

CFTSS: Family Peer Support Services (FPSS)

Understanding Service,
Service Authorization and Medical Necessity

March 2019

Introduction

The information and dates in this presentation are accurate as of the date of this presentation or delivery of content



Agenda

- **Overview of FPSS**
 - **Example of FPSS**
- **Pathways to Care**
- **Service Authorization**
- **Medical Necessity for FPSS**

Background on Family Peer Support Services

- One of the Children and Families Treatment and Support Services (CFTSS)
- Going live July 1, 2019
- Included in CFTSS Manual:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf

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.

What Are Family Peer Support Services?

- Activities and support provided to families* caring for a child with social, emotional, medical, developmental, substance use, and/or behavioral challenges
- Provided by an individual with lived experience

*The term “family” is defined as the primary caregiving unit and is inclusive of the wide diversity of primary caregiving units. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Components of FPSS

Engagement, Bridging
and Transition Support

Self-Advocacy, Self-
Efficacy and
Empowerment

Parent Skill
Development

Community
Connections and
Natural Support

Engagement, Bridging and Transition Support

For example:

- Support a productive parent-provider partnership
- Assist families to express their strengths, needs and goals
- Accompany the family when visiting programs
- Address concrete or subjective barriers that may prevent full participation in services
- Support families during transition (e.g. placements, in crisis, between services, etc.)

Self-Advocacy, Self-Efficacy, and Empowerment

For example:

- Empower families to partner in all planning and decision-making
- Model strengths-based interactions by accentuating the positive
- Prepare families for meetings and accompany them when needed
- Provide opportunities for families to connect to and support one another
- Empower families to make informed decisions
- Share information about resources, services
- Help the family consider and express their needs and preferences of the family
- Help families understand eligibility rules and the assessment process
- Help the family match services to their child's strengths and needs

Parent Skill Development

For example:

- Help learn and practice strategies to support their child's positive behavior and health
- Assist parents to implement strategies recommended by clinicians
- Provide emotional support to reduce isolation, feelings of stigma, blame and hopelessness
- Provide individual and/or group parent skill development related to their child's needs
- Support the parent in their role as their child's educational advocate by providing: information, modeling, coaching

Community Connections and Natural Support

For example:

- Help the family to reconnect to natural supports already present in their lives
- Utilize families' knowledge of their community to develop new supportive relationships
- Help the family get involved in leisure activities in their community
- In partnership with community leaders, encourage interested families to become more involved in faith or cultural organizations
- Conduct groups with families to create opportunities for ongoing natural support
- Work collaboratively with schools to promote family engagement

What Does FPSS Offer Children and Families?

- Increased engagement as the individuals providing the service have “been there” and can apply what they have learned from their experiences
- Increased social supports through connecting families with other families who are having similar experiences
- Increased access to community resources and problem-solving methods for navigating child’s care
- Promotes family-driven practice by helping parents/families be informed and active participants in child’s care planning.
- Promotes continuity across services through understanding all the different components the child and family are engaged in
- Opportunity for greater cultural sensitivity

Credential/Certification for FPSS

Family Peer Support can be delivered by individuals with lived experience who have completed necessary requirements as a:

- Credentialed Family Peer Advocate: Contact Families Together of NYS (www.FTNYS.org) or CTAC (www.ctacny.org) for detailed training requirements.

OR

- Certified Recovery Peer Advocate with a Family Specialty: For more information on the CRPA-F: www.asapnys.org/ny-certification-board/

FPSS Example

Bryan, and his parents Mark and Roger and grandmother Dot are recommended to Family Peer Support Services. They meet with a Family Peer Advocate to discuss and better understand the new services that are and will be available to Bryan as a result of the Children's System Transformation.

Bryan and his family also attend a small group lead by the Credentialed Family Peer Advocate with a few other children and their families where they can learn from each other's experiences and offer support.

During the small group sessions the families discuss resources and assist each other in connecting with others and becoming involved in their communities.

Pathways to Care

Timeline: Between April 1 and July 1, 2019

- Medicaid reimbursable **Fee for Service** FPSS will be available to any HCBS waiver enrolled child who needs FPSS
- This is intended to ensure continuity of care
- Only to children who are enrolled in HCBS, if a child is not enrolled in HCBS they will not be able to receive FPSS during this time
- **This means when FPSS goes live as CFTSS in Managed Care (July 1st) some children may already have been receiving this service**
- **The rest of this presentation discusses how FPSS works as of July 1, 2019**

FPSS Goes Live

- As of July 1, 2019: FPSS will be 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 FPSS
- FPSS is billed to Managed Care

Pathways to Care

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

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.
 - **If a member reaches out to a MMCP indicating they were “referred” for services but without a connection/linkage to a provider, the member must be referred to a qualified provider to obtain a recommendation for services.**

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

Pathways to Care

FPSS: a child must have a documented 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.

The documented diagnosis can be behavioral health or physical health. More information under Medical Necessity Criteria.

Service Authorization



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

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 is 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 by providing a single case agreement.

Authorization Summary

The first 3 service visits with FPSS 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 can not 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>

Consult your organization's policy regarding the state concurrent review template.

Medical Necessity for FPSS

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 Medically Necessary:

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).

FPSS Admission Criteria

Criteria 1 OR 2, AND 3 AND 4 AND 5 must be met:

1. The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM OR
2. The child/youth displays demonstrated evidence of skill(s) lost or undeveloped as a result of the impact of their physical health diagnosis; AND
3. The child/youth is likely to benefit from and respond to the service to prevent the onset or the worsening of symptoms; AND

FPSS Admission Criteria Continued

Criteria 1 OR 2, AND 3 AND 4 AND 5 must be met:

4. The child/youth's family is available, receptive to and demonstrates need for improvement in the following areas such as but not limited to:
 - a) strengthening the family unit
 - b) building skills within the family for the benefit of the child
 - c) promoting empowerment within the family
 - d) strengthening overall supports in the child's environment; AND
5. The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License: Licensed Master Social Worker, Licensed Clinical Social Worker, Licensed Mental Health Counselor, Licensed Creative Arts Therapist, Licensed Marriage and Family Therapist, Licensed Psychoanalyst, Licensed Psychologist, Physicians Assistant, Psychiatrist, Physician, Registered Professional Nurse, or Nurse Practitioner

FPSS Continued Stay Criteria

All criteria must be met:

1. The child/youth continues to meet admission criteria; AND
2. The child/youth is making progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the Child/youth meeting services goals; AND
3. Family/caregiver(s) participation in treatment is adequate to meaningfully contribute to the child/youth's progress in achieving service goals; AND
4. Additional psychoeducation or training to assist the family/caregiver understanding the child's progress and treatment or to care for the child would contribute to the child/youth's progress; AND

FPSS Continued Stay Criteria Continued

All criteria must be met:

5. The child/youth does not require an alternative and/or higher, more intensive level of care or treatment; AND
6. The child/youth is at risk of losing skills gained if the service is not continue; AND
7. Treatment planning includes family/caregiver(s) and/or other support systems, unless not clinically indicated or relevant.

FPSS Discharge Criteria

Any one of criteria 1-6 must be met:

1. The child/youth and/or family no longer meets admission criteria OR
2. The child/youth has successfully met the specific goals outlined in the treatment plan for discharge; OR
3. The family withdraws consent for services; OR
4. The child/youth and/or family is not making progress on established service goals, nor is there expectation of any progress with continued provision of services; OR
5. The child/youth and/or family is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies; OR
6. The family/caregiver(s) no longer needs this service as they are obtaining a similar benefit through other services and resources.

Resources and Links

- The [Child and Family Treatment Support Service Manual](#) includes additional information in regards to all 6 of the CFTSS services
 - [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
 - More information about obtaining credentials to provide Family Peer Support Services:
 - Credentialed Family Peer Advocate: Contact Families Together of NYS (www.FTNYS.org) or CTAC (www.ctacny.org) for detailed training requirements.
- OR
- Certified Recovery Peer Advocate with a Family Specialty: For more information on the CRPA-F: www.asapnys.org/ny-certification-board/

Questions



Appendix

Limits and Exclusions

- 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.
- 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. 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.

Limitations and Exclusions Continued

- A child with a developmental disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative service.
- The following activities are not reimbursable for Medicaid family 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);
 - Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.

Limitations and Exclusions Continued

- The following activities are not reimbursable for Medicaid family support programs:
 - Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
 - Respite care.
 - Transportation for the beneficiary 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 treatment 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.