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# Preparing for Managed Care for Family Peer Support Service (FPSS) Providers

# Introduction and Housekeeping

- Slides and recording will be posted at [MCTAC.org](http://MCTAC.org)
- **Reminders:**
  - ***Information and timelines are current as of the date of the presentation***
  - This presentation is not an official document. For full details please refer to the provider and billing manuals.



# Agenda

- Brief Review of FPSS
- Credentialing/Certification for FPSS
- Pathways to Care
- Billing Medicaid Managed Care Fundamentals
  - Contracting Lessons Learned
- UM and Medical Necessity for FPSS
- Q&A



# Timeline Update

Children's Transition Timeline	Scheduled Date
<ul style="list-style-type: none"> <li>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</li> </ul>	January 1, 2019 <b>COMPLETED</b>
<ul style="list-style-type: none"> <li>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.</li> </ul>	January 31, 2019 <b>COMPLETED</b>
<ul style="list-style-type: none"> <li>Transition from Waiver Care Coordination to Health Home Care Management</li> </ul>	January 1- March 31, 2019 <b>COMPLETED</b>
<ul style="list-style-type: none"> <li>1915(c) Children's Consolidated Waiver is effective and former 1915c Waivers will no longer be active</li> </ul>	April 1, 2019
<ul style="list-style-type: none"> <li><b>Implement Family Peer Support Services as CFTSS in managed care and fee-for-service</b></li> <li>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.)</li> <li>SSI children begin receiving State Plan behavioral health services in managed care</li> <li>Three-year phase in of Level of Care (LOC) expansion begins</li> </ul>	July 1, 2019  July 1, 2019 July 1, 2019 July 1, 2019
<ul style="list-style-type: none"> <li>1915(c) Children's Consolidated Waiver Services carved-in to managed care</li> <li>Children enrolled in the Children's 1915(c) Waiver are mandatorily enrolled in managed care</li> <li>Voluntary Foster Care Agency Article 29-I per diem and services carved-in to managed care</li> <li>Children residing in a Voluntary Foster Care Agency are mandatorily enrolled in managed care</li> </ul>	October 1, 2019 October 1, 2019 October 1, 2019 October 1, 2019
<ul style="list-style-type: none"> <li>Implement Youth Peer Support and Training and Crisis Intervention as State Plan services in managed care and fee-for-service</li> </ul>	January 1, 2020

# Reminder:

- Since children were receiving Family Peer Support as part of one of the six waivers that ended March 31<sup>st</sup>, in order to ensure continuity of care FPSS is authorized as HCBS until it is authorized as CFTSS.
  - From April 1, 2019 until July 1, 2019
- While services are authorized HCBS, they are provided ONLY to HCBS enrolled children.
- As of July 1, 2019 Family Peer Support Services will be implemented as CFTSS and will be available to all children with Medicaid who meet medical necessity criteria.
- **The rest of this presentation addresses FPSS as of July 1, 2019.**



# CFTSS Manual

Children's Health and Behavioral Health Services Transformation 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: [Access Here.](#)

The manual is the official state resource on CFTSS.



# Family Peer Support Services (FPSS): Brief Review



# What are Family Peer Support Services?

- FPSS are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges.
- FPSS provides a structured, strength-based relationship between a Family Peer Advocate (FPA) and the parent/caregiver for the benefit of the child.

\*The term ‘family’ is defined as the primary caregiving unit and is inclusive of the wide diversity of primary caregiving units. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

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# Family Peer Support Service Components

Engagement, Bridging  
and Transition Support

Self-Advocacy, Self-  
Efficacy and  
Empowerment

Parent Skill  
Development

Community  
Connections and  
Natural Support



# Why Offer FPSS?

- Because of their lived experience, credentialed Family Peer Advocates (FPAs) and Certified Recovery Peer Advocates with a Family Specialty (CRPA-Fs) are adept at engaging parents and problem-solving any barriers to care.
- FPSS promotes family-driven practice by supporting parents to be informed and active partners in the planning and delivery of services for their child and family.
- FPSS increases social support by connecting parents to others who can relate.
- FPSS works directly with parents to enhance their capacity to parent a child with challenges.
- FPSS promotes continuity across the different services a child is receiving (e.g. school, mental health, primary care).



# Staff Qualifications

- Family Peer Support can be delivered by individuals with lived experience who have completed necessary requirements as a:
  - Credentialed Family Peer Advocate (FPA): Contact Families Together of NYS ([www.ftnys.org](http://www.ftnys.org)) for detailed training requirements.

OR

- Certified Recovery Peer Advocate with a Family Specialty (CRPA-F): Contact the Alcoholism and Substance Abuse Providers of New York State (ASAP) for more information on the CRPA-F: [www.asapnys.org/ny-certification-board/](http://www.asapnys.org/ny-certification-board/)
- Please note: FPAs may be best suited to serve children with mental health needs/diagnosis, whereas CRPA-F may be best suited to serve those with substance use needs/diagnosis.



# Lived Experience Defined

*Demonstrate 'lived experience' as a parent (biological/foster/adoptive) or primary caregiver who has navigated multiple child serving systems on behalf of their child(ren) with social, emotional, developmental, health and/or behavioral healthcare needs which manifested itself prior to age 21.*

A parent or primary caregiver is the person who is primarily responsible for the day-to-day care of a child.

The broadness of this definition gives us the opportunity to be inclusive of non-traditional family arrangements.

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# Criteria for the Professional FPA Credential:

- 18 years of age
- Lived experience as a parent or primary caregiver
- High school diploma or high school equivalency (preferred) or a State Education Commencement Credential. (May be waived if individual has needed competencies and experience.)
- Complete the Parent Empowerment Program (PEP) Training
- Three letters of reference including one from the FPA's supervisor
- 1000 hours of work or volunteer experience providing Family Peer Support Services
- Agree to practice according to the Family Peer Advocate Code of Ethics
- 20 hours of continuing education and renew FPA credential every two years

*An individual can obtain a Provisional FPA Credential which will allow them to bill before they complete Level Two of PEP, and 1000 hours of experience. Level Two and the 1000 hours must be completed with 18 months of beginning to work as a FPA.*



# Criteria for CPRA-F Certification:

- 18 years of age
- Lived experience as a primary caregiver of a youth who has participated in (or navigated) the addiction services system
- High school diploma or General Equivalency Degree (GED) preferred or a State Education Commencement Credential
- 46 hours of content specific training, covering the topics: advocacy, mentoring/education, recovery/wellness support and ethical responsibility
- 20 hours of training Family Support (combined online and classroom training)
- 500 hours of related work or volunteer experience
- 25 hours of supervision in a peer role
- Pass the NYCB/IC&RC Peer Advocate Exam or other exam by an OASAS designated certifying body
- 10 hours of continuing education per year (including 2 hours of Ethics) to maintain certification



# Supervisor Qualifications

- FPAs/CRPA-F will be supervised by; as appropriate:
  - Individuals who have a minimum of 4 years' experience providing FPSS services, at least one year of which is as a credentialed FPA/CRPA-F with access to clinical consultation as needed. The clinical consultation may be provided by a staff member or through a contract OR
  - A qualified mental health staff person with
    - training in FPSS and the role of FPAs/CRPA-F
    - efforts made, as the FPSS service gains maturity in NYS, to transition to supervision by an experienced credentialed FPA/CRPA-F within the organization OR
- A competent behavioral health professional meets the qualifications of either:
  - a professional who meets the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595 OR
  - For Certified Recovery Peer Advocate with a Family Specialty only – A Certified Alcohol and Substance Abuse Counselor (CASAC) working within an OASAS certified program.
- The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency.



# Provider Qualifications

- Agencies must be designated through the NYS Children's Provider Designation Review Team. This requires agencies have appropriate license, certification, and/or approval in accordance with State designation requirements.
- Some providers may only be designated to serve certain populations.

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# Pathways to FPSS

# Pathways to Care

- Children/youth can access FPSS in variety of ways.
- Anyone can identify the need for FPSS and make a **referral** to FPSS, including parents and other caregivers, pediatricians, care managers, school personnel or the young person themselves.
- Children who are referred will need a **recommendation** which must be made by a Licensed Practitioner of the Healing Arts (LPHA) who can discern and document medical necessity.
- **To access FPSS: a child must have a documented diagnosis. If the child is not yet diagnosed, a referral must be made to a Licensed Practitioner who has the ability to diagnose in their scope of practice.**



# Pathways to Care

**Referral:** when an individual or service provider identifies a need in a child/youth and/or 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 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, including the service on the child/youth's treatment plan.

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# Licensed Practitioner of the Healing Arts

- Registered Nurse Professional
- Nurse Practitioner
- Psychiatrist
- Licensed Psychologist
- Licensed Master Social Worker
- Licensed Clinical Social Worker
- Licensed Marriage and Family Therapist
- Licensed Mental Health Counselor
- Physician
- Licensed Creative Arts Therapist
- Licensed Psychoanalyst
- Physician's Assistant

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# Pathways to Care: 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 FPSS provider agency, the recommendation must include the LPHA license 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.

Example LPHA Recommendation Form:

[https://ctacny.org/sites/default/files/Example%20LPHA%20Recommendation.Memo\\_.1.11.19.pdf](https://ctacny.org/sites/default/files/Example%20LPHA%20Recommendation.Memo_.1.11.19.pdf)



# Medical Necessity for Admission to FPSS

**Criteria 1 OR 2, AND 3 AND 4 AND 5 must be met:**

1. The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM OR
2. The child/youth displays demonstrated evidence of skill(s) lost or undeveloped as a result of the impact of their physical health diagnosis; AND
3. The child/youth is likely to benefit from and respond to the service to prevent the onset or the worsening of symptoms; AND
4. The child/youth's family is available, receptive to and demonstrates need for improvement in the following areas such as but not limited to:
  - a. strengthening the family unit
  - b. building skills within the family for the benefit of the child
  - c. promoting empowerment within the family strengthening overall supports in the child's environment; AND
5. The services are recommended by a Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License (see earlier slide for list)



# Treatment Plan

- Each service needs to have a treatment plan for that child/youth.
- The treatment plan includes which services, how often the services will be delivered, by whom, and the goals.
- Services are provided in accordance with the treatment plan and documented in the child/youth's record using a child/youth and family centered approach.
- Treatment planning is an active process that engages the child/youth, family/caregiver and collaterals in ongoing review of progress toward goals and objectives that incorporates strengths and preferences of the child/youth and family/caregiver.
- There is no required treatment plan form that must be used.
- A supervisor MUST sign off on the treatment plan.
- A Treatment Plan is NOT the same as a Plan of Care. For more information please see state guidance:  
[https://health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/services\\_access\\_documentation.pdf](https://health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/services_access_documentation.pdf)



# Case Example: Pathways to Care

Veronica shared with her daughter's teacher that despite all of the services Mia was receiving, it wasn't really working for their family. Although things were going better in school, she was unable to manage Mia's behavior at home even with all of the good suggestions made by her providers. She also shared that she recently lost her job, was probably going to lose her housing and felt overwhelmed and lonely.

The teacher made a referral to FPSS. The FPSS program met with Veronica and together they contacted Mia's clinician who agreed that FPSS would be helpful and made a recommendation.

The FPSS program met with Veronica, listened to her concerns and reassured her that they would support her to work through some of these issues. Together they decided to focus on supporting her to talk with Mia's providers, help her to implement their suggestions at home, connect her with a FPSS Support group, and help her locate community resources to help with housing and food.





# Case Example: Pathways to Care

Claudia and Manny's son, Aidan (age 17) was recently hospitalized due to an overdose. He was discharged to a clinic in the community for ongoing mental health and substance abuse services. He lives with his parents. He has not been participating regularly and his providers learned that his relationship with his parents was strained. The clinic knew from past conversations that his family was feeling judged and afraid for their son.

The clinician made a recommendation for FPSS, hoping that the CRPA-F would be able to make a connection based on their shared experiences and engage the family in a conversation about how to best meet everyone's needs.

The CRPA-F met with the family and learned that they were at a loss for how to support their son while also setting boundaries that were healthy for everyone. The CRPA-F helped the family reconnect with the clinic, helped them learn more about their son's diagnosis, and worked with them to connect Aidan's siblings to recreational activities in the community to give them extra support.



# Common Questions About Access to FPSS

- Can a child who meets all appropriate medical necessity criteria receive HCBS and FPSS?
  - Yes, a child can receive CFTSS services along with HCBS services if appropriate. However, a child who is HCBS eligible would still need to meet the eligibility and medical necessity criteria for CFTSS.
- Does a child need to be part of a Health Home to receive FPSS?
  - No. A child may not meet the criteria for Health Home enrollment or may chose not to be in a Health Home, but still be eligible for FPSS and other CFTSS services.
- Is FPSS only available to children who are eligible to receive Medicaid?
  - No. Many communities have FPSS programs that have funding to provide services to children who are not eligible for Medicaid.
- How can an FPSS provider know what other services the child is receiving?
  - Open communication with the family is key. Also if the child is enrolled in a Health Home (which they are not required to be) then communicate with the Health Home Care Manager to determine other services.



# Common Questions About Access to FPSS Continued

- Can FPSS be provided to a family whose child is in the hospital or in a residential program?
  - A service can be provided but not reimbursed. A provider cannot bill Medicaid for a time when the child is in the hospital or RTF, as these settings are already billing Medicaid for this time and it would be considered double billing. However, if the FPSS provider is a 1650 funded program, they can offset costs for this service with those State Aid funds.
- If an FPSS program without a LPHA on staff receives a recommendation from an external provider, what is the recommender's role intended to be post-recommendation?
  - This may vary in practice depending on who the LPHA is making the recommendation. If it is a therapist serving the child, they may play an active role in support of the treatment plan and coordination of care. If it is a pediatrician, their role may be different and possibly less involved. In any case, an FPSS provider should work to assure communication and collaboration with relevant treatment providers, as appropriate.



# Billing Medicaid Managed Care Fundamentals



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# Billing Fundamentals

- If child is in a Medicaid Managed Care Plan (MMCP) providers will bill the Managed Care Plan for FPSS.
- MMCPs will be required to pay government rates [aka Medicaid fee-for-service rates] for at least 24 months from the date the service was included in the MMCP benefit package, or for however long NYS mandates.
- If child is not in a MMCP, providers will bill fee-for-service.
- Single Case Agreements (SCA) may be executed by MMCPs for specific services for specific clients.



# Billing Fundamentals

In order to bill the MMCP providers need to be in-network. In order to be in-network provides need to be:

- A designated provider of FPSS
- Enrolled as a Medicaid Provider Agency
- Credentialed by the MMCP
- Contracted with that MMCP

[The Managed Care Plan Matrix](#) has contact information for all NYS MMCPs.



# Billing Manual

NYS Children's Health and Behavioral Health Services  
– Children's Medicaid System Transformation Billing  
and Coding Manual: [Access Here](#)



# Billing FPSS

- Billed daily in 15 minute units
- Individual and Group FPSS
- Can be provided onsite or offsite





# Claim Submission

- MMCPs and providers must adhere to the rules in the billing and coding manual.
- MMCPs shall support both paper and electronic submission of claims.
- MMCPs shall offer its providers an electronic payment option including a web-based claim submission system.



# Remember



## CLAIMS TESTING!

Before claims testing can begin:

- Providers need to be contracted & credentialed
- Ensure that the services you are designated to provide are included/added to your contract with the MMCP and be credentialed for those services
- Even if you have experience billing Managed Care, it is strongly recommended that you still claims test for Children's Services



# MMCP Network Requirements Review

- Medicaid Managed Care Plans are held to specific network requirements. NYS monitors MMCP contracting regularly to ensure network requirements are met.
- A Medicaid Managed Care Plan has discretion to deny a claim from an out of network provider.
  - Exception for newly carved in services, if a provider is delivering a service to the enrollee prior to the implementation date.



# Managed Care Provider Contracting

## Lessons Learned

- Be aware of “lesser of” language which should not exist
- All MCOs should pay based on OMH/OASAS posted rate codes and procedures – some plans might attempt to list out (limit) the codes they pay
- For UM authorizations, Plans and Providers must follow units as outlined by OMH Coding Taxonomy. If provider is not doing it correctly, claims will deny
- Authorization letter is not a guarantee of claims payment, ensure you follow listed coding guidelines
- Ensure the services you are contracted to provide are accurately listed in the MCO contract
- Confirm that you are contracted with Medicaid line of business. There has been confusion where providers are contracted with multiple lines of business (Medicaid/ Medicare/ Commercial/ MLTC)



# Managed Care Provider Contracting

## Lessons Learned

- As part of the contracting process BH providers are encouraged to:
  - Review contracts and strike or amend any conflicting contractual language where possible; and,
  - Add language consistent with the following: “For purposes of the Behavioral Health transition, where any terms of this Agreement contradict or conflict with terms in the State Managed Care Model Contract and corresponding guidelines, the Managed Care Model Contract and guidelines shall prevail.”
- OMH providers are encouraged to review current and proposed amendments to provider agreements for consistency with the proposed Medicaid Managed Care Model Contract provisions outlined in this presentation
- Providers are **strongly** encouraged to finalize contracting with plans to ensure inclusion in Medicaid Managed Care provider networks prior to the effective date of the benefit expansion
- Providers are **strongly** encouraged to sign single case agreements in the cases of continuity of care to ensure there is no disruption in the delivery of service or payment
  - Single case agreements must also protect laws of government rates for ambulatory services
  - Utilization management rules apply under a single case agreement



# Managed Care Contracting

DO NOT WAIT to contact the state regarding a contracting and/or credentialing issue.





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# UM and Medical Necessity for FPSS

# What is Utilization Management?

Definition: Procedures used to monitor or evaluate clinical necessity, appropriateness, efficacy, or efficiency of behavioral health care services, procedures, or settings and includes ambulatory review, prospective review, concurrent review, retrospective review, second opinions, care management, discharge planning, and service authorization.

Designated providers must have the ability to bill FFS and managed care, but today's presentation focuses on the managed care utilization management and authorization processes.





# Types of Authorization Reviews

UM will occur at different points in the healthcare delivery cycle:

- **Pre-Service/Prior authorization** = permission from the MMCP before delivering a service in order to receive payment
  - NOT Required for FPSS
  - However, providers should notify MMCPs before providing service to ensure proper payment
- **Concurrent review** = process during an ongoing course of treatment to ensure that such treatment remains appropriate/medically necessary



# Concurrent Review Process

- Provider submits concurrent authorization request to MMCP for medical necessity review. Provider has up to 3 visits before authorization can be required for additional services
  - MMCPs have their own policies regarding concurrent review but they cannot require it before this point
- The MMCP reviews the authorization request with supporting documentation to evaluate medical necessity
- Process for Concurrent Review
  - Template for Concurrent Review:  
<https://ctacny.org/sites/default/files/CFTSS%20authorization%20form%201.7.19%20FINAL.pdf>
- A treatment plan will be required, but not for the purposes of obtaining authorization from MMCPs



# What does Medical Necessity Mean?

Medical necessity is the standard terminology that all healthcare professionals and entities will use in the review process when determining if medical care is appropriate and essential.

New York State Department of Health requires the following definition of Medically Necessary:

***Medically necessary means health care and services that are necessary to prevent, diagnose, manage or treat conditions in the person that cause acute suffering, endanger life, result in illness or infirmity, interfere with such person's capacity for normal activity, or threaten some significant handicap. (N.Y. Soc. Serv. Law, § 365-a).***



# Medical Necessity for Continued Stay in FPSS

## All criteria must be met:

1. The child/youth continues to meet admission criteria; AND
2. The child/youth is making progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the Child/youth meeting services goals; AND
3. Family/caregiver(s) participation in treatment is adequate to meaningfully contribute to the child/youth's progress in achieving service goals; AND
4. Additional psychoeducation or training to assist the family/caregiver understanding the child's progress and treatment or to care for the child would contribute to the child/youth's progress; AND
5. The child/youth does not require an alternative and/or higher, more intensive level of care or treatment; AND
6. The child/youth is at risk of losing skills gained if the service is not continue; AND
7. Treatment planning includes family/caregiver(s) and/or other support systems, unless not clinically indicated or relevant.



# Medical Necessity for Discharge from FPSS

**Any one of criteria 1-6 must be met:**

1. The child/youth and/or family no longer meets admission criteria OR
2. The child/youth has successfully met the specific goals outlined in the treatment plan for discharge; OR
3. The family withdraws consent for services; OR
4. The child/youth and/or family is not making progress on established service goals, nor is there expectation of any progress with continued provision of services; OR
5. The child/youth and/or family is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies; OR
6. The family/caregiver(s) no longer needs this service as they are obtaining a similar benefit through other services and resources.



# Continuity of Care Protections: UM

- No Utilization Management for 180 days from carve-in of FPSS (July 1, 2019)



# NYS Allowable Billing Combinations For Children's Behavioral Health, Children and Family Treatment and Support Services and HCBS

NYS Allowable Billing Combinations of Children's Behavioral Health, Children and Family Treatment and Support Services and HCBS

HCBS/State Plan Services	OMH Clinic	OASAS Clinic	OASAS Opioid Treatment Program	OMH ACT*	OMH PROS*	OMH CDT*	OMH Partial Hospital	OASAS Outpatient Rehab	CPST / OLP	PSR	FPSS	YPST
Day Habilitation	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Community Habilitation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Caregiver & Family Support and Services	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Respite	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Prevocational Services	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Supported Employment	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Community Self-Advocacy Training and Supports	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Other Licensed Practitioner (OLP)	Yes**	No	No	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes
Community Psychiatric Supports and Treatment (CPST)	Yes	Yes	Yes	No	No	No	Yes	Yes	-	Yes	Yes	Yes
Psychosocial Rehabilitation (PSR)	Yes	Yes	Yes	No	No	No	Yes	Yes	Yes	-	Yes	Yes

\*These services available to youth age 18 and older

\*\*OMH guidance is forthcoming to avoid duplication in services.



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# NYS Allowable Billing Combinations For Children's Behavioral Health, Children and Family Treatment and Support Services and HCBS

NYS Allowable Billing Combinations of Children's Behavioral Health, Children and Family Treatment and Support Services and HCBS

HCBS/State Plan Services	OMH Clinic	OASAS Clinic	OASAS Opioid Treatment Program	OMH ACT*	OMH PROS*	OMH CDT*	OMH Partial Hospital	OASAS Outpatient Rehab	CPST/OLP	PSR	FPSS	YPST
Youth Peer Support and Training	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-
Family Peer Support	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	-
Crisis Intervention	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Palliative Care Pain & Symptom Management	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Palliative Care Bereavement	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Palliative Care Massage Therapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Palliative Care Expressive Therapy	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Accessibility Modifications	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Adaptive and Assistive Equipment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

\*These services available to youth age 18 and older



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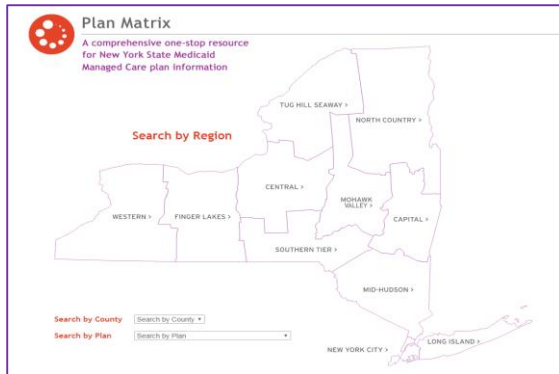
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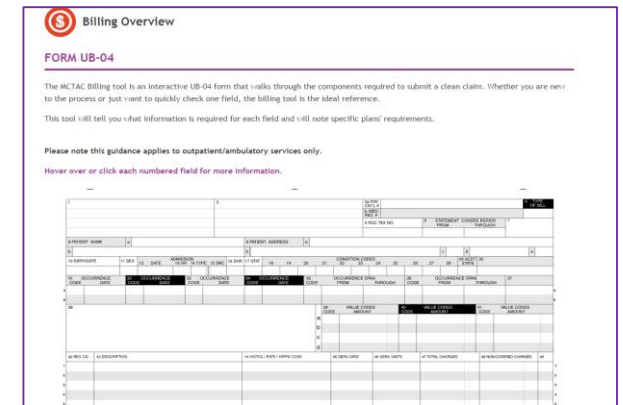
# Tools

## Select the **Tools** Tab at [www.mctac.org](http://www.mctac.org)



Managed Care Plan Matrix – comprehensive resource for MCO contact information relevant to adults and children. <https://matrix.ctacny.org/>

Billing Tool – Children System specific updates. <https://billing.ctacny.org/>



**mctac** THE MANAGED CARE TECHNICAL ASSISTANCE CENTER OF NEW YORK

**TOP ACRONYMS A-Z**

<b>ACO</b>	Accountable Care Organization
<b>BP</b>	Balancing Incentive Plan
<b>DESCO</b>	Developmental Disability Individual Support and Care Coordination Organizations
<b>DSRP</b>	Delivery System Reform Incentive Payment
<b>FDA</b>	Fully Integrated Duals Advantage
<b>HARP</b>	Health and Recovery Plan
<b>HCBS</b>	Home and Community-based Services
<b>LGU</b>	Local Governmental Units
<b>LOC</b>	Level-of-Care
<b>LOCADTR</b>	Level of Care for Alcohol and Drug Treatment Referral
<b>MCO</b>	Managed Care Organization
<b>MLR</b>	Medical Loss Ratio
<b>MLTC</b>	Managed Long Term Care
<b>MCTAC</b>	Managed Care Technical Assistance Center
<b>MDT</b>	Medical Redesign Team
<b>PCMH</b>	Patient-centered Medical Homes
<b>PPMPH</b>	Per-member Per-month
<b>PROS</b>	Person and Recovery Oriented Services
<b>PPS</b>	Performing Provider System
<b>SFA</b>	State Plan Amendment

For more information, visit [www.ctacny.org](http://www.ctacny.org)  
Ask MCTAC at [mctacinfo@ny.slu.edu](mailto:mctacinfo@ny.slu.edu)

Glossary of Terms- Interactive online glossary of frequently used managed care terminology. Includes a printable top acronyms "cheat sheet."  
<https://glossary.ctacny.org/>



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

# Resources and Information

## Provider List

<https://pndslookup.health.ny.gov/>

## Children's Behavioral Health Transition to Managed Care

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm)

## Children and Family Treatment and Support Services Provider Manual:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/updated\\_spa\\_manual.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf)

## NYS Children's Health and Behavioral Health Services – Children's Medicaid System Transformation Billing and Coding Manual:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/billing\\_manual.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/billing_manual.pdf)



# Resources and Information

**Example LPHA Recommendation Form:**

[https://ctacny.org/sites/default/files/Example%20LPHA%20Recommendation.Memo\\_.1.11.19.pdf](https://ctacny.org/sites/default/files/Example%20LPHA%20Recommendation.Memo_.1.11.19.pdf)

**For more information about treatment plan versus plan of care please see state guidance:**

[https://health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/services\\_access\\_documentation.pdf](https://health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/services_access_documentation.pdf)

**For more information about becoming a Credentialed FPA: Contact Families Together of NYS for detailed training requirements: [www.ftnys.org](http://www.ftnys.org)**

**For more information about becoming a CRPA-F: Contact the Alcoholism and Substance Abuse Providers of New York State (ASAP): [www.asapnys.org/ny-certification-board/](http://www.asapnys.org/ny-certification-board/)**



# Email Resources

**Please specify if kids system/managed care specific in subject line:**

NYS OMH Service Mailbox:

[DCFS@omh.ny.gov](mailto:DCFS@omh.ny.gov)

NYS OASAS Mailbox:

[PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov)

NYS OCFS Mailbox:

[OCFS-Managed-Care@ocfs.ny.gov](mailto:OCFS-Managed-Care@ocfs.ny.gov)

DOH Transition Mailbox

[BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov)

NYS OMH Managed Care Mailbox

[OMH-MC-Children@omh.ny.gov](mailto:OMH-MC-Children@omh.ny.gov)



# Questions

Please send questions to:  
mctac.info@nyu.edu

Logistical questions  
usually receive a response  
in 1 business day or less.

Longer & more complicated  
questions  
can take longer.

We appreciate your interest and  
patience!



Visit [www.mctac.org](http://www.mctac.org) to view past trainings, sign-up for updates and event announcements, and access resources



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