

Comprehensive Child & Family Therapy (CCFT)

Comprehensive Child & Family Therapy (CCFT) is a high intensity, time-limited, comprehensive therapeutic service designed for children and youth at risk of placement in hospitals, residential treatment centers, or other out-of-home placements, as well as for youth returning from out-of-home placements. Cases referred for CCFT have a high level of family instability as well as high-risk behaviors exhibited by the child/adolescent that, combined, require a comprehensive, in-home treatment strategy.

CCFT services are team-based and provide services across the multiple systems in which the child/adolescent exhibits high-risk behaviors. These systems may include the family system, school, child welfare, legal system, and the community. Assessments and interventions are highly individualized and integrated, targeting identified referral behaviors through an individual, family, and community-based approach. CCFT also provides 24/7 on call services to address crisis situations as they emerge.

The primary goal of CCFT is to empower the family to monitor and manage the mental and physical health needs and high-risk behaviors of the youth in order to provide long-term sustainability for the youth in the natural home and community environment.

Admission Criteria

All the following must be met:

1. The services must be recommended by a Tennessee licensed behavioral health clinician who is actively treating the member at the time of the recommendation, in addition to meeting all other prongs of the TennCare Medical Necessity Criteria.
2. There is immediate risk of out-of-home placement due to severe and high-risk behaviors exhibited by the child/adolescent. The severity of the identified behaviors or needs is such that the member is at risk of immediate out of home placement if CCFT services are not provided.
3. The Member must demonstrate behavioral symptoms consistent with a DSM diagnosis which requires and can reasonably be expected to respond to planned therapeutic interventions.
4. Less intensive services (e.g.outpatient therapy, etc.) have either failed to measurably decrease acute symptomatology and maintain functioning, or there is compelling evidence that these interventions are likely to fail if employed.
5. The member's behaviors have measurably escalated within the past 30 days, showing significant change in school, home, or community functioning.
6. Symptoms require multi-level intervention, and the family agrees to actively participate in CCFT.

Exclusion Criteria

Member and/or family is receiving CCFT services at the time of the request or severity of psychosocial impairment due to a behavioral health condition requires higher intensity of intervention that can be provided through CCFT services.

Continued Stay Criteria All the following must be met:

1. The member is at high risk of out of home placement if transitioned to a lower level of care (LOC) due to either youth or family treatment goals not being met.
2. The member's behaviors at home, school and in the community remain at high risk for placement in a higher level of care. Triggers have been identified that promote instability in the family and necessitate continued interventions. Any identified trigger must have a concrete intervention that is behaviorally oriented, is evidence-based, is practical and effective, and is measurable and time-limited in nature. Interventions are leading to increased stability, decreased use of crisis services, decreased risk of higher LOC and focus whenever possible on enhancing existing system strengths.
3. Transition to a lower level of care and steps to accomplish this transition are being put in place (i.e., discharge planning is continuously being addressed from initiation of services going forward and providers for aftercare services are being identified, including a crisis plan for when services have been completed).
4. Continued stay reviews will be done every 3-4 weeks, this frequency may change based on clinical issues of each case. Evidence of active participation in treatment by key family members (at least 80% of the time), as well as the member, or an effective and time-limited plan that will likely lead to more active participation by the child/youth and key family members/caregivers must be documented in the Treatment Plan. Active participation means that family members agree to be seen at least weekly, do not have significant barriers to scheduling appointments and are able to follow treatment recommendations according to the treatment plan. Failure to adequately engage the family and/or the child/youth in a manner that ultimately leads to meaningful change (a common cause of 'lack of progress towards treatment goals') will not meet continued stay criteria and will not be eligible for continuation of the authorization of these services.
5. Concrete evidence of improvement from CCFT services must be present and documented in the treatment plan and on the continued services request form, or changes to the treatment plan and its interventions that will be reasonably likely to address any lack of improvement from CCFT services must be present in these same documents.

Discharge Criteria

Criteria 1, 2, and 3 OR Criteria 4 must be met:

1. Member is no longer at immediate risk of hospitalization, RTC placement or other out-of-home placement due to behavioral health issues.
2. Member and family/caregivers have been functioning without crisis that would result in out-of-home placement.
3. Family has developed measurably improved coping skills to manage future behavior problems.

4. There is lack of measurable progress or participation by key family members, as well as the member themselves, or there is no clinical intervention that will likely change the lack of participation, or this level of care is not meeting the clinical needs presented by the member or family.
5. Member and family/caregivers actively refuse to participate in the service.

Program Service Expectations

Note: Service Expectations are not utilized to render medical necessity determinations. Service Expectations compliance will be monitored in the concurrent review process and deficiencies managed by the UnitedHealthcare Community Plan Quality Department.

1. Initial case review for admission will be completed with UnitedHealthcare Community Plan UM staff using forms developed for CCFT.
2. The individual rendering CCFT services must hold at least a bachelor's degree in a behavioral health discipline (e.g. psychology, social work, sociology, etc.).
3. The CCFT will be supervised by a licensed master's level or higher clinician in a behavioral health discipline at least once monthly. Evidence of supervision will be made available to UnitedHealthcare Community Plan upon request.
4. The CCFT treatment plan, and Crisis Plan, will be developed 10 business days of initiating CCFT services. The treatment plan will include interventions that are:
 - a. In conformance with the principles of Recovery and/or Resiliency
 - b. Strengths based
 - c. Measurable and have time frames for completion
 - d. Include detail about transition/discharge planning
5. CCFT will actively coordinate with other behavioral health and medical treating providers throughout the episode of care, including assessment, treatment planning, active treatment and discharge planning. When a member is receiving other case management services (e.g. Tennessee Health Link (THL)) at the time of admission to CCFT, the CCFT provider must notify and coordinate with the case management provider around admission and discharge. CCFT services should not occur in conjunction with other intensive community based treatment services (e.g. CTT or PACT).
6. A transition staffing with family will occur prior to discharge and will be made available to UnitedHealthcare Community Plan upon request.
7. The typical length of stay in CCFT is 60-90 days. Lengths of stay exceeding 90 days will be reviewed by a Physician Reviewer for consideration for recommendations of additional interventions needed to affect progress and/or to consider alternate higher or lower levels of care.
8. The services are available on 24-hour, seven days a week basis. CCFT counselors are expected to become involved in circumstances that lead to emergent/urgent assessment needs (e.g. - for members in process of receiving a MCRT assessment for emergent/urgent placement).

9. Documentation is provided that ensures coordination and continuity of care is actively occurring and resulting in the development of collaborative relationships with treating psychiatrist, Nurse Practitioners, PCPs, therapists, DCS case managers, crisis services and other providers.
10. The staffing ratio of case managers to members will conform to the minimum ratios for CCFT services as set forth in the Contractor Risk Agreement.