Sentara Health Plans

Medicaid

Functional Family Therapy, BH 36

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual *.

Description & Definitions:

Mental Health Services – App. D - Intensive Community Based Support – Youth p. 12 Revision date 7/17/2025

Functional Family Therapy (FFT) is an evidence-based treatment program for youth. FFT aims to address risk and protective factors that impact the adaptive development of youth who have been behavioral or emotional problems. FFT addresses both youth's symptoms of serious emotional disturbance as well as caregiver challenges that affect the youth and caregiver's ability to function as a family. The program is organized in multiple phases and focuses on developing a positive relationship between FFT professional, youth and family, increasing motivation for change, identifying specific needs of the family, supporting individual skill-building of youth and family, and generalizing changes to the youth's environment.

The FFT model serves as a step-down or diversion from higher levels of care and seeks to understand and intervene with the youth within their network of systems including, family, peers, school and neighborhood/community. FFT is targeted towards youth between the ages of 11 - 18, however, the service is available to any youth under the age of 21 who meets medical necessity criteria.

The critical features of the FFT model include:

- A philosophy about people that includes an attitude of respectfulness, of individual difference, culture, ethnicity, and family composition.
- 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.
- A change model of care focused on risk and protective factors.
- An inclusive list of interventions that are specific and individualized for the unique challenges, diverse qualities, and strengths of all families and family members.
- An inter-relational focus versus individual problem focus.

Covered services include:

- Assessment,
- Treatment planning
- Therapeutic interventions,
- Crisis intervention,
- Care Coordination

In addition to the required activities for all mental health services providers located in Chapter IV of the DMAS manual, the following required activities apply to FFT:

Assessment:

- At the start of services, a LMHP, LMHP-R, LMHP-RP, LMHP-S, shall conduct either
    - an initial assessment consistent with the components required in the Comprehensive Needs Assessment (see Chapter IV for requirements), documenting the youth's diagnosis/es and describing how service needs match the level of care criteria OR
    - an FFT Assessment approved by DMAS.

Treatment Planning:

- ISPs shall be required during the entire duration of services and must be current (see Chapter IV for requirements). The FFT Behavior Change Session Plan (as defined by FFT, LLC.) can be used as the ISP as long as it includes all of the requirements of an ISP. In cases where the FFT Professional is a QMHP, QMHP -T, CSAC or CSAC-supervisee, the FFT Supervisor directs and authorizes the treatment planning process as part of the FFT model.
- The ISP must be reviewed and updated as necessary at a minimum of every 30-calendar days or more frequently depending on the youth's needs. Refer to Chapter IV for additional guidance and documentation requirements for the 30-calendar day review as well as additional quarterly review requirements.

Care Coordination:

- Providers must follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV).

Therapeutic Interventions as identified in the ISP

Admission Criteria:

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Functional Family Therapy (FFT) is considered medically necessary for **1 or more** of the following:

- **Admission** with **ALL** of the following:
    - The youth must be under the age of 21
    - The youth currently meets criteria for a primary ICD diagnosis that correlates to a DSM diagnosis that falls within the categories of disruptive behavior, mood, substance use or trauma and stressor related disorders. There may be additional primary behavioral health diagnoses that may benefit from the interventions of FFT that may be considered on a case-by-case basis under EPSDT.
    - Within the past 30 calendar days the youth has demonstrated at least **1 or more** of the following that puts the youth at risk of out of home placement:
        - Persistent and deliberate attempts to intentionally inflict serious injury on another person
        - Ongoing dangerous or destructive behavior that is evidenced by repeated occurrences of behaviors that are endangering to self or others are difficult to control, cause distress, or negatively affect the youth's health
        - Increasing and persistent symptoms associated with depression (e.g. chronic irritability, anhedonia, significant changes in sleep/eating, disrupted emotion regulation, …) or anxiety (e.g. rumination, panic attacks, hypervigilance, dissociation, …), in combination with externalizing problems (e.g. physical and verbal aggression, truancy, stealing, property destruction, lying, etc.) that have contributed to decreased functioning in the community
        - Ongoing substance use or dependency that interfere with the youth's interpersonal relationships and functioning in the community

        - The youth is returning home from out-of-home placement and FFT is needed as step down service from an out-of-home placement
    - The youth's successful reintegration or maintenance in the community is dependent upon an integrated and coordinated treatment approach that involves intensive family/caregiver partnership through the FFT model. Participation in an alternative community-based service would not provide the same opportunities for effective intervention for the youth's problem behaviors.
    - There is a family member or other committed caregiver available to participate in this intensive service
    - Arrangements for supervision at home/community are adequate to ensure a reasonable degree of safety
- **Continuation of services** Within the past thirty (30) calendar days, FFT continues to be the appropriate level of care for the youth as evidenced by at least **1 or more** 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 the ISP has been revised to incorporate new goals;
    - Progress toward 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
- If youth **does not meet criteria for continued treatment**, FFT may still be authorized for up to an additional 10 calendar days under any **1 or more** of the following circumstances:
    - There is no less intensive level of care in which the objectives can be safely accomplished
    - 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
    - The youth is scheduled for discharge, but the youth requires services at discharge which are still being coordinated and are not currently available.

Discharge Guidelines:

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The youth meets discharge criteria if **1 or more** 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 **1 or more** 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 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 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
    - If there is a lapse in service greater than 31 consecutive calendar days, the provider shall discharge the youth.

Exclusions and Service Limitations:

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Youth are not eligible to receive FFT who meet **1 or more** of the following:

- 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.
- 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.
- FFT may not be authorized concurrently for youth with Group or Family Therapy, ARTS ASAM Levels 2.1, 2.5, 3.1, 3.3, 3.5, 3.7 and 4.0, Community Stabilization, Multisystemic Therapy, Mental Health Partial Hospitalization Program, Mental Health Intensive Outpatient, Assertive Community Treatment, Mental Health Skill Building, Intensive In-Home Services, Psychiatric Inpatient, Psychiatric Residential Treatment Facility (PRTF) or Therapeutic Group Home (TGH) services. Short-term service authorization overlaps are allowable as approved by the FFS service authorization contractor or MCO during transitions from one service to another for care coordination and continuity of care.

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

In addition to the "Non-Reimbursable Activities for all Mental Health Services" section in Chapter IV, the following service limitations apply:

- The provision of FFT is limited to youth under the age of 21
- Youth can participate in FFT services with only one FFT team at a time.
- Services not in compliance with the FFT manuals or model fidelity standards are not reimbursable.
- Supervision of staff is not reimbursable.

Document History:

Revised Dates:

- 2025: July – Implementation date of October 1, 2025. Verbiage updated to align with change.
- 2025: April – Updated criteria per DMAS manual revision date 5/15/2024. Effective 7.1.2025.
- 2023: July
- 2022: April, June

Reviewed Dates:

- 2026: April – Implementation date of August 1, 2026. DMAS manual has not updated since last review. No changes to criteria. Update version number only to reflect annual review.
- 2024: April
- 2023: March
- 2022: August

Origination Date: December 2021

Coding Information:

Medically necessary with criteria:

Coding	Description
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes

Considered Not Medically Necessary:

Coding	Description

	None

U.S. Food and Drug Administration (FDA) - approved only products only.

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Policy Approach and Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Medicaid products.
- Authorization Requirements: Pre-certification by the Plan is required.
    - Mental Health Services – App. D - Intensive Community Based Support – Youth p. 19 (7/17/2025)
        - Service authorization is required
        - 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.
        - Service units must be requested by the provider and are authorized by the MCO or FFS service authorization contractor based on medical necessity with a unit equaling fifteen minutes
        - The following should be included with Continued Stay requests
            - The continued stay service authorization form
            - Original Comprehensive Needs Assessment or DMAS approved FFT 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
            - Updated ISP that reflects the current goals and interventions and progress towards meeting goals and interventions as evidenced in the 30-calendar day ISP review documentation;
            - The type, frequency and intensity of interventions are consistent with the ISP and fidelity to the model;
            - Evidence the youth and family/caregiver are actively involved in treatment, or the provider has documented active, persistent efforts that are appropriate to improve engagement;
            - Care coordination and other 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 youth;
        - 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.
        - Providers must clearly and substantially document care coordination with existing MHS or ARTS service providers and the need for multiple services in the service authorization request and medical record.
        - 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 https://www.dmas.virginia.gov/for-providers/benefits-services-for-providers/behavioral-health/provider-resources/.
- Special Notes:

- This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
- Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Behavioral health professionals are involved in the decision-making process for behavioral healthcare services.

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual Title: Mental Health Services Revision Date: 7/17/2025 Appendix D: Intensive Community Based Support – Youth. Retrieved 2/17/2026. https://vamedicaid.dmas.virginia.gov/sites/default/files/2025-07/MHS%20-%20Appendix%20D%20%28updated%207.17.25%29_Final.pdf

Keywords:

Functional Family Therapy, FFT, Behavioral Health 36, BH, Mental Health Services, Intensive Community Based Support, youth, behavior