



**New York Children’s Health and Behavioral Health Transition:
Family Peer Support Services: Preparing for Managed Care Webinar
Frequently Asked Questions (FAQs)**

Below is an FAQ concerning the Family Peer Support Services (FPSS): Preparing for Managed Care Webinar.

As of May 2019

#	Topic	Question	State Response
1	Billing	When a youth is hospitalized and an FPSS worker was at the home earlier the same day can FPSS bill?	<p>A FPSS provider cannot bill Medicaid for services while the child is in the hospital, as the hospital is already billing Medicaid for the child at that time.</p> <p>However, if the service is provided before the child was admitted to the hospital, the service would be billable and not duplicative of another Medicaid service.</p> <p>As always, we encourage you to speak with your agency internal compliance officer and/or billing staff to delineate when a staff-person can serve the family.</p>
2	Billing	Which billing platform will FPAs use?	<p>The type of billing platform to be used is up to the FPSS provider billing for the FPS services provided.</p>
3	Documentation	The current sample medical necessity form does not include the questions related to "whether the child is likely to	<p>The questions outlined are components of medical necessity. Medical necessity is determined by a Licensed Practitioner of the Healing Arts (LPHA) to identify whether the child is eligible to receive the services based on identified functional limitations</p>



		benefit from the services, and whether the caregiver is available and receptive to services". Is "medical necessity" and "eligibility" the same thing, or two different determinations (requiring different forms)?	<p>and needs. Here is a sample form for LPHAs to utilize when recommending CFTSS. This form will be updated prior to 7/1/19 to include FPSS.</p> <p>This recommendation is provided to the FPSS provider to verify "eligibility" for the service. The FPSS should retain this recommendation in the child's case record.</p>
4	Service Provision	If a family does not have a child with a substance abuse issue would a CRPA-F be able to work with the parent?	<p>FPSS work to improve the situation of the family in relation to the needs of the child. Family peers have lived experience as a parent of a child with mental health needs or substance use needs and the corresponding certification or credentialing. Therefore, the use of a family peer should take into consideration the needs and diagnosis of the child.</p> <p>Typically, the CRPA-F would assist the parent or caregiver to address the needs of their child with a substance abuse issue. Whereas, the credentialed FPA would work with a parent or caregiver of a child with a mental health need.</p>
5	Treatment Plan	Does the FPA/CRPA-F write the treatment plan?	<p>Yes, they create the treatment plan based on the needs of the child and family. The FPSS would engage in a conversation with the child and family and use the information provided by the LPHA to determine what intervention/activities would take place within the scope of the service to support the goals and objectives developed.</p> <p>Although there is no specific assessment for this, OMH does endorse the use of the Family Assessment of Needs and Strengths (FANS) which will assist FPSS providers in honing-in the on a family's strengths and needs. This conversation would</p>



			<p>result in the development and implementation of a treatment plan.</p> <p>For more information on the FANS can be found at: https://www.ftnys.org/training-credentialing/family-needs-strengths-fans/</p>
6	Treatment Plan	<p>It doesn't say that the LPHA who makes the recommendation "MUST" be involved in the creation/ coordination/oversight. Most clinicians (pediatricians/school SW/LPHAs) are not going to want to have more responsibility on their shoulders, than is absolutely required. With that in mind, what is the protocol in these situations? Can FPSS providers create their own treatment plans w/caregivers and submit them to the MMCP without the oversight of any other authority?</p>	<p>As noted above the FPSS provider can develop their own treatment plan, with the oversight and approval of the FPA supervisor. The plan, however, should be guided by the needs and functional limitation of the child identified by the recommending LPHA.</p> <p>Ongoing involvement of the LPHA recommending the CFTS service is not required. However, as with all mental health service provision, coordination of care between service providers or through a multi-disciplinary approach, is most effective.</p> <p>If the recommending LPHA is also part of the FPSS provider agency, they may play a more active role in the treatment plan and serve as a member of the multi-disciplinary team on an integrated treatment plan.</p> <p>If the LPHA is not within the same agency, wherever possible, FPSS providers are encouraged to coordinate with external agencies to ensure their work supports the efforts of other treatment providers and helps to inform their own activities.</p>