



## **Concurrent Admission to an Office of Mental Health Licensed Clinic and Children and Family Treatment and Support Services**

### **Background**

New York State has implemented three new State Plan services, called Children and Family Treatment and Support Services (CFTSS) available to Medicaid children and youth under 21 years of age. These new services include:

#### Treatment Services -

- Other Licensed Practitioner (OLP) – provides individual, group, and family therapy in the home or in the community.

#### Rehabilitative Services -

- Community Psychiatric Supports and Treatment (CPST) - maintains child in the home and community, by helping to improve communication and interactions with family, friends and others.
- Psychosocial Rehabilitation (PSR) – helps youth acquire or relearn skills to help support them in the home, school and community.

The intent of these services is to expand community-based service options for children and youth with behavioral health needs, address the needs of children at the point of identification, and enable the services to be provided in the home or community to better serve children and their families. The services can be provided individually or in a coordinated, comprehensive manner, depending upon the unique needs of the child/youth and family.

### **Purpose**

The purpose of this document is to provide guidance on the use of the new CFTS services for all Office of Mental Health (OMH) Licensed Clinics and State-designated CFTSS providers authorized to serve the general mental health population. This document addresses the access to and provision of CFTSS for children admitted to an OMH licensed clinic, including clarification on the ability to provide OLP services without duplication of service. Since CFTS services provide the opportunity to offer treatment oriented services to a child and family in their home and community, this document outlines how these services may be used for children already in receipt of treatment services in a clinic setting.

### **Treatment Services**

The service referred to as OLP enables NYS designated providers who employ any of the allowable five Non-Physician Licensed Behavioral Health Practitioner (NP-LBHP) types to provide treatment services to children who meet the medical necessity criteria. The allowable NP-LBHPs include:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Master Social worker under the supervision of an LCSW, licensed psychologist, or psychiatrist

- Licensed Marriage and Family Counselor (LMFT)
- Licensed Mental Health Counselor (LMHC)

The OLP services, which include assessment, treatment planning, psychotherapy and crisis activities, are intended to help prevent the progression of behavioral health needs through early identification and intervention. They may be provided to children/youth in need of assessment for whom behavioral health conditions have not yet been diagnosed or to provide treatment for children/youth with an existing diagnosis for whom flexible community based treatment is needed. In addition, an OLP assessment of needs may result in the recommendation of additional medically necessary services, such as the other rehabilitative services, CPST and PSR.

The delivery of OLP services by NP-LBHP's are intended to be provided in natural settings, such as the home and community, and expand the range of treatment options for families/caregivers by allowing greater flexibility and choice based on the individualized needs of the child or youth. It also allows for more effective engagement of those children, youth and families/caregivers who may have difficulty engaging in traditional clinic based settings. Therefore, it may be appropriate for a child and family unable to engage with or participate in clinic based therapy, to be referred to a designated OLP provider for treatment. In these cases, wherever possible, the clinic may continue to provide ongoing medication management and access to a psychiatrist, even though not providing direct therapy in the clinic setting. It is expected in these instances, the treatment provided by NP-LBHP will be highly coordinated with the prescriber in the clinic.

In circumstances in which the child is admitted to a clinic and receives treatment from a therapist, there may be occasion for the child and family to also be served by a NP-LBHP providing OLP services. When a clinical need is identified that is distinctly different and not duplicative to those needs being addressed through the clinic, it may be determined medically necessary for both services to be provided concurrently. While the services available under OLP can be provided by a clinic, including off-site treatment services and crisis intervention, it may be determined that the child and family is more likely to benefit from and/or prefers to participate in OLP services outside of the walls of the clinic in the home or community. However, OLP services are not intended to replace clinic services. If the child and family can participate and benefit from services provided through clinic, referral to OLP services would not be necessary.

For example, there may be cases in which the clinic based therapist is providing individual therapy to the child, and identifies the need for family therapy. If, based on the needs and preferences of the family/caregivers, the therapist determines it necessary and beneficial for the family therapy to be provided in the home and/or community through OLP, this would be appropriate and allowable. In this case, both the clinic therapist and in home OLP provider would have separate treatment plans addressing different goals and objectives in therapy, thus substantiating distinct clinical needs and interventions for each service. In accordance with best practice, the clinic therapist and OLP provider are expected to collaborate, with consent from the child and family, to assure alignment in their treatment interventions.

It may also be appropriate for a child who is receiving clinic-based therapy to address needs and symptoms associated with their mental health diagnosis to, at the same time, receive a variety of CFTS services, including OLP, which are intended to wrap services around a child and family with varied, complex needs. In this case, it may be that the OLP is directing and guiding a comprehensive

and coordinated treatment plan which includes a number of rehabilitative services, such as CPST and PSR. Similar to the above, both the clinic therapist and OLP led multi-disciplinary team would have a separate treatment plan addressing different goals and objectives for treatment, and are expected to collaborate, based on consent from the child and family, to assure alignment in their treatment interventions.

Most notably in any scenario in which a child or youth may be concurrently admitted to both clinic and OLP, it must be clinically indicated; each provider of service must have their own treatment plan; separate goals and objectives to be addressed in therapy; the services must not be duplicative; and, with required consent, the licensed practitioners would coordinate the care.

## **Rehabilitative Services**

The new rehabilitative services, which include CPST and PSR, provide interventions and supports which help children and their families acquire or relearn the skills and tools needed to improve their behavioral health and well-being. CPST can be used to assist children/youth in achieving stability and functional enhancement in daily living, personal recovery and/or resilience. In addition, CPST helps to support children and their families/caregivers to improve family and interpersonal relationships, and to attain greater school and community integration. PSR services help to address functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs. PSR activities are practical and task oriented, intended to achieve the identified goals or objectives as set forth in the child/youth's individualized treatment plan.

Each of these services can be provided individually to address specific and discrete needs of the child, or can be offered in tandem with other clinical or rehabilitative services. In many cases, a treating therapist may identify the need for additional services and supports to augment and/or complement the treatment intervention. By recommending and/or including rehabilitative services on a treatment plan, the plan serves as the mechanism to develop a comprehensive rehabilitative service package and to support a child and family whose needs may be complex and/or require flexible non-traditional approaches.

These rehabilitative services can be recommended by a clinic therapist, or an OLP provider, to either address the needs of a child and family in their home, such as CPST for Intensive In-Home services; or for the use of PSR, which can support the therapist by providing the more targeted skill building activities needed for the child/youth to further objectives in the treatment plan related to functioning within the community. In these cases, the work of the CPST or PSR provider can be guided by and supplemental to the treatment being conducted by the clinic or OLP therapist, with the intent of taking a multidisciplinary approach to achieving better outcomes for the child and their family.

## **Conclusion**

The use and application of CFTS services will vary based on the unique and individualized needs of the child/youth and their family/caregiver. The determination of need for services may differ depending upon the child's age, developmental stage, needs of the family/caregiver, whether the child has an identified behavioral health need, and/or the degree of the child's complex clinical needs. The intent of this new array of service options is to assist treatment providers in better supporting children and their families based on where they are and as their needs change, by providing the right services, at the right times, in the right amounts.