

Functional Family Therapy (FFT)

Last Updated: [10/19/2023]

Service Type:

0050 Outpatient Psych (Enhanced Behavioral Health Services)

Procedure Code:

H0036

Medical Necessity Criteria

Admission Criteria:

Youth must meet all of the following criteria for admission to FFT:

- The youth must be under the age of 21.

- The initial assessment completed by a LMHP, LMHP-R, LMHPRP, LMHP-S provides evidence of symptoms and functional impairment that the youth has met criteria for a primary diagnosis consistent with the most recent version of Diagnostic and Statistical Manual that falls within the categories of disruptive behavior, mood, substance use or trauma and stressor-related disorders. There may be additional primary behavioral health diagnoses that may benefit from the interventions of FFT that may be considered on a case-by-case basis under EPSDT.

- Within the past 30 calendar days, the youth has demonstrated at least one of the following that puts the youth at risk of out of home placement:
 - Persistent and deliberate attempts to intentionally inflict serious injury on another person;
 - Ongoing dangerous or destructive behavior that is evidenced by repeated occurrences of behaviors that are endangering to self or others are difficult to control, cause distress, or negatively affect the youth's health;
 - Increasing and persistent symptoms associated with depression (e.g. chronic irritability, anhedonia, significant changes in sleep/eating, disrupted emotion regulation, ...) or anxiety (e.g. rumination, panic attacks, hypervigilance, dissociation, ...), in combination with externalizing problems (e.g. physical and verbal aggression, truancy, stealing, property destruction, lying, etc.) that have contributed to decreased functioning in the community;
 - Ongoing substance use or dependency that interfere with the youth's interpersonal relationships and functioning in the community. e) The youth is returning home from out-of-home placement and FFT is needed as step down service from an out-of-home placement.

- The youth's successful reintegration or maintenance in the community is dependent upon an integrated and coordinated treatment approach that involves intensive family/caregiver partnership through the FFT model. Participation in an alternative community-based service would not provide the same opportunities for effective intervention for the youth's problem behaviors.

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- There is a family member or other committed caregiver available to participate in this intensive service.
- Arrangements for supervision at home/community are adequate to ensure a reasonable degree of safety and a safety plan has been established or will be quickly established by the FFT program as clinically indicated.

Exclusion Criteria:

Youth who meet any one of the criteria below are not eligible to receive FFT:

- The youth is currently experiencing active suicidal, homicidal or psychotic behavior that requires continuous supervision that is NOT available through the provision of FFT.
- The youth is living independently, or a provider cannot identify a primary caregiver for participation despite extensive efforts to locate all extended family, adult friends and other potential surrogate caregivers.
- The youth's presenting problem is limited to sexually harmful or dangerous behavior in the absence of other externalizing behaviors.
- The youth's functional impairment is solely a result of Developmental Disability, as defined in the Code of Virginia § 37.2-100.

Continued Stay Criteria:

Within the past thirty (30) calendar days, FFT continues to be the appropriate level of care for the youth as evidenced by at least one of the following:

- The youth's symptoms/behaviors and functional impairment persist at a level of severity adequate to meet admission criteria;
- The youth has manifested new symptoms that meet admission criteria and those have been documented in the ISP;

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- Progress toward identified ISP goal(s) is evident and has been documented based upon the objectives defined for each goal, but not all of the treatment goal(s) have been achieved. To consider approval for continued stay requests, documentation will be reviewed and should demonstrate active treatment and care coordination through all of the following:
 - An ISP with evaluation and treatment objectives appropriate for this level of care and type of intervention. The treatment must support community integrative objectives including the development of the youth's network of personal, family, and community support. Treatment objectives are related to readiness for discharge and FFT specific expected outcomes;
 - Progress toward objectives is being monitored weekly within fidelity to the model;
 - The youth and family/caregiver are actively involved in treatment, or the provider has documented active, persistent efforts that are appropriate to improve engagement;
 - The type, frequency and intensity of interventions are consistent with the ISP and fidelity to the model;
 - The provider is making vigorous efforts to affect a timely transition to an appropriate lower level of care. These efforts require documentation of discharge planning beginning at the time of admission to include communication with service practitioners, community partners, and natural supports that will meet the needs of the client;
 - The provider has developed an individualized discharge plan that includes specific plans for appropriate follow-up care.

If youth does not meet the above continued stay criteria, FFT may still be authorized for up to an additional 10 calendar days under any of the following circumstances:

- There is no less intensive level of care in which the objectives can be safely accomplished; or
- The youth can achieve certain treatment objectives in the current level of care and achievement of those objectives will enable the youth to be discharged directly to a less intensive community service rather than to a more restrictive setting; or
- The youth is scheduled for discharge, but the youth requires services at discharge which are still being coordinated and are not currently available.

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Discharge Criteria:

The youth meets discharge criteria if any of the following are met:

- The youth's documented ISP goals and objectives have been substantially met and all FFT phases have been completed;

The youth no longer meets admission criteria due to the following:

- The youth's needs can be met at a lower level of care; o The youth's current level of function requires a higher level of care;
- The youth or the youth's family have not benefited from FFT despite documented efforts to engage the youth or family and there is no reasonable expectation of progress at this level of care despite ISP changes or the youth or the youth's family has achieved maximal benefit from this level of care;
- The youth is placed in a hospital, skilled nursing facility, residential treatment facility, or other residential treatment setting and is not ready for discharge within 14 consecutive calendar days to a family home environment or a community setting with community-based support; o Required consent for treatment is withdrawn; or o If there is a lapse in service greater than 31 consecutive calendar days, the provider shall discharge the youth.