FAMILY SUPPORT AND TRAINING (FST)

PURPOSE

Performance specifications are intended to enhance MassHealth Enrollee experience and outcomes by promoting transparency and consistency across Plans and providers. Performance specifications are expectations imposed on providers who contract for these specific and related services. Information contained in this document is based on publicly available documents, Plan expectations, your contract, and MassHealth guidance. This information should be and will look materially like any other MassHealth contracted Plan. Performance specifications, your provider manual, and other requirements can be found at providerexpress.com.

Providers contracted for this level of care or service are expected to comply with applicable regulations set forth in the Code of Massachusetts Regulations, and all requirements of these service-specific performance specifications. In addition, providers of all contracted services are held accountable to the General Performance Specifications. Where there are differences between the service-specific and General Performance Specifications, the service-specific specifications take precedence.

OVERVIEW

Family Support and Training (FST) is a service provided to the parent/caregiver of a youth (under the age of 21), in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and other community settings. FST is a service that provides a structured, one-to-one, strength-based relationship between a Family Partner and a parent/caregiver. The purpose of this service is for resolving or ameliorating the youth's emotional and behavioral needs by improving the capacity of the parent/caregiver to parent the youth to improve the youth's functioning as identified in the outpatient or In-Home Therapy (IHT) treatment plan, or Individual Care Plan (ICP) for youth enrolled in Intensive Care Coordination (ICC), and to support the youth in the community or to assist the youth in returning to the community. Services may include education, assistance in navigating the child serving systems (DCF, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources support (e.g., after-school programs, food assistance, summer camps, etc.), coaching, and training for the parent/caregiver.

Family Support and Training is delivered by strength-based, culturally, and linguistically appropriate qualified paraprofessionals under the supervision of a licensed clinician. Family Support and Training services must achieve the goals established in an outpatient or IHT treatment plan, or ICP for youth enrolled in ICC. Services are designed to improve the parent/caregiver's capacity to ameliorate or resolve the youth's emotional or behavioral needs and strengthen their capacity to parent.

Delivery of ICC may require Care Coordinators to team with Family Partners. In ICC, the Care Coordinator and Family Partner work together with youth with Severe Emotional Disturbance (SED) and their families while maintaining their discrete functions. The Family Partner works one-on-one and maintains regular, frequent contact with the parents/caregivers to provide education and support throughout the care planning process, attends Care Planning Team (CPT) meetings, and may assist the parents/caregivers in articulating the youth's strengths, needs, and goals for ICC to the Care Coordinator and CPT. The Family Partner educates parents/caregivers about how to effectively navigate the child-serving systems for themselves and about the existence of informal/community resources available to them and facilitates the parent's/caregiver's access to these resources.

SERVICE COMPONENTS

1. Providers of FST services are outpatient hospitals, community health centers, mental health centers, other clinics, and private agencies certified by the Commonwealth. Providers of FST services utilize Family Partners to provide these services.
2. The FST service must be operated by a provider with demonstrated infrastructure to support and ensure:
    a. Quality Management/Assurance
    b. Utilization Management
    c. Electronic Data Collection/IT
    d. Clinical and Psychiatric Expertise
    e. Cultural and Linguistic Competence
    f. Clinical and Psychiatric Expertise
3. The FST provider engages the parent/caregiver in activities in the home and community. These activities:
    a) Are designed to address one or more goals on the youth's treatment plan for outpatient or In-Home Therapy, or ICP for youth enrolled in ICC.
    b) Are designed to assist the parent/caregiver with meeting the needs of the youth and meet one or more of the following purposes:
        - educating
        - supporting
        - coaching
        - modeling
        - guiding
    c) and may include:
        - education
        - teaching the parent/caregiver how to navigate the child-serving systems and processes
        - fostering empowerment, including linkages to peer/parent support and self-help groups
        - teaching the parent/caregiver how to identify formal and community-based resources (e.g., after-school programs, food assistance, housing resources, etc.)

4. The Family Support and Training provider develops and maintains policies and procedures relating to all components of consumer peer support services. The provider will ensure that all new and existing staff will be trained on these policies and procedures.
5. The Family Support and Training provider delivers services in the parent's/caregiver's home and community.
6. Services shall be provided to the youth and family in the home/community. Providers may deliver services via a HIPAA-compliant telehealth platform at the family's request and if the service can be effectively delivered via telehealth. Services delivered through a telehealth platform must conform to all applicable standards of care. When providing services via telehealth, providers shall follow the current MassHealth and MCE guidelines regarding telehealth.
7. The Family Partner delivers services in accordance with an existing outpatient, or In-Home Therapy treatment plan that is jointly developed by the outpatient, or In-Home Therapy provider with the parent/caregiver, and the youth whenever possible, and may also include other involved parties such as school personnel, other treatment providers, and significant people in the youth and parent's/caregiver's life. For youth in ICC, Family Support and Training services are delivered in accordance with the ICP.

STAFFING REQUIREMENTS

1. Minimum qualifications for a Family Partner includes:
    a) experience as a caregiver of a youth with special needs, and preferably a youth with mental health needs; and
    b) experience in navigating any of the child and family-serving systems and teaching family members who are involved with the child and family serving systems; and
    c) bachelor's degree in a human services field from an accredited university and one year of experience working with the target population; or
    d) associate's degree in a human service field from an accredited school and one year of experience working with children/adolescents/transition age youth; or high school diploma or GED and a minimum of two years of experience working with children, adolescents, or transition age youth.
2. Family Partners possess a current/valid driver's license and an automobile with proof of auto insurance.
3. The FST provider participates in, and successfully completes, all required training.
4. The FST provider ensures that Family Partners complete the state required training program for ICC and have successfully completed skill-based and competency-based training to provide ICC services.
5. The FST provider ensures that all Senior Family Partners and supervisory staff complete the state required training program for ICC and have successfully completed skill-based and competency-based training to supervise Family Partners.
6. The FST provider ensures that all Family Partners, supervisory staff, and program managers, upon employment and annually thereafter, before assuming their duties, complete a training course that minimally includes the following:
    a) Overview of the clinical and psychosocial needs of the target population

b) Systems of Care principles and philosophy
c) The four phases of Wraparound and the 10 principles of Wraparound
d) Their role within a CPT
e) Ethnic, cultural, and linguistic considerations of the community
f) Community resources and services
g) Family-centered practice
h) Behavior management coaching
i) Social skills training
j) Psychotropic medications and possible side effects
k) Risk management/safety planning
l) Crisis Management
m) Introduction to child-serving systems and processes (e.g., DCF, DYS, DMH, DESE, etc.)
n) Basic Individualized Education Program (IEP) and special education information
o) CHINS/juvenile court issues
p) Managed Care Entities' performance specifications and medical necessity criteria
q) Child/adolescent development including sexuality
r) Conflict resolution

7. Documentation of the provider's training curriculum is made available upon request.
8. The provider ensures that Family Partners receive weekly individual supervision from a Senior Family Partner and weekly individual, group, or dyad supervision (i.e., Dyad supervision is generally conducted in the same way as individual supervision, but the supervisor works with two supervisees at the same time) with a licensed behavioral health clinician who has specialized training in parent support, behavioral health needs of youth, family centered treatment, and strengths-based interventions, and who is culturally and linguistically competent in working with youth and families with behavioral health needs.
9. The provider ensures that a clinician licensed at the independent practice level is available during normal business hours for consultation, as well as during all hours in which any Family Partners provide services to parents/caregivers including evenings and weekends.

SERVICE, COMMUNITY AND OTHER LINKAGES

1. The provider offering FST services will assist the parents/caregivers with learning how to network and link to community resources and services that will support them in caring for the youth. Family Partners teach the parent/caregiver how to promote linkages with other treatment providers, or the ICC Care Coordinator for youth in ICC, and assist the parent/caregiver in advocating for and accessing resources and services to meet the youth's and parents'/ caregivers' needs. This may include, but is not limited to, access to support groups, faith groups, and community support that will assist the parent to address the youth's emotional and behavioral needs.

2. For youth in ICC, the Family Partner participates as a member of the CPT and clearly outlines the goals of Caregiver Peer-to-Peer services in the ICP.
3. For youth who are not engaged in ICC, the FST provider works closely with the family and any existing/referring behavioral health providers to implement the objectives and goals identified in the referring provider's treatment plan.
4. The Family Partner will participate in all care planning meetings and processes for the youth. When state agencies (e.g., DMH, DCF, DYS, DPH, DESE/LEA, DMR, MRC, ORI, probation office, the courts, etc.) are involved and consent is given by the parent/guardian/caregiver, the Family Partner participates and interacts, as appropriate, with these agencies to support service/care planning and coordination, on behalf of and with the youth and parents/caregivers.

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. When Family Support and Training is identified as a need in the treatment plan for outpatient or In-Home Therapy, or an ICP for those enrolled in ICC, the referring provider is responsible for communicating the reasons for referral and the initial goals to the FST provider.
2. For youth engaged in ICC, the Family Partner must coordinate with and attend all CPT meetings that occur while they are providing FST. At these meetings, the Family Partner gives input to the CPT to clearly outline the goals of service in the ICP and provide updates on the youth's progress. The Family Partner develops and identifies to the CPT an anticipated schedule for meeting with the parent/caregiver and a timeline for goal completion. The Family Partner determines the appropriate number of hours per week/month for FST services based on the needs of the youth and the parent/caregiver as identified in the ICP.
3. For youth who are not engaged in ICC, the Family Partner must coordinate with the referring provider and attend all treatment team meetings to clearly outline the objectives and goals of the service as identified in the referring provider's treatment plan and to provide updates on the youth's progress. The Family Partner develops and identifies to the referring/existing behavioral health provider an anticipated schedule for meeting with the parent/caregiver and a timeline for goal completion. The Family Partner determines the appropriate number of hours per week/month for FST services based on the needs of the youth and the parent/caregiver as identified in the treatment plan.
4. Telephone the parent/caregiver within five calendar days of referral, including self-referral, to offer a face-to-face interview with the family.
5. Fourteen (14) days is the Medicaid standard for the timely provision for services established in accordance with 42 CFR 441.56(e). The 14-day standard begins from the time the family has been contacted.
6. Providers shall maintain a waitlist if unable to offer a face-to-face interview and initiate services within five calendar days of parent/caregiver contact.
7. The FST provider matches the parent's/caregiver's ethnicity, culture, language, needs, and strengths as closely as possible with available Family Partners.
8. The Family Partner has at minimum weekly contact (telephonic or face-to-face) with the parent/caregiver of each enrolled youth they support.

9. The Family Partner has at least one contact per week, and more if needed, with the youth's ICC, IHT, or outpatient provider to provide updates on progress toward goals identified in the treatment plan or ICP.
10. The FST provider ensures that all services are provided in a professional manner, ensuring privacy, safety, and respect for the parent's/caregiver's dignity and right to choose.
11. Family Partners document each contact in a progress report in the FST provider's record for the youth.
12. Family Partners follow the crisis management protocols of the provider agency during and after business hours.

Discharge Planning and Documentation

1. When the parent/caregiver decides that he/she no longer wants or requires services, or the referring/current treaters along with the parent/guardian/caregiver determine that there is no longer a need for FST, or the goals of the treatment plan/ICP are met, a discharge-planning meeting is initiated to plan the discharge from the FST service.
2. The discharge plan is agreed upon and signed by the parent/guardian/caregiver, and is shared, with consent, with current treaters, or with the CPT for youth in ICC.
3. The reasons for discharge and all follow-up plans are clearly documented in the staff's record for the youth.
4. If the parent/ caregiver terminates without notice, the provider makes every effort to contact him/her to obtain their participation in the services and to provide assistance for appropriate follow-up plans (e.g., schedule another appointment, facilitate an appropriate service termination, or provide appropriate referrals). Such activity is documented in the provider's record for the youth.
5. The Family Partner writes a discharge plan that includes documentation of ongoing strategies, supports, and services in place for the youth and parents/caregivers, and resources to assist the youth and parents/caregivers in sustaining gains. The plan is given to the parent/guardian/caregiver and the current referring providers within five (5) business days of the last date of service.

QUALITY MANAGEMENT

1. The provider will develop and maintain a quality management plan that is consistent with their contractual responsibilities to Optum, and which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
2. A continuous quality improvement process is utilized and may include outcome measures and satisfaction surveys to measure and improve the quality of care and services delivered to Enrollees, including youth and their families.
3. Clinical outcomes data must be made available to Optum upon request and must be consistent with the performance specifications of this service.
4. Providers must report any adverse incidents and other reportable events that occur to the relevant authorities.