

Functional Family Therapy

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Medicaid Medical Coverage Policy

Original Effective Date: 04/30/2023
Effective Date: xx/xx/xxxx
Review Date: 10/07/2025
Policy Number: LA.CLI.062.001
Line of Business: Medicaid
State: LA

Table of Contents

[Description](#)
[Coverage Limitations](#)
[Change Summary](#)

[Coverage Determination](#)
[References](#)

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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.

Policy:

Description

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. The 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/FFT-CW for approximately 3 to 5 months. Over the course of this period, the therapist works with the family in twelve to fifteen sessions, each lasting one to two hours for less severe cases and up to 30 sessions, each lasting one to two hours, 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 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.

Functional Family Therapy (FFT):

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

The targeted behaviors include antisocial acts, violent behaviors, and other significant behavioral challenges.

Functional Family Therapy Child Welfare (FFT CW):

~~Functional Family Therapy Child Welfare FFT-CW 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. Problems can include youth truancy, educational neglect, parental neglect or abuse, a history of domestic violence, adult caregiver substance use, and adult caregiver anxiety, depression and other mental health issues.~~

Youth who meet criteria may receive services for FFT or FFT-CW for a disruptive behavior disorder (attention deficit/hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), and/or conduct disorder). Youth with other mental health conditions, such as anxiety and depression, may also be accepted as long as the existing mental and behavioral health issues manifest in outward behaviors that impact the family and multiple systems. Youth with substance use issues may also receive services when criteria is met and FFT/FFT-CW is deemed clinically more appropriate than focused drug and alcohol treatment.

~~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.~~

Coverage Determination

Criteria:

~~In order to meet medical necessity, the member must have/exhibit:~~

Functional Family Therapy or Functional Family Therapy – Child Welfare may be prior authorized for up to 6 months.

Humana Healthy Horizons in Louisiana members may be eligible under the Plan for functional family therapy services or functional family therapy – child welfare services when the following criteria are met:

FFT-Functional Family Therapy

- ~~Youth ages 10-18 years old~~ **Member is between 10 through 18 years of age; AND**
- At least one adult caregiver is available to provide support and is willing to be involved in treatment; **AND**
- 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; **AND**
- Functional impairment is not solely a result of an autism spectrum disorder or intellectual disability; **AND**
- Youth displays externalizing behavior which adversely effects family functioning. Youth's behavior may also effect functioning in other systems; **AND**
- Documented medical necessity for an intensive in-home service.

FFT CW Functional Family Therapy – Child Welfare

- Families of youth ~~ages 0-18 years old~~, **between 0 through 18 years of age; AND**
- At least one adult caregiver willing and able to provide support and be actively involved in treatment; **and AND**

- 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 or internalizing psychiatric condition and substance use. Diagnosis can be for youth or caregiver; and AND
- Functional impairment not solely a result of an autism spectrum disorder or intellectual disability; and AND
- Documented medical necessity for an intensive in-home service.

Medical Necessity³

Mental health support services such as FFT and FFT – CW 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; AND
 - Moderate dysfunction in daily living for child or adolescent; AND
- 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); AND
 - Patient is assessed as not at risk of imminent danger to self or others; AND
 - Targeted symptoms, behaviors, and functional impairments related to underlying behavioral health disorder have been identified and are appropriate for ~~intensive in-home~~ mental health supports services; AND
 - Treatment plan addresses comorbid medical, psychiatric, and substance use disorders, and includes coordination of care with other providers and community-based resources, as appropriate; AND
 - Treatment plan includes explicit and measurable ~~objectives and recovery~~ goals that are ~~specific, action oriented, realistic and time limited, as well as~~ will define ~~member~~ patient improvement, with regular assessment that progress toward goals is occurring or that condition would deteriorate in absence of continued ~~FFT~~ mental health support services; AND
 - Treatment plan engages family, caregivers, and other people impacted by and in position to affect patient behavior, as appropriate; AND

- 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; **AND**
- Member is expected to be able to adequately participate in and respond as planned to proposed treatment

Criteria for Discharge from Services²

~~Members Individuals~~ 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 M~~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 not 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, ~~or FFT - CW~~, 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 psychiatric residential treatment facility (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 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.~~

Coverage Limitations

Humana Healthy Horizons in Louisiana members may NOT be eligible under the Plan for FFT services or FFT-CW services for any of the following:

- Member is currently receiving services in a psychiatric residential treatment facility (PRTF); OR
- Member is currently in the custody of the Office of Juvenile Justice (OJJ) and residing in a detention facility, public institution or secure care and is an inmate of a public institution; OR
- Member is a resident of an institution for mental diseases, which are institutions with greater than 16 beds, where more than 50 percent of the residents require treatment for behavioral health conditions; OR
- The vocational supports provided by FFT qualify for vocational rehabilitation funding, even if the vocational rehabilitation services are not available; OR
- Member is receiving another concurrent behavioral health service (eg, individual therapy, Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR) or ILSB);

AND any of the following:

- Both the family-focused and the individually-focused services are not needed to meet the youth's required level of treatment intensity; OR
- The treatment plan does not clearly indicate distinct goals or objectives for the FFT/FFT-CW service and the concurrent service; OR
- The services being delivered overlap or contradict in treatment.

Definitions:

N/A

References

1. Louisiana Department of Health. Medicaid Services Manual. Chapter 2: Behavioral Health Services. Appendix E-2: Evidenced Based Practices (EBPs) Policy – Functional Family Therapy (FFT) and Functional Therapy – Child Welfare (FFT-CW). <https://ldh.la.gov/medicaid>. Published March 14, 2017. Updated January 12, 2024.
2. Louisiana Department of Health. Medicaid Services Manual. Chapter 2: Behavioral Health Services. Appendix E-4: Evidenced Based Practices (EBPs) Policy – Multi-Systemic Therapy (MST). <https://ldh.la.gov/medicaid>. Published March 14, 2017. Updated November 19, 2024.
3. MCG Health. Mental health support services. <https://humana.access.mcg.com/index>.

~~Medicaid Services Manual (7/17/2023). Accessed 10/22/2024.~~

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

Version Control:

Change Summary

04/30/2023: Policy creation-Approved by LDH for Readiness

05/15/2023: Approved by LA UM Committee

09/28/2023: Changed to new template for Annual Review Due by 5.15.24.

01/12/2024: Minor changes made.

10/07/2025: Annual Review, No Coverage Change. New Clinical Coverage Policy Template

01/06/2026: Update, No Coverage Change. Added prior authorization timeframe.

~~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).~~