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Child and Family Treatment and Support Services (CFTSS) Training for Providers

Last review date: August 2024

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Program Description

Child & Adolescent Service System Program Core Principles

Child-Centered	Family-Focused	Community-Based
Multi-System	Culturally Competent	Least Restrictive/Intrusive

CFTSS Goal

Provide early intervention, prevention, and slow onset/ progression of BH conditions.

- ✓ Meet children/family's needs
- ✓ Expand access to clinical treatment services
- ✓ Provide an array of rehabilitative intervention approaches

CFTSS Services

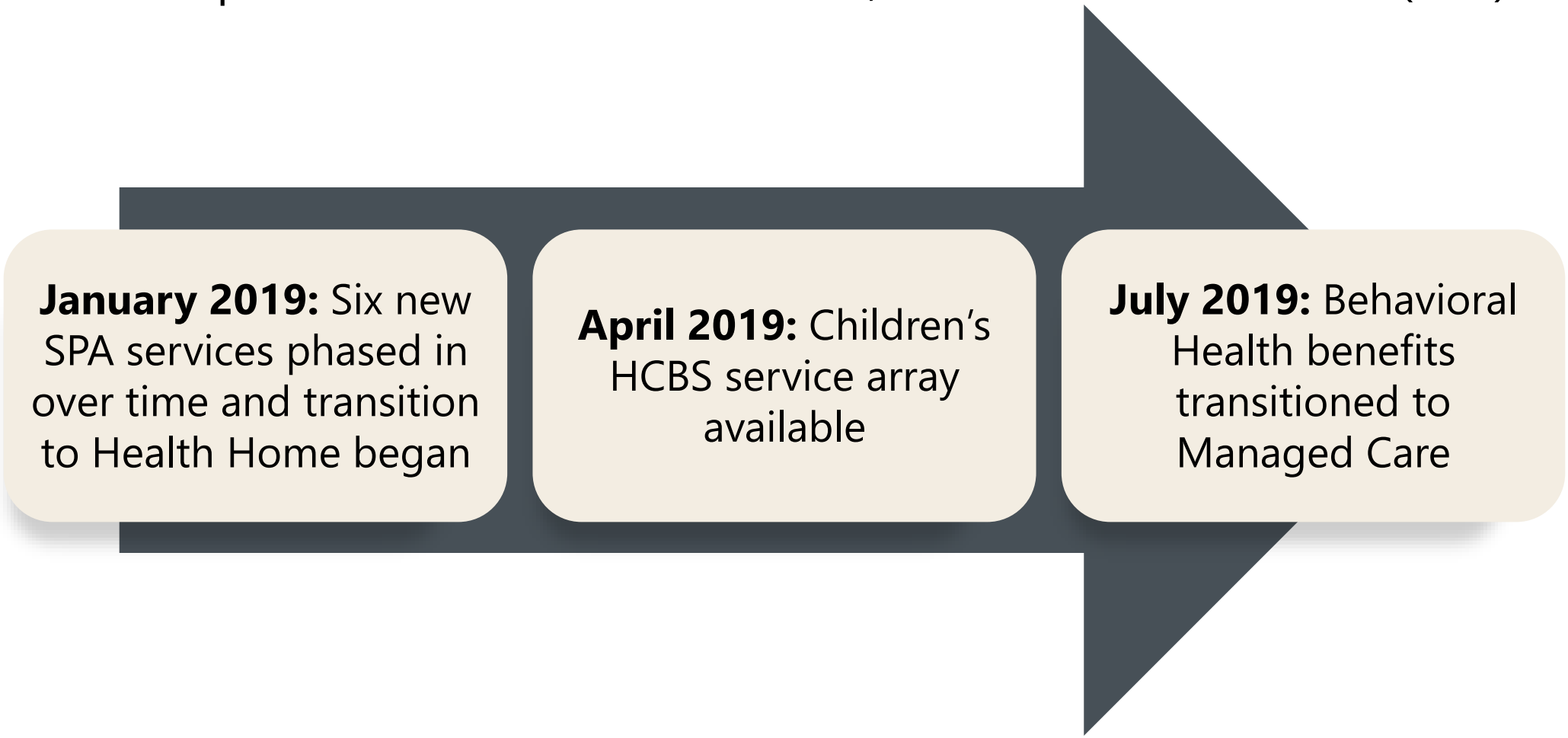
- Standalone
- Coordinated with family/caregiver/legal guardian/child serving system
- Accessed individually or comprehensively
- Practitioners are employed by Designated Providers

Access to Care

- Referrals can be made by anyone for services, including parents, caregivers, pediatricians, care managers, school personnel, clinicians, or the child/youth self-referrals
- Referral source must link to a qualified Provider who can make a recommendation
- Recommendations for services to be rendered must be made by a licensed practitioner who can discern and document medical necessity
- Any Licensed Practitioner of the Healing Arts (LPHA) can provide recommendations
- Health Homes are not required for access/entry into CFTSS
- If MVP is contacted by a Member indicating they were referred for services without a connection to a Provider, MVP assist in connecting them to a qualified Provider to obtain a recommendation for services

Program History

CFTSS replaces the technical state term, State Plan Amendment (SPA)



Sub-Services

CFTSS Sub-Services

This Program is an array of Medicaid benefits for children under 21 years of age for early intervention, and prevention of the onset/progression of BH conditions. The subsequent slides review these six program components in more detail and reference the Children's Health and Behavioral Health Services Transformation Medicaid State Plan CFTSS Provider Manual.

OLP

PSR

CPST

FPSS

YPST

CI

Other Licensed Practitioner (OLP)

Other Licensed Practitioner (OLP)

Other Licensed Practitioner (OLP), referring to non-physician licensed behavioral health practitioners (NP-LBHPs) to prevent the progression of exhibited behavioral health needs through early identification and intervention:

- A **Licensed Evaluation**, also called an **Assessment**, is the process of identifying a child/youth's comprehensive evaluation of current mental, physical, and behavioral condition and history, which is the basis for establishing a diagnosis and treatment plan. No DSM diagnosis required for services to be delivered.
- **Treatment Planning** is incorporated into the assessment process to describe the child/youth's condition and services needed for the current episode of care, detail of scope of practices to be provided, expected outcome, and expected frequency/duration of the treatment for each Provider.
- **Psychotherapy** is a core service that offers therapeutic communication and interaction to alleviate symptoms or functional limitations associated with a child/youth's diagnosed behavioral health disorder.
- **Crisis Intervention Activities** allow the NB-LBHP to provide the necessary interventions in crisis circumstances: crisis triage (by telephone), crisis off-site (in-person), and crisis complex care (follow-up)

Providers include: LMSW, LCSW, LMHC, LCAT, LMFT, Licensed Psychoanalyst, Licensed Psychologist, Physicians Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner

Other Licensed Practitioner (OLP) (cont'd)

Example:
Four-year-old Raymond is struggling with social skills and anxiety in pre-school and his family has had difficulty attending school meetings to address the concerns. Raymond's teacher is concerned that his symptoms are increasing. She recently attended an information session and learned that CFTSS could work with Raymond in his home. Raymond's teacher referred the family to a local mental health provider agency.

Medical Necessity: OLP (Admission)

Criteria 1 or 2 must be met:

The child/youth is being assess 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.

Prevention is focused on the promotion of protective factors, development of health behaviors and reduction of risk factors that can help prevent the onset of a diagnosable behavioral health disorder.

Medical Necessity: OLP (Stay)

Criteria 1 or 2 and 3, 4, 5, 6:

1. The child/youth is making some progress but has not fully reached established service goals and there is expectation that if the child/youth continues to improve, then the service continues; or
2. Continuation of the service is needed to prevent the loss of functional skills already achieved; and
3. The child/youth continues to meet admission criteria; and
4. The child/youth and/or family/caregiver(s) continue to be engaged in services; and
5. An alternative service(s) would not meet the child/youth needs; and
6. The treatment plan has been appropriately updated to establish or modify ongoing goals.

Medical Necessity: OLP (Discharge)

Any one of the criteria 1-6 must be met:

1. The child/youth no longer meeting continued stay criteria; or
2. The child/youth has successfully reached individual/family established service goals for discharge; or
3. The child/youth or parent/caregiver(s) withdraws consent for services; or
4. The child/youth is not making progress on established service goals, not is their expectation of any progress with continues provision of services; or
5. The child/youth is no longer engaged in the service despite multiple attempts on the part of the provider to apply reasonable engagement strategies; or
6. The child/youth and/or family/caregiver(s) no longer needs OLP as s/he is obtaining a similar benefit through other services and resources

Limits & Exclusions: OLP

- Group limit refers to number of child/youth participants, regardless of payor. Groups should not exceed 8 children/youth
- Consideration may be given to smaller limit of Members if participants are younger than 8 years of age. Consideration should be given to group size when family/collaterals are included
- Consideration for group limits, or, the inclusion of an additional group clinician/facilitator, should be based on, but not limited to: the purpose/nature of the group, the clinical characteristics of the participants, developmental level and severity of needs of the participants, inclusion of family/collaterals in group; as well as the experience and skill of the group clinician/facilitator
- Inpatient hospital facilities are allowed for licensed professional other than social workers if a Preadmission Screening and Resident Review (PASRR) indicate it is medically necessary treatment. Social worker visits are including in the Nursing Facility Visits and may not be billed separately
- Visits to Intermediate Care facilities for individual with Mental Retardation (ICF-MR) are not covered
- All NP-LBHP services provided while the person is a resident of an institution for Mental Disease, such a free-standing psychiatric hospital or psychiatric residential treatment facility, are part of the institutional service and not otherwise reimbursable by Medicaid
- If a child requires medically necessary services that are best delivered in the school setting by a community provider the service needs to be detailed on the treatment plan
- If a child needs assistance in the schools (educationally necessary) and a school employee will be providing the service, the service must be on the child's Individuated Education Plan (IEP)(504 plan services are not reimbursable by Medicaid)
- Evidence based practices (EBP) require approval, designation, and fidelity reviews on an ongoing basis as determined necessary by NYS. Treatment services must be a part of the treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visit

Psychosocial Rehabilitation (PSR)

Psychosocial Rehabilitation (PSR)

Services designated to restore, rehabilitate, and support a child/youth with a documented BH diagnosis to developmentally appropriate functioning as necessary for the integration of the child/youth as an active and productive Member of their family and community with the goal of achieving minimal on-going professional intervention:

- Social and Interpersonal Skills
- Daily Living Skills
- Community Integration

Services are task oriented and encourage the child/youth to practice and operationalize skills toward personal and community competence.

Psychosocial Rehabilitation (PSR)(cont'd)

Example:

Ava is a 17-year-old in foster care diagnosed with depression and has a history of trauma. She has diabetes and struggles with obesity caused by her anti-depression medication. Ava was recently enrolled in a Health Home due to her chronic conditions and need for service coordination. The HH Care Manager noted that Ava had difficulty managing her medication and made a referral to a Non-Physician Licensed Behavioral Health Provider (NP-LBHP) to assess on going treatment needs, establish medical necessity and make a recommendation for CFTSS.

Medical Necessity: PSR (Admission)

All criteria must be met:

1. The child/youth has a BH 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 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: LMSW, LCSW, LMHC, LCAT, LMFT, Licensed Psychoanalyst, Licensed Psychologist, Physicians Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner

Medical Necessity: PSR (Stay)

All criteria must be met:

1. The child/youth continues to meet admission criteria; and
2. The child/youth shows evidence of engagement toward resolution of symptoms but has not fully reached established service goals and there is expectation that if the service continues, the child/youth will continue to improve; and
3. The child/youth does not require an alternative and/or higher, more intensive level of care or treatment; and
4. The child/youth is at risk of losing skills gained if the service is not continued; and
5. Treatment planning includes family/caregiver(s) and/or other support systems, unless not clinically indicated or relevant.

Medical Necessity: PSR (Discharge)

Any of criteria 1-6 must be met:

1. The child/youth no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive; or
2. The child/youth has successfully met the specific goals outlined in the treatment plan for discharge; or
3. The child/youth or parent caregiver(s) withdraws consent for services; or
4. The child/youth is not making progress on established service goals, not is there, expectation of any progress with continued provision of services; or
5. The child/youth is no longer engaged in the service despite multiple attempts on the part of the provider to apply reasonable engagement strategies; or
6. The child/youth and/or family/caregiver(s) no longer needs this service as s/he is obtaining a similar benefit through other services/resources.

Limits & Exclusions: PSR

- The provider agency will assess the child prior to developing a treatment plan for the child, with the PSR worker implementing the intervention identified on the treatment plan
- A child with a developmental disability diagnosis without a co-occurring BH condition is ineligible to receive this rehabilitative service
- Group limit refers to number of child/youth participants, regardless of payor. Groups cannot exceed 8 children/youth
- Consideration for group limits or the inclusion of an additional group clinician/facilitator should be based on but not limited to: the purpose/nature of the group, the clinical characteristics of the participants, age of participants, developmental level and severity of needs of the participants, inclusion of family/collaterals in group; as well as the experience and skill of the group clinicians/facilitator
- Treatment services must be a part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visit

Community Psychiatric Supports and Treatment Services (CPST)

Community Psychiatric Supports and Treatment Services (CPST)

Services are goal-oriented supports and solution-focused interventions intended to address challenges, achieve stability and functional improvement in daily living, improve family and interpersonal relationships, support community integration, and aid personal recovery:

- Intensive Interventions
- Crisis Avoidance
- Intermediate Term Crisis Management
- Rehabilitative Psychoeducation
- Strengths Based Service Planning
- Rehabilitative Supports

Community Psychiatric Supports and Treatment Services (CPST) (cont'd)

Example:

Henry is a 15-year-old boy who is enrolled in Medicaid Managed Care. He and his family are experiencing difficulties related to his alcohol and drug use. His difficulties are inhibiting his daily functioning, personal growth, and interpersonal relationships within his natural environments. Henry attends group sessions for teens who are using drugs and alcohol. These are led by a licensed practitioner at the Hamilton Street Services. The licensed practitioner (LPHA) discusses provider options with the family and based on Henry's goals and the family's need for psychoeducation, the counselor makes a recommendation for CPST services.

Medical Necessity: CPST (Admission)

All criteria must be met:

1. The child/youth has a BH diagnosis that demonstrates symptoms consistent or corresponding with the DSM or the child/youth is at risk of development of a BH 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 worsening of symptoms; and
4. The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of the practice under State License: LMSW, LCSW, LMHC, LCAT, LMFT, Licensed Psychoanalyst, Licensed Psychologist, Physicians Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner

Medical Necessity: CPST (Stay)

All criteria must be met:

1. The child/youth continues to meet admission criteria; and
2. The child/youth shows evidence of engagement toward resolution of symptoms but has not fully reached established service goals and there is expectation that if the service continues, the child/youth will continue to improve; and
3. The child/youth does not require an alternative and/or higher, more intensive level of care or treatment; and
4. The child/youth is at risk of losing skills gained if the service is not continued; and
5. Treatment planning includes family/caregiver(s) and/or other support systems, unless clinically indicated or relevant

Medical Necessity: CPST (Discharge)

Any one of criteria 1-6 must be met:

1. The child/youth no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive; or
2. The child/youth has successfully met the specific goals outlined in the treatment plan for discharge; or
3. The child/youth or parent/caregiver(s) withdraws consent for services; or
4. The child/youth is not making progress on established service goals, nor is there expectation of any progress with continued provision of services; or
5. The child/youth is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies; or
6. The child/youth and/or family/caregiver(s) no longer needs the service s/he is obtaining a similar benefit through other services/resources.

Limits & Exclusions: CPST

- The provider agency will assess the child prior to developing a treatment plan for the child
- 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
- A child with a developmental disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative service
- Group face-to-face may be delivered under Rehabilitative Supports and Rehabilitative Psychoeducation
- Group limit referred to number of child/youth participants, regardless of payor. Groups cannot exceed 8 children/youth
- Considerations should be given to smaller limit of Members if participants are younger than 8 years of age. Considers should be given to group size when family collaterals are included
- Consideration for group limits, or, the inclusion of an additional group clinician/facilitator, should be based on, but not limited to: the purpose/nature of the group, the clinical characteristics of the participants, age of participants, developmental level and severity of needs of the participants, inclusion of family/collaterals in group; as well as the experience and skill of the group clinician/facilitator
- Evidence-Based Practices (EBP) require prior approval, designations, and fidelity reviews on an ongoing basis as determined necessary by NYS the Institute of Medicine (IOM) defines 'evidence-based-practices' as a combination of the following three factors: 1) best research evidence, 2) best clinical experience, and 3) consistent with patient values (IOM, 2001) Implemented interventions using evidence-based techniques may ameliorate targeted symptoms and/or recover the person's capacity to cope with or prevent symptom manifestation

Family Peer Support Services (FPSS)

Family Peer Support Services (FPSS)

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 in their home, school, placement, and/or community with a BH or physical health diagnosis:

- Engagement, Bridging, and Transition Support
- Self-Advocacy, Self-Efficiency, and Empowerment
- Parent Skill Development
- Community connections and Natural Supports

Providers include:
Credentialed Family Peer Advocate or Certified Recovery Peer Advocate with a Family Specialty (CRPA-F)

Family: 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

Family Peer Support Services (FPSS) (cont'd)

Example:

Bryan, and his parents Mark and Roger, and grand-mother Dot, are recommended to Family Peer Support Services. They meet with a Family Peer Advocate to discuss and better understand the new services that are and will be available to Bryan as a result of the Children's System Transformation. Bryan and his family also attend a small group lead by the Credentialed Family Peer Advocate with a few other children and their families where they can learn from each other's experiences and offer support. During the small group sessions, the families discuss resources and assist each other in connecting with others and becoming involved in their communities.

Medical Necessity: FPSS (Admissions)

Criteria 1 or 2, and 3, 4, 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 underdeveloped 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: LMSW, LCSW, LMHC, LCAT, LMFT, Licensed Psychoanalyst, Licensed Psychologist, Physician's Assistant, Psychiatrist, Physician Registered Professional Nurse, or Nurse Practitioner.

Medical Necessity: FPSS (Stay)

All Criteria must be met:

1. The child/youth continues to meet admission criteria; and
2. The child/youth is making progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the child/youth meeting service goals; and
3. Family/caregiver(s) participation in treatment is adequate to meaningfully contribute to the child/youth's progress in achieving service goals; and
4. Additional psychoeducation or training to assist the family/caregiver understanding the child's progress and treatment or to care for the child would contribute to the child/youth's progress; and
5. The child/youth does not require an alternative and/or higher, more intensive level of care or treatment; and
6. The child/youth is at risk of losing skills gained if the service is not continue; and
7. Treatment planning includes family/caregiver(s) and/or other support systems, unless clinically indicated or relevant.

Medical Necessity: FPSS (Discharge)

Any of criteria 1-6 must be met:

1. The child/youth and/or family/caregiver no longer meetings admission criteria; or
2. The child/youth has successfully met the specific goals outlined in the treatment plan for discharge; or
3. The family withdraws consent for services; or
4. The child/youth and/or family is not making process on established service goals, nor is the expectation of any progress with continued provision of services; or
5. The child/youth and/or family is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies; or
6. The family/caregiver(s) no longer needs this service as they are obtaining a similar benefit through other services and resources.

Limits & Exclusions: FPSS

- The provider agency will assess the child prior to developing the treatment plan for the child
- 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
- A child with a developmental disability diagnosis without a co-occurring BH condition is ineligible to receive this rehabilitative service
- A group cannot exceed more than 12 individuals in total
- Medicaid family support programs will not reimburse the following:
  - 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 spend doing, attending, or participating in recreational activities
  - Services provided to teach academic subjects or as substitute for educational personnel such as, but not limited to a teach, teacher's aide, or a 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
  - 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 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 child, 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 an not listed on the eligible beneficiary's treatment plan
  - Any intervention or contact not documented or consistent with the approved treatment/recovery plan goals, objectives, and approved services will not be reimbursed

Youth Peer Support and Training (YPST)

Youth Peer Support and Training (YPST)

Services are formal and informal care provided to youth who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services:

- Skill Building
- Coaching
- Engagement, Bridging, and Transition Support
- Self-Advocacy, Self-Efficacy, and Empowerment
- Community Connections and Natural Supports

Providers include:
Credentialed Youth Peer Advocate (YPA) or Certified Recovery Peer Advocate (CRPA-Y)

Benefits of YPST include perspective from peers with similar experiences, an advocate for a child/youth's engagement, skill development support, recovery/resiliency tips, and support in times of transition

Youth Peer Support and Training (YPST) (cont'd)

Example:
Lea, age 17, meets with a Youth Peer Advocate (CRPA-Y) named Brielle who assists her with her substance use challenges. Brielle reassures Lea and by sharing her own 'personal recovery/resiliency story' (as appropriate and beneficial to both the youth and themselves) helps restore Lea's hope in recovery. Lea meets Brielle at the local community center in order to engage in substance free hobbies and develop her skills for maintaining wellness. Brielle also helps Lea start to explore and understand the available adult services that she will soon eligible for, in order to prepare for a smoother transition.

Medical Necessity: YPST (Admissions)

Criteria 1 or 2, and 3, 4, 5, 6, 7 must be met:

1. The youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with Diagnostic and Statistical Manual (DSM); or
2. The youth displays demonstrated evidence of skill(s) lost or undeveloped as a result of the impact of their physical health diagnosis; and
3. The youth requires involvement of a Youth Peer Advocate to implement the intervention(s) outlined in the treatment plan; and
4. The youth demonstrates a need for improvement in the following areas, such as but not limited to: a) enhancing youth's abilities to effectively management comprehensive health needs, b) maintaining recovery, c) strengthening resiliency/self-advocacy, d) self-efficacy and empowerment, e) developing competency to utilize resources and supports in the community, f) transition into adulthood or participate in treatment; and
5. The youth is involved in the admission process and helps determine service goals; and
6. The youth is available and receptive to receiving this service; and
7. The services are recommended by a Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License

Medical Necessity: YPST (Stay)

All Criteria must be met:

1. The youth continues to meet admission criteria; and
2. The youth shows evidence of engagement toward resolution of symptoms but has not fully reached established service goals and there is expectation that if the service continues, the youth will continue to improve; and
3. The youth does not require an alternative and/or higher, more intensive level of care or treatment; and
4. The youth is at risk of losing skills gained if the service is not continued; and
5. Treatment planning includes family/caregiver(s) and/or other support systems, unless not clinically indicated

Medical Necessity: YPST (Discharge)

Any of criteria 1-6 must be met:

1. The youth no longer meets admission criteria; or
2. The youth has successfully met the specific goals outlined in the treatment plan for discharge; or
3. The youth or parent/caregiver withdraws consent for services; or
4. The youth is not making progress on established service goals, nor is there expectation of any progress with continued provision of services; or
5. The youth is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies; or
6. The youth no longer needs this service as they are obtaining a similar benefit through other services and resources.

Limits & Exclusions: YPST

- The Provider agency will assess the child prior to developing the treatment plan for the child
- 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
- A youth with a developmental disability diagnosis without a co-occurring BH condition is ineligible to receive this rehabilitative service
- Group limit refers to number of child/youth participants regardless of payor. Groups cannot exceed 8 children/youth.
- Consideration for group limits the inclusion of an additional group clinician/facilitator, should be based on, but not limited to: the purpose of the group, the clinical characteristics of the participants, age of the participants, developmental level and severity of the needs of the participants, inclusion of family/collaterals in group, as well as the experience and skill of the group clinician/facilitator
- Medicaid family support programs will not reimburse the following:
  - 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 spend doing, attending, or participating in recreational activities
  - Services provided to teach academic subjects or as substitute for educational personnel such as, but not limited to a teach, teacher's aide, or a 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
  - 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 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 child, 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 an not listed on the eligible beneficiary's treatment plan
  - Any intervention or contact not documented or consistent with the approved treatment/recovery plan goals, objectives, and approved services will not be reimbursed

Crisis Intervention (CI)

Crisis Intervention (CI)

Services are mobile services provided to children/youth under age 21 who are:

- Identified as experiencing an acute psychological/emotional change
  - Marked increase in personal distress
  - Exceeds the abilities and the resources of those involved (e.g. family, Provider, community member) to effectively resolve it
- A crisis intervention episode begins with the Provider's initial contact with the child
  - Provides 24/7 availability every day of the year
  - Must respond within 3 hour of preliminary assessment determining need
- Care coordination is provided
  - Must include at a minimum, a follow-up contact either by phone or in-person within 24-hours of the initial contact/response
  - Assure the child's continued safety and confirm that linkage to needed services has taken place

Crisis: acute psychological/emotional change which results in a marked increase in personal distress

End of a Crisis Episode: the resolution of the crisis and alleviation of the child/youth's acute symptoms, and/or upon transfer to the recommended level of care

Crisis Intervention (CI) (cont'd)

Example:

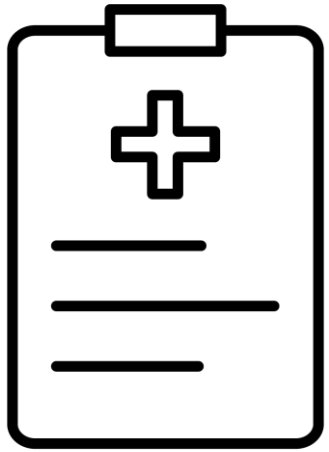
George is a youth who has been diagnosed with an impulse control disorder leading to frequent aggressive outbursts. George experienced an outburst that his grandfather (his primary caregiver) does not feel he can handle on his own. George's grandfather calls the Crisis Provider and explains the situation (that is the referral). Through the triage phone call it is determined that George is experiencing an acute behavioral health crisis. A crisis team of two (one LMSW and one Family Peer Advocate) goes to George's house to help de-escalate the crisis and reinforce the safety plan (that was previously established). After the crisis subsides, the CI team talks about the next steps and discovers the George has a regularly scheduled counseling appointment the next day, thus not requiring additional resources be put in place prior to his appointment. Later the CI Provider follows-up with the family to debrief on the crisis situation, as well as discuss tips for promoting coping mechanisms and reducing future crises.

Medical Necessity: Crisis Intervention (Admission)

All criteria must be met:

- Child/youth experiencing acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved to effectively resolve it
- Child/youth demonstrates at least one of the following:
  - Suicidal/assaultive/destructive ideas, threats, plans or actions that represent a risk to self or others
  - Impairment in mood/thought/behavior disruptive to home, school, or the community
  - Behavior escalating to the extent that a higher intensity of services will likely be required
- The intervention is necessary to further evaluate, resolve, and/or stabilize the child; and
- The services are recommended by a Licensed Practitioner of the Healing Arts operating within the scope of their practice under State License

Medical Necessity: Crisis Intervention (Stay)

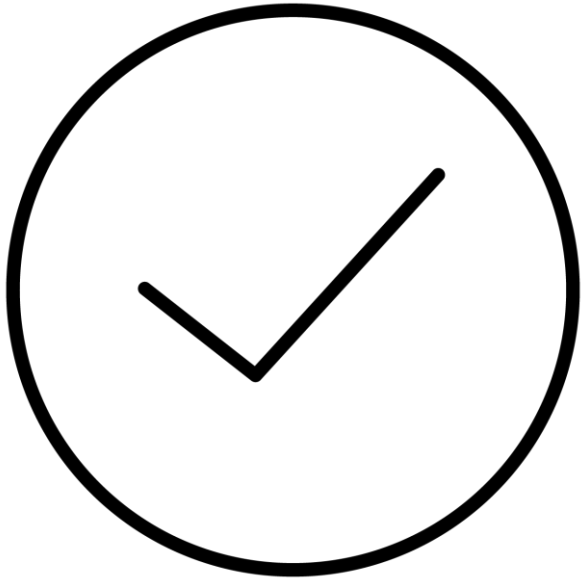


Once a current crisis episode and follow-up exceeds 72 hours, it is considered a new crisis intervention episode or will be transferred to a longer-term service for rehabilitation skill building such as CPST.

Medical Necessity: Crisis Intervention (Discharge)

Any of the below criteria must be met:

1. The child/youth no longer meets admission criteria (demonstrates symptom reduction, stabilization, and restoration, or developing the coping mechanisms to pre-crisis levels of functioning) and/or meets criteria for another level of care, either more or less intensive; or
2. The child/youth or parent/care giver(s) withdraws consent for services



Limits & Exclusions: Crisis Intervention

- Within the 72-hour time-frame of a crisis, de-escalation techniques are utilized in an attempt to calm the child; information is gathered from the child, family, and/or other collateral supports on what may have triggered the crisis; information is gathered on the child's history; review of medications occurs, as appropriate, and a crisis plan is developed with the child/family. Warm handoff to Providers of needed services should also be occurring following these expectations
- The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature
- Services may not be primarily educational, vocational, 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 also do not include services, supplies or procedures performed in a nonconventional setting including: resorts, spas, therapeutic programs, and camps. Once the current crisis episode and follow-up exceeds 72 hours, then it shall be considered a new crisis intervention episode or will be transferred to a longer-term service for rehabilitation skill building such as CPST. An episode is defined as starting with the initial face-to-face contact with the child
- The child/youth's chart must reflect resolution of the crisis which marks the end of the episode. Warm handoff to follow up services with a developed plan should follow. Substance Use should be recognized and addressed in an integrated fashion as it may add to the risk and increase the need for engagement in care. Crisis services cannot be denied based upon substance use. Crisis Team members should be trained on screening for substance use disorders

CI: Mobile Crisis

Mobile Crisis is a form of Crisis Intervention that occurs in a variety of settings, including community locations where the child/youth lives, attends school, engaged in services, socializes, and/or works.

- Assessment
- Crisis Planning
- Care Coordination
- Crisis Resolution
- Peer Support

CFTSS EBPs (Evidence Based Practices)

EBP Background

- Evidence-Based Practice' is a commonly used term; however, for the purposes of NYS-endorsed CFTSS the term refers to a specific list of NYS identified practices and programs supported by credible research evidenced as effective

  An integral design element of CFTSS is the allowance for state endorsed EBPs for specific interventions and services, and Functional Family Therapy (FFT) and Parent-Child Interactive Therapy (PCIT) were introduced in June 2023. Selection was informed by peer-reviewed research, stakeholder feedback, and consultation with proprietary organizations and other states with EBP implementation.

- CFTSS designated agencies that provide OLP or CPST are eligible to provide CFTSS EBPs through an authorization process.
  - Agencies must apply and receive authorization from the NYS EBP Review Team
  - Once NYS authorization is received and required training has begun, agencies are allowed to bill for authorized CFTSS EBP services
  - For more information on how to apply to provide CFTSS EBPs, refer to the "Evidence Based Practice Guidelines" section of the CFTSS Provider manual Children and Family Treatment and Support Services (ny.gov)

Medicaid Managed Care plans began to accept claims for CFTSS EBPs from authorized agencies effective November 1, 2023. CFTSS EBPs must be billed in accordance with NYS guidance.

EBPs under CFTSS: FFT and PCIT

Functional Family Therapy (FFT)

- Family intervention program for youth with disruptive, externalizing problems. This program involves the family or other support systems in the individual's treatment.
  - Ages: 11- to 18-years-old
  - Problem Area: Behavioral or emotional problems (i.e. conduct disorder, violent acting-out, and substance abuse) as referred by the juvenile justice, mental health, school or child welfare systems
  - Components: engagement, motivation, relational assessment, behavior change, generalization phase
  - Outcomes: improve within-family attributions, family communication and supportiveness while decreasing youth referral problem and dysfunctional patterns of behavior

Parent-Child Interaction Therapy (PCIT)

- A dyadic behavioral intervention for children and their parents/caregivers that focuses on decreasing externalizing child behavior problems (e.g. defiance, aggression), increasing child social skills and cooperation, and improving the parent-child attachment relationship
  - Ages: 2- to 7-years-old
  - Problem Area: behavioral and parent-child relationship problems
  - Components: establishing warmth in parent-child relationship via direct parent coaching; manage challenging interactions with child
  - Outcomes: decrease the child's tantrums, aggressive behavior, defiance and parental frustration; increase in child's attention span, self-esteem, prosocial behavior, and parental calmness and confidence during discipline

Member Eligibility

Member Eligibility

- Child/Youth must be under 21 years of age with Medicaid or CHP coverage to participate
  - Meet medical necessity criteria with greater flexibility and choice than traditional care models
  - Family/primary caregiver, collateral and group participation are all dependent on the goals of the child/youth enrolled in the services
- Anyone can make a referral for CFTSS services
  - Referrals for mobile Crisis Intervention may be made through several sources, such as family members, school social workers, Provider agencies, primary care doctors, law enforcement, etc.
- Health Homes are not required for access

Program Requirements

Program Requirements

CFTSS is Multi-System:

- Treatment plans are created and executed together with all the child-serving systems
- Community-based resources involved in a child and family's life
- Must include communication and coordination with the family/caregiver/legal guardian

Services can be standalone and/or the combination of care dependent on the specific needs and context of the child and family.

NYS designates agencies to be CFTSS service Providers and individual practitioners must be employed as designated Providers.

MVP contracts with NYS designated agencies for CFTSS Services.

Utilization Management Requirements

Authorization/Prior Notification Requirements

- MVP does not require Prior Authorization or Continuing Authorization for CFTSS services
- All CFTSS services must be medically necessary per NYS guidance and referenced in the *Sub-Services section* of this presentation

Continuity of Care Best Practices

- Communication is essential
- Written or verbal communication between PCPs, Specialists, and other Participating Providers helps to provide effective follow-up care and improves patient safety
- Coordination of services across Providers enables quality care
- Contact MVP if you have questions about the continuity of care for a Member via Member Services/Customer Care Center: **1-888-687-6277** or Text Telephone (TTY): 711

Reference: MVP Provider Policies

Billing Guidance

Billing Guidance

- MVP follows the NYS billing guidance for CFTSS services can be found in the NYS CFTSS Provider Manual

- CFTSS services must be billed on an institutional claim form (837I or UB-04) within MVP's defined timely filing period.

- Claims are required to have applicable rate code, CPT code, modifiers, value codes and Federal Information Processing Standards (FIPS)/County Locator Code per NYS billing guidance

- Services in transit are allowable for peers, although Transportation is not reimbursable.

To view the most current manual, **visit here** and select the CFTSS section

FIPS Code Billing Requirements

- Effective for dates of service beginning December 1, 2023, claims for CFTSS must be billed with the applicable **Federal Information Processing Standards (FIPS)/County Locator Code** to be reimbursable

Electronic claims must include Value Code 24 and the Rate Code for the CFTSS service into the 39A field; Value Code 85 with the applicable Federal Information Processing Standard (FIPS) code are to be entered into field 40A.

Paper claims must include Value Code 24 and the Rate Code for the CFTSS service in the 39A field; Value Code 61 with the applicable Proxy Locator Code are to be entered into 40A.

- For services rendered via telehealth, the FIPS/County Locator Code should represent the county where the staff member was during service delivery. If the staff member was located outside of an office location (telecommuting), the county of the agency's administrative office should be used as the location on the claim
- These requirements apply to MVP's New York State Government Program plans, including Managed Medicaid and CHP Members
- The next few slides provide an illustration of the NYS FIPS/County locator Code crosswalk.

Additional information can be found at:
health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/2023/docs/cftss-hcbs_kids_fips.pdf
and
health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/changes_faqs.htm

FIPS & Proxy Codes by NYS County

FIPS Code	County	Proxy Locator	Rate Region
36001	Albany	901	Upstate
36003	Allegany	902	Upstate
36005	Bronx	958	Downstate
36007	Broome	903	Upstate
36009	Cattaraugus	904	Upstate
36011	Cayuga	905	Upstate
36013	Chautauqua	906	Upstate
36015	Chemung	907	Upstate
36017	Chenango	908	Upstate
36019	Clinton	909	Upstate
36021	Columbia	910	Upstate
36023	Cortland	911	Upstate
36025	Delaware	912	Upstate
36027	Dutchess	913	Downstate
36029	Erie	914	Upstate
36031	Essex	915	Upstate
36033	Franklin	916	Upstate
36035	Fulton	917	Upstate
36037	Genesee	918	Upstate
36039	Greene	919	Upstate
36041	Hamilton	920	Upstate
36043	Herkimer	921	Upstate
36045	Jefferson	922	Upstate
36047	Kings (Brooklyn)	959	Downstate
36049	Lewis	923	Upstate
36051	Livingston	924	Upstate
36053	Madison	925	Upstate
36055	Monroe	926	Upstate
36057	Montgomery	927	Upstate
36059	Nassau	928	Downstate
36061	New York (Manhattan)	960	Downstate
36063	Niagara	929	Upstate
36065	Oneida	930	Upstate
36067	Onondaga	931	Upstate
36069	Ontario	932	Upstate
36071	Orange	933	Downstate
36073	Orleans	934	Upstate
36075	Oswego	935	Upstate
36077	Otsego	936	Upstate
36079	Putnam	937	Downstate

FIPS & Proxy Codes (Continued)

FIPS Code	County	Proxy Locator	Rate Region
360081	Queens	961	Downstate
36083	Rensselaer	938	Upstate
36085	Richmond (Staten Island)	962	Downstate
36087	Rockland	939	Downstate
36091	Saratoga	941	Upstate
36093	Schenectady	942	Upstate
36095	Schoharie	943	Upstate
36097	Schuyler	944	Upstate
36099	Seneca	945	Upstate
36089	St. Lawrence	940	Upstate
36101	Steuben	946	Upstate
36103	Suffolk	947	Downstate
36105	Sullivan	948	Downstate
36107	Tioga	949	Upstate
36109	Tompkins	950	Upstate
36111	Ulster	951	Downstate
36113	Warren	952	Upstate
36115	Washington	953	Upstate
36117	Wayne	954	Upstate
36119	Westchester	955	Downstate

FIPS Code	County	Proxy Locator	Rate Region
36121	Wyoming	952	Upstate
36123	Yates	957	Upstate

Service Combinations Grid

Allowable CFTSS Combinations

	OMH Clinic	OASAS Clinic	OASAS Opioid Treatment Program	OMH Youth ACT	OMH PROS	OMH Continuing Day Treatment	OMH Partial Hospitalization	OASAS Outpatient Rehab	OMH Adult ACT	OMH Crisis Residence	Children's HCBS
OLP	Y	Y	Y	N	N	N	Y	Y	Y	Y	Y
CPST	Y	Y	Y	N	N	N	Y	Y	N	Y	Y
PSR	Y	Y	Y	N	N	N	Y	Y	N	Y	Y
FPSS	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y
YPS	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y
CI	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y

The table to the left is an excerpt from the CFTSS Provider Manual which illustrates allowable service combinations:

- Facility type (in red) determines the services able to be offered
- Vertically, the types of services this organization would be able to offer of the CFTSS array
- Horizontally, options for where the CFTSS service would be available

Crisis Intervention Billing Changes

New York State (NYS) Crisis Intervention State Plan Amendment (SPA) #22-0026 that was approved by the Centers of Medicare and Medicaid Services (CMS) and implements program and billing changes that impact CFTSS Providers. As part of this Crisis Intervention SPA, some Mobile Crisis and Crisis Residence program and billing changes for adults and children took effect on May 1, 2024.

Key changes related to this update include:

- Mobile Crisis Services for children and adults will be billed using the Rate Codes (4609-4624) along with associated procedure codes and modifier combinations
- NYS retired Children's Crisis Intervention Mobile Crisis rate codes (7906-7910; 7936-7942) effective May 1, 2024 (extended from original retirement date of March 1, 2024)
- Claims billed using the retired Rate Codes with a date of service on or after May 1, 2024, will be denied
- The Federal Information Processing Standards (FIPS) code and a proxy locator code requirements will no longer be applicable for children's Mobile Crisis billing effective May 1, 2024

See the *Crisis Services* section of MVP's Provider Clinical Education page for more information.

Resources

Resources

NYS Provider Manual

OMH Reimbursement: NYS FPSS, YPS, CPST, PSR, CI Rate Sheet (Updated 04/2023)

OLP Rates (Updated 04/2023)

Sample Institutional Claim Form (MCTAC/CTAC)

Children's Behavioral Health Transition to Managed Care

Children HCBS & CFTSS Agency Site Map (Updated 04/2023)

Public Health Emergency (PHE) Unwind Guidance Regarding CFTSS Flexibilities (Updated 06/2023)

Provider Guidance: Health Record Documentation (Updated 06/2022)

Guidance for Providers Regarding Student Interns and Limited Permits for CFTSS and HCBS (Updated 06/2019)

Changes to Billing Requirements for HCBS and CFTSS FAQ

Thank you for being part of MVP

Contact your Behavioral Health Professional Relations Representative with questions. Visit the MVP Website to identify your representative and contact information by county.

Contact: Professional Relations Territory Listing Behavioral Health