



Clinical Policy: Functional Family Therapy – Child Welfare (FFT-CW)

Reference Number: LA.CP.MP.501

Implications

Coding

Last Review Date:

Revision Log

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

To define Functional Family Therapy-Child Welfare (FFT-CW) services, identify the population targeted, define criteria used to determine if services are medically necessary, and specific design of the Service.

Policy

Louisiana healthcare Connections (LHCC) will follow Louisiana Behavioral Health Partnership Service Authorization Criteria and Louisiana Department of Health (LDH) Behavioral Services Manual.

Definition

FFT-CW is deemed a best practice/family-based approach to providing treatment to youth who are between the ages of 0 to 18 and are exhibiting significant externalizing behaviors.

It is a systems-based model of intervention/prevention, which incorporates various levels of the member’s interpersonal experiences to include cognitive, emotional and behavioral experiences, as well as intrapersonal perspectives which focus on the family and other systems (within the environment) and impact the youth and his or her family system.

FFT-CW is a strengths-based model of intervention, which emphasizes the capitalization of the resources of the youth, their family and those of the multi-system involved. Its purpose is to foster resilience and ultimately decrease incidents of disruptive behavior for the youth. More specifically, some of the goals of the service are to reduce intense/ negative behavioral patterns, improve family communication, parenting practices and problem-solving skill, and increase the family’s ability to access community resources.

On average, a youth receives FFT-CW for approximately 3 to 5 months. The therapist works with the family in twelve to fifteen one- to two-hour sessions for less severe cases and up to 30 -one- to two-hour sessions for youth with more complex needs. The frequency of the sessions varies on a case-by-case basis and over the course of the treatment; sessions could

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occur daily to weekly, as needed. Services occur in the office, family's home and/or community at times that are convenient for the family. FFT-CW therapists provide regular telephonic follow-up and support to families between sessions.

FFT-CW is carried out in the context of five distinct phases (Pretreatment, Engagement, Motivation, Relational Assessment, Behavior Change, and Generalization). Each phase consists of an assessment, goal-setting and an intervention component; all services rendered are carried-out based upon the theoretical framework of the three core principles.

- ***Core Principle One: Understanding members***
This is a process whereby the therapist comes to understand the youth and family in terms of their strengths on the individual, family system and multi-systemic level.
- ***Core Principle Two: Understanding the member systemically***
This is a process whereby the therapist conceptualizes the youth's behaviors in terms of their biological, relational, family, socio-economic and environmental etiology. Subsequently, the therapist assesses the youth's relationships with family, parents, peers, their school and their environment and how these roles/relationships contribute to the maintenance and change of problematic behaviors.
- ***Core Principle Three: Understanding therapy and the role of the therapist as a fundamentally relational process***
This is a process where the therapist achieves a collaborative alliance with the youth and family. Subsequently, the therapist ensures that the therapy is systematic and purposeful, while maintaining clinical integrity. More specifically, the therapist follows the model but also responds to the emotional processes (needs/feelings/behaviors) that occur in the immediacy during clinical practice.

There are four domains of assessment used to monitor progress towards goals in FFT-CW:

- ***Member assessment (through the use of the outcomes questionnaire (OQ) family measures pre-assessment, risk and protective factors assessments pre-assessment, relational assessment):***
 - **Helps understand individual, family and behavior in a context functioning.**
 - **Adds to clinical judgment, helps target behavior change targets, tool in treatment.**

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- **Adherence assessment (through the use of the Family Self Report and Therapist Self Report, and Clinical Services System (CSS) tracking/adherence reports, global therapist ratings):**
 - **Identify adherence to FFT/FFT-CW to enhance learning and supervision.**
 - **Judge clinical progress, monitor clinical decisions.**
- **Outcome assessment (through the use of therapist outcome measure, counseling outcome measure parent/adolescent and post assessment OQ family measures and post risk and protective factors assessment):**
 - **To understand the outcome of your work – accountability.**
 - **Changes in member functioning (pre-post).**

NOTE: The term “counseling” throughout the FFT section is in keeping with the nomenclature of this evidenced based practice and should not be mistaken for the counseling and psychotherapy rendered by LMHPs under their respective scope of practice license.
- **Case monitoring and tracking (member service system reports) Every member contact/planned contact, outcome of that contact (helps monitor practice)**

Admission Criteria

Criterion A, B, C, D and E must be met to satisfy admission criteria.

- A. **Suspected or indicated child abuse or neglect**
 - 1. **Problems include at least one of the following**
 - a. **Youth truancy**
 - b. **Educational neglect**
 - c. **Parental Neglect or abuse**
 - d. **History of domestic violence**
 - e. **Adult caregiver substance abuse**
 - f. **Adult caregiver anxiety, depression, and other mental health issues**
- B. **Acting out behaviors must be present to the degree that functioning is impaired and all of the following terms are met:**
 - 1. **A DSM-5 diagnosis as primary focus of treatment. Symptoms and impairment must be the result of a primary disruptive/externalizing behavior disorder or internalizing psychiatric conditions and substance use. Diagnosis can be for youth or caregiver.**
 - a. **Youth may also meet criteria for a disruptive behavior disorder (Attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder and/or conduct disorder) or other mental health conditions, such as anxiety and**

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- depression, may also be accepted as long as the existing mental and BH issues manifest in outward behaviors that impact the family and multiple systems, or;
- b. Youth with substance use issues if FFT-CW is deemed clinically more appropriate than focused drug and alcohol treatment.
- 2. Functional impairment not solely a result of an autism spectrum disorder or intellectual disability.
- 3. ~~Youth displays externalizing behavior which adversely affects family functioning. Youth's behaviors may also affect functioning in other systems.~~
- 4.3. Documented medical necessity for an intensive in-home service.
- C. Families of youth, ages 0-18, typically referred by other service providers and agencies on behalf of the youth and family, though other referral sources are also appropriate.
- D. At least one adult caregiver is available to provide support and is willing to be involved in treatment.
- E. Youth's interagency service planning team recommends that he/she participate in FFT-CW.

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Continued Stay Criteria

Criterion A, B, and C must be met to satisfy continued stay criteria.

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- A. The member continues to meet admission criteria.
- B. The member demonstrates documented progress or maintenance of community skills relative to goals based on the four domains of assessment for FFT-CW.
- C. There is adequate documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the Description of Service.

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Discharge Criteria

Criterion A and then either B, C, or D must be met to satisfy criteria for discharge.

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- A. An adequate continuing care plan has been established.
- B. The goals of Individualized Care Plan have been substantially met.
- C. The member requests discharge, and the member is not imminently in danger of harm to self or others.
- D. Transfer to another service is warranted by change in the member's condition.

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Exclusions

Criterion A or B must be met to preclude eligibility for the service.

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- A. FFT shall not be billed in conjunction with PRTF services:

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B. **FFT may also be billed in conjunction with another behavioral health service (such as individual therapy, Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR), or Independent Living Skill Building (ILSB)) if:**

1. **The youth has a high level of need such that a combination of both family-focused and individually-focused services is needed to meet the youth’s required level of treatment intensity;**
2. **There is a clear treatment plan or Plan of Care indicating distinct goals or objectives being addressed by both the FFT/FFT-CW service and by the concurrent service; and**
3. **The services are delivered in coordination of each other to ensure no overlap or contradiction in treatment.**

<u>Reviews, Revisions, and Approvals</u>	<u>Date</u>	<u>Approval Date</u>
<u>Original approval date</u>	<u>9/24/19</u>	
<u>Under Admission Criteria removed the following: Youth displays externalizing behavior which adversely affects family functioning. Youth’s behaviors may also affect functioning in other systems.</u>	<u>11/22/19</u>	

References

LDH Behavioral health Services Provider Manual
<https://www.lamedicaid.com/provweb1/Providermanuals/manuals/BHS/BHS.pdf>

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions,

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exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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