

## Children's Mental Health Rehabilitation Services Programs

### OVERVIEW

On February 20<sup>th</sup>, the New York State Office of Mental Health (OMH) re-released a proposed rule establishing standards for providers seeking to offer the new single set of Children and Family Treatment and Support Services (CFTSS). Such providers will require OMH licensure under a new category, that of Children's Mental Health Rehabilitation Services (CMHRS) program.

This proposed regulation outlines the requirements for existing children's mental health providers or other interested service providers to become a licensed CMHRS program and establishes standard expectations and oversight parameters for all CMHRS program providers. The additional certification standards outlined in the proposed rule are applicable to all OMH service providers who wish to be designated, or who have been designated, to offer Early and Periodic Screening, Diagnosis and Treatment (EPSDT) behavioral health services.

The proposed rule is available [here](#). A brief summary of the regulation and the CMHRS program is provided below. Public comments on the proposed rule may be submitted to [kelly.grace@omh.ny.gov](mailto:kelly.grace@omh.ny.gov) until April 21<sup>st</sup>.

### BACKGROUND AND INTENT

The new CFTSS service package is part of the Children's Medicaid System Transformation, which is an initiative to redesign the health care and social services available to children enrolled in Medicaid. The other major objectives of the Transformation include:

- Implementing Health Home Care Management for children;
- Integrating and aligning of the multiple existing 1915(c) Home and Community-Based Services (HCBS) waivers into a single Children's HCBS package;
- Expanding HCBS eligibility for children;
- Carving into managed care various previously-excluded children's services; and
- Transitioning children in the care of Voluntary Foster Care Agencies (VFCA) to managed care.

Implementation of the Transformation began January 1, 2019, when the first three CFTSS became available for eligible children. OMH developed the CMHRS program model as a vehicle for delivering the new CFTSS and has the following goals for the program:

- To assist children who have significant mental health and behavioral challenges (and their families) to function successfully within their homes and community; and
- To ameliorate mental health symptoms and prevent the progression of mental health conditions by providing a coordinated array of clinical treatment, rehabilitative, and support services.

CMHRS programs should deliver services primarily in nontraditional settings, such as the child's home or community locations, in order to provide a flexible approach to service provision that facilitates engagement and/or therapeutic benefit.

CMHRS programs may offer services individually or as a comprehensive, coordinated array. CMHRS programs must establish protocols and procedures for the integration of service provision for children, whether all services are provided directly or through a formal agreement with a designated provider.

## SERVICE CATEGORIES AND REQUIREMENTS

CMHRS programs will be responsible for the provision and coordination of five of the six new CFTSS:

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

CMHRS programs must provide OLP and CPST directly to participants. PSR, FPSS, and YPST may be provided directly by the CMHRS program or through an agreement with a designated provider. All services must be delivered in accordance with the [Medicaid State Plan CFTSS Provider Manual for Children's Behavioral Health EPSDT Services](#) and any additional guidance issued by OMH.

## CERTIFICATION

Providers interested in operating a CMHRS program must obtain an initial operating certificate from OMH. If a program is operating from multiple sites, each site will require a discrete operating certificate. Operating certificates will specify:

- The CMHRS to be provided;
- The location of the program's site;
- The hours of operation of the program;
- The program's capacity; and
- The term of the operating certificate.

Renewals of operating certificates will be issued for terms of up to three years. However, designated providers of FPSS, YPST, and PSR who are not providing OLP and CPST do not require licensure under this regulation.

## PROGRAM OPERATIONS

### Admission

To be eligible for admission to a CMHRS program, individuals must meet medical necessity criteria as outlined in the provider manual above and must:

- Be under the age of 21 years old;
- Be exhibiting symptoms of mental illness or have a mental health diagnosis consistent or corresponding with the current addition of the DSM; and
- Be recommended for admission by a licensed practitioner of the healing arts (LPHA).

LPHAs include licensed professionals operating under their scope of practice in the following categories: creative arts therapists (LCATs), marriage and family therapists (LMFTs), mental health counselors (LMHCs), nurse practitioners (NPs), psychiatric NPs, physicians, physician assistants,

psychiatrists, psychoanalysts, psychologists, registered professional nurses, and master or clinical social workers (LMSWs and LCSWs).

CMHRS programs may not exclude a child because of a history of incarceration or substance abuse. In addition, a provider may not deny services to an otherwise appropriate child solely on the basis of multiple diagnoses or a diagnosis of HIV infection, AIDS, or AIDS-related complex.

## Staffing

CMHRS programs must continuously have an adequate number and appropriate mix of staff to carry out the objectives of the program and to meet the needs of the population served. Programs must provide regular supervision that addresses the quality of care provided and ongoing staff development. The staffing plan should be developed in accordance with the required qualifications outlined in the provider manual addressed above.

## TREATMENT PLANNING

Treatment planning should be an ongoing assessment process. The treatment plan must include identification and documentation of the following:

- The child's mental health diagnosis or symptoms of a mental illness exhibited by the child, or a notation that the diagnosis may be found in a specific assessment document in the child's case record;
- The child's needs and strengths;
- The child's treatment goals and objectives and the specific services, service components, or activities necessary to accomplish those goals and objectives, as well as their projected frequency and duration;
- The name and title of the staff providing the specific services; and
- Criteria for determining when the child should be discharged from the services.

Treatment plans should also include the projected schedule for service delivery and the projected frequency and duration of each type of session. Treatment plans must be completed no later than 30 days after admission and must be signed by a licensed practitioner. Treatment plans should be reviewed and updated as necessary based on the child's progress, changes in circumstances, the effectiveness of services, or other appropriate considerations. CMHRS programs also must maintain a case record for each child admitted to the program.

## ORGANIZATION AND ADMINISTRATION

CMHRS programs must identify a governing body that meets at least four times per year who will have overall responsibility for the operation of the program. The governing body may delegate responsibility for the day-to-day management of the program to appropriate agency staff as necessary. For non-government operated programs, an annual financial audit must be performed by a certified public accountant.

Programs should also ensure the following:

- Meaningful participation of child and family representatives in the organization, either through direct participation on the governing body or through the creation of an individual advisory board;

- Written policies and procedures to handle a broad range of program operational issues, including risk assessments, engagement and retention of children, a grievances process, and background checks for staff and contractors; and
- An organized quality assurance program, with a written plan and procedures for internal monitoring of program performance.