



Children and Family Treatment and Support Services

Provider Guidance:
Evidence Based Practices

June 2023

Contents of this manual are subject to change. Any questions or concerns about this document can be sent to OMH-Childrens-Designation@omh.ny.gov

Please use subject line "EBP" for all EBP related inquiries and correspondence



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I. BACKGROUND

An integral design element of Children and Family Treatment and Supports (CFTSS) is the allowance for state endorsed Evidence Based Practices (EBPs) for specific interventions and services. Initially, New York State (NYS) is now realizing its commitment to the promotion and support of EBP models under the Children's Medicaid Redesign by implementing a process for agencies to apply and be approved for the provision of recognized EBPs under the Early and Periodic Screening and Diagnostic Treatment (EPSDT) CFTSS State Plan services..

In a cross-agency effort comprised of the Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), Office of Children and Family Services (OCFS), and the Department of Health (DOH), NYS identified a list of allowable EBPs and mechanisms to guide and inform implementation within CFTSS programming. The use of EBPs within CFTSS is intended to improve outcomes, reduce length of stay, and enhance practitioner competencies. This effort was informed by peer-reviewed research, stakeholder feedback, and consultation with proprietary organizations and other states with EBP implementation.

EBPs in CFTSS will be conducted via a phased implementation. NYS is committed to continually researching and monitoring EBP outcomes and as appropriate, expanding the type of EBPs in CFTSS.

II. INTRODUCTION

Through the implementation of the CFTSS array of services, NYS intended to offer providers greater capacity to individualize care to children and families at the right time, in the right way and in the right amounts. To further assist providers in offering specialized care, NYS is creating greater flexibilities, by enabling agencies to augment CFTSS through the provision of targeted EBP approaches for children and their families. This allows clinicians to apply evidence-based strategies in ways that best meet the client's needs and preferences.

CFTSS designated agencies that provide Other Licensed Practitioner (OLP) and Community Psychiatric Supports and Treatment (CPST) will now be able to provide EBP options, offering a wider range of treatment approaches to meet the needs of children/youth and families. CFTSS provider agencies have the flexibility to consider a child/youth and family's unique and individualized needs within the context of the overall service array, as not every child/youth and family either needs or will benefit from a specific EBP. Therefore, enrollment in CFTSS is not contingent upon appropriateness for an EBP instead, by embedding EBPs within the CFTSS construct, families may remain enrolled within a service before needing the EBP and/or after completing the EBP short term intervention.

III. NYS Endorsed EBPs in CFTSS

What are EBPs?

The term 'evidenced-based practice' is commonly used in a variety of settings and contexts however, for the purpose of NYS-endorsed EBPs for CFTSS, the term refers to a specific list of NYS identified practices and programs supported by credible research evidenced as effective. While regulations, guidance, and standards of care may reference 'best practice', select EBPs require substantial training, consultation, and other associated activities to meet fidelity measures. These rigorous standards warrant additional resources and compensation to support agency efforts to comply with fidelity and program requirements. Because of this, EBPs are identified as practice models that are recognized as achieving the highest standard of research evidence; require specialized training and credentialing; and maintain a structure to enable outcome replication in alignment with fidelity.

In alignment with the definition of evidenced-based care by The American Psychological Association, NYS-endorsed EBPs for CFTSS considers available research with clinical expertise in the context of patient characteristics, culture, and preferences (APA, 2006). EBPs are intended to be applied flexibly, within model fidelity, to accommodate client culture and preferences, as informed by training organizations, supervisors, cultural diversity consultants, and clinicians' informed judgment. This approach assumes that clinicians are conducting treatment in a manner conducive to therapeutic rapport, client-directed care, and cultural humility

PHASE I: Becoming a NYS Endorsed CFTSS EBP Provider

Getting Started

Provider Qualifications

To promote flexible service and intervention options for children/youth and families, EBP authorization is only available to provider agencies with existing OLP and CPST designation. In addition, eligible EBP CFTSS applicants are required to have fully implemented the full range of OLP and CPST service components and demonstrate active provision at the time of application submittal. Not all children/youth and families eligible for CFTSS will be appropriate for treatment via EBP therefore, agencies must have the ability to offer services in a manner that adapts to the needs and preferences of the population(s) served. Agencies must be able to deliver CFTSS both with and without the EBP; OLP and CPST via EBP cannot be the only option available to CFTSS enrolled children/youth and families.

Given EBPs will be delivered via OLP and CPST, it is critical that provider agencies not only have existing designation authorization but also demonstrate adherence to service standards, requirements, and positive quality of care measures.

NOTE: Depending upon the authorizing state agency, specific criteria to verify a provider agency’s compliance to verify “good standing” may apply.

NYS Endorsed EBPs

Evidence Based Practice	NYS Contracted Proprietary Organization	NYS Recognized Credentialing Organizations	Staff Qualifications
Functional Family Therapy (FFT)	FFT, LLC	FFT Partners	OLP: All current service staff qualifications allowable CPST: a Master’s degree in social work, psychology, or in related human services, plus one year of applicable experience
Parent-Child Interaction Therapy (PCIT)	PCIT International		OLP: All current service staff qualifications allowable

How to Apply

CFTSS provider agencies seeking to provide a state endorsed EBP must apply and receive authorization. Authorization is population and site specific.

Prior to applying, agencies are encouraged to complete a self-assessment to understand if the necessary structures are in place to support EBP implementation and determine if the needs of the children/youth and families served via the program aligns with allowable EBPs. It is critical that agencies are aware of the credentialing obligations, fidelity measures, and other billing and program requirements prior to beginning the application process.

Application Process:

Applicants must email Provider Designation (OMH-Childrens-Designation@omh.ny.gov) to request an application for EBP Authorization. The following information must be provided in the email request:

- Program Name
- Number of sites and addresses (how many sites will be providing the EBP?)
- Type of EBP

Based on the information provided in the email request, NYS will provide the applicant with the necessary forms to apply. All forms must be filled out completely and submitted to Provider Designation (OMH-Childrens-Designation@omh.ny.gov) by the identified deadline. Incomplete or missing forms may result in an applicant not being authorized for a specific cohort but may reapply for future cohorts.

Requests for EBP authorization will be evaluated by the New York State EBP Review Team. The NYS EBP Review team is comprised of representatives from four state agencies (DOH, OMH, OASAS, and OCFS) however, NYS reserves the right to seek input and advice from other experts through the application review process.

The State will make a determination following the review of all required documentation. It is NYS' 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 particular EBP. Authorization will be awarded dependent upon a variety of factors including, the content of the application, community need, provider agency standing and/or functioning of current CFTSS programming, EBP readiness, and regional distribution to support statewide access

Any existing EBP provider that was operational before the issuance of this guidance will need to apply for authorization if the provider wishes to be considered for enhanced Medicaid reimbursement. Agencies must submit applications, and be approved by NYS, to be reimbursed for the EBP under CFTSS.

EBP Authorization

NYS has partnered with specific proprietary organizations to administer EBP training. Given training availability is limited, EBP authorization will be administered in phases or cohorts. If an application is not accepted within a cohort, it will be waitlisted until the next available cohort for review. Agencies will be notified in the event their application is reserved for future cohorts.

NOTE: Applicants may be limited by the number of staff they can include in a specific cohort.

Authorization

Agencies whose applications have been approved and accepted into a training cohort will receive EBP authorization to enable them to initiate training and bill the enhanced Medicaid rates after training begins. Once authorized, NYS will issue an updated CFTSS Designation Letter indicating approval by EBP and site/location. Agencies are required to update all applicable documentation including policies and procedures, as applicable, to reflect EBP requirements and associated processes in accordance with this guidance.

Authorized provider agencies are able to use the title of "NYS-authorized" and "NYS-endorsed" as relevant to EBPs in alignment with CFTSS Designation.

EBP authorization will be reflected on public-facing lists and will be communicated to the NYS Center for Workforce Excellence (see section Phase II for more information) and Medicaid Managed Care Organizations.

Waitlist

EBP training space is limited therefore, NYS will be authorizing CFTSS agencies in phases or by cohorts. Applications will be reviewed in the order received; however, priority may be granted to agencies depending upon identified need or geographic location. In the event a cohort is filled, approved applications will be 'waitlisted' until the next available cohort. Waitlisted agencies will be notified, and their application will be reserved with priority. Upon the opening of another cohort, for each identified EBP, NYS or its designee will inform waitlisted applicants and welcome them to update their previously submitted application, as needed.

Denial

Regardless of outcome, agencies will be notified of the EBP application determination. If an applicant is not authorized, they will be notified, in writing, of the state's determination with rationale. There is no appeal process, and all NYS EBP Review Team decisions are final. However, applicants may resubmit/reapply an application with missing information or new evidence in a future cohort.

Denial of EBP authorization will not impact existing licensure or designation.

PHASE II: Credentialing Process

Center for Workforce Excellence

NYS has partnered with the Center for Workforce Excellence (CWE) to not only support the implementation of EBPs in CFTSS but also, further penetration of EBPs across the child-serving system. As a result, authorized EBP providers are required to collaborate with the CWE to facilitate staff trainings, provide requested data and other EBP-related information, and to ensure access to supportive technical assistance and associated resources. The CWE will serve as the conduit between NYS, EBP proprietary organizations, and provider agencies.

In the event an authorized provider agency has staff with existing credentialing or prefers to partner with a proprietary organization different than those partnered with NYS, connection with the CWE is still required to maintain EBP authorization under CFTSS. Data and information collected through the CWE will help to inform and guide future efforts to expand EBP endorsement across the lifespan and meet the needs of specialized populations. This information will inform and guide the State on future EBP efforts and modalities.

Training

As part of the application process, CFTSS provider agencies will attest to their ability to meet the training and consultation requirements for EBP credentialing. Changes to information included in the agency's application should be communicated to the CWE when impacting training attendance and program adherence. Similarly, for agencies that opt to partner with a

proprietary organization other than those contracted with NYS, ongoing communication with the CWE to track training and compliance is still required.

PHASE III: Ongoing Authorization

Although individual practitioners or teams will be credentialed in an EBP, NYS will only issue authorization to agencies with OLP and CPST designation. Authorization will not be granted to individuals or groups. EBP authorization identifies provider agencies currently delivering an EBP to model fidelity or are in the process of pursuing certification to deliver an EBP. It is the responsibility of the EBP authorized agency to ensure they maintain competent staff to uphold the model, delivering the intervention to fidelity, and certification renewal of the EBP.

It is understood that staff turnover, attrition, and other factors may impact an agency's temporary ability to maintain model fidelity. In these cases, EBP authorization may be maintained pending agency efforts to come into compliance with EBP requirements. This may include hiring for staff vacancies and enrolling in needed training for credentialing. During the period in which fidelity is not met, billing the enhanced rate is not permitted. Agencies are required to update the CWE with information specific to changes in staffing and ability to maintain fidelity.

Suspension or Termination of Authorization

EBP authorization is contingent upon an agency's OLP and CPST designation and ongoing provision of these services when not delivered via the EBP. Agencies must maintain CFTSS licensing/designation in compliance with related state-issued regulations, guidance, or other requirements. Authorization may be impacted in circumstances in which an agency's CFTSS program is placed under Enhanced Monitoring or other corrective action. Agencies are required to disclose any program or fiscal changes impacting CFTSS operations and quality of care to NYS.

In addition, continued EBP authorization is dependent upon a program's adherence to EBP fidelity measures - with certain exceptions such as staff turnover based on model allowances. For circumstances in which a program is unable to meet training requirements or other required model expectations, EBP authorization may be revoked.

If OLP and/or CPST licensing/designation is terminated or voluntarily withdrawn for any reason, EBP authorization will subsequently be revoked.

IV. Program Implementation

Eligibility

The intent of any endorsed EBP should be to target children and youth under 21 years of age, who are Medicaid or Child Health Plus eligible and have needs in alignment with CFTSS

Medical Necessity, in accordance with the identified service, and meet the target criteria of the authorized EBP.

Documentation

EBPs will be administered via select CFTSS as such, documentation must reflect the use of EBPs within the child's case record. Any EBP program required documentation should be maintained with CFTSS program documentation. CFTSS treatment plans and progress notes must identify when interventions are administered via EBP. Documentation must clearly identify how the needs and priorities of the child/youth and family is appropriate for an EBP.

All CFTSS documentation must remain adherent to applicable program requirements. For more information specific to CFTSS documentation see [CFTSS Health Record Documentation Guidance](#).

CFTSS Operational Considerations

Child/youth and families cannot be concurrently enrolled in the same EBP across multiple programs or services.

Commonly, agencies employ credentialed staff that work in a variety of programs and settings. If agencies opt to utilize currently employed EBP credentialed staff to deliver services in CFTSS and the staff works in a different program such as an Article 31 Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS)/clinic or locally funded program, they must be appropriately cost-allocated to reflect time worked in each program type.

Admission prioritization and service access must align with agency policies and procedures in accordance with level of risk, need, and severity of condition. Any admission processes should consider equitable and timely access for all eligible and appropriate youth for admission to CFTSS.

Billing

The EBP designation allows providers to bill enhanced rates reimbursable through service rate codes. New York State's expectation is for authorized EBP providers to: 1) meet the required OLP and CPST qualifications; 2) obtain NYS EBP authorization; 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 rates are billed and paid.

Authorized programs may begin billing the enhanced Medicaid rate upon completion of initial EBP training.

More guidance specific to billing will be forthcoming.



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