

**DDAP ASAM Technical Assistance Series**  
**Questions and Answers**  
**May 2, 2023**

The answers below are being provided by the presenters of May's webinar.

How is "family" defined in this context? Many people do not have "traditional" families.

- People that they care about, not defined by biology or by living with the someone, the main people in their lives that care about them. The patient defines their family.

How is the FORT program funded? Does Medicaid cover it?

- The SCA covers the cost for the FORT program using SCA block grant funding. --- Our agency (MARS) is only licensed for drug and alcohol, not mental health. This is the reason for not being able to get reimbursed for individual or family sessions without client present. Medicaid funds only when the client is present.

How is the programming sustainable?

- It's an important investment, hoping that the field evolves to get more funding sources

From an ASAM Alignment perspective, how are the family services documented?

- Using a DAP note, their assessment shows which dimensions to prioritize, the alignment is recognizing the parallel process, SUD and family member looking at one another, alignment recognizing realizing various dimensions from where they are to where they want to get; look at book – treatment planning constant reassessment, working where that person is, almost a complete reassessment, development of a new treatment plan, communicating with the treatment location where the person with SUD went, tweak the treatment plan

Is it difficult to get families to participant?

- No, during the first year – goal was to get 50 total services, it became 50 services in one month instead of the whole year; separating the family stuff first, 871 services individual and family; 476 services total CFRS; 84% past a month, 58% past 4 months; 33% past 6 months – Services really picked up in February/March 2022

Is Contingency Management used?

- Incentives for motivation have never been needed; people come in want to fix their loved one, they stay because they do it for themselves, the relief at not being isolated, part of community of people rather than shameful secret, overall improvement in their own symptoms; some have lost their loved ones but remained in the FORT program, their own well-being

I am still stuck on how nothing is reimbursable services? if the family member has insurance, can you not reimburse? I see maybe a philosophical reason not to bill the insurance, but it seems like that would aid in long term sustainability.

- Medicaid and private insurance will reimburse for a family session with the substance using loved one present and some will reimburse for a multi-family group. Or they will reimburse for a general family therapist who rarely has the specialty substance use dynamics. They won't reimburse for:
  - CFRS Services
  - Family Case Management
  - Family sessions (individual families and groups of families) without the substance using loved one present.

The unique nature of the program is that it is family therapy focused solely on SUD issues that can occur with or without the substance using person present and includes case management and peer services