

## New Children and Family Treatment and Support Services Provisions

### SUMMARY

As part of the Children's Medicaid System Transformation, New York State intends to implement six new behavioral health services under the Early and Periodic Screening and Diagnostic Testing (EPSDT) benefit in the Medicaid State Plan. These newly established services will offer new community-based supports to Medicaid-enrolled individuals under the age of 21 who meet medical necessity criteria. The six 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 intends to promote the support of Evidence Based Practices (EBPs) through the OLP and CPST services and plans to develop a process for agencies to apply and be approved for the provision of EBPs under the new EPSDT services. This process is under development and more information will be forthcoming.

Pending Federal and State approval, it is expected that the OLP, CPST, and PSR services will be implemented beginning January 1, 2019; FPSS services will be implemented on July 1, 2019; and YPST and CI services will be available as of January 1, 2020.

In June 2018, the State released an updated Children and Family Treatment and Support Services Provider Manual that includes guidelines for medical necessity criteria and utilization management for the new services. The State intends for Medicaid managed care organizations to use the document to develop policies for these services. The State intends for plans not to use more restrictive criteria than these guidelines.

A summary of the updated provisions and medical necessity requirements for each of the new services is below. The Provider Manual can be found [here](#).

Service	Description and Service Components	Staff Qualifications/ Requirements	Required Training	Modality and Setting	Limitations/Exclusions	Medical Necessity Criteria: Admissions	Medical Necessity Criteria: Discharges
<p><b>Other Licensed Practitioner (OLP)</b></p>	<p>OLPs are eligible non-physician licensed behavioral health practitioners (NP-LBHPs) who are able to provide clinical services to children/youth in need of assessment, including those whose behavioral health conditions have not yet been diagnosed.</p> <p>These services are:</p> <ul style="list-style-type: none"> <li>Licensed evaluations (assessments);</li> <li>Psychotherapy (counseling); and</li> <li>Crisis Intervention (CI) activities, including crisis triage (by telephone), crisis off-site, and crisis complex care.</li> </ul>	<p>NP-LBHPs include:</p> <ul style="list-style-type: none"> <li>Licensed Clinical Social Workers (LCSWs)</li> <li>Licensed Psychoanalysts;</li> <li>Licensed Marriage &amp; Family Therapists (LMFTs);</li> <li>Licensed Mental Health Counselors (LMHCs); or</li> <li>Licensed Master Social Workers (LMSWs) under the supervision of an LCSW, psychologist, or psychiatrist.</li> </ul> <p>All NP-LBHPs have an existing license and scope of practice and may provide comprehensive assessment services within that scope of practice. However, only Licensed Clinical Social Workers (LCSWs) may make independent diagnoses under their scope of practice. All others may only diagnose under the supervision of an LCSW, psychologist, or psychiatrist.</p>	<ul style="list-style-type: none"> <li>Mandated Reporter</li> </ul>	<p><u>Modality:</u></p> <ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> <li>Group (limit of 8 individuals per group, with a ratio of 1:4 for clinicians to participants)</li> </ul> <p><u>Setting:</u></p> <ul style="list-style-type: none"> <li>Home</li> <li>Community</li> <li>Other site-based settings</li> </ul> <p>OLP services delivered in a school setting must be specified in the recipient's treatment plan.</p>	<ul style="list-style-type: none"> <li>Services provided by NP-LBHPs (excluding social workers) are allowed for nursing facility visits if a Preadmission Screening and Resident Review (PASRR) indicates medical necessity.</li> <li>Services are not billable in the following situations: <ul style="list-style-type: none"> <li>Social worker visits to nursing facilities;</li> <li>Visits to patient who is a resident of an Institution for Mental Disease, such as a freestanding psychiatric hospital or psychiatric residential treatment facility (RTF); or</li> <li>Visits to Intermediate Care facilities for individuals with Mental Retardation (ICF-MR).</li> </ul> </li> </ul>	<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"> <li>corrects conditions found through an EPSDT screening; <b>or</b></li> <li>addresses each of the following: <ul style="list-style-type: none"> <li>prevention, diagnosis, and/or treatment of health impairments;</li> <li>ability of the child/youth to achieve age-appropriate development; and</li> <li>ability of the child/youth to attain/maintain functional capacity.</li> </ul> </li> </ul>	<p>To be discharged from receiving OLP services, the child/youth must meet any one of the following criteria:</p> <ul style="list-style-type: none"> <li>no longer meets continued stay criteria;</li> <li>has reached established service goals;</li> <li>has not made progress nor is expected to make progress on established goals;</li> <li>is no longer engaged in the service despite provider's use of engagement strategies;</li> <li>withdraws consent or has parents/caregivers withdraw consent for services; <b>or</b></li> <li>receives similar benefits through other services and thus no longer requires OLP services.</li> </ul>

Service	Description and Service Components	Staff Qualifications/ Requirements	Required Training	Modality and Setting	Limitations/Exclusions	Medical Necessity Criteria: Admissions	Medical Necessity Criteria: Discharges
<p><b>Community Psychiatric Supports and Treatment (CPST)</b></p>	<p>Goal-directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve stability and improvement in daily living, personal recovery, interpersonal relationships, and community integration.</p> <p>CPST services include:</p> <ul style="list-style-type: none"> <li>• Counseling services (intensive interventions, crisis avoidance, and intermediate term crisis management)</li> <li>• Non-counseling services (Rehabilitative Psychoeducation, Strengths-Based Service Planning, and Rehabilitative Supports).</li> </ul>	<p><u>Counseling services:</u></p> <ul style="list-style-type: none"> <li>• Practitioner with a Master’s Degree and one year of experience; <b>or</b></li> <li>• Practitioner with a Bachelor’s degree and certified in a relevant Evidence Based Practice (EBP).</li> </ul> <p><u>Non-counseling services:</u></p> <ul style="list-style-type: none"> <li>• Practitioner with a Master’s Degree and one year of experience and/or EBP certification</li> <li>• Practitioner with a Bachelor’s degree with minimum of two years’ experience or is certified in an EBP (e.g. registered professional nurses, licensed occupational therapists, and licensed creative arts therapists (LCATs)).</li> </ul> <p>Staff must be supervised by a licensed behavioral health professional with 2-3 years of work experience (i.e., a physician, physician assistant, psychiatrist, psychologist, NP-LBHP, LCAT, nurse practitioner, or registered nurse).</p>	<ul style="list-style-type: none"> <li>• Mandated Reporter</li> </ul>	<p><u>Modality:</u></p> <ul style="list-style-type: none"> <li>• Individual face-to-face intervention</li> <li>• Group face-to-face for rehabilitative supports and psychoeducation (limit of 8 participants per group with 1:4 ratio of facilitator to participants).</li> </ul> <p><u>Setting:</u></p> <ul style="list-style-type: none"> <li>• Home</li> <li>• Community</li> <li>• Other site-based settings</li> </ul>	<p>The following services, among others, are excluded under CPST:</p> <ul style="list-style-type: none"> <li>• Services provided to individuals with developmental disability (DD) diagnosis without a co-occurring behavioral health condition;</li> <li>• Services provided to individuals residing in institutions for mental diseases;</li> <li>• habilitation services;</li> <li>• assistance with activities of daily living (ADLs);</li> <li>• procedures and services performed in nonconventional setting (e.g. spas, therapeutic programs, and camps).</li> </ul> <p>The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee.</p>	<p>To receive CPST, the child/youth must meet <b>all</b> of the following criteria:</p> <ul style="list-style-type: none"> <li>• has behavioral health diagnosis or is at risk of developing a behavioral health diagnosis;</li> <li>• will likely benefit from service preventing the onset or exacerbation of symptoms; <b>and</b></li> <li>• is expected to achieve skill restoration in at least one of the following areas: <ul style="list-style-type: none"> <li>○ participation in community activities and/or positive peer support networks;</li> <li>○ personal relationships;</li> <li>○ personal safety and/or self-regulation;</li> <li>○ independence/productivity</li> <li>○ daily living skills;</li> <li>○ symptom management; and coping strategies/effective functioning in the home, school, social, or work environment.</li> </ul> </li> </ul>	<p>To stop receiving CPST, the child/youth must meet any one of the following criteria:</p> <ul style="list-style-type: none"> <li>• no longer meets admission criteria and meets criteria for either a more or less intensive level of care;</li> <li>• has successfully met target goals specified in the treatment plan for discharge;</li> <li>• has not made progress nor is expected to make progress on service goals;</li> <li>• is no longer engaged in the service, despite provider’s use of reasonable engagement strategies;</li> <li>• has withdrawn consent or has parents/caregivers withdraw consent; <b>or</b></li> <li>• is receiving a similar benefit through other services and thus no longer requires CPST.</li> </ul>

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<b>Psychosocial Rehabilitation (PSR)</b>	<p>PSR service components are broadly defined and include interventions to help children reduce functional deficits and manage interpersonal and social problems caused by their BH need. These services help the child/youth build personal and community competence by developing:</p> <ul style="list-style-type: none"> <li>• social and interpersonal skills;</li> <li>• daily living skills;</li> <li>• community integration.</li> </ul>	<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>Staff must be supervised by an appropriate licensed behavioral health professional, such as a:</p> <ul style="list-style-type: none"> <li>• Physician;</li> <li>• Physician assistant;</li> <li>• Psychiatrist;</li> <li>• Psychologist;</li> <li>• NP-LBHP;</li> <li>• LCAT;</li> <li>• Nurse practitioner; or</li> <li>• Registered nurse.</li> </ul>	<ul style="list-style-type: none"> <li>• Mandated Reporter</li> </ul>	<p><u>Modality:</u></p> <ul style="list-style-type: none"> <li>• Individual</li> <li>• Groups (no more than 8 individuals with a 1:4 facilitator to participants ratio)</li> </ul> <p><u>Setting:</u></p> <ul style="list-style-type: none"> <li>• Home</li> <li>• Community locations where the individual attends school, works, socializes, and/or engages in services.</li> </ul>	<ul style="list-style-type: none"> <li>• Services excluded from CI and CPST are also excluded from PSR.</li> <li>• PSR services are to be recommended by a licensed practitioner. The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee.</li> </ul>	<p>The child/youth must meet <b>all</b> of the following criteria:</p> <ul style="list-style-type: none"> <li>• has a behavioral health diagnosis;</li> <li>• is likely to benefit from the service designed to prevent the onset or the worsening of symptoms; <b>and</b></li> <li>• requires services to meet rehabilitative goals of restoring functional level and allowing for integration into family and community.</li> </ul>	<p>The child/youth must meet any of the following:</p> <ul style="list-style-type: none"> <li>• no longer meets admission criteria and instead meets criteria for either a more or less intensive level of care;</li> <li>• has successfully met the specific goals outlined in the treatment plan for discharge;</li> <li>• withdraws consent for services or has parents/caregivers withdraw consent;</li> <li>• has not made progress nor is expected to make progress on established service goals;</li> <li>• no longer is engaged in the service, despite provider's use of reasonable engagement strategies; <b>or</b></li> <li>• is obtaining a similar benefit through other services and resources and thus no longer requires PSR.</li> </ul>

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<p><b>Family Peer Support Services (FPSS)</b></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"> <li>• Engagement, bridging, and transition support;</li> <li>• Self-advocacy, self-efficacy, and empowerment;</li> <li>• Parent skill development; and</li> <li>• Community connections and natural supports.</li> </ul>	<p>Staff must be an OMH-credentialed Family Peer Advocates (FPA) or an OASAS Certified Recovery Peer Advocates with a Family Specialty (CRPA-F). In general, these credentials require:</p> <ul style="list-style-type: none"> <li>• Lived experience as a parent or primary caregiver of children with BH needs, or as a family member impacted by youth substance use disorders;</li> <li>• Completion of required training, work experience, and continuing education; and</li> <li>• A high school diploma or equivalent.</li> </ul> <p>Staff will be supervised by:</p> <ul style="list-style-type: none"> <li>• Individuals with at least four years of experience providing FPSS services, including one year as a credentialed FPA/CRPA-F, and has access to clinical consultation; or</li> <li>• A qualified behavioral health professional; or</li> <li>• OASAS-certified CASAC (only for supervision of CRPA-Fs).</li> </ul>	<ul style="list-style-type: none"> <li>• Mandated Reporter</li> <li>• <u>For FPAs:</u> Complete Level One and Level 2 of the “Parent Empowerment Program Training for FPAs” or approved comparable training.</li> <li>• <u>For CRPA-Fs:</u> Complete a minimum of 46 hours of content- specific training on topics such as advocacy and recovery and wellness support.</li> </ul> <p>Advocates must also fulfill other requirements, such as related work experience and continuing education.</p>	<p><u>Modality:</u></p> <ul style="list-style-type: none"> <li>• Individual</li> <li>• Groups (no more than 12 individuals with a ratio of 1:4 for facilitators to participants)</li> </ul> <p><u>Setting:</u></p> <ul style="list-style-type: none"> <li>• Home</li> <li>• Community locations where the individual attends school, works, socializes, and/or engages in services.</li> </ul>	<p>The following services, among others, are excluded under FPSS:</p> <ul style="list-style-type: none"> <li>• Services provided to individuals with developmental disability (DD) diagnosis without a co-occurring behavioral health condition;</li> <li>• peer-led 12-step programs;</li> <li>• general outreach and education;</li> <li>• recreational activities;</li> <li>• services provided to teach academic subjects (e.g. teachers, academic tutors, etc.)</li> <li>• habilitative services;</li> <li>• child care services;</li> <li>• respite care;</li> <li>• transportation;</li> <li>• any other services not specified in the treatment plan.</li> </ul> <p>The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee.</p>	<p>The child/youth must meet <b>all</b> of the following criteria:</p> <ul style="list-style-type: none"> <li>• has a behavioral health diagnosis or has physical health diagnosis that results lost or undeveloped skills;</li> <li>• is likely to benefit from service designed to prevent onset or worsening of symptoms; <b>and</b></li> <li>• has family that demonstrates need in the following areas: <ul style="list-style-type: none"> <li>○ strengthening the family unit;</li> <li>○ building skills within the family for the benefit of the child;</li> <li>○ promoting empowerment within the family; and</li> <li>○ strengthening overall supports in the child’s environment.</li> </ul> </li> </ul>	<p>The child/youth and/or family must meet any one of the following criteria:</p> <ul style="list-style-type: none"> <li>• no longer meets admission criteria;</li> <li>• has successfully met the specific goals outlined in the treatment plan for discharge;</li> <li>• withdraws consent for services or has parents/caregivers withdraw consent;</li> <li>• has not made progress nor is expected to make progress on established service goals</li> <li>• is no longer engaged in the service, despite provider’s use of reasonable engagement strategies; <b>or</b></li> <li>• is obtaining a similar benefit through other services and thus, no longer needs FPSS.</li> </ul>

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<b>Youth Peer Support and Training (YPST)</b>	<p>A youth peer advocate provides a variety of formal and informal supports to youth with BH needs, such as:</p> <ul style="list-style-type: none"> <li>• Skill building;</li> <li>• Coaching;</li> <li>• Engagement, bridging, and transition support;</li> <li>• Self-advocacy, self-efficacy, and empowerment; and</li> <li>• Community connections and natural supports</li> </ul>	<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"> <li>• Be aged between 18 and 30;</li> <li>• Have first-hand experience with behavioral challenges and/or substance use;</li> <li>• Have lived experience with a disability, mental illness, juvenile justice, special education, substance use disorder, and/or foster care; and</li> <li>• Have a high school diploma or equivalent and engage in continuing education every two years (may be waived with demonstrated experience or competencies).</li> </ul> <p>Supervisors should be:</p> <ul style="list-style-type: none"> <li>• Credentialed YPAs/CRPAs with four years of experience providing YPST or FPSS services; or</li> <li>• Qualified mental health staff with training in YPST.</li> </ul>	<ul style="list-style-type: none"> <li>• Mandated Reporter</li> <li>• <u>For YPAs:</u> Complete Level One and Level 2 YPA training or comparable training.</li> <li>• <u>For CRPAs:</u> Complete minimum of 46 hours in content specific training and 16 hours in area of youth peer support.</li> </ul> <p>Advocates must also fulfill other requirements, such as related work experience and continuing education.</p>	<p><u>Modality:</u></p> <ul style="list-style-type: none"> <li>• Individual</li> <li>• Groups (no more than 8 individuals with a ratio of 1:4 for facilitators to participants)</li> </ul> <p><u>Setting:</u></p> <ul style="list-style-type: none"> <li>• Home</li> <li>• Community locations where the individual attends school, works, socializes, and/or engages in services.</li> </ul>	<p>The following services, among others, are excluded under YPST:</p> <ul style="list-style-type: none"> <li>• Services provided to individuals with developmental disability (DD) diagnosis without a co-occurring behavioral health condition;</li> <li>• peer-led 12-step programs;</li> <li>• general outreach and education;</li> <li>• recreational activities;</li> <li>• services provided to teach academic subjects (e.g. teachers, academic tutors, etc.)</li> <li>• habilitative services;</li> <li>• child care services;</li> <li>• respite care;</li> <li>• transportation; and</li> <li>• other services not specified in the treatment plan.</li> </ul> <p>The provider agency will assess the child prior to developing a treatment plan for the child. Authorization of the treatment plan is required by the DOH or its designee.</p>	<p>The child/youth must meet <b>all</b> of the following criteria:</p> <ul style="list-style-type: none"> <li>• has a behavioral health diagnosis or has physical health diagnosis that results in lost or undeveloped skills;</li> <li>• is involved in the admission process and helps determine service goals;</li> <li>• is available and receptive to receiving this service;</li> <li>• requires a YPA to implement the intervention(s) outlined in the treatment plan; <b>and</b></li> <li>• demonstrates a need for improvement in the following areas, such as but not limited, to: <ul style="list-style-type: none"> <li>○ enhancing abilities to effectively manage comprehensive health needs;</li> <li>○ maintaining recovery;</li> <li>○ strengthening resiliency;</li> <li>○ strengthening self-efficacy and empowerment.</li> </ul> </li> </ul>	<p>The child/youth must meet any of the following criteria:</p> <ul style="list-style-type: none"> <li>• no longer meets admission criteria;</li> <li>• has successfully met the specific goals outlined in the treatment plan for discharge;</li> <li>• withdraws consent for services or has parent/caregiver withdraw consent;</li> <li>• has not made progress nor is expected to make progress on established service goals;</li> <li>• no longer is engaged in the service, despite provider's use of reasonable engagement strategies; <b>or</b></li> <li>• is obtaining a similar benefit through other services and resources and thus no longer requires YPST.</li> </ul>

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<p><b>Crisis Intervention (CI)</b></p>	<p>Mobile services, provided by a multidisciplinary team, in the event of a behavioral health crisis to achieve the following goals:</p> <ul style="list-style-type: none"> <li>engagement;</li> <li>symptom reduction;</li> <li>stabilization;</li> <li>functional restoration; and</li> <li>prevention of future crises.</li> </ul> <p>CI teams must have the capacity to respond within one hour of a call, 24/7.</p> <p>Service components include:</p> <ol style="list-style-type: none"> <li>assessment of risk and mental status</li> <li>Development of crisis plan</li> <li>Consultation with licensed practitioner</li> <li>Crisis follow-up</li> <li>Care coordination</li> <li>Crisis resolution</li> <li>Collateral contacts</li> <li>Peer/family support</li> </ol>	<p>A CI team must include at least two members:</p> <p><u>Member 1:</u> Licensed behavioral health professional, allowed to provide service components 1-7, including:</p> <ul style="list-style-type: none"> <li>Psychiatrist;</li> <li>Physician;</li> <li>Psychologist;</li> <li>NP-LBHP; or</li> <li>Nurse practitioner with experience treating BH or substance abuse disorders.</li> </ul> <p><u>Member 2:</u> Same as Member 1, <b>or</b>:</p> <ul style="list-style-type: none"> <li>Credentialed Alcoholism and Substance Abuse Counselor (CASAC);</li> <li>Certified Rehabilitation Counselor;</li> <li>Registered Professional Nurse;</li> <li>OMH-established Family Peer Advocate (FPA) (services 6-8); or</li> <li>OASAS-established Certified Recovery Peer Advocate-Family (CRPA-F).</li> </ul> <p>Peer support specialists may not respond alone. Teams must be supervised by an individual with at least the qualifications of a NP-LBHP with at least 2-3 years of work experience.</p>	<p>For all members of the CI team:</p> <ul style="list-style-type: none"> <li>First Aid;</li> <li>Narcan training;</li> <li>CPR;</li> <li>Crisis De-escalation;</li> <li>Resolution and Debriefing;</li> <li>Suicide Prevention;</li> <li>Crisis Plan Development;</li> <li>Mandated Reporter.</li> </ul>	<p><u>Modality:</u></p> <ul style="list-style-type: none"> <li>Individual face-to-face intervention with child/youth and caregiver or collaterals.</li> <li>Crisis follow-up can be conducted in person or by phone.</li> </ul> <p><u>Setting:</u></p> <ul style="list-style-type: none"> <li>Home</li> <li>Community locations where the individual attends school, works, socializes, and/or engages in services.</li> </ul>	<p>A crisis episode with follow-up has a defined 72-hour timeframe. After 72 hours without resolution, either a new CI episode will begin, or the case should be transferred to a longer-term service. Following the episode, warm handoff for follow-up services with a developed treatment plan should be documented.</p> <p>The following services, among others, are excluded from CI:</p> <ul style="list-style-type: none"> <li>Services provided to individuals residing in institutions for mental diseases;</li> <li>Habilitation services such as supportive housing, employment services, and financial management;</li> <li>Assistance with activities of daily living (ADLs); or</li> <li>Procedures and services performed in nonconventional setting (e.g. spas, therapeutic programs, and camps).</li> </ul>	<p>To receive CI services, the child/youth must meet <b>all</b> of the following criteria:</p> <ul style="list-style-type: none"> <li>experiences acute psychological/emotional change which leads to significant distress that cannot be resolved by collaterals or providers;</li> <li>requires intervention to be stabilized and evaluated; <b>and</b></li> <li>demonstrates at least one of the following: <ul style="list-style-type: none"> <li>suicidal/assaultive/ destructive ideas or threats that may endanger self or others;</li> <li>impairment in mood/thought/behavior that is disruptive to the home, school or community; <b>or</b></li> <li>behavior that escalates to the extent that a higher level of services is required.</li> </ul> </li> </ul>	<p>To be discharged from receiving CI services, the child/youth must meet any one of the following criteria:</p> <ul style="list-style-type: none"> <li>demonstrates symptom reduction, stabilization, restoration or pre-crisis functioning;</li> <li>meets criteria for another level of care that may be either less or more intensive; <b>or</b></li> <li>withdraws consent for services or has parent/caregivers withdraw consent.</li> </ul>

## UTILIZATION GUIDELINES

For all services except crisis intervention services, prior authorization is not required but concurrent authorization is required. By the patient's fourth visit, the Medicaid Managed Care Plan (MMCP) must review the patient's treatment plan, inclusive of the provider assessment, to evaluate medical necessity before further services can be provided. If it is determined that the patient meets the medical necessity criteria to continue to receive services, the subsequent authorization period must include at least 30 service visits, which should not include the following visit types:

- Fee-for-service visits;
- Visits from another MMCP;
- Psychiatric assessment; or
- Medication management visits.

The MMCP should review services at reasonable intervals that are consistent with the patient's treatment plan and/or Health Home plan of care. Prior and concurrent review activities must not violate parity law. Multiple services provided on the same day count as a single visit.

Crisis intervention services do not require prior or concurrent authorization.