CFTSS: Crisis Intervention (CI) and Youth Peer Support and Training (YPST)

Understanding Service, Service Authorization and Medical Necessity

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Introduction

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Agenda

- Overview of Crisis Intervention (CI)
- Overview of Youth Peer Support and Training (YPST)
- Pathways to Care
- Service Authorization
- Medical Necessity for CI and YPST

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Background

- Crisis Intervention and Youth Peer Support and Training are two of the Children and Families Treatment and Support Services (CFTSS)
- Went live as CFTSS January 1, 2020
- Included in CFTSS Manual: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf

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Reminder: Goals for CFTSS

- Provide a greater focus on prevention and early intervention.
- Allow interventions to be delivered in the home and other natural community-based settings where children/youth and their families live.
- Maintain the child at home and in the community with support and services.
- Prevent the onset or progression of behavioral health conditions and need for long-term and/or more expensive services.
- Be available to all Medicaid eligible children under the age of 21 who meet medical necessity criteria.

Crisis Intervention

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What Is Crisis Intervention?

- Mobile Services provided when a child is in crisis and their parent, caregiver, or community member does not feel they have the resources to address the situation.
  - **Crisis**: "acute psychological/emotional change which results in a marked increase in personal distress"
- The Crisis Provider, a multi-disciplinary team, intervenes to resolve the crisis
- The team can be comprised of a variety of service providers. If determined that only 1 team member is needed they must be a licensed behavioral health professional or if responding to a substance use disorder crisis a CASAC with a licensed behavioral health professional telephonically available.
- **Process for Crisis Intervention**
  - CI must provide 24/7 availability every day of the year
  - When contacted, preliminary assessment is conducted in order to determine what the situation is and what services and practitioners are needed
  - CI team must respond within 1 hour of the preliminary assessment determining in-person crisis intervention is needed

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Crisis Intervention Service Components

- **Assessment of risk, mental status, and need for further evaluation or services**
- **Crisis Planning in order to address**
  - Immediate risk or safety concerns
  - Preventing future crises
  - Paperwork/documentation needed for follow up referrals and additional services with existing providers
- **Peer Support to support resolution and build confidence towards coping in the future**

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Crisis Intervention Service Components Continued

- **Care Coordination**
  - Consulting with physicians, etc. to address current crisis and future planning
  - Communication with community members and treatment providers to address the child's needs
  - Follow-up within 24 hours of crisis, with child, family, treatment providers, etc.
- **Crisis Resolution and subsequent counseling/debriefing with child/family and other collaterals**

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What does Crisis Intervention Offer Children and Families?

- Stabilizes the situation and works to engage child/family, reduce symptoms and restore the child to their usual level of functioning
- Prevents ER visit or inpatient admission and helps keep the child in the home and community
- Promotes tools and behaviors that can increase coping in the hope of reducing/preventing future crises
- Creates a plan for next steps/follow up after the crisis is deescalated

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Crisis Intervention 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 next steps and discovers that 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.

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Youth Peer Support and Training

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What Is Youth Peer Support and Training?

- Services for child/youth who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home or community.

Components

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YPST Components

- **Skill Building**
  - Developing skills related to managing symptoms, navigating services, building wellness and resiliency, setting goals and community living
- **Coaching**
  - Modeling wellness
  - Providing support, hope, reassurance and advocacy
  - May also engage parent to build hope and recovery-driven attitudes
- **Engagement, Bridging and Transition Support**
  - Increasing the youth's understanding of what to expect regarding transitioning to different levels of care or adulthood/adult services
  - Encouraging and supporting the youth's active involvement in their treatment plan and use of community resources

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YPST Components

- **Self-Advocacy, Self-Efficacy & Empowerment**
  - Connecting the youth to community peer support groups
  - Helping the youth understand their treatment, how to effectively communicate their perspective and work to get their unmet needs met
  - Serving as a mentor, advocate, and facilitator to help the youth solve issues that arise and work to make independent choices
- **Community Connections and Natural Supports**
  - Linking youth to resources and services in their community, may accompany the youth to provide support
  - Helping the youth develop a support network with peers with similar experiences

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What does YPST Offer Children and Families?

- The perspective of someone relatively close to their age who has had similar experiences
- An advocate for the child's engagement and involvement in their treatment planning
- Support for the implementation of new skills and skills learned via other services
- Hope and tips for recovery/resiliency so that the child can move forward with their life goals
- Support during periods of change in order to ensure the youth is prepared for transitions in services and their transition to adulthood

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Credential/Certification for YPST

YPST must be delivered by a

- Credentialed Youth Peer Advocate (YPA)

OR

- Certified Recovery Peer Advocate (CRPA-Y)

These individuals must have lived experience, be between the ages of 18-30 years old with a high school diploma or the equivalent, and complete all necessary training, experience hours, and references. More information about these requirements can be found in the manual.

Youth Peer Support and Training 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 be eligible for, in order to prepare for a smoother transition.

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Pathways to Care

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Timeline: Between April 1, 2019 and January 1, 2020

- CI and YPST were available to any HCBS waiver enrolled child who needed CI and YPST
  - Intended to ensure continuity of care
- Only available to children who were enrolled in HCBS
  - If a child was not enrolled in HCBS, they were not be able to receive CI and YPST during this time
- Billing when services were interim HCBS
  - *April 1 - Sept 30, 2019: Medicaid reimbursable Fee for Service*
  - *Oct 1 - Dec 31, 2019: Medicaid Managed Care Plan*
- **This means when CI and YPST went live as CFTSS (January 1, 2020), some children may have already been receiving this service**
- **The rest of this presentation discusses how CI and YPST work as of January 1, 2020**

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CI and YPST Go Live as CFTSS

- As of January 1, 2020: Crisis Intervention and Youth Peer Support and Training are available to all Medicaid eligible children under the age of 21 who meet medical necessity criteria.
  - This includes special populations, such as transition aged youth, individuals in foster care, etc. as long as they are Medicaid eligible and meet medical necessity criteria for CI and YPST
- CI and YPST are billed to Managed Care

Review: Pathways to Care

- There are a variety of ways in which children/youth can access these services.

- A behavioral health need can be identified by multiple sources including parents and other caregivers, pediatricians, care managers, school personnel, clinicians, or the young person themselves.

- Services can be utilized individually or as part of a comprehensive service package for child/youth and their families.

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Review: Pathways to Care

- 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.
- It is expected that the referral source link the member to the appropriate service provider.

Review: Pathways to Care

Referral: Occurs 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: Occurs 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.

- Any LPHA can provide the recommendation
- Health Homes are not involved/required for access/entry into CFTSS

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Pathways to Care

CI: a child must be experiencing a crisis. This is defined as "acute psychological/emotional change which results in a marked increase in personal distress."

Please note: Upon receiving a request for crisis services, a preliminary assessment of risk and mental status is conducted. This assessment will determine if crisis services are necessary to further evaluate, resolve, and/or stabilize the crisis. This determination is made by a practitioner of the healing arts, operating within their scope of practice, who may or may not be part of the crisis team.

More information under Medical Necessity

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Pathways to Care

YPST: a child must have a behavioral health or physical health diagnosis. If the child is not yet diagnosed, a referral must be made to a Licensed Practitioner who has the ability to diagnose in the scope of their practice.

More information under Medical Necessity

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Service Authorization

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Review: What is Utilization Management?

Definition: Procedures used to monitor or evaluate clinical necessity, appropriateness, efficacy, or efficiency of behavioral health care services, procedures, or settings and includes ambulatory review, prospective review, concurrent review, retrospective review, second opinions, care management, discharge planning, and service authorization.

Designated providers must have the ability to bill FFS and managed care, but today's presentation focuses on the managed care utilization management and authorization processes

Review: Continuity of Care Requirements

Plans may not conduct utilization management or require service authorization for a period of 180 days from the implementation date for all services newly carved into managed care for individuals under the age of 21.

MMCPs are required to offer contracts to all NYS-designated providers of Children's Specialty Services, within the MMCP's service area, who were formerly a provider of services for the 1915(c) waivers.

For newly carved in services, if a provider was delivering a service to the enrollee prior to the implementation date, MMCP must allow a provider to continue to treat an enrollee on an out of network basis for up to 24 months following the implementation date (as CFTSS) by providing a single case agreement.

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Authorization Summary

Crisis Intervention: does not require prior authorization nor, due to it's limited duration, concurrent review.

Youth Peer Support and Training: the first 3 service visits with YPST do not require authorization, **however providers should notify MMCPs before providing services to ensure proper and timely payment.**

If more services are needed, MMCPs perform concurrent review to evaluate medical necessity and if service is deemed medically necessary authorize further services. MMCPs must provide a minimum of 30 service visits as part of this authorization.

- **Plans are not required to perform concurrent review before the 4th visit but cannot perform earlier.**
- 30-visit count should not include: a) FFS visits or visits paid by another MMCP; or b) psychiatric assessment and medication management visits. Multiple services received on the same day shall count as a single visit.

Concurrent Review Template

State created template for concurrent review requests:

https://ctacny.org/sites/default/files/CFTSS%20authorization%20form%201.7.19%20FINAL.pdf

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Medical Necessity

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Review: What is Medical Necessity?

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 <u>Medically Necessary</u>:
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).

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Medical Necessity for Crisis Intervention (CI)

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CI Admission Criteria

All criteria must be met:

1. The child/youth is 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 (e.g. collateral, provider, community member) to effectively resolve it; AND
2. The child/youth demonstrates at least one of the following:
   a) Suicidal/assaultive/destructive ideas, threats, plans or actions that represent a risk to self or others; or
   b) Impairment in mood/thought/behavior disruptive to home, school, or the community or
   c) Behavior escalating to the extent that a higher intensity of services will likely be required; AND
3. The intervention is necessary to further evaluate, resolve, and/or stabilize the child; AND
4. The services are recommended by a Licensed Practitioner of the Healing Arts operating within the scope of their practice under State License

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CI Continued Stay Criteria

N/A

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.

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CI Discharge Criteria

Any one 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/caregiver(s) withdraws consent for services

Medical Necessity for Youth Peer Support and Training (YPST)

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YPST Admission Criteria

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 the 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

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YPST Admission Criteria Continued

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 manage 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:

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YPST Continued Stay Criteria

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.

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YPST Discharge Criteria

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.

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Resources and Links

- The Child and Family Treatment Support Service Manual includes additional information on all 6 of the CFTSS services: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf
- DOH Children's Managed Care Home Page: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm
- Provider designation information: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2018-04-19_provider_designation_and_authorization.pdf

Questions

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Appendix

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Limits and Exclusions for both CI and YPST (from manual)

- 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).
- Services also do not include services, supplies or procedures performed in a nonconventional setting including: resorts, spas, therapeutic programs, and camps.

Limits and Exclusions for CI (from manual)

- 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.

Limits and Exclusions for YPST (from manual)

The following activities are not reimbursable for Medicaid peer 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), with the exception of attending meetings (e.g. CSE) with a Youth
- Habilitative services for the beneficiary (youth) 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;

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Limits and Exclusions for YPST Continued (from manual)

The following activities are not reimbursable for Medicaid peer support programs (continued):

- Respite care;
- Transportation for the beneficiary (youth) 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 service 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;
- Any intervention or contact not documented or consistent with the approved treatment/recovery plan goals, objectives, and approved services will not be reimbursed.

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Limits and Exclusions for YPST Continued (from manual)

- 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. Authorization of the treatment plan is required by DOH or its designee.
- A youth with a developmental disability diagnosis without a co-occurring behavioral health 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 collaterals in group; as well as the experience and skill of the group clinician/facilitator.

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