

Community Treatment Aide (CTA): Agency CTA and Team CTA-Child and Adolescent MH

Definition

Community Treatment Aide (CTA) services are supportive, and psychoeducational interventions provided primarily in the youth's natural environment. CTA services are expected to improve the youth's level of functioning within their environment and to enhance the care giver's ability to manage the youth's symptoms related to their mental health or substance abuse diagnoses. Therefore, this service is delivered primarily to the parent/caregiver interacting with the youth, by a highly skilled, educated and trained paraprofessional under the direction and supervision of a licensed clinician who simultaneously provides family and individual therapy on a regular basis to the youth and their family.

Agency CTA is primarily provided to the child and parent/caregiver. CTA services are secondarily available to other caregivers for initial instruction regarding a youth's mental health and substance abuse symptom management in their school or day care. In the school or day care environment, CTA interactions should only involve the youth and their direct caregiver. It is additionally available to youth with their caregivers in group homes and foster care living with the purpose of assisting the youth to effectively transition into a permanent placement.

Team CTA is primarily provided to the child and parent. CTA services are secondarily available to other caregivers for initial instruction regarding a youth's mental health and substance abuse symptom management in their school or day care. In the school or day care environment, CTA interactions should only involve the youth and their direct caregiver. These CTA services are provided within a group practice, serving the clients of that group practice.

In rare occasions, when a CTA is necessary as a part of a treatment plan of a licensed independent mental health practitioner, the service may be accessed through an agency with a CTA component so long as the licensed independent mental health practitioner meets all the requirements of supervision. This exception requires the authorization of the Managed Care Entity.

Policy

Community Treatment Aide services are available to youth aged 20 and younger.

Program Requirements

Refer to the program standards common to all levels of care for general requirements.

Licensing/Accreditation

Agency CTA: An agency with current national accreditation.

Team CTA: Individual or small group providers without national accreditation.

There are no agency licensing requirements by the Nebraska Department of Health and Human Services, Division of Public Health for the provision of CTA services.

The agency must have written policies and procedures related to:

The agency must have written policies and procedures related to the provision of Community Treatment Aide Services. Refer to "Standards Common to all Levels of Care" for a potential list of policies generally related to the provision of mental health and substance abuse treatment. Agencies must develop policies to guide the provision of any service in which they engage clients, and to guide their overall administrative function.

Features/Hours

The outpatient behavioral health psychotherapy services must be provided in a confidential setting such as an office, clinic, the youth's home, or other professional service environment. The CTA service must be available, during times that meet the need of the youth and their family to include after school, evenings, and weekends. Scheduled, routine psychotherapy services should not interfere with the youth's academic and extracurricular schedule. The service provider must assure that the youth, and parent/caregiver has on-call access to a mental health provider on a 24-hour, seven-day per week basis.

Service Expectations

- A comprehensive bio-psychosocial assessment must be completed prior to the beginning of treatment, or if previously completed, the provider should obtain and review this assessment in lieu of completing a new assessment. If upon review the assessment is no longer clinically current, the provider will update the assessment.
- The supervising practitioner must complete an Initial Diagnostic Interview upon admission
- The therapist/licensed clinician must develop a youth and parent/caregiver goal driven, comprehensive treatment and discharge plan with the supervising practitioner, and in collaboration with the CTA, the youth, and the parent/caregiver prior to the initiation of treatment. The treatment plan must be signed by all members of the treatment team (youth, parent/caregiver, therapist/licensed clinician, supervising practitioner, CTA, and other supportive individuals identified by the youth and parent/caregiver and team
- Treatment interventions should be based on the comprehensive assessment and focused on specific treatment goals inclusive of the culture, expectations, and needs as identified by the youth and parent/caregiver.
- The CTA, therapist/licensed clinician, youth, and parent/caregiver will meet together in person to review and discuss the implementation of the treatment plan prior to the service being initiated. The therapist/licensed clinician will utilize the conference code (CPT code 90887) to facilitate the implementation of the treatment plan with the team.
- The supervising practitioner must provide a face-to-face service to the youth and parent/caregiver at admission, as often as medically indicated, and in the event that the supervising practitioner is recommending continuation of this service past 90 days. The supervising practitioner must provide a service and bill an appropriate procedure code. Clinical justification for continued service (beyond 90 days) is required of the supervising practitioner.
- Thirty days after admission the therapist/licensed clinician will arrange a phone conference or face-to-face meeting (CPT code 90887) to include the CTA, therapist/licensed clinician, the youth, and parent/caregiver to provide ongoing clinical direction. This will include active discharge planning, a review and update of the treatment goals and interventions identified in the treatment plan, and documentation of changes to the plan as medically indicated. This phone conference does not take the place of a family therapy session.
- The therapist/licensed clinician is required to provide two family therapy sessions per week unless that frequency is contraindicated with clinical justification in the youth's treatment plan.
- Individual psychotherapy will be provided as medically necessary.
- At 60 days (minimum) an in-home family therapy session (CPT code 90847) must be conducted by the therapist/licensed clinician. In addition, the therapist/licensed clinician, the CTA, the youth and parent/caregiver must have a face to face conference (CPT code 90887) in the family home for purposes of ongoing clinical direction. This will include documentation of active discharge planning, the review and update of the treatment goals and interventions identified in the treatment plan, and changes to the treatment plan if medically indicated.

- The CTA program must identify and utilize a structured, evidence informed, culturally appropriate model that has been approved by the Managed Care Entity and Medicaid as part of the CTA intervention service, to enhance the parent/caregiver ability to manage the mental health/substance abuse symptoms of the youth.
- Parent/caregiver manages the mental health/substance abuse symptoms of the youth.
- The CTA is expected to provide interventions identified in the treatment plan that address the mental health and/or substance abuse issues presented by the youth. These interventions could include: parent instruction, de-escalation techniques, behavioral management techniques, coping skills, social and life skills development, child development, medication compliance, and relapse prevention.
- The therapist/licensed clinician and CTA must assist the family in identification and utilization of community resources and natural supports which must be identified in the discharge plan.
- Oversee and maintain orderly documentation of all Community Treatment Aide services provided
- The therapist/licensed practitioner and the assigned CTA shall make reasonable attempts to work as a team and maintain their roles with the youth and parent/caregiver throughout the treatment episode

*CTA services provided in the school are to advise school staff (teachers, para-educators, etc.) on behavior management techniques and mental health strategies designed specifically for the identified youth to address his/her mental health/substance abuse symptoms. These services include consultation with the teacher (or Para-educator) for behavior health issues, not educational issues, and not to replace the Para-educator role. CTA services may be provided in school when medically necessary to generalize treatment gains across systems, and to model intervention effectiveness. The CTA also may serve in a communicator role between school, parent/caregiver, and therapist/licensed clinician for the purpose of maintaining continuity between systems and sharing of pertinent information. It is expected that CTA involvement will be reduced as usual school personnel gain necessary skills to manage the youth's symptoms in the school environment. All services must meet medical necessity criteria for continuation.

- CTA services provided in a foster care or group home setting are to advise the primary caregiver(s) on behavior management techniques and mental health strategies designed specifically for the identified youth to address his/her mental health symptom, and to model appropriate and effective interventions for the primary caregiver(s). This service is consultative, and not intended to replace the regular caretaker role. The CTA also may serve in a communicator role between the usual caregiver, and therapist/licensed clinician for the purpose of maintaining continuity between systems and sharing of pertinent information. It is expected that CTA involvement will be reduced as the usual caretaker(s) gains necessary skills to address the youth's symptoms in their living environment. All services must meet medical necessity criteria for continuation.

Staffing Requirements

***Only accredited agencies will be allowed to use provisionally licensed clinicians to provide the therapy and CTA supervision for this service. Ongoing, supervision by the agency is expected.**

Supervising Practitioner: (Psychiatrist; Licensed Clinical Psychologist, LIMPH)

The responsibilities of the Supervising Practitioner include but are not limited to the following:

- Assume accountability to direct the care of the client at the time of admission
- Complete a face to face initial diagnostic interview immediately before or at the time of admission
- Provides guidance in the development of the treatment/discharge plan
- Provide face-to-face service to the client at least every 90 days (or as medically necessary) to include a diagnostic assessment or a review the effectiveness of the treatment plan
- Attend treatment planning meetings at a minimum of every 30 days to provide supervision and direction to the treatment team
- Has a clear understanding of the treatment plan and discharge plan
- Provide supervision and direction with crisis situations
- Provide clinical justification for continued service (beyond 90 days)

Program/Clinical Director: (LMHP, Psychiatric RN, APRN, LIMHP, Licensed Psychologist)

- A clinician fully licensed by the State of Nebraska, who is providing services within his/her scope of practice and licensure, and has two years of professional experience in the psychiatric treatment of children and adolescents. This clinician has professional experience in a treatment setting similar to that for which the clinician is providing services of the program director. Advanced practice registered nurses, registered nurses, licensed mental health practitioners, licensed psychologists or psychiatrists may qualify for this position. (Individuals who meet the criteria to act as the supervising practitioner may not hold both the supervising practitioner and program director roles for a single program at the same time). If APRN is utilized he or she must have a psychiatric specialty, and work in collaboration with a psychiatrist

The responsibilities of the Program/Clinical Director include but are not limited to the following:

- Oversees, implements, and coordinates all treatment services and activities provided within the program.
- Continually incorporates new clinical information and best practices into the program to assure program effectiveness and viability.
- Oversees the process to identify, respond to, and report crisis situations on a 24 hour per day, 7 day per week basis.
- Responsible in conjunction with a supervising practitioner for the program's clinical management
- Assures quality organization and management of clinical records, other program documentation, and confidentiality.

Therapist/licensed clinician: (LMHP, LIMHP, PLMHP, Licensed Psychologist, Provisionally Licensed Psychologist, APRN, Licensed Psychiatrist)

The clinician providing psychotherapy services for youth and oversight and supervision to the CTA in the treatment program must be a licensed mental health practitioner or provisional licensed mental health practitioner (if working within an accredited organization) and operating within their scope of practice and program requirements. If APRN is utilized he or she must have a psychiatric specialty, and work in collaboration with a psychiatrist

The role and responsibilities of the therapist include but are not limited to the following:

- Reports to the Program/Clinical Director and Supervising Practitioner for clinical and non-clinical guidance and direction
- Communicates treatment issues to supervising practitioner as needed

- Provides individual and family psychotherapy
- Provides supervision to the CTA, guiding the treatment plan implementation in the home/living environment and signing all CTA progress notes
- Helps develop treatment plans for individuals in their care
- Provides input to the multidisciplinary team and attends treatment team meetings
- Provides continuous and ongoing assessment to assure the clinical needs of the youth/parent/caregiver are met. This includes transitioning of youth to other treatment and care settings

Community Treatment Aides: (BS/BA in psychology, social work, child development or related field and equivalent of one year full-time experience in direct child/adolescent services or mental health and/or substance abuse services or time equivalent in graduate studies may substitute for work experience; or an Associates Degree in human services or related field and have a minimum of two years (or full-time equivalent) experience in direct child/adolescent services or mental health and/or substance abuse services. Must be employed within the same agency as the therapist/licensed clinician, unless an exception has been granted as described in the Definition above.. The role and responsibilities of the CTA include but are not limited to the following:

- Has a clear understanding of the treatment plan and discharge plan
- Supervision and rehabilitation of basic personal care and activities of daily living through training the youth and the usual caregiver.
- Promoting improvement in the youth's social skills and relationship skills through training, and education of the youth and the usual caregiver.
- Teaching and instructing the caregiver in crisis de-escalation techniques.
- Teaching and modeling for the youth and the youth's caregiver in appropriate behavioral treatment interventions and techniques
- Teaching and modeling for the youth's caregiver in the appropriate coping skills to manage dysfunctional behavior.
- Providing information about medication compliance and relapse prevention.
- Teaching and modeling proper and effective parenting practices

Staff Ratios

Supervising Practitioner to individual served: Adequate to meet program expectations

Program/Clinical Director to ratio as needed to meet all service expectations

Therapist to CTA/caregiver served: as needed to meet all service expectations

CTA to individual/caregiver served: typically one per youth and parent/caregiver

Training and Education

All Community Treatment Aides must receive 40 hours of pre-service training which minimally will include:

- Family centered practice
- De-escalation techniques and aggression management
- Crisis intervention strategies
- Behavior management planning and technique implementation
- The role of medication in psychiatric treatment and common psychotropic medications used in the treatment of children/adolescents
- Effective verbal and written communication
- Discipline and structure in the home
- Common child/adolescent psychiatric diagnosis and treatment modalities

- CPR and first aide
- Safety and protection for home-based staff
- Confidentiality/HIPPA
- Professional, personal, and family boundaries
- Parenting techniques, and understanding in depth the program supported parent training model
- Child development
- Knowledge of the specific regulations for the mandatory reporting of abuse and neglect, according to state statute
- Knowledge of substance abuse and substance dependency and the appropriate treatment interventions

The community treatment aide must demonstrate competency in these topics prior to providing services. This competency record must be kept in the community treatment aide's personnel file. A minimum of twelve additional hours of ongoing, similar training is required annually. The agency must have proof of an evaluation of competency on an annual basis in the CTA's personnel file.

Clinical Documentation

The therapist/licensed clinician will assure and maintain a complete client clinical record of all the CTA and other therapeutic mental health/substance abuse services provided to the youth/parent/caregiver. The clinical record must contain the pre-treatment assessment, including the most current diagnostic interview, treatment/discharge plan and updates, therapy progress notes, and progress notes for each Community Treatment Aid intervention. The therapist will enter the individual/family therapy progress notes and co-sign the Community Treatment Aide's progress notes for each CTA treatment intervention. The parent or usual caregiver engaging in the intervention will sign the CTA time and date service log. The time and date service log indicates the date of service, the beginning and end time of the service. The CTA progress note must indicate the date of the service, the beginning and ending time, the participants in the intervention, the treatment goal/objective addressed as well as an accurate description of the intervention and the youth and caregiver's response to the intervention. Both the clinical record and CTA Service Log should be available for review by the ASO.

Length of Stay: Length of stay is individualized and based on medical necessity for admission and continued treatment. CTA services are interventions intended to help the youth/parent/caregiver gain necessary skills to manage the youth's mental health/substance abuse symptoms, and acquire the ability to access and utilize community resources and natural supports in lieu of this service.

Special Procedures

None allowed.

*Upon implementation of this service definition, CCTA will no longer be available as a reimbursable service.

Clinical Guidelines: Community Treatment Aide (CTA): Agency CTA and Team CTA-Child and Adolescent MH

Admission Guidelines

All of the following guidelines are necessary for admission to this level of care:

1. The child/adolescent demonstrates symptomatology consistent with a DSM (current edition) diagnosis which requires, and can reasonably be expected to respond to, the proposed CTA interventions.

2. There are significant symptoms that currently interfere with the child/adolescent's ability to function in more than one life area
3. There is an expectation that the child/adolescent has the developmental level and/or capacity to make significant progress toward treatment goals with CTA services.
4. Regular outpatient services have not improved the child/adolescent's clinical condition, in spite of increasing the frequency of the outpatient sessions and/or modifying the treatment plan CTA services will allow the child/adolescent to continue to receive needed treatment at the least restrictive, and the least disruptive level of care.
5. There is adequate evidence to indicate that the child/adolescent is at risk for requiring more intensive and restrictive behavioral health treatment service, and CTA services will allow the child/adolescent to receive treatment at a less restrictive level of care.
6. The child/adolescent and their family are not receiving similar services from any other agency, i.e. CPS or Juvenile Justice.

Exclusion Guidelines

Any of the following Guidelines is sufficient for exclusion from this level of care:

1. The primary caregiver is not consistently available to participate in the CTA sessions.
2. The child/adolescent requires a level of structure and supervision beyond the scope of CTA services.
3. The child/adolescent has a medical condition or impairment that warrants a medical/surgical setting for treatment.
4. The primary problem is social, educational, or economic (i.e. family conflict, need for a special school program, housing, etc.), one of physical health without concurrent major psychiatric episode, or treatment is being used as an alternative to incarceration.
5. Treatment goals are educational or supportive in nature or are intended to address issues other than currently active symptoms of a DSM diagnosis causing significant functional impairments.
6. Treatment for Pervasive Developmental Disorders and/or adaptive limitations from Pervasive Development Disorders is ineligible for Medicaid reimbursement.

Continued Stay Guidelines

All of the following Guidelines are necessary for continuing treatment at this level of care:

1. The child/adolescent's condition continues to meet Admission Guidelines for this level of care.
2. The child/adolescent's treatment continues to require the current level of care. A less intensive level of care would not be adequate for continued progress and a more intensive level of care does not appear to be necessary for continued progress to occur.
3. Treatment planning is individualized and appropriate to the child/adolescent's changing condition, with realistic and specific goals and objectives clearly stated and progress on each goal documented.
4. The treatment plan is carefully structured to achieve optimum results in the most time efficient manner possible, consistent with sound clinical practice.
5. Progress in relation to the DSM disorder symptoms is clearly evident and is described in objective terms.
6. Goals of treatment have not yet been fully achieved and adjustments in the treatment plan to address lack of progress are documented.
7. Care is rendered in a clinically appropriate manner and focused on the child/adolescent's objective functional outcomes as described in the treatment plan.
8. When appropriate, the child/adolescent is referred for psychopharmacological evaluation and intervention, and, when necessary, for re-evaluation. Collaboration with the prescriber should include regularly reporting information about side effects, compliance and effectiveness.
9. There is active discharge planning documented.

Discharge Guidelines

Any one of the following guidelines is sufficient for discharge from this level of care:

1. The child/adolescent no longer meets Continued Stay Guidelines, or meets Guidelines for a less, or more, intensive level of care.
2. The child/adolescent's and/or family's documented treatment plan goals and objectives have been substantially met. The youth and parent/care giver have achieved sufficient competency in the utilization of community resources and natural support to function adequately in the absence of CTA services.
3. In spite of documented attempts to address non compliance, the child/adolescent's attendance is at a level that renders continued CTA ineffective.
4. Consent for treatment is withdrawn by the parent or legal guardian.

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