



## Workflow for the C-SPOA Application Part 2: Referral for Accessing Youth Assertive Community Treatment (ACT), Children’s Community Residence (CCR), and Residential Treatment Facility (RTF)

The Office of Mental Health (OMH) and Conference of Local Mental Hygiene Directors (CLMHD) have collaborated to develop a statewide streamlined and equitable referral process that supports the Children’s Single Point of Access (C-SPOA) Coordinator role when youth and their caregivers/guardians seek higher levels of care for mental health needs. Completion of the workflows below by the C-SPOA Coordinator should be conducted promptly and should not involve a C-SPOA Committee. This process and the new application will go into effect **January 1, 2023** along with the new C-SPOA Part 2 application.

The public’s use of the new applications will be phased in as the application becomes more widely distributed between January and March, 2023. As applicable, see Appendix III for support in engaging in this new referral process without the new applications.

**NOTE:** If you need copies of any of the referenced applications, documents or recorded presentations in this workflow, please send the request to OMH at [DCFS@omh.ny.gov](mailto:DCFS@omh.ny.gov).

### I. **Beginning the Part 2 Application Workflow** (See Appendix I, section II for a visual representation)

1. Youth’s County C-SPOA Coordinator receives the C-SPOA application Part 1 and Part 2 completed by a referring provider (e.g. school, pediatrician, hospital discharge planner) or guardian.
2. Go to page nine “For C-SPOA Use Only” Section (C-SPOA section) of the Part 2 Application to enter name, email, phone and date application received. See Appendix III for how to proceed with referrals that are made not using the C-SPOA Part 1 or Part 2 applications during the 2023 new application implementation.
3. The C-SPOA identifies the program type(s) selected for referral.
  - a. C-SPOA indicates which program types the applicant is applying for access in the Part 2 Application’s C-SPOA section
  - b. Determine if the Part 2 application’s page one, section one checkbox “For OPWDD use only: Referral for OLV ITP RTF” has been checked.
    - i. If not checked, proceed to #4 of this section.
    - ii. If this box is checked and the application was forwarded by OPWDD, C-SPOA will not complete an administrative review for completeness or be required to forward the referral to OMH. These referrals are therefore concurrently forwarded by OPWDD to OMH and C-SPOA, so that OMH is able to process the referral as quickly as possible while also ensuring that C-SPOA has the opportunity to evaluate whether there are any community services that may assist the youth and family.
      1. For these referrals, complete the C-SPOA section of the Part 2 application by responding to the “Is referral from OPWDD for the ITP?”
      2. If the C-SPOA has any comments they may be made in the C-SPOA section and forward to OMH for awareness. No further workflow steps required.
4. The C-SPOA reviews the application for completeness by program type. The review for completeness involves confirming the following: questions in the application have responses;

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check boxes are checked, and radio buttons are selected for each question and section; all documentation required for the program type(s) selected for referral are present; the date(s) of supporting documentation meet timeframe requirements as outlined on the Part 2 application, justification for lack of supporting documentation or timeframes not met is present; and consent forms have signatures.

- a. If the application is complete, proceed to step d of this section.
- b. If the application is incomplete, please refer to the following guidelines:
  - i. If the application is missing verification of SED, as stated within the supporting documentation provided or submission of the *Verification of Meeting Serious Emotional Disturbance Criteria for OMH Youth ACT, CCRs and RTFs* form itself, the form is able to be completed by a LPHA who has the ability to diagnose within their scope of practice under New York State law. If obtaining this verification from a provider involved with the youth's treatment is a significant barrier to the referral proceeding, the C-SPOA Coordinator or another person within the LGU who has the required LPHA credentials may complete the verification.
  - ii. For CCR referrals:
    - a. If the psychosocial or psychiatric evaluation are missing, C-SPOA's role is to assist the youth and family in getting connected to services that may be able to complete the evaluations requested.
    - b. If a psychological evaluation for youth with an IEP is missing, if justification is provided for the lack of an updated psychological and the youth is not dual diagnosed with an intellectual or developmental disability or has not historically had an IQ below borderline intellectual functioning, the referral may be considered complete.
    - c. All the listed supporting documentation other than the psychological evaluation are required for referral to a CCR per regulations.
    - d. The C-SPOA may use their discretion around waiving timeframes of the supporting documentation in light of justification provided and severity of youth's current unmet needs.
  - iii. For RTF referrals:
    - a. If the psychosocial or psychiatric evaluation are missing, C-SPOA's role is to assist the youth and family in getting connected to services that may be able to complete the evaluations requested.
    - b. If the referral source has provided justification for the absence of any required supporting documentation, C-SPOA should not delay in forwarding the application to the RTF Authorization Coordinator. The RTF Authorization Coordinator will discern whether the RTF Authorization team is able to proceed with a review. If they are not, the RTF Authorization Coordinator will provide notification to the youth/guardian and C-SPOA to specify what is required in order to conduct an eligibility review for RTF services. C-SPOA's role at that time may be to provide additional assistance to the youth and

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- family in getting connect to services that may be able to complete the evaluations requested.
- c. Upon receipt of information or documentation requested, review the application in its entirety for completeness.
    - i. If incomplete, return to step b of this section.
    - ii. If complete, proceed to step d of this section.
  - d. Complete the C-SPOA section:
    - i. “Application Notes” text box provides C-SPOA opportunity to comment regarding issues identified during the review for completeness.
    - ii. Respond to the question, “Are less restrictive services documented to be insufficient to meet the individual's severe and persistent clinical needs?”

**NOTE:** This question is asking C-SPOA whether evidence is present in the application that less restrictive services are not able to meet current needs. This includes indication that services have been unavailable due to a waitlist OR youth/family declination of services, or indication that services have been tried and haven't been able to meet the youth's needs. If C-SPOA would like to share information on whether there are less restrictive services that have not yet been tried that may meet needs that can be provided in the next question free text box.

- iii. Complete the free text box where it states: “Provide additional information regarding the youth applicant's utilization of less restrictive treatment and support services and C-SPOA recommendation(s). If known and applicable, include any barriers encountered by the youth/family.”
- iv. For each program type the applicant is seeking referral, indicate the date(s) the application was determined complete.
- e. Proceed to section II “Workflows by Program Type”

### II. Workflows by Program Type

If the application is requesting review for more than one program type, the C-SPOA completes the workflow to review the application in order of the least restrictive program setting selected first.

**NOTE:** Restrictiveness of a program type refers to the ability of the program's services to be delivered while the youth remains in their home, local community, or a home-like setting. In terms of restrictiveness, Youth ACT is the least restrictive program service as it is primarily delivered in a youth's home setting. RTF is the most restrictive program service and setting.

#### A. Youth ACT Referral Workflow (See Appendix I, section III for a visual representation)

1. Review the C-SPOA Part 1 application and Part 2 application, including supporting documentation.
2. Determine whether eligibility criteria are met.
3. Answer the question, “Does the applicant meet eligibility criteria for Youth ACT?” in the C-SPOA section
4. Communicate the eligibility determination to the caregiver/guardian and referring provider for the application and confirm the caregiver/guardian want to proceed with the referral to the Youth ACT teams
5. Fill in “Date youth/guardian agreed to proceed with referral” in the C-SPOA section
6. If eligibility for Youth ACT is met, C-SPOA (or other agreed-upon entity) obtains Level of Service Determination (LOSD) from the Managed Care Organization.

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7. C-SPOA forwards the referral application to the Youth ACT team.
8. If the youth is put on a waitlist for a Youth ACT team, the C-SPOA will link the youth and caregiver/guardian with any appropriate community-based services and provide support.
9. If the youth is concurrently seeking access to the CCR program type proceed to section II.B “CCR Referral Workflow” of this document.
10. If the youth is concurrently seeking eligibility to access to RTF program, proceed to review proceed to section II.C “RTF Referral Workflow” of this document.

### B. CCR Referral Workflow (See Appendix I, section IV for a visual representation)

1. Review the C-SPOA Part 1 application and Part 2 application, including supporting documentation.
2. Using the *OMH CCR Level of Care Guide*, make a recommendation regarding whether the application is appropriate for the CCR program type.

**NOTE:** If a youth is found appropriate by their local C-SPOA for a CCR program type and referrals are sent to CCR(s) out of the county, the C-SPOA for the CCR's location shall be notified of referrals. However, the recommendation of appropriateness made by the youth's C-SPOA **may not** be overruled.

3. Answer the question, “Is the applicant appropriate for CCR per the CCR LOC Recommendation Guide?” in the C-SPOA section.
4. Contact the youth and caregiver/guardian:
  - a. Share whether the youth appears appropriate for the CCR program type.
    - i. If the C-SPOA's review finds that the youth may be appropriate for the CCR program type, proceed to step b of this section.
    - ii. If the C-SPOA's review finds that the youth may not be appropriate for the CCR program type, the C-SPOA discusses with the youth and caregiver/guardian whether they would still like to proceed with referrals to CCRs.
      1. If the youth and caregiver/guardian does want to proceed with referral to CCRs, proceed to step b of this section.
      2. If the youth and caregiver/guardian does not want to proceed with referral the C-SPOA should share alternative programs and supports that provide a more appropriate level of service(s) to meet the needs of the youth and parent/caregiver.
  - b. If the youth is concurrently eligible for another program type, see Section III “Concurrent Eligibility” of this document before proceeding to step # 7 of this section.
  - c. C-SPOA reviews the available CCR programs with the youth and caregiver/guardian by referencing the CCR Map and Directory to identify programs for which the youth appears to meet admission criteria, and discusses program preferences with the caregiver/guardian.
5. Fill in “Date youth/guardian agreed to proceed with referral” in the C-SPOA section
6. If the youth is concurrently seeking access to RTF, proceed to section II.C “RTF Referral Workflow” of this document before continuing with step #7 of this section.

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7. Proceed to forward the application to the CCRs for which the youth meets admission criteria (e.g. age, gender) and which the parent/guardian consented to apply for admission.

**NOTE:** CCRs will review referral applications regardless of bed availability. CCRs are required to review applications and make an admission decision within ten (10) business days of receipt of all intake materials. If they are not able to make an admission decision in this time frame, they are required to provide documentation outlining the reasons upon request.

- a. The CCR will provide notification of the admission decision to the caregiver/guardian, youth, and C-SPOA:
  - i. If accepted for admission to a CCR, provide an estimated timeframe for admission:
    1. The C-SPOA will continue to link the youth and caregiver/guardian with any appropriate community-based services and provide guidance where needed until the youth admits to the CCR.
    2. C-SPOA should be prepared to assist youth and families should they need any assistance with completion of the written authorization for CCR rehabilitation services. There is a CCR admission requirement that all youth have a written authorization for CCR rehabilitation services at time of admission. This requirement is based on regulations and billing rules. The authorization for CCR service is **not** required at time of referral to the CCRs nor is it required to make an admission decision.
    3. As applicable, C-SPOA coordinates with CCR staff around linkages to recommended outpatient services and supports the youth will need while in the program.
  - ii. If denied admission to a CCR:
    1. C-SPOA will ensure that the CCR program provides justification within the admission decision notification that addresses why the youth is not able to be accepted for admission.
    2. As appropriate and supported by the youth and caregiver/guardian, a request may be made of the CCR to reconsider their acceptance determination.
    3. Re-review available CCR programs to identify additional CCRs to send the referral. Contact OMH Field Office if further information is required about CCR matching practices.
    4. If more than 2 denials are received, go to section IV. "Reconsidering Eligibility" of this document.

### C. RTF Referral Workflow (See Appendix I, section V for a visual representation)

1. Complete "Date youth/guardian agreed to proceed with referral" in the C-SPOA section
  - a. If C-SPOA is aware, please note any caregiver/guardian and/or referral source RTF preferences.
  - b. If the youth was found eligible for Youth ACT and/or appropriate for CCR, and is accessing these services, provide an update status
3. When C-SPOA completes the C-SPOA section, add date application will be forwarded to the regional OMH Field Office RTF Authorization Coordinator. See Appendix II for Regional

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RTF Authorization Coordinator contact information. The OMH Field Office RTF Authorization Coordinator will arrange for an RTF Authorization Team review to determine eligibility to access RTF services.

- a. The RTF Authorization Coordinator will provide notification to the C-SPOA, referring provider, and caregiver/guardian with the eligibility determination
  - i. If found eligible, the youth will be authorized to access RTF services, and the C-SPOA will be notified of the RTFs to which the referral is sent for RTF review for acceptance.
    1. C-SPOA will be updated regarding the RTF determination of acceptance and estimated timeframe of admission to an RTF bed
    2. C-SPOA will continue to link the youth and caregiver/guardian with any appropriate community-based services and provide guidance where needed if the youth remains on a waitlist.
    3. If the youth is offered admission to an RTF and the youth/caregiver/guardian wants to defer admission because the youth is also eligible/ accessing Youth ACT or CCR, and is responding positively, C-SPOA supports the caregiver/guardian in requesting a “suspension” of their RTF authorization.
      - a. A suspension means that an RTF authorization becomes inactive due to the youth and caregiver/guardian being *temporarily* unavailable to proceed with admission to an RTF bed. A suspended authorization becomes active once the youth is available to admit to an RTF bed and eligibility has been reconfirmed. Without a suspension, if a youth/family declines admission to an RTF bed, the application will be de-authorized and may need to submit a new application.
  - ii. If not eligible to access RTF services, the C-SPOA should complete a review of alternative services and supports that may meet the needs of the youth and caregiver/guardian.

### III. Concurrent Program Eligibility

When an applicant selects more than one program type for referral and is found eligible or appropriate for more than one program type at the same time, the C-SPOA should support a conversation with the youth and caregiver/guardian, and as applicable, referring provider(s) about preferences and prioritization of access to program type(s) based on the youth and caregiver’s current needs.

The C-SPOA plays an important role by facilitating conversations focused on whether it is in the best interest of the youth and family to evaluate the response to less restrictive services for which a youth is eligible or appropriate and are available, *before* pursuing access to more restrictive out-of-home interventions. Similarly, the C-SPOA plays an important role by facilitating conversations focused on whether it is in the best interest of the youth and family to evaluate the program types for which a youth is eligible or appropriate and are available closest to the home and home community, *before* pursuing access program types that are farther away.

#### A. Youth ACT and CCR

When a youth is eligible for Youth ACT and also referred to the CCR program type, a decision

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needs to be made by the youth and caregiver/guardian about whether the CCR application should be forwarded to CCR(s) immediately or whether the referral should be held back to first evaluate the youth's response to Youth ACT. The outcome of this conversation should be documented in the C-SPOA section of the Part 2 application date the family agreed to proceed with referral.

In the example provided, if the CCR application is going to be immediately referred to CCRs for consideration of admission, proceed to step #4c of section II.B "CCR Referral Workflow." If the CCR application is going to be held by C-SPOA and not forwarded to CCRs while Youth ACT is pursued, C-SPOA can hold the application for up to 90 days from the date of submission without requiring a new or updated application.

If it becomes evident that Youth ACT is not able to meet the needs of the youth and caregiver/guardian, C-SPOA should update the "C-SPOA Section" of the application to document the inability of Youth ACT to meet needs. Then proceed to step #7 of Section II.B "CCR Referral Workflow."

### B. CCR and RTF

If a youth is appropriate for CCR and has also selected RTF on the application, a conversation should occur with the youth, caregiver/guardian, and as applicable, referring provider(s) about whether to proceed with applying for eligibility to access RTFs or instead evaluate response to less restrictive service(s) closer to the home before sending the referral to OMH for a determination of eligibility to access RTF services.

For example, if a youth and caregiver/guardian learn they may be appropriate for CCR and the family wants to proceed with applying for admission to CCRs, they may choose to hold off on forwarding the youth's application to OMH for an RTF authorization determination. In this scenario, the application may be held for up to 90 days from the date of submission without requiring a new application for OMH review. If within the timeframe the youth and caregiver/guardian change their mind and want to proceed with referral submission for OMH RTF Authorization Team review, provide any additional relevant information about why the application submission to OMH was delayed and the youth's response to services and supports they accessed in the interim.

## IV. Reconsidering Program Eligibility/Appropriateness

1. If a youth who is eligible or appropriate for a program type receives multiple provider denials for a specific program type, or there has been a change in the youth's status such that the appropriateness for a program type is questioned, C-SPOA will take the following steps:
  1. If the youth had previously requested consideration for other program types on the application:
    - i. Identify whether the youth is eligible/appropriate for those other program types and the status of accessing those services.
    - ii. Discuss other service options with the caregiver/guardian/youth and referring provider should the youth not be eligible for other program types or is waiting to access those services.
  2. If a program type was not previously requested (selected) on the application, the C-SPOA and referring provider will discuss service options with the

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caregiver/guardian/youth and consider if less or more restrictive and intensive services may be indicated. If the decision to apply for a program type that was not previously selected the youth's application occurs, the following will determine the next steps:

- a. If less than 90 days have passed since the initial submission of the Part 2 application, C-SPOA will request that the referring provider update the Part 2 application for the program(s) newly selected. The referring provider will need to ensure that any additional required supporting documentation for the program type(s) selected is present.
  1. C-SPOA will keep both the updated record and initial application together.
  2. C-SPOA will review the applications for completeness.
  3. If complete, the C-SPOA can then proceed with the appropriate Program Type Specific workflow as outlined in this document.
- i. If more than 90 days have passed since the initial submission of the Part 2 application, C-SPOA will request a new application and then proceed with following the workflow from Section I "Beginning the Part 2 Application Workflow."

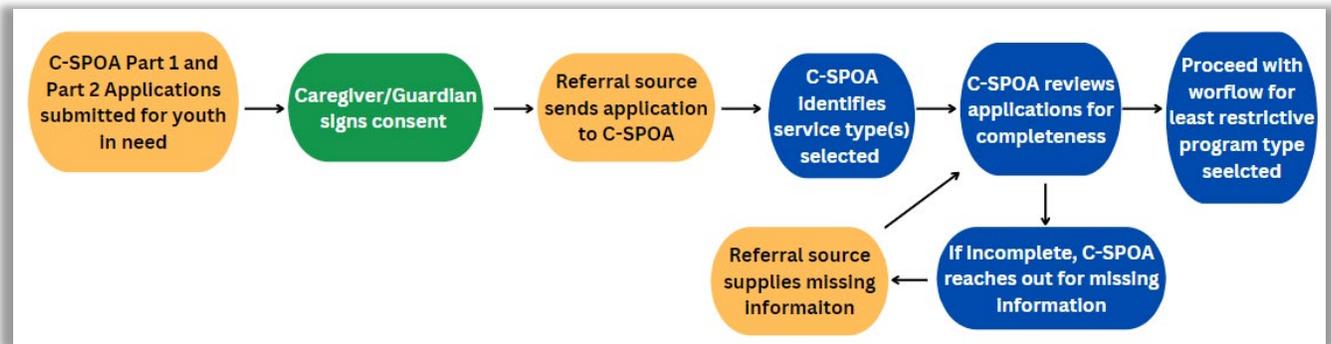
## C-SPOA Workflow for C-SPOA Application Part 2

### Appendix I Workflow Visualizations

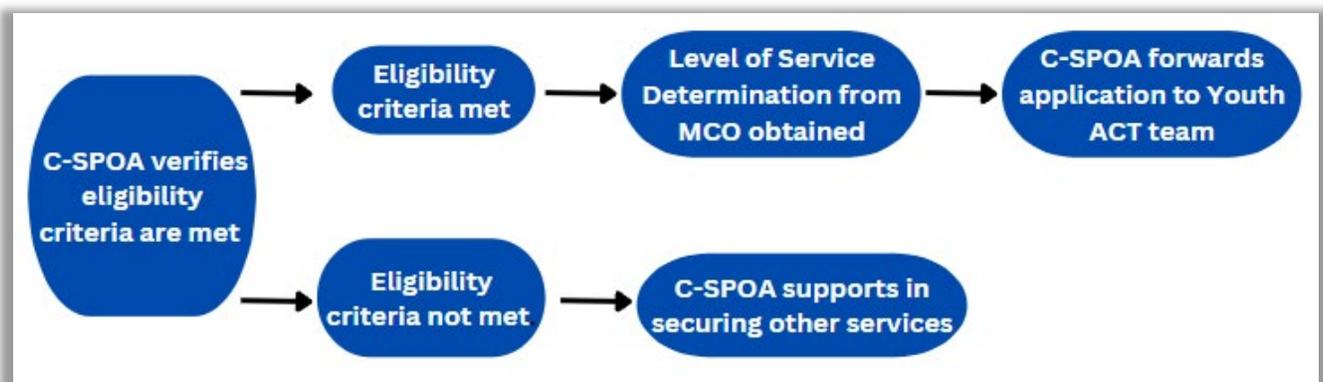
#### I. Key



#### II. Beginning the Part 2 Application Workflow: A visual representation

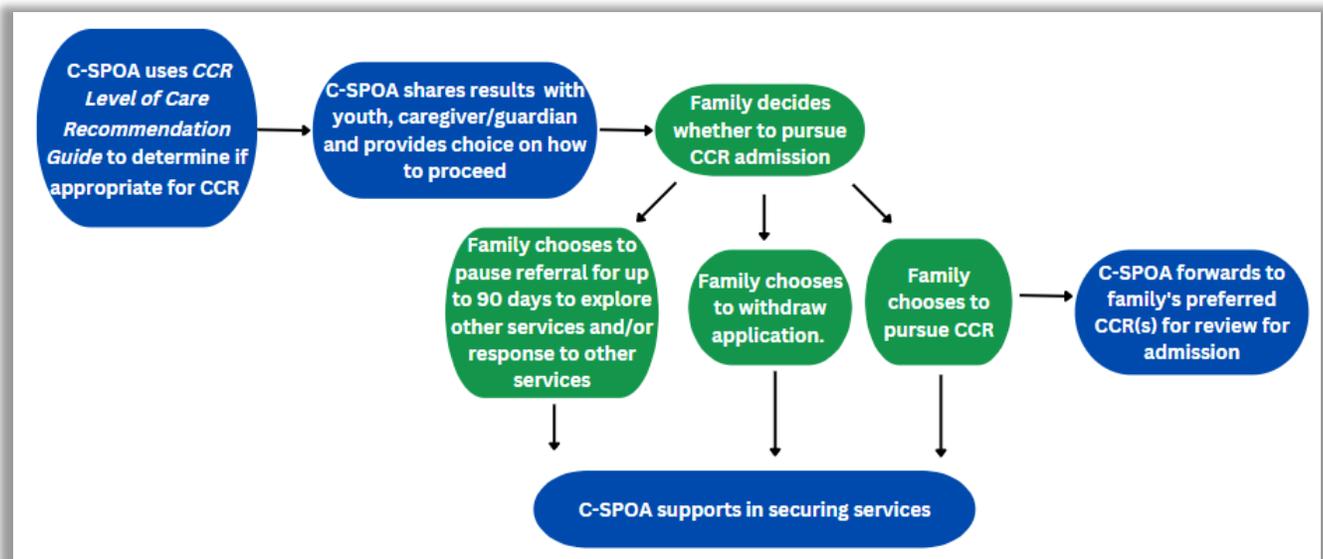


#### III. Youth ACT Referral Workflow: A visual representation

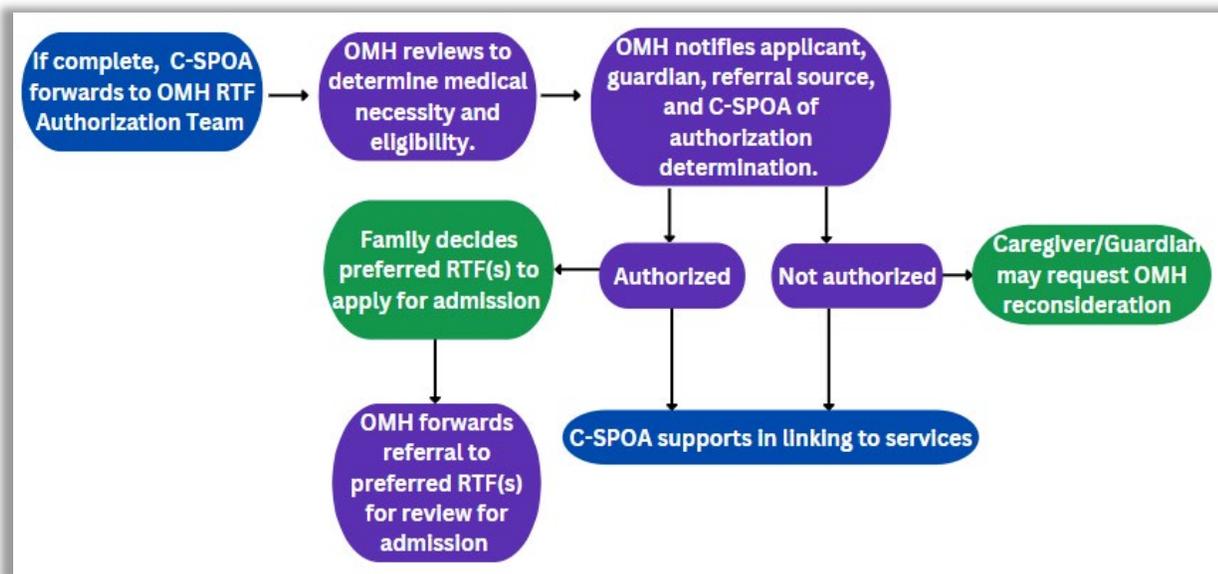


## C-SPOA Workflow for C-SPOA Application Part 2

### IV. CCR Referral Workflow: A visual representation



### V. RTF Referral Workflow: A visual representation



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### Appendix II Regional RTF Authorization Coordinator Contact Information

Region	RTF Authorization Coordinator Name	Mailing Address	Phone	Email
Long Island	Valerie Link	Long Island OMH Field Office Valerie Link 998 Crooked Hill Road, Bldg. 45, 3 <sup>rd</sup> Floor, West Brentwood, NY 11717	631-761-2315	<a href="mailto:omh.sm.RTF.AUTH.LI@omh.ny.gov">omh.sm.RTF.AUTH.LI@omh.ny.gov</a>
New York City	Jennifer Testa	New York City OMH Field Office Jennifer Testa, 330 5 <sup>th</sup> Avenue, New York, NY 10001-3101	212-330-1673	<a href="mailto:omh.sm.RTF.AUTH.NYC@omh.ny.gov">omh.sm.RTF.AUTH.NYC@omh.ny.gov</a>
Hudson River	Julie Buckler	Hudson River OMH Field Office Julie Buckler 10 Ross Circle, Suite 5 North Poughkeepsie, NY 12601	845-454-8229	<a href="mailto:omh.sm.RTF.AUTH.HR@omh.ny.gov">omh.sm.RTF.AUTH.HR@omh.ny.gov</a>
Central	Gladys Smith	Central NY OMH Field Office Gladys Smith, 545 Cedar Street, Syracuse, NY 13210	315-426-3949	<a href="mailto:omh.sm.RTF.AUTH.CNY@omh.ny.gov">omh.sm.RTF.AUTH.CNY@omh.ny.gov</a>
Western	Meredith Love	Western NY OMH Field Office Meredith Love, 737 Delaware Ave, Suite 200 Buffalo, NY 14209	716-533-4182	<a href="mailto:omh.sm.RTF.AUTH.WNY@omh.ny.gov">omh.sm.RTF.AUTH.WNY@omh.ny.gov</a>

## C-SPOA Workflow for C-SPOA Application Part 2

### Appendix III

#### 2023 Guidelines for Processing Referrals During Phase in of New Application and Referral Process

**A. When the most up to date C-SPOA Application Part 1 or Part 2 are not used.** If the C-SPOA Coordinator receives referrals for RTF or CCR that do not use the new C-SPOA Part 1 and Part 2 Applications, the following steps should occur:

1. If an up-to-date C-SPOA consent is not on file, please reach out to the parent/guardian (and referring provider, if applicable) and request that the C-SPOA Part 1 application be completed, so that you may process the referral for CCR or RTF.

**NOTE:** When C-SPOA makes contact with a referring provider who does not submit the most up to date C-SPOA Part 1 and C-SPOA Part 2 Applications, be sure to share the most up to date applications for use in future referrals.

2. As long as an up-to-date C-SPOA consent is on file, the C-SPOA Coordinator should accept the application materials submitted and proceed to process them according to the C-SPOA Part 2 Application Workflow as if they were the most up to date application to the extent this is possible.

- a. In order to guide the C-SPOA review for completeness, you may use a blank Part 2 application. Use the Part 2 application's supporting documentation checklist and the C-SPOA section to document what has been submitted with the referral. Without the most up to date application, C-SPOA will likely need to follow up with the guardian and referral source needed to obtain relevant and needed information.

**B. If new CCR referral process is not followed.** If an application for CCR is sent directly to a CCR program rather than coming to the youth's C-SPOA Coordinator first, the CCR provider will inform the referral source that referrals need to go through C-SPOA first and direct them accordingly. C-SPOA will then process the referral per the primary workflow or the workflow outlined in this appendix if not submitted using C-SPOA Part 1 and C-SPOA Part 2.

**C. If new RTF referral process is not followed.** If an application for RTF is sent directly to OMH rather than coming to the youth's C-SPOA Coordinator first, the OMH RTF Authorization Coordinator will provide the referrer with the new applications and inform them that in the future all referrals need to go to the youth's local C-SPOA Coordinator.

1. If a C-SPOA Part 1 application has not been completed for the youth, the OMH RTF Authorization Coordinator will request that they complete the C-SPOA Part 1 application and send to the youth's local C-SPOA, in addition to forwarding the application for the RTF to the C-SPOA so that they are aware of the youth and can help coordinate services as needed.
  - a. The OMH RTF Authorization Coordinator will inform the youth's C-SPOA that a referral is coming to them, but the C-SPOA will not need to forward the referral to OMH. OMH will proceed with making a determination of eligibility.
2. If a C-SPOA Part 1 application has been completed for the youth, the OMH RTF Authorization Coordinator will inform the youth's local C-SPOA that a referral has been made to for RTF so that they are aware and can help coordinate services as needed. C-SPOA will not be asked to review the referral prior to OMH conducting an eligibility review.