

## Family-Based Mental Health Services: Requirements for Completing Attestation for Specialty Teams

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This bulletin is to alert Family-Based Mental Health Services (FBMHS) providers of the requirements for completing the FBMHS attestation for specialty teams and outlines the process for monitoring operating teams.

### Requirements for FBMHS Attestation Specialty Teams

CBH requires all in-network FBMHS providers with specialty teams to complete the [FBMHS Attestation: Specialty Teams form](#). This form must be completed for each type of specialty team in operation at the organization. This attestation allows CBH to confirm that all specialty teams meet CBH's FBMHS provider requirements. This attestation must be completed by January 30, 2026. Providers who do not complete the attestation by this date will no longer be eligible to receive the enhanced rate for specialized services (800-46 LOC). Any teams that are not listed on the attestation will be considered general teams.

FBMHS attestations must be completed by providers on an annual basis. Provider attestations are monitored by CBH's Provider Network Access team and reviewed as part of a facility's recredentialing process. Should a specialty or general FBMHS team become unstaffed and/or unable to accept referrals or provide services to members, providers must inform CBH through the [Provider Operational Change form](#).

Please see the following FBMHS Specialty Team Descriptions for additional information on the requirements for each team.

### FBMHS Specialty Team Descriptions

#### *Autism Spectrum Disorder (ASD)*

An ASD specialty team specializes in helping families with a child or adolescent diagnosed with ASD. This team can work with children with autism who may require additional treatment support outside of using the ESFT model within FBMHS. The team is equipped to help the family gain insight into their child's specific needs, improving both the family's functioning and the child's behavioral health. It can link to ASD-specific resources and supports, including knowledge of special education law, behavioral health continuum, ASD community supports, DBHIDS/BAS waivers, and support for transition-age youth.

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Team staff must have the following qualifications:

- At least one year of experience as a direct clinician, behavioral health technician (BHT), or higher with children on the ASD spectrum
- At least one year of experience in providing parent training/consultation, preferably behavioral skills training models
- Some experience supervising BHT or other aide/paraprofessional positions
- Graduate coursework in autism and other neurodevelopmental disorders, applied behavior analysis (ABA), and evidence-based treatments for ASD

### *Intellectual or Developmental Disabilities (ID/DD)*

ID/DD specialty teams can link to ID/DD resources and supports, including knowledge of special education law, behavioral health continuum, ID/DD community supports, DBHIDS/BAS waivers, and support for transition-age youth.

Team staff must have the following qualifications:

- Training in behavioral approaches using positive reinforcements, task analysis, and reducing tasks into multiple accomplishable steps
- Training in visual/role-playing models of therapy over verbal interventions

### *Spanish Language*

Teams with a bilingual specialty ensure culturally and linguistically accessible services, which should include, at a minimum, the lead clinician with bilingual fluency.

### *Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Specific*

TF-CBT-specific specialty teams are trained in TF-CBT and can implement TF-CBT in conjunction with the ESFT model throughout the treatment. Service delivery is implemented by an Evidence-Based Practice and Innovation Center (EPIC) designated TF-CBT provider, or the provider has clinicians on the team who have completed a TF-CBT training (please visit <https://tfcbt.org/> for more information). TF-CBT specialty programs

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should have at least two teams trained in TF-CBT with the ability to carry at least 4-5 cases each that require TF-CBT.

### ***LGBTQ+***

LGBTQ+ specialty teams are aware that a youth's identifying as LGBTQ+ or developing an understanding of their caregivers' identification may be a stressor. Given the elevated risks of behavioral health challenges, including suicidal behavior among LGBTQ+ youth, intervention is critical when the family is having difficulty adapting to a youth's sexual identity while that youth is experiencing significant behavioral health challenges. These teams utilize the ESFT model and FBMHS approach, focusing on working with families in which the caregiver and family may benefit from learning to be supportive/accepting of their LGBTQ+ youth. This approach aims to create a relational reframe that highlights the family's good intentions and the larger ecosystem.

Please contact your assigned provider relations representative with any questions and/or concerns.