

Updated 4/3/2019 to reflect change in Children’s Timeline

Dear Stakeholders,

The ***New York State Children’s Health and Behavioral Health (BH) Services – Children’s Medicaid System Transformation Guidance for the Transitional Period January 1, 2019 – January 1, 2020*** has been revised to reflect the most recent guidance issued by New York State (NYS) regarding the transitional billing period of January 1, 2019 through January 1, 2020.

The chart below summarizes the changes that have been made to the manual. For reference, new text that has been added is *italicized* and text that has been removed has a strikethrough.

If you have any questions, please feel free to submit any inquiries to the Behavioral Health Transition mailbox at: BH.Transition@health.ny.gov

Edit to the Manual	Edit details	Page edit can be found on
<p>The implementation of the new services and the transition to of benefits and populations to Managed Care including the Children’s Transformation will be phased in, beginning on January 1, 2019. and will include the transition of selected children’s benefits to Medicaid Managed Care. The Children’s Transformation is subject to Centers for Medicare and Medicaid (CMS) approvals and State approvals, and the timing of these approvals.</p>	<p>Updated to remove mention of transition of selected children’s benefits to Medicaid Managed Care</p>	<p>p. 2, Introduction</p>
<ul style="list-style-type: none"> • The billing transition for the existing State Plan Behavioral Health Services moving into Medicaid Managed Care on <i>July 1, 2019.</i> • The billing transition for children in and discharged from foster care; including the impact of the removal of the exclusion from managed care enrollment for children in the care of Voluntary Foster Care Agencies (VFCAs) and removal of the exemption of foster care children in receipt of HCBS. This transition will occur on July 1, 2019 <i>October 1, 2019.</i> 	<p>Update on implementation date</p>	<p>p. 2-3</p>
<ul style="list-style-type: none"> • Concurrent 1115-MRT waiver and Children’s 1915(c) waiver authority for new array of HCBS and the remaining three Children and Family Treatment and Support Services (Family Peer Support Services, Youth Peer Support and Training, and Crisis Intervention) 	<p>Removed reference to concurrent 1115 MRT waiver</p>	<p>p. 4, Transition Timeline table</p>

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<ul style="list-style-type: none"> Existing State Plan behavioral health benefits for children under 21 added to Medicaid Managed Care Benefit Package 	<p>7/1/2019</p>	<p>p. 4, Transition Timeline table</p>
<ul style="list-style-type: none"> Remove exclusion from mandatory managed care enrollment for children in the care of Voluntary Foster Care Agencies Remove exemption from mandatory managed care enrollment for children in receipt of HCBS who are also placed in foster care 	<p>Update to timeline to reflect 10/1/2019</p>	<p>p. 4, Transition Timeline table</p>
<ul style="list-style-type: none"> <i>End exemption from mandatory managed care enrollment for children who formerly received care under each of the six children’s 1915(c) waivers</i> <i>HCBS in the consolidated Children’s 1915(c) Waiver are included in the Medicaid managed care benefit package</i> 	<p>Added new rows</p>	<p>p. 4, Transition Timeline table</p>
<p>Concurrent with the managed care carve-in on 4/1/2019, Children eligible for HCBS will receive care management through Health Homes. The care coordination service now provided under each of the six children’s 1915(c) waivers will transition to Health Home beginning <i>between</i> January 1, 2019 <i>and March 31, 2019.</i></p>	<p>Removed reference to the managed care carve-in on 4/1/19 and added end date for transition to Health Home period</p>	<p>p. 5, Health Home Care Management</p>
<p><i>HH Care Management and Billing for Children Transitioning from each of the six children’s 1915(c)Waiver Care Management to Health Home care Management sections updated</i></p>	<p>Added clarifying language</p>	<p>p. 5, under “Health Home Care Management” and <i>“Billing for Children Transitioning from each of the six children’s 1915(c)Waiver Care Management to Health Home care Management</i></p>
<p>Certain continuity of care provisions will continue for 24 months from the date the benefits are included in Medicaid managed care (e.g.; July 1, 2019 through June 30, 2019 <i>October 1, 2019 through September 30, 2021</i>):</p>	<p>Updated time frame</p>	<p>p. 7</p>

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<p>4. For all 1915(c) Transitioning Children, Medicaid Managed Care Plans are required to authorize covered HCBS and LTSS in accordance with the existing plan of care (including access to the same provider) for 180 days from the date April 1, 2019 <i>the services are carved into managed care, or from the date the child transitions to managed care</i>, or until a new plan of care is in place, whichever is later, unless the beneficiary requests a change in the services provided.</p>	<p>Added clarifying language related to the services carve-in</p>	<p>p. 8, under Continuity of Care for 1915(c) Transitioning Children heading</p>
<p>5. For all 1915(c) Transitioning Children, Medicaid Managed Care Plans will not conduct utilization review or require service authorization for new Children and Family Treatment and Support Services or aligned children’s HCBS added to plans of care for 180 days from the transition date <i>the services are carved into managed care, or from the date the child transitions to managed care</i> of April 1, 2019.</p>	<p>Added clarifying language related to the services carve-in</p>	<p>p. 8, under Continuity of Care for 1915(c) Transitioning Children heading</p>
<p><i>90 days from the date the service is carved into MMC</i></p> <p><i>180 days from the date the services are carved into managed care, or from the date the child transitions to managed care</i></p> <p><i>180 days from the date the services are carved into managed care</i></p> <p><i>24 months from the date the services are carved into managed care</i></p> <p><i>180 days from enrollment in MMCP between 04/01/19 and 04/01/21</i></p>	<p>Added additional text to clarify</p>	<p>p. 10, Children’s Medicaid Transformation Continuity of Care Requirements table</p>
<p><i>The following 1115 demonstration services:</i></p> <ul style="list-style-type: none"> <i>• Residential Addiction Services</i> <i>• OASAS Community Based Outpatient Addiction Services</i> 	<p>Added clarifying language to the services in the benefit package section</p>	<p>p. 11</p>
<p><i>For children enrolled in Medicaid managed care, providers must have entered into a provider contract</i></p>	<p>Added new paragraph with additional details related to</p>	<p>p. 12, under Transition of Children and</p>

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<p><i>or entered into a single case agreement with the child’s MMCP. Claims for OLP, CPST, or PSR for dates of service January 1, 2019 and thereafter should be submitted to the child’s MMCP, except for enrolled children who have federal Social Security Insurance disability status or have been determined Social Security Insurance-Related by New York State (SSI Children). SSI Children will receive these services through Medicaid beginning July 1, 2019</i></p>	<p>provider contract and single case agreements</p>	<p>Family Treatment and Support Services heading</p>
<p>If the provider has not been designated to provide the new Children and Family Treatment and Support Services OR the crisis activity(ies) provided does not align with the Children and Family Treatment and Support Services, the provider should bill the existing service rate code for Crisis Response or Immediate Crisis Response <i>through March 31, 2019 or prior if they receive designation.</i></p>	<p>Added end date for billing of existing service rate code</p>	<p>p. 12, under Transition of Children and Family Treatment and Support Services heading</p>
<p><i>Providers who are not designated to provide CFTSS should begin to review the designated provider list within the county of the families’ they serve to develop a transition plan to transfer the family to a designated provider that can provide CFTSS, as only CFTSS designated providers can provide such services as outlined in the CFTSS Manual and designation process. If the child is enrolled in a Medicaid managed care MMCP, the designated provider must be participating with the child’s plan or arrange for a single case agreement.</i></p>	<p>Added new paragraph</p>	<p>p. 12, under Transition of Children and Family Treatment and Support Services heading</p>
<p>• On or after the date of the implementation of the Children and Family Treatment and Support Service CFTSS through the Medicaid State Plan Authority, any child covered by Medicaid may receive the service if they meet medical necessity criteria. No HCBS eligibility is necessary <i>to receive CFTSS.</i></p>	<p>Added clarifying text</p>	<p>p. 15, Understanding the Transition heading</p>
<p>• Beginning January 1, 2019, designated Children and Family Treatment and Support Service providers will begin billing new rate codes for OLP, CPST and PSR <i>if they have revised the service names in the Plan of Care</i></p>	<p>Added text related to the billing of existing waiver codes</p>	<p>p. 17, second bullet</p>

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<p><i>for the eligible child to reflect the newly cross-walked services OLP, CPST and/or PSR as outlined in the New York State Children’s Health and Behavioral Health (BH) Services – Children’s Medicaid System Transformation Billing and Coding Manual. Providers will have until January 31, 2019 to bill existing waiver codes that correspond to OLP, CPST, and PSR services while they revise the service names in the Plan of Care for the new services that crosswalk from historical waiver services and secure an LPHA recommendation.</i></p>		
<ul style="list-style-type: none"> Beginning April 1, 2019, designated Children and Family Treatment and Support Service and HCBS providers will begin billing the new rates, rate codes and procedure codes for remaining new services as outlined in the New York State Children’s Health and Behavioral Health (BH) Services – Children’s Medicaid System Transformation Billing and Coding Manual, <i>with the exception of managed care billing for HCBS, which will not begin until the services are carved-in to managed care. All HCBS will be billed fee-for-service through eMedNY from April 1, 2019 until such time the services are carved into managed care.</i> 	<p>Added text related to the fee-for-service billing of HCBS</p>	<p>p. 17, third bullet</p>
<ul style="list-style-type: none"> <i>From April 1, 2019 through the effective date of the service in the Medicaid State Plan, Family Peer Support Services, Youth Peer Support and Training, and Crisis Intervention will be available only to waiver eligible children. As noted above, these services will be billed and provided in compliance with the new requirements.</i> 	<p>Added new bullet clarifying the availability of FPSS, YPST, and Crisis Intervention</p>	<p>p. 17, fifth bullet</p>
<ul style="list-style-type: none"> For those children enrolled in MMCP, Children and Family Treatment and Support Services and aligned HCBS will be billed directly to the MMCP <i>beginning January 1, 2019, with the exception of SSI children as noted above on page 12.</i> 	<p>Added text to clarify SSI children exception</p>	<p>p. 17, seventh bullet</p>
<ul style="list-style-type: none"> <i>For those children enrolled in MMCP, aligned HCBS will be billed directly to the MMCP at the time the services are carved into managed care.</i> 	<p>Updated to clarify MMCP billing</p>	<p>p. 17</p>
<p>Existing Mental Health and Substance Use Disorder Treatment services delivered prior to July 1, 2019, will continue to be billed fee-for-service for children under</p>	<p>Updated date and added clarifying text</p>	<p>p. 18</p>

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<p>21 through eMedNY. These services are listed below. Effective July 1, 2019 the services below will be part of the MMCP benefit package and claiming will follow billing procedures defined in New York State Health and Recovery Plan (HARP) / Mainstream Behavioral Health Billing and Coding Manual Billing and Coding Manual:</p> <p>OASAS Outpatient and Opioid Treatment Program (OTP) services (<i>hospital based</i>)</p> <ul style="list-style-type: none"> • OASAS outpatient rehabilitation services (<i>hospital based</i>) <p>Additionally, the following existing BH services that were previously part of the MMCP benefit package for children without SSI will be part of the MMCP for all children effective July 1, 2019, and these services will be billed to the MMCP for children enrolled in MMC.</p>		
<ul style="list-style-type: none"> • Inpatient psychiatric services • OMH Licensed and OASAS Certified Outpatient Clinic services 	Removed text	p. 18, under Transition of Existing State Plan BH Services heading
<ul style="list-style-type: none"> • Medically Managed Detoxification (hospital based) • Medically Supervised Inpatient Detoxification • Medically Supervised Outpatient Withdrawal • OASAS Inpatient Rehabilitation services • Residential Addiction Services 	Removed text	p. 19, under Transition of Existing State Plan BH Services heading
<p>Children discharged from foster care and in need of HCBS will be enrolled in a Medicaid Managed Care Plan on April 1, 2019. HCBS for these children will be paid for by the MMCP.</p>	Removed text related to the enrollment of discharged foster care children	p. 19, under Transition of Children in the Care of Voluntary Foster Care Agencies
<p><i>Updated to reflect October 1, 2019 dates</i></p>	Updated dates	p. 19

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<i>MMCPs must keep their claims testing systems open throughout the transition.</i>	Added new claims testing text	p. 20, under Claims Testing heading
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