

Clinical Policy: Family Training and Counseling for Child Development in Lieu of Services

Reference Number: FL.CP.BH.14

Date of Last Revision: 02/26

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy describes the clinical criteria on which to review requests for Family Training and Counseling for Child Development In Lieu of Services for Sunshine Health's Managed Medical Assistance (MMA), HIV/AIDS, Serious Mental Illness (SMI), Children's Medical Services (CMS), and Child Welfare (CW) members. The goal is to provide Family Training and Counseling for Child Development when medically necessary, for members between the ages of birth up to age 21, as an alternative to an existing state benefit and to define criteria and limitations established for the use of Family Training and Counseling for Child Development to provide education and support to family and the member regarding their behavioral health diagnosis in an effort to improve member's quality of development.

Policy/Criteria

- I. It is the policy of Sunshine Health that Family Training and Counseling for Child Development in Lieu of Services is considered **medically necessary** when all of the following criteria are met:
 - A. Member has a Serious Emotional Disturbance (SED) qualifying diagnosis;
 - B. Member is willing to participate in services;
 - C. Services must be resiliency focused and provide meaningful supports to allow the family, caregivers, and member to participate fully in the treatment process;
 - D. Member is at risk of out of home placement, juvenile justice involvement, or placement disruption in foster care.
 - E. The treating provider must submit the following information and documentation with any *initial* request for Family Training and Counseling for Child Development in Lieu of Services:
 1. Medical documentation to support the criteria as noted in I.A. through I.D.;
 2. Documentation that the member (or member's legal guardian) has consented to the In Lieu of Services as an alternative to a covered state benefit.

Redetermination

*Prior to the expiration of the initial authorization period, the requesting practitioner must submit information on the member's status to Sunshine Health's utilization management department for a review to determine if subsequent approval is medically necessary using *Criteria I.A. through I.D.* as stated in this policy.*

CLINICAL POLICY

Family Training and Counseling for Child Development ILOS

II. It is the policy of Sunshine Health that **discharge** from Family Training and Counseling for Child Development in Lieu of Services is appropriate when either of the following criteria are met:

- A. Member no longer meets medical necessity criteria;
- B. Goals have been met;

III. It is the policy of Sunshine Health that Family Training and Counseling for Child Development in Lieu of Services are considered **not medically necessary** when any of the following indications are met:

- A. Member is over the age of 21;
- B. There is no serious emotional disturbance (SED) behavioral health diagnosis;
- C. The services do not seem appropriate for member/family/situation;
- D. The family is not able or willing to participate;
- E. The severity of their mental illness requires a program of higher intensity.

Note: Coverage that exceeds the benefit limit is excluded.

Background

Health plans have the option to offer “in lieu of services” (ILOS), which are alternate services or settings to those required by the state Medicaid plan. These services can be offered when the alternate service or setting is medically appropriate but is more cost effective than the Medicaid alternative; services are optional-members have the right to choose; and providers are contracted with the health plan.^{1,2}

Family Training and Counseling for Child Development services may include support groups or individual sessions for family members which provide education regarding child development, emotional disturbances in children, family education, individual support, psychosocial activities, and other education and support activities related to serious emotional disturbances (SED) in children. Services assist the family of a member eligible for services in understanding the special behavioral health needs of the member as to enhance the member’s development. An eligible member is not required to be present but is allowed, if appropriate. Family Training and Counseling for Child Development does not include services that require a professional clinical license. However, services must be consistent with the provider’s qualifications.³

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CLINICAL POLICY



Family Training and Counseling for Child Development ILOS

HCPCS Codes	Description
T1027	Family training and counseling for child development, per 15 minutes

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date		06/18
Archer reload for system issue		05/19
Annual review; updated policy name, number, references		06/20
Integration review; Added SMI, FLCMS, Expanded criteria to include Serious Emotional Disturbance. Minor language adjustments.		09/20
Annual review; no criteria changes		09/21
Annual review; FLCMS changed to CMS for consistency		02/23
Transitioned policy to new state specific template, references updated and sent to market for approval; policy number changed from FL.UM.47.00 to FL.CP.BH.12.	01/24	
Annual review; minor grammatical changes, no criteria changes	02/24	
Annual review; Added note under description that services are available to members with HIV. Minor rewording with no impact on criteria. Background updated. References reviewed and updated. Reviewed by FL BH team.	02/25	
Annual review. Note following description removed; HIV/AIDS added to description section. II.C. removed. Rewording of III. policy statement to not medically necessary criteria. III.E. changed to a note. Added HCPCS code T1027. References reviewed and updated.	02/26	

References

1. Florida Agency for Health Care Administration (AHCA). Statewide Medicaid Managed Care In Lieu of Services (ILOS). https://ahca.myflorida.com/content/download/27219/file/SMMC_Highlight_ILOS_Chart_08_062025.pdf. Published July 16, 2025. Accessed January 22, 2026.
2. National Conference of State Legislatures (NCSL). Leveraging in lieu of services in Medicaid managed care. <https://www.ncsl.org/health/leveraging-in-lieu-of-services-in-medicaid-managed-care>. Updated December 20, 2023. Accessed January 22, 2026.
3. Agency for Health Care Administration (AHCA). Florida Medicaid: Community Behavioral Health Intervention Services coverage policy: Therapeutic Behavioral On-Site Services for Recipients Under the Age of 21 years, Eligibility criteria. <https://ahca.myflorida.com/content/download/5968/file/59G-4.370.pdf>. Published November 2019. Accessed January 22, 2026.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program

CLINICAL POLICY

Family Training and Counseling for Child Development ILOS

approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take

CLINICAL POLICY

Family Training and Counseling for Child Development ILOS

precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

©2018 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.