

# MULTISYSTEMIC THERAPY AND FUNCTIONAL FAMILY THERAPY PROVIDER MANUAL TRAINING

*October 2021*



**PROJECT  
BRAVO**



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## About Today's Webinar

- The presentation portion of this webinar will be recorded and posted to the DMAS website along with the powerpoint presentation.
- The CHAT function has been disabled
- All participants are muted
- DMAS will not be answering questions during the presentation.
  - If time permits, DMAS will answer questions at the end of the presentation
  - Please use the Q&A function to type in your questions
  - If your question(s) is not answered you may email the DMAS Behavioral Health Division at [enhancedbh@dmas.virginia.gov](mailto:enhancedbh@dmas.virginia.gov)

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## Agenda Today



- Background and Context
  - Project BRAVO: Enhancement of BH Services
  - Purpose and Function of MST & FFT in the Medicaid System
  - Provider Manual Overviews
  - Question and Answer Session (recording will be off)

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## Agenda Today



### Provider Manual Overviews

- **Multisystemic Therapy**
  - Service Definition
  - Critical Features and Service Components
  - Provider Qualifications and Staff Requirements
  - Service Authorization
  - Medical Necessity Criteria
    - Admission Criteria: Diagnosis, Symptoms and Functional Impairment
    - Exclusion Criteria
    - Continued Stay Criteria
    - Discharge Criteria
    - Service Limitations
  - Billing Guidance
- **Functional Family Therapy**
  - Service Definition
  - Critical Features and Service Components
  - Provider Qualifications and Staff Requirements
  - Service Authorization
  - Medical Necessity Criteria
    - Admission Criteria: Diagnosis, Symptoms and Functional Impairment
    - Exclusion Criteria
    - Continued Stay Criteria
    - Discharge Criteria
    - Service Limitations
  - Billing Guidance

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## Enhanced Behavioral Health Services for Virginia *Project BRAVO*



### ***Behavioral Health Redesign for Access, Value and Outcomes***

#### **Vision**

Implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are:



#### **High Quality**

Quality care from quality providers in community settings such as home, schools and primary care



#### **Evidence-Based**

Proven practices that are preventive and offered in the least restrictive environment



#### **Trauma-Informed**

Better outcomes from best-practice services that acknowledge and address the impact of trauma for individuals



#### **Cost-Effective**

Encourages use of services and delivery mechanism that have been shown to reduce cost of care for system

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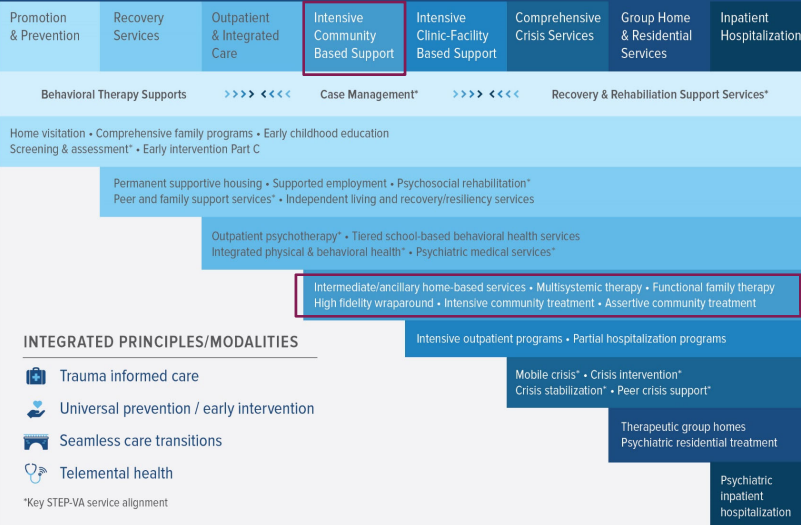
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# The North Star Behavioral Health Services Enhancement



## Continuum of Behavioral Health Services Across the Life Span



MST and FFT both fall into the "Intensive Community Based Support- Youth" level of care

### INTEGRATED PRINCIPLES/MODALITIES

- Trauma informed care
- Universal prevention / early intervention
- Seamless care transitions
- Telemental health

\*Key STEP-VA service alignment

# Rationale for MST-FFT Priority



## Intensive Community Services for Youth

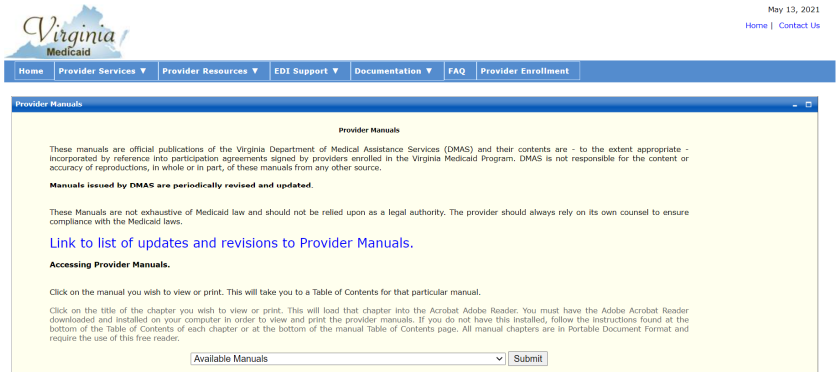


- MST and FFT are intensive services appropriate for youth with a range of disruptive behavior difficulties
- Both interventions have been shown to decrease behavior problems, keep youth thriving in their homes and communities, and decrease costly and restrictive placements for high-risk youth
- Department of Juvenile Justice focused on bringing these services to Virginia between 2017 and 2019, with 15+ teams existing currently in Virginia, so there is some existing capacity
- Access to this critical service as part of the health plan, as opposed to accessible only through the juvenile justice system, is an equity issue

# Where can I find the provider manuals?



Direct Link: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>



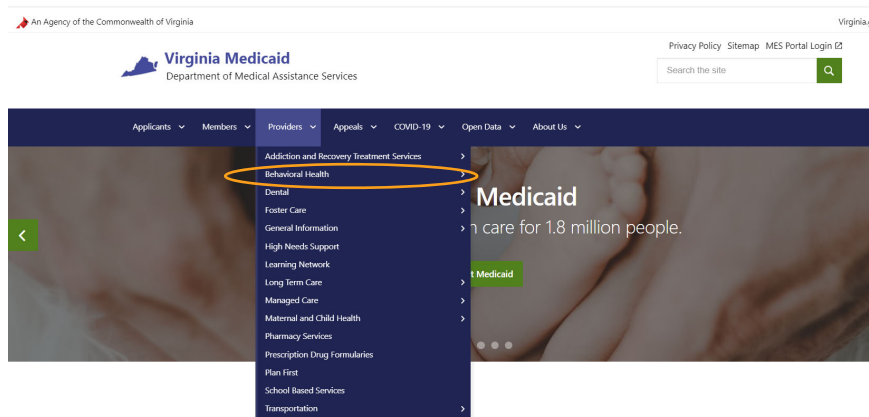
- The BRAVO services are located in the newly named “Mental Health Services Manual” within the “Intensive Community-Based Support: Appendix D” Select from pull down menu for:



# Where can I find the provider manuals?



From our main website: [www.dmas.virginia.gov](http://www.dmas.virginia.gov)



- Under Providers Menu, select “Behavioral Health”

Member and Provider Services

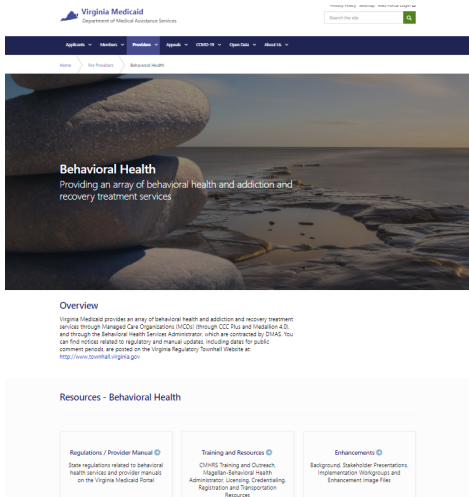
<http://www.dmas.virginia.gov/for-providers/>



# Where can I find the provider manuals?



<https://www.dmas.virginia.gov/for-providers/behavioral-health/>



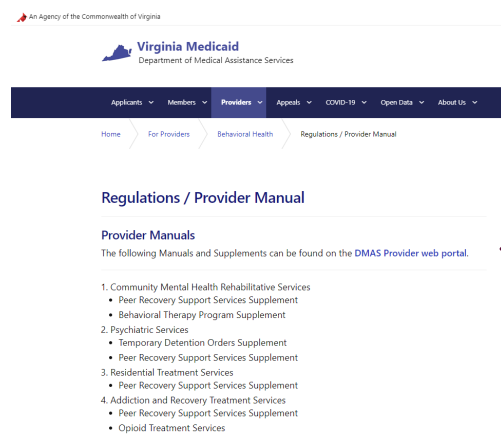
- Scroll down to Resources
- Select “Regulations/Provider Manual”



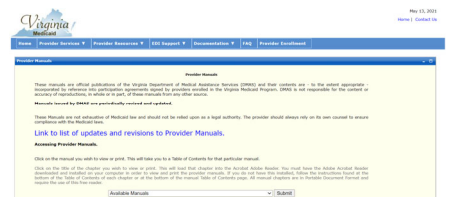
# Where can I find the provider manuals?



<https://www.dmas.virginia.gov/for-providers/behavioral-health/regulations-provider-manual/>



- Click on link for Provider Web Portal



# MULTISYSTEMIC THERAPY

*Provider Manual Overview*



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## Multisystemic Therapy (MST)



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### Service Definition

- Intensive family and community-based treatment
- Short term, rehabilitative service- time limited
- Targets youth between the ages of 11-18 who are at high risk of out-of-home placement
- Home-based model of service delivery, with services delivered in the natural environment
- Addresses externalizing behaviors of youth with significant clinical impairment such as:
  - Disruptive behavior
  - Substance use
  - Mood disorder
- Also appropriate for youth returning home from a higher level of care
- Treatment planning is collaborative with youth, family, schools, and all relevant child serving systems

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## Multisystemic Therapy (MST)



### Critical Features

- Integration of evidence-based therapeutic interventions to address a broad range of risk factors across family, peer, school and community contexts
- Highly individualized to the youth's life domains and specific goals, all sessions tailored by a MST treatment plan
- Promotion of behavior change in the youth's natural environment
- Overriding goal of empowering caregivers  
Based on philosophy that the most effective and ethical way to help youth is by helping their families

MST views the youth as embedded within multiple interconnected systems



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## Multisystemic Therapy (MST)



### Critical Features

- Service delivered primarily face-to-face with youth and natural supports in locations outside of the provider's facility
- MST Professionals on call 24/7 to provide safety planning and crisis intervention
- Includes therapeutic intervention and care coordination to support the youth and family to meet their goals
- Frequency of interventions is flexible and based on clinical need; services may begin more intensive (10-20 interventions/month) and then taper towards the end (6/month)
- Interventions may be brief check ins; may be sessions up to 2 hours
- Service intensity (frequency/duration) should ultimately reflect the needs of the youth and family

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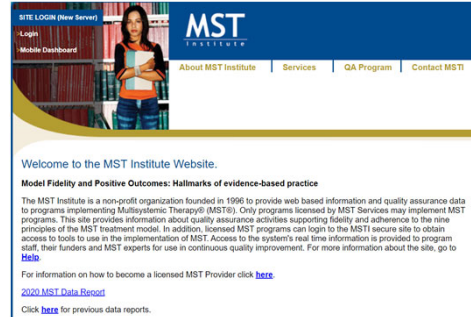


## Multisystemic Therapy (MST)



### Critical Features

- Supervision and monitoring are intensive and specific components of the evidence based model
- Rigorous quality assurance mechanisms to achieve outcomes, including:
  - Maintaining and measuring treatment fidelity
  - Developing strategies to overcome barriers to behavior change



*Web-based monitoring and resources*

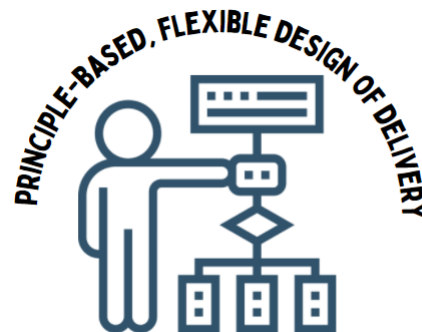
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## Multisystemic Therapy (MST)



### Service Components (Summarized!)

- Assessment
- Therapeutic interventions
- Crisis intervention
- Care coordination



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## Multisystemic Therapy (MST)



### Required Activities

- LMHP, LMHP-R, LMHP-RP, LMHP-S conduct initial assessment consistent with components required by **Comprehensive Needs Assessment** (CNA, see Chapter IV)
  - Document diagnoses and describe service needs to match the level of care criteria
- **Individual Service Plan** required during the duration of services and should be current
  - *MST Weekly Case Summary form may be used as the ISP if it meets the ISP requirements*
- ISPs reviewed as necessary and at minimum every 30 calendar days
  - Treatment planning should be collaborative but directed and authorized by LMHP, LMHP-R, LMHP-RP, LMHP-S. In cases where the MST Professional is a QMHP-E, QMHP-C, CSAC or CSAC-supervisee, the MST Supervisor directs and authorizes the treatment planning process as part of the MST model.
- Crisis intervention must be available on a 24 hours a day, seven days a week, 365 days a year basis.
- Providers must follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV).

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## Multisystemic Therapy (MST)



### Provider Qualifications & Staffing Requirements

- **Licensed** by DBHDS as a provider of Intensive In-Home Services
- **Certified** and maintain an active program certification with MST Services, Inc.
- **Credentialed** with the individual's Medicaid MCO for individuals enrolled in Medicaid managed care or the Fee for Service (FFS) contractor for individuals in FFS
- MST providers must follow all general Medicaid provider requirements specified in Chapter II of this manual.
- MST providers must have the ability to deliver services in the youth's natural environment and community. Organizations that provide MST must provide crisis intervention on a 24 hours a day, seven days a week, 365 days a year basis, to individuals who are receiving this service.



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# Multisystemic Therapy (MST)



## Provider Qualifications- New vs. Established MST Teams



- **New MST Teams:**
  - Any team that is new to enrolling as a Medicaid provider with the Medicaid MCO or FFS contractor. Teams are considered new from the effective date they are credentialed/contracted through an 18-month period.
- **Established MST Teams:**
  - Any team that has been enrolled with a Medicaid MCO or FFS contractor past an 18-month period.

# Multisystemic Therapy (MST)



## Provider Qualifications- MST Team Types

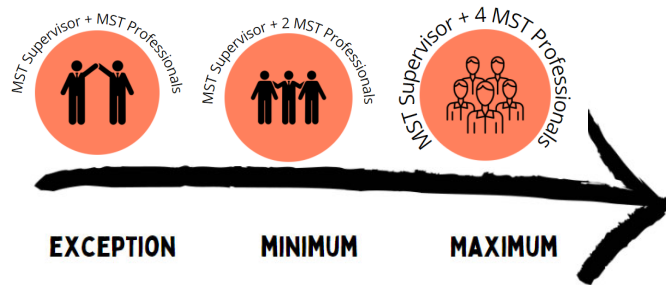
<b>Bachelor's Established Team</b>	One MST Professional is Bachelor's Level QMHP-E/QMHP-C/CSAC/CSAC-supervisee All other team members must be LMHP, LMHP-R, LMHP-S or LMHP-RP
<b>Master's/Licensed Established Team</b>	One MST Professional is Master's Level QMHP-E/QMHP-C/CSAC/CSAC-supervisee All other team members must be LMHP, LMHP-R, LMHP-S or LMHP-RP or the entire team is a LMHP, LMHP-R, LMHP-S, or LMHP-RP.
<b>Bachelor's New Team</b>	One MST Professional is Bachelor's Level QMHP-E/QMHP-C/CSAC/CSAC-supervisee All other team members must be LMHP, LMHP-R, LMHP-S or LMHP-RP
<b>Master's/Licensed New Team</b>	One MST Professional is Master's Level QMHP-E/QMHP-C/CSAC/CSAC-supervisee All other team members must be LMHP, LMHP-R, LMHP-S or LMHP-RP or the entire team is a LMHP, LMHP-R, LMHP-S, or LMHP-RP

## Multisystemic Therapy (MST)



### Provider Qualifications & Staffing Requirements

- The MST team composition includes:
  - a full-time LMHP, LMHP-R, LMHP-RP, or LMHP-S who acts as the MST Supervisor &
  - a minimum of two to a maximum of four MST Professionals,
  - Or one MST Professional and one MST Supervisor if approved by MST, LLC who provide available 24-hour coverage, 7 days a week.



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## Multisystemic Therapy (MST)



### Provider Qualifications – MST Professionals

- MST Professionals include:
  - LMHPs, LMHP-Rs, LMHP-RPs, LMHP-Ss, QMHP-Es, QMHP-Cs, CSACs and CSAC-supervisees who meet the requirements of this section
  - QMHP-E, QMHP-C, CSAC and CSAC-supervisee staff that meet these requirements must be limited to only one MST Professional per MST team and cannot operate as MST Professionals outside of their identified team
  - CSACs and CSAC-supervisees may only provide services related to substance use disorder treatment per § 54.1-3507.1 and § 54.1-3507.2



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## Multisystemic Therapy (MST)



### Provider Qualifications – MST Supervisor

- MST supervisors are, at minimum, LMHPs, LMHP-Rs, LMHP-RPs, LMHP-Ss with training in behavioral and cognitive behavioral therapies and pragmatic family therapies (e.g., Structural Family Therapy and Strategic Family Therapy)
- All teams must follow Department of Health Professions (DHP) regulations for clinical supervision requirements of QMHP-Es, QMHP-Cs, CSACs and CSAC-supervisees and LMHP-Rs, LMHP-RPs or LMHP-Ss
- A full-time MST supervisor may supervise:
  - A single MST Team
  - Two MST teams in the same geographical area
  - One MST team and provide MST services to one or two youth.



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## Multisystemic Therapy (MST)



### Staffing Requirements

- Average caseload for an MST Professional:
  - 4-6 youth at one time
  - The MST Professional provides the direct intervention and the arrangement, coordination, and monitoring of services on behalf of the youth. All MST team members are required to participate in MST introductory training and quarterly training on topics directly related to the needs of youth receiving MST and their family on an ongoing basis.
- The MST model requires that all staff on the MST team participate in weekly MST-specific group supervision facilitated by the MST supervisor per MST model standards. All staff on the MST team shall also participate in weekly MST-specific telephone consultation provided by MST Services, Inc. or a licensed MST Network Partner training organization, with no more than 6 weeks a year without consultation due to the occurrence of quarterly trainings and holidays



**4-6 YOUTH PER CASELOAD**



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## Multisystemic Therapy (MST)



### Staffing Requirements: Who can do what?

- Assessments must be provided by a LMHP, LMHP-R, LMHP-RP or LMHP-S
- Therapeutic interventions, crisis intervention and care coordination must be provided by a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-E, QMHP-C, CSAC or CSAC-supervisee



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## Multisystemic Therapy (MST)



### Service Limitations

- The provision of MST is limited to individuals under the age of 21.
- An individual can participate in MST services with only one MST team at a time.
- MST may not be authorized concurrently for the individual\* with
  - Group or Family Therapy,
  - ARTS Levels 2.1, 2.5, 3.1 and 3.3-4.0,
  - Community Stabilization,
  - Functional Family Therapy,
  - Mental Health Skill Building,
  - Intensive In-Home Services,
  - Mental Health Partial Hospitalization Program,
  - Mental Health Intensive Outpatient, or
  - Assertive Community Treatment



YOUTH UNDER 21



*\*other family members may be receiving one of the above services and still participate in MST as appropriate for the benefit of the individual receiving MST services*

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## Multisystemic Therapy (MST)



### Service Limitations

- If the individual continues to meet with an existing outpatient therapy provider, the MST provider must coordinate the treatment plan with the provider.
- Other Mental Health and ARTS services, Inpatient Services, and Residential Treatment Services may be authorized and billed concurrently for no more than 14 consecutive calendar days, as the youth are being admitted or discharged from MST to other behavioral health services.
- Office based opioid treatment services (OBOT) and Office Based Addiction Treatment (OBAT) services are allowed simultaneously with MST, as are E/M outpatient services for the purposes of psychiatric medication evaluation and management.

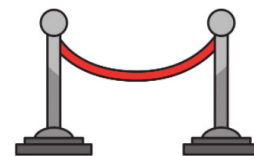
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## Multisystemic Therapy (MST)



### Activities NOT authorized for reimbursement:

- Inactive time or time spent waiting to respond to a behavioral situation;
- Therapeutic interventions that are not medically necessary;
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor;
- Child Care services;
- Respite care;
- Transportation for the youth or family;
- Services not in compliance with the MST manuals and not in compliance with model fidelity standards



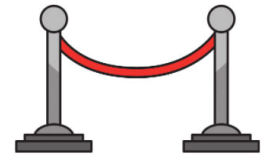
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## Multisystemic Therapy (MST)



### Activities NOT authorized for reimbursement:

- Any art, movement, dance, or drama therapies outside the scope of the MST model fidelity. Recreational activities, such as trips to the library, restaurants, museums, health clubs and shopping centers, which are not part of the MST treatment plan.
- Services not identified on the individual's authorized MST Treatment Plan.
- Anything not included in the approved MST service description.
- Any intervention or contact not documented or consistent with the approved treatment/recovery plan goals, objectives, and approved services.



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## Multisystemic Therapy (MST)



### **Medical Necessity Criteria: Admission Criteria**

- Individuals must meet **all** of the following criteria for admission to MST:
  - The youth must be under the age of 21.
  - The initial assessment completed by a LMHP, LMHP-R, LMHP-RP, 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 MST that may be considered on a case-by-case basis under EPSDT.*



YOUTH UNDER 21



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## Multisystemic Therapy (MST)



### ***Medical Necessity Criteria: Admission Criteria (Continued)***

- Within the past 30 calendar days, the youth has demonstrated at least **one** of the following that puts them 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.
  - The youth is returning home from out-of-home placement and MST is needed as step down service from an out-of-home placement.

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## Multisystemic Therapy (MST)



### ***Medical Necessity Criteria: Admission Criteria (Continued)***

- 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 MST model. Participation in an alternative community-based service would not provide the same opportunities for effective intervention for the youth's problem behaviors.

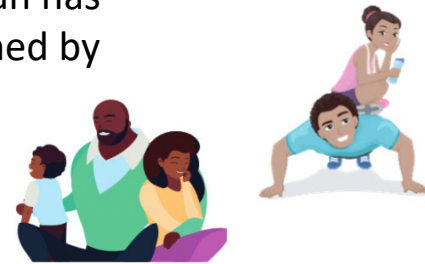
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## Multisystemic Therapy (MST)



### *Medical Necessity Criteria: Admission Criteria (Continued)*

- There is a family member or other committed caregiver available to participate in this intensive service and 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 MST program as clinically indicated.



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## Multisystemic Therapy (MST)



### Exclusion Criteria

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

- The youth is currently experiencing active suicidal, homicidal or psychotic behavior that requires continuous supervision that is NOT available through the provision of MST.
- The youth is living independently, or the 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.

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## Multisystemic Therapy (MST)



### Continued Stay Criteria

***Within the last 30 calendar days, There is evidence that MST continues to be the appropriate level of care for the youth... (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 MST Treatment Plan / ISP;
- 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.

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## Multisystemic Therapy (MST)



### Continued Stay Criteria (continued)

***Documentation will be reviewed and must show evidence of 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 MST specific expected outcomes;
- Progress toward objectives is being monitored within fidelity to the model as evidenced in the 30 calendar day ISP review documentation;
- 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.

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## Multisystemic Therapy (MST)



### Continued Stay Criteria (continued)

*If youth does not meet criteria for continued treatment, MST 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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## Multisystemic Therapy (MST)



### Discharge Criteria (if ANY of the following are met):

- The youth's documented ISP goals have been met and the discharge plan has been successfully implemented;
- The youth and family are not engaged in treatment despite documented efforts to engage and there is no reasonable expectation of progress at this level of care;
- The youth is placed in an out of home placement, including, but not limited to a hospital, skilled nursing facility, psychiatric residential treatment facility, or therapeutic group home and is not ready for discharge within 31 consecutive calendar days to a family home environment or a community setting with community-based support;
- Required consent for treatment is withdrawn; or
- There is a lapse in service greater than 31 consecutive calendar days



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## Multisystemic Therapy (MST)



### Initial Service Authorization

- This service requires **prior authorization** and can only be provided by a treatment provider who is certified by MST Services, and licensed by the Department of Behavioral Health and Developmental Services for Intensive In-home Services.
- Providers shall submit service authorization requests within one business day of admission for initial service authorization requests and by the requested start date for continued stay requests.
- If submitted after the required time-frame, the begin date of authorization will be based on the date of receipt.

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## Multisystemic Therapy (MST)



### Continued Stay Service Authorization

- Service units are authorized based on medical necessity with a unit equaling 15 minutes
- The following should be included with Continued Stay requests:
  - The continued stay service authorization form
  - Updated ISP that reflects the current goals and interventions
  - Original Comprehensive Needs Assessment and an addendum to this assessment (can be in a progress note) that briefly describes any new information impacting care, progress and interventions to date, and a description of the rationale for continued service delivery.
- The information provided for service authorization must be corroborated and in the provider's clinical record. An approved Service Authorization is required for any units of MST to be reimbursed.

Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Medicaid MCOs processes are located at [www.dmas.virginia.gov/providers/behavioral-health/training-and-resources/](http://www.dmas.virginia.gov/providers/behavioral-health/training-and-resources/).



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# Service Authorization Forms



## Initial Service Authorization

- **\*NEW AND IMPROVED\* Adobe Forms**
- Best efforts made to:
  - Make form fields more functional
  - Reduce duplication of information
  - Organize with clinical mindset and most logical way to tell the individual's story
  - Linking of content to corresponding elements in the Comprehensive Needs Assessment
- DMAS recommends making a provider template to save for efficiency
- Feedback welcomed and revisions expected as part of process improvement

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# Service Authorization Forms



## Continued Stay Service Authorization

- **\*NEW AND IMPROVED\* Adobe Forms**
- Best efforts made to:
  - Pair directly with updated Comprehensive Needs Assessment and ISP Information
  - Minimal form submission + most recent assessment and Individualized Service Plan
  - Any substantive changes in circumstances, goals or plan can be submitted with an additional progress note in provider's choice of format
- DMAS recommends making a provider template to save for efficiency
- Feedback welcomed and potential revision for December 1, 2021 update

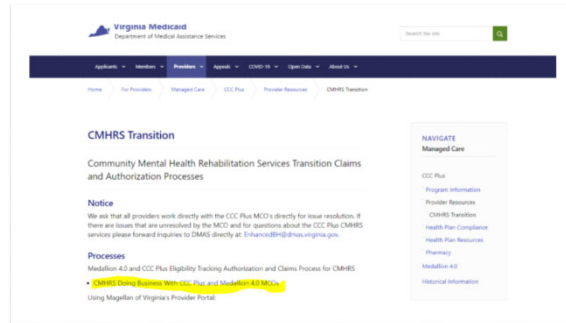
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# Service Authorization Processes

## Fee for Service Vendor and Managed Care Organizations

- FFS: Magellan BHSA
- Forms
  - <https://www.magellanofvirginia.com/for-providers/provider-tools/forms/>
- Provider Portal
  - <https://www.magellanprovider.com/MagellanProvider/do/LoadHome>
- Managed Care Organizations
- <https://www.dmas.virginia.gov/for-providers/managed-care/ccp-plus/provider-resources/cmhrs-transition/>



# Multisystemic Therapy (MST)



## Billing Guidance

- One unit of service equals 15 minutes.
- To bill a service unit, a qualified MST team member must provide a covered service for a minimum of 15 minutes.
- Crisis Intervention activities provided by the MST team shall be reimbursed using the Multisystemic Therapy procedure code as a covered service component.
- The MST team should be utilized whenever possible as the crisis responder, however, Mobile Crisis Response (H2011) may be dispatched and provide crisis intervention in an emergency. In this circumstance, the Mobile Crisis Response provider should pursue immediate care coordination with the MST provider.
- Providers must bill with the appropriate team modifiers:



Modifier	Modifier Meaning
HN	Established Team with one (QMHP-C/E or CSAC/S)-Bachelor's Level Degree
HO	Established Team with one (QMHP-C/E or CSAC/S)-Masters' Level Degree or All LMHP types
HK, HN	New Team with one (QMHP-C/E or CSAC/S) Bachelor's Level Degree
HK, HO	New Team with one (QMHP-C/E or CSAC/S)-Masters' Level Degree or All LMHP types

# Multisystemic Therapy (MST)



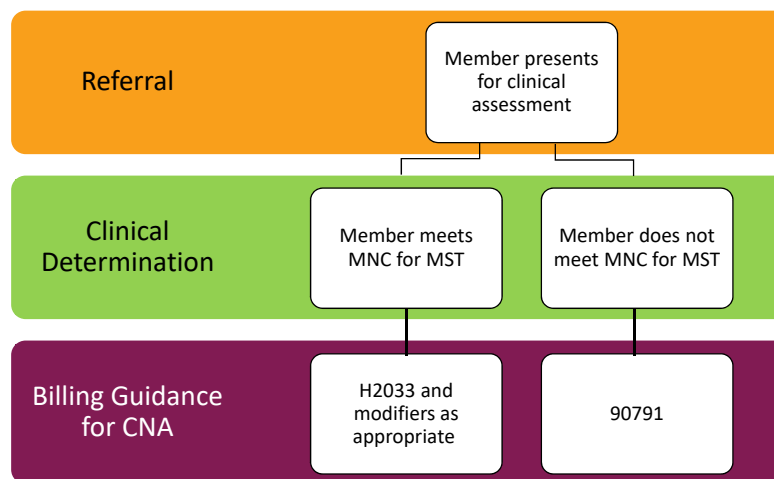
## Billing Codes

Billing Code	Unit	Description	Notes	Provider Qualifications
H2033 and modifiers as appropriate	Per 15 minutes	Multisystemic Therapy		LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP-C, QMHP-E, CSAC, CSAC-supervisee
H2033 and modifiers as appropriate	Per 15 minutes	Comprehensive Needs Assessment		LMHP, LMHP-R, LMHP-RP, LMHP-S
90791	n/a	Psychiatric Diagnostic Evaluation	This code should be used when a LMHP, LMHP-R, LMHP-RP or LMHP S conducts the comprehensive needs assessment, determines that the individual does not meet MNC and will not enter the service.	LMHP, LMHP-R, LMHP-RP, LMHP-S

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# Multisystemic Therapy

## Billing Guidance Decision Tree for Comprehensive Needs Assessment (CNA)



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# FUNCTIONAL FAMILY THERAPY

*Provider Manual Overview*



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## Functional Family Therapy (FFT)



### Service Definition

- short-term, primarily home based evidence-based treatment program for youth who have received referral for the treatment of behavioral or emotional problems including co-occurring substance use disorders by:
  - the juvenile justice
  - behavioral health
  - school
  - and child welfare systems
- Step-down or diversion from higher levels of care
- Targeted to youth between ages 11-18
  - *However, available to any youth under 21 who meets the MNC*

DMAS

## Functional Family Therapy (FFT)



### Service Definition

- Addresses:
  - symptoms of serious emotional disturbance in the identified youth
  - parenting/caregiving practices and/or caregiver challenges that affect the youth and caregiver's ability to function as a family
- Seeks to understand and intervene with the youth within their network of systems including:
  - Family
  - Peers
  - School
  - Neighborhood/Community

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## Functional Family Therapy (FFT)



### Service Definition

- Delivery includes both the ***clinical interventions*** as well as ***the care coordination activities*** that are necessary for the participants in the service
- FFT professionals work with families to...
  - assess family behaviors that maintain problem behaviors
  - modify dysfunctional family communication
  - train family members to negotiate effectively
  - set clear rules about privileges and responsibilities
  - and generalize changes to community contexts and relationships.



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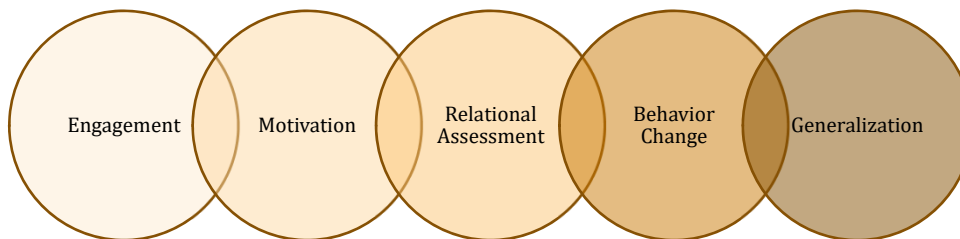
## Functional Family Therapy (FFT)



### Critical Features/Service Components

- phase-based treatment program
- addresses youth behavior problems by systematically targeting risk and protective factors at multiple levels in the youth's environment

### 5 PHASES OF FUNCTIONAL FAMILY THERAPY



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## Functional Family Therapy (FFT)



### Critical Features

- FFT has ***specific fidelity standards***, providers are required to follow these standards.
- The critical features of the FFT model include:

- 1 A philosophy about people that includes an attitude of respectfulness, of individual difference, culture, ethnicity, and family composition.
- 2 A focus on family that involves alliance building and involvement with all family members with FFT professionals who do not "take sides" and who avoid being judgmental.

- 3 A change model of care focused on risk and protective factors.
- 4 An inclusive list of interventions that are specific and individualized for the unique challenges, diverse qualities, and strengths of all families and family members.
- 5 An inter-relational focus versus individual problem focus.

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# Functional Family Therapy (FFT)



## Critical Features

- primarily home-based service, but providers may conduct the service in clinic settings, as well as in schools, child welfare facilities, probation and parole offices/aftercare systems and mental health and Substance Use Disorder treatment facilities
- The FFT professional meets with the **whole family** and does not organize service delivery around an individual participant
- FFT professionals assess family behaviors that maintain problem behaviors, modify dysfunctional family communication, train family members to negotiate effectively, set clear rules



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# Functional Family Therapy (FFT)



## Critical Features

### PHASE 1: ENGAGEMENT



Goals	Activities	Other Notes
<ul style="list-style-type: none"> <li>• Enhancing the youth's perceptions of FFT professional responsiveness and credibility</li> </ul>	<ul style="list-style-type: none"> <li>• High availability, therapeutic interventions with as many family members as possible</li> </ul>	<ul style="list-style-type: none"> <li>• FFT Professional focuses on immediate responsiveness to family needs and maintaining a strengths based relational focus</li> </ul>

DMAS

## Functional Family Therapy (FFT)



### Critical Features

## PHASE 2: MOTIVATION



#### Goals

- Creating a positive motivational context by decreasing family hostility, conflict, and blame, increasing hope and building balanced alliances with family members

#### Activities

- Interruption of negative interaction patterns, sequencing and reframing of themes presented by family interactions, changing meaning through a strength-based relational focus

#### Other Notes

- FFT Professional focuses on changing the meaning of family relationships by emphasizing hopeful alternatives, maintaining a non-judgmental approach, and conveying acceptance

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## Functional Family Therapy (FFT)



### Critical Features

## PHASE 3: RELATIONAL ASSESSMENT



#### Goals

- Identifying patterns of family interaction to understand the positive interpersonal benefits for individual family members

#### Activities

- Observations, questioning, inferences regarding the function of negative behaviors, switching from an individual problem focus to a relational focus

#### Other Notes

- FFT Professional focuses on gathering and analyzing information, assess each dyad within family

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## Functional Family Therapy (FFT)



### Critical Features

## PHASE 4: BEHAVIOR CHANGE



Goals	Activities	Other Notes
<ul style="list-style-type: none"> <li>Reducing or eliminating referral problem(s) by improving family functioning and individual skill development</li> </ul>	<ul style="list-style-type: none"> <li>Introduction of tasks or skills to the family by providing the rationale for the exercise, coaching, modeling, and rehearsing, giving feedback and homework</li> </ul>	<ul style="list-style-type: none"> <li>FFT Professional focuses on improving family communication and teaching new skills to achieve more positive interactions</li> </ul>

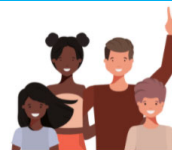
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## Functional Family Therapy (FFT)



### Critical Features

## PHASE 5: GENERALIZATION



Goals	Activities	Other Notes
<ul style="list-style-type: none"> <li>Extending the improvements made during Behavior Change phase to new situations and systems, relapse planning, and incorporating community systems</li> </ul>	<ul style="list-style-type: none"> <li>Accessing and maintaining connection to community supports, initiating clinical linkages, help the family develop independence</li> </ul>	<ul style="list-style-type: none"> <li>FFT Professional focuses on maximizing a systems understanding and ability to establish links, maintain energy, and provider outreach in community systems</li> </ul>

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## Functional Family Therapy (FFT)



### Let's Talk about Crisis

- In FFT, it is not required that 24/7 access be offered
- Based on assessment, FFT provider may increase frequency and length of sessions
- If there is a crisis, FFT provider may adjust frequency and length of sessions



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## Functional Family Therapy (FFT)



### Service Components (Summarized!)

- Assessment
- Crisis intervention
- Care coordination
- Therapeutic interventions



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## Functional Family Therapy (FFT)



### Required Activities

- LMHP, LMHP-R, LMHP-RP, LMHP-S conduct initial assessment consistent with components required by **Comprehensive Needs Assessment** (CNA, see Chapter IV)
  - Document diagnoses and describe service needs to match the level of care criteria
- **Individual Service Plan** required during the duration of services and should be current
- FFT Behavior Change Session Plan (as defined by FFT, LLC) can be used as the ISP as long as it meets the ISP requirements
- ISPs reviewed as necessary and at minimum every 30 calendar days
  - Treatment planning should be collaborative but directed and authorized by LMHP, LMHP-R, LMHP-RP, LMHP-S
  - In cases where the FFT Professional is a QMHP-E, QMHP-C, CSAC or CSAC-supervisee, the FFT Supervisor directs and authorizes the treatment planning process as part of the FFT model.

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## Functional Family Therapy (FFT)



### Provider Qualifications & Staffing Requirements

- **Licensed** by DBHDS as a provider of Mental Health Outpatient Services
- **Certified** and maintain an active program certification with FFT, LLC
- **Credentialed** with the individual's Medicaid MCO for individuals enrolled in Medicaid managed care or the Fee for Service (FFS) contractor for individuals in FFS



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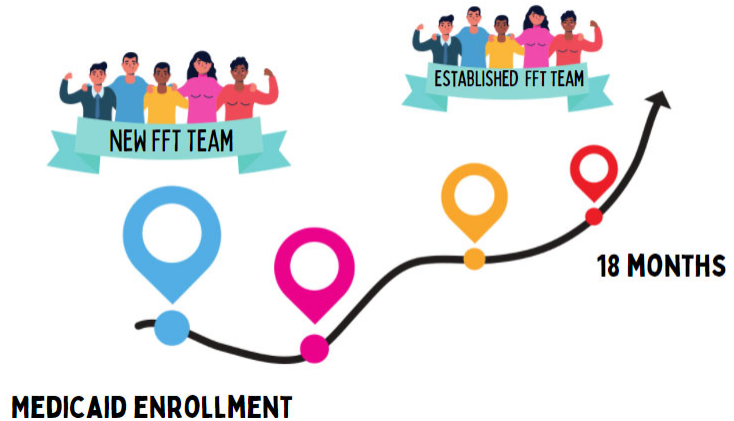


# Functional Family Therapy (FFT)



## Provider Qualifications- New vs. Established FFT Teams

- **New FFT Teams:**
  - Any team that is new to enrolling as a Medicaid provider with the Medicaid MCO or FFS contractor. Teams are considered new from the effective date they are credentialed/contracted through an 18-month period.
- **Established FFT Teams:**
  - Any team that has been enrolled with a Medicaid MCO or FFS contractor past an 18-month period.



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# Functional Family Therapy (FFT)



## Provider Qualifications- FFT Team Types

<b>Bachelor's Established Team</b>	33% of the team is Bachelor's Level QMHP-E/QMHP-C/CSAC/CSAC-supervisee All other team members must be LMHP, LMHP-R, LMHP-S or LMHP-RP
<b>Master's/Licensed Established Team</b>	33% of the team is Master's Level QMHP-E/QMHP-C/CSAC/CSAC-supervisee All other team members must be LMHP, LMHP-R, LMHP-S or LMHP-RP or the entire team is a LMHP, LMHP-R, LMHP-S or LMHP-RP
<b>Bachelor's New Team</b>	33% of the team is Bachelor's Level QMHP-E/QMHP-C/CSAC/CSAC-supervisee All other team members must be LMHP, LMHP-R, LMHP-S or LMHP-RP
<b>Master's/Licensed New Team</b>	33% of the team is Master's Level QMHP-E/QMHP-C/CSAC/CSAC-supervisee All other team members must be LMHP, LMHP-R, LMHP-S or LMHP-RP or the entire team is a LMHP, LMHP-R, LMHP-S or LMHP-RP

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## Functional Family Therapy (FFT)



### Provider Qualifications & Staffing Requirements

- FFT utilizes mandatory group and individual consultation approach, meeting with a national consultant as required by FFT, LLC
- The FFT team is required to complete ongoing trainings to maintain their certification
- One FFT site supervisor may support a team of up to seven trained FFT professionals
- The site supervisor carries a caseload of cases, while also attending FFT supervisor trainings, doing supervision, reviewing the client service system



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## Functional Family Therapy (FFT)



### Provider Qualifications

- FFT Professionals and Supervisors carry a caseload consistent with the FFT model and monitored by FFT, LLC.
- FFT Professionals on a team may include LMHPs, LMHP-Rs, LMHP-RPs, LMHP-Ss, QMHP-Es, QMHP-Cs, CSACs and CSAC-supervisees.
- **FFT certifies by team**, not the individual, and thus individuals cannot deliver nor bill for FFT if they are operating outside of the team structure
- If a certified team includes QMHP-E, QMHP-C, CSAC or CSAC-supervisee, they are limited to only 33% of FFT professional on the team being QMHP-E, QMHP-C, CSAC, or CSAC-supervisee
  - CSACs and CSAC-supervisees may only provide services related to substance use disorder treatment per § 54.1-3507.1 and § 54.1-3507.2
- FFT Supervisors must be a LMHP, LMHP-R, LMHP-RP, or LMHP-S



EACH FFT PROFESSIONAL HAS ITS OWN CASELOAD  
& FFT SUPERVISORS WORK WITH A FEW FAMILIES AS WELL



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## Functional Family Therapy (FFT)



### Service Limitations

- The provision of FFT is limited to individuals under the age of 21.
- An individual can participate in FFT services with only one FFT team at a time.
- FFT may not be authorized concurrently for the individual\* with
  - Group or Family Therapy,
  - ARTS Levels 2.1, 2.5, 3.1 and 3.3-4.0,
  - Community Stabilization,
  - Multisystemic Therapy,
  - Mental Health Skill Building,
  - Intensive In-Home Services,
  - Mental Health Partial Hospitalization Program,
  - Mental Health Intensive Outpatient, or
  - Assertive Community Treatment
- If the individual continues to meet with an existing outpatient therapy provider, the FFT provider must coordinate the treatment plan with the provider.
- Other Mental Health and ARTS services, Inpatient Services, and Residential Treatment Services may be authorized and billed concurrently for no more than 14 consecutive calendar days, as the youth are being admitted or discharged from FFT to other behavioral health services.
- Office based opioid treatment services (OBOT) and Office Based Addiction Treatment (OBAT) services are allowed simultaneously with FFT, as are E/M outpatient services for the purposes of psychiatric medication evaluation and management .

*\*other family members may be receiving one of the above services and still participate in FFT as appropriate for the benefit of the individual receiving FFT services*

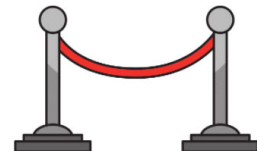
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## Functional Family Therapy (FFT)



### Activities NOT authorized for reimbursement:

- Inactive time or time spent waiting to respond to a behavioral situation;
- Supervision hours of the staff;
- Therapeutic interventions or collateral contacts that are not medically necessary;
- Time spent doing, attending, or participating in recreational activities
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor;
- Child Care services;
- Respite care;
- Transportation for the youth or family;
- Services (or changes in FFT) not in compliance with the FFT manuals and not in compliance with model fidelity standards



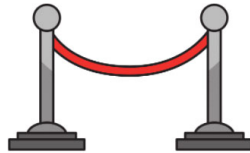
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## Functional Family Therapy (FFT)



### Activities NOT authorized for reimbursement:

- Any art, movement, dance, or drama therapies outside the scope of the FFT model fidelity. Recreational activities, such as trips to the library, restaurants, museums, health clubs and shopping centers, which are not part of the FFT treatment plan/ISP.
- Anything not included in the approved FFT service description.
- Any intervention or contact not documented or consistent with the approved treatment/recovery plan goals, objectives, and approved services.



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## Functional Family Therapy (FFT)



### **Medical Necessity Criteria: Admission Criteria**

- Individuals 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, LMHP-RP, 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 behavioral health conditions that may be considered on a case-by-case basis and are allowable under EPSDT.*



YOUTH UNDER 21



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## Functional Family Therapy (FFT)



### ***Medical Necessity Criteria: Admission Criteria (Continued)***

- Within the past 30 calendar days, the youth has demonstrated at least **one** of the following:
  - Increased and persistent externalizing behaviors (e.g., physical and verbal aggression, truancy, stealing, property destruction, lying, etc.)
  - Ongoing dangerous or destructive behavior that places the youth at risk for out of home placement. This pattern is evidenced by repeated occurrences of impulsive behaviors that are endangering to self or others
  - 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.
  - Youth is returning home from out-of-home care and FFT is needed as a step-down service from an out of home placement

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## Functional Family Therapy (FFT)



### ***Medical Necessity Criteria: Admission Criteria (Continued)***

- The youth's successful maintenance or reintegration in the community is dependent upon an integrated and coordinated treatment approach such as FFT
- FFT Model presents a unique fit for this youth's problem behaviors and participation in an alternative community-based service would not provide the same opportunities

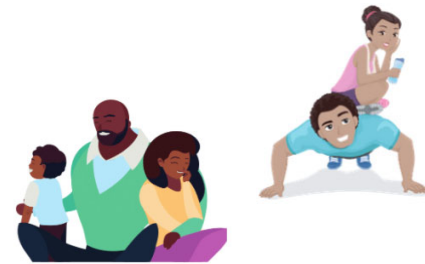
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## Functional Family Therapy (FFT)



### *Medical Necessity Criteria: Admission Criteria (Continued)*

- There is a family/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



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## Functional Family Therapy (FFT)



### 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 the 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.

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## Functional Family Therapy (FFT)



### Continued Stay Criteria

***Over last 30 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;
- 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.

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## Functional Family Therapy (FFT)



### Continued Stay Criteria (continued)

***Documentation will be reviewed and must show evidence of 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.

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## Functional Family Therapy (FFT)



### Continued Stay Criteria (continued)

***If youth does not meet criteria for continued treatment, 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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## Functional Family Therapy (FFT)



### 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;
  - 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;
  - Required consent for treatment is withdrawn; or
  - If there is a lapse in service greater than 31 consecutive calendar days,

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## Functional Family Therapy (FFT)



### Booster Sessions

- Booster sessions are a short term resumption of services initiated by the youth and/or family after successful discharge. Booster sessions may also be planned in advance as part of the discharge planning when the FFT professional is aware of transitional events.
- Booster sessions provided by a LMHP, LMHP-R, LMHP-RP or LMHP-S may be billed using appropriate outpatient psychiatric services CPT codes.



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## Functional Family Therapy (FFT)



### Booster Sessions

- Examples of when Booster sessions may be appropriate:
  - For crisis intervention or stabilization
  - To strengthen the implementation of the discharge plan or modify the discharge plan to better meet the needs of the youth/family.
  - When faced with a significant stressor or after a traumatic event.
  - To assist the youth/family during a difficult transition time (such as the anniversary of a loss).
  - When attempting to prevent an out of home placement.

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## Functional Family Therapy (FFT)



### Initial Service Authorization

- This service requires **prior authorization** and can only be provided by a treatment provider who is certified by FFT, LLC, and licensed by the Department of Behavioral Health and Developmental Services for Mental Health Outpatient Services.
- Providers shall submit service authorization requests within one business day of admission for initial service authorization requests and by the requested start date for continued stay requests.
- If submitted after the required time-frame, the begin date of authorization will be based on the date of receipt.

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## Functional Family Therapy (FFT)



### Continued Stay Service Authorization

- Service units are authorized based on medical necessity with a unit equaling 15 minutes
- The following should be included with Continued Stay requests:
  - The continued stay service authorization form
  - Updated ISP/FFT Behavior Change Plan that reflects the current goals and interventions
  - Original Comprehensive Needs Assessment and an addendum to this assessment (can be in a progress note) that briefly describes any new information impacting care, progress and interventions to date, and a description of the rationale for continued service delivery.
- The information provided for service authorization must be corroborated and in the provider's clinical record. An approved Service Authorization is required for any units of FFT to be reimbursed.

Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Medicaid MCOs processes are located at [www.dmas.virginia.gov/providers/behavioral-health/training-and-resources/](http://www.dmas.virginia.gov/providers/behavioral-health/training-and-resources/).



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# Service Authorization Forms



## Initial Service Authorization

- **\*NEW AND IMPROVED\* Adobe Forms**
- Best efforts made to:
  - Make form fields more functional
  - Reduce duplication of information
  - Organize with clinical mindset and most logical way to tell the individual's story
  - Linking of content to corresponding elements in the Comprehensive Needs Assessment
- DMAS recommends making a provider template to save for efficiency
- Feedback welcomed and revisions will be made for process improvement

**INITIAL Service Authorization Request Form**

Member Information: Member First Name, Member Last Name, Member ID, Member Date of Birth, Gender, Member Plan ID #, Member Street Address, City, State, ZIP, Member Phone #, Legal Guardian Name/Contact Information (if applicable).

Provider Information: Organization Name, Group/Unit #, Provider Tax ID #, Provider Phone, Provider Email, Provider Address, City, State, ZIP, Provider Fax, Clinical Contact Name and Credentials, Phone #.

Request for Approval of Services: If the member is currently receiving this service, start date of service: From (date) To (date), for a total of (number) units of service.

Identify all known treatment periods of Functional Family Therapy that have been provided by any providers including the requesting provider in the past 12 months	Outcomes
Provider	Date of Service/Intervention

Primary ICD-10 Diagnosis, Secondary Diagnosis(es)

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# Service Authorization Forms



## Continued Stay Service Authorization

- **\*NEW AND IMPROVED\* Adobe Forms**
- Best efforts made to:
  - Pair directly with updated Comprehensive Needs Assessment and ISP Information
  - Minimal form submission + most recent assessment and Individualized Service Plan
  - Any substantive changes in circumstances, goals or plan can be submitted with an additional progress note in provider's choice of format
- DMAS recommends making a provider template to save for efficiency
- Feedback welcomed and revisions will be made for process improvement

**CONTINUED STAY Service Authorization Request Form**

Member Information: Member First Name, Member Last Name, Member ID, Member Date of Birth, Gender, Member Plan ID #, Member Street Address, City, State, ZIP, Member Phone #, Legal Guardian Name/Contact Information (if applicable).

Provider Information: Organization Name, Group/Unit #, Provider Tax ID #, Provider Phone, Provider Email, Provider Address, City, State, ZIP, Provider Fax, Clinical Contact Name and Credentials, Phone #.

Request for Approval of Continued Services: If the member is currently receiving this service, start date of service: From (date) To (date), for a total of (number) units of service.

Identify all known treatment periods of Functional Family Therapy that have been provided by any providers including the requesting provider in the past 12 months	Outcomes
Provider	Date of Service/Intervention

Primary ICD-10 Diagnosis, Secondary Diagnosis(es)

Medication Update	Dose	Frequency	For any changes, note if here, ended or changed in dose/frequency from last authorization
Name of Medication			

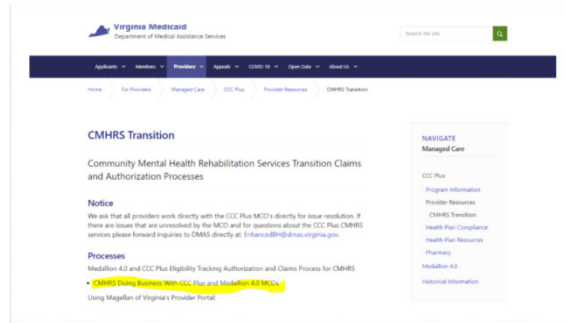
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# Service Authorization Processes

## Fee for Service Vendor and Managed Care Organizations

- FFS: Magellan BHSA
- Forms
  - <https://www.magellanofvirginia.com/for-providers/provider-tools/forms/>
- Provider Portal
  - <https://www.magellanprovider.com/MagellanProvider/do/LoadHome>
- Managed Care Organizations
- <https://www.dmas.virginia.gov/for-providers/managed-care/ccp-plus/provider-resources/cmhrs-transition/>



# Functional Family Therapy (FFT)



## Billing Guidance

- One unit of service equals fifteen minutes.
- To bill a service unit, a qualified FFT team member must provide a covered service for a minimum of 15 minutes.
- Providers must bill with the appropriate team modifiers:



Modifier	Modifier Meaning
HN	Established Team with one (QMHP-C/E or CSAC/S)-Bachelor's Level Degree
HO	Established Team with one (QMHP-C/E or CSAC/S)-Masters' Level Degree or All LMHP types
HK, HN	New Team with one (QMHP-C/E or CSAC/S) Bachelor's Level Degree
HK, HO	New Team with one (QMHP-C/E or CSAC/S)-Masters' Level Degree or All LMHP types

# Functional Family Therapy (FFT)



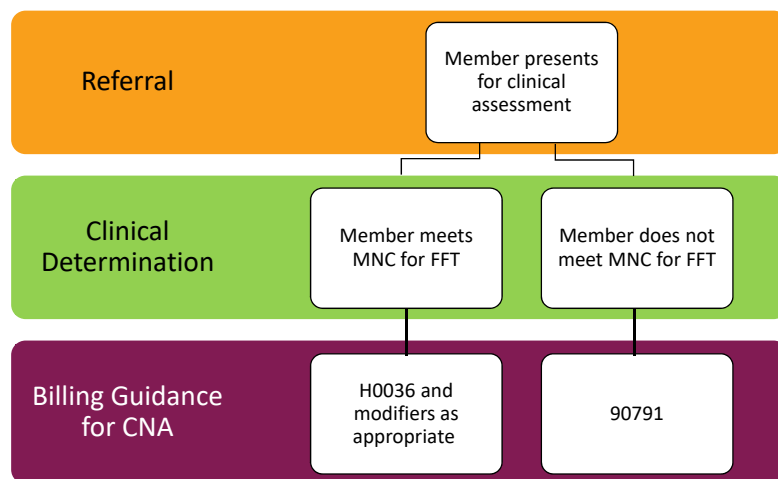
## Billing Codes

Billing Code	Unit	Description	Notes	Provider Qualifications
H0036 and modifiers as appropriate	Per 15 minutes	Functional Family Therapy		Service components must be provided by a qualified provider (see Provider qualification and staff requirements section)
H0036 and modifiers as appropriate	Per 15 minutes	Comprehensive Needs Assessment		LMHP, LMHP-R, LMHP-RP, LMHP-S
90791	n/a	Psychiatric Diagnostic Evaluation	This code should be used when a LMHP, LMHP-R, LMHP-RP or LMHP-S conducts the comprehensive needs assessment, determines that the individual does not meet MNC and will not enter the service.	LMHP, LMHP-R, LMHP-RP, LMHP-S,



# Functional Family Therapy

## Billing Guidance Decision Tree for Comprehensive Needs Assessment (CNA)





Thank you for your partnership, support and participation.

Additional Questions?

Please contact [EnhancedBH@dmas.Virginia.gov](mailto:EnhancedBH@dmas.Virginia.gov)