



## Children's Medicaid State Plan Behavioral Health & Health Provider Manual

### **A. Provider Competencies in Evidence Based Practice (EBP) Designation under Community Psychiatric Support and Treatment (CPST) service**

#### **Defining Evidence Based Practice**

Evidence Based Practice (EBP) is the use of systematic decision-making processes or provision of services which have been shown, through available scientific evidence, to consistently improve measurable outcomes for children and youth. EBP relies on data collected through experimental research and account for individual client characteristics and clinician expertise.

With the fields of behavioral health (i.e., mental health and substance use), child welfare and/or juvenile justice, an EBP is often discussed in terms of treatments or interventions which are effective. EBPs are interventions which have scientific findings to demonstrate their effectiveness or efficacy in improving client outcomes. EBP models are based on rigorous amount of research which have been statistically proven to be effective. Data sources used to make these evidence determinations include randomized experiments, which compare treatment with a control group or compare the intervention and treatment with another already established treatment; or single case design.

#### **New York State's Aim**

The intent of any designated EBP should be to target children and youth under 21 years of age, who are Medicaid eligible and have needs that can be met by the behavioral health, child welfare and/or juvenile justice systems. In addition, the child/youth must meet Community Psychiatric Support and Treatment (CPST) medical necessity criteria, be determined by a licensed professional to need CPST and meet the target criteria of a specific designated EBP under CPST. To be eligible for designation, an EBP must have a behavioral health outcome as one of its primary goals. Specifically, NYS's intent is to designate EBPs that aim to achieve one or more of the following

- Promote a child's social-emotional development
- Promote positive child and family self-efficacy (social skills, self-concept, interpersonal relations, interpersonal competence), building on strengths while addressing goals highlighted in the treatment plan
- Reduce the child's risk of experiencing undesirable behavioral health outcomes (e.g., depression, substance use, traumatic stress), and
- Address existing behavioral health challenges in a manner that reduces symptoms, improves functioning, and reduces need for other Medicaid services and higher levels of services/care interventions.

There are a variety of Evidence Based Practices (EBPs) that have been determined to be highly effective with children who have identified deficits, challenges that impede functioning or other circumstances that effect development socially, emotionally or behaviorally and who are at risk of developing significant challenges later in life. These EBPs have been proven to help support children and their families and help best address their developmental needs or maintain children in their home environments.



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NYS seeks to make the use of EBPs reimbursable through the Medicaid State Plan (i.e., Community Psychiatric Supports and Services or CPST for individuals under 21). This will further develop the capacity to provide behavioral health models of care for children, youth and families that have demonstrated effective outcomes and are based in scientific research.

Providers with experience delivering services to children/youth and their families (hereafter referred to as "Applicant") that are currently delivering an EBP to model fidelity, or are in the process of pursuing certification to deliver an EBP, will be eligible to apply for designation for an enhanced reimbursement rate to support the delivery of the practice, as long as they maintain fidelity to the model. Once an Applicant becomes certified by an approved credentialing entity to provide an EBP, a provider is eligible to request EBP designation within New York State. It is the responsibility of the Applicant to ensure they maintain competent staff to uphold the model, delivering the intervention to fidelity, and certification renewal of the designated EBP. Guidelines for this process are described further in this Appendix. Once the Applicant has been approved to deliver the specific EBP, the Applicant will receive a NYS designation and be allowed to use specific rate codes related to the practice being delivered.

By making EBPs reimbursable through Medicaid authority, NYS hopes to build a statewide capacity to provide models of care that have a research base to show effective outcomes for children and their families.

### Designation Process

The EBP designation allows providers to bill enhanced Medicaid rates reimbursable through specific rate codes. New York State's expectation is for designated EBP providers to: 1) meet the required Community Psychiatric Support and Treatment (CPST) qualifications; 2) be certified to offer an EBP for children and youth younger than 21 by a certifying body that meets with NYS' EBP aim; 3) implement the EBP in fidelity to each model for which designation is sought and 4) maintain certification in the EBP for the length of time enhanced Medicaid rates are billed and paid.

Requests for EBP designation will be evaluated by the New York State EBP Review Team as indicated in this Appendix. The NYS EBP Review team is comprised of representatives from four state agencies (DOH, OASAS, OCFS, and OMH). NYS reserves the right to seek input and advice from other experts.

A letter of support from the appropriate local government (i.e. LDSS, LGU or other) is required as part of the EBP application process, to ensure that the locality is aware of the application, supports the Applicant's request for EBP designation and confirms that Medicaid funding will not supplant other funding that may support the desired EBP in the community. The NYS EBP Review Team will review letters of support and reserves the right to discuss an application with local government staff as necessary to evaluate a designation application.

The State will make a determination on the Application upon submission of all required documentation. It is NYS's expectation that all EBPs operate within fidelity of the EBP model. All EBP models have different required documentation. It is the responsibility of the Applicant, not the NYS EBP Review Team, to understand all requirements needed to be approved for a



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particular EBP. The NYS EBP Review Team will consider EBPs for designation that meet the State's definition of EBP and the aim stated in this Appendix. If you have any questions pertaining to EBPs, please send e-mail to [OMH-Managed-Care@omh.ny.gov](mailto:OMH-Managed-Care@omh.ny.gov).

### Application Submission Guidance

The Applicant will state their intended dates of designation for the specific EBP for which the Applicant is applying. The date should be indicated on the cover sheet *Request of EBP Designation within New York State* (pg.xx). The period of designation dates should coincide with the Applicant's time period of EBP certification. For example, if the Applicant has active certification for another two years from a certifying body, the period of time for EBP designation could be for the same time period.

Providers are required to submit documentation from a nationally recognized organization(s) reviewed research and evaluation of the EBP and has determined that the EBP has demonstrated outcomes. The studies must have utilized at least one experimental or quasi-experimental design and have been published in a peer reviewed journal.

Should the Applicant be approved for EBP designation under the State Medicaid benefit of CPST, the provider will receive an approval letter from NYS. This approval letter will include the Applicant's certification period for that EBP as well as their designation timeframe. The certification period will be consistent with the period approved by the EBP model proprietor. The Applicant is responsible for tracking when their certification period needs to be renewed; failure to renew may result in Medicaid disallowances or designation inactivation. New York State's expectations are that providers maintain a current, up to date certification and ensure recertification is completed in the month before expiration. Proof of recertification will need to be submitted to the State to ensure continued utilization of enhanced Medicaid payment rates under CPST.

Any existing EBP provider that was operational before the issuance of this guidance will need to apply for designation, if the provider wishes to be considered for an enhanced reimbursement. The NYS EBP review process is separate and will not interface with any EBP designation process currently operating in the State of New York. Agencies must submit applications, and be approved by NYS, to be reimbursed by Medicaid for the EBP under CPST.

An Applicant attests that they maintain appropriate staff to remain in fidelity of the model and to claim the enhanced Medicaid reimbursement.

If an individual practitioner receives EBP training and certification at one agency and then moves to another agency, the new agency (i.e., new employer) must be certified in that EBP and designated by NYS before the transitioning practitioner's activities under the specific EBP can be reimbursed under Medicaid.

For applications that are rated as having insufficient evidence for EBP status, the summary of results sent to applicants will identify criteria where the application did not meet the requirements.



### **Resubmission of Applications**

There is no appeal process and all NYS EBP Review Team decisions are final. Applicants may resubmit an application with missing information or new evidence in a future calendar year quarter. The applicant must indicate that it is a resubmission and identify the criteria for which new evidence is being provided as well as address prior application deficits previously identified by the NYS EBP Review Team.

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### Guidelines for Evidenced Based Practice Designation under CPST

Applicant is certified under an EBP by credentialing entity and is under the oversight and monitoring of the credentialing entity to assure fidelity to the EBP model. EBPs must meet NYS definition and aim.



Applicant completes designation cover sheet (pg.xx) submitting all required documentation, including a letter of support from the appropriate local government entity. Applicant must have proof of active certification in EBP and specify expiration date of certification within request.



Applicant submits all required documentation to the New York State EBP Review Team



The New York State EBP Review Team receives request and contacts the provider to confirm receipt of application within 15 business days. NYS reserves the right to request additional information from provider, if needed.



The New York State EBP Review Team assesses request during quarterly meetings



The New York State EBP Review Team sends out a letter to the Applicant, notifying them of the review team's decision on the EBP designation request



A denial letter is sent to Applicant

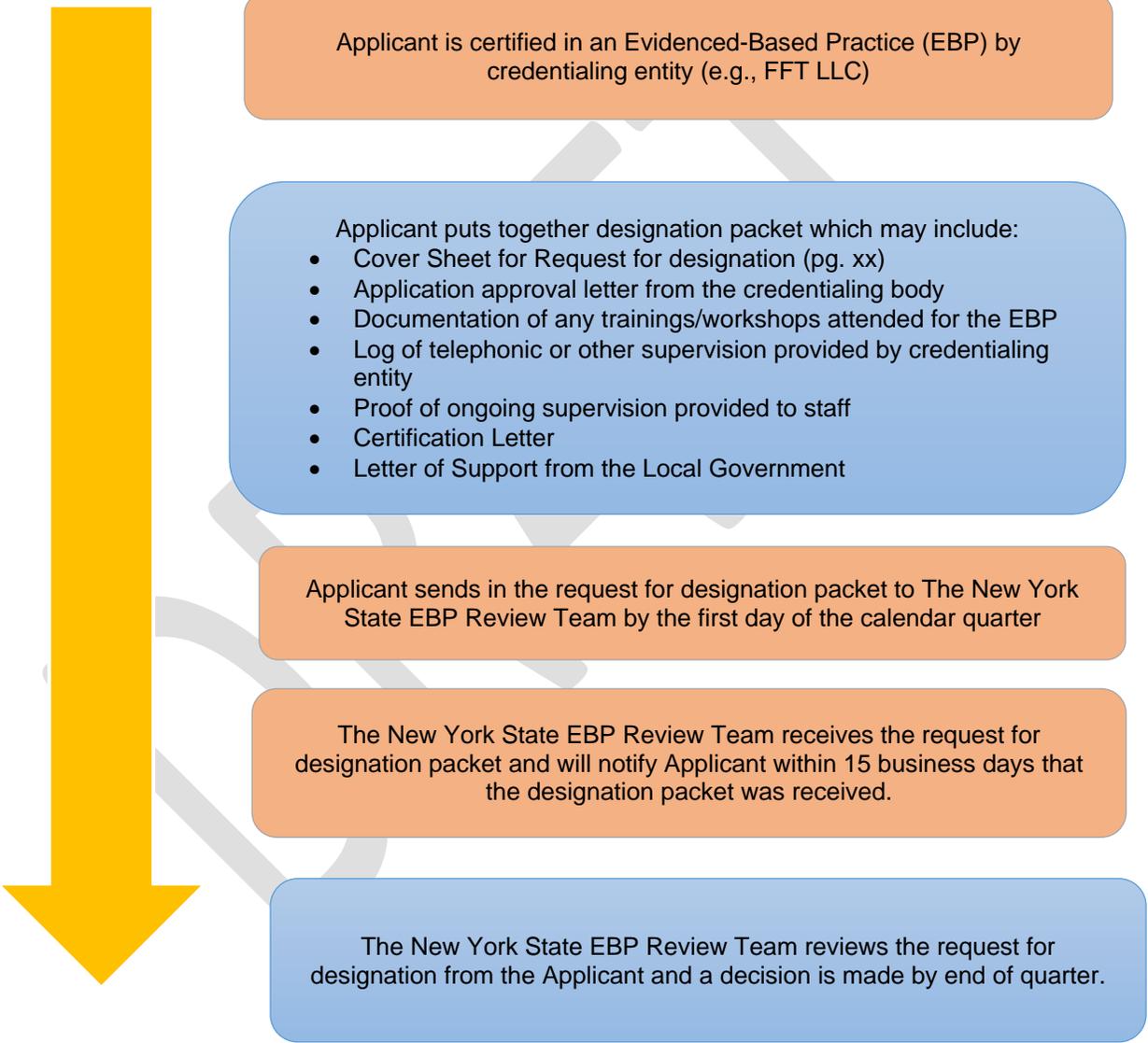
Approval letter is sent to Applicant granting EBP designation within NYS. Letter includes dates of effective designation as well as the billing mechanism for this designation.

Following receipt of letter, Applicant may submit additional information required to NYS for reconsideration of EBP designation request



### **Example of Documentation Process to New York State for Designation under CPST in an Evidenced Based Practice (EBP)**

The NYS EBP Review Team requires all Applicants to submit appropriate documentation in order to be considered for designation to deliver an Evidenced Based Practice (EBP) under the Medicaid State Plan Community Psychiatric Support and Treatment (CPST) service in New York State. The NYS EBP Review Team recognizes that the following examples of documentation may not be applicable within all EBPs and may differ depending on the EBP model requested. Please Note: The EBP Request for Designation Cover Sheet can be found on (pg. xx) of this manual and is required when applying.





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Evidenced Based Practice (EBP) Request for Designation under Community Psychiatric Support and Treatment (CPST) Designation Cover Sheet

Instructions: Please complete and attach this form to the packet of information needed for consideration for Medicaid reimbursement under Community Psychiatric Support and Treatment (CPST) to deliver an Evidenced Based Practice (EBP), specified on (pg. xx). Applicants requesting consideration for more than one EBP are required to fill out a separate cover sheet with required documentation for each EBP. This cover sheet and all additional information should be submitted to New York State (contact information at the end of this form).

Applicant Agency Name: \_\_\_\_\_

Applicant Contact Information:

Primary Contact Person Full Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Designation is being requested for the following EBP:

- Name of EBP applying for designation: \_\_\_\_\_
Proprietor/Owner of EBP Model: \_\_\_\_\_
County(ies) (locality) to be served: \_\_\_\_\_
Target Population(s): \_\_\_\_\_
Estimated Annual Capacity: \_\_\_\_\_

Attached Documentation (please detail): \_\_\_\_\_

Current EBP Certification Period from EBP model proprietor

Effective from \_\_\_\_\_ to \_\_\_\_\_

To be completed by New York State only:

Date Received By the State \_\_/\_\_/\_\_

Provider notified 15 business days upon submission \_\_/\_\_/\_\_

Date Sent to the Review Team \_\_/\_\_/\_\_

Decision:

- Approved
Denied
More information is needed
Letter sent to provider with result of review

When complete, please mail your agency’s forms to \_\_\_\_\_