Requirements for Service Providers Delivering Children and Family Treatment and Supports Services (CFTSS) and Children's Home and Community Based Services (HCBS) and Working Collaboratively with Providers

The New York State Department of Health (DOH), the New York State Office of Mental Health (OMH), the New York State Office of Addiction Services and Support (OASAS), the New York State Office for People With Developmental Disabilities (OPWDD) and the New York State Office of Children and Family Services (OCFS) regularly review provider compliance with requirements to deliver specifically defined services under the Medicaid program.

Service providers delivering Children and Family Treatment and Supports Services (CFTSS) **and/or** Children's Home and Community Based Services (HCBS) must meet the following requirements:

- Be a qualified provider as described in subdivision (c) of Title 18 Section 505.38-Children's Behavioral Health and Health Services and maintain any required license, certification, designation, or approval
- Be in good standing according to the standards of each agency by which it is licensed, certified, designated, or approved
- Possess, acquire, and retain any State licensure, certification, authorization, or credential when required
- Be a fiscally viable agency
- Be enrolled as a NY Medicaid Provider with an active provider identification number prior to commencing service delivery
- Be designated by the NYS Children's Provider Designation Review Team
- Have appropriate agreements in place for any outsourced administrative functions, if applicable

For HCBS:

- Be a qualified provider as described in the *Children's Home and Community Based Services Provider Manual* (found HERE) and any subsequent updates
- Be compliant with the HCBS Settings Rule (found HERE)

For CFTSS:

- Adhere to the Standards of Care 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 (found HERE) and any subsequent updates

Provider Medicaid Enrollment

Each provider delivering these services must be enrolled as a Medicaid provider with an active provider identification number. A list of provider types and the application can be found on the eMedNY website (HERE); questions can also be directed to the eMedNY Call Center at 1-800-343-9000. Additional information for designated CFTSS and HCBS providers can be found in the March 8, 2019 State memo *Medicaid Provider Enrollment for Individual Practitioners and Designated Agencies*.

Provider Designation

As a prerequisite to providing any of the CFTSS or HCBS services, a provider must receive a designation from the NYS Children's Provider Designation Review Team representative of DOH, OMH, OASAS, OPWDD, or OCFS. Being designated and authorized to provide services is not a substitute for possessing any required State licensure, certification, authorization, or credential, and any such designation may be conditioned upon obtaining or modifying a required licensure, certification, authorization, or credential.

Services subject to designation include Children and Family Treatment and Supports Services (CFTSS):

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

Also subject to designation are the following Children's Home and Community Based Services (HCBS) authorized under the 1915(c) Children's Waiver for children/youth with various disabilities, including serious emotional disturbance, medical fragility (with or without developmental disabilities), and children in foster care with developmental disabilities:

- Respite (Crisis and Planned)
- Community Habilitation
- Day Habilitation
- Caregiver Family Supports and Services
- Prevocational Services
- Supported Employment
- Community Advocacy and Support
- Palliative Care - Expressive Therapy
- Palliative Care - Massage Therapy
- Palliative Care - Bereavement
- Palliative Care - Pain and Symptom Management

Environmental Modifications, Vehicle Modification, Adaptive and Assistive Equipment and Non-Medical Transportation **are *not*** subject to designation by the NYS Children's Provider Designation Review Team.

To be eligible for designation, a provider must submit an application to the NYS Children's Provider Designation Review Team for review. The application and instructions can be found HERE. All designated providers will be assigned a lead State agency (DOH, OASAS, OCFS, OMH, or OPWDD), based on the primary population served, location, and indicated line of business on the provider application. A Lead State agency will be responsible for collaborating with the other State agencies in the monitoring and oversight of the provider.

CFTSS and HCBS services may **only** be rendered by a designated agency. Designated agencies retain all responsibility for services provided, quality of care, and assuring Medicaid compliance. Billing for CFTSS or HCBS should be completed using the responsible designated agency's NPI and MMIS ID, unless one of the options below is followed. If a designated agency would like to collaborate with another designated agency to provide services they cannot provide, or to collaborate for the purposes of coordination of care, they will refer the child directly for services to the other agency. Once the referral is made, only the designated agency providing the service will be able to bill for the referred service, unless there is an agreement between the agencies as outlined below.

Outsourced Administrative Functions

In response to stakeholders' request and to assist providers who have limited administrative capacity, the following are allowable agreements to outsource administrative functions such as submitting claims, verifying client eligibility, or to obtain service authorizations.

The Medicaid program will only make payment to the actual provider of the medical care, services, or supplies. Medicaid payments can be made to a business agent, including a service bureau, billing service, or accounting firm; if the payment is made in the name of the provider ***and the agent's compensation for the services is related to the cost of processing the claim, is not based on a percentage or other basis related to the amount billed or collected, and is not dependent upon collection of the payment.*** Billing service companies may submit claims on behalf of providers for both fee-for-service and managed care.

Per 18 NYCRR §504.9(a)(1), subcontractors who are employed by enrolled Medicaid providers to perform these allowable activities must enroll as **Medicaid Service Bureau**

providers for fee-for-service. Likewise, within managed care, to perform allowable activities aside from submitting claims, subcontractors must be part of **an Independent Practice Association (IPA)**.

Within **the fee-for-service model**, a **Service Bureau** is an entity which submits claims, verifies patient eligibility, or obtains service authorizations for providers enrolled in Medicaid. Any provider desiring to submit claims, verify client eligibility, or obtain service authorizations for or on behalf of any other provider must enroll as a Service Bureau *in addition* to enrolling as a provider of medical care, services, or supplies. The enrollment application can be found HERE, along with applicant requirements, information on completing the application, and supplemental materials.

Compensation to Services Bureaus must be related to the cost of processing the claim and *not* a percentage of the amount billed or collected; service bureau compensation may not be dependent upon collection of the payment.

Within **Medicaid managed care, Independent Practice Associations (IPA)** are legal business entities created to arrange for the provision of health care services by licensed or certified health care providers through contracted agreements with one or more certified Managed Care Organizations. IPAs must meet the IPA Formation Requirements and obtain consent from the Commissioner of the Department of Health prior to filing a certification of incorporation with the Secretary of State.

In an **Employee/Provider Lease Agreement (ELA),** a Medicaid-enrolled and MCO-credentialed provider act as the lead agency and subcontracts for services with other providers – all services are billed under the lead agency Taxpayer Identification Number. The agency providing the service must be designated to provide the services per the State Designation process. The lead agency takes primary responsibility for compliance and quality assurance of all subcontracted agencies, including administrative tasks such as recording keeping and billing. Typically, the lead agency pays a per-provider fee to the subcontracted agencies not a percentage or other basis to the amount billed or collected. ELAs are allowable for both fee-for-service and managed care.