



Department
of Health

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office of Children
and Family Services

Office for People With
Developmental Disabilities

Children's Health and Behavioral Health Managed Care Plan Provider Roundtable

January 16, 2019

Agenda

- Review of transition timeline and meeting focus
- Billing Status Updates
- **Discussion:** Claims Testing
- Continuity of Care
- **Discussion:** Authorizations, Pre-Authorizations, and Concurrent Review
- **Discussion:** Documentation
- **Open Discussion and Q&A**
- Stakeholder Engagement and Consumer Education Plan
- Resources and Key Documents



Children's Roundtables

- Structure
 - Occur monthly throughout the first six months of implementation
 - In-person attendance for discussion through OMH Field Offices
- Purpose
 - Experienced implementation issues and successes
 - Soliciting feedback
- Goals
 - Ongoing communication
 - Effective problem-solving and sharing of best practices
 - Key transition updates



January 1, 2019: Managed Care Transition Update

- **OLP, PSR and CPST are LIVE as of January 1, 2019**
 - Plan enrollees under 21 years old who have federal SSI status or have been determined SSI-Related by New York State will receive these benefits FFS until the children's BH SPA clinic services are carved into the plan Benefit Package on July 1, 2019.



Transition Timeline	Scheduled Date
<ul style="list-style-type: none"> Implement three of the six new Children and Family Treatment and Support Services (CFTSS) (Other Licensed Practitioner, Psychosocial Rehabilitation, Community Psychiatric Treatment and Supports) in Managed Care and Fee-For-Service 	January 1, 2019
<ul style="list-style-type: none"> Waiver agencies must obtain the necessary LPHA recommendation for CFTSS that crosswalk from historical waiver services and revise service names in Plan of Care for transitioning waiver children. This is the last billable date of waiver services that crosswalk to CPST and/or PSR. 	January 31, 2019
<ul style="list-style-type: none"> Transition from Waiver Care Coordination to Health Home Care Management 	January 1- March 31, 2019
<ul style="list-style-type: none"> 1915(c) Children's Consolidated Waiver is effective and former 1915c Waivers will no longer be active (pending CMS approval) 	April 1, 2019
<ul style="list-style-type: none"> 1915(c) Children's Consolidated Waiver Services carved-in to Managed Care* Children enrolled in the Children's 1915(c) Waiver are mandatorily enrolled in managed care* Children residing in a Voluntary Foster Care Agency are mandatorily enrolled in managed care* Implement Family Peer Support Services as State Plan Service in managed care and fee-for-service Children residing in a Voluntary Foster Care Agency are mandatorily enrolled in managed care BH services already in managed care for adults 21 and older are available in managed care for individuals 18-20 (e.g. PROS, ACT, etc.) SSI children begin receiving State Plan behavioral health services in managed care Three-year phase in of Level of Care (LOC) expansion begins <p><i>* The State continues to work with CMS surrounding the 1115 and implementation timeline</i></p>	July 1, 2019
<ul style="list-style-type: none"> Implement Youth Peer Support and Training and Crisis Intervention as State Plan services in managed care and fee-for-service 	January 1, 2020



Go Live Reminders!

- ✓ Providers will have until January 31, 2019 to transition children receiving HCBS services that will crosswalk to CFTSS and complete all necessary paperwork
- ✓ Current Waivers will close End of Business on 3/31/2019
- ✓ The State has extended the 90 day UM prohibition for OLP, CPST, and PSR to 180 days. A memo was issued on 1/18/19 to Plans and providers describing this change.
- ✓ **Claims testing must be completed between providers and MCOs!**



Billing Status Updates

- Offsite Billing Clarified in Updated Billing Manual Released 12/13/18
 - State guidance on units
 - What is considered “off-site”



Claims Testing

- Providers are responsible to ensure their claiming systems are ready to bill multiple MMCOs.
 - Therefore, all providers are responsible to claims test with **EACH MMCO** they will be billing to and for **EACH** service type they will be billing for.
- For those agencies who use a clearing house, claims testing should include testing claims through your contracted clearing house. Providers are responsible for ensuring that their contracted clearing houses are aware of all new benefit coding requirements.



Claims Testing

- Troubleshooting Plan/Provider experience surrounding claims testing
 - Open and ongoing - no deadline for claims testing
 - Provider responsibility to follow up with Plans if a test claim was unsuccessful
 - If Plan is non-responsive follow up with State
 - Timely submission of claims
 - Coordination of billing and clinical staff

Note: This is a requirement within the Children's Start-up Funds



Discussion: Claims Testing & Contracting

Provider/Plan Experience



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Continuity of Care

- For children enrolled in 1915c waivers who were receiving waiver services that crosswalk to OLP, CPST, and/or PSR, the MCO must allow the child to continue with that provider for 24 months for the same episode of care, even if the provider is not in-network.
- The State has extended the 90 day UM prohibition for OLP, CPST, and PSR to 180 days. A memo was issued on 1/18/19 to Plans and providers describing this change. A memo was released on 1/18/19 describing this change.
- Additional continuity of care requirements will be in place for children in receipt of children's HCBS which begin when the aligned children's HCBS are added to the MMCP benefit package, currently scheduled for July 1, 2019 pending CMS approvals.
 - For children currently enrolled in Medicaid managed care, MMCPs must continue all historical waiver services included in the transitioning waiver child's Plan of Care, including CPST and PSR, and any State Plan long term services and supports, for 180 days from the date the aligned children's HCBS are added to the managed care benefit package. For two years after the aligned children's waiver HCBS are added to the managed care benefit package, newly enrolled children in receipt of children's HCBS will have the same 180 days of continuity of care from the date the child enrolls in the MMCP.
 - A grid will be issued to clarify the effective dates for these services.



Authorization, Prior-Authorization, Concurrent Review

- Process and timeline of authorization period
 - The State is reviewing the effective dates for the continuity care requirements related to the 90 day requirement for no UM on OLP, CPST, and PSR for any child
 - CFTSS Continuing Authorization Request Form is now available
- UM/Authorization for CFTSS (OLP, CPST, PSR) by Managed Care Organization is now available here:
 - <https://ctacny.org/sites/default/files/UM%20Authorization%20Grid%2003%20CFTSS%20Jan%202019.pdf>



Discussion: Authorization, Prior-Authorization, Concurrent Review

Provider/Plan Q&A



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Documentation

Children and Family Treatment and Support Services (CFTSS)

- Referral vs. Recommendation
 - Referral: When an individual or service provider identifies a need in a child/youth and their family and makes a linkage/connection to a service provider for the provision of a service that can meet that need.
 - Recommendation: When a treating or assessing Licensed Practitioner of the Healing Arts (LPHA) identifies a particular need in a child/youth based on a completed assessment and documents the medical necessity for a specific service. The LPHA may include the service on the child/youth's treatment plan or send the recommendation to another treating CFTSS provider for inclusion on their treatment plan.



Documentation: Referral Process

- The CTS Services can be accessed at any point when a need is identified. Therefore, a behavioral health need can be identified by multiple sources including parents and other caregivers, pediatricians, care managers, clinicians, school personnel or the young person themselves.
- Anyone can make a referral for services to a State Designated CFTSS provider.
- The CFTSS provider would be responsible for assessing the child to determine that they meet the medical necessity criteria for admission, and development of a treatment plan.



Documentation: Recommendation Process

The recommendation must be in writing, must be signed and dated, and must include an explanation of the medical need for the service.

- If the LPHA making the recommendation is not a member of the program/agency staff, the recommendation must include the LPHA NPI number, in addition to the above.
- If the LPHA making the recommendation is a member of the program/agency, the recommendation must include the identification of which components of the services are required to meet the child's needs based on the completed assessment and include the components in the signed treatment plan.



Documentation: Recommendation Process

- If the program/agency is providing a service that was recommended by an external LPHA, the agency must include in their own treatment/service plan, signed by the supervising licensed practitioner (or authorized supervisor in accordance with qualifications set forth in the Manual), the identification of which components of the services are required to meet the child's needs based on assessment.



Documentation

Templates, Tools, and/or Forms

- State issued a ***sample template*** for a Medical Necessity (LPHA Recommendation) Form.*

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

*This is not a required form, just an example of what information would be necessary to demonstrate medical necessity.

- In the Children and Family Treatment and Support Services (CFTSS) Manual, **Section VI. EPSDT State Plan Services for Children: Standards of Care**, outlined expected practices and documentation for service provision.

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



Documentation

There is no required template for a treatment plan. However, generally speaking, treatment plans should include at least the following elements:

- The child's mental health diagnosis, where required; or behavioral health challenges/symptoms to be addressed;
- The child's needs and strengths;
- The child's treatment goals/objectives, and specific services, service components or activities to accomplish the goals/objectives,
- The projected frequency and duration of the services;
- The name and title of the staff providing the specific services;
- The signature of the child/youth and/or family to document participation in developing the plan/indicating agreement
- Signed by a licensed practitioner (e.g. OLP)/licensed supervisor (e.g. CPST/PSR)



Discussion: Documentation

Provider/Plan Experience



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Open Discussion and Q&A



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Children's Consumer Education Plan

Materials Released & In Development:

- Children and Family Treatment and Support Services:
 - [Brochure](#) and [Palm Cards](#) Released
 - Translated CFTSS Brochures can be found [here](#).
 - CFTSS Fact Sheet, Poster Series and CFTSS FAQs out for Stakeholder review (due **1/18/2019**)
 - Outreach Toolkit Guide for Stakeholder Groups in Development
 - Toolkit Slides in development and under review
 - Pathways to Care for Providers and Consumers
 - HCBS/CFTSS Crosswalk
 - CFTSS Press Release - **1/2/2019**
- Home and Community Based Services
 - HCBS Brochure in design for mock-up
- Medicaid Managed Care
 - Brochure on MMC for Children/Families in 1915c waivers in development
- Health Home Care Management
 - Resources and Outreach Materials for Health Home Care managers in development

Upcoming/Ongoing projects:

- Collaboration with Family and Youth-Focused Organizations
- FAQs on-going continued collaboration with RPC
- Social Media Outreach Campaign



Children's Consumer Education

Children and Family Treatment and Support Services Fact Sheet and Poster Series are out for stakeholder approval.



Children and Family Treatment and Support Services

in NYS Medicaid and Medicaid Managed Care

FACT SHEET

Children and Family Treatment and Support Services

Children and Family Treatment and Support Services (CFTSS) are new behavioral health services. NYS Medicaid will cover CFTSS in 2019. CFTSS help children and youth with mental health and substance use needs. CFTSS works with each child/youth to provide care in a way that works best for them and their families.

CFTSS are part of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services. EPSDT is a federal law. EPSDT services help find and treat children's health problems early so that they can have the best health and development possible.

How Are These Services Provided?

All children/youth under age 21 eligible for Medicaid are covered for CFTSS. Children/youth can get these services from regular Medicaid or from a Medicaid managed care plan.

CFTSS works for children/youth from any background, or who speak any language. CFTSS put child/youth and family choices first. Children/youth do not have to go to a regular office. Children/youth can get CFTSS at home or in the community, wherever is the most comfortable.

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Eligibility

CFTSS are for Children/youth who are:

- Enrolled in regular Medicaid or in a Medicaid Managed Care Plan
- Under the age of 21

And who:

- Need help with social, emotional, or behavioral health challenges, or
- Need help with substance use issues

Finding a CFTSS Provider

NYS is designating providers to deliver these new services. If a child or youth is enrolled in a Medicaid Managed Care Plan, that Plan will have a list of available providers within their network.

Contact the child's Medicaid managed care plan to find a CFTSS provider that works with the plan. Or visit www.mh.ny.gov to find a list of CFTSS providers that take regular Medicaid.

Accessing CFTSS

To get CFTSS, a child/youth will need a referral and a recommendation.

Referral

- Anyone who knows a child/youth who may need CFTSS can make a referral to a CFTSS provider
- A youth who thinks they need CFTSS can make their own referral to a CFTSS provider
- A licensed practitioner who sees the child/youth can make a recommendation to the CFTSS provider
- A qualified CFTSS provider may make a recommendation for CFTSS

More Information

For more information on CFTSS and the New York State Children's Medicaid System Transition, visit The Office of Mental Health at www.mh.ny.gov or the Department of Health at www.health.ny.gov

* <https://nysp.southstate.gov/policies-no-pagelayout/NYSOMH>

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Children's Consumer Education – Social Media

- Social Media campaign launched October 2018 to support CFTSS education
- Multi-platform presence
 - Working with OMH Public Information Office to engage through OMH Twitter and Facebook accounts: **@NYSOMH**
- Outreach audiences: youth, families, providers, agencies, advocates, schools and educators, family physicians and pediatricians, justice system
- Graphics and direct links to informational resources as developed
- Collaborations
 - Involvement with advocacy days, events, hash tags, etc.



Children's Consumer Education – Social Media



NYS OMH
@NYSomh



New York State is making way for new children's Medicaid [#BehavioralHealth](#) services, available where and when it works for families. Follow [@NYSomh](#) for updates!



NYS OMH
@NYSomh



Today is [#WorldMentalHealthDay](#)! Stay tuned for information about New York's new Medicaid services for children, youth, and families, coming to your community.

[#MentalHealthAwareness](#)
[@WMHDay](#)



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Children's Consumer Education – Social Media



Office of Mental Health

November 15 • 🌐



New York State is preparing for new Medicaid services coming to youth and families.

Learn more about them, here: <https://on.ny.gov/2OJoSJH>

#MentalHealthMatters



Office of Mental Health

Yesterday at 9:40 AM • 🌐



Be your own advocate. Get services where and when you need them.

New York's Children and Family Treatment and Support Services will be available through Medicaid in 2019! #mentalhealth #behavioralhealth

OMH.NY.GOV

Behavioral Health Managed Care

New York State envisions an integrated children's he...



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CFTSS Promotional Video Series in Development with Youth FX



[HOME](#) [ABOUT US](#) [WATCH](#) [PROGRAMS](#) [ROGUE FX](#) [SUPPORT](#)

A promotional image for Youth FX showing a group of young people, primarily Black and Hispanic, engaged in digital film making. They are holding cameras and tripods, with one person in the center wearing a blue and orange headscarf. The background is a blurred outdoor setting with a blue car.

YOUTH FX EMPOWERS YOUNG PEOPLE THROUGH DIGITAL
FILM & MEDIA ARTS

Our Mission

Youth FX is designed to empower young people ages 10-24 by teaching them the technical and creative aspects of digital film making and media production. Based in the City of Albany, NY, our primary mission is to work with diverse groups of youth from communities that have been historically under-

Upcoming Trainings for 2019

January 2019

- CANS NY for Health Home Care Managers and Supervisors, MCOs on-going
- HCBS Transitional Billing Webinar for OMH ICC, OCFS HCIA, and Lead HHSC: January 16
- Independent Entity Webinar, January 31

February 2019

- CANS NY for Health Home Care Managers and Supervisors, MCOs on-going
- New World View preparing for 4/1/19 for HHCM, MCP, providers
- HCBS Eligibility Determination and Capacity Management Webinars

March –May 2019

- Children's Aligned Home and Community Based Services refresher webinars
- New World View preparing for 4/1/19 for HHCM, MCP, providers

Oversight of Medicaid Managed Care: Stakeholder Feedback

NYS is absorbing feedback on an ongoing basis from stakeholders through the following channels

- Regional Planning Consortia
- Plan/Provider Roundtables (NYC and Rest of State)
- Consumer and provider complaints
- Managed Care Technical Assistance Center Forums
- Monthly Meetings with MCOs and Advocates
- Formal and Informal Workgroups
- Monthly Meetings with MCO BH Medical Director



Oversight of Medicaid Managed Care: Stakeholder Feedback – Complaints and Inquiries

Medicaid Managed Care Mailboxes

- OMH: OMH-Managed-Care@omh.ny.gov
- OASAS: Practice Innovation and Care Management (PICM)
Mailbox: PICM@oasas.ny.gov
- DOH Complaints: Behavioral.Health.Complaints@health.ny.gov
- DOH Questions: BH.transition@health.ny.gov



Resources and Key Documents

- Billing Manual:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/billing_manual.pdf
 - Supplemental billing guidance:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/billing_supplement.pdf
- CFTSS Provider Manual:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf
- HCBS Provider Manual:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2017-10-06_draft_hcbs_prov_manual.pdf
- MCTAC Children's Website: <https://ctacny.org/childrensystemtransformation>



Children's Roundtables: Upcoming 2019 Dates

- February 27
- March 27
- April 24
- May 22
- June 19
- July 31



Thank You!



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