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Children and Family Treatment and Support Services

OLP, CPST, and PSR Service Refresher Webinar

Introduction & Housekeeping

Slides will be posted at MCTAC.org

Reminders:

- Information and timelines are current as of the date of the presentation
- This presentation is not an official document. For full details please refer to the CFTSS provider and billing manuals.
 - [Provider Manual](#)
 - [Billing Manual](#)



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Agenda

- Introduction and Overview
- Brief review of Pathways to Care
- Service Descriptions and Case Examples
 - OLP
 - CPST
 - PSR
- Resources



Before we get started...

Trainings on Children's System Transformation

- Children and Family Treatment and Support Services- Service Review
<https://ctacny.org/training/children-and-family-treatment-and-support-services-training>
- CFTSS FAQ document from in-person training
<https://ctacny.org/sites/default/files/Final%20FAQ%20for%20CFTSS%20Trainings.pdf>
- Children and Family Treatment and Support Services Billing and RCM Training
<https://ctacny.org/training/billing-childrens-system-transformation>
- Children and Family Treatment and Support Services Utilization Management
<https://ctacny.org/training/utilization-managment-children-and-family-treatment-and-support-services-olp-cpst-and-psr>
- Upcoming Billing Update Webinar
 - November 6th
- Upcoming Billing and UM Office Hour Webinar
 - November 15th





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Children's System Transformation



Children's Implementation Timeline For Children & Family Treatment Support Services

State Plan services will become part of the Managed Care benefit on their implementation date

State Plan Service	Effective Date <i>draft dates pending CMS approval</i>
Other Licensed Practitioner	January 1, 2019
Psychosocial Rehabilitation	January 1, 2019
Community Psychiatric Supports and Treatment	January 1, 2019
Family Peer Support	July, 1, 2019
Youth Peer Support and Training	January 1, 2020
Crisis Intervention State Plan	January 1, 2020



Key Points

- Services are stand-alone, they are not part of any existing services (i.e. clinic).
- These services can be accessed individually or in a coordinated comprehensive manner when identified in the treatment plan.
- Services provided to children and youth must include communication and coordination with the family, caregiver and/or legal guardians.
- Coordination with other child-serving systems should occur to achieve the treatment goals.
- In order to be eligible to provide Children and Family Treatment and Support Services, an organization must become a designated provider by submitting an application.
 - For more information on provider designation:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2018-04-19_provider_designation_and_authorization.pdf
- These practitioners must operate within a designated agency.



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 [Children and Family Treatment and Support Service Manual](#) for updated information.



Pathways to Care



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Pathways to Care

- There are a variety of ways in which children/youth can access these services.
- The utilization of the Children and Family Treatment and Support Services is intended to be individualized to the needs of the child at any point in their developmental trajectory.
- A behavioral health need can be identified by multiple sources including parents and caregivers, pediatricians, care managers, school personnel, clinicians, or the young person themselves.
- Anyone can make a referral, but the recommendation and service provision must be made by a licensed practitioner who can discern and document medical necessity.

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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.



Licensed Practitioner of the Healing Arts (LPHAs)

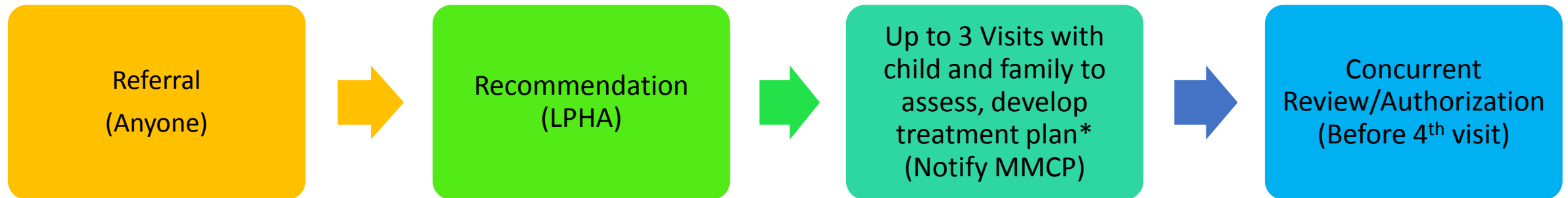
The following are LPHAs for CPST and PSR:

- 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**



Pathway into CFTSS



*Can begin providing services during these 3 visits if complete assessment and develop treatment plan in less than 3 visits





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Other Licensed Practitioner

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 who need assessment and 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 can provide Other Licensed Practitioner (OLP) service components?

- 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 their self-identified needs, goals, and ethnic, religious and cultural identities. Assessment 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, weaknesses and needs through observation and a comprehensive evaluation of the child/youth's past and present mental, physical and behavioral condition.



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OLP Treatment Planning

- **Purpose:** Treatment Planning includes:
 - Scope/practices to be provided
 - Expected outcome
 - Expected frequency/duration of 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
 - Supporting the child/youth's capacity to achieve age–appropriate developmental milestones
- **Service Component:** Therapeutic communication and interaction



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OLP Crisis Intervention Activities

- **Purpose:** OLP Crisis intervention activities are immediate, crisis-oriented services designed to diffuse or resolve precipitating stress.
- **Activities:** Provided by the treating clinician through OLP, activities are designed to address acute distress and associated behaviors when the child/youth's condition requires immediate attention. This may be 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, the NP-LBHP can provide the following crisis interventions:

- **Crisis Triage (by telephone) and Crisis Off-Site (in-person).** The NP-LBHP can use OLP to address acute distress and associated behaviors when the child/youth's condition requires immediate attention due to an unplanned event.
- **Crisis Complex Care (follow up).** An ancillary service provided by the NP-LBHP 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 can be provided by telephone, with or without the child/youth. It is not a stand-alone service, but a non-routine professional service designed to coordinate care.

Note: The three (3) crisis services described are NOT part of the separate CFTSS service of Crisis Intervention.



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Example: Raymond

Four year old Raymond is struggling with social skills and anxiety in preschool 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 about the CFTSS that could work with Raymond in his home. Raymond's teacher referred the family to a local mental health provider agency.



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Example, Raymond (continued)

After receiving a referral from school, Raymond and his family met with an OLP (LMHC) at their home. Based on the OLP assessment, the LMHC determined medical necessity and recommended OLP Counseling Services. Raymond is not enrolled in Medicaid Managed Care, therefore MC notification was not required and services will be billed fee for service. (Note: OLP assessment service do not require a diagnosis.)

The OLP works with Raymond in the community to provide psychotherapy to address his anxiety.



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Community Psychiatric Supports & Treatment

Why Offer CPST?

- Provide services to children, youth and families who may have difficulty engaging in formal office settings, but can benefit from home and community based rehabilitative services.
- Easily complimented by the integration of additional CFTSS services, such as Psychosocial Rehabilitation.
- Can coordinate with clinical treatment services, such as OLP, to address identified rehabilitative needs within a comprehensive treatment plan.



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What is CPST?

- Intended to assist the child/youth and family/caregiver 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/caregiver is expected to have an integral role.



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:** Assist 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 Components:**
 - Individual, family, and relationship-based counseling
 - Supportive counseling
 - Solution-focused intervention
 - Emotional and behavioral management
 - Problem behavior analysis



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CPST Crisis Avoidance

- **Purpose:** Restore stability and functioning, prevent a crisis episode from occurring, and/or reducing intensity and duration of an active crisis
- **Service Components:** Assist child/youth with effective response or avoidance of identified triggers that risk natural community location.
 - Identify potential psychiatric/personal crisis
 - Develop crisis management plan
 - Seek 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. Focus on the issues identified from:
 - Mobile crisis
 - Emergency room intervention
 - Other referral sources
- **Service Component:** Assist families following a crisis episode as described in the crisis management plan. Activities are 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, it shall be considered a new crisis intervention episode.



CPST Rehabilitative Psychoeducation

- **Purpose:** Minimize negative effects of symptoms and promote further community integration.
- **Service Components:** Educate child/youth, family members, and collaterals regarding:
 - Treatment options
 - Environmental stressors interfering with daily living
 - Financial management
 - Housing
 - Academic and/or employment progress
 - Personal recovery and resilience
 - Family and/or interpersonal relationships
 - 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 negative effects of behavioral health symptoms or emotional disturbances that interfere with daily functioning
- **Service Components:** Restoration and recovery 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, common prescriptions, and non-prescription drugs



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Example: Henry

Henry, a 15 year old boy who is enrolled in Medicaid Managed Care, 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 feels Henry would benefit from CPST.



Example: Henry (continued)

The Hamilton Street counselor (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. The counselor ensures the CPST provider is in the child's MMCP's network. The recommending LPHA documents medical necessity and sends the written recommendation to the Maplewood Agency CPST provider.

The Maplewood Agency receives and reviews the recommendation and contacts the MMCP to notify that Henry will be receiving CPST services (strength-based service planning and rehabilitation psychoeducation), confirms managed care enrollment and that Henry is not currently receiving these services from any other provider.



Example: Henry (continued)

The CPST provider meets with Henry for one session, determines that additional services are needed and develops a plan.

Since the provider was able to complete the assessment and plan in 1 visit, the CPST provider can begin providing psychoeducation services. The CPST provider focuses on psychoeducation to inform Henry and his family about the long term effects of substance use and assists them in identifying their strengths and implementing strategies to promote and restore prior level of functioning.

Before the 4th visit the CPST provider undergoes concurrent review by MMCP. Medical necessity is confirmed and the MMCP authorizes 30 additional services. CPST is able to provide up to 30 service visits before additional authorization is needed.





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Psychosocial Rehabilitation

Why Offer PSR?

- The delivery of services in natural settings expands the range of treatment options by allowing greater flexibility and choice based on the needs of the child/youth and family/caregivers.
- 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 is PSR?

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



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What are PSR Services?



PSR-Personal and Community Competence

- **Purpose:**
 - Promote personal independence, autonomy, and mutual supports
 - Develop and strengthen 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.



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, building a supportive social.
 - **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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Example: Ava

Ava is a seventeen 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 Ava's clinic provider (NP-LBHP) to establish medical necessity and make a recommendation. The clinic provider conducted an evaluation and determined that PSR would be a beneficial service for Ava.



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Example: Ava Continues

The PSR agency receives the recommendation and determines that Ava is enrolled in a Medicaid Managed Care Plan (MMCP). The PSR provider contacts MMCP to notify them that the PSR agency will be providing services for Ava.

The PSR provider develops a plan and shares this information with the HH Care Manager to be included in Ava's overall Plan of Care.



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Example: Ava (continued)

PSR provider works with Ava to improve her nutritional awareness, formulate a menu plan, and help her learn to use public transportation to get to a grocery store that has healthy food options. The PSR provider gives the HH Care Manager regular updates who conveys this to Ava's clinician.



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Resources & Links



Questions and Feedback

Please include Kid's system/managed care in the subject line:

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



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/listserv.htm
- Health Home Bureau Mail Log (BML)
https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action



Additional Resources

Children's Managed Care Design:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm

For more information on provider designation:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2018-04-19_provider_designation_and_authorization.pdf

Trainings on Children's System Transformation

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- Children and Family Treatment and Support Services Utilization Management
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Upcoming Trainings

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 - November 6th
- Billing and UM Office Hour Webinar
 - November 15th



Questions

Please send questions to:
mctac.info@nyu.edu

Logistical questions
usually receive a response
in 1 business day or less.

Longer & more complicated
questions
can take longer.

We appreciate your interest and
patience!



Visit www.ctacny.org to view past trainings, sign-up for updates and event announcements, and access resources



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