



Children and Family Treatment and Support Services (CFTSS): Collateral Contacts

May 2021

On February 1, 2021 an update was made to the Medicaid State Plan Children and Family Treatment and Support Services (CFTSS) Provider Manual to expand contact allowances for Other Licensed Practitioner (OLP), Psychosocial Rehabilitation (PSR), and Family Peer Support Services (FPSS). This change allows for billable contact with a collateral within the context of the existing service definition, billable daily limits, and collateral definition.

Adding collateral contacts offers greater opportunities to promote the generalization of therapeutic and/or functional gains across settings, allowing for greater consistency and support to the child/youth and family/caregiver. Identified collaterals, by nature of their involvement with the child/youth and/or parent/caregiver, are considered critical aspects in the child/family’s life and can therefore influence gains/functional improvement.

Collateral involvement must occur in accordance with the child/youth’s treatment plan, for the purpose of supporting or reinforcing treatment/service objectives. Unless specifically stated in the service definition, collateral contacts do not include the coordination of care or case consultation. These contacts are not intended solely for communication between providers, internal or external to the agency. They are also not intended for brief information requests or responses to inquiries for the purpose of communication or coordination.

Case consultation, unless specifically stated in the service definition, is also not included in collateral contact reimbursable activities. Case consultation includes the meeting of individuals on behalf of the child/youth and/or family for treatment/service coordination, aftercare planning, treatment planning, assessment of the appropriateness of additional or alternative treatment, clinical consultation, and/or discharge planning.

Examples of Interventions/Activities with Collaterals by Service:

Service	Contact Allowance	Collateral Contact Service Provision
Other Licensed Practitioner (OLP)	Individual Family Collateral Group	<p>PSYCHOTHERAPY</p> <p>A collateral participates in therapy for the purpose of assisting the identified child/youth. The collateral is not considered to be a patient and is not the subject of the treatment. In psychotherapy, the role of a collateral will vary greatly. For example, a collateral might attend only one session, either alone or with the child/youth and/or family, to provide information to the therapist and never attend another session. In another case, a collateral might attend all therapy sessions and his/her relationship with the child/youth may be a focus of the treatment.</p> <p><u>Example:</u> Specifically, regarding Cognitive Behavioral Therapy, therapists often involve parents and school staff in treatment to promote the generalization of therapeutic gains across settings. Parents and teachers can best support anxious youth by acting as coping models, labeling and validating anxious feelings, rewarding brave behavior, and reducing accommodations. Therapists work with family and collaterals to answer questions such as: “How should I respond, ‘in the moment’ when my child is anxious?” and by school personnel, “What is a useful role for a school in child’s treatment”. Again,</p>

		<p><i>the parent and/or teacher, in this example, are not the patient/client but are critical aspects in the child's life and can therefore influence gains/functional improvement.</i></p> <p>LICENSED EVALUATION</p> <p>Collateral contacts may be used to provide a clear picture of the child/youth's behavioral patterns and other contextual information to inform case conceptualization. However, information obtained via collaterals should never serve as a sole resource to inform service planning and/or service provision.</p>
Community Psychiatric Supports and Treatment (CPST)	Individual Family Collateral Group	<p>CPST service components are intended to inform, develop, and implement skills to support the child/youth's functioning. Collateral involvement is for the purpose of reinforcing and supporting these activities.</p> <p><i>Example: Every weekday, after school, the enrolled child spends the afternoon with the family's neighbor until the parents return home from work. Given the amount of time spent with the child and their relationship, the neighbor has been identified as a collateral. Psychoeducation is provided to the neighbor via CPST to educate on strategies that can be employed to support the child's needs while in the care of the neighbor.</i></p>
Psychosocial Rehabilitation (PSR)	Individual Family Collateral Group	<p>To further support the child/youth's functional gains across various setting/natural environments (i.e., school, home, community, work) and relationships, collateral contacts may be used to share and practice strategies so that the skills implemented with the child/youth may be further supported and reinforced.</p> <p>As such, collateral contacts for PSR should include individuals that have a role in the child/youth's life that may support the implementation of learned skills.</p> <p><i>Example: After conducting a session with the enrolled child, the PSR meets with the parent/teacher/etc. to review and reinforce the skills (e.g., journaling; community/social integration; scheduling/routine establishment/reinforcement, etc.) reviewed/practiced in the PSR session to support the implementation of skill across various settings in a consistent manner.</i></p>
Family Peer Support Services (FPSS)	Individual Collateral Group	<p>The FPSS may work with collateral contacts to inform and support the importance of ensuring the family receives the necessary assistance and support to help them meet their child/youth's needs effectively. These activities would fall within the following service components:</p> <ul style="list-style-type: none"> • Engagement, Bridging, and Transition Support • Community Connections and Natural Supports <p><i>Example: Trying to manage a child's mental health needs may result in parent/caregivers disengaging from natural supports/ community connections, causing isolation and strain. The FPSS could serve as a bridge between the family and collaterals by providing information and reinforcing the need for support; minimizing stigma.</i></p>
Youth Peer Support (YPS)	Individual Group	<p>COLLATERAL CONTACTS NOT ALLOWABLE</p>

As a reminder, when determining collateral involvement and which collateral(s) may best support the child and family, it is important to work with the family/caregiver to consider appropriateness.



Additional Resources:

- [Children and Family Treatment and Support Services Provider Manual for EPSDT Services](#)
- [Overview of Children and Family Treatment and Supports Services Manual Updates](#)