

## How to Use this Document

Blue Cross Blue Shield of Massachusetts has developed this document to provide you with the clinical criteria used to determine coverage for Family Stabilization Team programs. Please be sure to check member benefits and eligibility before rendering services.

## Description

Family Stabilization Team (FST) programs provide short term, intensive, therapeutic services in the home to assist families in stabilizing an identified member during a psychiatric crisis. FST is a voluntary service; a parent or a legal guardian must agree on ongoing treatment goals and be available to meet within three days of referral for the service<sup>1</sup>. FST authorizations are intended for members under 18 years of age.

## Coverage Guidelines

BCBSMA may authorize Family Stabilization Team services when all of the following criteria are met:

### Admission Criteria: Step-Down Admission (All of the following):

1. The member is being discharged to home from a psychiatric or substance use inpatient unit, acute residential treatment (ART) or partial hospital program (PHP).
2. The member is assessed to be at risk for readmission to Inpatient, ART or PHP level of care or has a history of repeated Inpatient, ART or PHP admissions
3. The member is non-compliant and/or has failed at previously attempted outpatient care.
4. The member is not currently in treatment at PHP or Intensive Outpatient (IOP) level of care<sup>2</sup>.

### Diversion (All of the following):

1. The member and family must have attempted and participated in outpatient treatment that is unable to stabilize the member's clinical condition.
2. Issues in the member's home environment significantly impact the member's clinical condition. In addition one of the following:
  1. A psychiatric hospitalization within the last 3 months.
  2. Non-compliance with outpatient care or inadequacy of community supports.
  3. FST has proven successful in the past.
  4. Current clinical condition is likely to further deteriorate and likely to result in an inpatient admission without additional intervention<sup>3</sup>.

1. Massachusetts 101 CMR Massachusetts Executive Office of Health and Human Services.
2. Managed Care and Children's Behavioral Health Services in Massachusetts, Barbara Dickey, Ph.D. Psychiatry Services 2001: Feb; 52(2):183-8.
3. Ibid.

## Exclusions (All of the following):

1. The family is eligible or receiving similar in home services from the Department of Mental Health, Medicaid or the Department of Children and Family Services.
2. The member's home environment presents safety risks to the staff making home visits.
3. The member is at high risk of harming self or others, or sufficient impairment exists that requires a more intensive level of care.
4. The identified patient does not live in the home where the FST services are requested to be provided<sup>4</sup>.

## Extension Requests for FST—Step-Down and Diversion (All of the following):

1. The member continues to meet admission criteria and less intensive care is not available.
2. The member continues to experience intensive symptoms and may deteriorate if FST services are discontinued.
3. Treatment planning, including pharmacological treatment is individualized and specific to the member
4. Treatment reflects ongoing progress and strategies to combat adverse changes in the clinical condition are addressed and revised in the treatment plan.
5. Family/Guardian are participating in treatment as appropriate.
6. Coordination of treatment with all appropriate parties, such as, school or state agencies occurs when appropriate.
7. Services are delivered in a structured, efficient and goal directed manner.
8. Discharge planning that includes transitioning the member to a lower level of care is evident<sup>5</sup>.

## Discharge Criteria—Step Down and Diversion (All of the following):

1. Three attempts to contact the member and family without documented response or progress to set up an initial visit.
2. During the initial visit it is determined that there are no identified treatment goals or the member and the family no longer express interest in FST services.
3. The member or the family refuse to participate in the visit frequency as recommended.
4. The identified patient no longer lives with the family or legal guardian.
5. Treatment goals have been achieved.
6. Progress in treatment can be maintained at a less intensive level of care<sup>6</sup>.

4. Chapter 257 of the Acts of 2008, Family Stabilization Services Class.

5. Managed Care and Children's Behavioral Health Services in Massachusetts, Barbara Dickey, Ph.D. Psychiatry Services 2001: Feb; 52(2):183-8.

6. Ibid.

## How to Submit an Authorization Request

Prior authorization is required for all FST services. To obtain an authorization, please call the behavioral health telephone number listed on the back of the member's BCBSMA identification card.

Claims payment is based on eligibility at the time of service, availability of benefits when we receive your claim, and medical necessity. All covered services, even those that do not require authorization, are subject to the plan's medical necessity requirement and may be subject to audit or review, even after the service has been performed or the claim has been paid.

### Document History

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