



# Optum Idaho Family Support Services Provider Training

# Today's presenters

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- Carrie Colby - Optum Idaho, Director of Recovery and Resiliency
- Mitzi Burrus - Optum Idaho, Certified Family Support Partner
- Jeffrey Berlant, M.D. - Optum Idaho, Chief Medical Officer
- Monika Mikkelsen, LMSW- Optum Idaho, Network Director

# Objectives

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- Member-Centric Recovery Model
- History of Family Support Partners
- Family Support Services and Use of Family Support Partners
- What is Family Support Services / What it is NOT
- Level of Care Guidelines (LOCGs)
- Medical Necessity
- Authorization/Re-authorization
- Credentialing and Auditing
- Cultural Competency

# Committed to members and their families

We support a member-centric recovery and resiliency model:

## NEW

**Focused on strengths, goals, where we are going**

- Partnership focused on recovery goals
- Members and family are empowered to take personal responsibility for agreed upon treatment
- Providers educate and empower
- Motivation for change based on member's own goals
- Medication adherence based on informed choice and member's goals
- Member is guided to assume responsibility for self-monitored behavior
- Emphasis on the use of natural community supports

## OLD

**Focused on symptoms, illness, deficiency**

- Provider/client roles in pursuit of *treatment* goals
- Member is to comply with directions of professional
- Providers prescribe
- Motivation for change is punitive
- Medication compliance is key
- Responsibility for treatment and progress rests on provider
- Services are only in mental health system

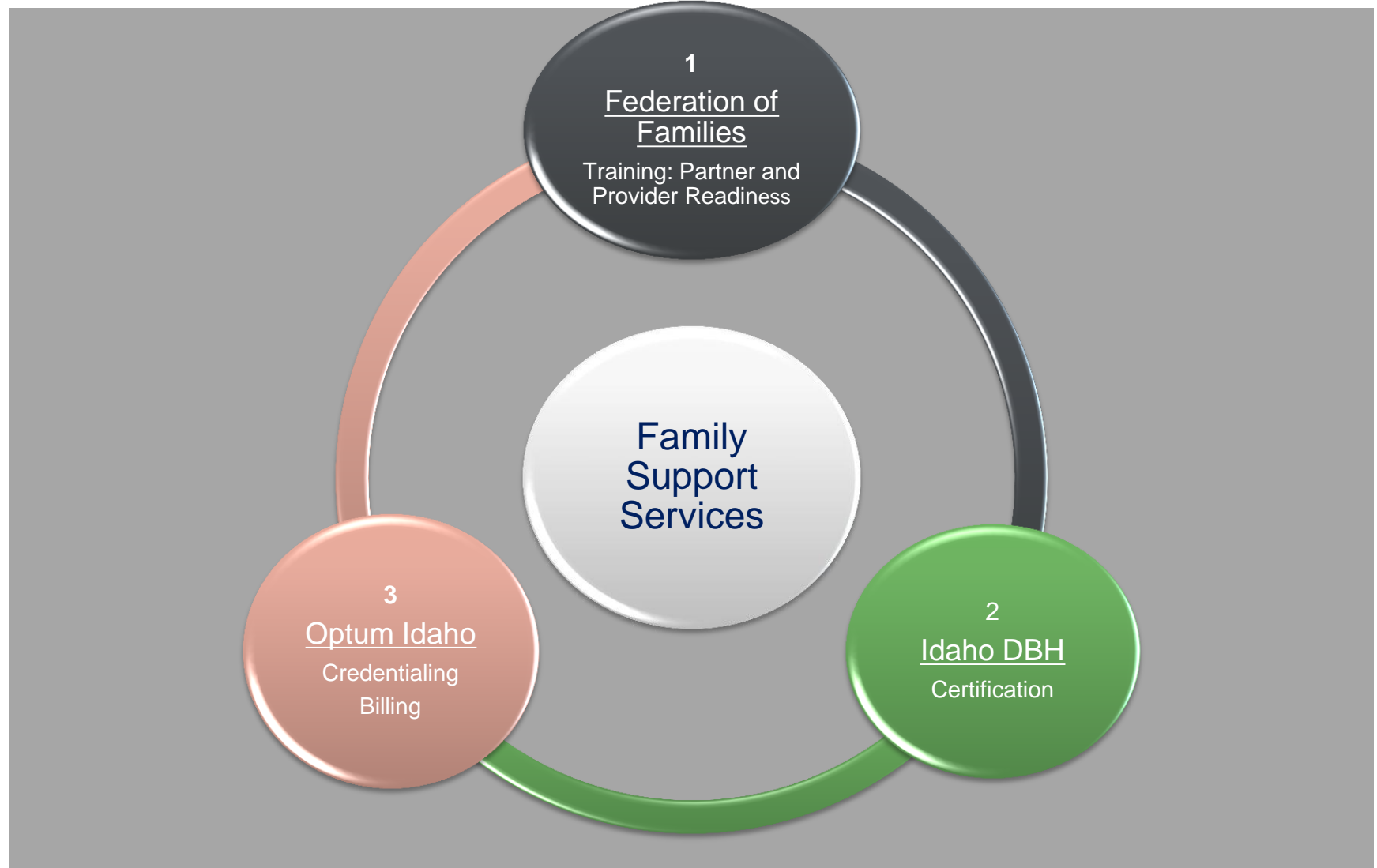


# History of Family Support Specialists in Idaho

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- In 2013, through the final RFP accepted by the Idaho Department of Health & Welfare (IDHW) – Division of Behavioral Health (DBH) Family Support Specialist were offered as an elective services by Optum.
- In December 2015, Federation of Families was awarded the contract to train the Idaho Family Support Partner Workforce and Host Provider Readiness classes.
- Family Support Partners are a variation of Peer Support Services. A Family Support Partner has lived experiences as a parent or other relative or caretaker of someone who is or has received services through the behavioral health system and focus on partnering with families.

# Family Support Services Program Process



# Certified Family Support Partner

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**A Certified Family Support Partner (CFSP)** is a person who has experience caring for a child with a mental health disorder. This experience provides a base for connecting, mentoring, partnership and credibility with the family to enable the Family Support Partner to work with parents and children in a way much different than other professionals on the team.

**“We must invite individuals to take an active role in their own care. Members or their family must understand the issues; therefore, education and role-modeling related to self-care are essential. This is achieved by connecting self-care to personally relevant goals, aspirations, and gaining an understanding of ‘activation’.”**

\* Daniels, A. S., Tunner, T. P., Bergeson, S., Ashenden, P., Fricks, L., Powell, I., (2013), Pillars of Peer Support Summit IV: Establishing Standards of Excellence, [www.pillarsofpeersupport.org](http://www.pillarsofpeersupport.org) ; January 2013.

# What is the Family Support Partners Program

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- Family Support Services (FSS) 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
  - Teaching caregivers and members about causes of disorders and about using evidence-based interventions



## What is the Family Support Partners Program (cont)

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- Family Support Services are provided by a Certified Family Support Partner (CFSP) who is a parent or adult caregiver who through lived experience and specialized training has acquired an understanding of another parent's situation due to the shared 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 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 take into account 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.

## What is the Family Support Partners Program (cont)

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- Family Support Services are focused on addressing the “why now” factors that precipitated access to this service (e.g., changes in the member’s signs and symptoms, psychosocial and environmental factors, or level of functioning) 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.

# What the FSP Program is NOT

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## NOT Peer Support Services (PSS)

- PSS is an individualized community-based service for adults age eighteen (18) and older who have a mental illness.
  - PSS is provided by a Certified Peer Support Specialist who has **self-identified as a person in recovery from mental illness** and is committed to his or her own recovery.
  - PSS provides structured, scheduled activities that promote recovery, self-determination, self-advocacy, and enhancement of community living skills.

## NOT CBRS

- CBRS is an individual-based service that utilizes **credentialed Psychosocial Rehabilitation Specialists** to help members develop skills needed to increase their capacity to thrive in their home, employment, school or social environments.

## NOT Family Therapy

- Family Therapy is a service performed by licensed clinicians that engages in therapy that **treats the family as a whole.**

# Use of Certified Family Support Partners

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- The CFSP provides the following services to the member and the family:
  - Advocating for the needs of the family
  - Teaching family members and the member how to develop self-advocacy and problem-solving skills
  - Mentoring the member and family to instill a sense of hope
  - Role modeling behaviors, attitudes and thinking skills needed for resiliency and coping
  - Helping family members identify and utilize their strengths
  - Role modeling the facilitation of collaborative relationships
  - Teaching the member and family about causes of disorders and importance of adhering to treatment; utilizing evidence-based interventions that assist in meeting goals
  - Assist the family in identifying and connecting to services and community resources
  - Assist family members in articulating their needs and goals in preparing for meetings as well as service plans
  - Provide family-based programs such as classes on parent special needs children
  - Teach caregivers how to document all activities that pertain to the child's appointments, meetings, needs, goals and strengths
  - Assist in preparing for the child's transition to adulthood

# Level of Care Guidelines

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## Admission Criteria

- **All of the following criteria must be met:**
  - Common Criteria for All Levels of Care
  - The member is under 18 years of age and resides in the state of Idaho.
  - 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.
  - The member is not at imminent risk of serious harm to self or others
  - The member and member's family do not demonstrate at least one of the following:
    - Knowledge of wellness tools and their use;
    - The presence of a support system;
    - A sense of purpose;
    - A sense of empowerment;
    - Hope about recovery;
    - The ability of the family to self-advocate;
    - Progressing toward independent living;
    - Engagement with-community, school and positive recreational activities.

# Level of Care Guidelines (continued)

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## Admission Criteria

- **All** of the following criteria must be met:
  - The “why now” factors that precipitated access to this service (e.g., changes in the member’s signs and symptoms, psychosocial and environmental factors, or level of functioning) indicate that the member’s family and member require assistance with accessing treatment and/or community resources. Examples include:
    - The member’s family requires information about the member’s behavioral health condition, evidence-based treatment, approaches to self-care, or community resources.
    - 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.
    - The member’s family requires assistance navigating the system of care.
  - The member is receiving behavioral health therapeutic services, or is likely to engage in therapeutic treatment with the provision of Family Support Services.

## Level of Care Guidelines *(continued)*

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- **The CFSP is working toward the following outcomes with the family:**
  - The ability to identify and use wellness tools
  - Progress towards age-appropriate, adaptive skills for independent living
  - Re-engaging with support systems that may have been lost
  - A sense of purpose
  - Increased empowerment
  - Ability for family self-advocacy
  - Increased engagement with supportive services for community, school and positive recreational activities

## Level of Care Guidelines (continued)

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- **Evaluation & Service Planning**

- Note: See Common Clinical Best Practices for All Levels of Care
- The provider must be Credentialed in Family Support Services and employ a CFSP per the CFSP standards.
- The CFSP completes an evaluation of the family's needs upon referral.
  - For members who are transitioning from Inpatient or Residential Treatment, the CFSP should contact 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.



## Level of Care Guidelines (continued)

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- **Evaluation & Service Planning**

- The CFSP, in conjunction with the member's family, develops a service plan within 15 days of the evaluation that addresses the following:
  - The member's recovery and resiliency goals;
  - The member and family's strengths;
  - The member and family's educational needs;
  - The member and family's self-care needs and resources;
  - Problems;
  - Specific and measurable goals for each problem;
  - 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.

## Level of Care Guidelines (continued)

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- **Evaluation & Service Planning**

- 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 every 120 days.
- Discharge Planning

# Referrals for FSS

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## Referrals for FSS may occur in multiple ways:

- Providers can request authorization for FSS through the electronic portal. FSS is a Category 4 services that must be registered as an authorized service in order to receive payment for billed claims.
- Members and/or families can call Customer Service or the Member's Access & Crisis Line to receive referral information to agencies that can provide FSS.
- Field Care Coordinators and Care Advocates can identify members who would potentially benefit from FSS.

# Authorization/Re-authorization

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## Optum Idaho Family Support Services:

**Family Support Services (H0046)**- services rendered in the community by a provider that is credentialed to deliver family support services

- Certified Family Support Partner, per Idaho DBH standards
- No preauthorization requirement as is a Category 4 Status
- 208 units per member over a 6 month period
  - If utilize all units during before the 6 month period, pre-authorization for more units will be required.

*Note:* An Optum Care Advocate, in consultation with Recovery and Resiliency Team, will review the request and progress the member has made to determine medical necessity for continued services.

# Network Participation Requirements for FSS

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## Credentialing Requirements

- Network Agency Request Form (NRF) and Agency Credentialing Application attesting adherence to the applicable criteria
- Peer Support Services Addendum (which includes FSS)
- Network Manager requests an audit of the FSS program

## Audits

- Existing In-Network Agencies may be reviewed through audit
- Site audits are required for unaccredited agencies pursuing group contracts
- Compliance with the criteria for family support partners, the organization's detailed plan for supervision, and record-keeping protocols (e.g., contact notes) for family support partners will be reviewed during the audit

## Approval by Optum National Credentialing Committee

- Credentialing committee meets twice a month

# Goals of the Optum Idaho Cultural Competency Plan

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## Cultural Competence

- Understanding required to establish a culturally competent practice and/or organization

## Understand

- Define the various cultures in Idaho
- Describe the unique medical and behavioral health issues for these respective cultures

## Provide the Framework

- Clarify the importance of cultural competence for the behavioral health clinician providing care, services or treatment to a culturally diverse population

## Introduce CLAS

- Culturally and Linguistically Appropriate Services in Healthcare (CLAS) outlines standards for cultural competency

# Optum Idaho Cultural Competency Plan, continued

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<b>Provide a quantitative and qualitative analysis</b>	<ul style="list-style-type: none"><li>• Member-focused quality improvement efforts are based upon a range of factors including, but not limited to:<ul style="list-style-type: none"><li>– Age, gender, sexual orientation, presence of disability (i.e., intellectual, physical and/or visual/hearing)</li><li>– Geographic location and languages spoken</li></ul></li></ul>
<b>Assess diversity</b>	<ul style="list-style-type: none"><li>• Ability of the Provider network and Optum Idaho to represent and address the linguistic, cultural and ethnic demographic needs</li></ul>
<b>Provide a summary analysis</b>	<ul style="list-style-type: none"><li>• Populations' clinical and risk characteristics:<ul style="list-style-type: none"><li>– Targeting current and future quality improvement efforts</li><li>– Identifying appropriate supportive education</li><li>– Developing prevention activities</li></ul></li></ul>
<b>Assist providers</b>	<ul style="list-style-type: none"><li>• Integrate cultural and linguistically competent-related measures into:<ul style="list-style-type: none"><li>– Internal audits and performance improvement programs</li><li>– Member satisfaction assessments</li><li>– Outcomes-based evaluations</li></ul></li></ul>

# Striking disparities

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## Striking Disparities

Disparities impose a greater disability burden on minorities who:

- ☑ Have less access to and availability of mental health services
- ☑ Are less likely to receive needed mental health services
- ☑ Receive a poorer quality of mental health care
- ☑ Are underrepresented in mental health research





**Recovery means  
a full life in the community  
where ones illness does not get in the way  
of achieving ones hopes and dreams.**

*Thank you for your time today.*

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