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Children and Family Treatment and Support Services

In-Depth Training



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Children's System Transformation



State Plan Amendment (SPA) = Children and Family Treatment and Support Services

- New child and family friendly name reflects who we serve and globally what services will be delivered
- Children and Family Treatment and Support Services is replacing the more technical state term that provides authority to provide these services
- Educational and marketing materials will now reflect the new branding



Overview of Children's Medicaid Redesign Timeline

Children's Medicaid Redesign Timeline

Subject to the availability of Global Cap Resources in Excess of Budget Restoration

Subject to timely CMS and other State Approvals

<ul style="list-style-type: none">• Implement three of Six New State Plan Services (Other Licensed Practitioner, Community Psychiatric Supports and Treatment Psychosocial Rehabilitation)• All 1915(c) Children's Waiver Members Transition to Health Home (begins in October 2018)• Most 1915(c) Waiver Children Transition to Managed Care• New State Plan Services and New Array of HCBS in Managed Care Benefit• B2H Waiver Children Discharged from FC to Managed Care	January 2019
<ul style="list-style-type: none">• Implement Family Peer Supports State Plan Service• Three Year Phase-in of Level of Care (LOC) eligibility for HCBS Begins (within limits of Global Spending Cap)• Foster Care Population, including B2H Waiver children, transition to Managed Care• Behavioral Health Benefits transition to Managed Care	July 2019
<ul style="list-style-type: none">• Implement Remaining New State Plan Services in Managed Care Benefit (Youth Peer Support and Training and Crisis Intervention)	January 2020

Implementation of New Children and Family Treatment and Support Services

- Children and Family Treatment and Support Services will become part of the Managed Care benefit on their implementation date
- Providers need to be designated to provide new Children and Family Treatment and Support Services and will need to contract with Managed Care Plans. Children and Family Treatment and Support Services will be available fee-for-service for children that are not enrolled in Plans

Children and Family Treatment and Support Services	Effective Date
Other Licensed Practitioner	January 1, 2019
Psychosocial Rehabilitation	January 1, 2019
Community Psychiatric Treatment and Supports	January 1, 2019
Family Peer Support Services	July 1, 2019
Youth Support and Training	January 1, 2020
Crisis Intervention	January 1, 2020



Overview of Key Concepts



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Core Principles

Child Centered

Family Focused

Community Based

Multi-System

Culturally Competent

Least Restrictive/Least Intrusive



Goals for Children's Design

- Keep children on their developmental trajectory
- Maintain child at home with support and services
- Maintain the child in the community in least restrictive settings
- Identify needs early and intervene
- Focus on recovery and building resilience
- Prevent escalation and longer term need for higher end services
- Maintain accountability for improved outcomes and delivery of quality care



Key Points

Children's Health and Behavioral Health Services will:

- Be available to all Medicaid eligible children under the age of 21 who meet medical necessity criteria.
- Allow interventions to be delivered in the home and other natural community based settings where children /youth and their families live.
- Bolster lower intensity services to prevent the need for more restrictive settings and higher intensity services.
- Fall under the Early Periodic Screening, Diagnosis and Treatment benefits (known commonly as EPSDT).



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Key Points

- Are stand alone services, they are not programs nor are they part of any existing services (i.e. clinic).
- Can be accessed individually or in a coordinated comprehensive manner when identified in the treatment plan.
- Must include communication and coordination with the family, caregiver and/or legal guardian. Coordination with other child-serving systems should occur to achieve the treatment goals.



What does Medical Necessity Mean?

Medical necessity is the standard terminology that all healthcare professionals and entities will use in the review process when determining if medical care is appropriate and essential.

New York State Department of Health requires the following definition of Medically Necessary:

Medically necessary means health care and services that are necessary to prevent, diagnose, manage or treat conditions in the person that cause acute suffering, endanger life, result in illness or infirmity, interfere with such person's capacity for normal activity, or threaten some significant handicap. (N.Y. Soc. Serv. Law, § 365-a).

Each new State Plan Service will have specific guidelines. Please refer to manual for more information.



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Treatment Plan

- The treatment plan must specify the amount, duration, and scope of services
- Services are provided in accordance with the treatment/service plan and documented in the child/youth's record using a child/youth and family centered approach.
- Each service needs to be a part of the treatment plan for that child/youth.
- Treatment/service planning is an active process that engages the child/youth, family/caregiver and collaterals in ongoing review of progress toward goals and objectives that incorporates strengths and preferences of the child/youth and family/caregiver



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General Provider Requirements

Must comply with requirements including:

- Adhere to Medicaid requirements
- Ensure staff receive training on Mandated Reporting
- Practitioners maintain licensure necessary to provide services
- Maintain needed insurance (i.e. liability, malpractice insurance)
- Follow safety precautions needed to protect child population
- Adhere to cultural competency guidelines
- Be knowledgeable about trauma-informed care



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Important to Know

- Each new Children and Family Treatment and Support Service will have very distinct:
 - Agency Qualifications
 - Individual Staff Qualifications
 - Supervisory Qualifications
 - Required Trainings
 - Billing Requirements
 - Medical Necessity
 - Limitations and Exclusions
- Please refer to the Manual for updated information.



Pathways to Care



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Pathways to Care

- Children/youth can access the services in variety of ways.
- Needs can be identified by multiple sources including parents and other caregivers, pediatricians, care managers, school personnel or the young person themselves.
- Anyone can make a referral for services, but the determination for access (“recommendation”) and service provision must be made by a licensed practitioner who can discern and document medical necessity.



Pathways to Care

- To access Other Licensed Practitioner (OLP) the child/youth does not require a behavioral health diagnosis.
- To access Community Psychiatric Supports & Treatment (CPST) the child/youth must be at risk for the development of or have a behavioral health diagnosis
- To access all other new Children and Family Treatment and Support Services the child/youth must have a documented behavioral health diagnosis.
- If the child is not yet diagnosed, a referral must first be made to a Licensed Practitioner who has the ability to diagnose in the scope of his/her practice.



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Pathways to Care

Referral: when an individual or service provider identifies a need in a child/youth and/or their family and makes a linkage/connection to a service provider for the provision of a service that can meet that need.

Recommendation: when a treating Licensed Practitioner of the Healing Arts (LPHA) identifies a particular need in a child/youth based on a completed assessment and documents the medical necessity for a specific service, including the service on the child/youth's treatment plan.



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Licensed Practitioner of the Healing Arts

The following are LPHAs for CPST, PSR and FPSS:

- Registered Nurse Professional
- Nurse Practitioner
- Psychiatrist
- Licensed Psychologist
- **Licensed Master Social Worker***
- **Licensed Clinical Social Worker***
- **Licensed Marriage and Family Therapist***
- **Licensed Mental Health Counselor***
- Physician
- Licensed Creative Arts Therapist
- **Licensed Psychoanalyst***
- Physician's Assistant

***Note: these practitioners are also listed under OLP as NP-LBHPs, see OLP for additional information**



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Pathways to Care: Recommendation Process

The recommendation must be in writing, must be signed and dated, and must include an explanation of the medical need for the service.

- If the LPHA making the recommendation is not a member of the program/agency staff, the recommendation must include the LPHA license number, in addition to the above.
- If the LPHA making the recommendation is a member of the program/agency, the recommendation must include the identification of which components of the services are required to meet the child's needs based on the completed assessment and include the components in the signed treatment plan.



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Pathways to Care: Recommendation Process

If the program/agency is providing a service that was recommended by an external LPHA, the agency must include in the treatment/service plan signed by the supervising licensed practitioner (or authorized supervisor in accordance with qualifications set forth in the Manual), the identification of which components of the services are required to meet the child's needs based on an assessment



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Billing 101

Fundamentals

- If child in Medicaid Managed Care Plan (MMCP) – bill Managed Care Plan
- If child not in MMCP – bill Fee-For-Service
- In order to bill MMCP you need to be in network
 - In order to be in network you have to be credentialed and contracted



Billing

Fundamental Requirements

- All providers must be enrolled as Medicaid providers. Regardless if they plan to bill Medicaid or not.
- To be paid by Medicaid Managed Care providers must be in-network (both contracted and credentialed)
- Single Case Agreements (SCA) may be executed by Medicaid Managed Care for specific services for specific client
- Beginning January 1, 2019, and upon the transition date of the respective services, MMCPs will be required to pay government rates [aka Medicaid fee-for-service rates] for at least 24 months, or however long NYS mandates



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New Service	Practitioners	Modality	Setting	Staff Transportation	Billing Intervals	Daily Limit	Group Size
OLP	Licensed Psychoanalyst, LCSW, LMFT, LMHC, LMSW (under supervision)	Individual/Group/Family	Off Site/On Site with strong preference for off site	Allowed. Separate claim must be submitted for staff transportation	15 Minute Unit	4 Units (1 Hour)	8 Members per group max
CPST	Varies by component service: Counseling –MA in social work, counseling, psych or related human service field Plus one year of applicable experience or certified in EBP Components not involving counseling- BA + 2 years experience	Individual/Group/Family	Off Site/On Site with strong preference for off site	Allowed. Separate claim must be submitted for staff transportation	15 Minute Unit	6 Units (1.5 Hours)	8 Members per group max
PSR	18 years old High School Diploma, equivalency, SACC or CDOS 3 yrs. Experience in children’s MH, SUD &/or Foster Care	Individual/Group	Off Site/On Site with strong preference for off site	Allowed. Separate claim must be submitted for staff transportation	15 Minute Unit	8 Units (2 Hours)	8 Members per group max
FPSS	Credentialed Family Peer Advocates or Certified Recovery Peer Advocates- Family	Individual/Group	Off Site/On Site with strong preference for off site	Allowed. Separate claim must be submitted for staff transportation	15 Minute Unit	8 Units (2 Hours)	12 Members per group max, ratio of facilitator to participants should be 1:4

Evidence Based Practices

NOTE: An integral part of the Children’s Medicaid Redesign has been the intent to include the authority for and provision of Evidenced Based Practices (EBPs), specifically through the services of Other Licensed Practitioner and Community Psychiatric Supports and Treatment. NYS continues to be committed to the promotion of support of EBPs and plans to develop a process for agencies to apply and be approved for the provision of EBPs under the new EPSDT State Plan services. This process is still under development by the State and will be issued at a later date. More information will be forthcoming.



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Other Licensed Practitioner(OLP)



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Why Offer OLP?

- Providers are able to more effectively engage those children, youth and families/caregivers who may have difficulty engaging in traditional clinic based settings.
- Prevent the progression of behavioral health needs through early identification and intervention.
- OLP services may be provided to children/youth in need of assessment for whom behavioral health conditions have not yet been diagnosed.



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What is OLP?

- The services that will be reimbursed for OLP include activities under the licensed practitioner's scope of practice provided in nontraditional settings, including home, community, and other site based setting when appropriate.
- These providers are licensed and operate within the practitioner's scope of practice as defined in NYS law.



Who is an Other Licensed Practitioner (OLP)?

- These non physician licensed behavioral health practitioners (NP-LBHP) include
 - Licensed Psychoanalysts
 - Licensed Clinical Social Workers
 - Licensed Marriage and Family Therapists
 - Licensed Mental Health Counselors
 - Licensed Masters Social Workers when under the supervision of licensed clinical social workers (LCSWs), licensed psychologists, or psychiatrists

These practitioners must operate within a designated agency.



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What are OLP Service Components?

Licensed
Evaluation/Assessment

Treatment Planning

Psychotherapy

Crisis Intervention
Activities



OLP-Licensed Evaluation Assessment

- **Purpose:** Establishing a diagnosis where needed, and treatment plan for the child/youth within the context of the child/youth self-identified needs, goals, and ethnic, religious and cultural identities. Should result in the identification of services and practices medically necessary to meet the child/youth's behavioral health needs.
- **Service Component:** Process of identifying a child/youth individual's behavioral strengths and weaknesses, problems and needs, through the observation and a comprehensive evaluation of the child/youth's current mental, physical and behavioral condition and history



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OLP Treatment Planning

- **Purpose:** Details the scope/practices to be provided, expected outcome, and expected frequency and duration of the treatment for each provider .
- **Service Component:** Process of describing the child/youth's condition and services needed for the current episode of care.



OLP- Psychotherapy

- **Purpose:** alleviating symptoms or functional limitations associated with a child/youth's diagnosed behavioral health disorder, reversing or changing maladaptive patterns of behavior, encouraging personal growth and development, and supporting the child/youth's capacity to achieve age-appropriate developmental milestones
- **Service Component:** therapeutic communication and interaction



OLP-Crisis Intervention Activities

- **Purpose:** Crisis intervention services are immediate, crisis-oriented services designed to diffuse or resolve precipitating stress.
- **Activities:** Activities provided by the treating clinician through OLP which are designed to address acute distress and associated behaviors when the child/youth's condition requires immediate attention due to an unplanned event that requires a rapid response.

Crisis services need not be anticipated in the treatment plan



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OLP-Crisis Intervention Activities

Crisis Intervention Activities: If the child-youth experiences psychiatric, behavioral or situational distress in which the NP-LBHP is contacted as the treatment provider, the reimbursement categories below allow the NP-LBHP to provide the necessary interventions in crisis circumstances.

- **Crisis Triage (by telephone) and Crisis Off Site (in-person)** treating clinician through OLP which are designed to address acute distress and associated behaviors when the child/youth's condition requires immediate attention due to an unplanned event that requires a rapid response
- **Crisis Complex Care (follow up)** an ancillary service to psychotherapy provided by a clinician by telephone, with or without the child/youth. It is a clinical level service which may be necessary as a follow up to psychotherapy or a crisis episode for the purpose of preventing a change in community status or as a response to complex conditions. It is not a stand-alone service. It is a non-routine professional service designed to coordinate care.

Note: The three (3) crisis activities described above are NOT part of the separate Crisis Intervention State Plan service. Any child receiving this service must have already been evaluated and under the care of the practitioner delivering services under OLP prior to using the crisis activities.



Medical Necessity: Admission Criteria

Criteria 1 or 2 must be met:

The child/youth is being assessed by the NP-LBHP to determine the need for treatment. The NP-LBHP develops a treatment plan for goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits that:

- 1) Corrects or ameliorates conditions that are found through an EPSDT screening;
OR
- 2) Addresses the prevention, diagnosis, and/or treatment of health impairments; the ability to achieve age-appropriate growth and development, and the ability to attain, maintain, or regain functional capacity.



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Community Psychiatric Supports and Treatment (CPST)



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What is CPST?

- Intended to assist the child/youth and family/caregivers to achieve stability and functional improvement in daily living, personal recovery and/or resilience, family and interpersonal relationships in school and community integration. The family/caregivers is expected to have an integral role.



Why Offer CPST?

- Designed to provide community based services to children and families who may have difficulty engaging in formal office settings but can benefit from home and community based rehabilitative services.
- A service which can easily complimented by the integration of additional new services such as Psychosocial Rehabilitation.
- The service can also be provided in coordination with clinical treatment service, such as those within OLP, to address identified rehabilitative needs within a comprehensive treatment plan.



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What are CPST Service Components?

Intensive Interventions

Crisis Avoidance

Intermediate Term Crisis Management

Rehabilitative Psychoeducation

Strengths Based Service Planning

Rehabilitative Supports



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CPST- Intensive Intervention

- **Purpose:** assisting the individual with developing and implementing social, interpersonal, self care, daily living and independent living skills to restore stability to support functional gains and to adapt to community living.
- **Service Component:** Intensive Interventions- individual, family, and relationship based counseling, supportive counseling, solution focused intervention, emotional and behavioral management and problem behavior analysis



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CPST – Crisis Avoidance

- **Purpose:** restore stability and functioning or prevent a crisis episode from occurring or reducing the intensity and duration of active crisis
- **Service Component:** Activities geared toward assisting the child/youth with effectively responding to or avoiding identified triggers that would risk the child/youth remaining in a natural community location. This includes assisting the child/youth family members and/or other collaterals. with identifying a potential psychiatric or personal crisis, developing a crisis management plan and/or seeking other supports.



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CPST-Intermediate Term Crisis Management

- **Purpose:** Stabilize the child/youth in the home and natural environment and assist with goal setting to focus on the issues identified from mobile crisis or emergency room intervention and other referral sources
- **Service Component:** Activities that assist families following a crisis episode and are described in the crisis management plan. Intended for children in need of longer term crisis management services

The episode and follow up should not exceed 72 hours. If the crisis episode and follow up exceeds 72 hours, then it shall be considered a new crisis intervention episode.



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CPST-Rehabilitative Psychoeducation

- **Purpose:** minimize negative effects of symptoms and further community integration
- **Services Component:** Educating child/youth, family members, and/or collaterals about treatment options, or associated environmental stressors which interfere with the child's/ youth daily living, financial management, housing, academic and/or employment progress, personal recovery or resilience, family and/or interpersonal relationships and community integration.



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CPST-Strengths Based Service Planning

- **Purpose:** Address functional deficits associated with identified diagnosis.
- **Service Component:** Assisting the child/youth, family members, and/or collaterals with identifying strengths, needs, resources, natural supports as well as developing goals and objectives to utilize personal strengths, resources, and natural supports.



CPST-Rehabilitative Supports

- **Purpose:** minimize the negative effects of behavioral health symptoms or emotional disturbances that interfere with the child/youth's daily functioning
- **Service Component:** Restoration, and recovery activities and supports that aid in improving life safety skills, basic safety practices and evacuation, physical and behavioral health care, recognizing when to contact a physician, self administration of medication for physical, mental, and substance use conditions, understanding side effects of prescribed medication, and other common prescription and non prescription drugs



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Medical Necessity: Admission Criteria

All criteria must be met:

- 1) The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM OR the child/youth is at risk of development of a behavioral health diagnosis; AND
- 2) The child/youth is expected to achieve skill restoration in one of the following areas:
 - a. participation in community activities and/or positive peer support networks
 - b. personal relationships;
 - c. personal safety and/or self-regulation
 - d. independence/productivity;
 - e. daily living skills
 - f. symptom management
 - g. coping strategies and effective functioning in the home, school, social or work environment; AND
- 3) The child/youth is likely to benefit from and respond to the service to prevent the onset or the worsening of symptoms, AND
- 4) The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License: Licensed Master Social Worker, Licensed Clinical Social Worker, Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physicians Assistant, Psychiatrist, Physician, Registered Professional Nurse OR Nurse Practitioner



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Staff Qualifications

- Varies by component
- Practitioners with a master's degree in social work, counseling, psychology or a related human services field plus one year of applicable experience may provide all aspects of CPST, including counseling.
- Other aspects of CPST, except for counseling, may otherwise be performed by individuals with at least a bachelor's degree level with a minimum of two years of applicable experience in children's mental health, addiction, and/or foster care/child welfare/juvenile justice. These practitioners include: Registered Professional Nurses with one year of behavioral health experience, Licensed Occupational Therapists, and Licensed Creative Arts Therapists to the extent they are operating under the scope of their license.



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Supervision

- Must provide regularly scheduled supervision
- Have the qualifications of at least one of the following with at least 2-3 years of work experience:
 - Licensed Clinical Social Worker (LCSW),
 - Licensed Mental Health Counselor,
 - Licensed Creative Arts Therapist,
 - Licensed Marriage and Family Therapist,
 - Licensed Psychoanalyst,
 - Licensed Psychologist,
 - Physician's Assistant,
 - Psychiatrist,
 - Physician,
 - Registered Professional Nurse, or
 - Nurse Practitioner, operating within the scope of their practice
- Must be sensitive to trauma informed care and the cultural needs



Psychosocial Rehabilitation (PSR)



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What is PSR?

- Services designed to **restore**, **rehabilitate** and **support** a child's/youth's developmentally appropriate functioning as necessary for the integration of the child/youth as an active and productive member of their family and community
- Activities are hands on and task oriented
- Activities focused on rehabilitative needs of the child/youth
- Can also be provided in coordination with treatment interventions by a licensed provider



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Why Offer PSR?

- The delivery of services in these natural settings expands the range of treatment options for families/caregivers by allowing greater flexibility and choice based on the needs of the child or youth.
- Services can assist the child/youth in developing and applying skills in natural settings.
- Can help to practice and operationalize skill that have been identified as having a deficit on a treatment plan



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What are PSR Services?



PSR-Personal and Community Competence

- **Purpose:** Promote personal independence, autonomy, and mutual supports by developing and strengthening the individual's independent community living skills and integration into the community. Goal is to restore, rehabilitate and support.
- **Service Component:** Rehabilitative interventions and individualized, collaborative, hands on training to build developmentally appropriate skills.



PSR-Social & Interpersonal Skills

- Increasing community tenure and avoiding more restrictive placements
- Building and Enhancing personal relationships
- Establishing support networks
- Increasing community awareness
- Developing coping strategies and effective functioning in the individual's social environment, including home, work, and school locations.



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PSR-Daily Living Skills

- Improving self-management of the negative effects of psychiatric, emotional, physical health, developmental, or substance use symptoms that interfere with a person's daily living
- Support the individual with the development and implementation of daily living skills and daily routines necessary to remain in the home, school, work and community.
- Personal autonomy skills, such as:
 - Learning to manage stress, unexpected daily events, and disruptions, behavioral health and physical health symptoms with confidence



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PSR-Community Integration

- Implementing learned skills (that may have been developed through a licensed practitioner providing treatment services) so the child/youth can remain in a natural community location and achieve developmentally appropriate functioning in the following areas
 - Social skills, such as:
 - Developing interpersonal skills when interacting with peers, establishing and maintaining friendships/a supportive social network while engaged in recovery plan.
 - Health skills, such as:
 - Developing constructive and comfortable interactions with health-care professionals
 - Assisting the individual with effectively responding to or avoiding identified precursors or triggers that result in functional impairments
- Supporting the identification and pursuit of personal interests and hobbies
 - identifying resources where interests can be enhanced and shared with others in the community
 - identifying and connecting to natural supports and resources, including family, community networks, and faith-based communities



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Medical Necessity: Admission Criteria

All criteria must be met:

- 1.The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM; AND
- 2.The child/youth is likely to benefit from and respond to the service to prevent the onset or the worsening of symptoms; AND
- 3.The service is needed to meet rehabilitative goals by restoring, rehabilitating, and/or supporting a child/youth's functional level to facilitate integration of the child/youth as participant of their community and family AND
- 4.The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License: Licensed Master Social Worker, Licensed Clinical Social Worker, Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physicians Assistant, Psychiatrist, Physician, Registered Professional Nurse OR Nurse Practitioner



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Staff Qualifications

- Must be 18 years old and have a high school diploma, high school equivalency preferred, or a State Education Commencement Credential (e.g. SACC or CDOS); with a minimum of three years' experience in children's mental health, addiction and/or foster care
- The practice of PSR by unlicensed individuals does not include those activities that are restricted under Title XIII.



Supervision

Supervisor Qualifications:

- The PSR provider must receive regularly scheduled supervision from one of the following:
 - Licensed Clinical Social Worker (LCSW),
 - Licensed Mental Health Counselor,
 - Licensed Creative Arts Therapist,
 - Licensed Marriage and Family Therapist,
 - Licensed Psychoanalyst,
 - Licensed Psychologist,
 - Physician's Assistant,
 - Psychiatrist,
 - Physician,
 - Registered Professional Nurse, or
 - Nurse Practitioner operating within the scope of their practice.
- Must be sensitive to trauma informed care and the cultural needs of the population



Family Peer Support Services (FPSS)



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What are Family Peer Support Services?

- FPSS are array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental substance use, and/or behavioral challenges.
- FPSS provides a structured, strength-based relationship between a Family Peer Advocate (FPA) and the parent/caregiver for the benefit of the child.

*The term ‘family’ is defined as the primary caregiving unit and is inclusive of the wide diversity of primary caregiving units. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.



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Why Offer FPSS?

- Because of their lived experience, credentialed FPAs and CRPA-Fs are adept at engaging parents and problem-solving any barriers to care.
- FPSS promotes family-driven practice by supporting parents to be informed and active partners in the planning and delivery of services for their child and family.
- FPSS increases social support by connecting parents to others who can relate.
- FPSS works directly with parents to enhance their capacity to parent a child with challenges.
- FPSS promotes continuity across the different services a child is receiving (e.g. school, mental health, primary care).



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Family Peer Support Service Components

Engagement, Bridging and
Transition Support

Self-Advocacy, Self-
Efficacy and
Empowerment

Parent Skill Development

Community Connections
and Natural Support



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FPSS Service Components

Engagement, Bridging and Transition Support

For example:

- Support a productive parent-provider partnership
- Assist families to express their strengths, needs and goals
- Accompany the family when visiting programs
- Address concrete or subjective barriers that may prevent full participation in services
- Support families during transition (e.g. placements, in crisis, between services, etc.).



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FPSS Service Components

Self-Advocacy, Self-Efficacy, and Empowerment

For example:

- Empower families to partner in all planning and decision-making
- Model strengths-based interactions by accentuating the positive
- Prepare families for meetings and accompany them when needed
- Provide opportunities for families to connect to and support one another
- Empower families to make informed decisions:
- Share information about resources, services
- Help the family consider and express their needs and preferences of the family
- Help families understand eligibility rules and the assessment process
- Help the family match services to their child's strengths and needs



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FPSS Service Components

Parent Skill Development

For example:

- Help learn and practice strategies to support their child's positive behavior and health
- Assist parents to implement strategies recommended by clinicians
- Provide emotional support to reduce isolation, feelings of stigma, blame and hopelessness
- Provide individual and/or group parent skill development related to their child's needs
- Support the parent in their role as their child's educational advocate by providing: information, modeling, coaching



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FPSS Service Components

Community Connections and Natural Support

For example:

- Help the family to reconnect to natural supports already present in their lives.
- Utilize families' knowledge of their community to develop new supportive relationships.
- Help the family get involved in leisure activities in their community.
- In partnership with community leaders, encourage interested families to become more involved in faith or cultural organizations.
- Conduct groups with families to create opportunities for ongoing natural support.
- Work collaboratively with schools to promote family engagement.



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Medical Necessity: Admission Criteria

Criteria 1 OR 2, AND 3 AND 4 AND 5 must be met:

1. The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM OR
2. The child/youth displays demonstrated evidence of skill(s) lost or undeveloped as a result of the impact of their physical health diagnosis; AND
3. The child/youth is likely to benefit from and respond to the service to prevent the onset or the worsening of symptoms; AND
4. The child/youth's family is available, receptive to and demonstrates need for improvement in the following areas such as but not limited to:
 - a. strengthening the family unit
 - b. building skills within the family for the benefit of the child
 - c. promoting empowerment within the family
 - d. strengthening overall supports in the child's environment; AND
5. The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License: Licensed Master Social Worker, Licensed Clinical Social Worker, Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physicians Assistant, Psychiatrist, Physician, Registered Professional Nurse OR Nurse Practitioner



Limitations and Exclusions

- A child with a developmental disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative service.
- Rehabilitative services do not include and FFP (Federal Financial Participation) is not available for any of the following:
 - educational, vocational, and job training services,
 - room and board,
 - habilitation services such as financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature,
 - services to inmates in public institutions
 - services to individuals residing in institutions for mental diseases
 - recreational, or custodial (i.e., for the purpose of assisting in the activities of daily living such as bathing, dressing, eating, and maintaining personal hygiene and safety; for maintaining the recipient's or anyone else's safety, and could be provided by persons without professional skills or training).
 - Services that must be covered under other Medicaid authorities (e.g. services within a hospital outpatient setting).



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Limitations and Exclusions (cont)

- The following activities are not reimbursable for Medicaid family support programs:
 - 12-step programs run by peers.
 - General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTAs, etc.
 - Contacts that are not medically necessary.
 - Time spent doing, attending, or participating in recreational activities.
 - Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
 - Time spent attending school (e.g., during a day treatment program).
 - Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.



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Limitations and Exclusions (cont)

- The following activities are not reimbursable for Medicaid family support programs:
 - Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
 - Respite care.
 - Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
 - Services not identified on the beneficiary's authorized treatment plan.
 - Services not in compliance with the service manual and not in compliance with State Medicaid standards.
 - Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.



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Limitations and Exclusions (cont)

- Services also do not include services, supplies or procedures performed in a nonconventional setting including: resorts, spas, therapeutic programs, and camps.
- The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee. Treatment services must be part of the treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.



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Credential/Certification

- Family Peer Support can be delivered by
 - Credentialed Family Peer AdvocateOR
 - Certified Recovery Peer Advocate with a Family Specialty



Credential/Certification

- To be eligible for the Family Peer Advocates (FPA) credential
 - Demonstrate ‘lived experience’ as a parent or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs.
 - Have a high school diploma, high school equivalency preferred or a State Education Commencement Credential (e.g. SACC or CDOS). This educational requirement can be waived by the State if the person has demonstrated competencies and has relevant life experience sufficient for the peer credential.
 - Complete Level One and Level Two of the Parent Empowerment Program Training for Family Peer Advocates or approved comparable training.
 - Submit three letters of reference attesting to proficiency in and suitability for the role of a Family Peer Advocate (FPA) including one from the FPAs supervisor.
 - Document 1000 hours of experience providing Family Peer Support Services.
 - Agree to practice according to the Family Peer Advocate Code of Ethics.
 - Complete 20 hours of continuing education and renew their FPA credential every two years.

*Provisional credential may be obtained if certain criteria are met. Consult manual for more details.



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Credential/Certification

- Certified Recovery Peer Advocate (CRPA) with a Family Specialty: To be certified as CPRA-Family, the individual must be at least 18 years of age and have the following:
 - Demonstrate lived experience as a primary caregiver of a youth who has participated in (or navigated) the addiction services system. They provide education, outreach, advocacy and recovery support services for families seeking and sustaining recovery on behalf of a child or youth
 - Have a high school diploma or General Equivalency Degree (GED) preferred or a State Education Commencement Credential.
 - Complete a minimum of 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support and ethical responsibility
 - Document 500 hours of related work or volunteer experience,
 - Provide evidence of at least 25 hours of supervision in a peer role.
 - Pass the NYCB/IC&RC Peer Advocate Exam or other exam by an OASAS designated certifying body
 - Demonstrate a minimum of 20 hours in the area of Family Support (combined online and classroom training)
 - Complete 10 hours of continuing education per year of certification, including 2 hours of Ethics.



Supervision

FPA/CRPA-F will be supervised by; as appropriate:

1) Individuals who have a minimum of 4 years' experience providing FPSS services, at least one year of which is as a credentialed FPA/CRPA-F with access to clinical consultation as needed. The clinical consultation may be provided by a staff member or through a contract

OR

2) A qualified mental health staff person with a.) training in FPSS and the role of FPA/CRPA-F b.) efforts are made as the FPSS service gains maturity in NYS to transition to supervision by an experienced credentialed FPA/CRPA-F within the organization OR For Certified Recovery Peer Advocate with a Family Specialty only - A Certified Alcohol and Substance Abuse Counselor (CASAC) working within an OASAS certified program.



Supervision (cont)

- The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency.
- Supervision of these activities may be delivered in person or by distance communication methods. One hour of supervision must be delivered for every 40 hours of Family Peer Support Services duties performed.
- There may be an administrative supervisor who provides administrative oversight including time, signs the family peer specialist's timesheet and attendance responsibility and is the primary contact on other related human resource management issues.
- Supervisors must also be aware of and sensitive to the cultural needs of the population of focus and how to best meet those needs, and be capable of training staff regarding these issues.



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Resources and Information

Please specify if kids system/managed care specific in subject line:

NYS OMH Managed Care Mailbox
OMH-MC-Children@omh.ny.gov

NYS OASAS Mailbox:
PICM@oasas.ny.gov

NYSDOH Health Homes for Children:
HHSC@health.ny.gov

NYS OCFS Mailbox:
OCFS-Managed-Care@ocfs.ny.gov

Children's Managed Care Design:
http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health_reform.htm



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Additional Resources

RESOURCES TO STAY INFORMED:

- Subscribe to children's managed care listserv
<http://www.omh.ny.gov/omhweb/childservice/>
- Subscribe to DOH Health Home listserv
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/list_serv.htm
- Health Home Bureau Mail Log (BML)
https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action

