



Office of  
Mental Health

Office of Addiction  
Services and Supports

Department  
of Health

KATHY HOCHUL  
Governor

ANN MARIE T. SULLIVAN, M.D.  
Commissioner

CHINAZO CUNNINGHAM, MD  
Commissioner

MARY T. BASSETT M.D., M.P.H.  
Commissioner

Insurance Company Name:

Medicaid Advantage Plus (MAP) Plan Name:

Address:

On behalf of the MAP Plan indicated above, I, [Insert name], [title] hereby attest that I have reviewed the benefit requirements for the carve-in of behavioral health services into the Medicaid Advantage Plus (MAP) product line as established by New York State. The MAP Plan will comply with the requirements contained therein in managing the behavioral health benefit which becomes effective January 1, 2023, subject to federal approval.

I further attest the MAP Plan has completed or will complete the following readiness tasks by December 1, 2022, as stipulated in the attached *Behavioral Health Guidance for Managed Care Organizations Carving Behavioral Health into Medicaid Advantage Plus* and the *Final BH MAP Readiness Tool*:

1. Comply with the requirements inclusive of all network, care coordination, and staffing requirements;
2. Attest to development, maintenance, and updating, all policies and procedures accordingly with the listed requirements;
3. Conduct training for all MAP Plan staff on the New York State behavioral health system, including the MAP Plan's member services, network management, care management, and utilization management staff, 30 days prior to implementation;
  - a. Populate and upload the completed Exhibit 1A: Staff Training Implementation Tracking Log to your Plan specific folder in the **HCS: Behavioral Health Carve-In to MAP** site labeled *BH into MAP Readiness Review Submission April 1, 2022*, by December 1, 2022, confirming all staff are trained as required.
4. Conduct provider training for newly contracted behavioral health providers to ensure they have appropriate knowledge, skills, and expertise and receive technical assistance to comply with managed care requirements. This includes, but is not limited to, training on:
  - a. Billing (including claims testing), coding, data interfaces and claiming resources/contacts.
  - b. UM requirements and documentation requirements.
  - c. Evidence-based/promising practices and recovery principles.
5. Create a policy and associated procedures to demonstrate that MAP Plan care managers are trained on the types and services available in OMH and OASAS housing programs in compliance with the Adult BH RFQ Section 3.11.F;



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6. Comply with network and claims reporting requirements as outlined below.
  - a. **Exhibit C: Mobile Crisis Services Contracting Report:** Plans must report monthly network status with providers designated to provide mobile crisis and crisis residence services in the 1115 waiver benefit. The Exhibit C must be uploaded to your Plan's specific folder in the **HCS: Adult and Children's BH and Health Transition Monitoring** site labeled *MAP Exhibit C* on the 15th of each month. The first submission is due October 15, 2022.
  - b. **Network Reports:** Network monitoring reports for all other OMH and OASAS services must be submitted to PNDIS beginning August 1, 2022.
  - c. **Monthly Claims Reports:** Plans must report number of claims received, paid, and denied in the previous month, as well as denial reasons for behavioral health services. Plans must use the state developed template and reports are due to HCS the second Monday of each Month. The first claims report submission is due to your Plan specific folder in **HCS: Adult and Children's BH and Health Transition Monitoring** site labeled *MAP Claims Reports* on February 13, 2023.

I acknowledge the New York State Department of Health, Office of Addiction Services and Supports, and Office of Mental Health reserve the right to request any documentation to verify appropriate system configurations for the behavioral health benefits carving into MAP. I understand the New York State Department of Health is relying upon this attestation as part of its readiness review; appropriate regulatory action may be taken should it be determined that this attestation is materially false, incomplete, or includes incorrect, false, or misleading information.

Signature:

Date:

Title:

Notary Signature: