

Children and Family Treatment and Support Services

Other Licensed Practitioner (OLP)

Psychosocial Rehabilitation (PSR)

Community Psychiatric Supports and Treatment (CPST)



Agenda

- NYS's Vision for the Children's System Transformation
- Overview of the three Children & Family Treatments and Support Services (CFTSS) implemented on January 1, 2019:
 - Other Licensed Practitioner (OLP)
 - Psychosocial Rehabilitation (PSR)
 - Community Psychiatric Supports and Treatment (CPST)

Vision



The development of the six new services are intended to:

- Better meet children's needs
- Expand access to clinical treatment services
- Provide a greater array of approaches for rehabilitative interventions

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
- 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
- Increase the delivery of services utilizing the six core principles

Child and Family Treatment Support Services (CFTSS)

- CFTSS replaces the more technical state term, State Plan Amendment (SPA)
- New child and family friendly name reflects who is served
- State plans that fall under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefits

Key Components

- Six new State Plan services phased in over time with 3 new services available as of: **January 2019**
- Transition to Health Homes began: **January 2019**
- Six children's waivers transitioned to Managed Care: **April 2019**
- Children's Home and Community Based Service (HCBS) array available and expansion of children eligible for HCBS
 - Children's HCBS service array available: **April 2019**
 - 3-year phase in of Level of Care began: **July 2019**
- Behavioral health benefits transitioned to Managed Care: **July 2019**
- Transition of Voluntary Foster Care population to Managed Care: **July 2020**

New CFTSS Services

There were six new services introduced under CFTSS :

- Other Licensed Practitioner (OLP)
- Psychosocial Rehabilitation (PSR)
- Community Psychiatric Supports and Treatment Services (CPST)
- Family Peer Support Services (FPSS)
- Youth Peer Support and Training (YPST)
- Crisis Intervention (CI)

Core Principles

Child Centered

Family Focused

Community Based

Multi-System

Culturally Competent

Least Restrictive/Least Intrusive

Key Points

- Standalone
- Accessed individually or in a coordinated comprehensive manner
- Must include communication and coordination with the family, caregiver, and/or legal guardian
- Coordination with other child-serving system
- Must become a designated provider
- Individual Practitioners must be employed by a designated provider
- Must offer an appeals, complaint and grievance process

Eligibility for CFTSS

- Any child under 21 years of age
- Eligible for Medicaid *
- Meet medical necessity criteria

****First 3 CFTSS were not available for recipients of SSI
until July 2019***



Other Licensed Practitioner (OLP)



What is OLP?

- Non-physician licensed behavioral health practitioners (NP-LBHP)
- Licensed clinicians
- Do not require a DSM diagnosis in order for services to be delivered

Providers

NP-LBHPs include the following:

- Licensed Psychoanalysts
- Licensed Clinical Social Workers (LCSW)
- Licensed Marriage and Family Therapists
- Licensed Mental Health Counselors
- Licensed Masters Social Workers (LMSW) when under the supervision of LCSWs, Licensed Psychologists, or Psychiatrists

Why Offer OLP?

- Effectively engage those that engage in traditional settings
- Early identification and intervention.
- Provided to children without a behavioral health diagnosis

OLP Service Components

Licensed
Evaluation/Assessment

Treatment Planning

Psychotherapy

Crisis Intervention
Activities

OLP Example

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 that CFTSS could work with Raymond in his home. Raymond's teacher referred the family to a local mental health provider agency.

Psychosocial Rehabilitation (PSR)



Psychosocial Rehabilitation (PSR)

- Designed to assist with implementing interventions outlined in the treatment plan
- Aims to **restore, rehabilitate, and support**
- Must have a documented behavioral health diagnosis

Psychosocial Rehabilitation (PSR)

- “Hands on” and task oriented
- Provided in coordination with treatment interventions by a licensed provider
- Delivered in a trauma-informed, culturally and linguistically competent manner

Why Offer PSR?

- Expands the range of treatment options
- Assists the child/youth in developing and applying skills
- Encourages the child/youth to practice and operationalize skills

PSR Service Components

Personal & Community Competence

Social &
Interpersonal
skills

Daily Living
Skills

Community
Integration

PSR Example

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 a Non-Physician Licensed Behavioral Health Provider (NP-LBHP) to assess on going treatment needs, establish medical necessity and make a recommendation for Children & Family Treatment Support Services. (The NP-LBHP may be Ava's current mental clinician, physician, or another provider.)

Community Psychiatric Supports and Treatment (CPST)



What is CPST?

CPST is intended to assist the child/youth and family/caregivers to:

- Achieve stability and functional improvement in daily living
- Improve family and interpersonal relationships
- Support community integration
- Aid in personal recovery

Why Offer CPST?

- Provide services to children and families can benefit from home and community based rehabilitative services
- Complemented by the integration of additional new CFTSS services
- Coordinated with clinical treatment services

CPST Service Components

Intensive Interventions

Crisis Avoidance

Intermediate Term Crisis Management

Rehabilitative Psychoeducation

Strengths Based Service Planning

Rehabilitative Supports

CPST 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.



Pathways to Care



Pathways to Care

- Anyone can make a referral for services.
- Recommendation must be made by a licensed practitioner
- Referral source must link to a qualified provider
- Any LPHA can provide the recommendation
- Health Homes are not involved/required for access/entry into CFTSS



Authorization & Utilization Management



What is Utilization Management?

Procedures used to monitor or evaluate clinical necessity appropriateness, efficacy, and efficiency

Include:

- Ambulatory, Prospective, Concurrent, and Retrospective Review
- Second Opinions
- Care Management
- Discharge Planning
- Service Authorization

Continuity of Care Requirements

- Ability to bill Fee-For-Service and Managed Care
- Utilization management and service authorization could not be conducted 90 days from implementation for SSI/SSI-R children and 180 days for non-SSI children
 - **Reminder: OLP, PSR, and CPST were implemented 1/1/19 for non-SSI children and 7/1/19 for SSI/SSI-R children*
- Required to offer contracts to all NYS-designated providers of Children's Specialty Services
- Must allow a nonpar provider to continue treatment for up to 24 months

Resources and Links

The [Child and Family Treatment Support Service Manual](#) includes additional information regarding all 6 of the CFTSS services

[DOH Children's Managed Care Home Page](#)

Provider designation information:

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

Stay Informed:

Subscribe to children's managed care listserv <http://www.omh.ny.gov/omhweb/childservice/>

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http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm

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Thank You!

