spg SACHS POLICY GROUP
60 East 42nd Street, Suite 1762
New York, NY 10165
Phone: 212 827 0660
Fax: 212 827 0667

# Children's Behavioral Health Transition Updates

## OVERVIEW

Over the last month, New York State has released several updates pertaining to the Children's Medicaid System Transformation. These include:

- Changes to the timeline for certain components of the transformation, including the carve-in of the foster care population;
- Medicaid/eMedNY enrollment requirements for providers of children's Home and Community Based Services (HCBS) as well as Children and Family Treatment Support Services (CFTSS); and
- The process for HCBS Level of Care (LOC) eligibility determinations.

A summary of these updates is below, and the associated guidance is attached. Questions may be directed to BH.transition@health.ny.gov.

## TIMELINE UPDATES

On February 27th, the New York State Office of Mental Health (OMH) and its State partner agencies hosted a roundtable discussion for Managed Care Organizations (MCOs) and service providers to clarify changes to the children's managed care transition timeline. While these changes affect the dates for when services can be billed through managed care, they have no impact on the implementation timeline for services. Families will still be able to access the full array of consolidated 1915(c) Children's Waiver Home and Community Based Services (HCBS) on the original implementation date of April 1st.

Key points highlighted during the roundtable include:

- On July 1st, the Children's SED designation for clinics will end and clinics will be expected to bill MCOs rather than Medicaid fee-for-service (FFS) for this population.
- On October 1st, pending CMS approval of the consolidated 1915(c) Children's Waiver, the following services and populations will be carved into Medicaid managed care (MMC):
    - Services
        - Consolidated 1915(c) Children's Waiver HCBS
        - Voluntary Foster Care Agencies (VFCA) core services and limited health services
    - Populations
        - Children enrolled in the 1915(c) Children's Waiver (mandatory)
        - Children residing in VFCAs (mandatory)
- On October 1st, the 29-I licensure program for VFCAs will begin.
- Providers are expected to bill for HCBS through Medicaid FFS from April 1st to September 30th, until these services are carved into managed care on October 1st.

SACHS POLICY GROUP
60 East 42nd Street, Suite 1762
New York, NY 10165
Phone: 212 827 0660
Fax: 212 827 0667

There are no changes in the Health Home Care Management transition timeline or the implementation timeline for the new Children and Family Treatment Support Services (CFTSS). Additionally, the New York Division of the Budget (DOB) has approved fee-for-service CFTSS rates, making these services billable in eMedNY.

## MEDICAID PROVIDER ENROLLMENT REQUIREMENTS

On March 8th, the Department of Health (DOH) released a memo to provide clarification regarding Medicaid provider enrollment requirements for designated provider agencies of HCBS and CFTSS. Such services may only be billed through a designated HCBS or CFTSS agency. However, both (1) individual practitioners who provide HCBS or CFTSS through designated agencies and (2) the agencies themselves must obtain Medicaid Management Information Systems (MMIS) Provider IDs and/or National Provider Identification (NPI) numbers. These requirements are summarized below, and the memo is attached.

| MMIS Number Needed | NPI Number Needed |
|---|---|
| • Agencies: All agencies designated to provide HCBS or CFTSS<br>• Individual Practitioners: Enrollable practitioner types only:<br>  ○ Licensed clinical social workers (LCSWs); and<br>  ○ Clinical psychologists. | • Agencies: All agencies designated to provide HCBS or CFTSS<br>• Individual Practitioners: Any HIPAA-covered Health Care Provider, including any practitioner required to obtain an MMIS as well as other licensed practitioners of the healing arts (LPHAs). |

Individual practitioners in enrollable types who provide CFTSS and/or HCBS through designated agencies must enroll in eMedNY. However, such practitioners may **not** directly bill for CFTSS and HCBS services. Their enrollment in eMedNY facilitates their participation as Ordering, Prescribing, Referring, or Attending (OPRA) non-billing practitioners. Practitioners who are not in one of the two enrollable types will not receive an MMIS number.

When submitting claims, attending and referring providers should use the below guidelines to document NPI numbers:

| Attending Provider for CFTSS/HCBS | Referring Practitioner for CFTSS | Referring Practitioner for HCBS |
|---|---|---|
| • Practitioner should provide NPI number if they have one.<br>• If practitioner does not have NPI number, can provide OMH, OASAS, or | • Practitioner who makes recommendation must be an LPHA.<br>  ○ If the practitioner is an enrollable type: | Practitioner who makes recommendation should use the agency's NPI number. |

SACHS POLICY GROUP
60 East 42nd Street, Suite 1762
New York, NY 10165
Phone: 212 827 0660
Fax: 212 827 0667

| | | |
|---|---|---|
| OCFS unlicensed practitioner ID. | Use individual NPI number.<br>o If the practitioner is not an enrollable type: Use agency's NPI number. | |

## HCBS LEVEL OF CARE ELIGIBILITY DETERMINATION

On March 13th, DOH and other State partner agencies held a webinar to review the eligibility determination process for individuals who are seeking HCBS through the Level of Care (LOC) determination. Such eligibility determinations must be completed by a Health Home Care Manager or the State-Designated Independent Entity (IE) during a face-to-face meeting with the child. The care manager or Independent Entity will use the HCBS/LOC Eligibility Determination tool housed in the Uniform Assessment System (UAS), which also houses the CANS-NY assessment. The care manager or IE must be able to verify that a child meets at least one of the target populations as well as the risk factors and functional criteria necessary to be eligible for HCBS/LOC.

The webinar reviewed in detail the specific diagnoses and conditions that must be documented for each of the four possible target populations eligible to receive HCBS/LOC:

- Serious emotional disturbance (SED);
- Medically fragile children (MFC);
- Developmental disability and MFC; and
- Developmental disability and in foster care.

Regardless of the timeline for when CANS-NY assessments are conducted, individuals who are determined to be eligible for HCBS/LOC through the UAS will continue to retain their eligibility for one year.

The slides and recording from the webinar are available here.