

South Carolina Medicaid UM Guideline

Subject: Family Support (FS)
Status: Active

Current Effective Date: 07/01/2016
Last Review Date: 08/14/2023

Description

The purpose of Family Support (FS) is to enable the family or caregiver (parent, guardian, custodian or persons serving in a caregiver role) to serve as an engaged member of the beneficiary's treatment team and to develop and/or improve the ability of the family or caregiver to care for the beneficiary. Family Support (FS) is intended to be time-limited, and the intensity of services offered should be commensurate with the scope of impairment. Services are generally more intensive and frequent at the beginning of treatment and are expected to decrease over time as the beneficiary and family/caregiver's skills develop. Services are based upon a finding of medical necessity, must be directly related to the beneficiary's diagnostic and clinical needs, and are expected to achieve the rehabilitative goals specified in the beneficiary's Individual Plan of Care (IPOC).

FS is intended to:

- Equip families with coping skills to independently manage challenges and crisis situations related to the beneficiary's behavioral health and/or substance use disorder.
- Educate families/caregivers to advocate effectively for the beneficiary in their care.
- Provide families/caregivers with information and skills necessary to allow them to be an integral and active part of the beneficiary's treatment team
- modeling skills for the family/caregiver

Family Support (FS) is a service with the primary purpose of treating the beneficiary's behavioral health and/or substance use disorder.

FS is not for the purpose of case management or case management-like activities and does not include respite care or childcare services of any kind.

Clinical Indications

Medically Necessary:

Criteria A-I must be met to satisfy criteria for admission into Family Support services and age requirement listed above.

- A. The beneficiary is under the age of 22.
- B. The beneficiary has received a diagnostic assessment which includes a current Diagnostic Statistical Manual of Mental Disorders 5 (DSM 5) diagnosis and specific clinical needs that will respond to therapeutic interventions, and which documents the need for FS.
- C. The beneficiary has a serious and persistent mental illness (SPMI), serious emotional disturbance (SED) and/or substance use disorder (SUD), and the symptom-related problems interfere with the individual's functioning, living, working, and learning environment. Children under the age of 7 may qualify for these services if they are diagnosed with an applicable Z-code, per the current DSM;

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- D. As a result of the SED, SPMI or SUD, the beneficiary experiences moderate to severe functional impairment that interferes with two or more of the following: areas: daily living, personal relationships, school/work settings, or recreational setting;
- E. Family/caregiver agrees to be an active participant in treatment; FS services should provide opportunities for the family/caregiver to acquire and improve skills needed to better understand and care for the needs of the beneficiary (e.g., managing crises, providing education about the beneficiary's diagnosis);
- F. Beneficiary meets three or more of the following criteria as documented on the Diagnostic Assessment:
 - i. Is not functioning at a level that would be expected of typically developing individuals their age
 - ii. Is deemed to be at risk of psychiatric hospitalization and/or out-of-home placement
 - iii. In the last 90 days exhibited behavior that resulted in at least one intervention by crisis response, social services, or law enforcement
 - iv. Experiences impaired ability to recognize personal and/or environmental dangers and/or significantly inappropriate social behavior
- G. The score on the age-appropriate assessment tool, completed by the LPHA, indicates need for Psychosocial Rehabilitative Services
 - a. For beneficiaries from birth until 1.5 years, has scored in the 81st percentile or above on the Parenting Stress Index (PSI);
 - b. For beneficiaries age 1.5-5 years, has scored in the borderline to clinical range (minimum T score of 65) on at least one syndrome scale and one DSM-Oriented scale on The Child Behavior Check List (CBCL);
 - c. For beneficiaries 6-18, has been assigned a minimum Child and Adolescent Level of Care Utilization System (CALOCUS) composite score of 17.
- H. Beneficiary is expected to benefit from the intervention and needs would not be better met by any other formal or informal system or support.
- I. The service is recommended by a Licensed Practitioner of the Healing Arts (LPHA) acting within the scope of his/her professional licensure.

Continued Stay Criteria

Criteria A-E. must be met to satisfy criteria for continued FS services.

- A. There is documentation from the provider that the beneficiary is receiving the scope and intensity of services required to meet the program goals specific to the treatment needs stated in the beneficiary's IPOC.
- B. The beneficiary has shown improvement in functioning in at least two of the following areas: daily living, personal relationships, school/work settings, or recreational setting, and is expected to continue to benefit from FS, which remains appropriate to meet the beneficiary's needs.
- C. The beneficiary continues to meet the admission criteria.
- D. The beneficiary, the beneficiary's family/caregiver, and treatment team agree on treatment goals, objectives, and interventions.
- E. The beneficiary's IPOC and treatment process should be youth guided and family driven. The beneficiary, the beneficiary's designated others, and treatment team agree on treatment goals, objectives, and interventions.

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Not Medically Necessary:

FS is not Medicaid reimbursable if it is provided in the following places of service: acute care hospitals, Inpatient Psychiatric Hospitals, Psychiatric Residential Treatment Facilities (PRTF), institutions and residential settings of any type of more than 16 beds, and recreational settings (a place primarily used for play and leisure activities, such as parks and community recreation centers). Services must be rendered in a setting that is convenient for the beneficiary, affords an adequate therapeutic environment and protects the beneficiary's rights to privacy and confidentiality.

Coding

FS is billed in 15-minute units.

Procedure / HCPC Code	Modifier	Description
S9482	-	Family Stabilization Services

Discussion/General Information

None

Definitions

Serious and Persistent Mental Illness (SMI): a mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities" nimh.nih.gov*.

Severe Emotional Disability (SED): persons who are under the age of 18, who have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM-V, that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school or community activities. Reference: Collaborative for Children and Families

*These links lead to third-party sites. Those organizations are solely responsible for the contents and privacy policies on their sites.

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References

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Psychiatric Association. (2022). Diagnostic and Statistical Manual of Mental Disorders, 5th Edition-Text Revision
2. Child and Adolescent Level of Care Utilization System ([CALOCUS-CASII*](#)). Accessed June 11, 2021.
3. Coding Source: South Carolina Fee Schedule
4. South Carolina Department of Health and Human Services (2023) Rehabilitative Behavioral Health Services Provider Manual.

Websites for Additional Information

1. South Carolina Department of Health and Human Services www.scdhhs.gov.* Accessed August 9, 2023.

History

Updated	6/24/2019	Medical Operations Committee (MOC)- Annual Cycle Review
Reviewed and Approved	06/19/2020	MOC Approval-no changes
Reviewed	06/11/2021	Reviewed-No changes
Approved	06/17/2021	Medical Operations Committee (MOC)
Updated	08/14/2023	Updated to align with SC DHHS manual updates.

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