



Service Name and Description

Family Centered Treatment

Family Centered Treatment® (FCT) is a comprehensive evidence-based model of intensive in-home treatment for at risk children and adolescents and their families. Designed to promote permanency goals and to reduce length of stay in residential and/or PRTF facilities, FCT treats the youth and his/her family through individualized therapeutic interventions. Children and adolescents eligible for FCT may be facing involvement in the juvenile justice system, out-of-home placements, and/or reunification and may display severe emotional and behavioral challenges due to maltreatment (neglect, abuse), trauma (from domestic violence, sexual abuse, substance abuse), and/or serious mental health disorders. By improving youth and family functioning, FCT provides an alternative to out-of-home placements or, when it is in the youth's best interest to be placed out of the home, to minimize the length of stay and reduce the risk of readmission. FCT is delivered by an assigned therapist with a caseload of 4-6 individuals/families.

Procedure Code:

H2022 U5 U1 Monthly
H2022 U5 U2 Encounter
H2022 U5 U3 3mo.
H2022 U5 U4 6 mo.

Provider Organization Requirements

Providers must be enrolled in NC Tracks and a licensed FCT agency as listed by Family Centered Treatment Foundation.

Staffing Requirements by Age/Disability

LMFT, LMFT-A, LPA, PhD, PNP, LCAS, LCAS A (according to scope of license)
Qualified Professional in compliance with all requirements of 10A NCAC 27G.

Program and Staff Supervision

Clinical Supervision for the licensed Professionals are supervised as required by licensing board (Associate licenses monthly by CCS) and all supervision, inclusive of Qualified Professionals is in compliance with all requirements of 10A NCAC 27G. Qualified Professionals must be fully FCT Certified in 12 months. FCT therapists receive no less than two (2) hours of supervision per week, but often average five (5) combination hours or more. Peer supervision occurs in FCT teams which meet no less than weekly for clinical case supervision and oversight. The FCT Supervisor, designated licensed staff members, or other FCT Directors/Trainers provide individual supervision or consultation.

Service Type/Setting

This service is provided in the community and in homes.

Program Requirements

Family-Centered Treatment must be in good standing with licensure by the FCT Foundation.

Objectives and Goals

- Decrease in crisis episodes and inpatient stays
- Decrease in the length of stay in inpatient, crisis facilities, PRTF, and other residential placements
- Decrease in emergency room visits
- Successfully engage families in treatment (target = 85% of families)
- Maintain low readmission rate (target = less than 10% of clients will require future FCT services minimally six months post discharge because of an increase in sustainability and stability due to focus on family functioning)
- Reduce or eliminate symptoms, including antisocial, aggressive, violent behaviors or those symptoms related to trauma or abuse/neglect
- Achieve permanency goals (target = 80% of clients will either remain in their home, reunite with their family, live independently or have a planned placement upon discharge)
- Improve and sustain developmentally appropriate functioning in specified life domains
- Enable family stability via preservation of or development of a family placement
- Enable the necessary changes in the critical areas of family functioning that are the underlying causes for the risk of family dissolution
- Reduce hurtful and harmful behaviors affecting family functioning
- Develop an emotional and functioning balance in the family so that the family system can cope effectively with any individual members' intrinsic or unresolvable challenges
- Enable changes in referred client behavior to include family system involvement so that changes are not dependent upon the Qualified Professional

1. Expected Outcome as identified by the Family Centered Treatment Foundations:

Decrease in trauma symptomology

Improved family functioning

Improved functioning in the home, school and community settings

Increased utilization of learned coping skills and social skills

Increased utilization of natural supports in the community

Increased capacity to monitor and manage the individual's behavior

Expected Outcomes Measured by Alliance Health:

- Decrease in crisis episodes and inpatient stays
- Decrease in the length of stay in inpatient, crisis facilities, PRTFs and other Residential Placements
- Decrease In Emergency Room Visits
- 85% of families will successfully engage in treatment
- Less than 10% of clients will need future FCT services minimally 6 months post discharge because of an increase in sustainability and stability due to focus on family functioning
- 80% of clients will either remain in their home, reunite with their family, live independently or have a planned placement upon discharge.

Entrance Criteria & Eligibility Requirements

The member is eligible for this service when all of the following are met:

- a. there is a mental health or substance use disorder diagnosis (as defined by the DSM-5, or any subsequent editions of this reference material), other than a sole diagnosis of intellectual and developmental disability;
- b. the member has a caregiver who is willing to participate with service providers for the duration of the treatment
- c. there is significant family functioning issues (to include areas such as Problem Solving, Communication, Role Performance, Affective Responsiveness and Involvement, and Behavioral Control) that have been assessed and indicate that the member would benefit from family systems work);
- d. based on the current comprehensive clinical assessment, this service is indicated and outpatient treatment services were considered or previously attempted, but were found to be inappropriate or not effective;
- e. the member has current symptoms or behaviors indicating the need for a crisis intervention as evidenced by suicidal or homicidal ideation, physical aggression toward others, self-injurious behavior, serious risk taking behavior (running away, sexual aggression, sexually reactive behavior, or substance use);
- f. the member's symptoms and behaviors are unmanageable at home, school, or in other community settings due to the deterioration of the member's mental health, or substance use disorder condition, in addition to physical healthcare needs requiring intensive, coordinated clinical interventions;
- g. the member is at imminent risk of out-of-home placement based on the member's current mental health or substance use disorder clinical symptomatology, or is currently in an out-of-home placement and a return home is imminent; and

- h. there is no evidence to support that alternative interventions would be equally or more effective, based on North Carolina community practice standards (Best Practice Guidelines of the American Academy of Child and Adolescent Psychiatry, American Psychiatric Association, American Society of Addiction Medicine).

Entrance Process

The process for a member to enter this service includes:

- a comprehensive clinical assessment that demonstrates medical necessity shall be completed prior to provision of this service. If a substantially equivalent assessment is available, reflects the current level of functioning, and contains all the required elements as outlined in community practice standards as well as in all applicable federal and state requirements, it may be used as part of the current comprehensive clinical assessment.
- Relevant diagnostic information shall be obtained and included in the PCP.
- For Medicaid FCT services, a signed service order shall be completed by a physician, licensed psychologist, physician assistant, or nurse Qualified Professional according to his or her scope of practice. Each service order shall be signed and dated by the authorizing professional and shall indicate the *date* on which the service was ordered. A service order shall be in place *prior to* or on the day that the service is initially provided in order to bill Medicaid for the service. The service order shall be based on a comprehensive clinical assessment of the member's needs.

Prior authorization by the Medicaid approved vendor is required for Medicaid funded FCT services on or before the first day of service. To request the initial authorization, submit the required clinical information to the Medicaid approved vendor for review.

Continued Stay Criteria

The member is eligible to continue this service if the desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the member's PCP; or the member continues to be at risk for out-of-home placement, based on current clinical assessment, history, and the tenuous nature of the functional gains.

AND

One of the following applies:

- a. The member/family is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the PCP;
- b. The member/family is making some progress, but the specific interventions in the PCP need to be modified so that greater gains, which are consistent with the member's premorbid level of functioning, are possible; or
- c. The member/family fails to make progress, or demonstrates regression, in meeting goals through the interventions outlined in the PCP. The member's diagnosis should be reassessed to identify any unrecognized co-occurring disorders, and interventions or treatment recommendations shall be revised based on the findings. This includes consideration of alternative or additional services.

Discharge Criteria

The member meets the criteria for discharge if support systems for the family have been put into place, and any one of the following applies:

- a. The member has achieved goals and is no longer in need of FCT services;
- b. The member's level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a transition plan to step down to a lower level of care;
- c. The member is not making progress or is regressing, and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services;
- d. The member or legally responsible person no longer wishes to receive FCT services; or
- e. The member, based on presentation and failure to show improvement despite modifications in the PCP, requires a more appropriate best practice treatment modality based on North Carolina community practice standards (for example, National Institute of Drug Abuse, American Psychiatric Association).

Service Documentation Requirements

A service note must be documented for each encounter in compliance with APSM 45-2.

Service Exclusions

Family Centered Treatment cannot be provided during the same authorization period as Intensive In-Home, MST, Intercept, In Home Therapy Services and Outpatient Therapy Services.

Exception to Policy Limitations for a Medicaid Member under 21 Years of Age

42 U.S.C. § 1396d(r) [1905(r) of the Social Security Act]

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid member under 21 years of age if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination (includes any evaluation by a physician or other licensed Qualified Professional). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his or her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the member's physician, therapist, or other licensed Qualified Professional; the determination process does not delay the delivery of the needed service; and the determination does not limit the member's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product or procedure:

- 1) That is unsafe, ineffective, or experimental or investigational.

- 2) That is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

EPSDT and Prior Approval Requirements

- 1) If the service, product, or procedure requires prior approval, the fact that the member is under 21 years of age does NOT eliminate the requirement for prior approval.
- 2) IMPORTANT ADDITIONAL INFORMATION about EPSDT and prior approval is found in the *NCTracks Provider Claims and Billing Assistance Guide*, and on the EPSDT provider page. The Web addresses are specified below.

NCTracks Provider Claims and Billing Assistance Guide:

<https://www.nctracks.nc.gov/content/public/providers/provider-manuals.html>

EPSDT provider page: <http://www.ncdhhs.gov/dma/epsdt/>

Service limitations on scope, amount, duration, frequency, location of service, and other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure meets all EPSDT criteria, including to correct or improve or maintain the member's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problem.

A. Staffing Qualifications, Credentialing Process, and Levels of Supervision (Administrative and Clinical) Required:

Provider Requirements

FCT providers must meet the provider qualification policies, procedures and standards established by the NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS), the requirements of 10A N.C.A.C 27G and NC G.S. 122C, and any competencies specified by the NC Division of Medical Assistance (DMA). Provider must be accredited through a national accrediting body or achieve national accreditation within 1 year of contract with the MCO.

In addition, the provider agency must maintain FCT licensure through the FCT Foundation, and all staff must maintain the required certification, which includes all recertification requirements and field observations. The FCT Foundation monitors and tracks staff training and certification development. Upon successful passing grade completion of the three training components including the Wheels of Change on line audio/visual training course, field based practice of the required FCT core skills and field based performance evaluation to assess competency, FCT Foundation will issue certification as an FCT clinician to the staff member.

Provider organizations are required to maintain all other FCT Foundation licensure standards as outlined in a licensure agreement.

Provider organizations must:

- Demonstrate the ability to submit FCT fidelity and adherence documentation for all families in receipt of FCT
- Ensure that a minimum threshold, as set by FCTF Board given stage of implementation, of all active and discharged FCT families have fidelity documentation completed and submitted for *last phase of treatment completed*.
- Ensure that a minimum threshold, as set by FCTF Board given stage of implementation, of all active and discharged FCT families have adherence/dosage documentation completed and submitted for the *last phase of treatment completed*.

Staffing Requirements

- Staff must be credentialed as a Qualified Professional.
- All staff must be fully certified in FCT within twelve months of their initial hire via the official FCT certification program, Wheels of Change®. Certification is granted through the Family Centered Treatment Foundation (FCT Foundation) when staff pass and show competence in required components.
- All staff must demonstrate field-based competency in 16 core skills related to the FCT model to complete the full FCT certification process. These field based competencies are completed during direct observations of the Qualified Professional's sessions with clients by a certified FCT Trainer.
- All staff must complete a minimum of 10 hours per year of Continuing Education. This is monitored by the Clinical Director.
- All staff must be recertified in FCT every 2 years.

Supervision:

FCT understands that for effective services to implement and perform to scale, effective supervision is essential. Through rigorous training and oversight, FCT supervisors provide critical key clinical oversight to their teams and with guidance through the FCT Foundation. Both peer and individual supervision is provided as part of the FCT model.

FCT Supervisors must be Associate or fully licensed behavioral health clinicians practicing within the scope of their license.

FCT Supervisors provide supervision of Qualified Professionals and regional office staff. FCT Supervisors are selected based upon credential qualifications, experience, leadership skills, family systems orientation, and team leadership skills.

FCT Qualified Professionals receive multiple hours of supervision per week. This is a combination of peer supervision, individual supervision, as well as field and on call supervision support. FCT expectations dictate that Qualified Professionals should receive no less than two (2) hours of supervision per week, ~~but often average five (5) combination hours or more.~~ Peer supervision occurs in FCT teams which meet no less than weekly for clinical case supervision and oversight. The FCT Supervisor, designated licensed staff members, or other FCT Directors/Trainers provide individual supervision or consult. The FCT Supervisor is available for on-call to each employee and may refer the employee to other FCT Directors/Trainers for consultation. Each supervision session, whether provided in the field, office, or on the phone (on-call), is recorded by the FCT Qualified Professional on a supervision form indicating direction given. The form is signed by the Qualified Professional and person providing the supervision and is then entered into the Qualified Professional's personnel file.

Use of the national recognized best practices family system's case review process (family mapping, intervention, goals and strategies; aka John Edward's MIGS) is utilized and strategies determined are reviewed during the next team meeting. Weekly team meetings are comprised of FCT Supervisor, staff who are FCT certified or are in the process of certification, and the FCT Trainer, where applicable. The mixture of expertise, licensure, certification, and experience at each team meeting provides continuity of care, alternative perspectives on treatment, allows for specialty expertise to be brought in at critical junctures AND focuses highly on effective Qualified Professional *use of self* (process that examines what the Qualified Professionals are bringing into the treatment process themselves). Supervision notes, team meeting minutes and case reviews are tracked and monitored for adherence to the model via the FCT Clinical Practice Team.

It is required that FCT Supervisors have completed the FCT Supervision Certification, or are enrolled in the FCT Supervisors course and have a minimum of two years of service delivery of FCT or Licensed/Associated Licensed and a Certified Supervisor in FCT, or are credentialed as a Licensed Professional and enrolled in the FCT Supervisors course.

FCT Management and Supervisory Training:

FCT's management and supervisory components are integral to the model fidelity and client outcomes that are achieved. Therefore, all direct supervisors of frontline staff are required to complete the FCT Supervisory Certification Course which includes an experiential practice-based component. The requirements for the FCT Management and Supervisory Course also include the successful completion of the online training curriculum as well as the assignments associated with each unit. There are eight units in the online curriculum and FCT Supervisor Certification is overseen by the FCT Foundation.

The FCT Supervision curriculum consists of learning key concepts on how to guide staff in delivering each phase of treatment effectively. There are supervisory documents that help guide the process to ensure that supervisors are adhering to and producing high fidelity to the model.

When applicable, FCT Trainers work weekly with FCT Qualified Professionals to ensure adherence to the fidelity of the model and assure quality services with field observation. In addition, the trainers model the skill and provide practice experiences to teach and coach Qualified Professionals. They also observe Qualified Professionals in the field or via videotape to assess competency in the core required FCT skills. FCT Trainers are expected to undergo a specific process, overseen by the FCT Foundation, to verify Trainer status.

Family Centered Treatment® Training:

The FCT certification program, including Wheels of Change®, ensures that each FCT Qualified Professional is trained in the principles of youth-guided, family-driven empowerment and can identify and assess child abuse/neglect, domestic violence, and substance abuse issues, as well as how to assist families affected by past trauma in times of crisis. Wheels of Change® (WOC) is a component of a structured certification process that utilizes the five aspects of training modalities: teaching, observing, performing the required task or skill, being observed with checklists to assess competence, and evaluation. Successful completion results in certification in FCT by the FCT Foundation.

FCT Qualified Professionals undertake and successfully complete an intensive competency-based, standardized training/certification process. This knowledge-based portion of the certification process includes testing of knowledge, audio visual learning, discussion boards, and videos of core skills in practice. FCT staff are trained in direct mental health services, long- and short-term mental health interventions designed to maintain family stability, individual and family assessments, Community-Based Partnerships, Cultural Competency, individual, family, and group counseling, individualized service planning, 24-hour crisis intervention and stabilization, skills training, service coordination and monitoring, referrals to community resources, follow-up tracking, and coordination with local stakeholders.

Trauma Focused Training:

Because all families are assessed for trauma at the onset of services, all FCT Qualified Professionals must maintain a level of competency in this area. In order to demonstrate the skills necessary to assess trauma, staff must undergo comprehensive trauma-based training. These skills include recognizing the presence of trauma through interactions and assessment tools and developing personalized interventions to address trauma as identified. The subjects covered in the guided online Trauma Based Training component of the WOC program units include:

- i. Essential Elements of Trauma Treatment (Why do we utilize Trauma Treatment?)

- ii. Trauma Assessments, FCT Trauma Treatment and Creating a New Narrative
- iii. Practical Tools and Implementation

Field-based practice of the required core skills and supervision occurs simultaneously as trainees take the online course.

Additionally, it is best practice to cite and address trauma and trauma impact in safety plans, when/where applicable.

Anticipated Units of Service per Person:

FCT's anticipated length of stay is six months.

Outcome payments three and six months are eligible for FCT recipients who are discharged from episode duration of one to six months.

Eligibility for Outcome Payments dependent upon the following criteria:

No inpatient, Facility Based Crisis admissions

No residential Level II or higher from discharge (planned or unplanned)

No return to FCT, admission to IIH, MST or Intercept or comparable Adult Service

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H2022 U5 U3

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