****REVISED 11/28/22****

Family Centered Treatment

Prevention Service: Mental Health and In Home Parenting Skills

Service Attachment

DEFINITION

Family Centered Treatment® (FCT) is a home-based trauma treatment. FCT is designed for families who are at-risk of dissolution or in need of reunification. It is also designed to serve youth who move between the child welfare, behavioral health, and juvenile justice systems. It is recognized as a Supported, Evidence Based Practice (EBP). During treatment, FCT practitioners aim to help families identify their core emotional issues, identify functions of behaviors in a family systems context, change the emotional tone and behavioral interaction patterns among family members, and develop secure relationships by strengthening attachment bonds.

Treatment incorporates trauma-informed interventions throughout four phases:

1. During the *Joining and Assessment* phase, the practitioner aims to establish trust with the family. Together, they identify needed additions, changes, or improvements in family functioning skills and establish therapeutic objectives.
2. During the *Restructuring* phase, practitioners and families identify and practice new patterns of interacting and daily living in accordance with their goals.
3. During the *Valuing Changes* phase, FCT practitioners help the family internalize new patterns of interactions to advance the family toward value integration instead of compliance.
4. During the *Generalization* phase, the family evaluates their changes, plans for future challenges, and closes out their treatment.

TARGET POPULATION

This program is designed to support families with youth, ages 0-18, who are at risk for out of home placements, have trauma exposure, have histories of delinquent behavior, or are working toward reunification. It is also designed to support youth who move between the child welfare, behavioral health and juvenile justice systems. For purposes of prevention service provision, the child shall be placed in the caregiver home while receiving this service and meet the eligibility criteria of being a candidate for foster care or a pregnant/parenting foster youth and as defined within Nebraska's FFPSA Plan candidacy definition as identified in Nebraska's FFPSA Plan

LOCATION AND DELIVERY SETTING

FCT can be delivered in the participant's home or in other treatment and community settings such as school, workplace or the home of a relative.

When providing FCT, the Contractor shall provide DHHS with each therapist's starting point address at least seven (7) calendar days after the execution of this contract and at least seven (7) calendar days prior to utilizing a new therapist. The distance between the therapist's starting point address and delivery setting will be calculated using MapQuest or Google Maps. Any fraction of a mile calculated shall be rounded up to the nearest mile.

LENGTH OF SERVICE

FCT intensity and duration are determined according to family need. Typically, sessions occur 2 or more times per week for 4-6 months. Each session can last for multiple hours. Families also have access to on-call support 24/7. The timeframe for each of the four treatment phases is guided by FCT practitioners based on specific family indicators of progress demonstrating the family has successfully completed a phase of treatment.

STAFF CREDENTIALS

FCT practitioners must be certified in FCT and have at least a bachelor's degree to deliver FCT or meet the state specific credentialing requirements when providing mental health services. State specific credentialing drives the minimum qualification for practitioners and supervisors delivering FCT. FCT providers in Nebraska shall be licensed masters or doctoral level mental health professionals with a license to provide mental health services in Nebraska as set forth by the Nebraska Revised Statutes (Neb. Rev. Stat.) §§ 38-2101 to 38-2139 of the Mental Health Practice Act and the Uniform Credentialing Act and as set forth by the DHHS Division of Public Health, Licensure Unit.

A person who provides mental health services, regardless of the how such services are delivered, to a client present in Nebraska at the time of service, must hold a current appropriate credential issued by the Department of Health and Human Services.

TRAINING AND CERTIFICATION

The Contractor shall have at least 2 years' experience working with children and families.
The Contractor shall have completed or be in process of completing training, certification and licensure as required by the Family Centered Treatment® Foundation (FCTF) and as outlined in the Federal Prevention Clearinghouse. Information and additional supporting materials can be found at:

1. http://www.familycenteredtreatment.org/
2. https://preventionservices.acf.hhs.gov/programs/371/show

The Contractor shall:

1. Become certified, and practitioners must complete online modules and field-based competency evaluations that focus on FCT core skills area development and practical utilization in the field.
2. Practitioners must go through re-certification every 2 years and demonstrate fidelity to the model. Supervisors must be certified via an online FCT supervision course that includes field-based competency testing typically lasting 6 months
3. Agencies must apply and be licensed before implementing FCT. An agency becomes licensed by submitting an application providing evidence of the management, training, supervision, and data collection infrastructure to support the delivery of FCT. The agency must demonstrate fidelity to the model to maintain licensure.
4. The contractor shall ensure the staff within the agency providing FCT, has and maintains the required education, training and/or model certification.
5. Participate in training, as applicable, with DHHS, regarding the NFOCUS billing and claims system.
6. Collaborate or consult with the national FCTF, as necessary for training, credentialing, and fidelity to the model.

ACCEPTING & RESPONDING TO REFERRALS

The Contractor shall serve families referred by and involved with DHHS.

The Contractor shall review the referral to determine if the family is appropriate for the service. If it is determined the family is not appropriate for FCT, the Contractor shall notify the Child and Family Services Specialist (CFSS) within 24 hours.

The Contractor shall invite the CFS Specialist to the initial meeting with the family.

The referring DHHS case manager or supervisor shall be at the first meeting with the family and the Contractor to provide introductions and discuss goals of the service.

FIDELITY STANDARDS

1. The Contractor shall adhere to the fidelity standards of FCT, as set forth by the FCTF and the book/manual/available documentation as contained in:
   - The *Wheels of Change—Family Centered Specialists Handbook and Training Manual* is implemented in conjunction with the *Family Centered Treatment® Design and Implementation Guide*.
   - Painter, W. E., & Smith, M. M. (2004). *Wheels of Change—Family centered specialists handbook and training manual*. Institute for Family Centered Services. Wood, T. J. (2018). *Family Centered Treatment® design and implementation guide* (Rev. ed.). Family Centered Treatment Foundation Inc.
2. The Contractor shall adhere to model fidelity as established by the FCTF. This includes, but may not be limited to:
   - Maintain proper model certification and licensure of the agency and the clinicians being assigned the CFS cases, within personnel files.
   - Maintain the required educational/training requirements consistent with the model developer guidelines and terms of the CFS contract.
   - Participate in personnel file reviews, as determined and performed by DHHS that will include validation of current model certification, and confirmation of educational/training status for staff providing FCT.
3. The Contractor shall log service information as determined by DHHS, into a reporting system as determined by DHHS. This includes but is not limited to:
   - Family Name
   - Master Case
   - Service Type
   - Service Begin Date
   - Service End Date
   - Total number of sessions
   - Did the family successfully complete treatment
   - If the family terminated services early, why?
   - Name of Therapist/Direct Service Provider
   - Youth at home at closure

PERFORMANCE OUTCOME MEASURES

The Contractor is responsible for reporting data information to DHHS. The Contractor will submit a monthly report, by the 10th of the following month, or upon request by DHHS, that will include, but is not limited to:

1. Interventions provided.
2. Results of any assessments completed.
3. Outcome progression and status.
4. The monthly report will refer to any/all safety threats present at time of referral, and progress towards addressing the safety threat(s).

DHHS shall collect, within its own system, the additional data information for further assessment of performance outcomes:

1. Foster Care Placement status at 12 months from prevention plan start date
2. Foster care entry within 24 months of the prevention plan start date
3. Date of entry into foster care
4. The extent FCT is preventing maltreatment:
    - Maltreatment after discharge from FCT
    - Maltreatment while providing FCT
5. At service closing, eighty-five percent (85%) of the families referred by DHHS will have their children in home at discharge.
6. Six (6) months post service discharge, eighty-five percent (85%) of the families who had their children in-home at discharge will have safely maintained their children in-home without removal or placement outside of the home.
7. 100% of children will experience no incidents of substantiated maltreatment while involved in this service.

If the contractor does not meet the performance outcome measures, DHHS may require the contractor to submit a Corrective Action Plan. A Corrective Action Plan must be submitted for review and approval to DHHS within thirty (30) business days of the request. If DHHS requires revisions to the Corrective Action Plan, it will so notify the contractor within ten (10) business days.

MINIMUM REPORTING REQUIREMENTS

The Contractor shall report data measures as required by the FCTF for monitoring the fidelity of the service provided. A copy of these data reports shall be sent to the DHHS Contract Manager by the 10th day of the following month.

1. The Contractor shall report data measures as required by the FCTF if applicable and/or DHHS, for monitoring the outcomes and fidelity of the service provided.
2. The Contractor shall enter outcome data on a DHHS database as determined by DHHS.
3. The Contractor shall provide DHHS with a copy of the family-driven assessment completed with the family as well as a copy of the written treatment plan for the family with the family's signature indicating agreement with the plan.
4. The Contractor shall provide monthly written progress reports to DHHS. Progress reports should include documentation of interventions to include role-play, practice, homework, rehearsal, modeling, education, and review of performance. The monthly report shall include information

regarding the family's progress with achieving goals identified from the family assessment and a contact log.

5. The Contractor shall maintain the contact log and make the contact log available to DHHS upon request.
6. The Contractor shall provide a written discharge plan to the referring CFS Specialist, prior to discharging the family. The discharge plan shall include the family's involvement in the creation of the plan as well as specific community services and informal, social supports the family has been connected to during the service.
7. The Contractor shall report the race of the child.
8. The Contractor shall report each date that FCT is provided.
9. The Contractor will retain progress notes that will be available to DHHS upon request.

PAYMENT

For the service of FCT, the Contractor shall not claim payment from DHHS under this Contract of any service for which payment is being claimed, even in part, for medical services to individuals paid for by Medicaid or any other payor source. The Contractor shall first bill Medicaid or private insurance for medical and/or treatment services. If Medicaid or private insurance denies payment for treatment services, the FCT provider shall submit a copy of the denial to DHHS and DHHS may pay for treatment services.

1. When Medicaid pays for the medical/treatment services, the DHHS rate will cover non-medical expenses. Non-medical expenses include but are not limited to:
    - Time to complete routine documentation,
    - Costs for business operations,
    - Non face-to-face time,
    - Mileage and drive time.
    - When Medicaid denies payment for services, the DHHS rate will cover non-medical expenses in addition to the medical/treatment services.
2. If attendance at court or family team meetings is requested by either DHHS, courts, or required for model fidelity then the Contractor can bill for services at the DHHS established FCT rate.
3. When providing FCT in the family home, the Contractor shall provide DHHS with each therapist's starting point address at least seven (7) calendar days after the execution of this contract and at least seven (7) calendar days prior to utilizing a new therapist. The distance between the therapist's starting point address and each family's home address will be calculated using MapQuest or Google Maps. Any fraction of a mile calculated shall be rounded up to the nearest mile.
4. The Contractor shall submit an N-FOCUS generated electronic claim through the web portal, unless otherwise directed by DHHS.
5. No additional costs shall be paid by DHHS, unless and except as specifically stated with the Contract and any attachment(s).
6. The Contractor shall maintain 100% of all source documentation, for auditing purposes, in a format approved by DHHS which supports each billing entry made through the web portal.
7. The Contractor shall submit denied claims from Medicaid as supporting documentation for the higher rates billed to DHHS.

8. The Contractor shall not accept payment from the family under the terms of this Contract unless the court order requires payment by the family.

ESTABLISHED RATE

For the service of Family Centered Treatment, DHHS shall pay the Contractor the following:

1. When Medicaid pays for services, and FCT is provided within the home, DHHS shall pay the Contractor a rate that may vary based upon the distance travelled to deliver FCT services as follows:
    - Tier 1 Rate: When the distance between the therapist's starting point address and the family's home address is 30 miles or less, DHHS shall pay the Contractor $54.94 per hour.
    - Tier 2 Rate: When the distance between the therapist's starting point address and the family's home address is at least thirty-one (31) miles but not more than sixty-five (65) miles, DHHS shall pay the Contractor $85.15 per hour.
    - Tier 3 Rate: When the distance between the therapist's starting point address and the family's home address is sixty-six (66) miles or more, DHHS shall pay the Contractor $115.36 per hour.
2. When Medicaid denies payment for services, DHHS shall pay the Contractor a rate that varies based upon the distance travelled to deliver FCT services as follows:
    - Tier 1 Rate: When the distance between the therapist's starting point address and the family's home address is 30 miles or less, DHHS shall pay the Contractor $228.94 per hour.
    - Tier 2 Rate: When the distance between the therapist's starting point address and the family's home address is at least thirty-one (31) miles but not more than sixty-five (65) miles, DHHS shall pay the Contractor $259.15 per hour.
    - Tier 3 Rate: When the distance between the therapist's starting point address and the family's home address is sixty-six (66) miles or more, DHHS shall pay the Contractor $289.36 per hour.
3. DHHS must pre-approve in writing any Contractor requests to utilize more than one staff person to work with a family simultaneously.

EVALUATION STRATEGY

If DHHS chooses to have a formal evaluation of FCT conducted, the contractor shall collaborate with a DHHS contracted provider, to participate in an evaluation study of the provision of FCT to child welfare involved families. This collaboration will involve, but is not limited to:

1. Providing the legal guardian of the participant, with a consent form, requesting consent for information from participating in FCT, be provided to the DHHS contract evaluation provider, for purposes of conducting an evaluation.