

# Adult BH HCBS Authorization Webinar

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March 29th, 2016, 1:30-2:30pm

The Managed Care Technical  
Assistance Center of New York



# Introduction & Housekeeping

## Housekeeping:

- Slides are posted at [MCTAC.org](http://MCTAC.org)
- Questions not addressed today will be reviewed and incorporated into future trainings and presentations, added to Q&A resources when possible.

**Reminder: Information and timelines are current as of the date of the presentation**



# What is MCTAC?

MCTAC is a training, consultation, and educational resource center that offers resources to *all mental health and substance use disorder providers in New York State*.

## MCTAC's Goal

Provide training and intensive support on quality improvement strategies, including business, organizational and clinical practices to achieve the overall goal of preparing and assisting providers with the transition to Medicaid Managed Care.





**McSILVER INSTITUTE**  
FOR POVERTY POLICY AND RESEARCH



The National Center on  
Addiction and Substance Abuse

## MCTAC Partners



*People Get Better With Us*



# Agenda

- **Introduction and Welcome Remarks**
- **Adult BH HCBS Prior and/or Continuing Authorization Request Form**
  - **Provider and Plan Guidance**
  - **Form Review**
- **Tools for Providers**
- **Q&A and wrap-up**



# Adult BH HCBS Service Specific Assessments

- › Managed Care Organization Approves Plan Of Care and Issues a Level of Service Determination for **3 visits/14 days.**
- › It is recommended that providers talk to the Managed Care Organization to determine their specific health plan's process as it relates to LOS and Authorization for the 3 visits.



# Adult BH HCBS Prior and/or Continuing Authorization Request Form

Provider and Plan Guidance

The Managed Care Technical Assistance Center of New York



# Provider & Plan Guidance

- › Adult BH HCBS Providers must complete this form **for every prior authorization for Adult BH HCBS.**
- › When requesting **concurrent authorizations**, the HCBS provider can choose to either:
  - 1) complete this form and submit it to the managed care plan for review (which may include a subsequent telephonic review if requested by the plan); or
  - 2) request a telephonic review only with the plan to discuss progress made and any modified goals/objectives.





# Provider & Plan Guidance (cont.)

- › Plans may not require providers to complete and submit the form for **concurrent reviews** if the provider does not wish to.
- › Submission of authorization form does not preclude telephonic review, which may be required by MCO/BHO.
- › NYS encourages providers to reach out to the MCO/BHO regarding authorization protocol to ensure timely delivery of services for members.
- › Request telephonic reviews at any point in the review process
- › Plans may request case documentation as needed to ensure appropriate access to services and desired outcomes.



# Adult BH HCBS Prior and/or Continuing Authorization Request Form

Form Review

The Managed Care Technical Assistance Center of New York



V: February 12, 2016

**Adult Behavioral Health (BH) Home and Community Based Services (HCBS):  
Prior and/or Continuing Authorization Request Form**

Prior Authorization Request (mandatory)

**Concurrent Review Authorization Request (optional)**

*Instructions: The HCBS provider must complete this form for every **prior authorization** for Adult BH HCBS. When requesting **concurrent authorizations**, the HCBS provider can either: 1) complete this form and submit to the managed care plan for review (which may include a subsequent telephonic review if requested by the plan); or 2) request a telephonic review only with the plan to discuss progress made and any modified goals/objectives.*

**Member information**

Member Name John Jones Member

DOB \_\_\_\_\_

Member Phone \_\_\_\_\_

Member Email (optional) \_\_\_\_\_

Member Address \_\_\_\_\_

Member Medicaid ID \_\_\_\_\_

Plan ID \_\_\_\_\_

Health Home \_\_\_\_\_

Health Home Care Manager \_\_\_\_\_

**Adult BH HCBS Provider information**

HCBS Provider Name \_\_\_\_\_

Provider Address \_\_\_\_\_

Tax ID # \_\_\_\_\_

Contact person name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Adult BH HCBS requested

Please select the Adult BH HCBS for which authorization is requested (no more than 3 per request):

- |   |  |
|---|--|
| <input type="checkbox"/> Education Support Services           | <input type="checkbox"/> Psychosocial Rehabilitation (PSR)                   |
| <input type="checkbox"/> Peer Supports                        | <input type="checkbox"/> Habilitation  |
| <input type="checkbox"/> Pre-vocational Services              | <input type="checkbox"/> Community Psychiatric Support & Treatment (CPST)    |
| <input type="checkbox"/> Transitional Employment              | <input type="checkbox"/> Family Support and Training (FST)                   |
| <input type="checkbox"/> Ongoing Supported Employment         | <input type="checkbox"/> Short-term Crisis Respite (concurrent reviews only) |
| <input type="checkbox"/> Intensive Supported Employment (ISE) | <input type="checkbox"/> Intensive Crisis Respite (concurrent reviews only)  |



Please note the anticipated frequency, intensity, duration, and modality of each requested Adult BH HCBS. Please consider what the member needs to reasonably achieve the objectives listed in the following section:

Adult BH HCBS #1	Frequency (# services per week)	Intensity (hours per service)	Duration (e.g. 3 months)
List: Intensive Supported Employment	2 times a week	One hour each week	3 months
Modality (check all that apply)..... <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> On-site <input type="checkbox"/> Off-site			

Adult BH HCBS #2	Frequency (# services per week)	Intensity (hours per service)	Duration (e.g. 3 months)
List: Psychosocial Rehabilitation	2 times a month	One hour per service	6 months
Modality (check all that apply)..... <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> On-site <input type="checkbox"/> Off-site			

Adult BH HCBS #3	Frequency (# services per week)	Intensity (hours per service)	Duration (e.g. 3 months)
List: Peer Services	2 times a month	One hour per service	6 months
Modality (check all that apply) ..... <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> On-site <input type="checkbox"/> Off-site			



## Goals and Objectives

Clearly state the client's goal(s) and list specific objectives for the period of requested services. Goals must accurately reflect the member's approved Adult BH HCBS Plan of Care. Objectives should be results-oriented, measurable steps towards the overall goal that can be achieved within the requested period of services.

**Goal #1**\_\_ I want to work in telemarketing.\_\_\_\_\_

Objective #1\_ I will look for a job..

Status.....  New       Accomplished       Existing (Partially met)       Existing (Not met)

John has been keeping his appointments and has indicated an interest in working in customer service. He has worked previously as a telemarketer making calls for a company completing surveys on customer experiences. John has identified five opportunities to pursue. He has also researched the companies on line. He will continue to look for jobs and research companies.

Objective #2\_ I will learn how to interview for a job.

Status.....  New       Accomplished       Existing (Partially met)       Existing (Not met)

John has been keeping his appointments. We have been role-playing interviewing for a job. John is able to speak to what he has previously done. He is practicing the language to use in interviews to explain the ten-year break in employment and to promote his strengths with engaging people in conversation.

Objective

#3\_\_ N/A\_\_\_\_\_

Status.....  New       Accomplished       Existing (Partially met)       Existing (Not met)

Goal #2\_\_ I want to save money \_

Objective #1\_\_ I will learn how to set a goal for the amount of money to save each month.

Status.....  New       Accomplished       Existing (Partially met)       Existing (Not met)

John has met with the staff twice in the last month and has listed income, expected expenses and amount of money to save for this upcoming month. John has agreed to eat at home more often to save money. During the next month John has agreed to eat Breakfast, lunch and dinner 5 days a week at home. A self monitoring checklist was developed and John has committed to completing this form. We will review at the next meeting

Objective  
#2\_\_ N/A

Status.....  New       Accomplished       Existing (Partially met)       Existing (Not met)

Objective  
#3\_\_ N/A

Status.....  New       Accomplished       Existing (Partially met)       Existing (Not met)



V: February 12, 2016

**Goal #3** \_\_ I want to make friends

Objective #1 \_\_ I will make a list of social activities I like and dislike

Status.....  New       Accomplished       Existing (Partially met)       Existing (Not met)

John met with the counselor and developed his list of activities he likes and dislikes. John said he likes to sing and go to Church. He has also said he likes to read. Based on his likes and dislikes John has decided to reach out to Churches in his neighborhood and see if he can join the Choir. He has also decided to join a Reading group.

Objective #2 \_\_ I will identify and join agencies and groups that offer the activities I like.

Status.....  New       Accomplished       Existing (Partially met)       Existing (Not met)

John will meet with the counselor and identify the Churches in his neighborhood. We will identify people who he knows who may be going to that church, practice how to approach the Church to ask to be part of the Choir and after the visit we will review if John should approach the next meeting differently. We will also visit the library in John's neighborhood and get a list of reading groups. We will practice how to approach the reading groups to ask to be part of the group. After John reaches out to the group (s) we will review if John should approach the next meeting differently

Objective  
#3 N/A

Status.....  New       Accomplished       Existing (Partially met)       Existing (Not met)





Describe any other barriers or obstacles to the member's goals/objectives, and strategies to address them:

I attest that the member has elected to receive all Adult BH HCBS requested above

I have communicated with the member's Health Home care manager (not required)\*

I have communicated with the member's managed care care manager (not required)\*

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Name (please print):

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*\* Submission of authorization form does not preclude telephonic review, which may be required by MCO/BHO. NYS encourages providers to reach out to the MCO/BHO regarding authorization protocol to ensure timely delivery of services for members.*

**Submission instructions:** *[Plans must modify this template to include submission instructions via fax and/or web portal.]*

# Tools and Resources

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# MCTAC Tools

**MCO Matrix:** interactive online tool that provides critical information necessary for providers to successfully engage with the plans.

**Billing/Claims:** tool that contains critical information for clean claim submission with field by field detail for the UB-04/837i form, plan by plan

**Glossary of Terms/Top Acronyms/Managed Care Language Guide**

**Utilization Management:** tool that provides guidance around prior authorization and concurrent review practices for each plan for state ambulatory services.

**Credentialing:** An integrated tool that provides information on required credentialing processes & documentation

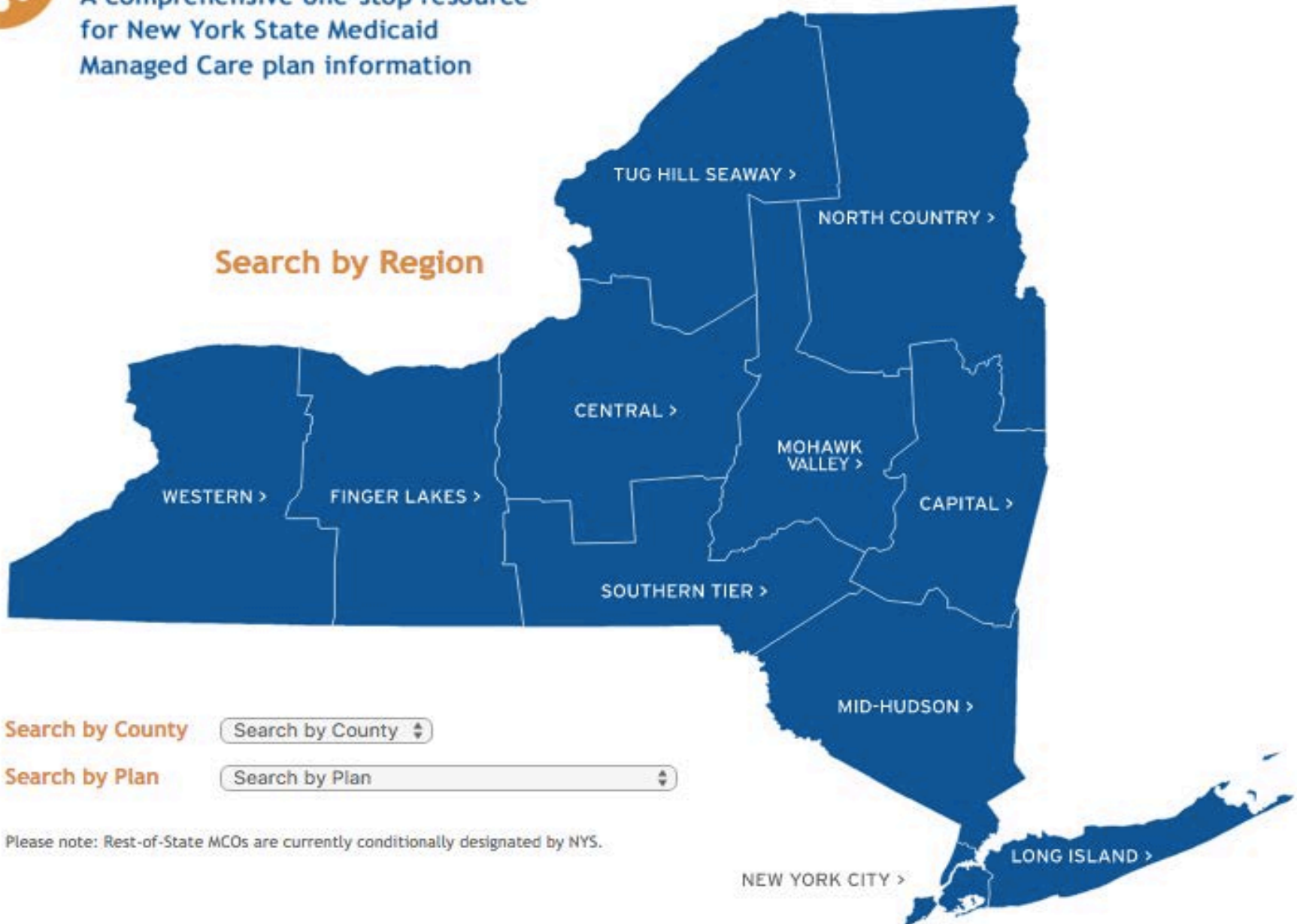
**Chargemaster:** tool to assist providers in cross walking information from services provided to the necessary billing codes.



# Plan Matrix

A comprehensive one-stop resource  
for New York State Medicaid  
Managed Care plan information

## Search by Region



## Search by County

Search by County

## Search by Plan

Search by Plan

Please note: Rest-of-State MCOs are currently conditionally designated by NYS.

Search by Region

Long Island

or

Search by County

Search by Plan

[back to map](#)

## Plans by Region (Long Island)

### Affinity Health Plan, Inc.

Subcontracting to BHO: Beacon Health Options

Counties available: New York, Kings, Bronx, Queens, Richmond, Nassau, Suffolk, Orange, Rockland, Westchester

View information for: [General](#), [Contracting](#), [Utilization](#), [Credentialing](#), [Billing](#), [All](#)

### EmblemHealth

Additional names: Health Insurance Plan of Greater New York

Subcontracting to BHO: Beacon Health Options; Montefiore (CMO)/University Behavioral Associates

Counties available: New York, Kings, Bronx, Queens, Richmond, Nassau, Suffolk, Westchester

View information for: [General](#), [Contracting](#), [Utilization](#), [Credentialing](#), [Billing](#), [All](#)

### Empire Blue Cross Blue Shield HealthPlus

Additional names: AMERIGROUP Community Care, HealthPlus, an Amerigroup Company, Anthem, AMERIGROUP New York, LLC.

Subcontracting to BHO: No

Counties available: New York, Kings, Bronx, Queens, Richmond, Nassau, Suffolk, Putnam

View information for: [General](#), [Contracting](#), [Utilization](#), [Credentialing](#), [Billing](#), [All](#)

### Fidelis Care New York

Additional names: FCNY, New York State Catholic Health Plan, HealthierLife

Subcontracting to BHO: No

Counties available:

New York, Kings, Bronx, Queens, Richmond, Nassau, Suffolk, Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester, Albany, Columbia, Fulton, Greene, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, St. Lawrence, Warren, Washington, Broome, Cayuga, Chenango, Cortland, Delaware, Herkimer, Madison, Oneida, Onondaga, Oswego, Tioga, Tompkins, Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates, Chemung

View information for: [General](#), [Contracting](#), [Utilization](#), [Credentialing](#), [Billing](#), [All](#)



## HealthFirst PHSP. Inc.

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GENERAL CONTRACTING UTILIZATION MANAGEMENT (UM) CREDENTIALING BILLING PHARMACEUTICALS ALL



**Address:**  
100 Church Street  
New York, NY 10007  
**Phone:** (212) 801-6000

### GENERAL INFORMATION

<b>Additional Names:</b>	Health First, Neighborhood Health Provider (NHP)
<b>Subcontracting to BHO:</b>	No
<b>HARP:</b>	✓ – HealthFirst Personal Wellness Plan
<b>Counties Available:</b>	New York (Medicaid, CHP, Commerical, FIDA) Kings (Medicaid, CHP, Commerical, FIDA) Bronx (Medicaid, CHP, Commerical, FIDA) Queens (Medicaid, CHP, Commerical, FIDA) Richmond (Medicaid, CHP, Commerical, FIDA) Nassau Suffolk

### CONTACT INFORMATION

<b>General Information:</b>	Ann Nurse Phone: (212) 801-6257 Email: <a href="mailto:anurse@healthfirst.org">anurse@healthfirst.org</a>
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# Questions and Discussion

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## Upcoming Events

Friday, March 18, 2016

3-Part Contracting Series for Rest-of-State Adult Behavioral Health Providers: February-March 2016

Thursday, March 31, 2016

Small Business Regional Kickoff Events: February 19 - March 31, Statewide

Thursday, April 14, 2016

Utilization Management (UM) and Billing Series for Rest of State (ROS) and Long Island (LI) Adult Behavioral Health Providers

Looking for a specific tool or resource?  
START HERE >

**TOP ACRONYMS**

- ACO Accountable Care Organization
- SIP Balancing Incentive Plan
- DISCO Developmental Disability Individual Support Coordination
- ACI Account Incentive
- ACA Account Advantage
- ACU Account Units
- ACD Account and Drug

1 2 3 4 5 6 7

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



CTACNY

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