

Service: Family Outpatient Services – Family Counseling

Service Definition

A therapeutic intervention or counseling service shown to be successful with identified family populations, diagnoses and service needs. Services are directed toward achievement of specific goals defined by the individual youth and by the parent(s)/responsible caregiver(s) and specified in the Individualized Resiliency Plan. The focus of family counseling is the family or subsystems within the family, e.g., the parental couple. The service is always provided for the benefit of the individual and may or may not include the individual's participation as indicated by the CPT code.

Family counseling provides systematic interactions between the identified individual, staff and the individual's family members directed toward the restoration, development, enhancement or maintenance of functioning of the identified individual/family unit. This may include specific clinical interventions/activities to enhance family roles; relationships, communication and functioning that promote the resiliency of the individual/family unit. Specific goals/issues to be addressed through these services may include the restoration, development, enhancement or maintenance of:

1. Cognitive processing skills;
2. Healthy coping mechanisms;
3. Adaptive behaviors and skills;
4. Interpersonal skills;
5. Family roles and relationships; and
6. The family's understanding of the person's mental illness and substance-related disorders and methods of intervention, interaction and mutual support the family can use to assist their family member therapeutic goals.

Best practices such as Multi-Systemic Family Therapy, Multidimensional Family Therapy, Behavioral Family Therapy, Functional Family Therapy or others appropriate for the family and issues to be addressed should be utilized in the provision of this service.

Admission Criteria

1. Individual must have an emotional disturbance and/or substance-related disorder diagnosis that is at least destabilizing (markedly interferes with the ability to carry out activities of daily living or places others in danger) or distressing (causes mental anguish or suffering); and
2. Individual's level of functioning does not preclude the provision of services in an outpatient milieu; and
3. Individual's assessment indicates needs that may be supported by a therapeutic intervention shown to be successful with identified family populations and individual's diagnoses.

Continuing Stay Criteria

1. Individual continues to meet Admission Criteria as articulated above; and
2. Progress notes document progress relative to goals identified in the Individualized Resiliency Plan, but all treatment/support goals have not yet been achieved.

Discharge Criteria

1. An adequate continuing care plan has been established; and one or more of the following:
2. Goals of the Individualized Resiliency Plan have been substantially met; or
3. Individual/family requests discharge and individual is not in imminent danger of harm to self or others; or
4. Transfer to another service is warranted by change in individual's condition; or
5. Individual requires more intensive services.

Service Exclusions

1. Intensive Family Intervention.
2. The absence of empirical evidence for conversion therapy prohibits the use of this intervention and it is not reimbursed by DBHDD.

Clinical Exclusions

1. This service is not intended to supplant other services such as IID/IDD Personal and Family Support or any day services where the individual may more appropriately receive these services with staff in various community settings.
2. Individuals with the following conditions are excluded from admission unless there is clearly documented evidence of a qualifying psychiatric condition/substance use disorder co-occurring with one of the following diagnoses: Intellectual/Developmental Disabilities, Autism, Neurocognitive Disorder, and Traumatic Brain Injury.

Required Components

1. The treatment/service orientation, modality, and goals must be specified and agreed upon by the youth/family/caregiver.
2. The Individualized Resiliency Plan for the individual includes goals and objectives specific to the family for whom the service is being provided.

Clinical Operations

Models of best practice delivery may include (as clinically appropriate) Multidimensional Family Therapy, Behavioral Family Therapy, Functional Family Therapy, and others as appropriate the family and issues to be addressed.

Services Accessibility

1. Services may not exceed 16 Billable units (combined Family Counseling and Family Therapy) in a single day. If clinical need indicates this level of intensity, other services may need to be considered for authorization.
2. To promote access, providers may use Telemedicine as a tool to provide direct interventions to individuals for whom English is not their first language. Examples of this include:
 - a. The use of one-to-one service intervention via Telemedicine, connecting the individual to a practitioner who speaks the individual's language versus use of interpreters; and/or
 - b. The use of an interpreter via Telemedicine to support the practitioner in delivering the identified service.

Telemedicine may only be utilized when delivering this service to an individual for whom English is not their first language. The individual/family must consent to the use of this modality. This consent should be documented in the individual's record. The use of telemedicine should not be driven by the practitioner's/agency's convenience or preference.

Documentation Requirements

1. If there are multiple family members in the Family Counseling session who are enrolled individuals for whom the focus of treatment is related to goals on their IRP, we recommend the following:
 - a. Document the family session in the charts of each individual for whom the treatment is related to a specific goal on the individual's IRP.
 - b. Charge the Family Counseling session units to one of the served individuals.
 - c. Indicate "NC" (No Charge) on the documentation for the other individual(s) in the family session and have the note reflect that the charges for the session are assigned to another family member in the session.

Billing & Reporting Requirements

1. If a Medicaid claim for this service denies for a Procedure-to-Procedure edit, a modifier (59) can be added to the claim and resubmitted to the MMIS for payment.
2. When Telemedicine technology is utilized for the provision of this service in accordance with the allowance in the Service Accessibility section of this definition, the code cited in the Code Detail above with the appropriate GT modifier shall be utilized in documentation and claims submission.