

New York Clinical Criteria

Beacon's Medical Necessity Criteria (MNC), also known as clinical criteria, are reviewed and updated at least annually to ensure that they reflect the latest developments in serving individuals with behavioral health diagnoses. Beacon's Corporate Medical Management Committee (CMMC) adopts reviews, revises and approves Medical Necessity Criteria per client and regulatory requirements.

Members must meet medical necessity criteria for a particular LOC of care. Medically necessary services are those which are:

- A.** Intended to prevent, diagnose, correct, cure, alleviate or preclude deterioration of a diagnosable condition (most current version of ICD or DSM,) that threatens life, causes pain or suffering, or results in illness or infirmity.
- B.** Expected to improve an individual's condition or level of functioning.
- C.** Individualized, specific, and consistent with symptoms and diagnosis, and not in excess of patient's needs.
- D.** Essential and consistent with nationally accepted standard clinical evidence generally recognized by mental health or substance abuse care professionals or publications.
- E.** Reflective of a level of service that is safe, where no equally effective, more conservative, and less resource intensive treatment is available.
- F.** Not primarily intended for the convenience of the recipient, caretaker, or provider.
- G.** No more intensive or restrictive than necessary to balance safety, effectiveness, and efficiency.
- H.** Not a substitute for non-treatment services addressing environmental factors.

Beacon uses clinical criteria as guidelines, not absolute standards, and considers them in conjunction with other indications of a member's needs, strengths, and treatment history in determining the best placement for a member. Beacon applies clinical criteria to determine appropriate care for all members. In general, members will only be certified if they meet the specific medical necessity criteria for a particular level of care. However, the individual's needs and characteristics of the local service delivery system and social supports are taken into consideration.

Medical Necessity Criteria varies according to state and/or contractual requirements and member benefit coverage. In New York, Beacon uses five (5) sets of clinical criteria:

1. [Centers for Medicare and Medicaid \(CMS\) National Coverage Determination \(NCD\) and Local Coverage Determination\(LCD\)Criteria for Medicare members](#)
2. [New York State Office of Mental Health\(OMH\) Clinical Criteria for certain Medicaid services](#)
3. [Office of Addiction Support and Services \(OA SAS\) Level of Care for Alcohol and Drug Treatment Referral \(LOCA DTR\) 3.0 for all lines of business \(excluding Medicare\) for providers located in New York](#)
4. [Change Healthcare's InterQual Behavioral Health Criteria for all mental health services in which CMS and OMH criteria is not applicable or available](#)
5. [American Society for Addiction Medicine \(A SAM\) Criteria for all Medicare members and for all other lines of business when the provider is located outside of New York State](#)

State Assurance

The state assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a0(13) of the Act.

- Educational
- Room and board
- Habilitation services
- Service to inmates in public institutions as defined in 42 CFR435.1010;
- Services to individuals residing in institutions for mental disease as described in 42CFR435.1 010
- Recreational and social activities
- Services that must be covered elsewhere in the state Medicaid plan

Section 1: CMS Criteria

Overview

The Medicare Coverage Database (MCD) contains all NCD and LCD criteria. For all Medicare members, first the relevant NCD or LCD criteria is identified when applying clinical criteria.

The following is a listing of services in which CMS NCD and LCD is utilized in New York:

- A.** NCD Guideline 130.1 Inpatient Hospital Stay for Alcohol Detoxification
- B.** NCD Guideline 130.2 Outpatient Services for Treatment of Alcohol
- C.** NCD Guideline 130.5 Treatment of Alcoholism and Drug Abuse in a Freestanding Clinic
- D.** NCD Guideline 130.6 Treatment of Drug Abuse(Chemical Dependency)
- E.** NCD Guideline 130.7 Withdrawal Treatment for Narcotic Addictions
- F.** LCD Guideline L33398 Transcranial Magnetic Stimulation (TMS)
- G.** LCD Guideline L336245 Psychiatric Hospitalization
- H.** LCD Guideline L33636 Psychiatric Partial Hospitalization Programs
- I.** LCD Guideline L33632 Psychiatric and Psychiatry Services

Section 2: OMH Criteria

Overview

Beacon Health Options adopts the New York State Office of Mental Health (OMH) Clinical Criteria for use in rendering medical necessity determinations services available to members enrolled in Medicaid Managed Care.

The following services utilize OMH clinical criteria when accessed by Medicaid Managed Care members:

- A.** [Assertive Community Treatment \(ACT\)](#)
- B.** [Personalized Recovery Oriented Services \(PROS\)](#)
- C.** [Continuing Day Treatment \(CDT\)](#)
- D.** Intensive Psychiatric Rehabilitation Treatment Program (IPRT)
- E.** [Children and Family Treatment and Support Services\(CFTSS\)](#)
 - 1. Other Licensed Practitioner(OLP)
 - 2. Community Psychiatric Support and Treatment(CPST)
 - 3. Psychosocial Rehabilitation (PSR)
 - 4. Family Peer Support Services (FPSS)
 - 5. Youth Peer Support and Training(Y PST)
 - 6. Crisis Intervention (CI)
- F.** [Home and Community Based Services –Adults](#)
 - 1. Vocational Services
 - a. Pre-vocational Services
 - b. Transitional Employment(TE)
 - c. Intensive Supported Employment (ISE)
 - d. Ongoing Supported Employment
 - 2. Education Support Services
 - 3. Habilitation/Residential Support Services

G. [Home and Community Based Services Children](#)

1. Habilitation
2. Caregiver/Family Supports and Services
3. Respite
4. Pre-vocational Services
5. Supported Employment
6. Community Self-Advocacy Training and Supports
7. Non-Medical Transportation

Assertive Community Treatment (ACT)

The purpose of Assertive Community Treatment (ACT) is to deliver comprehensive and effective services to individuals who are diagnosed with severe mental illness and whose needs have not been well met by more traditional service delivery approaches. ACT provides an integrated set of other evidence based treatment, rehabilitation, case management, and support services delivered by a mobile, multi-disciplinary mental health treatment team. ACT supports recipient recovery through a highly individualized approach that provides recipients with the tools to obtain and maintain housing, employment, relationships and relief from symptoms and medication side effects. The nature and intensity of ACT services are developed through the person-centered service planning process and adjusted through the process of team meetings.

Admission Criteria

All of the following criteria, 1-5, must be met; criteria 6 & 7 may also be met:

- 1) Severe and persistent mental illness (including, but, not limited to diagnoses of schizophrenia, schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), bipolar disorder and/or major or chronic depression), that seriously impairs their functioning in the community.
- 2) Recipients with serious functional impairments should demonstrate at least one of the following conditions:
 - a) Inability to consistently perform practical daily living tasks required for basic adult functioning in the community without significant support or assistance from others such as friends, family or relatives.
 - b) Inability to be consistently employed at a self-sustaining level or inability to consistently carry out the homemaker role.
 - c) Inability to maintain a safe living situation (e.g., repeated evictions or loss of housing).
- 3) Recipients with continuous high service needs should demonstrate one or more of the following conditions:
 - a) Inability to participate or succeed in traditional, office-based services or case management.
 - b) High use of acute psychiatric hospitals (two hospitalizations within one year, or one hospitalization of 60 days or more within one year).
 - c) High use of psychiatric emergency or crisis services.
 - d) Persistent severe major symptoms (e.g., affective, psychotic, suicidal or significant impulse control issues).
 - e) Co-existing substance abuse disorder (duration greater than 6 months).
 - f) Current high risk or recent history of criminal justice involvement.
 - g) Court ordered pursuant to participate in Assisted Outpatient Treatment.
 - h) Inability to meet basic survival needs or homeless or at imminent risk of becoming homeless.
 - i) Residing in an inpatient bed or in a supervised community residence, but clinically assessed to be able to live in a more independent setting if intensive community services are provided.
 - j) Currently living independently but clinically assessed to be at immediate risk of requiring a more restrictive living situation (e.g., community residence or psychiatric hospital) without intensive community services.
- 4) Member has been assessed and is not an immediate danger to self or others and does not require 24-hour medical supervision.

- 5) Member's condition is such that it can be expected to benefit and improve significantly through appropriate ACT interventions.
- 6) Member is stepping down from a higher level of care(LOC) and requires more intensive services than routine Outpatient behavioral health treatment or other community based supports; and/or has past history of a similar clinical presentation where less intensive treatment was not sufficient to prevent clinical deterioration and the need for a higher LOC.
- 7) For children or adolescents, the parent or guardian agrees to participate in the member's treatment plan, as appropriate. Priority is given to individuals with SMI, individuals with continuous high service needs that are not being met in more traditional service settings, and individuals with ACT in their AOT order.

Exclusions

The following criteria is required for exclusion from this level of care:

- 1) Individuals with a primary diagnosis of a substance abuse disorder or mental retardation and members with a sole diagnosis of a personality disorder are not appropriate for ACT. The member is not enrolled in HCBS services other than crisis residential services.

Continued Stay Criteria

All of the following criteria must be met:

- 1) Initial authorization criteria continue to be met.
- 2) A Comprehensive Assessment is completed within 30 days of admission, with specific objectives and planned services to achieve recovery goals.
- 3) Service plan is reviewed for progress and updated every 6 months, as necessary.
- 4) Continued coordination of care with other providers/stakeholders such as PCPs, specialty providers, inpatient treatment team, AOT, community supports, family, etc.
- 5) Active discharge planning is ongoing, with goal of transitioning the member to a less intensive LOC, when appropriate.

Discharge Criteria

ACT recipients meeting any one of the following criteria 1, 2, 3, or 4 (criteria 5 & 6 are recommended, but optional) may be discharged:

- 1) Individuals who demonstrate, over a period of time, an ability to function in major life roles (i.e., work, social, self-care) and can continue to succeed with less intensive service.
- 2) Individuals who move outside the geographic area of the ACT team's responsibility, subsequent to the transfer of care to another ACT team or other appropriate provider and continued services until the member is engaged in care.
- 3) Individuals who need a medical nursing home placement, as determined by a physician.
- 4) Individuals who are hospitalized or locally incarcerated for three months or longer. However, an appropriate provision must be made for these individuals to return to the ACT program upon their release from the hospital or jail.
- 5) Individuals who request discharge, despite the team's best, repeated efforts to engage them in service planning. Special care must be taken in this situation to arrange alternative treatment when the recipient has a history of suicide, assault or forensic involvement.
- 6) Individuals who are lost to follow-up for a period of greater than 3 months after persistent efforts to locate them, including following all local policies and procedures related to reporting individuals as "missing persons", including, but, not limited to, conferring with Health Homes and MMCO/HARPs, to which Member maybe assigned.

Personalized Recovery Oriented Services (PROS)

PROS programs offer a customized array of recovery-oriented services, both in traditional program settings and in off-site locations where people live, learn, work or socialize. The purpose of PROS is to assist individuals in recovering from the disabling effects of mental illness through the coordinated delivery of rehabilitation, treatment and support services. Goals for members in the program may include, but are not limited to improve functioning, reduce inpatient utilization, reduce emergency services, reduce contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing. There are four service components, including Community Rehabilitation and Support (CRS), Intensive Rehabilitation (IR), Ongoing Rehabilitation and Support (ORS) and clinical treatment. Intensive Rehabilitation consists of four different services: 1) Intensive Rehabilitation Goal Acquisition, 2) Intensive Relapse Prevention, 3) Family Psychoeducation, 4) Integrated Treatment for Dual Disorders. The minimum age for PROS is 18.

Admission Criteria

All of the following criteria, 1-11, must be met:

- 1)) The member has a designated mental illness diagnosis.
- 2) The member must be 18 years of age or older.
- 3) The member must be recommended for admission by a Licensed Practitioner of the Healing Arts.
- 4) The member exhibits functional deficits related to the severity and duration of a psychiatric illness in any of the following areas: self-care, activities of daily living, interpersonal relations, and/or adaptation to change or task performance in work or work-like settings.
- 5) Pre-Admission begins with initial visit and ends when Initial Service Plan (ISR) is submitted to MMCO/HARP.
- 6) Admission begins when ISR is approved by MMCO/HARP.
- 7) Individualized Recovery Plan (IRP) must be developed within 60 days of admission date.
- 8) Active Rehabilitation begins when the Individualized Recovery Plan (“IRP”) is approved by the MMCO/HARP and IRP indicates required services designed to engage and assist members in managing their illness and restoring those skills and supports necessary for living successful in the community.
- 9) The individual has developed or is interested in developing a recovery/life role goal.
- 10) There is not a lower level of care which is more appropriate to assist member with recovery goals.
- 11)) A member is not receiving Home and Community Services other than peer support services, education support services and crisis residential services.

For *Intensive Rehabilitation*, any one of the following criteria, 1-5, must be met:

- 1) Member has a specific goal related to education, housing or employment in which short term, intensive rehabilitation services would assist in achieving goal with in desired timeframe.
- 2) The member is experiencing psychosocial stressors and/or difficulty in symptom management that has increased risk for hospitalization, involvement in criminal justice system, loss of housing, or other identified issues in which community tenure is at risk. Member would benefit from intensive rehabilitation and recovery services for relapse prevention.
- 3) Family psychoeducation would benefit member in achieving life role goal and maintaining community tenure.
- 4) Member has a co-occurring substance use disorder (including tobacco dependence) and would benefit from Integrated Treatment for Dual Disorders.
- 5) A member is not receiving Home and Community Services other than peer support services, education support

Services and crisis residential services.

For Ongoing Rehabilitation and Support(ORS), any one of the following criteria,1 -4, must be met:

- 1) Member has a specific goal related to competitive employment.
- 2) Member should be competitively employed and regularly scheduled for at least 10 hours of work per week, with exceptions made for illness and vacation.
- 3) Member would benefit from support in managing their symptoms in a competitive workplace.
- 4) A member is not receiving Home and Community Services other than peer support services, education support services and crisis residential services.

Continued Stay Criteria

All of the following criteria, 1-3, must be met:

- 1) The member continues to work towards goals, identified in an IRP.
- 2) Concurrent review and authorizations should occur at 3-month intervals for IR, ORS, and 6 month intervals for CRS and Clinic Treatment services. Continuing stay criteria may include:
 - a) The member has an active recovery goal and shows progress toward achieving it; OR
 - b) The member has met and is sustaining a recovery goal, but, would like to pursue a new goal; OR
 - c) The member requires a PROS level of care in order to maintain psychiatric stability and there is not a less restrictive level of care that is appropriate; OR without PROS services the individual would require a higher level of care.
- 3) A member is not receiving Home and Community Services other than peer support services, education support services and crisis residential services.

For Intensive Rehabilitation and Ongoing Rehabilitation and Support, admission criteria continues to be met.

Discharge Criteria

Any one of the following criteria,1-4,must be met:

- 1) The member has sustained recovery goals for 6-12 months and a lower level care is clinically indicated. 2) The member has achieved current recovery goals and can identify no other goals that would require additional PROS services.
- 3) The member is not participating in a recovery plan and is not making progress toward any goals. Extensive engagement efforts have been exhausted, and there is insignificant expected benefit from continued participation.
- 4) The member can live, learn, work and socialize in the community with supports from natural and/or community resources.

For Intensive Rehabilitation, any one of the criteria, 1-3, must be met:

- 1) The member is no longer at risk of hospitalization, involvement in criminal justice system and community tenure is assured in which intensive rehabilitation is no longer required.
- 2) The member has achieved current recovery goals and can identify no other goals that would require intensive rehabilitation.

- 3) The member can live, learn, work and socialize in the community with supports from natural and/or community

For *Ongoing Rehabilitation and Support*, any one of the following, 1 -3, must be met:

- 1) The member no longer requires supportive services for managing symptoms in the competitive workplace. 2) The member no longer is seeking competitive employment.
- 3) The member has achieved current recovery goals and can identify no other goals that would require ongoing rehabilitation and support.

Continuing Day Treatment (CDT)

Continuing Day treatment services assist individuals in beginning the recovery and rehabilitative process, providing supportive, transitional services to members that are no longer acutely ill, but still require moderate supervision to avoid risk and/or continue to re-integrate into the community or workforce. This structured, activity-based setting is ideal for members that continue to have significant residual symptoms requiring extended therapeutic interventions. Continuing Day treatment is focused on the development of a member's independent living skills, social skills, self-care, management of illness, life, work, and community participation, thus maintaining or enhancing current levels of functioning and skills. Members participating in treatment have access to crisis management, individual group, family therapy, and coordination with collateral contacts as clinically indicated. Treatment declines in intensity as members develop skills and attain specific goals within a reasonable timeframe allowing the transition to an outpatient setting with other necessary supports and longer-term supportive programming (i.e. clubhouse, employment, school, etc.). The minimum age for CDT is 18.

Admission Criteria

All of the following criteria, 1-7 ,must be met:

- 1) Symptoms consistent with a DSM or ICD diagnosis.
- 2) Member's exacerbation or long standing psychiatric disorder and level of functioning requires daily support and structure;
- 3) The member has the motivation and capacity to participate and benefit from day treatment.
- 4) Treatment at a less intensive level of care would contribute to an exacerbation of symptoms.
- 5) Member is assessed to be at risk of requiring a higher level of care if not engaged in day treatment services.
- 6) Member/guardian is willing to participate in treatment voluntarily
- 7) Member's psychiatric/substance use/biomedical condition is sufficiently stable to be managed in a day treatment setting.

Exclusions

Any of the following criteria are sufficient for exclusion from this level of care:

- 1) The individual is a risk to self or others, or sufficient impairment exists that a more intensive level of service is required.
- 2) The individual can be safely maintained and effectively treated at a less intensive level of care.
- 3) The individual does not voluntarily consent to admission or treatment, and/or refuses or is unable

to participate in all aspects of treatment.

- 4) The individual requires a level of structure and supervision beyond the scope of the program.
- 5) The individual has medical conditions or impairments that would prevent beneficial utilization of services.
- 6) The primary problem is social, economic (i.e. housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration

Continued Stay Criteria

All of the following criteria, 1-6, must be met:

- 1) Member continues to meet admission criteria.
- 2) Another less intensive level of care would not be adequate to administer care.
- 3) Treatment is still necessary to reduce symptoms and increase functioning for the member to be transitioned to a less restrictive setting.
- 4) Medication assessment has been completed when appropriate and medication trials have been initiated or ruled out.
- 5) Family/guardian is participating in treatment as clinically indicated.
- 6) Coordination of care and active discharge planning are ongoing.

Discharge Criteria

Any one of the following criteria, 1-4, must be met; criteria 5-6 recommended, but optional:

- 1) Member no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive.
- 2) Member or guardian withdraws consent for treatment.
- 3) Member does not appear to be participating in the treatment plan.
- 4) Member is not making progress toward goals, nor is there expectation of any progress.
- 5) Member's individual treatment plan and goals have been met.
- 6) Member's support system is in agreement with the aftercare treatment plan.

Intensive Psychiatric Rehabilitation Treatment Program (IPRT)

An Intensive Psychiatric Rehabilitation Treatment program is time-limited with active psychiatric rehabilitation designed to assist an individual in forming and achieving mutually agreed upon goals in living, learning, working and social environments; to intervene with psychiatric rehabilitation technologies, to overcome functional disabilities from mental illness and to improve environmental supports. IPRT programs shall provide the following services: psychiatric rehabilitation readiness determination, psychiatric rehabilitation goal setting, psychiatric rehabilitation functional and resource assessment, psychiatric rehabilitation service planning, psychiatric rehabilitation skills and resource development, and discharge planning.

Admission Criteria

All of the following criteria 1-4 must be met

- 1) DSM or corresponding ICD diagnosis
- 2) Member has adequate capacity to participate in and benefit from this treatment.
- 3) Member has significant impairment in daily functioning due to a psychiatric illness or substance use of such intensity that the member cannot be managed in a lower level of care
- 4) Member is assessed to be at risk of requiring higher levels of care if not engaged in IPRT treatment.

Continued Stay Criteria

All of the following criteria 1 -2 must be met

- 1)) The member continues to meet admission criteria
- 2) One of the following is present:
 - a) The member has an active goal and shows progress toward achieving it.
 - b) The member has met and is sustaining a recovery goal, but would like to pursue a new goal related to a functional deficit in one of the above areas.
 - c) The member requires a IPRT level of care in order to maintain psychiatric stability; there is not a less restrictive level of care that is appropriate or without IPRT services; and the individual would require a higher level of care.

Discharge Criteria

Any one of the following: Criteria 1, 2, 3, 4, 5, or 6:

- 1) The member no longer meets PRS level-of care criteria.
- 2) The member has sustained recovery goals for 3-6 months and a lower level of care is clinically indicated.
- 3) The member has achieved current recovery goals and can identify no other goals that would require additional I PRT services in order to achieve those goals.
- 4) The member is not participating in a recovery plan and is not making progress toward any goals.
- 5) Extensive engagement efforts have been exhausted and there is insignificant expected benefit from continued participation.
- 6) The member can live, learn, work and socialize in the community with supports from natural and/or community resources

Children's Family Treatment and Support Services (CFTSS)

CFTSS are new mental health and substance use services, available with NYS Children's Medicaid, that give children/ youth (under age 21) and their families the power to improve their health, well-being, and quality of life. These services strengthen families and help them make informed decisions about their care. Services are provided at home or in the community. There are six CFTSS:

1. Other Licensed Practitioner(OLP)
2. Psychosocial Rehabilitation (PSR)
3. Community Psychiatric Support & Treatment (CPST)
4. Family Peer Support Services (FPSS)

5. Youth Peer Support and Training(Y PST)
6. Crisis Intervention(CI)

Please refer to the “ Children’s Health and Behavioral Health Service Transformation –Medicaid State Plan Provider Manual for Children’s BH Early and Periodic Screening and Diagnostic Testing(EPSDT) Services” for additional information regarding these services.

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 and Family Therapist: or
- Licensed Mental Health Counselor

An NP-LBHP also includes the following individual 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.

Admission Criteria

Either one of the following criteria, 1 or 2, must be met:

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:

- 1) Correct or ameliorates conditions that are found through an EPSDT screening; OR
- 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.

Continued Stay Criteria

Any one of the following criteria, 1 or 2, and all of the criteria 3-6 must be met:

- 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
- 2) Continuation of the services is needed to prevent the loss of functional skills already achieved AND
- 3) The child/youth continues to meet admission criteria AND
- 4) The child/youth and/or family/caregiver(s) continue to engage in services AND

- 5) An alternative service(s) would not meet the child/youth needs AND
- 6) The treatment plan has been appropriately updated to establish or modify ongoing goals.

Discharge Criteria

Any one of the following criteria, 1 -6, must be met:

- 1) The child/youth no longer meets continued stay criteria OR
- 2) The child/youth has successfully reached individual/family established service goals for discharge; OR
- 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 OLP as he/she is obtaining a similar benefit through other services and resources.

OLP Limits and Exclusions

- Groups must not exceed more than 6-8 members. Consideration may be given to a smaller limit of participants are younger than eight years of age
- Evidence Based Practice (EBPs) requires prior approval, designation, and fidelity reviews on an ongoing basis as determined necessary by New York State.
- Inpatient hospital facilities are allowed for licensed professionals other than social workers if a Preadmission screening and Resident Review (PASRR) indicates it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visits and may not be billed separately.
- Visits to Intermediate Care Facilities for individual 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 as 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 medical necessary service 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 practice (EBP) requires approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State. Treatment service must be a part of a treatment plan including goals and activities necessary to correct ameliorates conditions discovered during the initial assessment visits.

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 as necessary for 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.

Admission Criteria

All of the following criteria, 1-4, must be met:

- 1) The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM; AND
- 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 Health 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
 - Physician's Assistant
 - Psychiatrist
 - Physician
 - Registered Professional Nurse or
 - Nurse Practitioner

Continued Stay Criteria

All the following criteria, 1-5, must be met:

- 1) The child/youth continues to meet admission criteria; AND
- 2) The child/youth shows evidence of engagement towards 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
- 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 clinically indicated or relevant

Discharge Criteria

Any one of the following criteria, 1 -6, must be met:

- 1) The child/youth no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive; OR
- 2) The child/youth has successfully met the specific goals outlined in the treatment plan for discharge; OR
- 3) The child/youth or parent/caregiver(s) withdraws consent for services; OR
- 4) The child/youth is not making progress or established service goals, nor is there expectation of any progress with continued provision of service; OR
- 5) The child/youth is no longer engaged in the services, 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

- 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 development disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative service
- Group should not exceed more than 6-8 members. Consideration maybe given to a smaller limit of members if participants are younger than eight years old
- Treatment service must be a part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits

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 evidence based psychotherapeutic interventions approved by New York State.

CPST includes the following components: Rehabilitation Psychoeducation, Intensive Interventions, Strength Based Treatment Planning, Rehabilitative Supports, Crisis Avoidance, and Intermediate Team 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 rehabilitation 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.

Admission Criteria

All of the following criteria, 1-4, must be met:

- 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

- 2) The child/youth is expected to achieve skill restoration in one of the following areas:
 - a) Participation in community activities and/or positive peer support networks
 - b) Personal relationships
 - c) Personal safety and/or self-regulation
 - d) Independence/productivity
 - e) Daily living skills
 - f) Symptom management
 - g) Coping strategies and effective functioning in the home, school, social or work environment; 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
- 4) The services are recommended by the following Licensed Practitioners of the Health 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
 - Physician's Assistant
 - Psychiatrist
 - Physician
 - Registered Professional Nurse or
 - Nurse Practitioner

Continued Stay Criteria

All of the following criteria, 1-5, must be met:

- 1) The child/youth continues to meet admission criteria; AND
- 2) The child/youth shows evidence of engagement towards 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
- 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 clinical indicated or relevant

Discharge Criteria

Any one of the following criteria, 1 -6, must be met:

- 1) The child/youth no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive; OR
 - 2) The child/youth has successfully met the specific goals outlined in the treatment plan for discharge;
- OR 3) The child/youth or parent/caregiver(s) withdraws consent for services; OR

- 4) The child/youth is not making progress on established services goals, nor is there expectation of any progress with continued provision of services; OR
- 5) The child/youth is no longer engaged in services, 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 service and resources.

CPST Limits/Exclusions

- The provider agency will assess the child prior to developing a treatment plan for the child
- Treatment service must be part of the treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visit
- A child with a developmental disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative services
- Group face-to-face may occur for Rehabilitative Supports
 - Group should not exceed more that 6-8 members. Consideration maybe given to a smaller limit of members if participants are younger than eight years of age
- Evidence-Based practices(EBP) requires prior approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State (Medicaid State Plan Provider Manual for Children’s BH Early and Periodic Screening and Diagnostic, Testing(EPSDT) Services, Appendix D).
 - 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(I OM, 2 001). Implemented interventions using evidence-based techniques may ameliorate targeted symptoms and/or recover the person’s capacity to cope with or prevent symptom manifestation.

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 abuse, 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.

This 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.

Admission Criteria

Any of the following criteria, 1 or 2, and all criteria 3-5 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 underdeveloped 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
- 4) The child/youth's family is available, receptive to and demonstrates needs 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 Health 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
 - Physician's Assistant
 - Psychiatrist
 - Physician
 - Registered Professional Nurse or
 - Nurse Practitioner

Continued Stay Criteria

All of the following criteria, 1-7, 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 service will increase the child/youth meeting service 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
- 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

Discharge Criteria

Any one of the following 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 an 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 services, 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 similar benefit through other services and resources

FPSS Limits/Exclusions

- The provider agency will assess the child prior to developing the treatment plan for the child.
- Treatment service must be part of the treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visit
- A child with a development 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
- The treatment plan should identify the medical or remedial services intended to reduce the identified condition as well as the anticipated outcomes of the individual. The intervention plan must specify the amount, duration and scope of services. The intervention plan must be signed by the licensed mental health practitioner or physician responsible for developing the plan with the participant (or authorized representative) also signing a note occurrence with the treatment plan. The plan will specify a timeline for reevaluation of the plan that is at least a quarterly review. The reevaluation should involve the individual, family, and providers and include a reevaluation of plan to determine whether service have contributed to meeting the stated goals. A new intervention plan should be developed if there is no measurable reduction of disability or restoration of functional level. The new plan should identify different rehabilitation strategy with revised goals and services

Medicaid family support programs will not reimburse for the following:

- 12 -step groups 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 service, 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, a 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 individual 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 authorized treatment plan
- Service not in compliance with the service manual and not in compliance with State Medicaid standards
- Services provided to children, spouses, 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.

Admission Criteria

One of the following criteria, 1 or 2, and all criteria 3-6 must be met:

- 1) The youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM; OR
- 2) The youth displays demonstrated evidence of skill(s) lost or undeveloped as a result of the impact of their physical health diagnosis; AND
- 3) The youth requires involvement of a youth peer advocate to implement the intervention(s) outlines in the treatment plan, AND
- 4) The youth demonstrates a need for improvement in the following areas such as but not limited to
 - a) Enhancing youth's abilities to effectively manage comprehensive health needs
 - b) Maintaining recovery
 - c) Strengthening resiliency, self-advocacy
 - d) Self-efficacy and empowerment
 - e) Developing competency to utilize resources and supports in the community
 - f) Transition into adulthood or participates in treatment ; AND
- 5) The youth is involved in the admission process and help 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 Health 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
- Physician's Assistant
- Psychiatrist
- Physician
- Registered Professional Nurse or
- Nurse Practitioner

Continued Stay Criteria

All of the following criteria, 1-5, must be met:

- 1) The youth continues to meet admission criteria; AND
- 2) The youth shows evidence of engagement towards 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
- 3) The youth does not require an alternative and/or higher, more intensive level of care or treatment; AND
- 4) The youth is at risk for 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

Discharge Criteria

Any one of the following criteria, 1 -6, must be met:

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

YPST Limits/Exclusions

- The provider agency will assess the child prior to developing the treatment plan for the child.
- Treatment service must be part of the treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visit

- A youth with a development disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative service
- A group is composed of 2 or more youths and cannot exceed more than 12 individuals in total
- The intervention plan should identify the medical or remedial services intended to reduce the identified condition as well as the anticipated outcomes of the individual. The intervention plan must specify the amount, duration and scope of services. The intervention plan must be signed by the licensed mental health practitioner or physician responsible for developing the plan with the participant (or authorized representative) also signing a note of concurrence with the treatment plan. The plan will specify a timeline for reevaluation of the plan that is at least a quarterly review. The reevaluation should involve the individual, family, and providers and include a reevaluation of plan to determine whether services have contributed to meeting the stated goals. A new treatment plan should be developed if there is no measurable reduction of disability or restoration of functional level. The new plan should identify a different rehabilitation strategy with revised goals and services

Medicaid family support programs will not reimburse for the following

- 12-step groups 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 service, 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, a 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 individual 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 authorized treatment plan
- Service not in compliance with the service manual and not in compliance with State Medicaid standards
- Services provided to children, spouses, 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

Crisis Intervention (CI)

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.

Admission Criteria

All of the following criteria, 1-4, must be met:

- 1)) The child/youth experiencing acute psychological/emotional changes 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
 - 2) The child/youth demonstrates at least one of the following:
 - a) Suicidal/assaultive/destructive ideas, threats, plans or actions that represent a risk to self or others; or
 - b) Impairment in mood/thought/behavior disruptive to home, school, or the community or
 - c) Behavior escalating to the extent that a higher intensity or service will likely be required;
- AND
- d) The intervention is necessary to further evaluate, resolve, and/or stabilize the; 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:
 - Psychiatrist
 - Physician
 - Licensed Psychoanalyst
 - Registered Professional Nurse
 - Nurse Practitioner
 - Clinical Nurse Specialist
 - Licensed Clinical Social worker
 - Licensed Marriage and Family Therapist
 - Licensed Mental Health Counselor or
 - Licensed Psychologist

Continued Stay Criteria

N/A

Discharge Criteria

Any one of the following criteria, 1 or 2, must be met:

- 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
- 2) The child/youth or parent/caregiver(s) withdraws consent for services

Crisis Intervention Limits/Exclusions

- 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 medication occurs, as appropriate, and a crisis plan is developed with the child/family. Warm handoff to providers of needed services should be occurring following these expectation.
- The following activities are excluded, financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature
- Services may not be primarily educational, vocational, recreational, and 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 recipients 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.
- The child/youth's chart must reflect resolution of the crisis, which marks the end of the episode. Warm hand off to follow up service with a developed plan should follow.

Adult's Home and Community Based Services (HCBS)

Home and Community Based Services (HCBS) provide opportunities for Medicaid beneficiaries with mental illness and/or substance use disorders who are enrolled in a Health and Recovery Plan (HARP) to receive services in their own home or community. Implementation of HCBS will help to create an environment where managed care plans (Plans), Health Home care managers, service providers, plan members and their chosen supporters/caregivers, and government partners help members prevent, manage, and ameliorate chronic health conditions and recover from serious mental illness and substance use disorders. These review guidelines provide a framework for discussion between HCBS providers and Plans. The review process is collaboration between all pertinent participants including but not limited to the Health Home care manager, HCBS provider, Plan and member to review progress and identify barriers or challenges that may be interfering with a reasonable expectation of progress towards the member's chosen goals. These conversations will focus on the member's needs, strengths, and history in determining the best and most appropriate fit of the services. These review guidelines are applied to determine appropriate care for all members. In general, services will be authorized if they meet the specific criteria for a particular service. The individual's needs, choice, and characteristics of the local service delivery system and social supports are also taken into consideration. HCBS eligibility will be determined using a standard assessment tool, typically administered by the

individual's Health Home(HH) care manager. Provision of Home and Community Based Services requires a person-centered approach to care planning, service authorizations, and service delivery. MCO utilization management for HCBS must conform to guidelines listed in the NYS HCBS Provider Manual (latest version available at: <https://www.omh.ny.gov/omhweb/guidance/hcbs/html/services-application/>). This manual outlines how HCBS care planning and utilization management emphasizes attention to member strengths, goals and preferences, and also ensures member choice of service options and providers.

The following is a description of the various HCBS services:

Vocational Services

Many of the HCBS services are designed to be provided in clusters that promote recovery along a spectrum and as such, Employment Support Services are grouped as a cluster and include Pre-Vocational Services, Transitional Employment, Intensive Supported Employment, and Ongoing Supported Employment.

Pre-vocational Services

Pre-vocational services are time-limited services that prepare a participant for paid or unpaid employment. This service specifically provides learning and work experiences where the individual with mental health and/ or disabling substance use disorders can develop general, non-job task-specific strengths and soft skills that contribute to employability in competitive work environment as well as in the integrated community settings. Pre-vocational services occur over a defined period of time and with specific person centered goals to be developed and achieved, as determined by the individual and his/her employment specialist and support team and ongoing person-centered planning process as identified in the individual's person-centered plan of care, Pre-vocational services provide supports to individuals who need ongoing support to learn a new job and/or maintain a job in a competitive work environment or a self-employment arrangement. The outcome of this pre-vocational activity is documentation of the participant's stated career objective and a career plan used to guide individual employment support.

Transitional Employment (TE)

This service is designed to strengthen the participant's work record and work skills toward the goal of achieving assisted or unassisted competitive employment at or above the minimum wage paid by the competitive sector employer. This service is provided, instead of individual supported employment, only when the person specifically chooses this service and may only be provided by clubhouse, psychosocial club program certified provider or recovery center. This service specifically provides learning and work experiences where the individual with behavioral health and/or substance use disorders can develop general, non-job-task-specific strengths and soft skills that contribute to employability in the competitive work environment in integrated community settings paying at or above minimum wage. The outcome of this activity is documentation of the participant's stated career objective and a career plan used to guide individual employment support.

Intensive Supported Employment (ISE)

ISE services that assist individuals with MH/SUD to obtain and keep competitive employment. These services consist of intensive supports that enable individuals to obtain and keep competitive employment at or above the minimum wage. This service will follow the evidence based principles of the Individual Placement and Support (IPS) model. This service is based on Individual Placement Support (IPS) model which is an evidence based practice of supported employment. It consists of intensive supports that enable individuals for whom competitive employment at or above the minimum wage is unlikely, absent the provision of supports, and who, because of their clinical and functional needs, require supports to perform in a regular work setting.

Individual employment support services are individualized, person-centered services providing supports to participants who need ongoing support to learn a new job and maintain a job in a competitive employment or self-employment arrangement. Participants in a competitive employment arrangement receiving Individual Employment Support Services are compensated at or above the minimum wage and receive not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this activity is documentation of the participant's stated career objective and a career plan used to guide individual employment support. Services that consist of intensive supports that enable participants for whom competitive employment at or above the minimum wage is unlikely, absent the provision of supports, and who, because of their disabilities, need supports to perform in a regular work setting.

Ongoing Supported Employment

This service is provided after a participant successfully obtains and becomes oriented to competitive and integrated employment. Ongoing follow-along is support available for an indefinite period as

needed by the participant to maintain their paid employment position. Individual employment support services are individualized, person-centered services providing supports to participants who need ongoing support to learn a new job and maintain a job in a competitive employment or self-employment arrangement.

Participants in a competitive employment arrangement receiving Individual Employment Support Services are compensated at or above the minimum wage and receive not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this activity is documentation of the participant's stated career objective and a career plan used to guide individual employment support.

Education Support Services

Education Support Services are provided to assist individuals with mental health or substance use disorders who want to start or return to school or formal training with a goal of achieving skills necessary to obtain employment. Education Support Services may consist of general adult educational services such as applying for and attending community college, university or other college-level courses. Services may also include classes, vocational training, and tutoring to receive a Test Assessing Secondary Completion (TASC) diploma, as well as support to the participant to participate in an apprenticeship program. Participants authorized for Education Support Services must relate to an employment goal or skill development documented in the service plan.

Education Support Services must be specified in the service plan as necessary to enable the participant to integrate more fully into the community and to ensure the health, welfare and safety of the participant. Examples of these goals would include, but not be limited to: tutoring or formal classes to obtain a Test Assessing Secondary Completion (TASC) diploma, vocational training, apprenticeship program or formal classes to improve skills or knowledge in a chosen career, community college, university or any college-level courses or classes.

Habilitation/Residential Support Services

Habilitation services are typically provided on a 1:1 basis and are designed to assist participants with a behavioral health diagnosis (i.e. SUD or mental health) in acquiring, retaining and improving skills such as communication, self-help, domestic, self-care, socialization, fine and gross motor skills, mobility, personal adjustment, relationship development, use of community resources and adaptive skills necessary to reside successfully in home and community-based settings. These services assist participants with developing skills necessary for community living and, if applicable, to continue the process of recovery from an SUD disorder. Services include things such as: instruction in accessing transportation, shopping and performing other necessary activities of community and civic life including self-advocacy, locating housing, working with landlords and roommates and budgeting. Services are designed to enable the participant to integrate full into the community and ensure recovery, health, welfare, safety and maximum independence of the participant.

Admission Criteria

All of the following criteria, 1-7, must be met:

- 1) The member must be deemed eligible to receive HCBS using the HCBS Eligibility Assessment tool.
- 2) Where the member has been deemed eligible to receive services, a Level of Service Determination is made to ensure recommended HCBS are appropriate for meeting the member's identified goals, and appropriate HCBS provider(s) are identified in a conflict-free manner.
- 3) Upon receipt of notification from the HCBS provider(s), up to 3 visits over 14 days is authorized for intake and evaluation.
- 4) The BH Prior and/or Continuing Authorization Request Form is submitted by the HCBS provider(s) for Prior Authorization and includes service scope, duration and frequency.
- 5) The service request must support the member's efforts to manage their condition(s) while

establishing a purposeful life and sense of membership in a broader community.

- 6) The member must be willing to receive home and community based services.
- 7) There is no alternative level of care or co-occurring service that would better address the member's clinical needs.

Continued Stay Criteria

All of the following criteria, 1-5, must be met:

- 1) Member continues to meet admission criteria and an alternative service would not better serve the member.
- 2) Interventions are timely, need based as per the CMHA (Full Assessment), consistent with evidence based/best practice, and provided by a designated HCBS provider.
- 3)) One of the following is present:
 - a) Member is making measureable progress towards a set of clearly defined goals; Or
 - b) There is evidence that the service plan is modified to address the barriers in treatment progression;
Or
 - c) Continuation of services is necessary to maintain progress already achieved and/or prevent deterioration.
- 4) There is care coordination with physical and behavioral health providers, State, and other community agencies.
- 5) Family/guardian/caregiver is participating in treatment where appropriate.

In addition, determination of progress and modifications to goals/objectives are made by reviewing the BH HCBS Prior and/or Continuing Authorization Request Form and/ or with a telephonic review with the provider.

Discharge Criteria

Any one of the following criteria,1 -5,must be met; criteria 6 is recommended, but optional:

- 1) Member no longer meets admission criteria and/or meets criteria for another more appropriate service, either more or less intensive.
- 2) Member or parent/guardian withdraws consent for treatment.
- 3) Member does not appear to be participating.
- 4) Member's needs have changed and current services are not meeting these needs. Member's self-identified recovery goals would be better served with an alternate service and/or service level. As a component of the expected discharge, alternative services are being explored in collaboration with the member, the member's family members (if applicable), Health Home, HCBS provider, and MCO.
- 5) Member's goals have been met.
- 6) Member's support system is in agreement with the aftercare service plan.

Children's Home and Community Based Services (HCBS)

Home and Community Based Services (HCBS) are designed to allow children/youth to participate in a vast array of habilitative service, by granting access to a series of Medicaid funded services. New York (NY) has affirmed its commitment to serving individuals in the least restrictive environment by providing services and supports to children and their families to enable them to remain at home and in the

community. HCBS are designed for people who, but for these services, require the level of care provider in a more restrictive environment such as in a long-term care facility or psychiatric inpatient care and for those at risk of elevating to that level of care.

The Medicaid Managed Care transition for individual under the age of 21 includes the alignment of the following NY children's' waivers currently accessible under the authority of the 1915 (c) amendment of the Federal Social Security Act: Office of Children and Family Services (OCFS) Bridges to Health [B2H Serious Emotional Disturbance (SED), B2H Development Disabilities(DD), B2H medically fragile (MedF), the Office of Mental Health (OMH) SED Waiver, Office for People with Developmental Disabilities (OPWDD) Care at Home (CAH) waiver and the Department of Health (DOH) operated Care at Home (CAH) I/II Waiver

The Office of Alcoholism and Substance Abuse Services(OA SAS),OCFS, OMH, and DOH have worked in collaboration to create a newly aligned service array of HCBS benefits for children meeting specific criteria. The 1115 Medicaid Redesign Team (MRT)Waiver, with approval from the Centers for Medicare and Medicaid Services(CMS), provides NYS the authority for these HCBS benefits. Included in the 1115 are person-centered planning requirements as well as specifics on the transitional coverage requirement for children currently enrolled in 1915(c) waivers at the time of transition.

HCBS eligibility includes 1) target criteria; 2) risk factors and 3) functional criteria as well as Medicaid eligibility. These criteria are currently limited to children that would otherwise qualify for institutional placement Level of Care (LOC) criteria. The 1115 federal authority seeks to expand LOC to include a new needs- based criteria category referred to as Level of Need, allowing more children to access HCBS benefits. This

expansion group addresses gaps in service where a child who may benefit from HCBS was not eligible based on higher functioning.

New York State will continue to use the comprehensive Child and Adolescent Needs and Strengths(CANS) assessment tool assure person-centered services planning for HCBS eligible children/youth.

MCO utilization management for HCBS must conform to guidelines listed in the NYSHCBS Provider Manual (latest version available at:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_manual.pdf

The following is a description of the various HCBS services:

Habilitation

Habilitation services assists children/youth with developmental, medical or behavioral disabilities with the self-help , socialization, and adaptive skills necessary for successful functioning in the home and community when other types of skill-building services are not appropriate.

Caregiver/Family Supports and Services

Caregiver/Family Supports and Services enhance the child/youth's ability regardless of disability (developmental, physical and/or behavioral), to function as part of a caregiver/family unit and enhance the caregiver/family's ability to care for the child/youth in the home and/or community. Family is broadly defined, and can include families created through: birth, foster care, adoption, or a self-created unit.

Note: this service is not the State Plan service of Family Peer Support Services, which is delivered by a certified Family Peer with lived experience.

Respite

This service focuses on short-term assistance and/or relief for children/youth with disabilities (developmental, physical and/or behavioral), and family/caregivers which can be provided in a planned mode or delivered in a crisis environment. Respite workers supervise the child/youth and engage the child in

activities that support his/her and or caregiver/family's constructive interests and abilities.

Respite providers will offer services with a level of expertise in understanding and implementing behavioral/ developmental interventions required to support optimal functioning for children/youth. Respite providers will regularly communicate the details of the child/youth's intervention plan so that there is a carryover of skill from the respite source to the caregivers and treatment providers.

To the extent that skilled nursing is provided as a form of respite, this service has to be ordered by a physician.

Prevocational Services

Prevocational Services are individually designed to prepare a youth (age 14 or older) to engage in paid work, volunteer work or career exploration. Prevocational Services are not job-specific, but rather are geared toward facilitating success in any work environment for youth whose disabilities do not permit them access to other prevocational services. The service will be reflected in youth's plan of care and must be directed to teaching skills rather than explicit employment objectives. In addition, Prevocational Services assist with facilitating appropriate work habits, acceptable job behaviors, and learning job production requirements.

Prevocational Services may include volunteer work, such as learning and training activities that prepare a person for entry into the paid workforce. Prevocational Services should enable each participant to attain the highest level of work in the most integrated setting and with the job matched to the participant's interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines from the U.S. Department of Labor. Services are intended to develop and teach general skills. Examples include, but are not limited to:

- ability to communicate effectively with supervisors,
- co-workers and customers;
- generally accepted community workplace conduct and dress;
- ability to follow directions;
- ability to attend to and complete tasks;
- punctuality and attendance;
- appropriate behaviors in and outside the workplace;
- workplace problem solving skills and strategies;
- mobility training; career planning;
- proper use of job-related equipment and general workplace safety

Prevocational Services include activities that are not primarily directed at teaching skills to perform a particular job, but at underlying habilitative goals (e.g., attention span, motor skills, interpersonal relations with co-workers and supervisors) that are associated with building skills necessary to perform work and optimally to perform competitive, integrated employment.

Prevocational services will not be provided to an HCBS participant if:

- 1)) Special education and related services that are otherwise available to the individual through a local educational agency, under the provisions of the Individuals with Disabilities Education Act (IDEA).
- 2) Vocational rehabilitation services that are otherwise available to the individual through a program funded under section 110 of the Rehabilitation Act of 1973 (AccessVR).
- 3) Vocational services that are provided in facility based work settings that are not integrated settings in the general community workforce.

Supported Employment

Supported Employment services are individually designed to prepare youth with disabilities (age 14 or older) to engage in paid work. Supported Employment services provide assistance to participants with disabilities as they perform in a work setting. Supported Employment provides ongoing supports to

participants who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

Supported employment services are individualized and may include any combination of the following services: vocational/job-related discovery or assessment, person-centered employers, job analysis, job carving, training and systematic instruction, job coaching, benefits support, training and planning, transportation, career advancement services, and other workplace support services including services not specifically related to job skill training that enable the participant to be successful in integrating into the job setting.

Supported employment services may also include services and supports that assist the participant in achieving self-employment through the operation of a business including home-based self-employment. However, Medicaid funds are not used to defray the expenses associated with starting up or operating a business.

In addition to the need for an appropriate job match that meets the individual's skills and interests, individuals may also need long term employment support to successfully maintain a job due to the ongoing nature of the HCBS participant's support needs, changes in life situations, or evolving and changing job responsibilities.

Supported Employment service will not be provided to an HCBS participant if:

- 1) Special education and related services that is otherwise available to the individual through a local educational agency, under the provisions of the Individuals with Disabilities Education Act(IDEA).
- 2) Vocational rehabilitation services that are otherwise available to the individual through a program funded under section 110 of the Rehabilitation Act of 1973.
- 3) Supported employment does not include facility based, or other similar types of vocational services furnished in specialized facilities that are not a part of the general workplace.
- 4) Supported employment does not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business.
- 5) Supported employment does not include volunteer work. Such volunteer learning and un- paid training activities that prepare a person for entry into the paid workforce are addressed through pre-vocational services.

Medicaid funding cannot be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

- Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or
- Payments that are passed through to users of supported employment services.

Community Self-Advocacy Training and Supports

Participating in community events and integrated interests/occupations are important activities for all children/youth, including those with disabilities(developmental, physical and/or behavioral health in origin). Success in these activities is dependent not only on the child/youth, but on the people who interact with and support the child/youth in these endeavors. Community Self-Advocacy Training and Support improves the child/youth's ability to gain from the community experience, and enables the child/youth's environment to

respond appropriately to the child/youth's disability and/or health care issues.

Community Self-Advocacy Training and Support is intended to assist the child/youth, family/caregiver, and collateral contacts in understanding and addressing the participant's needs related to their disability(ies).

Community Self-Advocacy Training and Support provides family, caregivers, and collateral contacts with techniques and information not generally available so that they can better respond to the needs of the participant. The use of this service may appropriately be provided to prevent problems in community settings as well as when the child/youth is experiencing difficulty. The Plan of Care objectives must clearly state how the service can prevent as well as ameliorate existing problems and to what degree. This service cannot be used to develop an Individualized Education Program(IEP), the plan for students with disabilities who meet the federal and state requirements for special education, or to provide special education services to the child/youth.

Non- Medical Transportation

Non- Medical Transportation services are offered, in addition to any medical transportation furnished under the 42 CFR 440.17(a) in the State Plan. Non-medical Transportation services are available for individuals to access authorized HCBS and destinations that are related to a goal included on the child/youth's Plan of Care.

Examples where this service may be requested include transportation to: HCBS that a child/youth was determined eligible to receive, a job interview, college fair, wellness seminar, a GED preparatory class, etc. This service will be provided to meet the child/youth's needs as determined by an assessment performed in accordance with the state's requirements and as outlined in the child/youth's Plan of Care.

Section 3: OASAS LOCADTR 3.0 Criteria

Overview

Beacon Health Options adopts the Office of Addiction Support and Services(OA SAS) Level of Care for Alcohol and Drug Treatment Referral(LOCADTR) 3 .0 for use in rendering medical necessity determinations for all substance use services for all lines of business (excluding Medicare) for providers located in NewYork State.

NYS OA SAS, in partnership with National Center on Addiction and Substance Abuse at Columbia University (CA SA Columbia), developed the LOCADTR 3 .0, a web-based tool, to assist substance abuse treatment providers, Medicaid Managed Care plans, and other referral sources in determining the most appropriate level of care (LOC) for a client with a substance use disorder. This tool enables the referral source to identify the most appropriate treatment setting closest to the client's community.

The LOCADTR 3.0 Manual can be found here:

<https://oasas.ny.gov/system/files/documents/2019/10/LOCADTRManual3.0.pdf>

The LOCADTR 3.0 Concurrent Review Manual can be found here:

https://oasas.ny.gov/system/files/documents/2019/10/CRMANUAL19June2019_Final%20%281%29.pdf

The following is a list of services for which LOCADTR Criteria is used:

- A. Inpatient Detoxification (Medically Managed and Medically Supervised)
- B. Inpatient Rehabilitation/ Residential Rehabilitation for Youth
- C. Residential(Stabilization and Rehabilitation)
- D. Outpatient Detoxification/ Withdrawal
- E. Outpatient Day Rehabilitation / Partial Hospital
- F. Intensive Outpatient
- G. Opioid Treatment Programs

H. Outpatient Clinic Services

Section 4: InterQual Criteria

Overview

Beacon Health Options adopts Change Healthcare’s InterQual Behavioral Health Criteria for use in rendering medical necessity determinations for all mental health services in which CMS and OMH criteria is not applicable or available.

The Beacon bookview can be found by registering and logging into the InterQual portal here:

<https://mncex.beaconhealthoptions.com/mncportal/criteria/>

The following is a list of services for which InterQual Criteria is used:

Adults	Child and Adolescent	BH: Procedures Q&A
<ul style="list-style-type: none">• Inpatient• Observation• Residential Crisis Program• Residential Treatment Center• Supervised Living• Partial Hospital Program• Day Treatment Program• Home Care• Intensive Community Based Treatment• Intensive Outpatient Program• Outpatient	<ul style="list-style-type: none">• Inpatient• Observation• Residential Crisis Program• Subacute Care• Residential Treatment Center• Supervised Living• Partial Hospital Program• Day Treatment Program• Intensive Community Based Treatment• Intensive Outpatient Program• Outpatient	<ul style="list-style-type: none">• Applied Behavior Analysis (ABA)• Biofeedback• Electroconvulsive Therapy (ECT)• Multi-Gene Panels for Autism (ASD)• Neuropsychological and Developmental Testing• Pharmacogenomics Testing for Psychotropic Medication Drug Response• Psychological testing• Stereotactic Introduction, Subcortical Electrodes• Transcranial Magnetic Stimulation (TMS)• Urine Drug Testing• Vagus Nerve Stimulation

Section 5: ASAM Criteria

Overview

Beacon Health Options adopts the American Society for Addiction Medicine (ASAM) Criteria for use in medical necessity determinations for all substance use services for all Medicare members (for which CMS Criteria is not available) and for all other lines of business when the provider is located outside of New York State.

An introduction to A SAM can be found here: <https://www.beaconhealthoptions.com/pdf/members/Introduction-to-The-ASM-Criteria-for-Patients-and-Families.pdf>

The following is a list of services in which ASAM Criteria is used:

- A. Early Intervention
- B. Opioid Treatment Program
- C. Outpatient Services
- D. Intensive Outpatient Services
- E. Partial Hospitalization Services
- F. Residential Services
- G. Inpatient Services
- H. Withdrawal Management(Ambulatory, Residential, Inpatient)