



# Family First Prevention Services Act (FFSPA) Georgia

FFPSA is a bipartisan bill that reforms many of the federal child welfare financing mechanisms to help better support families. The bill aims to prevent children from entering foster care by allowing federal reimbursement for family preservation services to families and children. Also FFPSA seeks to improve the well-being of children already in foster care by incentivizing states to utilize family-based care and ensure necessity of placement in residential treatment settings.

# Title IV-E

- Largest dedicated federal child welfare funding source
  - Third largest funding source for Division (State and TANF)
  - Requires state match
- Currently available for costs including:
  - **Monthly maintenance payments for the daily care and supervision of eligible children**
  - Administrative costs to manage the program
  - Training of staff and foster care providers
- Changes under FFPSA:
  - Restrictions on foster care maintenance payments for children placed in congregate care
  - FCM for children placed in residential treatment with parents
  - **New funding for evidence-based prevention services**

# What does this mean?

1. Reduce the number of children entering foster care by providing intensive family support services to children who are identified as candidates for foster care and their families, including kinship care homes and reunification. Support for new model programs that utilize an evidenced based practice model.

## Eligibility/Candidacy: Example From Iowa:

- A child who is a candidate for foster care following a CPS investigation
  - A child who has exited foster care and may be at risk of re-entry
  - Children born to mothers with a positive drug screen
  - Pregnant or parenting youth who exited foster care in the past 5 years
  - Siblings of children in foster care who reside at home and have assessed safety concerns

# What does this mean? (continued)

2. All services are required to be evidence based, trauma informed and rated as well-supported, supported or promising by the Federal Prevention Services Clearinghouse (<http://preventionservices.abtsites.com>)
  - Services must fall into one of three categories:
    - Mental Health
    - Substance Abuse Treatment and Prevention
    - In-Home Parent Skill Based
  - Services must be included in State IV-E Plan
  - Federal definitions and guidelines for trauma informed care are not defined and currently states can recommend a trauma informed care practice for their state.

# What does this mean? (continued)

3. Georgia will need to increase the number of foster homes and diligently seek reunification and/or kinship care homes.
  - Federal guidelines define a group care as 7 or more children in a group home or facility.
  - Under FFPSA foster homes are defined as having 6 or fewer children residing in a home. Currently there are 118 licensed Child Placing Agencies (CPA) in Georgia. CPA's will need to increase the number of foster homes they operate/supervise.

# What does this mean? (continued)

## Foster Care: Potential Model

- Foster Care Parents and Respite Foster Care Parents could be salaried employees with benefits
- Foster Care Parents and Respite Foster Care Parents are a consistent care giving team
- Foster Care Parents could provide care for three weeks and one week off or two weeks providing care and two weeks off
- Respite Foster Care Parents could provide care one week or two weeks

# What does this mean? (continued)

## 3. FFPSA creates a newly designated type of congregate care placement, a Qualified Residential Treatment Placement (QRTP).

- Has a trauma-informed treatment model, designed to meet the specific clinical needs of children with serious emotional, behavioral disorders or disturbances.
- Accredited by COA, CARF or JHACO
- Nursing and licensed clinical staff available 24/7
- Facilitates family outreach and participation in child's treatment program (including post-discharge)
- Provides discharge planning and family-based aftercare supports for 6+ months post discharge
- The necessity of QRTP placement is determined by an assessment completed within 30 days of placement
- Court approval of placement required within 60 days and at every subsequent status or permanency hearing
- Seeking guidance at State and Federal level regarding QRTPs as IMDs



# What does this mean? (continued)

4. DFCS, DBHDD, all CMO's, the ASO and DCH (Department of Community Health) must collaborate on modifications to rules and regulations for successful implementation of FFPSA to maximize access to and utilization of needed services.

# Potential Changes for Medicaid Billable Services to Support Children and Youth

- High Fidelity WrapAround services as a billable service for all core providers or at minimum for Tier 2+ providers in order to increase access to these critical services and provide consumer choice. (Currently only two CSBs are permitted to bill for wraparound services.)
- Evidenced Based Practices (EBP) that are twelve- week models delivered in homes and/or in the community to families. There needs to be an identified client with a monthly rate based on working with the whole family as designed by the EBP. These EBP's include:
  - Multisystemic Therapy (MST)
  - Functional Family Therapy (FFT)

# Billable Services (continued)

- Behavior Aide services added back as a billable service for all children, including autistic children. This is a critical service with a great impact that can be provided at a lower cost. Case management added as a billable service for children ages 17 and younger.
- Placement assessments required for QRTP admissions and continued stays authorized as a billable service every 30 days. Assessments prior to admission are required under FFPSA while a child is in a QRTP.

# Billable Services (continued)

- Therapeutic Foster Care (TFC) included in Georgia's state Medicaid plan.
- A 90-day service package authorized as it once was for children in foster care and those who are candidates for foster care. This is critical because it can take up to 45 – 60 days for needed services to go through the authorization process which means that children are not receiving services on day one.
- Although autism was recently approved as a billable service, approval for billing was limited to previously approved individual providers and Community Service Boards (CSB's). Core providers were not pre-approved and cannot bill for autism services until the core provider applies and meets all the standards. Approving Tier 2+ core providers to provide services for autistic children and adolescents would improve accessibility and allow for consumer choice.

# Accreditation and Policy Development

Any one interested in assistance in developing policies, preparing for accreditation and/or interested in becoming accredited.

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