

Provider Notice

Subject: Louisiana Coordinated System of Care (CSoC): Attending Child and Family Team (CFT) Meetings and Evidence Based Practice (EBP) Codes

The Coordinated System of Care (CSoC) is a program that is managed by Magellan for the Louisiana Department of Health (LDH) to serve the highest risk youth in our state. Children eligible for CSoC are struggling with significant behavioral health challenges and are at risk of out-of-home placements. In most cases, these children are involved in multiple systems (e.g., mental health, judicial, child and family services, school, etc.).

CSoC is based on the principles of Wraparound, which provides families and youths with an intensive, individualized care planning and management process. Wraparound is not a traditional mental health service or treatment; rather, CSoC and Wraparound “aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family” (<http://nwi.pdx.edu/wraparound-basics/>).

At the center of the model is a Plan of Care, or PoC. The PoC is driven by the views and perspectives of family and the youth. The idea is that if the PoC reflects the family and youth’s goals and ideas about what they need, it will be more helpful to them in achieving those goals. The PoC includes formal services, like services provided by you (e.g., psychotherapy, medication management, CPST, PSR, FFT, etc.), and community services. The PoC is then used by Magellan to create authorizations for formal services in the frequency, amount, and duration required to meet the youth’s needs.

The PoC is developed as part of a Child and Family Team (CFT). The CFT provides the structure to ensure all the systems involved in the youth’s care, including mental health, are working in sync to meet the needs of the individual. The CFT membership, at a minimum, should include the guardian, youth, and a Wraparound Facilitator. In order for the program to be the most successful, the CFT should also include representatives from natural and informal supports (e.g., friends, family, and other people drawn from the family’s social networks), formal supports (e.g., PCP, Behavioral Health providers, etc.), and relevant agencies (e.g., DCFS, OJJ, etc.) to ensure everyone is working cohesively towards the same goals, with one plan.

Why should you participate in Child and Family Team Meetings?

Actively monitoring the youth’s progress is an essential component of the model. It allows for the PoC to be revised in real time when the team determines that interventions or strategies are not working.

This is where you come in! As a formal service provider, your input is fundamental to the success of the program. You provide key information on what is working and what is not working, which allows the team to get the full picture of the youth's current state. It is also a mechanism for you to communicate if you need more units or another authorization from Magellan.

How do you know when the CFT is held?

Magellan requires Wraparound Agencies to notify Behavioral Health Providers within 10 days of the next scheduled CFT. Often, the next CFT is scheduled a month in advance at the time of the current CFT. If you are not receiving notifications, please outreach to your regional Wraparound Agency. If you are still having issues, you can contact Magellan's provider line for assistance (1-800-424-4489).

How do you participate in a CFT?

The best method of participation is in person. This method allows for most fluid exchange of information to fully understand how the child is progressing. It allows Behavioral Health Providers to obtain valuable information from other team members that can help inform the individual provider's treatment plan. If "in person" participation is not possible, you can always join by phone or, at a minimum, provide a verbal update on the youth's progress to the Wraparound Facilitator (WF) prior to the CFT. This will provide essential information for the WF to take back to the CFT to make sure they are considering your feedback as they evaluate the effectiveness of the PoC.

Can you submit a claim for participation in a CFT Meeting?

If you are a licensed mental health professional (LMHP) you can submit a claim. The following codes can be used by LMHPs to bill for participation time when attending child and family team meetings for the purposes of developing a treatment plan ONLY when the client/guardian attends the meeting and the development of the treatment plan is required for Medicaid (e.g., CSoC eligible members). Select the code that corresponds with the length of the CFT:

- 90832 – Psychotherapy, 30 minutes with patient and/or family member
- 90834 – Psychotherapy, 45 minutes with patient and/or family member
- 90837 – Psychotherapy, 60 minutes with patient and/or family member
- 90847 – Family psychotherapy (conjoin psychotherapy) with patient present

Remember that the member's medical record at your agency should have an individual note, including service start and end date, documenting participation, and substantiating length of service. If you are an unlicensed behavioral health provider, you cannot submit a claim. Medicaid considers CFT participation as part of ancillary services (e.g., treatment plan development, care coordination, etc.) included in providing billable services and does not allow for individual billing for CFT participation.

Are you participating?

If you are already participating in your CSoC members' CFT meetings, we extend our sincerest gratitude. Your participation is essential in achieving positive outcomes for members enrolled in CSoC. If you are not, we strongly encourage you to consider participating. Your participation not only positively impacts individual members but the system. **Your participation will also help to keep you informed of the members eligibility, reassessments, and discharge information.** If you have any questions about CFT, you can outreach to your regional Wraparound Agency or directly to Magellan (1-800-424-4489) for assistance.

EBP Codes and submitting claim requirements.

To use the tracking codes on claims, the therapist must first provide documentation of completion of approved training, as part of the therapist's credentialing package. If already contracted, please submit your training information to your assigned Network Management Specialist.

Providers will communicate utilization of EBP by including the corresponding tracking code in the note field of the claim record sent to Magellan.

Therapists bill standard CPT individual and family therapy codes for sessions as indicated in the table. While ACT, FFT and Homebuilders® are considered Evidenced Based Practices, EBP tracking codes are not required as these services have a unique procedure code and/or modifier combination that distinguishes it as an EBP.

Evidence-Based Practice	EBP Tracking Code	Valid CPT/HCPCS Codes
Functional Family Therapy-Child Welfare (FFT-CW)	EB01	H0036 with modifier HE
Child-Parent Psychotherapy (CPP)	EB02	90837, 90834, 90832, 90847, 90846
Parent-Child Interaction Therapy (PCIT)	EB03	90837, 90834, 90832, 90847, 90846
Youth PTSD Treatment (YPT)	EB04	90837, 90834, 90832, 90847, 90846
Preschool PTSD Treatment (PPT)	EB05	90837, 90834, 90832, 90847, 90846
Triple P- Standard Level 4	EB06	90837, 90834, 90832, 90847, 90846
Trauma-Focused CBT (TF-CBT)	EB07	90837, 90834, 90832, 90847, 90846

EMDR	EB08	90837, 90834, 90832, 90847, 90846
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Please reach out to your [Network Management Specialist](#) (NMS) with any questions or concerns. Your NMS is available for support.

Thank you for all you do in supporting the members of CSoC.

Magellan of Louisiana