



Comprehensive Child and Family Treatment Services

Program Description

Comprehensive Child and Family Treatment (CCFT) services are intensive, time-limited services designed for children or adolescents at risk of out-of-home treatment and placement due to mental health, high-risk behaviors, and family or community instability. Treatment interventions are focused on the child or adolescent, the family, and parental/guardian behaviors and interactions. CCFT services are comprehensive and holistic in nature, taking into consideration medical needs as well as mental health treatment needs. The services' interventions promote recovery* and resiliency and include crisis intervention and stabilization, behavioral counseling, skill building, advocacy, medication management support and advocacy. These services are treatment oriented and situation specific with a focus on short-term stabilization goals. The primary goal of CCFT is to promote stabilization and transition to less intensive outpatient services.

Admission Criteria

- A. These elements of this section are required for authorization for CCFT:
- 1) Primary DSM-IV TR diagnosis excluding substance use or developmental disorders
 - 2) Criteria for sufficient functional impairment to meet the definition of Seriously Emotionally Disturbed (SED)**
 - 3) Member functional impairment indicated by Global Assessment of Functioning (GAF) score of <50
- B. In addition to meeting elements of Section A, one of criteria 1-4 must be met as well as criteria 5 and 6.
- 1) Imminent risk of out-of-home placement because of the mental illness, including Department of Children's Services (DCS) custody and/or hospitalization in an acute psychiatric setting; behavior has escalated in the home, school or elsewhere in the community to suggest this more restrictive level of care is imminent and the use of the CCFT level of service is appropriate to stabilize the current placement
 - 2) A major, time-limited, weakening of the child or adolescent's support system and ability to function independently or within the current support system
 - 3) Documentation within the preceding six months of the inability to meet identified service goals while in traditional case management or while receiving CCFT services
 - 4) The child or adolescent being discharged or having been discharged from a more restrictive level of care
- AND
- 5) The family agreeing to participate in this service
 - 6) A multidisciplinary team is necessary to achieve the desired result

Program Requirements

- 1) The CCFT will consist of a multidisciplinary team providing treatment services to the member or family.
- 2) CCFT services will be available 24 hours a day, 7 days a week.
- 3) The mental health case managers must be at a minimum bachelor's level in psychology, social work, sociology or nursing (licensed RN).
- 4) The CCFT will be supervised by a master's level or higher clinician in a behavioral health discipline.
- 5) There will be access to an RN and a psychiatrist if either is not on the team.
- 6) An average minimum of three units of service will be provided per week for no less than three contact hours and documented contacts for all other coordination activities and specialized therapies to achieve the goals established in the treatment plan. Two thirds of the services will occur in the home and involve the family unit.
- 7) There will be a comprehensive service plan with a discharge plan completed and available within 10 days of authorization to define the scope and expected outcome of CCFT services.
- 8) There will be a weekly team meeting with a review of each member receiving CCFT services.
- 9) There will be a continued focus on services that will move the child or adolescent to a less intensive case management level of care.
- 10) There will be no duplication of case management services.
- 11) CCFT must comply with staffing ratios set forth by the Contractor Risk Agreement.

Standards

1. The family or caregiver must give consent to involvement in the treatment.
2. There must be a minimum of three contact hours per week with each segment involving face-to-face contact with either the child or adolescent and/or family.
3. Additional contact with significant others may include members of the court, school, other legal authorities such as probation officers, should occur as needed up to two times a week.
4. Initial authorization will be for 90 days with some exceptions made to 120 days but with review as described below.
5. Amerigroup reserves the right to require the submission of a Child & Adolescent Needs and Strengths Assessment or a Adult Needs & Strengths Assessment (administered within 30 days of authorization request) that supports a request for authorization. This request for submission will be contingent on the provider contract.

Frequency of Case Review and Continued Stay Guidelines

Continued stay reviews are to be conducted by Amerigroup Community Care behavioral care management staff at least 15 days before the end of the authorized period. Concurrent reviews will be conducted at 30-day intervals.

Documentation that will warrant continued stays expected at reviews includes:

- 1) The assessment of overall functioning of the child or adolescent and development of individualized, comprehensive service plan with goals specific to problems identified in Section B of Admission Criteria.

- 2) If applicable, Child and Adolescents Needs and Strengths (CANS) indicates this level of care is appropriate as judged by assessment at 60-day intervals.
- 3) The child or adolescent and family are seeing progress, and there is an observable, quantified change in target behaviors for the child and/or family; or the treatment plan revision and clinical notes address a lack of progress with new quantifiable targets and timelines documented.
- 4) The child or adolescent is a willing participant and actively participates in program.
- 5) The status of issues identified in Section B of the Admission Criteria that necessitated CCFT authorization continues to meet criteria for this treatment modality.

Discharge Criteria

Risk factors have been minimized as evidenced by each of the following:

- 1) The child or adolescent has not been hospitalized in an acute psychiatric setting or restrictive setting in the last three months.
- 2) The child or adolescent level of functioning is adequate to ensure safety and stability within the community.
- 3) The child or adolescent has not required crisis services or an emergency response in the past three months.
- 4) The member's support system has been substantially strengthened as identified in attainment of goals identified on service plan.
- 5) The majority of goals in the child or adolescent individualized service plan have been met
- 6) The child or adolescent and family have stabilized to the point where less intensive case management services such as a Continuous Treatment Team (CTT) can be utilized.

Or one or more of the following:

- 7) The child or adolescent and/or family actively reject CCFT services and/or refuses cooperation with the team.
- 8) There is lack of measurable progress and no increase in the member's or family's adaptive behaviors after the initial 90 days or on review at 30-day intervals.
- 9) The frequency of services required or delivered do not meet the intensity of service description for this level of care, i.e., there is only one brief visit a week with no specific goal directed intervention related to the primary diagnosis

* As per the Contractor Risk Agreement, recovery is defined as the consumer-driven process in which consumers are able to work, learn and participate fully in their communities. Recovery is the ability to live a fulfilling and productive life with a disability.

** As per Tennessee Department of Mental Health (TDMH) definition, Serious Emotional Disturbance is defined in summary as a diagnosed mental, behavioral or emotional disorder as per DSM-IV TR criteria, either current or within the past year, which includes functional impairment resulting in substantial interference with family, school or community activities. Excluded are DSM -IV V codes, substance abuse and developmental disorders unless they occur with another diagnostic DSM-IV disorder."

http://www.tn.gov/mental/specialpops/sp_child_SED.html