

Humana Healthy Horizons™ in Louisiana

Department: Utilization Management	Policy and Procedure No:	
Policy and Procedure Title: Functional Family Therapy Clinical Coverage Policy		
Process Cycle: Annually	Responsible Departments: Clinical	
Approved By: Patricia Jones, RN	Issue Date: 1/1/23	Revised:

PURPOSE:

The purpose of this policy is to define Functional Family Therapy (FFT) services that are targeted for youth who either 1) are displaying or at risk for developing severe behaviors that affect family function or 2) are involved with child welfare with suspected or indicated child abuse or neglect and the criteria for medical necessity for Humana Healthy Horizons in Louisiana.

POLICY:

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:

- **Humana Healthy Horizon's Louisiana Youth**
- **Documented behavior that demonstrates severe impairment in functioning that is adversely affecting the youth, family and other systems**
- **Have at least one caregiver willing and able to provide support and be actively involved in treatment**
- **Have a behavioral health DSM-5 diagnosis 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 impairment cannot be solely due to an autism spectrum diagnosis or intellectual disability**
- **Not meeting criteria for another more intensive service out of home service**

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FFT and FFT-CW 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 problem-solving 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 conditions
 - 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 community-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

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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 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, 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 (such as individual therapy, Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation (PSR), or 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.

Billing

1. 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 is a face-to-face intervention with the individual present; however, family or other collaterals may also be involved, and the child/youth receiving treatment does not need to be present for all contacts;
2. 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;

ADDITIONAL RESOURCES:

Louisiana Department of Health, Behavioral Health Services Provider Manual, Chapter two of the Medicaid Services Manual; Accessed October 30, 2022 and January 30, 2023.

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MCG Criteria: Mental Health Support Services

VERSION CONTROL:

Version.Review.Approval History				
Department:	Purpose of Review	Reviewed and Approved By:	Date:	Additional Comments:

DISCLAIMER:

Humana follows all federal and state laws and regulations. Where more than one state is impacted by an issue, to allow for consistency, Humana will follow the most stringent requirement.

This document is intended as a guideline. Situations may arise in which professional judgment may necessitate actions that differ from the guideline. Circumstances that justify the variation from the guideline should be noted and submitted to the appropriate business area for review and documentation. This (policy/procedure) is subject to change or termination by Humana at any time. Humana has full and final discretionary authority for its interpretation and application. This (policy/procedure) supersedes all other policies, requirements, procedures or information conflicting with it. If viewing a printed version of this document, please refer to the electronic copy maintained by CMU to ensure no modifications have been made.

NON-COMPLIANCE:

Failing 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 non-compliance 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 of Hi! (Workday & Apps/Associate Support Center).