

Medical Necessity Criteria

Behavioral Health Services for Children and Adolescents (BHCA) Family Support and Training (FS&T) - Family Partner (FP)

Commercial Members Only

Family Partner (FP) is a service provided to the parent/caregiver of a youth (under the age of 19) in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and in other community settings. FP is a service that aims to create a structured, one-to-one, strength-based relationship between a Family Partner and a parent/caregiver. The purpose of this service is to resolve or ameliorate the youth's emotional and behavioral needs by improving the capacity of the parent/caregiver to parent the youth. The intent of this service is to improve the youth's functioning, as identified in the outpatient or IHT treatment plan, or Individual Care Plan (ICP) for youth enrolled in ICC, and to support the youth in the community, or to assist the youth in returning to the community. Services may include education, assistance in navigating the child serving systems (DCF, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.); and support, coaching, and training for the parent/caregiver.

FP is delivered by strength-based, culturally, and linguistically appropriate qualified paraprofessionals under the supervision of a licensed clinician. FP services must work towards a goal(s) established in an existing behavioral health treatment plan/care plan for outpatient or IHT, or an Individual Care Plan, for youth enrolled in ICC. Services are designed to improve the parent/caregiver's capacity to ameliorate or resolve the youth's emotional or behavioral needs, and to strengthen their own capacity to parent.

Delivery of appropriate ICC services may require care coordinators to collaborate with Family Partners. In ICC, the care coordinator, and Family Partner work together with youth with SED, and their families while maintaining their discrete functions. The Family Partner works one-on-one and maintains regular frequent contact with the parent(s)/caregiver(s), in order to provide education and support throughout the care planning process. The Family Partner attends CPT meetings, and may assist the parent(s)/caregiver(s) in articulating the youth's strengths, needs, and goals for ICC to the care coordinator and CPT. The Family Partner educates parents/caregivers about how to effectively navigate the child-serving systems for themselves, about the existence of informal/community resources available to them and facilitates the parent's/caregiver's access to these resources.

Criteria

Admission Criteria

All of the following criteria are necessary for participation in this level of care:

1. A comprehensive behavioral health assessment, showing a diagnosed behavioral health condition, indicates that the youth's clinical condition warrants this service in order to improve the abilities of the parent/caregiver to alleviate youth functional impairment.
2. The parent/caregiver requires education, support, coaching, and guidance to improve their capacity to parent, in order to ameliorate or resolve the youth's emotional or behavioral needs. The intent of these services is to support the youth in the community, and to improve the youth's functioning, as identified specifically in the outpatient or IHT treatment plan/ICP, for those youth enrolled in ICC.

3. Outpatient services and available community-based natural and formal supports alone are not sufficient to meet the parent/caregiver's needs for coaching, support, and education.
4. The parent/caregiver gives consent and agrees to participate.
5. A specific, measurable goal is identified in the youth's outpatient or IHT treatment plan, or ICP for those enrolled in ICC, that pertains to the development of the parent/caregiver capacity to parent the youth in the home or community.
6. The youth resides with or has a current plan to return to the identified parent/caregiver.
7. The member displays such risk behavioral as to warrant a level of care beyond the formal Outpatient suite of services, or naturally occurring services in the youth's family or available social network. These behaviors have caused impairments in functioning at home, school or in the community.
8. While the youth may be a parent themselves, only the identified member's parent is receiving the interventions. This is not a service for young parents to gain parenting skills.

Psychosocial, Occupational, and Cultural and Linguistic Factors

These factors may change the risk assessment and should be considered when making level-of-care decisions.

Continued Stay Criteria

All of the following criteria are required for continuing treatment at this level of care:

1. The parent/caregiver continues to need support to improve their capacity to support the youth in the community, and to ameliorate or resolve the youth's emotional or behavioral needs, as identified in the outpatient or IHT treatment plan/ICP, for those youth enrolled in ICC.
2. Care is rendered in a clinically appropriate manner, and is focused on the parent/caregiver's need for support, guidance, and coaching.
3. All services and supports are structured to achieve goals in the most time-efficient manner possible.
4. For youth in ICC, with required consent, informal and formal supports of the parent/caregiver are actively involved on the youth's team.
5. With required consent, there is evidence of active coordination of care with the youth's care coordinator (if involved in ICC) and/or other services and state agencies.
6. Progress in relation to specific behavior, symptoms, or impairments is evident and can be described in objective terms, but goals have not yet been achieved, or adjustments in the treatment plan/ICP to address lack of progress are evident.

Discharge Criteria

One of the following is required for discharge:

1. The parent/caregiver no longer needs this level of one-to-one support and is actively utilizing other formal and/or informal support networks.
2. The youth's treatment plan/ICP indicates the goals and objectives for Family Partner have been substantially met.
3. The parent/caregiver is not engaged in the service. The lack of engagement is of such a degree that this type of support becomes ineffective or unsafe, despite multiple documented attempts to address engagement issues.
4. The parent/guardian/caregiver withdraws consent for treatment.
5. There is impairment with no reasonable expectation of progress toward identified treatment goals for this service.
6. There is no indication of need for this service to ameliorate or resolve the youth's emotional needs, or to support the youth in the community.
7. The environment in which the service takes place presents a serious safety risk to the Family Partner making visits. Alternative community settings are not likely to ameliorate the risk, and no other safe venue is available or appropriate for this service.

8. The youth is placed in a residential treatment setting with no current plans to return to the home setting.
9. The youth is in an independent living situation and is not in the family's home or returning to a family setting. The service needs identified in the treatment plan/ICP are being fully met by similar services from the same or any other agency.