



## Family Services FAQ

Treatment services can be provided to family members/significant others to those already admitted into SUD Treatment. Significant others can also be admitted into treatment to address issues regarding how another's SUD has impacted their lives.

Individuals who are impacted by the substance use of a family member often seek treatment to:

- support a loved one's recovery,
- to address their own emotional stress directly related to the relationship with someone who is using substances,
- to address the emotional stress of having lived with someone who had a SUD in the past, including a parent,
- to learn strategies for interacting with someone who is actively using and to encourage recovery.

Specific information regarding Family Services and reimbursement can be found in the [OASAS Medicaid APG Clinical and Billing Reimbursement Guidance](#) document. General FAQ's can be found below. If you have further questions please send them to the PCIM Mailbox at [PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov)

**1. Does the person with the SUD need to be admitted to treatment in order to admit a significant other?**

No – an individual may be admitted independent of the person who has the SUD

**2. What diagnosis do I use when admitting a significant other?**

A clinician working within their scope of practice must assess and diagnose the individual. The diagnosis should be related to the impact of living with someone who has a substance use disorder and the focus of treatment should be on the impact of the SUD on the current symptoms.

**3. What is the difference between a collateral visit and a significant other visit?**

**Collateral Visits:** Collateral visits are service visits with non-admitted family members to support the admitted individual in treatment. Collaterals may be billed for a single collateral visit or as a group service when the group service is delivered as a time-limited multi-family group for the purpose of supporting the identified patient's recovery. The family member can also be seen with the client present, in this case, the program bills for a family session.

**A significant other visit** is provided to a person who has been admitted into treatment. The focus of the visit is to address the goals of the significant other as documented in their own treatment plan.





**4. *Is there a limit to the number of collateral visits that a person can have in a treatment episode?***

Yes - 5 collateral visits are allowed within a single episode of care. There are no limits for significant other visits.

**5. *Can a person be seen as both a collateral and a significant other?***

Yes - A person could attend a collateral or a family visit to learn about how to support their spouse who is being discharged home from an inpatient stay. The focus of the visit is supporting the spouse's treatment goals. They may also see a therapist at the clinic to address anxiety related to fear of relapse as a primary client also referred to as a significant other.

**6. *Do I need to complete a LOCADTR for a significant other admission?***

No. LOCADTR's are appropriate only for those with a Substance Use Disorder Diagnosis.

**7. *Do you complete a toxicology screen for a significant other in the course of the assessment?***

Toxicology testing supports treatment for substance use disorder. Unless there is a clinical reason for toxicology screening for a significant other consistent with the goals of treatment, there is not a requirement to do toxicology testing.

**8. *What if a significant other discloses their own use and is subsequently found to have a diagnosis? Would they need to be readmitted under a primary diagnosis of SUD?***

If the individual and counselor intend to change the focus of treatment from the admission diagnosis and treatment plan to work on goals related to the SUD; the individual should be readmitted as a primary client. If the focus of treatment remains the same, the person would continue treatment as a significant other. The treatment plan should include efforts to engage the significant other in treatment or recovery to address the SUD.

**9. *Can treatment with significant others be both individual and group therapy?***

Yes, as clinically appropriate.

**10. *Can multiple family group therapy occur with significant others, children and/or the person with a diagnosis when it would be beneficial?***

Family members may participate in Multi-Family Group Treatment. The group would be reimbursed as a group service to the admitted individual.

**11. *Can children under 18 be admitted as significant others?***

Children under the age of 18 can be admitted for clinically necessary and appropriate treatment. Clinicians working with children should be appropriately trained and supervised to do so.

