AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)
B. Diagnosis and Treatment (cont'd)

8. Rehabilitative Services: Outpatient Behavioral Health - (42 CFR 440.130 (d)).

Services provided to children, youth, and young adults with significant emotional, behavioral and mental health needs, including substance abuse. The intent of these services is to provide the clinical intervention and support necessary to successfully maintain each individual in his or her home or community and to enable individuals that have traditionally been served in more restrictive settings to live in community settings and participate fully in family and community life.

(a) Agency Requirements

All rehabilitative services are provided by the provider organizations listed in Attachment 3.1 A, Page 6a-1.1. In addition to the agency accreditation requirements, specific certifications/ participation standards are required to provide the following services:

i. **Children's Psychosocial Rehabilitation (CPSR) -** Children and families will have free choice to obtain services from any willing and qualified provider.
ii. **Crisis Intervention Services –** Agencies with mobile teams and facility-based crisis stabilization programs must be contracted with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS). Facility-based crisis programs must have less than 17 beds.
iii. **Multi-Systemic Therapy (MST) –** Individual providers must be licensed and trained by MST, Inc. and receive regular consultation from them.
iv. **Partial Hospitalization (PHP)/Intensive Outpatient (IOP) Treatment; Therapeutic Day Treatment (TDT) -** PHP/IOP and TDT must have outpatient behavioral health accreditation specific to PHP/IOP or day treatment programs.
v. **Functional Family Therapy (FFT) –** Individual providers must be certified and trained by FFT, Inc. and receive regular consultation.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found (continued)

B. Diagnosis and Treatment (continued)

8. Rehabilitative Services: Outpatient Behavioral Health

(d) Covered Services (continued)

xi. **Functional Family Therapy (FFT) -** Functional Family Therapy (FFT) is an evidence-based intervention for youth and families. Functional Family Therapy is an intensive short-term therapeutic model that offers services in the home to the entire family. Functional Family Therapy is an empirically grounded, well-documented and highly successful family intervention program for dysfunctional youth. Functional Family Therapy has been successfully applied to a wide range of youth and their families in various multi-ethnic and multicultural contexts.

Target populations range from at-risk preadolescents to youth with very serious problems such as conduct disorder, violent acting-out, substance abuse and other identified problematic behaviors. While Functional Family Therapy targets youth 11- to 19-year-olds, siblings in the home also benefit from FFT services. Intervention ranges from, on average, 12 to 16 one-hour sessions for mild cases and up to 30 sessions for more complex cases. The duration of FFT is typically three to five months. Weekly interventions may range from 1 to 3 hours per week per family.

(A) Eligible Providers

Clinicians are recommended to have a master's degree in psychology, social work, or a related field. In some cases, upon consultation with FFT LLC, bachelor's level clinicians may be acceptable. A Site Supervisor/Lead must have a minimum master's degree in the fields noted above. Functional Family Clinicians must complete clinical training through FFT LLC, while adhering to reporting and consultation requirements for direct service of functional family therapy implementation.

In addition, the provider agency must be certified and trained by FFT, LLC., of Atlanta, Georgia and receive regular consultation. FFT training, consultation, and fidelity monitoring are supervised by Functional Family LLC, the national and international FFT training agency. The fidelity of the FFT model is achieved by a specific training model and a client assessment, tracking, and monitoring system that provides for specific clinical assessment and outcome accountability.

(B) Functional Family Therapy Team

Services are provided by an FFT clinician through a team approach to individuals and their families.
The intent of the team approach is to:
(1) promote the family's capacity to monitor and manage the youth's behavior;
(2) involve and collaborate with families and other systems, such as the school, probation officers, extended families and community connections;
(3) provide access to a variety of interventions including after-hours crisis services by staff that will maintain contact and intervene as one organizational unit; and
(4) include structured face-to-face therapeutic interventions to provide support and guidance in all areas of functional domains (engagement, motivation, relational assessment, behavior health, and generalization.)

(C) Functional Family Therapy Service Components

The FFT clinical model has a clear identification of specific phases which organize interventions in a coherent manner, thereby allowing FFT clinicians to maintain focus in the context of considerable family and individual disruption. Each phase includes specific goals, assessment components, specific techniques of intervention, and clinician skills necessary for success which are;
(1) Engage youth and family members into treatment by establishing credibility through responsiveness and open availability;
(2) Motivate youth and their families by decreasing the intense negativity (blaming, hopelessness). Rather than ignoring or being paralyzed by the intense negative experiences these families often bring (e.g., cultural isolation and racism, loss and deprivation, abandonment, abuse, depression), FFT acknowledges and incorporates these powerful emotional forces into successful engagement and motivation through respect, sensitivity, and positive reattribution techniques;
(3) Assess interpersonal functions (i.e., payoffs) within the family to organize interventions;
(4) Reduce and eliminate the problematic behaviors and accompanying family relational patterns through individualized behavior change interventions, which includes cognitive interventions, systematic skill-training in family communication, parenting, problem solving, and conflict management.

- FFT will help generalize behavioral changes across problem situations by increasing the family's capacity to utilize multisystemic community resources adequately and to engage in relapse prevention.

(D) Functional Family Therapy Exclusions

FFT cannot be billed in conjunction with the following:

- Family Therapy
- Acute and Residential Treatment

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

4b. Early and Periodic screening, diagnostic and treatment (cont'd)

(d) Outpatient Behavioral Health Services in Licensed, Therapeutic Foster Family Homes (TFFHs)

Outpatient behavioral health services in licensed TFFHs is an array of services provided based on the needs of the individual, and includes the following four (4) program components:

i. **Children's Psychosocial Rehabilitation (CPSR) -** Reimbursement will be made in accordance with a state-specific child health fee schedule. A unit of service equals 15 minutes.

ii. **Targeted Case Management (TCM) -** Reimbursement will be made in accordance with the methodology in Attachment 4.19-B, Pages 36 or 37.

iii. **Behavioral Health Practitioner (BHP) Services -** Reimbursement will be made in accordance with the methodology in Attachment 4.19 B, page 16 (a).

iv. **Preventive Services -** Substance Abuse Counseling**.** Reimbursement will be made in accordance with a state-specific child health fee schedule. A unit of service equals a session.

(e) Outpatient Behavioral Health Service Limitations in TFFHs

i. The **CPSR-TBS** rate is based on a reasonable estimate of the salaries and fringe benefits of the QBHA I/QBHA II and overhead costs, including clinical oversight, and assumes a maximum of two (2) individuals per QBHA I in the TFFH at one time or a maximum of one (1) individual per QBHA II in the TFFH at one time. The resulting rate reflects the costs of working as the change agent for the individual's daily living skills as well as the added attention given to their future independent living needs (refer to Att. 3.1.A, Page 1a-6.5b for a description). The rate does not include the costs of: room and board; educational; transportation; or respite care.

ii. **CPSR (IIH and TBS)** rate reimbursement per 15 unit by QBHA type:

Provider type	Rate per 15 minute unit
QBHA I	$9.81
QBHA II	$21.43

iii. **TCM** - *Avoiding Duplication of Services*: State law requires that a child placed in out-of-home care receive regular contact* by the caseworker, which is documented in an individual service plan (ISP). Based on national level of care guidelines and Treatment Foster Care (TFC) program standards, individuals that meet the medical necessity criteria for treatment provided in TFFHs require a higher intensity of case management to coordinate their service needs, than individuals placed in lower levels of care. The recommended National TFC standards are that, at a minimum, the private agency provide two (2) face-to-face contacts per month that supplement (rather than replace) the planned monthly, contact by the government agency. This active, intensive monitoring of the Individual care plan (ICP) ensures that the individual's needs are adequately addressed in the less restrictive environment. The private provider's activities also include transition planning that begins upon the day of admission, which is related to the child's physical and behavioral health needs. For example, transition includes aftercare planning for continuity of care and treatment, such as linking and ensuring follow-up with a primary care physician for monitoring use of psychotropic medication, follow-up to appropriate outpatient behavioral health services to continue the intervention goals that have been achieved, and community reintegration. The government agency's Medicaid costs for case management (billed in weekly units of service) have been cost allocated in accordance with 42 CFR 441.18(d). The private provider agency has a formal relationship with the government agency to collaborate and integrate the ICP with the government agency's individual service plan, in order to avoid duplication of services.

iv. **CPSR and BHP** services cannot be billed in conjunction with the following:

- Partial Hospitalization/Intensive Outpatient (PHP/IOP);
- Therapeutic Day Treatment (TDT), (unless outlined in the ICP, in order to enhance the child's capacity to remain in the community and included in the IEP);
- Multi-systemic Therapy (MST);
- Functional Family Therapy (FFT)
- Facility-based crisis stabilization.

4b. Early and Periodic screening, diagnostic and treatment (cont'd)

1. **Multi-systemic Therapy**
   Reimbursement for MST services shall be a prospective flat rate for each approved unit of service provided to the member. One quarter hour (15 minutes) is the standard unit of service, which covers both service provision and administrative costs. The rates are based on an average of direct, general and administrative costs which were obtained from providers within the state. Direct costs include those items necessary for the provision of the service such as salaries, benefits, taxes, travel costs, phone, training, and professional clinical consultation. General and administrative costs are 10% of the total direct costs and include building costs, equipment, accounting, billing, office supplies, and management personnel. The resulting rate is $36.51 per 15 minute unit. Services provided by a Master's level clinician are reimbursed at 100% of the rate. Services provided by Bachelor's level staff are reimbursed at 80% of the rate.

2. **Functional Family Therapy**
   Reimbursement for FFT services shall be an approved unit of service provided to the member. One quarter hour is 15 minutes, the standard unit of service, which covers both service provision and administrative costs. The rates are based on an average of direct, general, and administrative costs which were obtained from providers within the state. The resulting rate is $49.31 per 15-minute unit for Phase 1 and Phase 2. The resulting rate is $56.35 per 15-minute unit for Phase 3.