



**CHILDREN’S UTILIZATION MANAGEMENT GUIDELINES (Medical Necessity Criteria)**

**THE SIX NEW CHILDREN’S SPECIALTY STATE PLAN AMENDMENT (SPA) SERVICES- Updated May 2018**

**Guidelines for Medical Necessity Criteria**

**Other Licensed Practitioner (OLP):** OLP service is delivered by a Non-physician licensed behavioral health practitioner (NP-LBHP) who is licensed in the state of New York operating within the scope of practice defined in State law and in any setting permissible under State practice law. OLP does not require a DSM diagnosis in order for the service to be delivered. NP-LBHPs include individuals licensed and able to practice independently as a:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist; or
- Licensed Mental Health Counselor

An NP-LBHP also includes the following individuals who are licensed under supervision or direction of a licensed Clinical Social Worker (LCSW), a Licensed Psychologist, or a Psychiatrist:

- Licensed Master Social Worker (LMSW)

In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by state law and regulations. Any practitioner above must operate within a child serving agency that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, in settings permissible by that designation.

**Please refer to the “Children’s Health and Behavioral Health Services Transformation-Medicaid State Plan Provider Manual for Children’s BH Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services” for additional information regarding this service. This service is available for children from birth to 21 years of age.**

Guidelines for Medical Necessity Criteria		
Admission to OLP	Continued Stay	Discharge
<p><b>Criteria 1 or 2 must be met:</b></p> <p>The child/youth is being assessed by the NP-LBHP to determine the need for treatment. The NP-LBHP develops a treatment plan for goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits that:</p> <ol style="list-style-type: none"> <li>1. Corrects or ameliorates conditions that are found through an EPSDT screening; OR</li> </ol>	<p><b>Criteria 1 OR 2 and 3, 4, 5, 6:</b></p> <ol style="list-style-type: none"> <li>1. The child/youth is making some progress but has not fully reached established service goals and there is expectation that if the child/youth continues to improve, then the service continues OR</li> <li>2. Continuation of the service is needed to prevent the loss of functional skills already achieved AND</li> <li>3. The child/youth continues to meet admission criteria AND</li> </ol>	<p><b>Any one of criteria 1-6 must be met:</b></p> <ol style="list-style-type: none"> <li>1. The child/youth no longer meets continued stay criteria OR</li> <li>2. The child/youth has successfully reached individual/family established service goals for discharge; OR</li> <li>3. The child/youth or parent/caregiver(s) withdraws consent for services; OR</li> </ol>

<p>2. Addresses the prevention, diagnosis, and/or treatment of health impairments; the ability to achieve age-appropriate growth and development, and the ability to attain, maintain, or regain functional capacity.</p>	<p>4. The child/youth and/or family/caregiver(s) continue to be engaged in services AND</p> <p>5. An alternative service(s) would not meet the child/youth needs AND</p> <p>6. The treatment plan has been appropriately updated to establish or modify ongoing goals.</p>	<p>4. The child/youth is not making progress on established service goals, nor is there expectation of any progress with continued provision of services; OR</p> <p>5. The child/youth is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies;OR</p> <p>6. The child/youth and/or family/caregiver(s) no longer needs OLP as he/she is obtaining a similar benefit through other services and resources.</p>
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**OLP Limits/Exclusions**

**Limits/Exclusions:**

- Group limit refers to number of child/youth participants, regardless of payor. Groups should not exceed 8 children/youth. Ratio of clinician to participants should be 1:4.
- Consideration may be given to smaller limit of members if participants are younger than 8 years of age. Consideration should be given to group size when collaterals are included.
- Consideration for group limits, or, the inclusion of an additional group clinician/facilitator, should be based on, but not limited to: the purpose/nature of the group, the clinical characteristics of the participants, age of participants, developmental level and severity of needs of the participants, inclusion of collaterals in group; as well as the experience and skill of the group clinician/facilitator
- Inpatient hospital facilities are allowed for licensed professional other than social workers if a Preadmission Screening and Resident Review (PASRR) indicate it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visist and may not be billed separately.
- Visits to Intermediate Care Facilities for individuals with Mental Retardation (ICF-MR) are not covered.
- All NP-LBHP services provided while the person is a resident of an institution for Mental Disease, such a free standing psychiatric hospital or psychiatric residential treatment facility, are part of the institutional service and not otherwise reimbursable by Medicaid.
- If a child requires medically necessary services that are best delivered in the school setting by a community provider the service needs to be detailed on the treatment plan.
- If a child needs assistance in the schools (educationally necessary) and a school employee will be providing the service, the service must be on the child’s Individualized Education Plan (IEP)(504 plan services are not reimbursable by Medicaid).
- Evidence based practices (EBP) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State. Treatment services must be a part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

**Crisis Intervention:** Crisis Intervention (CI) Services are provided to children/youth who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it. A child/youth in crisis may be referred by a family member or other collateral contact who has knowledge of the child/youth’s capabilities and functioning.

The goals of CI are engagement, symptom reduction, stabilization, and restoring individuals to a previous level of functioning or developing the coping mechanisms to minimize or prevent the crisis in the future.

Please refer to “Children’s Health and Behavioral Health Services Transformation-Medicaid State Plan Provider Manual for Children’s BH Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services” for additional information regarding this service. This service is available for children from birth to 21 years of age.

**Guidelines for Medical Necessity Criteria**

Admission to Crisis Intervention	Continued Stay	Discharge
<p><b>All criteria must be met:</b></p> <ul style="list-style-type: none"> <li>• The child/youth experiencing acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it; AND</li> <li>• The child/youth demonstrates at least one of the following:                             <ul style="list-style-type: none"> <li>○ Suicidal/assaultive/destructive ideas,threats, plans or actions that represent a risk to self or others; or</li> <li>○ Impairment in mood/thought/behavior disruptive to home,school, or the community or</li> <li>○ Behavior escalating to the extent that a higher intensity of services will likely be required; AND</li> </ul> </li> <li>• The intervention is necessary to further evaluate, resolve, and/or stabilize the; AND</li> <li>• The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License:                             <ul style="list-style-type: none"> <li>• Psychiatrist</li> <li>• Physician</li> <li>• Licensed Psychoanalyst</li> <li>• Registered Professional Nurse</li> <li>• Nurse Practitioner</li> <li>• Clinical Nurse Specialist</li> <li>• Licensed Clinical Social Worker</li> <li>• Licensed Marriage and Family Therapist</li> </ul> </li> </ul>	<p><b>N/A</b></p>	<p><b>Any one of criteria 1-or 2 must be met:</b></p> <ol style="list-style-type: none"> <li>1. The child/youth no longer meets admission criteria (demonstrates symptom reduction, stabilization, and restoration, or developing the coping mechanisms to pre-crisis levels of functioning) and/or meets criteria for another level of care, either more or less intensive; OR</li> <li>2. The child/youth or parent/caregiver(s) withdraws consent for services</li> </ol>

**Crisis Intervention:** Crisis Intervention (CI) Services are provided to children/youth who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it. A child/youth in crisis may be referred by a family member or other collateral contact who has knowledge of the child/youth’s capabilities and functioning.

The goals of CI are engagement, symptom reduction, stabilization, and restoring individuals to a previous level of functioning or developing the coping mechanisms to minimize or prevent the crisis in the future.

Please refer to “Children’s Health and Behavioral Health Services Transformation-Medicaid State Plan Provider Manual for Children’s BH Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services” for additional information regarding this service. This service is available for children from birth to 21 years of age.

<b>Guidelines for Medical Necessity Criteria</b>		
<b>Admission to Crisis Intervention</b>	<b>Continued Stay</b>	<b>Discharge</b>
<ul style="list-style-type: none"> <li>Licensed Mental Health Counselor or</li> <li>Licensed Psychologist</li> </ul>		

<b>Crisis Intervention Limits/Exclusions</b>
<p><b>Limits/Exclusions:</b></p> <ul style="list-style-type: none"> <li>Within the 72 hour time-frame of a crisis, de-escalation techniques are utilized in an attempt to calm the child; information is gathered from the child, family, and/or other collateral supports on what may have triggered the crisis; information is gathered on the child’s history; review of medications occurs, as appropriate, and a crisis plan is developed with the child/family. Warm handoff to providers of needed services should also be occurring following these expectations.</li> <li>The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.</li> <li>Services may not be primarily educational, vocational, 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 also do not include services, supplies or procedures performed in a nonconventional setting including: resorts, spas, therapeutic programs, and camps. Once the current crisis episode and follow up exceeds 72 hours, then it shall be considered a new crisis intervention episode or will be transferred to a longer term service for rehabilitation skill-building such as CPST. An episode is defined as starting with the initial face to face contact with the child.</li> <li>The child/youth’s chart must reflect resolution of the crisis which marks the end of the episode. Warm handoff to follow up services with a developed plan should follow.</li> </ul> <p>Substance Use should be recognized and addressed in an integrated fashion as it may add to the risk and increase the need for engagement in care. Crisis services cannot be denied based upon substance use. Crisis Team members should be trained on screening for substance use disorders.</p>

**Community Psychiatric Supports and Treatment (CPST):** CPST services are goal-directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child/youth’s treatment plan. This includes the implementation of interventions using evidenced-based techniques, drawn from cognitive-behavioral therapy and/or other evidenced-based psychotherapeutic interventions approved by New York State.

CPST includes the following components: Rehabilitative Psychoeducation, Intensive Interventions, Strengths Based Treatment Planning, Rehabilitative Supports, Crisis Avoidance, and Intermediate Term Crisis Management.

CPST is designed to provide community-based services to children and families who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the member lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes.

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<b>Guidelines for Medical Necessity</b>		
<b>Admission to Community Psychiatric Supports and Treatment</b>	<b>Continued Stay</b>	<b>Discharge</b>
<p><b>All criteria must be met:</b></p> <ol style="list-style-type: none"> <li>1. The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM OR the child/youth is at risk of development of a behavioral health diagnosis; AND</li> <li>2. The child/youth is expected to achieve skill restoration in one of the following areas:                             <ol style="list-style-type: none"> <li>a. participation in community activities and/or positive peer support networks</li> <li>b. personal relationships;</li> <li>c. personal safety and/or self-regulation</li> <li>d. independence/productivity;</li> <li>e. daily living skills</li> <li>f. symptom management</li> <li>g. coping strategies and effective functioning in the home, school, social or work environment; AND</li> </ol> </li> <li>3. The child/youth is likely to benefit from and respond to the service to prevent the onset or the worsening of symptoms, AND</li> </ol>	<p><b>All criteria must be met:</b></p> <ol style="list-style-type: none"> <li>1. The child/youth continues to meet admission criteria; AND</li> <li>2. The child/youth shows evidence of engagement toward resolution of symptoms but has not fully reached established service goals and there is expectation that if the service continues, the child/youth will continue to improve; AND</li> <li>3. The child/youth does not require an alternative and/or higher, more intensive level of care or treatment; AND</li> <li>4. The child/youth is at risk of losing skills gained if the service is not continued;AND</li> <li>5. Treatment planning includes family/caregiver(s) and/or other support systems, unless not clinically indicated or relevant</li> </ol>	<p><b>Any one of criteria 1 -6 must be met:</b></p> <ol style="list-style-type: none"> <li>1. The child/youth no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive; OR</li> <li>2. The child/youth has successfully met the specific goals outlined in the treatment plan for discharge; OR</li> <li>3. The child/youth or parent/caregiver(s) withdraws consent for services; OR</li> <li>4. The child/youth is not making progress on established service goals, nor is there expectation of any progress with continued provision of services; OR</li> <li>5. The child/youth is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies;OR</li> </ol>

**Community Psychiatric Supports and Treatment (CPST):** CPST services are goal-directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child/youth’s treatment plan. This includes the implementation of interventions using evidenced-based techniques, drawn from cognitive-behavioral therapy and/or other evidenced-based psychotherapeutic interventions approved by New York State.

CPST includes the following components: Rehabilitative Psychoeducation, Intensive Interventions, Strengths Based Treatment Planning, Rehabilitative Supports, Crisis Avoidance, and Intermediate Term Crisis Management.

CPST is designed to provide community-based services to children and families who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the member lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes.

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<b>Guidelines for Medical Necessity</b>		
<b>Admission to Community Psychiatric Supports and Treatment</b>	<b>Continued Stay</b>	<b>Discharge</b>
<p>4. The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License:</p> <ul style="list-style-type: none"> <li>• Licensed Master Social Worker</li> <li>• Licensed Clinical Social Worker</li> <li>• Licensed Mental Health Counselor</li> <li>• Licensed Creative Arts Therapist</li> <li>• Licensed Marriage and Family Therapist</li> <li>• Licensed Psychoanalyst</li> <li>• Licensed Psychologist</li> <li>• Physicians Assistant</li> <li>• Psychiatrist</li> <li>• Physician</li> <li>• Registered Professional Nurse or</li> <li>• Nurse Practitioner</li> </ul>		<p>6. The child/youth and/or family/caregiver(s) no longer needs this service as he/she is obtaining a similar benefit through other services and resources.</p>

**CPST Limits/Exclusions**

**Limits/Exclusions:**

- The provider agency will assess the child prior to developing a treatment plan for the child.
- 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.
- A child with a developmental disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative service.
- Group face-to-face may be delivered under Rehabilitative Supports and Rehabilitative Psychoeducation
- Group limit refers to number of child/youth participants, regardless of payor. Groups cannot exceed 8 children/youth. Ratio of facilitator to participants should be 1:4.
- Consideration should be given to smaller limit of members if participants are younger than 8 years of age. Consideration should be given to group size when collaterals are included.
- Consideration for group limits, or, the inclusion of an additional group clinician/facilitator, should be based on, but not limited to: the purpose/nature of the group, the clinical characteristics of the participants, age of participants, developmental level and severity of needs of the participants, inclusion of collaterals in group; as well as the experience and skill of the group clinician/facilitator
- Evidence-Based Practices (EBP) require prior approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State The Institute of Medicine (IOM) defines "evidence-based practice" as a combination of the following three factors: (1) best research evidence, (2) best clinical experience, and (3) consistent with patient values (IOM, 2001).<sup>1</sup> o Implemented interventions using evidence-based techniques may ameliorate targeted symptoms and/or recover the person’s capacity to cope with or prevent symptom manifestation.

**Psychosocial Rehabilitation (PSR):** Psychosocial Rehabilitation Services (PSR) are designed for children/youth and their families/caregivers to assist with implementing interventions outlined in the treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth’s behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth’s functional level as possible and as necessary for the integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional interventions. Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth’s individualized treatment plan. Please refer to “Children’s Health and Behavioral Health Services Transformation-Medicaid State Plan Provider Manual for Children’s BH Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services” for additional information regarding this service. This service is available for children from birth to 21 years of age.

**Guidelines for Medical Necessity**

Admission to Psychosocial Rehabilitation	Continued Stay	Discharge
<p><b>All criteria must be met:</b></p> <ol style="list-style-type: none"> <li>1. The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM; AND</li> </ol>	<p><b>All criteria must be met:</b></p> <ol style="list-style-type: none"> <li>1. The child/youth continues to meet admission criteria; AND</li> <li>2. The child/youth shows evidence of engagement toward resolution of symptoms but has not fully reached established service goals and there is</li> </ol>	<p><b>Any one of criteria 1-6 must be met:</b></p> <ol style="list-style-type: none"> <li>1. The child/youth no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive; OR</li> <li>2. The child/youth has successfully met the specific goals outlined in the treatment plan for discharge; OR</li> </ol>

**Psychosocial Rehabilitation (PSR):** Psychosocial Rehabilitation Services (PSR) are designed for children/youth and their families/caregivers to assist with implementing interventions outlined in the treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth’s behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth’s functional level as possible and as necessary for the integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional interventions. Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth’s individualized treatment plan. Please refer to “Children’s Health and Behavioral Health Services Transformation-Medicaid State Plan Provider Manual for Children’s BH Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services” for additional information regarding this service. This service is available for children from birth to 21 years of age.

<b>Guidelines for Medical Necessity</b>		
<b>Admission to Psychosocial Rehabilitation</b>	<b>Continued Stay</b>	<b>Discharge</b>
2. The child/youth is likely to benefit from and respond to the service to prevent the onset or the worsening of symptoms; AND  3. The service is needed to meet rehabilitative goals by restoring, rehabilitating, and/or supporting a child/youth’s functional level to facilitate integration of the child/youth as participant of their community and family AND  4. The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License: <ul style="list-style-type: none"> <li>• Licensed Master Social Worker</li> <li>• Licensed Clinical Social Worker</li> <li>• Licensed Mental Health Counselor</li> <li>• Licensed Creative Arts Therapist</li> <li>• Licensed Marriage and Family Therapist</li> <li>• Licensed Psychoanalyst</li> <li>• Licensed Psychologist</li> <li>• Physicians Assistant</li> <li>• Psychiatrist</li> <li>• Physician</li> <li>• Registered Professional Nurse or</li> <li>• Nurse Practitioner</li> </ul>	expectation that if the service continues, the child/youth will continue to improve; AND  3. The child/youth does not require an alternative and/or higher, more intensive level of care or treatment; AND  4. The child/youth is at risk of losing skills gained if the service is not continued; AND  5. Treatment planning includes family/caregiver(s) and/or other support systems, unless not clinically indicated or relevant.	3. The child/youth or parent/caregiver(s) withdraws consent for services; OR  4. The child/youth 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 is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies;OR  6. The child/youth and/or family/caregiver(s) no longer needs this service as he/she is obtaining a similar benefit through other services and resources.

**PSR Limits/Exclusions**

**Limits/Exclusions:**

- The provider agency will assess the child prior to developing a treatment plan for the child. A licensed CPST practitioner or OLP must develop the treatment plan, with the PSR worker implementing the intervention identified on the treatment plan.
- A child with a developmental disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative service.
- Group limit refers to number of child/youth participants, regardless of payor. Groups cannot exceed 8 children/youth. Ratio of facilitator to participants should be 1:4.
- Consideration for group limits, or, the inclusion of an additional group clinician/facilitator, should be based on, but not limited to: the purpose/nature of the group, the clinical characteristics of the participants, age of participants, developmental level and severity of needs of the participants, inclusion of collaterals in group; as well as the experience and skill of the group clinician/facilitator
- Treatment services must be a part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

**Family Peer Support Services (FPSS):** Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child/youth.

The service is needed to allow the child the best opportunity to remain in the community. Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth’s treatment plan.

This service is needed to achieve specific outcome(s), such as: 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

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<b>Guidelines for Medical Necessity</b>		
<b>Admission to Family Peer Support Services</b>	<b>Continued Stay</b>	<b>Discharge</b>
<p><b>Criteria 1 OR 2, AND 3 AND 4 AND 5 must be met:</b></p> <ol style="list-style-type: none"> <li>1. The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM OR</li> <li>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</li> <li>3. The child/youth is likely to benefit from and respond to the service to prevent the onset or the worsening of symptoms; AND</li> <li>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:                             <ol style="list-style-type: none"> <li>a. strengthening the family unit</li> </ol> </li> </ol>	<p><b>All criteria must be met:</b></p> <ol style="list-style-type: none"> <li>1. The child/youth continues to meet admission criteria; AND</li> <li>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</li> <li>3. Family/caregiver(s) participation in treatment is adequate to meaningfully contribute to the child/youth’s progress in achieving servicegoals; AND</li> <li>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</li> <li>5. The child/youth does not require an alternative and/or higher, more intensive level of care or treatment; AND</li> </ol>	<p><b>Any one of criteria 1-6 must be met:</b></p> <ol style="list-style-type: none"> <li>1. The child/youth and/or family no longer meets admission criteria OR</li> <li>2. The child/youth has successfully met the specific goals outlined in the treatment plan for discharge; OR</li> <li>3. The family withdraws consent for services; OR</li> <li>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</li> <li>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</li> </ol>

**Family Peer Support Services (FPSS):** Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child/youth.

The service is needed to allow the child the best opportunity to remain in the community. Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth’s treatment plan.

This service is needed to achieve specific outcome(s), such as: 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

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<b>Guidelines for Medical Necessity</b>		
<b>Admission to Family Peer Support Services</b>	<b>Continued Stay</b>	<b>Discharge</b>
<ul style="list-style-type: none"> <li>b. building skills within the family for the benefit of the child</li> <li>c. promoting empowerment within the family</li> <li>d. strengthening overall supports in the child’s environment; AND</li> </ul> <p>5. The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License:</p> <ul style="list-style-type: none"> <li>• Licensed Master Social Worker</li> <li>• Licensed Clinical Social Worker</li> <li>• Licensed Mental Health Counselor</li> <li>• Licensed Creative Arts Therapist</li> <li>• Licensed Marriage and Family Therapist</li> <li>• Licensed Psychoanalyst</li> <li>• Licensed Psychologist</li> </ul>	<ul style="list-style-type: none"> <li>6. The child/youth is at risk of losing skills gained if the service is not continue; AND</li> <li>7. Treatment planning includes family/caregiver(s) and/or other support systems, unless not clinically indicated or relevant.</li> </ul>	<ul style="list-style-type: none"> <li>6. The family/caregiver(s) no longer needs this service as they are obtaining a similar benefit through other services and resources.</li> </ul>

**Family Peer Support Services (FPSS):** Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child/youth.

The service is needed to allow the child the best opportunity to remain in the community. Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth’s treatment plan.

This service is needed to achieve specific outcome(s), such as: 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

Please refer to “Children’s Health and Behavioral Health Services Transformation-Medicaid State Plan Provider Manual for Children’s BH Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services” for additional information regarding this service. This service is available for children from birth to 21 years of age.

<b>Guidelines for Medical Necessity</b>		
<b>Admission to Family Peer Support Services</b>	<b>Continued Stay</b>	<b>Discharge</b>
<ul style="list-style-type: none"> <li>• Physicians Assistant</li> <li>• Psychiatrist</li> <li>• Physician</li> <li>• Registered Professional Nurse or</li> <li>• Nurse Practitioner</li> </ul>		

**FPSS Limits/Exclusions**

**Limits/Exclusions:**

- The provider agency will assess the child prior to developing the treatment plan for the child.
- 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.
- A child with a developmental disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative service.
- A group cannot exceed more than 12 individuals in total.

**Medicaid family support programs will not reimburse for the following:**

- 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.
- 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.
- Any intervention or contact not documented or consistent with the approved treatment/recovery plan goals, objectives, and approved services will not be reimbursed.

**Youth Peer Support and Training (YPST):** Youth Peer Support and Training (YPST) services are formal and informal services and supports provided to youth, who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills.

Youth Peer Support and Training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth’s individualized treatment plan.

The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy skills, and to support their transition into adulthood.

Please refer to “Children’s Health and Behavioral Health Services Transformation-Medicaid State Plan Provider Manual for Children’s BH Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services” for additional information regarding this service. This service is available for children from birth to 21 years of age.

**Guidelines for Medical Necessity**

Admission to Youth Peer Support and Training	Continued Stay	Discharge
<p><b>Criteria 1 OR 2, AND 3, 4, 5, 6 must be met :</b></p> <ol style="list-style-type: none"> <li>1. The youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM; OR</li> <li>2. The youth displays demonstrated evidence of skill(s) lost or undeveloped as a result of the impact of their physical health diagnosis; AND</li> <li>3. The youth requires involvement of a Youth Peer Advocate to implement the intervention(s) outlined in the treatment plan, AND</li> <li>4. The youth demonstrates a need for improvement in the following areas such as but not limited to:                             <ol style="list-style-type: none"> <li>a) enhancing youth’s abilities to effectively manage comprehensive health needs</li> <li>b) maintaining recovery</li> <li>c) strengthening resiliency, self-advocacy</li> <li>d) self-efficacy and empowerment</li> <li>e) developing competence to utilize resources and supports in the community</li> <li>f) transition into adulthood or participate in treatment; AND</li> </ol> </li> </ol>	<p><b>All criteria must be met:</b></p> <ol style="list-style-type: none"> <li>1. The youth continues to meet admission criteria; AND</li> <li>2. The youth shows evidence of engagement toward resolution of symptoms but has not fully reached established service goals and there is expectation that if the service continues, the youth will continue to improve; AND</li> <li>3. The youth does not require an alternative and/or higher, more intensive level of care or treatment; AND</li> <li>4. The youth is at risk of losing skills gained if the service is not continued.; AND</li> <li>5. Treatment planning includes family/caregiver(s) and/or other support systems, unless not clinically indicated.</li> </ol>	<p><b>Any of criteria 1-6 must be met:</b></p> <ol style="list-style-type: none"> <li>1. The youth no longer meets admission criteria ; OR</li> <li>2. The youth has successfully met the specific goals outlined in the treatment plan for discharge; OR</li> <li>3. The youth or parent/caregiver withdraws consent for services; OR</li> <li>4. The youth is not making progress on established service goals, nor is there expectation of any progress with continued provision of services; OR</li> <li>5. The youth is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies;OR</li> <li>6. The youth no longer needs this service as they are obtaining a similar benefit through other services and resources.</li> </ol>

**Youth Peer Support and Training (YPST):** Youth Peer Support and Training (YPST) services are formal and informal services and supports provided to youth, who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills.

Youth Peer Support and Training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth’s individualized treatment plan.

The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy skills, and to support their transition into adulthood.

Please refer to “Children’s Health and Behavioral Health Services Transformation-Medicaid State Plan Provider Manual for Children’s BH Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services” for additional information regarding this service. This service is available for children from birth to 21 years of age.

<b>Guidelines for Medical Necessity</b>		
<b>Admission to Youth Peer Support and Training</b>	<b>Continued Stay</b>	<b>Discharge</b>
5. The youth is involved in the admission process and helps determine service goals; AND  6. The youth is available and receptive to receiving this service; AND  7. The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License: <ul style="list-style-type: none"> <li>• Licensed Master Social Worker</li> <li>• Licensed Clinical Social Worker</li> <li>• Licensed Mental Health Counselor</li> <li>• Licensed Creative Arts Therapist</li> <li>• Licensed Marriage and Family Therapist</li> <li>• Licensed Psychoanalyst</li> <li>• Licensed Psychologist</li> <li>• Physicians Assistant</li> <li>• Psychiatrist</li> <li>• Physician</li> <li>• Registered Professional Nurse or</li> <li>• Nurse Practitioner</li> </ul>		

**Youth Peer Support and Training (YPST):** Youth Peer Support and Training (YPST) services are formal and informal services and supports provided to youth, who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills.

Youth Peer Support and Training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth’s individualized treatment plan.

The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy skills, and to support their transition into adulthood.

Please refer to “Children’s Health and Behavioral Health Services Transformation-Medicaid State Plan Provider Manual for Children’s BH Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services” for additional information regarding this service. This service is available for children from birth to 21 years of age.

<b>Guidelines for Medical Necessity</b>		
<b>Admission to Youth Peer Support and Training</b>	<b>Continued Stay</b>	<b>Discharge</b>

**YPST Limits/Exclusions**

**Limits/Exclusions:**

- The provider agency will assess the child prior to developing the treatment plan for the child.
- 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.
- A youth with a developmental disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative service.
  - Group limit refers to number of child/youth participants, regardless of payor. Groups cannot exceed 8 children/youth. Ratio of facilitator to participants should be 1:4.
  - Consideration for group limits, or, the inclusion of an additional group clinician/facilitator, should be based on, but not limited to: the purpose/nature of the group, the clinical characteristics of the participants, age of participants, developmental level and severity of needs of the participants, inclusion of collaterals in group; as well as the experience and skill of the group clinician/facilitator.

Medicaid family support programs will not reimburse for the following:

- 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.
- 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.
- Any intervention or contact not documented or consistent with the approved treatment/recovery plan goals, objectives, and approved services will not be reimbursed.

**State Assurances**

The state assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a)(13) of the Act.

- Educational, vocational and job training services;
- Room and board
- Habilitation services
- Services to inmates in public institutions as defined in 42 CFR 435.1010;
- Services to individuals residing in institutions for mental disease as described in 42 CFR 435.1010
- Recreational and social activities
- Services that must be covered elsewhere in the state Medicaid plan