therapists coach parents while they interact with their children, teaching caregivers strategies that will promote positive behaviors in children who have disruptive or externalizing behavior problems.

References

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Psychiatric Association. (2022). Diagnostic and Statistical Manual of Mental Disorders, 5th Edition-TR
2. Coding Source: Healthy Connections Medicaid Provider Manual, “Rehabilitative Behavioral Health Services”, Updated July 1, 2023.
3. South Carolina Department of Health and Human Services (2023) Rehabilitative Behavioral Health Services Provider Manual

Websites for Additional Information

1. **Parent-Child Interaction Therapy (PCIT)**** Accessed June 11, 2021.
2. South Carolina Department of Health and Human Services www.scdhhs.gov** Accessed August 8, 2023.
3. Substance Emotional Disturbance and Serious Mental Illness <http://www.samhsa.gov/sites/default/files/federal-register-notice-58-96-definitions.pdf>** Accessed June 11, 2021.
4. **Trauma Focused Cognitive Behavioral Therapy (TF-CBT)**** Accessed June 11, 2021.

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History		
Status	Date	Action
New		Created
Updated	6/24/19	Medical Operations Committee Annual Review
Reviewed and Approved	06/25/2020	MOC Approval-no changes
Reviewed	06/11/2021	Reviewed-No changes
Approved	06/17/2021	Medical Operations Committee (MOC)
Reviewed	8/9/2023	Updated to align with SCDHHS changes

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