



New York Children’s Health and Behavioral Health Transition: Children and Family Treatment and Support Services Frequently Asked Questions (FAQs)

Below is an FAQ concerning the Children and Family Treatment and Support services also known as Children’s State Plan services. The updated provider manual for Children and Family Treatment and Support services can be found [here](#).

Children and Family Treatment and Support services include Other Licensed Practitioner (OLP), Crisis Intervention (CI), Community Psychiatric Supports and Treatment (CPST), Psychosocial Rehabilitation (PSR), Family Peer Support Services (FPSS) and Youth Peer Support and Training (YPST). These services will be available to any child eligible for Medicaid who meets relevant medical necessity criteria. The Children and Family Treatment and Support services are stand-alone services that allow interventions to be delivered in the home and other natural community-based settings. These services will be implemented over time with three new services available in January 2019.

Answers are correct as of July 2018

Table with 4 columns: #, Topic, Question, State Response. Row 1: 1, Billing, What are eligible settings for Children and Family Treatment and Support Services?, Services can be provided in the community, and in Community Residences (OMH). Services can also be provided in any licensed foster care setting, including institutions (e.g. RTC). Services cannot be provided in any hospital, inpatient or Residential Treatment Facility level of care.



#	Topic	Question	State Response
2	Billing	Can OLP be provided under a limited permit license?	No.
3	Managed Care Organization	What are the service authorization requirements and processes, and will they be the same for all MMCPs?	<p>MMCPs must make a service authorization determination and notify the enrollee of the determination by phone and in writing no more than three business days after receipt of the request. The authorization period following the initial 3 visits must be inclusive of at least 30 service visits.</p> <p>MMCPs cannot establish requirements that are more restrictive than the State's standards. However, each Plan may require its own process for obtaining authorization.</p> <p>See <a href="#">Medicaid Managed Care Model Contract</a> (Appendix F, Section 3. Timeframes for Service Authorization Determinations).</p>
4	Outreach	Will there be outreach to the medical community, school districts, etc. about the Children and Family Treatment and Support services, referral process and medical necessity?	Yes, this is planned. Materials will be developed and shared for providers to use for outreach to families and referral sources.

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#	Topic	Question	State Response
5	Pathways to Service	From a Workflow perspective, how do you get into these services without going through an OLP?	<p>There are multiple examples of pathways into services including:</p> <ul style="list-style-type: none"><li>• If the child is in clinic receiving therapy, the clinician can make a recommendation for any of the new Children and Family Treatment and Support Services based on their determination of medical necessity.</li><li>• A pediatrician can directly recommend FPSS as they can support medical necessity.</li><li>• A school guidance counselor supporting a young man/woman who has come back from a residential setting with a parent who is concerned about positive peer group. The school counselor could refer any agency who provides PSR. The agency can access their own internal licensed practitioner for assessment and determination of medical necessity or work with the parent to identify a treating clinician for documentation of medical necessity to allow the service.</li><li>• In foster care there is a requirement that youth have a full array of health and behavioral assessments by licensed practitioners, which could result in a recommendation for one or more of these services.</li></ul>



#	Topic	Question	State Response
6	Treatment Plan	What is the difference between a Health Home Plan of Care and a Treatment Plan?	<p>A Health Home Plan of Care (POC) is a plan for how the care manager helps to arrange for and manage the provision of services by others to assure the various needs of the child are being met.</p> <p>A Treatment Plan is a document developed by a professional on how they will work with the child and family directly to address their needs based on goals and objectives which are identified by the family, and child, along with the practitioner.</p>
7	Treatment Plan	Will MMCPs need to approve Treatment Plans?	MMCPs do need to approve scope, frequency and duration, but the goal is not to have plans 'over manage'. MMCPs are approving services based on their review of the documentation submitted by the provider to substantiate medical necessity. This may include the treatment plan.
8	Treatment Plan	Can a pediatrician make a recommendation and develop a treatment plan?	The pediatrician can make a recommendation for a service based on their determination of medical necessity. The specific service provider, which may be a pediatrician in some instances, then develops the detailed treatment plan as it relates to the service they are providing.



#	Topic	Question	State Response
9	Treatment Plan	Could a child have more than one treatment plan if they are receiving multiple services?	It is possible a child may have more than one treatment plan if they are receiving multiple services from various providers. However, one treatment plan can be developed for the provision of multiple services when provided by one agency, if their EHR system supports a coordinated treatment case record.