

# LA.CLI.062 Functional Family Therapy

Effective Date:	April 30, 2023	Accountable Dept.:	LA Medicaid <u>Utilization Management</u> BH
Last Reviewed Date:	<del>May 15, 2023</del> <u>October 1, 2024</u>		

### Summary of Changes:

No changes; reviewed due to an annual review

10/22/2024: Annual Review, minor grammatical changes and updated references to the most recent edition reviewed

### Scope:

This policy applies to all Humana Healthy Horizons® in Louisiana (Plan) associates who administer, review, or communicate covered physical and behavioral health benefits and services to eligible enrolled members.

### Procedures:

Functional Family Therapy (FFT) and Functional Family Therapy-Child Welfare (FFT-CW) are deemed a best practice/family-based approach to providing treatment to youth who are between the ages of 10 and 18 (0 to 18 for FFT-CW) and are exhibiting significant externalizing behaviors.

#### Functional Family Therapy (FFT):

Functional Family Therapy is for youth experiencing behaviors that include anti-social acts, violence or other behaviors that impair functioning. FFT services are targeted for youth primarily demonstrating externalizing behaviors or at risk for developing more severe behaviors, which affect family functioning.

#### Functional Family Therapy- Child Welfare (FFT-CW):

Functional Family Therapy -Child Welfare is for youth and their families with suspected or indicated child abuse or neglect cases. FFT-CW services are targeted for youth and families with suspected or indicated child abuse or neglect, a history of domestic violence, adult caregiver substance use, and adult caregiver anxiety, depression, and other mental health issues.

#### ~~FFT & FFT-CW eligibility criteria must include~~Criteria:

##### FFT

- ~~\_\_\_\_\_~~
- ~~Humana Healthy Horizon’s Louisiana Youth~~
- In order to meet medical necessity, the member must have/exhibit:
- Youth ages 10-18 years old
- At least one adult caregiver is available to provide support and is willing to be involved in treatment
- A behavioral health DSM-5 diagnosis as primary focus of treatment. Symptoms and impairment must be the result of a primary disruptive/externalizing behavior disorder, although internalizing psychiatric conditions and substance use disorders may be secondary.

- Functional impairment not solely a result of an autism spectrum disorder or intellectual disability
- Youth displays externalizing behavior, which adversely effects family functioning. Youth behavior may also effect functioning in other systems.
- Documented medical necessity for an intensive in-home service.

#### FFT CW

- Families of youth ages 0-18 years old.
- ~~Documented behavior that demonstrates severe impairment in functioning that is adversely affecting the youth, family and may also affect other systems~~
- ~~Have Aa at least one adult caregiver willing and able to provide support and be actively involved in treatment; and~~
- ~~Have Aa behavioral health 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 condition and substance use. Diagnosis can be for youth or caregiver; and that result in severe behaviors that impair functioning. Youth may have a secondary psychiatric or substance use issue but the use of FFT is more clinically appropriate than a more focused mental health or substance use treatment service.~~
- ~~Overall functional Functional impairment not solely a result cannot be solely due to of an autism spectrum ~~diagnosis disorder~~ or intellectual disability; and~~
- ~~Documented medical necessity or an intensive in-home service~~
- ~~Not meeting criteria for another more intensive service out of home service FFT and FFTCW is a best practice approach to support youth demonstrating severe externalizing behaviors that limit functioning for the youth and their families. It is a system-based model to support interventions that incorporates interpersonal, cognitive, emotional and behavioral experiences to impact youth and his/her family in order to reduce negative behavioral patterns, improve family communication, parenting practices and problemsolving skills as well as increase the family's ability to access community services.~~

#### Medical Necessity:

FFT services are necessary to gain skills required to reduce the risk of escalation of level of care or assist in maintaining current living situation as indicated by ALL of the following:

- Behavioral health disorder is present and appropriate for mental health support services with ALL of the following:
- Moderate Psychiatric, behavioral, or other comorbid condition
- Moderate dysfunction in daily living for child or adolescent
- Situation and expectations are appropriate for mental health support services, as indicated by ALL of the following:
- Recommended treatment is necessary and not appropriate for less intensive care (ie, patient requires assistance in accessing services; and documented behavior, symptoms, or risk is inappropriate for outpatient office care or traditional case management).
- Patient is assessed as not at risk of imminent danger to self or others.
- Targeted symptoms, behaviors, and functional impairments related to underlying behavioral health disorder have been identified and are appropriate for intensive in-home supports
- Treatment plan addresses comorbid medical, psychiatric, and substance use disorders, and includes coordination of care with other providers and communitybasedcommunity-based resources, as appropriate.

- Treatment plan includes explicit and measurable objectives and goals that are specific, action oriented, realistic, and time-limited, as well as will define member improvement, with regular assessment that progress toward goals is occurring or that condition would deteriorate in absence of continued FFT
- Treatment plan engages family, caregivers, and other people impacted by and in position to affect patient behavior, as appropriate.
- Treatment intensity (ie, number of hours per week) and duration is individualized and designed to meet needs of member and will be adjusted according to member and family's response to FFT and ability to participate effectively.
- Member is expected to be able to adequately participate in and respond as planned to proposed treatment

#### Criteria for Discharge from Services:

Members who meet the following criteria no longer meet medical necessity criteria for FFT and shall be discharged from FFT treatment:

- All FFT/FFT-CW program components and structure have been completed and all services rendered are carried-out based upon the theoretical framework of the three core principals of treatment.
- The member's treatment plan goals or objectives have been substantially met;
- The member meets criteria for a higher or lower level of treatment, care or services;
- The member's, family, guardian and/or custodian are not engaging in treatment or following program rules and regulations, despite attempts to address barriers to treatment; and
- Consent for treatment has been withdrawn, or youth and/or family have not benefitted from FFT, despite documented efforts to engage, and there is no reasonable expectation of progress at this level of care, despite treatment.

#### Exclusions:

FFT shall not be billed in conjunction with PRTF services.

As standard practice, FFT/FFT-CW may be billed with medication management and assessment. FFT may also be billed in conjunction with another behavioral health service as individual therapy, Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR), or ILSB) if:

- The youth ~~has~~have a high level of need such that a combination of both family-focused individually-focused services is needed to meet the youth's required level of treatment intensity;
- 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
- The services are delivered in coordination of each other to ensure no overlap or contradiction in treatment.

#### Billing:

- ~~Only direct staff face-to-face time with the child or family may be billed. FFT/FFTCW may be billed under CPST but must be consistent with the CPST State Plan definition. CPST a face-to-face intervention with the individual present; however, family or other collaterals also be involved, and the child/youth receiving treatment does not need to be present for contacts.~~
- ~~Collateral contacts billable to Medicaid should involve contacts with parents, guardians or other individuals having a primary care relationship with the individual receiving treatment. All contacts must be based on goals from the child's/youth's plan of care. Phone contacts are not billable;~~

Definitions:

N/A

References:

Louisiana Department of Health Behavioral Health Services Provider Manual, Chapter Two of the Medicaid Services Manual (7/17/2023). Accessed 10/22/2024.

Milliman Care Guidelines (MCG) Mental Health Support Services Criteria. Accessed 10/22/2024.

~~Louisiana Department of Health, Behavioral Health Services Provider Manual, Chapter two of the Medicaid Services Manual;~~

~~MCG Criteria: Mental Health Support Services~~

Version Control:

4/30/23: Policy creation-Approved by LDH for Readiness

5/15/23: Approved by LA UM Committee

9/28/23: Changed to new template for Annual Review Due by 5.15.24. Kwise, MCD Clinical Delivery Experience

1/12/24: Minor changes made. Kwise, RN, MCD Clinical Delivery Experience

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**Non-Compliance:**

Failure to comply with any part of Humana’s policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules, and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to noncompliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana’s secure intranet on Hi! (Workday & Apps/Associate Support Center).