

Functional Family Therapy Questions and Responses

PLEASE NOTE:

THE FUNDING ANNOUNCEMENT HAS BEEN REVISED TO REQUIRE MASTERS LEVEL STAFF TO PROVIDE FAMILY FUNCTIONAL THERAPY. PLEASE REVIEW THE FUNDING ANNOUNCEMENT BEFORE PREPARING THE APPLICATION!

THERE IS ASLO A CHART INCLUDED WITH MEDICAID CREDENTIALS/RATES FOR REIMBURSEMENT FOR THERAPY.

Question: The application requires letters of agreement from the judicial circuit. Could you give me example of who can write this letter? Circuit Judge?

Response: The letter should indicate that the court, probation, or prosecutor's office will make referrals to the FFT program. The letter should be signed by a judge, the probation office or Prosecuting attorney's office.

Question: Which Medicaid services do you foresee as being the billable services to sustain the Functional Family Therapy program? I am not finding ones that seem workable for FFT with predominantly bachelor's level staff for the following reasons:

- The Professional Counseling codes require the presence of the client and must be performed by a Master's level therapist or greater credential.
- The Supportive Counseling codes allow bachelor's level staff, but preclude any form of skills training or teaching.
- The Crisis codes only allow crisis de-escalation.
- The Specialty Codes specific to Family Therapy allow therapy with or without the client but require licensed professionals to provide the service.

Response: While the FFT model allows for Bachelor's level staff to provide therapy, this model will require reimbursement through Medicaid. The Medicaid requirements for family therapy will require a Master's degree. Proposed applicants must submit applications that follow the rules and credentialing/licensing as is required by Medicaid. The funding announcement has been revised to correct this and the changes are highlighted in yellow.

Question: How are these services to be billed? As we normally would bill insurance for family therapy, or under a special type of service code?

Response: Therapy will be billed in accordance with Medicaid, private insurance or other payer guidelines. WV Medicaid reimbursement for family therapy

requires Masters Level staff. The Funding Announcement has been changed accordingly.

Question: Can multiple people receive the supervisor training in Phase 2?

Response: At this time, more than one person would not be eligible to receive the supervisor training in Phase 2.

Question: Will the therapy provided be paid by the grant through the Department or through Medicaid?

Response: The grant only covers training and site certification costs, which includes assessment licensing fees. The therapy would be reimbursed by Medicaid, private insurance, or other source.

Question: We are expected to hire staff by January 1, 2016 but we will not be taking referrals until March 1, 2016, where will the money for salaries come from until we start billing?

Response: The Department anticipates applicants will already have therapists on staff that provides a variety of therapeutic services. FFT would be another type of therapy provided when appropriate for the youth and family. The grants are not covering salaries or fringe benefits because the number of families to be served may not be sufficient to allow for therapists to spend 100 percent of their time providing FFT only.

Question: How many grants are being awarded?

Response: The number of grants awarded will depend on the number of applicants selected for the award. Funding is available for up to 15 sites.

Question: Are there any special requirements to site certification other than completion of the three Phases of implementation?

Response: There are no other special requirements to site certification other than those outlined in the three phases by FFT, llc. Phase III of the certification process is on-going annually to maintain certification and self-sufficiency.

Question: Will there be monthly TA calls or meetings?

Response: There will be one hour weekly conference calls with FFT, llc. There will also be onsite trainings provided by FFT, llc throughout each phase.

Question: Where will the FFT Trainings be held?

Response: The trainers will travel to WV to provide training. The externship supervisor trainings that occur in Phase I and Phase II will occur off-site at a location determined by FFT, llc. Staff travel costs would be covered by the grant.

Question: What is the overall size of the grant program? How many agencies /sites does the department hope to fund? Is there a target for the overall number of therapists?

Response: The Department hopes to make FFT available in as many counties as possible throughout the state. Funding is available for up to 15 sites.

Question: The announcement seems to use the word “site” in several different contexts. Can you help us understand better? Could a statewide agency be considered a single site and meet the 3 to 8 therapist expectation with therapists at several locations who work together under a single supervisor? Will a single FFT certification cover all the locations?

Response: Yes. The expectation is that the team consists of therapists that are employed by one agency (site), but may be physically located throughout the state at different locations. The team of therapists, ideally, come together for conference calls, if able, but may participate via teleconference. The teams are required to physically come together for the on-site trainings provided by FFT, llc. A site may consist of several teams of therapists, consisting of 3-8 therapists each team. A single FFT certification will cover all locations, but not all teams if the agency applies for multiple teams.

Question: Can grant funds be used to cover travel expenses for agency employees? Can they cover employees' time during training (salary+benefits)?

Response: Grant funds can be used to cover costs related to training such as space and staff travel but not salaries and benefits.

Question: Does the training by FFT LLC need to be completed separately for each Agency/site, or could FFT LLC present training for several Agencies/sites?

Response: FFT training is designed to be done on site with each agency individually. This allows agencies to bond as a team. If there are two agencies that are in close proximity and would be acceptable to both agencies FFT may consider doing a combined initial training. However, all consultation and follow up training would be done with agencies individually.

Question: Help us understand licensing requirements for Therapists for FFT. Is a LPC, LCSW, LICSW required? Our current understanding of licensing and Medicaid billing requirements seem to indicate a higher level of credentialing is required than shown in the Announcement.

Response: FFT suggests a master's level clinician to provide therapy and does not require specific licensure. Instead FFT requires therapists to meet or exceed the local standards and requirements for certification and licensure. To meet the requirements of this announcement the standards will be set by the licensing/credentialing requirements established to bill WV Medicaid for therapy services provided. The Funding Announcement has been changed to reflect these requirements.

Question: Help us understand licensing requirements for Supervisors for FFT therapists. Our current understanding of licensing and Medicaid billing requirements seem to indicate a higher level of credentialing is required than shown in the Announcement.

Proposed Response: FFT suggests a master's level clinician to provide therapy and does not require specific licensure. Instead FFT requires therapists to meet or exceed the local standards and requirements for certification and licensure. To meet the requirements of this announcement the standards will be set by the licensing/credentialing requirements established to bill WV Medicaid for therapy services provided. The Funding Announcement has been changed to reflect these requirements.

Question: Do you envision Functional Family Therapy services being potentially provided within the WV Safe at Home Wraparound services?

Response: Yes, youth and families meeting the criteria for FFT could be referred for this service since it is Medicaid reimbursable. If a family was not Medicaid eligible and did not have private insurance, a Safe at Home provider could use part of the daily Safe at Home rate to pay the Medicaid rate for this therapy.

Question: The estimated training and certification cost document seems to focus on training costs. Is there an additional certification expense?

Response: See all associated documents related to training and site certification. Training is the major cost involved in the certification process. Individual and program level outcomes are tracked through the FFT Clinical Services Systems (CSS). The FFT-CSS is a web-based application that supports and guides therapists and supervisors to organize around and adhere to the FFT

model. Sites must provide each FFT therapist with on-going computer and internet access (Internet Explorer 6.0 or above) so they can use progress notes and the other assessment instruments that are utilized during the course of an FFT intervention.

Other FFT Possible Implementation Needs

Sites should have access to a good quality speakerphone for conducting weekly/biweekly clinical consultation.

Sites may want to consider a provision for therapist transportation and cellular phone when home-based FFT services are being conducted.

Ample meeting space for conducting family therapy when conducting FFT in an office/clinical setting.

Clinical Assessments Used with FFT

During the course of Functional Family Therapy, therapists administer a number of different assessments both pre- and post-therapy to various family members who are participating in FFT. While many of the assessments have been developed by FFT, we also utilize three specific instruments that sites *must* purchase and have on-site *prior* to the beginning of site certification training. Assessments are: the OQ-45.2, the Y-OQ2.01 and YOQ SR. FFT therapists will administer these assessments to all families as described during on-site CSS training and in the FFT/CSS Manual.

Assessment Ordering Information

OQ-45.2 and two YOQ instruments– FFT sites should only order the paper version of these assessments, see info below.

Their phone is 1-888-MHSCORE = 1-888-647-2673 (they will answer as OQ Measures), or you can e-mail them at: office@oqmeasures.com, or find order forms for the paper & pencil products at www.oqfamily.com. You can also write to them at:

OQ Measures
P.O. Box 521047
Salt Lake City, Utah
84152

Question: Will this activity be procured consistent with current APS practices?

Response: Since it is a Medicaid reimbursable service, WV Medicaid credentialing, authorization, and billing procedures must be followed.

Question: If APS continues with the current preauthorization and reauthorization processes for specified units, will these units be enough to meet FFT requirements?

Response: Yes, for the population that is authorized for family therapy under APS, units are not capped as long as medical necessity is met.

Question: How and when would we invoice?

Response: Invoicing for therapy would be done in accordance with Medicaid or private insurance guidelines. Invoicing for grants will be a combination schedule of payment and cost reimbursement. There will be an advance payment to cover initial training and certification costs, then reimbursement for all remaining costs incurred during the grant period.

Question: Will remuneration be based on outcomes rather than delivery of service?

Response: Continued grant funding will be based on performance and outcomes, but therapy will be reimbursed in accordance with WV Medicaid guidelines and requirements.

Question: Will service providers require licensure?

Response: Credentialing and licensing must meet the minimum standards as required for reimbursement by WV Medicaid.

Question: A site group is described as 3-8 people. If a site begins with i.e. six people and one resigns, is it mandatory for the site to hire a replacement?

Response: No, as long as the site stays within the three therapist minimum. FFT, llc will hold replacement trainings for therapists if the site wishes to replace the therapist, however, this comes at an additional cost of \$1600 (does not include travel cost).

Question: The document notes the site group must maintain 5-7 families per provider by 1.5 month of training or Phase I may be delayed. Can the site group reduce the number of clinicians to meet this requirement?

Response: FFT would like sites to retain at least 3 therapists at all times if possible. The main concern is that all therapists have enough referrals to become proficient in the model, so if a site starts with 6 therapists and then loses 1, it would be fine with that as long as all of the remaining therapists continue to

have full caseloads. Sometimes sites start out with too many therapists and then realize that they only have enough referrals for a smaller amount of therapists, so it works out better to have less if someone leaves.

Question: By month 8 of Phase I it notes FFT will begin discussions regarding Phase II, including likely candidates to be trained as the FFT on-site supervisor. Does FFT select these candidates or does the agency?

Response: This process is just to help a team work through who they would like to become their onsite Supervisor if they do not have that decided when training begins. Some sites hire with a Supervisor in mind from the onset and some sites wait to see if someone “rises to the top” during Phase 1. FFT would like to be sure sites have that person decided by month 8 so that they can plan for attending the externship, etc. FFT will help an agency make that decision, but it is ultimately the agency’s decision to make.

Question: What documentation/proof of commitment to working with at risk youth and families is the department looking for (e.g., actual hands-on services; ability to pull from other operational resources, etc.)? Commitment is broad term and we want to make sure we understand the specific background or resources BCF is looking for.

Response: A description of agency and staff history of services to the target population will suffice.

Question: Referral sources: Page 7 of the Funding Announcement (E. Organizational Experience/Capability) states that the applicant must include letters of agreement with sources of referral for the programs. Page 9 of the Funding Announcement (V. Department Responsibilities) states that the Department is responsible for referrals for the service from local offices. Can you clarify from what referral sources we need letters of agreement if the Department is responsible for referrals?

Response: FFT requires each therapist to maintain minimum caseloads of 5- 7 families to meet the standards of training and certification. Sources of referrals to FFT include probation officers, prosecuting attorneys or other court officials, school personnel, and DHHR. The letters from potential referral sources should come from some of these sources to provide evidence of support of the applicant providing the service to ensure the applicant’s ability to maintain the necessary caseloads for site certification and self-sufficiency.

Question: The Guidelines for Submission of Grant Application includes some applicant narrative requirements that are similar to some of the requirements included in the Funding Announcement. Will responding to the narrative requirement in the Funding Announcement be sufficient, or do we need to respond to both documents?

Response: The applicant’s response to the funding announcement will cover requirements. The Guidelines for Submission provides a general outline; the

funding announcement the specific information related to Functional Family Therapy.

Question: Ample meeting space: Are there any other specific guidelines in terms of size of area or other environmental requirements within an existing office necessary to be able to conduct therapy sessions?

Response: **No requirements other than adequate space for training sessions and for family members to participate in FFT.**

Question: What are the rates for this service? Rates will help us better determine our ability to operate this program.

Response: **See attached chart for Medicaid reimbursement rates.**

Question: The document notes the site group must maintain 5-7 families per provider by 1.5 month of training or Phase I may be delayed. Can the site group reduce the number of clinicians to meet this requirement?

Response: **Yes as long as the minimum of three therapists per site is maintained.**

Question: By month 8 of Phase I it notes FFT will begin discussions regarding Phase II, including likely candidates to be trained as the FFT on-site supervisor. Does FFT select these candidates or does the agency?

Response: **The site/agency selects the candidate and may select this candidate prior to the commencement of training or may delay choosing this candidate until the eighth month of Phase 1**

Question: What are the variables being evaluated as part of the outcome evaluation process? Some families have more supports and are more vested than others which are important variables not within the control of the agency. Some families will make geographic moves, parents may be arrested, parents may be no-shows. How will accountability be determined in situations such as this?

Response: **Reports for outcomes will account for variables beyond agency control.**