

Children's SPA Service Provisions

SUMMARY

Children's State Plan Amendment (SPA) rehabilitative services are offered under the Early and Periodic Screening and Diagnostic Testing (EPSDT) benefit to Medicaid-enrolled individuals under the age of 21. As part of the Children's Medicaid System Transformation, starting July 1, 2018, New York State intends to implement six new SPA services which will offer new community-based supports to children who meet medical necessity criteria. These new services are: Other Licensed Practitioner (OLP), Crisis Intervention (CI), Community Psychiatric Supports and Treatment (CPST), Psychosocial Rehabilitation Services (PSR), Family Peer Support Services (FPSS), and Youth Peer Support and Training (YPST). The OLP benefit expands the range of licensed practitioners that can independently provide services within the scope of their license to Medicaid-enrolled children. The other services are community-based supports to help children with needs that are not as easily addressed in formal clinic settings, provide peer-based supports, or de-escalate crisis situations.

The State has released a draft provider manual for these services (available [here](#)), last updated in December 2016, and scheduled to be updated again in the future. In October 2017, the State released a guidance document outlining proposed medical necessity criteria for the new SPA services (available [here](#)) and a document outlining utilization management guidelines for all services that may be provided to children in Medicaid (available [here](#)). The State intends for Medicaid managed care organizations (MCOs) to use these documents to develop policies for these services. The State intends for plans not to use more restrictive criteria than these guidelines.

A billing methodology and coding structure are still under development. Please note that the implementation of these services and timeline for rollout will be dependent on if and when the State's waiver and SPA applications are approved by the Centers for Medicare and Medicaid Services (CMS).

Utilization Requirements

In general, the new SPA services may be recommended by one of the following types of licensed practitioners operating within the scope of their practice:

- Licensed Master Social Worker (LMSW);
- Licensed Clinical Social Worker (LCSW);
- Licensed Mental Health Counselor;
- Licensed Creative Arts Therapist;
- Licensed Marriage and Family Therapist;
- Licensed Psychoanalyst;
- Licensed Psychologist;
- Physician Assistant;
- Psychiatrist;
- Physician;
- Registered Professional Nurse; or
- Nurse Practitioner.

This applies to all of the services except for OLP (which does not require a separate practitioner's recommendation) and Crisis Intervention (which requires a recommendation by one of the above types of providers, except that physician assistants and licensed creative arts therapists are excluded while clinical nurse specialists are added).

Additionally, plans may require prior authorization for all services except for OLP and Crisis Intervention. Plans may require concurrent authorization for OLP providers, while neither prior nor concurrent authorization may be used for Crisis Intervention.

SPA SERVICE GUIDELINES

The following table summarizes the six SPA services and various requirements and guidelines for their provision, including the October 2017 medical necessity criteria.

Service	Description	Staff Qualifications/ Requirements	Training Requirements	Limitations/Exclusions	Medical Necessity Criteria for Admission	Medical Necessity Criteria: Discharges
Other Licensed Practitioner (OLP)	<p>Individuals, families, and/or groups may receive from eligible non-physician licensed behavioral health practitioners (NP-LBHPs) BH services, including:</p> <ul style="list-style-type: none"> • NYS-approved evidence-based cognitive-behavioral therapy; • outpatient psychotherapy; • behavioral health assessments, evaluations, and testing. <p>Recipients are not required to have a behavioral health diagnosis to receive services under OLP.</p>	<p>Must be a NP-LBHP, including:</p> <ul style="list-style-type: none"> • Licensed Psychologist; • LCSW; • Licensed Marriage & Family Therapist; Licensed Mental Health Counselor; and • Licensed Master Social Worker (LMSW), practicing under the supervision of a psychiatrist, psychologist, or LCSW. 	<p>All evidence-based practices (EBP) must receive prior approval and designation by NYS and comply with ongoing fidelity reviews.</p>	<ul style="list-style-type: none"> • Groups cannot exceed more than 6-8 members. • OLP services delivered in a school setting must be specified in the recipient's treatment plan. • Inpatient hospital facility services provided by NP-LBHPs (excluding social workers) are allowed if a Preadmission Screening and Resident Review (PASRR) indicates medical necessity. • Services are not billable in the following situations: <ul style="list-style-type: none"> ○ Social worker visits to inpatient hospital facilities; ○ NP-LBHP services provided while patient is a resident of an Institution for Mental Disease; and ○ Visits to Intermediate Care facilities for individuals with Mental Retardation (ICF-MR). 	<p>To receive OLP services, the child/youth is assessed by the NP-LBHP who develops a treatment plan that either:</p> <ul style="list-style-type: none"> • corrects conditions found through an EPSDT screening; or • addresses each of the following: <ul style="list-style-type: none"> ○ prevention, diagnosis, and/or treatment of health impairments; ○ ability of the child/youth to achieve age-appropriate development; and ○ ability of the child/youth to attain/maintain functional capacity. 	<p>To be discharged from receiving OLP services, the child/youth must meet at least one of the following criteria:</p> <ul style="list-style-type: none"> • no longer meets continued stay criteria; • has reached established service goals; • has not made progress nor is expected to make progress on established goals; • is no longer engaged in the service despite provider's use of engagement strategies; • withdraws consent or has parents/caregivers withdraw consent for services; and/or • receives similar benefits through other services and thus no longer requires OLP.

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<p align="center">Crisis Intervention (CI)</p>	<p>Services are provided in the event of a behavioral health crisis to achieve the following goals:</p> <ul style="list-style-type: none"> • engagement; • symptom reduction; • stabilization; • functional restoration; and • prevention of future crises. <p>Services are provided by multidisciplinary teams that are expected to have the capacity to respond within one hour of a call, 24/7.</p>	<p>CI should be provided by a team of at least two professionals:</p> <p><u>Member 1:</u> Psychiatrist, physician, psychologist, psychoanalyst, LCSW, LMSW, LMHC, LMFT, psychologist, or NP with BH experience.</p> <p><u>Member 2:</u> One of the above or an alcoholism/substance abuse counselor, peer support specialist, rehabilitation counselor, or RPN, with an appropriate credential.</p> <p>Teams must be supervised by an appropriate behavioral health professional with at least 2-3 years of work experience.</p>	<p>All CI providers must have training in the following areas prior to delivery of service: First Aid; CPR; Mandated Reporting, Crisis De-escalation, Resolution and Debriefing; Suicide Prevention, Crisis Plan Development; and Substance Use Disorders.</p> <p>Peer support providers must either be credentialed as an OMH Family Peer Advocate (FPA) or an OASAS Certified Recovery Peer Advocate (CRPA) with a Family specialty.</p>	<p>A crisis episode has a defined 72-hour timeframe; if it exceeds 72 hours, it will be considered a new CI episode, or is expected to be transferred to a longer-term service. The child’s chart must reflect resolution of the crisis episode. Following the episode, warm handoff for follow-up services and a developed treatment plan should occur.</p> <p>The following services are excluded:</p> <ul style="list-style-type: none"> ○ financial management ○ supportive housing ○ supportive employment services ○ habilitative basic skill acquisition services ○ activities of daily living (ADLs) ○ procedures and services performed in nonconventional setting (e.g. spas, therapeutic programs, and camps) 	<p>To receive CI services, the child/youth must meet all the following criteria:</p> <ul style="list-style-type: none"> • experiences acute psychological/emotional change which leads to significant distress and cannot be effectively resolved by collaterals, providers, or community providers; • requires intervention to be stabilized and evaluated; and • demonstrates at least one of the following: <ul style="list-style-type: none"> ○ suicidal/assaultive/ destructive ideas or threats that may endanger self or others; ○ impairment in mood/thought/behavior that is disruptive to the home, school or community; and/or ○ behavior that escalates to the extent that a higher level of services is required. 	<p>To be discharged from receiving CI services, the child/youth must meet at least one of the following criteria:</p> <ul style="list-style-type: none"> • demonstrates symptom reduction, stabilization, restoration or pre-crisis functioning; • meets criteria for another level of care that may be either less or more intensive; and/or • withdraws consent for services or has parent/caregivers withdraw consent.

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Community Psychiatric Supports and Treatment (CPST)	<p>CPST is designed for children who are unable to benefit fully from site-based programs and uses behavioral health supports focused on achieving specific goals set forth in the treatment plan.</p> <p>CPST services include:</p> <ol style="list-style-type: none"> 1. Rehabilitative Psychoeducation; 2. Rehabilitative Supports; 3. Strengths-Based Treatment Planning; 4. Intensive Interventions; 5. Crisis Avoidance; and 6. Intermediate Term Crisis Management. 	<p>Staff must meet minimum educational and experience requirements that vary by the CPST activity:</p> <ul style="list-style-type: none"> • May provide only services 1) to 3): Bachelor’s degree and two years’ experience in related children’s services • May provide all CPST services: <ul style="list-style-type: none"> ○ A bachelor’s degree and certification in a relevant EBP approved by NYS; or ○ A master’s degree in social work or related human services and either a) one year of applicable experience, or b) certification in an EBP 	<p>All CPST providers must have training in the following areas:</p> <ul style="list-style-type: none"> • Crisis management and avoidance planning; • Suicide prevention; • Counseling; • Solution-focused interventions; • Emotional, cognitive, and behavior management techniques; and • Evidence-based practice certification. 	<ul style="list-style-type: none"> • The provider agency must assess the child prior to developing a treatment plan for the child; all treatment services and goals must be detailed in the plan. • Groups should not exceed 6-8 members. • A child with a developmental disability (DD) diagnosis without a co-occurring behavioral health condition is ineligible to receive CPST. • EBPs require prior approval, designations, and fidelity reviews. 	<p>To receive CPST, the child/youth must meet all the following criteria:</p> <ul style="list-style-type: none"> • has behavioral health diagnosis or is at risk of developing a behavioral health diagnosis; • will likely benefit from service preventing the onset or exacerbation of symptoms; and • is expected to achieve skill restoration in at least one of the following areas: <ul style="list-style-type: none"> ○ participation in community activities and/or positive peer support networks; ○ personal relationships; ○ personal safety and/or self-regulation; ○ independence/ productivity ○ daily living skills; ○ symptom management; and ○ coping strategies/effective functioning in the home, school, social, or work environment. 	<p>To stop receiving CPST, the child/youth must meet at least one of the following criteria:</p> <ul style="list-style-type: none"> • no longer meets admission criteria and meets criteria for either a more or less intensive level of care; • has successfully met target goals specified in the treatment plan for discharge; • has not made progress nor is expected to make progress on service goals; • is no longer engaged in the service, despite provider’s use of reasonable engagement strategies; • withdraws, or has parents/caregivers withdraw, consent for services; • is receiving a similar benefit through other services and thus no longer requires CPST.
Psychosocial Rehabilitation (PSR)	<p>Rehabilitation counseling and other activities help children reduce functional deficits and manage interpersonal and social problems caused by their BH conditions that prevent integration in the community.</p>	<p>Must be 18 years old and a high school graduate or equivalent with a minimum of three years’ experience in children’s mental health, addiction, and/or foster care.</p> <p>Unlicensed staff must be supervised by an appropriate licensed BH practitioner.</p>	<p>All PSR providers must have training in the following areas:</p> <ul style="list-style-type: none"> • Engagement and follow-through; • Group facilitation; • Identification and delivery; or • functional skill building interventions 	<ul style="list-style-type: none"> • A licensed CPST practitioner or OLP must develop the treatment plan, which specifies the treatment services to be implemented by the PSR worker. • Groups should not exceed 6-8 members. • A child with a DD diagnosis without a co-occurring behavioral health condition is ineligible to receive PSR. 	<p>The child/youth must meet all the following criteria:</p> <ul style="list-style-type: none"> • has a behavioral health diagnosis; • is likely to benefit from the service designed to prevent the onset or the worsening of symptoms; and • requires service to meet rehabilitative goals of restoring functional level and allowing for integration into family and community. 	<p>The child must meet one of the same criteria as for discharge from CPST (above).</p>

Service	Description	Staff Qualifications/ Requirements	Training Requirements	Limitations/Exclusions	Medical Necessity Criteria for Admission	Medical Necessity Criteria: Discharges
<p>Family Peer Support Services (FPSS)</p>	<p>A credentialed family peer advocate provides a variety of formal and informal supports to the caregiver(s) of a child with BH needs, such as:</p> <ul style="list-style-type: none"> • Engagement, bridging, and transition support; • Self-advocacy, self-efficacy, and empowerment; • Parent skill development; and • Community connections and natural supports. 	<p>Staff must be OMH credentialed Family Peer Advocates (FPA) or OASAS Certified Recovery Peer Advocates with a Family Specialty (CRPA-Family). In general, these credentials require an individual to:</p> <ul style="list-style-type: none"> • Have lived experience as a parent or primary caregiver of children with BH needs, or as a family member impacted by youth substance use disorders; • Complete required training and continuing education; and • Have a high school diploma or equivalent. <p>Staff will be supervised by either:</p> <ul style="list-style-type: none"> • Individuals with four years of experience providing FPSS services, including one year as a credentialed FPA/CRPA; or • A mental health professional with training in FPSS. Efforts should be made to transition to supervision by experienced FPAs/CRPAs. 	<p>Must meet all criteria required for NYS-credentialed FPAs or CRPAs with a Family specialty</p>	<ul style="list-style-type: none"> • The treatment plan should identify the medical or remedial services, and the intervention plan must specify the amount, duration and scope of services as well as a timeline for reevaluation of the plan that occurs at least quarterly. • Groups should not exceed more than 12 members. • A child with a DD diagnosis without a co-occurring behavioral health condition is ineligible to receive FPSS. • A non-exhaustive list of services that are excluded from FPSS include: <ul style="list-style-type: none"> ○ peer-led 12-step programs; ○ general outreach and education; ○ recreational activities; ○ services provided to teach academic subjects (e.g. teachers, academic tutors, etc.) ○ habilitative services; ○ child care services; ○ respite care; ○ transportation; ○ any other services not specified in the treatment plan. 	<p>The child/youth must meet all the following criteria:</p> <ul style="list-style-type: none"> • has a behavioral health diagnosis or has physical health diagnosis that results lost or undeveloped skills; • is likely to benefit from service designed to prevent onset or worsening of symptoms; and • has family that demonstrates need in the following areas: <ul style="list-style-type: none"> ○ strengthening the family unit; ○ building skills within the family for the benefit of the child; ○ promoting empowerment within the family; and ○ strengthening overall supports in the child’s environment. 	<p>The child/youth and/or family must meet at least one of the following criteria:</p> <ul style="list-style-type: none"> • no longer meets admission criteria; • has successfully met the specific goals outlined in the treatment plan for discharge; • withdraws consent for services or has parents/caregivers withdraw consent; • has not made progress nor is expected to make progress on established service goals • is no longer engaged in the service, despite provider’s use of reasonable engagement strategies; and/or • is obtaining a similar benefit through other services and thus, no longer needs FPSS.

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<p align="center">Youth Peer Support and Training (YPST)</p>	<p>A certified Youth Peer Advocated (YPA) provides a variety of formal and informal supports to youth with BH needs, such as:</p> <ul style="list-style-type: none"> • Skill building; • Coaching; • Self-advocacy, self-efficacy, and empowerment; and • Community connections and natural supports. 	<p>Staff must be credentialed Youth Peer Advocates (YPA) or Certified Recovery Peer Advocates (CRPA-Youth). In general, these credentials require an individual to:</p> <ul style="list-style-type: none"> • Be aged between 18 and 30; • Have lived experience with disability, mental illness, juvenile justice, special education, substance use disorder, foster care, and/or other social services; and • Have a high school diploma or equivalent. <p>Staff will be supervised by either:</p> <ul style="list-style-type: none"> • A credentialed YPA or FPA with at least four years of experience providing FPSS or YPST services and training in YPST and the role of YPAs; or • A mental health professional with training in YPST. 	<p>Must complete the State Approved Level One and Level Two YPA training OR comparable training approved by the Youth Peer Support Services Council and State.</p> <p>Training components include:</p> <ul style="list-style-type: none"> • Role of YPAs in the Managed Care System • Peer Mentoring and Support • Small Group facilitation Skills • Professional Expectations • Self-Care and Support 	<ul style="list-style-type: none"> • The treatment plan should identify the medical or remedial services, and the intervention plan must specify the amount, duration and scope of services as well as a timeline for reevaluation of the plan that occurs at least quarterly. • Groups should be composed of 2-12 members. • A child with a DD diagnosis without a co-occurring behavioral health condition is ineligible to receive FPSS. • The following services, among others, are excluded under FPSS: <ul style="list-style-type: none"> ○ peer-led 12-step programs; ○ general outreach and education; ○ recreational activities; ○ services provided to teach academic subjects (e.g. teachers, academic tutors, etc.) ○ habilitative services; ○ child care services; ○ respite care; ○ transportation; and ○ other services not specified in the treatment plan. 	<p>The child/youth must meet all the following criteria:</p> <ul style="list-style-type: none"> • has a behavioral health diagnosis or has physical health diagnosis that results in lost or undeveloped skills; • is involved in the admission process and helps determine service goals; • is available and receptive to receiving this service; • requires a YPA to implement the intervention(s) outlined in the treatment plan; and • demonstrates a need for improvement in the following areas, such as but not limited, to: <ul style="list-style-type: none"> ○ enhancing abilities to effectively manage comprehensive health needs; ○ maintaining recovery; ○ strengthening resiliency; and ○ strengthening self-efficacy and empowerment. 	<p>The child/youth must meet at least one of the following criteria:</p> <ul style="list-style-type: none"> • no longer meets admission criteria; • has successfully met the specific goals outlined in the treatment plan for discharge; • withdraws consent for services or has parent/caregiver withdraw consent; • has not made progress nor is expected to make progress on established service goals; • no longer is engaged in the service, despite provider’s use of reasonable engagement strategies; and/or • is obtaining a similar benefit through other services and resources and thus no longer requires YPST.