INTRODUCTION

The Level of Care Guidelines is a set of objective and evidence-based behavioral health criteria used to standardize coverage determinations, promote evidence-based practices, and support members’ recovery, resiliency, and wellbeing for behavioral health benefit plans that are managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California (“Optum-CA”)).

The Level of Care Guidelines is derived from generally accepted standards of behavioral health practice. These standards include guidelines and consensus statements produced by professional specialty societies, as well as guidance from governmental sources such as CMS’ National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). The Level of Care Guidelines is also derived from input provided by clinical personnel, providers, professional specialty societies, consumers, and regulators.

For more information on guiding principles for the Level of Care Guidelines and their development, approval, dissemination, and use, please see the Introduction to the Level of Care Guidelines, available at: www.providerexpress.com > Clinical Resources > Level of Care Guidelines.

Before using this guideline, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable.

FAMILY SUPPORT SERVICES

Family Support Services: Family Support Services provide assistance to caregivers who are caring for a child diagnosed with a mental health disorder, or a coexisting mental health, developmental and/or substance use disorder by strengthening their role as parents through the provision of teaching and support services, and reducing the likelihood that the family and member will become isolated, disempowered, or disengaged. Examples of these services include:

- Teaching the family members how to develop self-advocacy
- Role modeling behaviors and skills needed for resiliency and coping
- Helping the family utilize their strengths

1 The terms “recovery” and resiliency are used throughout the Level of Care Guidelines. SAMHSA defines “recovery” as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA defines “resilience” as the ability to adapt well over time to life-changing situations and stressful conditions. The American Society of Addiction Medicine defines “recovery” as a process of overcoming both physical and psychological dependence on a psychoactive substance, with a commitment to sobriety, and also refers to the overall goal of helping a patient to achieve overall health and well-being.
• Teaching caregivers and members about causes of disorders and about using evidence-based interventions

Family Support Services are provided by a Certified Family Support Partner (CFSP) who is a parent or adult caregiver, and through lived experience and specialized training has acquired an understanding of another parent’s situation via the shared emotional and psychological challenges of raising a child with a mental health diagnosis. The CFSP establishes a connection and a trust with the member and family not otherwise attainable through other service relationships (e.g. counseling, psychologist, minister) or someone without the shared experience.

Services take place in the member’s community, are focused on the member’s family, the role of the member in the family, and guided by the member and family. Services consider the member’s rights and cultural needs. The purpose for these services is to help the family feel less isolated, more empowered throughout the recovery process and engaged in the community. Services aim to improve the quality of life and opportunities for recovery in the child’s home, school, and community through engagement with the family as well as the member.

Family Support Services are focused on addressing the factors that precipitated access to this service to the point that the member’s condition can be safely, efficiently and effectively treated without the support of Family Support Services.

Family Support Services are not provided in lieu of other services and are intended to complement the member’s behavioral health treatment and/or other services being provided, and may be delivered while the member is in treatment or in advance of the start of treatment.

These criteria should be used in conjunction with the criteria for the admission and continuing service criteria to manage initial and ongoing services.

**Family Support Services Admission Criteria**

- see “Common Criteria and Best Practices for All Levels of Care”:
  AND
- The member is under 18 years of age and resides in the state of Idaho.
  AND
- The member has a DSM diagnosis other than a standalone substance-related disorder or developmental disability diagnosis; although a substance-related disorder or developmental disability disorder may coexist with other DSM diagnoses.
  AND
- The member is not in imminent or current risk of harm to self, others, and/or property.
  AND
- The factors that precipitated access to this service indicate that the member’s family and member require assistance with accessing treatment and/or community resources. Examples include:
  o The member’s family requires information about the member’s behavioral health condition, evidence-based treatment, approaches to self-care, or community resources.
  o The member’s family could benefit from learning skills related to problem-solving, communication, managing crises or stress, supporting and engaging the child’s activation and self-care, or promoting recovery and resiliency.
  o The member’s family requires assistance navigating the system of care.
  AND
- The member is receiving behavioral health therapeutic services, or is likely to engage in therapeutic treatment with the provision of Family Support Services.
  AND
- The member and member’s family do not demonstrate at least one of the following:
  o Knowledge of wellness tools and their use;
  o The presence of a support system;
  o A sense of purpose;
  o A sense of empowerment;
  o Hope about recovery;
  o The ability of the family to self-advocate;
  o Progressing toward independent living;
  o Engagement with community, school and positive recreational activities.

**Family Support Services Continued Service Criteria**

- see “Common Criteria and Best Practices for All Levels of Care”:
  AND
- The CFSP is working toward the following outcomes with the family:
  o The ability to identify and use wellness tools;
o Progress towards age-appropriate, adaptive skills for independent living;
  o Re-engaging with support systems that may have been lost;
  o A sense of purpose;
  o Increased empowerment;
  o Ability for family self-advocacy
  o Increased engagement with supportive services for community, school, and positive recreational activities.

**Family Support Services Discharge Planning and Criteria**

- see “Common Criteria and Best Practices for All Levels of Care”:
- AND
- The frequency and length of services are determined by the member’s mental health team (i.e., clinician, parents/guardians, member, CFSP and evidence-based practices.

**Family Support Services Clinical Best Practices**

- see “Common Criteria and Best Practices for All Levels of Care”:
- AND
- The provider must be a Certified Family Support Partner per the CFSP standards and the same provider cannot provide both CFSP and clinical services, or other non-CFSP services to the member.
- The CFSP completes an evaluation of the family’s needs upon referral.
- For members who are transitioning from Inpatient or Residential Treatment, the CFSP contacts the member’s family prior to discharge or within 24 hours of referral.
- As part of the evaluation, the CFSP provides the member’s family with information about Family Support Services, and verifies that the member’s family wants these services.
- In the event that the member’s family declines services, the CFSP provides information about obtaining services should the family’s needs change.
- The CFSP, in conjunction with the member’s family, develops a service plan within 15 days of the evaluation that addresses the following:
  o The member’s recovery and resiliency goals;
  o The member and family’s strengths;
  o The member and family’s educational needs;
  o The member and family’s self-care needs and resources;
  o Problems;
  o Specific and measurable goals for each problem;
  o Interventions that will support the member’s family and member in meeting the goals.
- The service plan may be informed by the findings of the member’s clinical evaluation.
- The CFSP provides the following services to the member and the family:
  o Advocating for the needs of the family;
  o Teaching family members and the member how to develop self-advocacy and problem-solving skills;
  o Mentoring the member and family to instill a sense of hope;
  o Role modeling behaviors, attitudes and thinking skills needed for resiliency and coping;
  o Helping family members identify and utilize their strengths;
  o Role modeling the facilitation of collaborative relationships;
  o Teaching the member and family about causes of disorders and importance of adhering to treatment; utilizing evidence-based interventions that assist in meeting goals;
  o Assist the family in identifying and connecting to services and community resources;
  o Assist family members in articulating their needs and goals in preparing for meetings as well as service plans;
  o Provide family-based programs such as classes on parent special needs children;
  o Teach caregivers how to document all activities that pertain to the child’s appointments, meetings, needs, goals, and strengths, and;
  o Assist in preparing for the child’s transition to adulthood.
- The frequency and length of service are periodically re-evaluated depending on the intensity of the CFSP services needed. The higher the intensity and frequency of the services, the more often re-evaluation occurs.
- The service plan must be reviewed at a minimum of every 120 days

**REFERENCES**

* Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines and in the related Behavioral Clinical Policy.


HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>March, 2016</td>
<td>• Version 1</td>
</tr>
<tr>
<td>January, 2017</td>
<td>• Version 2</td>
</tr>
<tr>
<td>March, 2017</td>
<td>• Version 2-Revised</td>
</tr>
</tbody>
</table>