



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 Medicaid System Transformation

Behavioral Health State Plan Services Transition to Medicaid Managed Care

July 1, 2019 Implementation

ARCHIVED

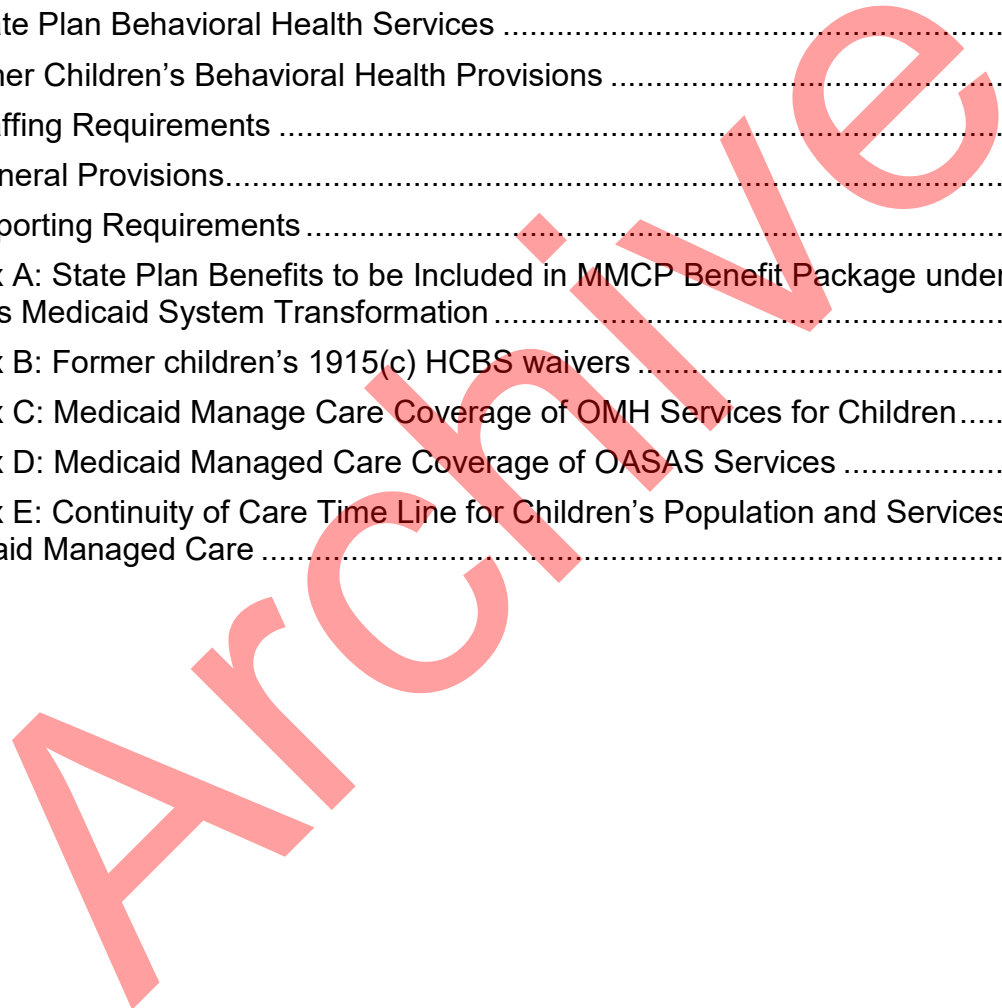
July 2019

Office of Health
Insurance Programs



Table of Contents

- I. Overview of Transition 2
- II. Children and Family Treatment and Support Services (CFTSS) 3
- III. Behavioral Health for Enrollees who are SSI/SSI-R 11
- IV. State Plan Behavioral Health Services 12
- V. Other Children’s Behavioral Health Provisions 14
- VI. Staffing Requirements 14
- VII. General Provisions..... 23
- VIII. Reporting Requirements 26
- Appendix A: State Plan Benefits to be Included in MMCP Benefit Package under the Children’s Medicaid System Transformation 28
- Appendix B: Former children’s 1915(c) HCBS waivers 29
- Appendix C: Medicaid Manage Care Coverage of OMH Services for Children..... 30
- Appendix D: Medicaid Managed Care Coverage of OASAS Services 34
- Appendix E: Continuity of Care Time Line for Children’s Population and Services Added to Medicaid Managed Care 37





I. Overview of Transition

Consistent with New York’s Children’s Medicaid System Transformation, Medicaid Managed Care Plans (MMCP), including mainstream Medicaid managed care and HIV Special Needs Plans, are required to provide additional state plan behavioral benefits to their eligible enrollees under age 21¹. MMCP will provide this coverage in accordance with federal and New York State law and regulation; the Medicaid State Plan, the Medicaid Managed Care/Family Health Plus/HIV Special Needs Plan/Health and Recovery Plan Model Contract (Model Contract); the Medicaid Managed Care Organization Children’s System Transformation Requirements and Standards (Plan Standards); and State program policy guidance regarding health and behavioral health benefits.

Effective on July 1, 2019, unless otherwise described within this policy, the State Plan services listed in Appendix A will be included in the MMCP Benefit Package. This includes:

- the addition of Children and Family Treatment and Support Services under the EPSDT benefit;
- the alignment of the Medicaid managed care benefit for enrollees under age 21 with Supplemental Security Income, who have federal Social Security Disability Insurance status, or who have been determined certified disabled by a New York State Medical Disability Review (SSI/SSI-R); and
- the expansion of other State Plan behavioral health benefits for enrollees under age 21.

These benefits are reimbursed to the MMCP on a capitated at-risk basis. Chapter 57 of the Laws of 2019 require MMCP to reimburse providers licensed pursuant to Article 28 of the Public Health Law or Article 31 or 32 of the Mental Hygiene Law for behavioral health services (except inpatient) provided to enrollees at State mandated rates through 2023. MMCP reimbursement to providers will be made in accordance with State billing guidance for behavioral health services.

¹ July 1, 2019 coverage changes are subject to federal approval.



II. Children and Family Treatment and Support Services (CFTSS)

Effective January 1, 2019, Medicaid Managed Care Plans (MMCP) are required to cover three Children and Family Treatment and Support Services (CFTSS) under the EPSDT² benefit: Community Psychiatric Support and Treatment (CPST), Psychosocial Rehabilitation Services (PSR), and Other Licensed Practitioner (OLP), for eligible enrollees under the age of 21 *excluding* enrollees with SSI/SSI-R.

Effective July 1, 2019, MMCP are required to cover:

- an additional CFTSS under the EPSDT benefit: Family Peer Support Services (FPSS), for all eligible enrollees under age 21, including enrollees with SSI/SSI-R.
- CPST, PSR and OLP for all eligible enrollees under age 21, including enrollees with SSI/SSI-R.

Effective January 1, 2020, MMCP are required to cover two more CFTSS under the EPSDT benefit: Crisis Intervention, and Youth Peer Support and Training (YPST) for all eligible enrollees under age 21, including enrollees with SSI/SSI-R.

MMCP are responsible for covering Crisis Intervention and YPST as an HCBS under the Children's Waiver for enrollees participating in the Children's Waiver, when Children's Waiver participants are no longer exempt, and the Children's Waiver services are included in the MMCP Benefit Package, between October 1, 2019 and December 31, 2019 until the service is available as a State Plan CFTSS. Additional detail on these benefits are to be addressed in the Children's Home and Community Based Services (HCBS) Policy Paper.³

Comprehensive service definitions, service components, medical necessity criteria, modalities, settings, limitations/exclusions, provider qualifications, and provider training requirements are described in the [Medicaid State Plan Children and Family Treatment and Support Services Provider Manual for Children's Behavioral Health Early and Periodic Screening and Diagnostic Treatment \(EPSDT\) Services](#). Brief descriptions are listed below. Enrollees must always meet medical necessity criteria for each service (See Section IIA Utilization Management and Continuity of Care for CFTSS).

² EPSDT: Early and Periodic, Screening, Diagnostic, and Treatment services as included in the Medicaid State Plan

³ MMCP are also responsible for covering the 1115 Crisis Intervention Demonstration Benefit for enrollees of all ages as described in the June 2019 *Crisis Intervention Benefit: Mobile Crisis Component Benefit and Billing Guidance* and cover letter.



Community Psychiatric Support and Treatment (CPST)

Community Psychiatric Supports and Treatment are goal-directed services and supports, including solution-focused interventions to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in a child's service plan.

Psychosocial Rehabilitation Services (PSR)

Psychosocial Rehabilitation services are rehabilitative services designed to assist children and their families/caregivers implement interventions to compensate for, or eliminate, functional deficits and interpersonal and/or behavioral health barriers associated with a child's behavioral health needs.

Other Licensed Practitioner (OLP)

Other Licensed Practitioner services allow individual, group, or family therapy to be delivered in the most comfortable setting for the child/family. OLP services are community-based behavioral health services provided by otherwise eligible Medicaid behavioral health providers, including non-physician licensed behavioral health practitioners (NP-LBHP).

Family Peer Support Service (FPSS)

Family Peer Support Services are an array of formal and informal activities and supports provided by family peers with lived experience to families caring for or raising a child who is experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges in their home, school, placement, or community.

Crisis Intervention

Crisis Intervention services are designed to assess, de-escalate, ameliorate, and resolve the crisis experience for children experiencing a psychiatric or substance use crisis. Crisis Intervention services also include a culturally-competent assessment, development of a crisis plan, and support for families and caregivers.

Youth Peer Support and Training (YPST)

YPST are delivered by youth peers with lived experience who provide training and support necessary to actively engage the youth in treatment planning and to reinforce skills necessary to meet their goals.

In addition, the specific requirements below, see also Section VII General Provisions applicable to CFTSS.



II.A. Utilization Management and Continuity of Care for CFTSS

MMCP must provide continuity of care for children who have transitioned from the previous six 1915c waiver programs and are eligible for HCBS through the Children’s Waiver (Transitioning Child) and for new enrollees who are eligible for HCBS through the Children’s Waiver as follows:

II.A.i. Continuity of Care – No Utilization Management⁴ During Transitional Period for New Children’s State Plan Services added to Medicaid Managed Care

Enrollees must always meet medical necessity criteria for each service; service provision is in accordance with a treatment plan and/or plan of care (where applicable). For the first 180 days of the OLP, CPST, and PSR benefit carve in, MMCP may not conduct Utilization Management of these services. The earliest date that Utilization Management may be applied for each service, excluding services provided to enrollees with SSI/SSI-R, is as follows:

- July 1, 2019 – Community Psychiatric Support and Treatment (CPST)
- July 1, 2019 – Psychosocial Rehabilitation (PSR)
- July 1, 2019 – Other Licensed Practitioner (OLP)

For the first 90 days of the FPSS; CPST, PSR and OLP for SSI/SSI-R enrollees; and YPST benefit carve ins, MMCP may not conduct Utilization Management of these services. The earliest date that Utilization Management may be applied for each service is as follows:

- October 1, 2019 – Family Peer Support Services (FPSS); CPST, PSR and OLP for SSI/SSI-R
- April 1, 2020 – Youth Peer Support and Training (YPST)

This 90- or 180-day prohibition on Utilization Management applies regardless of whether the enrollee had received CFTSS as a Home and Community Based Service (HCBS) prior to the MMCP carve-in date or began accessing the service after the carve-

⁴ For the purposes of this document, Utilization Management means the MMCP’s review to determine whether the services that have been provided, are being provided or are proposed to be provided to an enrollee, whether undertaken prior to, concurrent with or subsequent to the delivery of such services are medically necessary. Prior Authorization Request and Concurrent Review Request have the same meaning as in the Model Contract.



in date. (However, in cases where the enrollee had received CFTSS prior to the carve in date the service must be authorized consistent with the most recent plan of care).

Example 1: Ava received Youth Peer Support and Training under the transitioning consolidated Children’s Waiver. She was already enrolled in a MMCP on January 1, 2020. Her MMCP will not apply Utilization Management to her YPST before April 1, 2020; YPST will be authorized consistent with Ava’s most recent plan of care.

Example 2: Aiden is already enrolled in a MMCP on July 1, 2019. On August 4, 2019, he begins receiving FPSS. Aiden’s MMCP will not apply Utilization Management to his FPSS before October 1, 2019.

II.A.ii. Utilization Management for Crisis Intervention

Crisis Intervention services are not subject to prior authorization. The MMCP cannot require a Prior Authorization Request, Concurrent Review Request or conduct Utilization Management for crisis intervention services.

II.A.iii. Utilization Management for CFTSS Except Crisis Intervention

The MMCP cannot require a Prior Authorization Request for CFTSS. When the transitional period prohibition on Utilization Management ends, MMCP must ensure CFTSS provided to enrollees are medically necessary. MMCP may establish a Utilization Management procedure that requires a Concurrent Review Request for CFTSS (except Crisis Intervention) in excess of three visits. Consistent with the *Medicaid State Plan and Utilization Management Guidelines for Children’s State Plan and Demonstration Services*

(https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2017-10_utilize_mgmt_guide.pdf), mental health parity law, and the Model Contract, the MMCP will review the treatment plan⁵ at least before the 4th visit to evaluate medical necessity for authorization prior to receipt of further services. Alternatively, MMCP may elect to ensure services provided are medically necessary through prospective mechanisms, such as outlier management, that are no more restrictive than the Utilization Management Guidelines for Children’s State Plan and Demonstration Services.

⁵ Treatment plan in this context indicates the needed clinical or functional information the MMCP needs from the treating provider in order to evaluate medical necessity for each service in the applicable MMCP benefit package.



A Concurrent Review Request should include clinical or functional information necessary to evaluate medical necessity for the service. MMCP may leverage the following tools and methodologies to collect this information:

- MMCP may require providers to use a proprietary request for authorization form, or may use the [sample CFTSS Continuing Authorization Request form](#) issued by the State, or may accept requests by phone.

When CFTSS is medically necessary, MMCP will authorize services as medically necessary, and ensure the authorization period (in excess of the first 3 visits permitted with no prior authorization or services provided under continuity of care requirements) is inclusive of at least 30 service visits (not to include prior visits paid by fee-for-service Medicaid or another MMCP, or psychiatric assessments). MMCP may require authorization for CFTSS beyond 30 visits (or the amount initially authorized) at reasonable intervals.

Multiple CFTSS rendered on the same day count as a single visit. Self-referral to CFTSS is permitted. MMCP cannot implement Utilization Management practices that are more restrictive than the process described in this section or in the *Medicaid State Plan Children and Family Treatment and Support Services Provider Manual for Children's Behavioral Health Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services* (https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf).

Medical Necessity Criteria (MNC) guidelines for CFTSS are available online at https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/medical_necessity_criteria_for_childrens_specialty_spa_services.pdf. MMCP may use these guidelines to develop MMCP-specific MNC and related guidelines, policies, and procedures for CFTSS, as long as those MNC are not more restrictive than the State-issued guidelines. The State must approve the MMCP's CFTSS MNC and any changes to the MNC must be reviewed and approved by the State prior to use.

II.A.iv. Guiding Principles

When conducting concurrent review of any CFTSS, the MMCP must:

1. Ensure the clinical or goal appropriateness of care based on the child's current condition, effectiveness of previous treatment, environmental and family supports, and desired outcomes.



2. Address gaps in care and request changes to treatment plans to address unmet service needs that limit progress toward treatment and quality of life goals for the child and family as a whole.
3. Promote resilience principles for children including promoting family-driven, youth-guided, culturally-competent, person-centered planning, trauma informed care, and the use of certified youth peer or family support services. This includes natural supports, and other services that promote positive advancement of developmental milestones, family functioning and self-reliance including crisis intervention/prevention plans.
4. Promote relapse/crisis prevention planning that goes beyond crisis intervention to include the development and incorporation of advance directives in treatment planning and the provision of treatment for individuals with an acute risk or history of frequent readmissions, residential placement, out-of-home/child welfare placement, or crisis system utilization.

II.B. At-Risk Government-Mandated Rates

Fee schedules for OLP, CPST, and PSR are posted online at:

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

Fee schedules for FPSS, YPST, and Crisis Intervention are posted online at:

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

Finalized fee schedules and fee schedules for Crisis Intervention and YPSS will be posted online under “Rates” at:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm

II.C. Claims and Billing

The [*New York State Children’s Health and Behavioral Health \(BH\) Services – Children’s Medicaid System Transformation Billing and Coding Manual*](#) includes descriptions of claiming requirements and rate codes, CPT codes, and modifiers for CFTSS. MMCP payment systems must comply with these requirements and MMCP cannot require that CFTSS providers submit claims in a different manner.

II.D. Network and Contracting

II.D.i. Provider Designation



Only provider agencies that have received a designation from the State to provide CFTSS may deliver the service(s). Each monthly Network Contract Status Report (Exhibit 4) lists designated providers in the MMCP service area. Additionally, designated providers can be found at https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/provider_design.htm, under the drop-down menu “Find a Designated Provider.” This list is updated at the beginning of every month.

CFTSS providers receive a Designation Letter from the State, indicating approvals and/or denials for requested services. Designation Letters also list the population(s) the provider is authorized to serve. There are three populations providers can be designated to serve for CFTSS:

- General Mental Health designated providers may serve any child with mental health needs who meets medical necessity criteria. Providers designated to serve the General Mental Health population for OLP and CPST must be licensed by OMH.
- OASAS designated providers may serve any youth in need of substance use disorder treatment who meets medical necessity criteria.
- Foster Care designated providers can only serve children who are in or discharged from foster care (unless they are also designated to serve additional populations).

II.D.ii. MMCP Credentialing of Designated CFTSS Providers

State designation of CFTSS providers replaces MMCP credentialing. MMCP may not credential individual staff of designated CFTSS provider agencies.

MMCP are still subject to obligations under the Model Contract, specifically §18, including:

- MMCP will conduct program integrity reviews to ensure that individual staff of designated provider agencies are not debarred or suspended by the State or federal government, disbarred from Medicaid, or otherwise excluded from Medicaid reimbursement.
- MMCP will collect and accept program integrity-related information from designated CFTSS providers.

II.D.iii. Network Contracting and Adequacy



Transitioning HCBS Waiver/Continuity of Care Providers

MMCP are required to offer contracts to all State-designated CFTSS providers in their service area who previously provided HCBS waiver services under one of the former children’s waivers listed in Appendix B. These former waiver providers are flagged as “Continuity of Care Providers” in the *Children’s Contracting Status Report (Exhibit 4)*.

Network Adequacy

MMCP must contract with a sufficient number of State-designated providers within the plan’s service area to meet the minimum network standards; MMCP **must** contract with additional providers as necessary to meet their enrollees’ need for access and/or to meet appointment standards. Full network requirements are included in the Plan Standards,

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/mco_qual_process.htm

For Crisis Intervention providers, MMCP must offer contracts to all available designated CFTSS Crisis Intervention providers in their service area.

For the following service types, MMCP participating provider networks must, at a minimum, include the higher of either 50% of or two designated CFTSS provider agencies, where available.

- Community Psychiatric Support and Treatment (CPST)
- Psychosocial Rehabilitation (PSR)
- Other Licensed Practitioner (OLP)
- Family Peer Support Services (FPSS)
- Youth Peer Support and Training (YPST)

This standard applies by county, however, in rural areas, MMCP can expand the standard to apply to the Regional Planning Consortium (RPC) region, as defined in Attachment F of the Plan Standards. When no in-network provider is available, the enrollee must be permitted to access CFTSS from an out-of-network provider.

II.E. Appointment Availability Standards

The Plan shall comply with the appointment availability standards and definitions in the Model Contract and Table 6 of the Plan Standards. These are general standards and



are not intended to supersede sound clinical judgment as to the necessity for care and services on a more expedient basis, when judged clinically necessary and appropriate.

III. Behavioral Health for Enrollees who are SSI/SSI-R

III.A. Services Becoming MMCP Responsibility for Enrollees who are SSI/SSI-R

Effective July 1, 2019, the behavioral health services, which are currently MMCP benefits for non-SSI children, will be covered by the MMCP for **all** children under 21, as indicated in Appendices A, C and D.

Effective July 1, 2019, second-generation long-acting injectable antipsychotics and naltrexone extended release suspension, which are currently MMCP benefits for non-SSI children, will be covered under the MMCP pharmacy and medical benefit for **all** eligible children under 21:

Current drugs affected include:

- aripiprazole (Abilify Maintena, Aristada, Aristada Initio),
- paliperidone palmitate (Invega Sustenna, Invega Trinza),
- risperidone microspheres (Risperdal Consta, Perseris),
- olanzapine (Zyprexa Relprevv), and
- naltrexone (Vivitrol).

In addition to the specific requirements below, see also Section VII General Provisions applicable to behavioral health services for SSI/SSI-R.

III.B. Utilization Management and Continuity of Care

There is no change to the Utilization Management or continuity of care requirements in the Model Contract for State Plan behavioral health services as a result of the benefit inclusion for the purposes of aligning the Medicaid managed care behavioral health benefit for all enrollees under 21, except as provide in Section VII.C.

III.C. Claims and Billing

Claims and billing guidance for behavioral health services is available online at: <https://omh.ny.gov/omhweb/bho/billing-services.html>

III.D. Network



Except as described below, there is no change to the network requirements for State Plan behavioral health services. Network requirements are described in §21 of the Model Contract and in the Plan Standards.

- Article 31 OMH Licensed Outpatient Clinics that have an operating certificate to serve ages 0-5: MMCP must offer contracts to all of these providers in their service area.
- Article 28 Clinics licensed to serve only children: MMCP must offer contracts to all providers in their service area. If no providers are available in a county, the MMCP must offer contracts to all providers in contiguous counties.

III.E. Appointment Availability Standards

The MMCP shall comply with the appointment availability standards and definitions in the Model Contract and Table 6 of the Plan Standards. These are general standards and are not intended to supersede sound clinical judgment as to the necessity for care and services on a more expedient basis, when judged clinically necessary and appropriate.

IV. State Plan Behavioral Health Services

Effective July 1, 2019, MMCP will cover the following behavioral health services for eligible enrollees under age 21, as indicated in Appendices A, C, and D:

- Assertive Community Treatment (ACT)
- Personalized Recovery Oriented Services (PROS)
- Continuing Day Treatment
- OASAS Opioid Treatment Programs (hospital based)
- OASAS Outpatient Rehabilitation programs (hospital based)
- OASAS Outpatient clinic (hospital based)
- Partial Hospitalization Services

In addition, by July 1, 2019, MMCP will cover and reimburse certified providers for the following State Plan and 1115 Demonstration Services for all eligible enrollees under age 21, as indicated in Appendix D:

- OASAS Residential Services – Stabilization



- OASAS Residential Services – Rehabilitation
- OASAS Outpatient – Clinic (community based)
- OASAS Outpatient – Rehabilitation Programs (community based)
- OASAS Opioid Treatment Program Services (community based)

In addition to the specific requirements below, see also Section VII General Provisions applicable to behavioral health services for enrollees under age 21.

IV.A. Utilization Management and Continuity of Care

Utilization Management requirements described in the Model Contract and the Utilization Management Guidelines for Children’s State Plan and Demonstration Services for Medicaid Managed Care Plans

(https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2017-10_utilize_mgmt_guide.pdf) for these behavioral health services are applicable for provision of these services to enrollees under 21.

IV.B. Claims and Billing

Claims and billing guidance for adult behavioral health, which are applicable to services provided to enrollees under age 21, is available online at:

<https://omh.ny.gov/omhweb/bho/billing-services.html>

IV.C. Network and Contracting

Except as described below, there is no change to the network requirements for State Plan behavioral health services. Network requirements are described in §21 of the Model Contract.

- For Chemical Dependence Inpatient Rehabilitation, Outpatient Detoxification, and Outpatient Clinic (SUD) – hospital or freestanding, MMCP networks must include a minimum of two providers that demonstrate the ability to provide developmentally appropriate services to children and Transition Aged Youth⁶.

IV.D. Appointment Availability Standards

⁶ “Transition Aged Youth (TAY)” means enrollees under age 23 transitioning from any OMH, OASAS or OCFS licensed, certified, or funded children’s program to adult behavioral health services. This also includes enrollees under age 23 transitioning from State Education Department approved 853 schools and programs for students with disabilities.



- The Plan shall comply with the appointment availability standards and definitions in the Model Contract and Table 6 of the Plan Standards. These are general standards and are not intended to supersede sound clinical judgment as to the necessity for care and services on a more expedient basis, when judged clinically necessary and appropriate.

V. Other Children’s Behavioral Health Provisions

V.A. Mandatory Contract Offering to Essential Community Behavioral Health Providers

MMCP are required to offer contracts to all of the following provider types in their service area.

- Comprehensive Psychiatric Emergency Program including Extended Observation Bed
- Licensed school-based mental health clinics⁷
- Article 31 OMH Licensed outpatient clinics serving children age 0-5
- OnTrackNY programs
- State-operated clinics (these settings do not count toward the minimum network standard for mental health clinics)
- Providers of medication-assisted treatment for children⁸

V.B. Health Homes Serving Children

MMCP are required to have agreements with an adequate number of Health Homes Serving Children to meet the needs of their eligible enrollees.

VI. Staffing Requirements

The Plan Standards describe three categories of required staff positions, including required expertise and experience: key staff, managerial staff, and operational staff.

⁷ Includes Public Health Law Article 31 mental health clinics operating in or operating a satellite location in schools; does not include Public Health Law Article 28-sponsored School Based Health Centers.

⁸ See also Model Contract Sections 10.21(b)(vii) and 21.19(b)(ii)(D).



In accordance with the Model Contract, the MMCP must submit updated organizational charts and job descriptions for key staff and managerial staff for review and approval by the State.

The MMCP must provide written notice to the State within seven calendar days after the effective date of termination or resignation of any of the key staff listed in this section and must provide the name of the interim contact person performing the key staff person's duties, if a replacement is not found within that time. In addition, the MMCP must submit a written proposal describing plans for replacing the key staff person, including expected timelines for recruitment activities.

The MMCP must notify the State within seven calendar days if a key staff member drops below full-time status in a position that is required to be full-time. The State reserves the right to review the qualifications of key staff replacements at any time and to require the MMCP to identify a new candidate in the event the key staff replacement does not meet the requirements set forth in this guidance.

The MMCP is required to establish two key directorial positions in order to serve children with complex behavior health needs. These staff must provide leadership for both medical and clinical care of children's behavioral health services. These titles include a Behavioral Health Medical Director and a Behavioral Health Clinical Director. The MMCP shall provide an organizational chart reflecting these positions.

1. MMCP BH Medical Director for Children's Services:

The MMCP shall identify a BH Medical Director for Children's Services to have overall accountability for BH services for all enrollees under 21. This position may be placed within a behavioral health subcontractor. To qualify to hold this position an individual must:

- I. Hold a New York State license as a physician and be board certified in child and adolescent psychiatry.
- II. Have a minimum of five years of experience working with children in BH managed care settings or BH clinical settings with at least two years in a clinical setting.
- III. This position must be located in the New York State.
- IV. Time allocation for this position must be a minimum of .5 FTE. Plans may submit a request for the State's review and approval to waive this minimum allocation of time. The application must include appropriate documentation detailing the MMCP's proposal and providing an explanation of how the



proposed substitute sufficiently meets the needs of the Plan's child membership.

2. BH Clinical Director for Children's Services:

The MMCP must designate a BH Clinical Director responsible for behavioral health services provided to individuals under 21. This position may be placed within a behavioral health subcontractor. To qualify for this position the individual shall:

- I. Hold a New York State license as a BH professional, have at least seven years of experience in a BH managed care setting or BH clinical setting including at least two years of managed care experience (preferably Medicaid Managed Care).
- II. Have at least five years of experience working with children, and knowledge of New York State child serving systems. For MMCP with more than 60,000 enrollees under age 21, the percent of effort must be full-time.
- III. For MMCP with less than 60,000 enrollees under age 21, the percent of effort may be less than full-time. The MMCP must submit an overall staffing plan for State approval. The proposed time allocation for this position must be included on the staffing plan submitted to the State for review and approval.

VI.A. Responsibilities of Key Staff

These Key staff have overall accountability for ensuring access to high quality and timely care for children and are required to participate in the Children and Family Subcommittee in the RPC. At a minimum, the MMCP's Behavioral Health Medical Director and Behavioral Health Clinical Director for Children's Services shall participate directly or through a delegate who has knowledge of the children's system and possesses the authority to make decisions on behalf of the MMCP.

In addition to any other imposed job requirements, as appropriate by job title, the MMCP shall ensure that both the Children's BH Medical Director and Children's BH Clinical Director are involved in the following essential functions, as they relate to the provision of services to children enrolled in the MMCP.

- I. Provision of clinical oversight and leadership to Utilization Management/care management (UM/CM) staff working with the children's population.
- II. Development, implementation, and interpretation of clinical-medical policies and procedures (P&Ps) that are specific to the benefits and services of this transition



or can be expected to impact the overall health, recovery and wellbeing of children.

- III. Ensuring strong collaboration and coordination between behavioral health (BH) and physical health (PH) care across the UM/ CM staff.
- IV. Collaboration with Provider Relations staff to ensure an adequate provider network via required provider credentialing guidelines.
- V. BH provider quality profile design and data interpretation.
- VI. Development and implementation of the BH sections of the Quality Management and Utilization Management Plan and participation on Quality Management (QM) and UM committees and subcommittees, including having the BH Medical Director for Children's Services lead the BH UM sub-committee.
- VII. Administration of BH QM/UM and performance improvement activities, including grievances and appeals.
- VIII. Attendance at regular (at least quarterly) State sponsored MMCP leadership and medical director meetings.
- IX. Ensuring strong collaboration and coordination between other child-serving systems, including the education system and foster care system.
- X. Attendance at RPC and other meetings as identified by the State to promote community stakeholder involvement in shaping the system of care for children.
- XI. Partnering with Project Teach Statewide Coordination Center on an annual basis to support the promotion of pediatrician access and consultation to a child and adolescent psychiatrist.

VI.B. Managerial and Operational Staff Requirements

Managerial staff shall be responsible for the day-to-day management of children's services within the MMCP. Managers assigned to MMCP oversight of Children's behavioral health services shall:

- 1. Demonstrate knowledge of the children's needs and benefits transitioning into Medicaid Managed Care.
- 2. Have knowledge or experience related to working with children and their families using family-centered, youth-guided planning approaches and



collaborating with child serving systems, including coordination with local, State or federally-funded non-Medicaid service providers (e.g., education system).

3. Have knowledge of service delivery consistent with evidence-based and promising practices for children, including Early Intervention services and peer and family support services.

VI.C. Managerial and Operational Staffing Requirements by MMCP Department

In addition to the managerial staff, the MMCP shall have adequate qualified operational staff within each department to meet the additional responsibilities contained within this document, the Model Contract, Plan Standards and State guidance materials. The MMCP shall ensure staff knowledge and expertise is sufficient to meet the behavior health needs of children as appropriate to their job function. MMCP is responsible for training existing staff as well as newly hired staff, as required, as a result of the addition of children's behavior health services (see training requirements section).

Managerial Staff, including the directors Network Development, Provider Relations, Training and IT system, Governmental/Community Liaison Directors must be educated and/or hired with acquired knowledge and expertise for Children's behavior health services. The MMCP is required to have *both* managerial and operational staff with appropriate training, knowledge and expertise in children's behavior health care management, Utilization Management, member services and quality management as well as the MMCP's operational staff of clinical peer reviewers. The following sections outline the specific staff titles by department and their and respective required experience and knowledge in Children's behavior health services.

Behavioral health care management

1. BH Care Management Director is responsible for oversight of care management and must be a licensed Behavioral Health Practitioner with experience working in a managed care or behavioral health clinical setting. Experience working with Health Homes, community and family-based services, and across child serving systems is recommended. Knowledge of the State child serving systems is required.
2. Operational staff must be licensed Behavioral Health Practitioners. CASACs conducting SUD reviews must also be NB-LBHPs. Staff shall have experience in managing care for children including high-risk groups, such as children with or at risk for SUD, children with SED, with co-occurring major mental disorders and SUD, who are involved in multiple services systems (education, justice, medical, welfare, and child welfare). Staff shall have



knowledge and experience in children’s health and BH services, EPSDT services, and social service programs.

3. Both managers and operational staff must be located in New York State.

Behavioral health utilization management

1. The Behavioral Health Utilization Management Director is responsible for oversight of the behavioral health utilization management function and must be a licensed Behavioral Health Practitioner with experience working in a managed care or behavioral health clinical setting. Knowledge of New York State child serving systems is required. Experience working with community and family-based services is recommended.
2. Operational staff (utilization management) must be licensed Behavioral Health Practitioners and CASACS conducting SUD reviews and must also be NB-LBHPs. Authorization decisions must be made by a licensed Behavioral Health Practitioner with a minimum of three years of experience treating children in a behavioral health setting. Staff shall have experience in managing care for children and the target subpopulations including high-risk groups, children with or at risk for SUD, such as children with SED, with co-occurring major mental disorders and SUD, who are involved in multiple service systems (education, justice, medical, welfare, and child welfare). Staff shall have knowledge and experience in children’s physical health and BH services, EPSDT services, and social service programs.

Clinical peer reviewers

Operational staff within the utilization management department shall include behavioral health clinical peer reviewers to conduct denial and appeal reviews, peer review of psychological testing, or complex case review and other related consultations. Such behavioral health clinical peer reviewers shall be physicians who are board certified in child psychiatry or licensed doctoral level psychologists with experience treating children.

Member services

1. The Member Services Director is responsible for oversight of member services functions and shall have experience in a managed care or clinical setting and managing member service call center operations. This manager shall have knowledge of the provider system serving children with behavioral



health needs. In addition, the incumbent must have knowledge of the new benefits and program requirements for children’s behavioral health.

2. Operational staff for member services must be trained on all New York State requirements and have knowledge of benefits and program requirements for children’s behavioral health.

Network development

The Network Development Director is responsible for oversight of network development and shall have experience working in a behavioral managed care or clinical setting and demonstrated experience in network development for mental health and Substance Use Disorder services for children. This manager shall have knowledge of and experience with principles of physical-behavioral health integration and shall have knowledge of family-centered, youth-guided principles, development of evidence-based practices for children, and specific physical health service needs of the children’s population including but not limited to preventive and restorative dental needs. This position must be located in New York State.

Provider Relations

The Provider Relations Director and operational staff responsible for oversight and provision of behavioral health provider relations shall have experience working in a behavioral health managed care or clinical setting, and experience managing behavioral health provider issues including resolving grievances, coordinating site visits, and maintaining quality of care. They shall also have knowledge of the provider system serving children with behavioral health needs. The Provider Relations Director must be located in New York State. Some operational provider relations staff must also be located in New York State.

Training

The Training Director responsible for developing, tracking, and executing behavioral health training to MMCP’s own and network provider staff shall have significant experience and expertise in developing training programs related to behavioral health systems for children and families, and knowledge of needs associated with medically fragile children and foster care population. This position must be located in New York State.

Quality management



1. The Quality Management (QM) Director shall possess experience and expertise in quality improvement for mental health and SUD services programs, ideally in publicly-operated or publicly-funded programs. Also required is experience with managed care delivery systems, familiarity with recovery-oriented services, and family-centered, youth-guided service delivery for children and families and knowledge of appropriate performance measures (including HEDIS and QARR) for children.
2. Operational staff (QM Specialists) shall have experience and expertise in quality improvement for mental health and SUD services programs, ideally in publicly-operated or publicly-funded programs. Staff shall also have knowledge of family-centered, youth-guided service delivery for children with behavioral health needs and knowledge of appropriate performance measures (including HEDIS and QARR) for children.

Information systems

The Information Systems Director responsible for the development of the MMCP's information systems shall have experience and expertise in Medicaid data analytics and behavioral health data systems, and knowledge of all Federal and State laws governing the confidentiality and security of protected health information, including confidential mental health and SUD information.

Government/community relations

The Governmental/Community Liaison Director must have significant MMCP leadership responsibilities. The MMCP must designate representative(s) to attend relevant stakeholder, planning, and advocacy meetings to ensure that the MMCP is aligned with New York State's vision for managed delivery of behavioral health services and is aware of any new State or local behavioral health initiatives. This position must be located in New York State.

VI.D. MMCP Staff Training Requirements

The MMCP must demonstrate an adequate New York State presence of trained staff to ensure sufficient knowledge on children's behavioral health services as it applies to network development, care management, provider relations, treatment of medically fragile children as well as engagement with the foster care liaison. The staff training requirements set forth below must be met in order to accomplish the transition goals described in the children's standards document.



In order to effectively manage the needs of children in an integrated manner, MMCP staff (as listed above) must be trained to understand health and wellness as part of their roles. MMCP staff must receive training on behavioral health topics to further advance the organizational culture around integrated care.

1. The MMCP shall orient and train all staff, including subcontractor staff as appropriate to job functions, requirements, and standards articulated in this document.
2. MMCP shall develop and implement a training plan which at a minimum incorporates the topics listed in this section. This MMCP is subject to the State’s review and approval.
3. Staff must be trained prior to performing work articulated in this document.
4. MMCP are strongly encouraged to consider including consumers, family members, and caregivers in the development and delivery of training and education.
5. Knowledge checks and competence testing must be incorporated into training MMCP and periodic staff reassessments are required on at least an annual basis.
6. Staff training requirements for new staff related to Children’s behavioral health services and CFTSS are outlined below:

Training Topics	Clinical Staff	Member Services	Provider Relations
New York State’s vision, mission, goals, operating principles for the children service and population expansion.	Required (R)	R	R
Understanding existing BH State Plan services and CFTSS and special populations, including Transition Age Youth (TAY) and children age 0-5.	R	R	R
Cultural competence outlining the impact of culture, ethnicity, race, gender, sexual orientation, and social class within the service delivery process.	R	R	R
Services for children with FEP.	R	R	
BH/medical integration; co-occurring BH and medical disorders, co-occurring MH and SUD disorders; integrated CM principles.	R	R	R



Training Topics	Clinical Staff	Member Services	Provider Relations
Medical Necessity Criteria and service authorization requirements for CFTSS	R	R	
Network access standards for CFTSS services	R	R	R
New benefits and providers in information systems, and data collection tools	R		R
Reporting and monitoring requirements specific to CFTSS	R		
After hours and crisis triage protocols specific to children and children’s services.	R	R	R
Network participation requirements (e.g., provider qualification validation) and contracting requirements specific to CFTSS.			R
MMCP provider training and site visits as applicable for CFTSS.			R
Provider profiling and performance management.			R
The Health Home Model & Practice — Roles and Responsibilities	R	R	R
Understanding the interaction of child serving systems, and navigating and coordinating systems of care, including linkage requirements with OMH, OASAS, OCFS, LDSS, OPWDD, and non-Medicaid child serving agencies.	R	R	R
Trauma Informed Practices.	R		
Importance of Families and understanding how to assist families/caregivers to access services.	R	R	R
Family Psychoeducation.	R	R	R

VII. General Provisions

VII. A. General Network Provisions

- MMCP must permit enrollees to access an out-of-network provider when no in-network provider is available.
- If there are insufficient providers in the county to meet network requirements, MMCP must contract with providers in contiguous counties to meet the minimum network requirement. If there are insufficient providers in contiguous counties to meet network requirements, MMCP must offer contracts to providers in the RPC region to meet the minimum RPC network standard. If there are insufficient providers in the RPC region to meet the minimum RPC network standard or the



demand in the service area, the MMCP must contract with providers in contiguous RPC regions to meet the minimum RPC network standard.

VII. B. General Contracting Provisions

- Nothing in this paper precludes MMCP from entering into shared savings or incentive payment arrangements with providers for the service types described herein, provided that where a MMCP is required to pay government mandated rates for a particular covered benefit, the MMCP receives approval from DOH, OMH and OASAS to offer an alternative payment to any provider delivering such benefits.

VII. C. General Continuity of Care Provisions (see also Appendix E)

- Where an enrollee is in receipt of any behavioral health service prior to inclusion of the service into the MMCP Benefit Package, the MMCP will permit the enrollee to continue receiving services from the enrollee's provider, in or out of network, for treatment of the same Episode of Care for 24 months following the benefit inclusion. Episode of Care means a course of ambulatory behavioral health treatment, other than ambulatory detoxification and withdrawal services, which began prior to the effective date of the behavioral health benefit inclusion in which services had been provided at least twice during the six months preceding the inclusion date by the same provider to an enrollee for the treatment of the same or related behavioral health condition.
- For Enrollees not meeting the Episode of Care provision above, who were in receipt of an existing State Plan service through FFS at the time of inclusion of the service in the MMCP Benefit Package, the MMCP must provide transitional care services in accordance with the Department of Health's transitional care policy entitled, *Medicaid Managed Care and Family Health Plus Coverage Policy: New Managed Care Enrollees in Receipt of an On-going Course of Treatment*.
- For 24 months from the CFTSS or HCBS benefit inclusion, for new enrollees in receipt of HCBS transitioning from Fee for Service Medicaid, MMCP are required to authorize covered home and community based services (HCBS) and long term care and services supports (LTSS) in accordance with the existing plan of care (including access to the same provider unless such provider refuses to work with the MMCP) for 180 days from the effective date of enrollment, or until a new plan of care is in place, whichever is later, unless the beneficiary requests a change in the services provided.



- For 24 months from the benefit inclusion, for a Transitioning Child, MMCP are required to authorize State Plan behavioral health services, covered HCBS services, and LTSS in accordance with the existing plan of care (including access to the same provider, unless such provider refuses to work with the MMCP) for 180 days from the CFTSS or HCBS benefit inclusion, or until a new plan of care is in place, whichever is later, unless the beneficiary requests a change in the services provided. During this time, the MMCP may not conduct Utilization Management related to new CFTSS added to the POC under a person-centered planning process.

VII. D. General Denials, Grievances, and Appeals Provisions

- Denials, grievances, and appeals must be peer-to-peer; the credential of the licensed clinician denying the care must be at least equal to that of the recommending clinician. In addition:
 - The reviewer must have clinical experience relevant to the denial.
 - A physician board certified in child psychology should review all inpatient denials for psychiatric treatment for enrollees under age 21.
 - A physician certified in addiction treatment must review all inpatient LOC/continuing stay denials for substance use disorder treatment.
 - Any appeal of a denied behavioral health medication for an enrollee under 21 must be reviewed by a board-certified child psychiatrist.

VII. E. General IT System Capabilities Provisions

- MMCP must support both electronic, hardcopy, and web-based submission of claims and encounters for all claim types.
- MMCP must have the capability to issue either HIPAA 835 or hardcopy explanation of provider remittance advice, depending on the provider's preferred format.
- MMCP must support both electronic and hardcopy claim inquiry forms, claims adjustments, and encounters, depending on the provider's preferred format.
- MMCP must have the capability to accept prior authorization requests through either a HIPAA 278 or a web-based portal.



- All services must be reported to the State in encounter submissions and MMCOR, consistent with the Category of Service document.
- MMCP must engage in claims testing with all willing providers when the provider is newly contracted or newly contracted for a service.

VII. F. Other General Provisions

- MMCP must include their Children’s Behavioral Health Medical Director in the evaluation of medications for the treatment of behavioral health diagnosis and emerging technologies for children with a behavioral health diagnosis.
- MMCP must meet quarterly with the Regional Planning Consortium (RPC) Children and Families Subcommittee in their region.
- Providers must be assigned a specific person from the MMCP provider relations group to assist with issues.

VIII. Reporting Requirements

Children’s Monthly Claims Report

MMCP must provide claims volume, including total claims received, pending, paid, and denied, by population, using the State-issued “Children’s Monthly Claims Report” template. The State will use this report to monitor enrollees’ access to services and reimbursement to providers.

Children’s Monthly Contracting Status (Exhibit 4) Report

MMCP must provide contracting status information for providers listed in the State-issued Children’s Contracting Status Report. The State will use this report to monitor MMCP network adequacy.

Children’s Inpatient and Outpatient Utilization Review Denial Report

MMCP must provide service denial information by population for each inpatient and outpatient service using the State-issued “Children’s Inpatient and Outpatient Utilization Review Denial Report” template. The State will use this report to monitor service denials.

The State reserves the right to request additional reports from MMCP as necessary to monitor the children’s system transformation.



Archive



Appendix A: State Plan Benefits to be Included in MMCP Benefit Package under the Children’s Medicaid System Transformation

For All Eligible Children Under Age 19:

- Office of Mental Health (OMH) Designated Serious Emotional Disturbance (SED) Clinics

For All Eligible Children Under Age 21

- Family Peer Support Services
- Partial Hospitalization
- Office of Alcoholism and Substance Abuse Services (OASAS) Outpatient – Clinic (hospital based)
- OASAS Outpatient – Rehabilitation Programs (hospital based)
- OASAS Opioid Treatment Program Services (hospital based)

For All Eligible Children Under Age 21 (minimum age 18-20).

- Assertive Community Treatment (ACT)
- Continuing Day Treatment
- Personalized Recovery Oriented Services (PROS)

For All Eligible Children Under Age 21 Receiving Supplemental Security Income (SSI), Federal Social Security Disability Insurance (SSDI), or Who Have Been Determined Certified Disabled by a New York State Medical Disability Review.

- OASAS Chemical Dependence Inpatient Rehabilitative Services
- Comprehensive Psychiatric Emergency Program (CPEP) including Extended Observation Bed
- Inpatient Psychiatric Services
- OMH Outpatient Services
- Children and Family Treatment and Support Services (CFTSS), including:
 - Other Licensed Practitioner (OLP)
 - Psychosocial Rehabilitation (PSR)
 - Community Psychiatric Treatment and Supports (CPST)
- Psychiatric Services
- Psychological Services
- Second generation long acting injectable antipsychotics and naltrexone extended release suspension under both the Pharmacy and Medical benefit.



Appendix B: Former children's 1915(c) HCBS waivers

Former children's 1915(c) HCBS waivers that were subsumed by the consolidated children's 1915(c) waiver (NY.4125) effective April 1, 2019 are:

- OMH Serious Emotional Disturbance (SED) 1915(c) waiver (NY.0296)
- DOH Care at Home (CAH) I/II 1915(c) waiver (NY.4125)
- Office for People With Developmental Disabilities (OPWDD) Care At Home (CAH) waiver (NY.40176)
- OCFS Bridges to Health (B2H) SED 1915(c) waiver (NY.0469)
- OCFS Bridges to Health (B2H) Medically Fragile 1915(c) waiver (NY.0471)
- OCFS Bridges to Health (B2H) DD 1915(c) waiver (NY.0470)

Archiving



Appendix C: Medicaid Managed Care Coverage of OMH Services for Children

Medicaid Managed Care Coverage of OMH Services for Children									
OMH Regulation https://www.omh.ny.gov/omhweb/policy_and_regulations/	Service/Program	Provider Type	OMH Regulation Section	MMC Model Contract Section	Service Population	Authority	Implementation Date in MMC	Rate Code	Benefit/Pay or
Part 508 Medical Assistance Rates of Payment for Assertive Community Treatment Services https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=lc511dcf0b7ec11dd9120824eac0ffce&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)	Assertive Community Treatment (ACT) ⁹	OMH Licensed Providers	Part 508	10.21 (b) 21.19 (b)(i)(c) Appendix K, K.2 29(i)	Over 21 adults (SSI & Non-SSI) *Ages 18 to 21 (SSI & Non-SSI) carved-in statewide July 1, 2019	Medicaid State Plan	10/1/2015 – NYC over 21 adults (SSI and Non-SSI) 7/1/2016 – ROS over 21 adults (SSI and Non-SSI) *7/1/2019 – Statewide inclusion of 18 to 21 population (SSI & Non-SSI)	4508, 4509, 4511	MMC & FFS
Part 511 (Part 511.1) Early and Periodic Screening, Diagnostic, and Treatment Services for Children --- Children and Family Treatment and Support Services (CFTSS) https://www.omh.ny.gov/omhweb/policy_and_regulations/adoptioin/511-textadopted.pdf & Sub-Part 511-2 (Proposed)	Other Licensed Practitioner (OLP)	OLP Designated Providers ¹⁰	Part 511 Sub-Part 511-2	10.4 (a) Appendix K, K.2, 13 Under 21 children	Under 21 children (Non-SSI) *Under 21 children (SSI) carved-in July 1, 2019	Medicaid State Plan	1/1/2019 – Statewide under 21 children Non-SSI *7/1/2019 – Statewide under 21 children SSI carved-in	7900-7905, 7920, 7927	MMC & FFS
	Community Psychiatric Supports and Treatment (CPST)	CPST Designated Providers ¹¹	Part 511 Sub-Part 511-2	10.4 (a) Appendix K, K.2, 13 Under 21 children	Under 21 children (Non-SSI) *Under 21 children (SSI) carved-in July 1, 2019	Medicaid State Plan	1/1/2019 – Statewide under 21 children Non-SSI *7/1/2019 – Statewide under 21 children SSI carved-in	7911, 7912, 7921, 7928	MMC & FFS
	Psychosocial Rehabilitation (PSR)	PSR Designated Providers	Part 511 Sub-Part 511-2	10.4 (a) Appendix K, K.2, 13 Under 21 children	Under 21 children (Non-SSI) *Under 21 children (SSI) carved-in July 1, 2019	Medicaid State Plan	1/1/2019 – Statewide under 21 children Non-SSI *7/1/2019 – Statewide under 21 children SSI carved-in	7913, 7914, 7922, 7929	MMC & FFS

⁹ Only one children's ACT program statewide. Program will be phased out by the end of 2019.

¹⁰ Any provider of OLP and CPST for the general mental health population must be an OMH Licensed provider who falls under Sub-Part 511-2 once promulgated and final.

¹¹ Any provider of OLP and CPST for the general mental health population must be an OMH Licensed provider who falls under Sub-Part 511-2 once promulgated and final.



The Children's Mental Health Rehabilitation Program (CMHS) https://www.omh.ny.gov/omhweb/policy_and_regulations/proposed/part-511-2-text.pdf	Family Peer Support Services (FPSS)	FPSS Designated Providers	Part 511 Sub-Part 511-2	10.4 (a) Appendix K, K.2, 13 Under 21 children	*Under 21 children (SSI & Non-SSI) carved-in July 1, 2019	Medicaid State Plan	*7/1/2019 – Statewide under 21 children (SSI & Non-SSI) carved-in	7915, 7916, 7923, 7930	MMC & FFS
	Youth Peer Support and Training (YPST)	YPST Designated Providers	Part 511 Sub-Part 511-2	10.4 (a) Appendix K, K.2, 13 Under 21 children	*Under 21 children (SSI & Non-SSI) carved-in January 1, 2020	Medicaid State Plan	*1/1/2020 – Statewide under 21 children (SSI & Non-SSI) carved-in pending CMS approval	7917, 7918, 7923, 7930	MMC & FFS
	Crisis Intervention (CI)	CI Designated Providers	Part 511 Sub-Part 511-2	10.4 (a) Appendix K, K.2, 13 Under 21 children	*Under 21 children (SSI & Non-SSI) carved-in January 1, 2020	Medicaid State Plan	*1/1/2020 – Statewide under 21 children (SSI & Non-SSI) carved-in pending CMS approval	7906-7910	MMC & FFS
Part 512 Personalized Recovery Oriented Services https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=lc5487d50b7ec11dd9120824eac0ffce&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)	Personalized Recovery Oriented Services (PROS)	OMH Licensed Providers	Part 512	10.21 (b) 21.19 (b)(i)(B) Appendix K, K.2, 29(j)	Over 21 adults (SSI & Non-SSI) *Ages 18 to 21 (SSI & Non-SSI) carved-in statewide 7/1/2019	Medicaid State Plan	10/1/2015 – NYC over 21 adults (SSI and Non-SSI) 7/1/2016 – ROS over 21 adults (SSI and Non-SSI) *7/1/2021 – Statewide inclusion of 18 to 21 population (SSI & Non-SSI)	4510, 4520-4527, 4531-4534	MMC & FFS
Parts 580 and Part 582 Operation of Psychiatric Inpatient Units of General Hospitals; Operation of Hospitals for Persons with Mental Illness https://www.omh.ny.gov/omhweb/policy_and_regulations/adoption/part_580_582_587_20120305.html	Inpatient Psychiatric Services	General hospitals licensed pursuant to Article 28 and Article 31, hospitals licensed pursuant to Article 31 only, or OMH-operated hospitals	Part 580 (Article 28) Part 582 (Article 28/32) N/A (OMH-operated hospitals)	10.21 (b) 21.19 (b)(i)(E) Appendix K, K.2, 29(a)	Adults (SSI & Non-SSI) and Under 21 children (Non-SSI) *Under 21 children (SSI) carved-in July 1, 2019	Medicaid State Plan	Prior to 10/1/2015 for adults and children (Non-SSI) 10/1/2015 – NYC over 21 adults (SSI) 7/1/2016 – ROS over 21 adults (SSI) *7/1/2019 – Statewide under 21 children (SSI) carved-in	2852, 2962, 2963, 2858	MMC & FFS
Part 584 Residential Treatment Facilities for Children and Youth https://govt.westlaw.com/nycrr/Document/I5036bf70cd1711dda432a117e6e0f345?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default)	Residential Treatment Facilities (RTFs)	OMH Licensed Providers	Part 584	N/A	Ages 5 to 21	Medicaid State Plan	Not in MMC	1212	FFS ONLY



Part 587 Operation of Outpatient Programs https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=lc9412ec0b7ec11dd9120824eac0ffce&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)	Day Treatment	OMH Licensed Providers	Part 587 Part 588	N/A	Age 18 and under children ¹²	Medicaid State Plan	Not in MMC	4060-4067	FFS ONLY
	Continuing Day Treatment (CDT) Program	OMH Licensed Providers	Part 587 Part 588	10.21 (b) 21.19 (b)(i)(B) Appendix K, K.2, 29(f)	Over 21 adults (SSI & Non-SSI) *Ages 18 to 21 (SSI & Non-SSI) carved-in statewide 7/1/2019	Medicaid State Plan	10/1/2015 – NYC over 21 adults (SSI and Non-SSI) 7/1/2016 – ROS over 21 adults (SSI and Non-SSI) *7/1/2019 – Statewide inclusion of 18 to 21 population (SSI & Non-SSI)	4310-4312, 4316-4318, 4325, 4331, 4337, 4346	MMC & FFS
	Partial Hospitalization	OMH Licensed Providers	Part 587 Part 588	10.21 (b) 21.19 (b)(i)(D) Appendix K, K.2, 29(h)	Over 21 adults (SSI & Non-SSI) *Under 21 children (SSI & Non-SSI) carved-in July 1, 2019	Medicaid State Plan	10/1/2015 – NYC over 21 adults (SSI and Non-SSI) 7/1/2016 – ROS over 21 adults (SSI and Non-SSI) *7/1/2019 – Statewide under 21 children (SSI and Non-SSI) carved-in	4349-4363	MMC & FFS
Part 590 Operation of Comprehensive Psychiatric Emergency Programs https://govt.westlaw.com/nycrr/Browse/Home/NewYork/NewYorkCodesRulesandRegulations?guid=lca856e90b7ec11dd9120824eac0ffce&originationContext=documenttoc&transitionType=Default&contextData=(sc.Default)&bhcp=1	Comprehensive Psychiatric Emergency Program (CPEP)	OMH Licensed Providers	Part 590.9	10.21 (b) 21.19 (b)(i)(F) Appendix K, K.2, 29(a)	Over 21 adults (SSI & Non-SSI) and under 21 children (Non-SSI) *Under 21 children (SSI) carved-in July 1, 2019	Medicaid State Plan	Prior to 10/1/2015 for adults and children (Non-SSI) 10/1/2015 – NYC over 21 adults SSI 7/1/2016 – ROS over 21 adults SSI *7/1/2019 – Statewide under 21 children SSI carved-in	4007-4010, 4049 (MCO Only)	MMC & FFS
Part 599 Clinic Treatment Programs https://www.omh.ny.gov/omhweb/clinic_restructuring/part599/	Outpatient Clinic Services ¹³	OMH Licensed Providers	Part 599	10.21 (b) 21.19 (b)(i)(A) Appendix K, K.2, 29(b)	All ages (adults and children)	Medicaid State Plan	Prior to 10/1/2015 for adults and children (Non-SSI) ⁵ 10/1/2015 – NYC over 21 adults (SSI)	1474, 1477, 1504, 1507, 1510, 1513, 1579, 1585	MMC & FFS

¹² Upon approval of the commissioner, a day treatment program may continue to serve individuals over the age of 18, but under the age of 22, who continue to meet the admission criteria for a day treatment program, in order to ensure that the individual has received the necessary educational services required to move to independent living

¹³ OMH designated SED specialty clinics were previously provided a managed care billing exemption. SED clinics will be required to bill MMC for children enrolled in MMC on 7/1/19.



							7/1/2016 – ROS over 21 adults (SSI) *7/1/2019 – Statewide children under 21 (SSI), -- Statewide OMH-designated SED Specialty Clinic for children under 19		
<p>Part 598 and Part 599 Integrated Outpatient Services</p> <p>https://www.omh.ny.gov/omhweb/policy_and_regulations/adoption/part-598.pdf</p> <p>Clinic Treatment Programs</p> <p>https://www.omh.ny.gov/omhweb/clinic_restructuring/part599/</p>	Licensed Behavioral Health Practitioner Waiver Services	OMH Licensed Providers Or OMH and OASAS Licensed/Certified Providers	Part 599.8	Appendix K 29(k)(i)	All ages (adults and children)	1115 MRT Waiver	10/1/2015 – NYC for adults and children (SSI and Non-SSI) 7/1/2016 – ROS for adults and children (SSI and Non-SSI)	Article 31-1507 Article 28-1519	MMC ONLY
<p>Part 589 Operation of Crisis Residence</p> <p>https://www.omh.ny.gov/omhweb/policy_and_regulations/proposed/part589-text.pdf</p>	Crisis Intervention Demonstration Benefit (Crisis Residence component) ^{14, 15}	OMH Licensed Providers	Part 589	10.13(d)(ii)(D) 21.19(b)(i)(d)) Appendix K, K.2, 48	All ages (adults and children)	1115 MRT Waiver Crisis Intervention Demonstration Benefit	10/1/2015 – NYC for adults and children (SSI and Non-SSI) 7/1/2016 – ROS for adults and children (SSI and Non-SSI)	Billing guidance forthcoming	MMC ONLY
N/A	Crisis Intervention Demonstration Benefit (Mobile Crisis component) ¹⁶	State-approved providers	N/A	10.13(d)(ii)(D) 21.19(b)(i)(d))	All ages (adults and children)	1115 MRT Waiver Crisis Intervention Benefit	10/1/2015 – NYC for adults and children (SSI and Non-SSI) 7/1/2016 – ROS for adults and children (SSI and Non-SSI)	Billing guidance forthcoming	MMC ONLY

¹⁴ Only the Residential Crisis component of the Crisis Intervention benefit is covered by the Crisis Residence regulation.

¹⁵ This service was moved to the MMC benefit package as noted; however, the State is still in the process of promulgating the regulation required for implementation of this service component.

¹⁶ This service was moved to the MMC benefit package as noted; however, the State is still in the process of approving providers and providing MMC benefit guidance. This benefit is expected to be fully operational on 10/1/19.



Appendix D: Medicaid Managed Care Coverage of OASAS Services

Medicaid Managed Care Coverage of OASAS Services									
OASAS Regulation https://www.oasas.ny.gov/reg/index.cfm	Service/Program	Provider Type	OASAS Regulation Section	MMC Model Contract Section	Service Population	Authority	Implementation Date in MMC	Benefit / Payor	Rate Code
Part 816: Withdrawal and Stabilization Services https://www.oasas.ny.gov/reg/documents/816.pdf	Hospital Based Medically Managed Inpatient Detoxification ¹⁷	Article 28/32 ¹⁸	816.6	21.19(b)(ii)(E)	All ages (adults and children) (SSI & non-SSI)	SPA 91-39, 91-75 & 09-34	Prior to 10/1/2015	MMC & FFS	4800
	Medically Supervised Inpatient Withdrawal and Stabilization	Article 28/32	816.7	21.19(b)(ii)(E)	All ages (adults and children) (SSI & non-SSI)	SPA 91-39, 91-75	Prior to 10/1/2015	MMC & FFS	4801; 4802; 4803
		Article 32 only ¹⁹	816.7	21.19(b)(ii)(E)	All ages (adults and children) (SSI & non-SSI)	SPA 09-34	Prior to 10/1/2015	MMC & FFS	4220
	Medically Supervised Outpatient Withdrawal and Stabilization	Article 28/32	816.8	21.19(b)(ii)(F)	All ages (adults and children) (SSI & non-SSI)	SPA 07-06	Prior to 10/1/2015	MMC & FFS (per diem state mandated rate)	4279
		Article 32 only	816.8	21.19(b)(ii)(F)	All ages (adults and children) (SSI & non-SSI)	SPA 10-18	Prior to 10/1/2015	MMC & FFS (per diem state mandated rate)	4221
Part 817: Residential Rehabilitation Services for Youth (RRSY) https://www.oasas.ny.gov/reg/817.cfm	Residential Rehabilitation Services for Youth (RRSY)	Article 32 only	817	Not currently included	Under 21 children only (SSI & non-SSI) *will continue to serve if admitted before 21.	SPA 05-54	TBD	FFS ONLY	4210
Part 818: Chemical Dependence Inpatient Rehabilitative Services		Article 28/32	818	21.19(b)(ii)(G)	All ages (adults and children) (non-SSI only) *Under 21 SSI children will be	SPA 09-34	Prior to 10/1/2015 – All ages (non-SSI)	MMC & FFS (FFS for under 21 SSI)	2957; 2993

¹⁷ Delivered by hospitals only

¹⁸ Article 28/32 – Hospital operated programs also certified by OASAS

¹⁹ Article 32 – Non-hospital (community based) freestanding programs



https://www.oasas.ny.gov/regs/documents/818.pdf	Chemical Dependence Inpatient Rehabilitative Services				carved-in 7/1/2019		10/1/2015 – NYC Over 21 adults (SSI only) 7/1/2016 – Rest of State Over 21 adults (SSI only)	children until 7/1/2019)	
		Article 32 only (includes ATCs ²⁰)	818	21.19(b)(ii) (G)	All ages (adults and children) (non-SSI only) *Under 21 SSI children will be carved-in 7/1/2019	SPA 06-53	Prior to 10/1/2015 – All ages (non-SSI) 10/1/2015 – NYC Over 21 adults (SSI only) 7/1/2016 – Rest of State Over 21 adults (SSI only)	MMC & FFS (FFS for under 21 SSI children until 7/1/2019)	4213; 4202
Part 820: Residential Services²¹ https://www.oasas.ny.gov/regs/documents/Part820ResidentialServices.pdf	Stabilization	Article 32 only	820.10	21.19(b)(ii) (H)	All ages (adults and children) (SSI & Non-SSI) ²²	1115 Waiver Demo & SPA 16-0004	10/1/2015 – NYC 7/1/2016 – Rest of State	MMC	1144
	Rehabilitation	Article 32 only	820.11	21.19(b)(ii) (H)	All ages (adults and children) (SSI & Non-SSI) ²²	1115 Waiver Demo & SPA 16-0004	10/1/2015 – NYC 7/1/2016 – Rest of State	MMC	1145
	Reintegration	Article 32 only	820.12	Not covered by plans	All ages (adults and children) (SSI & Non-SSI)	N/A	N/A	State Aid ONLY	1146 (rate code assigned but not covered by Medicaid MC and FFS)
Part 822: Chemical Dependence Outpatient (CD-OP) Clinic;		Article 28/32	822	21.19(b)(ii) (A)	Over 21 adults (SSI & Non-SSI) *Under 21 (SSI & Non-SSI) will	SPA 06-61, 08-39	10/1/2015 – NYC 7/1/2016 – Rest of State	MMC & FFS	1528 1552 – Physical Health

²⁰ ATC – State Operated Addiction Treatment Center

²¹ First provider certified August 2016

²² MMC plans are responsible for coverage for enrollees under 21 as of 7/1/2019; retrospective payment is not required



Rehabilitation and Opioid Treatment Programs (OTP) https://www.oasas.ny.gov/regs/documents/Part822GeneralServiceStandardsforChemicalDependenceOutpatientandOpioidTreatmentPrograms.pdf	Outpatient – Clinic ²³				be carved-in 7/1/2019				1132 – Integrated 1118-DSRIP
		Article 32 only	822	21.19(b)(ii) (A)	All ages (adults and children) (SSI & Non-SSI) ²²	SPA 16-0004 & 1115 Waiver Demo	10/1/2015 – NYC 7/1/2016 – Rest of State	MMC & FFS	1540 (FQHC : 4273; 4274; 4275) 1468 - Physical Health 1486 – Integrated 1114-DSRIP
	Outpatient - Rehabilitation	Article 28/32	822.15	21.19(b)(ii) (B)	Over 21 adults (SSI & Non-SSI) *Under 21 (SSI & Non-SSI) will be carved-in 7/1/2019	SPA 06-61, 08-39	10/1/2015 – NYC 7/1/2016 – Rest of State	MMC & FFS	1561 1558 – Physical Health
		Article 32 only	822.15	21.19(b)(ii) (B)	All ages (adults and children) (SSI & Non-SSI) ²²	SPA 16-0004 & 1115 Waiver Demo	10/1/2015 – NYC 7/1/2016 – Rest of State	MMC & FFS	1573 (FQHC : 4276; 4277; 4278) 1570 - Physical Health
	Opioid Treatment Program (OTP)	Article 28/32	822.16	21.19(b)(ii) (C)	Over 21 adults (SSI & Non-SSI) *Under 21 (SSI & Non-SSI) will be carved-in 7/1/2019	SPA 06-61, 08-39	10/1/2015 – NYC 7/1/2016 – Rest of State	MMC & FFS	1567 1555 - Physical Health 1134 – Integrated 1120-DSRIP
		Article 32 only	822.16	21.19(b)(ii) (C)	All ages (adults and children) (SSI & Non-SSI) ²²	SPA 16-0004 & 1115 Waiver Demo	10/1/2015 – NYC 7/1/2016 – Rest of State	MMC & FFS	1564 (FQHC : 1671; 2973) 1471 – Physical Health 1130 – Integrated 1116-DSRIP

²³ CCBHC services rate code 1147 are delivered by clinic and not part of the Managed Care benefit package



Appendix E: Continuity of Care Time Line for Children’s Population and Services Added to Medicaid Managed Care

