



## **Family Support Provider Q&A**

**Q1: Can the Family Support Provider (FSP) bill for time spent helping a parent find resources such as food stamps or rental assistance?**

**A:** Yes. This is an appropriate way to use FSP billable time as long as accessing resources is identified on the treatment plan. It is best practice to work on resources with the family present, to have the family member make calls themselves, and to discuss their progress with the FSP. This can be empowering for the family member and provides an opportunity to model for the family member how to find resources, how to make resource phone calls, etc.

Note: If the family member is unable to contact or locate resources, the FSP can bill for these activities if the family member is not present. However, this should rarely happen and not repetitively for the same family. It must be clearly documented why the family member could not make these calls themselves.

**Q2: What is the FSP rate?**

**A:** Please check with your agency's fiscal contact to find the current contracted rate.

**Q3: Can the FSP bill for case consultation/collateral contact with the youth's Community Support Specialist (CSS)?**

**A:** Yes. On rare occasions the FSP may bill for collateral contact with the youth's CSS when the parent/caregiver is not present. This may only be billed with proper documentation of the intervention provided and reason for the contact. This would not be a regularly occurring service, as routine staff/consultation meetings without the family member present are not billable. However, it is permissible for the FSP to bill for routine meetings if the youth's parent/caregiver is present and participating, and the purpose of the meeting is a service intervention provided with the youth's CSS.

**Q4: Do FSP notes require co-signatures?**

**A:** No, at this time a co-signature is not required.

**Q5: Does there need to be a separate treatment plan for family support?**

**A:** No. Family support services should be included in the youth's comprehensive treatment plan. Having a single comprehensive treatment plan helps coordinate care between FSP, CSS, therapist, and other members of the treatment team.

**Q6: Can FSP bill for providing support to a parent related to the sibling of the youth enrolled in CPR?**

**A:** There are some situations where support related to a sibling would be appropriate. For example, the FSP could model redirection or provide parenting prompts during a visit. However, these supports need to be connected to the actual consumer. The FSP's documentation should clearly show how providing parenting support related to a sibling impacts the consumer's treatment. For example, assisting a parent with resources for a sibling struggling with addiction could directly relate to the consumer's treatment as addiction affects the entire family. The FSP should also discuss with their supervisor if they feel the sibling should be assessed for services or in the case they already receive CPR services, if they should also receive FSP services. As always, the needs of the consumer come first and all services should connect directly to the consumer.

**Q7: Can FSP bill for outreach?**

**A:** No, at this time outreach is not billable by an FSP. However, DBH is having further discussion related to this question.

**Q8: Can an FSP bill for services provided to the parent/caregiver while a youth is in residential treatment?**

**A:** Yes, while the youth is in a residential placement FSP services related to discharge activities are billable to Medicaid.

**Q9: Can an FSP bill for services provided to the parent/caregiver while a youth is in psychiatric inpatient hospitalization?**

**A:** FSP can be billed to Medicaid for support related to discharge activities provided to the parent/caregiver on the day of admission and the day of discharge. During times in between dates of admission and discharge, FSP services provided can be billed to Non-Medicaid. NOTE: FSP services can be billed during medical inpatient hospitalization. See Section 19 of the CPR MO HealthNet Manual for information on services covered.

**Q10: Can an FSP bill for services provided to the parent/caregiver while a youth is in detention?**

**A:** FSP services are not billable while the youth is residing at a detention facility. However, services are covered on the day of admission and day of discharge.

**Q11: Is consultation between the FSP and the parent's CSS billable?**

**A:** Yes, this would be considered collateral contact for the FSP as long as it is directly tied to the youth's treatment plan.

**Q12: What is the maximum number of units an FSP can bill daily?**

**A:** Units are limited to 8 hours or 32 units a day; 24 hours or 96 units per month. See Section 13 of the CPR MO HealthNet Manual for information on service limitations.

**Q13: Can the FSP bill for services while providing transportation?**

**A:** If other transportation means are available, those alternatives should be utilized first. There must be a need for FSP service intervention to be provided during the time together. FSP services provided during the transportation must be clearly documented. For example, while driving to an IEP meeting the FSP can role play with the parent things the parent wants to say to the IEP team. Simply driving from Point A to Point B is not an FSP service. So, in the example above, the FSP would document the role playing done during transportation. If transportation is an ongoing issue for the family, there should be documentation regarding helping the family access resources, either through the community or natural supports (family, church, friends, etc.), to meet the transportation needs. If the services being provided could have been done by a taxi service or a delivery service then this is not billable by the FSP.

**Q14: If the FSP attends an IEP meeting and the youth's CSS also attends the same meeting, can they both bill?**

**A:** Yes. However, there cannot be duplication of services. The FSP's notes should describe their specific role in supporting the parent/caregiver in the meeting. Likewise, the CSS's notes should describe their specific role with the youth. This IEP support should also be clearly outlined in the treatment plan.

**Q15: If we have an individual enrolled in intensive level of CPR, can the FSP still bill for services in addition to the ICPR per diem rate?**

**A:** Yes, the FSP is able to bill for services on top of the ICPR (H0037) per diem rate.

**Q16: What is the FSP billing code?**

**A:** H0038 HA

**Q17: Can an FSP facilitate groups and bill to H0038 HA (FSP billing code)?**

**A:** No, at this time an FSP cannot bill for groups.

**Q18: Is supporting a family at court billable? Does it need to be supporting the family or can the FSP also support the youth?**

**A:** Time spent sitting in the court room, when not directly interacting with the family member or court officials, would not be a billable FSP service. If the family member is present the FSP can bill for their time while providing support to the parent/caregiver during court related to the child, including time spent providing a family support service when directly interacting with the court officials on behalf of the family member and/or testifying during a court proceeding related to the child. They cannot bill for providing direct support to the youth as this would be the function of the CSS.

**Q19: If the FSP and CSS both attend a meeting or court appearance, can they both bill?**

**A:** Yes, but the FSP needs to clearly document how they supported the family; the CSS needs to clearly document how they supported the youth. It needs to be clear that there was not a duplication of services. (Please see answers regarding court appearances and IEP meetings.)

**Q20: When the consumer is in Children Division's custody and living with foster parents, can FSP services be provided to the youth's parents?**

**A:** If the treatment team determines it is in the best interest of the family, it is appropriate for FSP services to be provided to the parents.