Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines: **Family Support & Training (FS&T) for Tufts Health Together**

Effective: January 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below.	Yes ☐ No ☒
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☐ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☐ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☐ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Family Support and Training (FS&T) is a service provided to the parent/guardian/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. Family Support and Training is a service that provides a structured, one-to-one, strength-based relationship between a family support and training 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/guardian/caregiver to parent the youth so as to improve the youth's functioning as identified in the outpatient or In-Home Therapy 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 (Department of Children and Families (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 (e.g., after-school programs, food assistance, summer camps, etc.) support, coaching, and training for the parent/guardian/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 a goal(s) established in an existing behavioral health treatment plan/care plan for Outpatient or In-Home Therapy, or an Individual Care Plan, 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 Support and Training Partners. In ICC, the care coordinator and Family Support and Training Partner work together with youth with serious emotional disturbance (SED) and their families while maintaining their discrete functions.

The Family Support and Training Partner works one-on-one and maintains regular frequent contact with the parent(s)/guardian(s)/caregiver(s) in order to provide education and support throughout the care planning process, attends Care Planning Team (CPT meetings, and may assist the parent(s)/guardian(s)/caregiver(s) in articulating the youth's strengths, needs, and goals for ICC to the care coordinator and CPT. The family support and training 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.

Clinical Guideline Coverage Criteria

Admission Criteria

The Plan considers family support & training as reasonable and medically necessary when **ALL** of the following criteria are met:

1. A comprehensive behavioral health assessment inclusive of the MA Child and Adolescent Needs and Strengths (CANS) indicates that the youth's clinical condition warrants this service in order to improve the capacity of the parent/guardian/caregiver in ameliorating or resolving the youth's emotional or behavioral needs and strengthen the parent/caregiver's capacity to parent so as to successfully support the youth in the home or community setting. If the Member has MassHealth as a secondary insurance and is being referred to services by a provider who is paid through the Member's primary insurance, the provider must conduct a comprehensive behavioral health assessment. A CANS is not required; and
2. The parent/guardian/caregiver requires education, support, coaching, and guidance to improve their capacity to parent in order to ameliorate or resolve the youth's emotional or behavioral needs so as to improve the youth's functioning as identified in the outpatient or In-Home Therapy treatment plan/ICP, for those youth enrolled in ICC, and to support the youth in the community; and
3. Outpatient services alone are not sufficient to meet the parent/caregiver's needs for coaching, support, and education; and
4. The parent/guardian/caregiver gives consent and agrees to participate; and
5. A goal identified in the youth's Outpatient or In-Home Therapy treatment plan or ICP, for those enrolled in ICC, with objective outcome measures pertains to the development of the parent/ caregiver capacity to parent the youth in the home or community; and
6. The youth resides with or has a current plan to return to the identified parent/caregiver.

Continuation Criteria

The Plan considers the continuation of family support & training as reasonable and medically necessary when **ALL** of the following are met:

7. The parent/caregiver/guardian continues to need support to improve their capacity to parent in order to ameliorate or resolve the youth's emotional or behavioral needs as identified in the Outpatient or In-Home Therapy treatment plan/ICP, for those youth enrolled in ICC, and to support the youth in the community; and
8. Care is rendered in a clinically appropriate manner and focused on the parent/caregiver's need for support, guidance, and coaching; and
9. All services and supports are structured to achieve goals in the most time efficient manner possible; and
10. For youth in ICC, with required consent, informal and formal supports of the parent/ guardian/ caregiver are actively involved on the youth's team; and
11. With required consent, there is evidence of active coordination of care with the youth's care coordinator (if involved in ICC), and/or other services and state agencies; and
12. Progress in relation to specific behavior, symptoms, or impairments is evident and can be described in objective terms, but goals have not yet been achieved, or adjustments in thetreatment plan/ICP to address lack of progress are evident; **and**
13. For those youth discharging from Outpatient, In-Home Therapy, or Intensive Care Coordination, services may continue until the next CANS re-evaluation date.

Discharge Criteria

The Plan considers termination of family support & training when **Any** of the following are met:

1. The parent/caregiver/guardian no longer needs this level of one-to-one support and is actively utilizing other formal and/or informal support networks.
2. The youth's treatment plan/ICP indicates the goals and objectives for Family Support and Training have been substantially met.
3. The parent/guardian/caregiver is not engaged in the service. The lack of engagement is of such a degree that this type of support becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues.
4. The parent/guardian/caregiver withdraws consent for treatment.
5. The youth is placed in a residential treatment setting with no plan for return to the home setting.
6. The youth has moved to an independent living situation and is no longer in or returning to the family setting.

**Please note that psychosocial, occupational, and cultural and linguistic factors may change the risk assessment and should be considered when making level-of-care decisions.*

Limitations

The Plan will not cover family support and training services for **Any** of the following:

1. There is impairment with no reasonable expectation of progress toward identified treatment goals for this service.
2. There is no indication of need for this service to ameliorate or resolve the youth's emotional needs or to support the youth in the community.
3. The environment in which the service takes place presents a serious safety risk to the Family Support and Training Partner making visits, alternative community settings are not likely to ameliorate the risk and no other safe venue is available or appropriate for this service.
4. The youth is placed in a residential treatment setting with no current plans to return to the home setting.
5. The youth is in an independent living situation and is not in the family's home or returning to a family setting.
6. The service needs identified in the treatment plan/ICP are being fully met by similar services from the same or any other agency.

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
H0038	Self-help/peer services, per 15 minutes

References:

1. Commonwealth of Massachusetts, Executive Office of Health and Human Services, MassHealth Medical Necessity Criteria for Family Support and Training effective September 15, 2024 .pdf .
2. Massachusetts Behavioral Health Partnership Children's Behavioral Health Initiative (CBHI) Overview, accessed at https://www.masspartnership.com/mbhp/en/home/services/cbhi#item_1 on 10/4/2024.

Approval And Revision History

October 17, 2024: Reviewed by Medical Policy Approval Committee (MPAC). New Medical Necessity Guideline (MNG), effective September 15, 2024.

- November 19, 2025: Reviewed by MPAC for annual review, renewed without changes effective January 1, 2026

- December 2025: Administrative updates effective January 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.