



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

Preparing for Managed Care for Youth Peer Support & Training (YPST) Providers

November 18, 2019

Introduction and Housekeeping

- Slides and recording will be posted at 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

- Overview of YPST
 - YPST Service Components
 - Why offer YPST?
 - Credentialing/Certification for YPST
 - Examples
- Pathways to Care
- Billing Medicaid Managed Care Fundamentals
 - Contracting Lessons Learned
- UM and Medical Necessity for YPST
- Q&A



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

Managed care services and enrollment are pending CMS approval

*For a full list of services included in this carve-in, please refer to the billing manual



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Reminder:

- Since children were receiving Youth Peer Support and Training as part of one of the six waivers that ended March 31st, in order to ensure continuity of care YPST is authorized as HCBS until it is authorized as CFTSS.
 - From April 1, 2019 until Jan 1, 2020
- While services are authorized HCBS, they are provided ONLY to HCBS enrolled children.
- As of Jan 1, 2020 Youth Peer Support and Training 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 YPST as of Jan 1, 2020.**



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.

Medicaid children ages 0-21 (who meet relevant medical necessity) are eligible for CFTSS.



Youth Peer Support and Training (YPST) Service Overview



Youth Peer Support and Training Components

Skill Building

Coaching

Engagement,
Bridging and
Transition
Support

Self-Advocacy,
Self-Efficacy and
Empowerment

Community
Connections and
Natural Support



YPST Components

- Skill Building
 - Developing skills related to managing symptoms, navigating services, building wellness and resiliency, setting goals and community living
- Coaching
 - Modeling wellness
 - Providing support, hope, reassurance and advocacy
 - May also engage parent to build hope and recovery-driven attitudes
- Engagement, Bridging and Transition Support
 - Increasing the youth's understanding of what to expect regarding transitioning to different levels of care or adulthood/adult services
 - Encouraging and supporting the youth's active involvement in their treatment plan and use of community resources and natural supports



YPST Components Continued

- Self-Advocacy, Self-Efficacy & Empowerment
 - Connecting the youth to community peer support groups
 - Helping the youth understand their services/treatment plan, how to effectively communicate their perspective and work to get their unmet needs met
 - Serving as a mentor, advocate, and facilitator to help the youth solve issues that arise and work to make independent choices
- Community Connections and Natural Supports
 - Linking youth to resources and services in their community, may accompany the youth to provide support
 - Helping the youth develop a support network with peers with similar experiences



What does YPST offer Youth?

- Because of their lived experience, Youth Peers offer:
 - a firsthand understanding of navigating the service systems,
 - the perspective of someone closer to their age with similar experiences.
- An advocate for youth-guided practice by supporting young people to be informed and proactive in the planning and delivery of their services.
- Support engagement and continuity across all supports and services the youth is receiving.
 - Promoting continuity of care across various child-serving systems,
 - facilitating smooth transition to adult services and supports (as needed) for transition-age youth,
 - supporting youth to use skills learned in different settings, across all life domains.



YPA and CRPA-Y Credentialing/Certification

YPST is provided by a NYS Youth Peer Advocate (YPA) or a Certified Recovery Peer Advocate- Youth (CRPA-Y) holding a valid credential/certification.

YPAs can hold a Provisional or Professional Credential. This credentialing is administered by Families Together in New York State/Youth Power.

www.ftnys.org

CRPA-Ys obtain certification as a CRPA-Y. This certification process is administered by the Alcoholism and Substance Abuse Providers of New York State (ASAP), www.asapnys.org



YPA Professional Credential

To be eligible to be a NYS Youth Peer Advocate (YPA) Professional Credential, an individual must

- Be 18 to 30 years old and have self-identified as a person who has first-hand experience with social, emotional, medical, developmental, substance use, and/or behavioral challenges.
- Be able to use lived experience with a disability, mental illness, juvenile justice, special education, substance use disorder, and/or foster care to assist in supporting youth in their resiliency/recovery and wellness
- At a minimum, have a high school diploma, high school equivalency preferred or a State Education Commencement Credential. This educational requirement can be waived by the certifying agency if the person has demonstrated competencies and has relevant life experience sufficient for the peer certification.
- Complete Level One (online component) and Level Two (online and in-person) training of the Youth Peer Support Services Advisory Council recommended and State approved training for YPAs followed by a minimum of three consultation calls.



YPA Professional Credential (Continued)

To be eligible to be a NYS Youth Peer Advocate (YPA) Professional Credential, an individual must also:

- Submit three letters of reference attesting to proficiency in and suitability for the role of an YPA including one from YPAs supervisor.
- Agree to practice according to the Youth Peer Advocate Code of Ethics.
- Document 600 hours of experience providing Youth Peer Support services
- Complete 20 hours of continuing education every 2 years.
- Demonstrate qualities of leadership, including: knowledge of advocacy & group development and/or facilitation of peer-to-peer groups or activities.
- Be supervised by a credentialed YPA with four years direct service experience or an individual who meets the criteria for a “qualified mental health staff person found in 14 NYCRR 591 or 14NYCRR 595.



Provisional YPA Credential

A YPA may obtain a Provisional YPA Credential that will allow services they provide to be billed if the applicant:

- Fulfills the age, lived experience, educational, and supervision requirements, follows the code of ethics, and demonstrates the leadership qualities required of the full credential (see previous two slides).
- Has completed Level One of the YPA online training.
- Submits *two* of the three required letters of reference attesting to proficiency in and suitability for the role of a YPA.

A YPA with a provisional credential must complete all other requirements of the full credential within 18 months of employment as an YPA.



CRPA-Y Certification

To be eligible to be a Certified Recovery Peer Advocate (CRPA) an individual must:

- Be 18 to 30 years of age.
- Lived experience defined as having been impacted or affected by substance use disorders and/or be in recovery from substance use disorders.
- A high school diploma, high school equivalency preferred or a State Education Commencement Credential.
- Completed a minimum of 46 hours of content specific training, covering topics of: advocacy, mentoring/education. Recovery/wellness support and ethical responsibility. Demonstrated a minimum of 16 hours specifically related to Youth Peer Support.
- Documented 1,000 hours of relative work experience. Documenting less than 1000 but at least 500 hours of related work experience can be acceptable if they have a Bachelor's Degree, are certified by OASAS as a CASAC or CASAC trainee or Prevention Professional or completed the 30-hour Recovery Coach Academy training.



CRPA-Y Certification (continued)

In addition, to be eligible to be a Certified Recovery Peer Advocate-Youth (CRPA-Y) an individual must (continued):

- Provide evidence of at least 25 hours of supervision specific to the performance domains of advocacy, mentoring/education, recovery/wellness, and ethical responsibility. Supervision must be provided by an organization documented and qualified to provide supervision per job description.
- Pass the Peer Advocate Exam or other exam by an OASAS designated certifying body.
- Submitted two letters of recommendation.
- Completed 20 hours of continuing education every two years, including 6 hours of ethics.



YPA and CRPA-Y Supervisor Qualifications

- A credentialed YPA/CRPA-Y, as appropriate, with four years of direct YPST service experience with access to clinical consultation as needed. The clinical supervision may be provided by a staff member or through a contract with another organization.

OR

- A credentialed FPA/CRPA-F, as appropriate, with four years of experience providing FPSS that has been trained in YPST services and the role of YPAs, and efforts are made as the YPST service gains maturity in NYS to transition to supervision by experienced credentialed YPAs/CRPA within the organization.

OR

- A “qualified mental health staff person” found in 14 NYCRR 594 or 14 NYCRR 595 that has training in YPST services and the role of YPAs/CRPA*

*Efforts should be made as the YPST service gains maturity to transition to supervision by an experienced credentialed YPA/CRPA within the organization.



14 NYCRR 594 - Qualified mental health staff person means:

- physician who is currently licensed as a physician by the New York State Education Department; or
- a psychologist who is currently licensed as a psychologist by the New York State Education Department; or
- a social worker who is either currently licensed as a licensed master social worker or as a licensed clinical social worker by the New York State Education Department or has a master's degree in social work from a program approved by the New York State Education Department; or
- a registered nurse who is currently licensed as a registered professional nurse by the New York State Education Department; or
- a creative arts therapist who is currently licensed as a creative arts therapist by the New York State Education Department; or
- a marriage and family therapist who is currently licensed as a marriage and family therapist by the New York State Education Department; or
- a mental health counselor who is currently licensed as a mental health counselor by the New York State Education Department; or
- a psychoanalyst who is currently licensed as a psychoanalyst by the New York State Education Department; or
- a nurse practitioner who is currently certified as a nurse practitioner by the New York State Education Department; or
- Other professional disciplines which receive the written approval of the Office of Mental Health.



14 NYCRR 595 - Qualified mental health staff person means:

- a physician who is currently licensed as a physician by the New York State Education Department;
- a psychologist who is currently licensed as a psychologist by the New York State Education Department; 102 Wednesday, January 9, 2019
- a social worker who is either currently licensed as a licensed master social worker or as a licensed clinical social worker by the New York State Education Department or
- a registered nurse who is currently licensed as a registered professional nurse by the New York State Education Department;
- a creative arts therapist who is currently licensed as a creative arts therapist by the New York State Education Department;
- a marriage and family therapist who is currently licensed as a marriage and family therapist by the New York State Education Department;
- a mental health counselor who is currently licensed as a mental health counselor by the New York State Education Department;
- a psychoanalyst who is currently licensed as a psychoanalyst by the New York State Education Department;
- a nurse practitioner who is currently certified as a nurse practitioner by the New York State Education Department;
- an individual having education, experience and demonstrated competence, as defined below:
- a master's or bachelor's degree in a human services related field;
- an associate's degree in a human services related field and three years' experience in human services;
- a high school degree and five years' experience in human services; or
- Other professional disciplines which receive the written approval of the Office of Mental Health.



Supervisor Qualifications

Additional Supervision Guidance:

- It is required that one hour of supervision be delivered for every 40 hours of Youth Peer Support and Training duties performed.
- The individual providing consultation, guidance, mentoring, and on-going training need not be employed by the same agency. Supervision of these activities may be delivered in person or by distance communication methods.



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.



Example - Lea

Lea, age 17, has substance use challenges. She receives YPST services from a CRPA-Y named Brielle. Brielle reassures Lea and by sharing her own "personal recovery/resiliency story" (as appropriate and beneficial) helps restore Lea's hope in recovery.

Lea has a goal of getting back involved with friends after a long period of time in which she just stayed at home. Brielle connected Lea to the local community center to participate in substance free hobbies and develop her skills for maintaining wellness.

Brielle also helps Lea explore and understand the available adult services that she will soon be eligible for, in order to prepare for a smoother transition.



Example - Damian

Damian, age 15, was not engaging in services, said he was “sick of a bunch of adults telling him what to do.” His challenging behaviors at home and school were putting him at risk for going back into placement. He agreed to talk to a YPA named Alex because his Care Manager explained that the YPA would help him have a voice in what his services looked like. Alex got to know Damian who shared with him that he understood how hard it was to feel no sense of control. Alex helped Damian talk to his parents and providers about what he was feeling, and they were able to make some changes. Damian confided in Alex that he was so far behind in school that he was just zoning out in his classes. With everyone’s ok, Alex helped Damian visit two alternative school programs that might meet his needs better.





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Pathways to YPST

Pathways to Care

- Children/youth can access YPST in variety of ways.
- Anyone can identify the need for YPST and make a **referral** to YPST, 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 YPST: 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.**
- Reminder, children ages 0-21 who are in Medicaid are eligible for YPST (assuming they meet medical necessity). This includes children ages 18-21 who may also be (or have been) involved in adult services as long as there is no duplication of services.



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.



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



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 YPST 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_.7.1.19.FINAL_.pdf



Medical Necessity for Admission to YPST

Criteria 1 OR 2, AND 3, 4, 5, 6, 7 must be met:

1. The youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM; OR
2. The youth displays demonstrated evidence of skill(s) lost or undeveloped as a result of the impact of their physical health diagnosis; AND
3. The youth requires involvement of a Youth Peer Advocate to implement the intervention(s) outlined in the treatment plan, AND



Medical Necessity for Admission to YPST

Criteria 1 OR 2, AND 3, 4, 5, 6, 7 must be met:

4. The youth demonstrates a need for improvement in the following areas such as but not limited to:
 - a) enhancing youth's abilities to effectively manage comprehensive health needs
 - b) maintaining recovery
 - c) strengthening resiliency, self-advocacy
 - d) self-efficacy and empowerment
 - e) developing competency to utilize resources and supports in the community
 - f) transition into adulthood or participate in treatment; AND
5. The youth is involved in the admission process and helps determine service goals; AND
6. The youth is available and receptive to receiving this service; AND
7. The services are recommended by a Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License.



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, client, and provider 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



Case Example: Pathways to Care

Lourdes is 14 and has had several hospitalizations over the past year. Things are going well at home, but her mother is concerned because Lourdes doesn't have friends and has said that she is embarrassed because of her hospitalizations. Lourdes' mother contacted the local YPST program and made a referral. The YPST program helped Lourdes get a recommendation for YPST from her psychiatrist.

Michaela, a YPA, got to know Lourdes and helped her understand that she is not alone when it comes to feelings of stigma. Michaela also helped Lourdes get involved in a YPST group and taught Lourdes some self-calming skills she can use when things get rough in school. Michaela tapped into Lourdes' interest in the environment and helped her research volunteer opportunities in her community.



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 YPST.
- 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 providers need to be:

- A designated provider of YPST
- 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](#)

The manual contains service specific information and coding constructs.



Billing YPST

Service	Rate Code	Procedure Code	Modifier	Unit Measure	Unit Limit
YPST Service Professional	7917	H0038	EP	15 Minutes	8/day
YPST Service Professional – Group	7918	H0038	EP, HQ	15 Minutes	6/day
Offsite – YPST Individual	7923	H0038	EP, SC	15 Minutes	8/day
Offsite – YPST Group	7930	H0038	EP, HQ, SC	15 Minutes	6/day



Billing YPST Reminders

Off-site

- Off-site YPST is billed using two separate claim forms, the first using the service rate code and the second using the off-site add-on rate code.
- There is not a separate rate code for staff transportation, those costs are built into offsite rates.

Modifiers

- Refer to billing manual for all applicable modifiers. All modifiers are required, order of modifiers does not matter.
- No additional modifiers (e.g. evening, weekend, etc.) should be used when billing for CFTSS.

Revenue Codes

- Managed Care Plans need revenue codes to be included in claims.
- As with other CFTSS, use
 - 0900
 - 0911



YPST Rates

Rates for YPST, as part of CFTSS, will be released by NYS in the near future.

When available they will be posted to the DOH website as well as ctacny.org/childrensystemtransformation

As with other CFTSS, there will be downstate and upstate rates.



Downstate vs. Upstate Breakdown Reminder

Regions

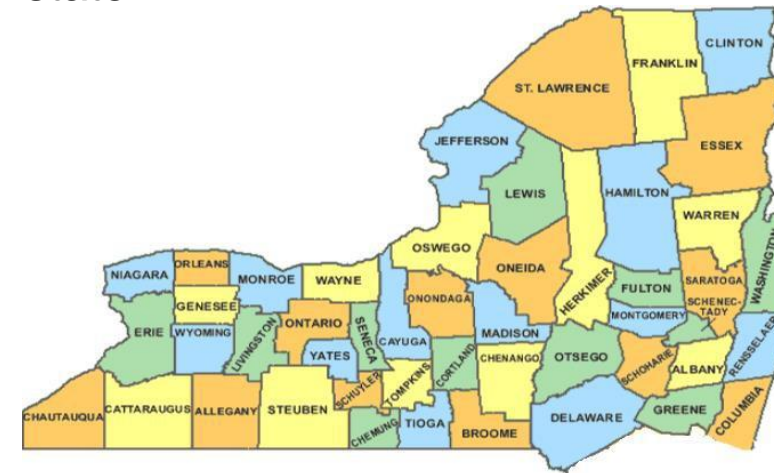
Downstate

- 5 Boroughs of NYC and the following counties:
 - Nassau
 - Suffolk
 - Westchester
 - Rockland
 - Putnam
 - Orange
 - Ulster
 - Dutchess
 - Sullivan



Upstate

- Rest of state



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.
- Providers may refer to individual MMCP provider manuals for more specific claim submission information.



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, the MMCP must allow the provider to continue to treat the enrollee on an out of network basis for up to 24 months following implementation.
 - Single case agreement



Managed Care Provider Contracting

Lessons Learned

- 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 YPST

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 YPST
 - 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



Continuity of Care Protections: UM

Plans may not conduct Utilization Management/service authorization for 180 days from carve-in of YPST (Jan 1, 2020)



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 YPST

All criteria must be met:

1. The youth continues to meet admission criteria; AND
2. The youth shows evidence of engagement toward resolution of symptoms but has not fully reached established service goals and there is expectation that if the service continues, the youth will continue to improve; AND
3. The youth does not require an alternative and/or higher, more intensive level of care or treatment; AND
4. The youth is at risk of losing skills gained if the service is not continued; AND
5. Treatment planning includes family/caregiver(s) and/or other support systems, unless not clinically indicated.



Medical Necessity for Discharge from YPST

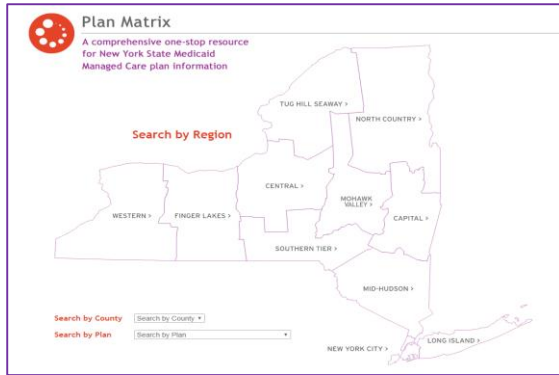
Any of criteria 1-6 must be met:

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



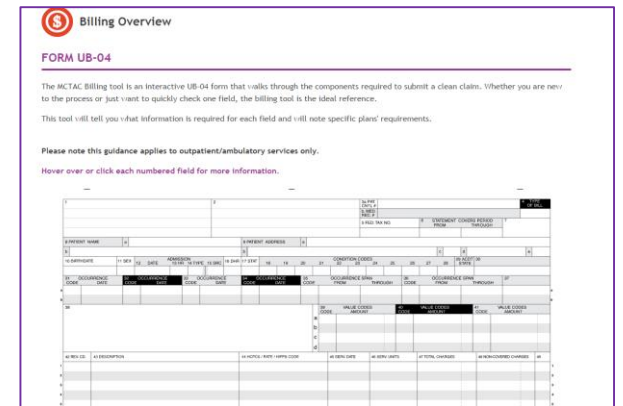
Tools

Select the **Tools** Tab at 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/>



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

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

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

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



Resources and Information

Example LPHA Recommendation Form:

https://ctacny.org/sites/default/files/Example%20LPHA%20Recommendation.Memo_.7.1.19.FINAL_.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

For more information about Level One and Level Two becoming a Credentialed YPA:

Contact Families Together of NYS for detailed training requirements: www.ftnys.org

For more information about becoming a CRPA-Y: Contact the Alcoholism and Substance

Abuse Providers of New York State (ASAP): 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

NYS OASAS Mailbox:

PICM@oasas.ny.gov

NYS OCFS Mailbox:

OCFS-Managed-Care@ocfs.ny.gov

DOH Transition Mailbox

BH.Transition@health.ny.gov

NYS OMH Managed Care Mailbox

OMH-Managed-Care@omh.ny.gov



OMH CFTSS Listserv

To subscribe to the OMHCFTSS Listserv, please follow the below instructions:

STEP #1: send an email to: listserv@listserv.omh.ny.gov
no cc or bcc or subject. no salutation

STEP #2: in the message field type:
"sub listname first name last name" (ex: sub omhcftss jane doe)

STEP #3: Send e-mail.

NOTE: "sub" stands for subscribe



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

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 to view past trainings, sign-up for updates and event announcements, and access resources



Appendix



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

Limits and Exclusions for YPST

- Rehabilitative services do not include and FFP (Federal Financial Participation) is not available for any of the following:
 - educational, vocational, and job training services;
 - room and board;
 - habilitation services such as financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature;
 - services to inmates in public institutions;
 - services to individuals residing in institutions for mental diseases;
 - recreational, or custodial (i.e., for the purpose of assisting in the activities of daily living such as bathing, dressing, eating, and maintaining personal hygiene and safety; for maintaining the recipient's or anyone else's safety, and could be provided by persons without professional skills or training);
 - services that must be covered under other Medicaid authorities (e.g. services within a hospital outpatient setting).
- Services also do not include services, supplies or procedures performed in a nonconventional setting including: resorts, spas, therapeutic programs, and camps.



Limits and Exclusions for YPST

The following activities are not reimbursable for Medicaid peer support programs:

- 12-step programs run by peers;
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTAs, etc.;
- Contacts that are not medically necessary;
- Time spent doing, attending, or participating in recreational activities;
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor;
- Time spent attending school (e.g., during a day treatment program), with the exception of attending meetings (e.g. CSE) with a Youth
- Habilitative services for the beneficiary (youth) to acquire self help, socialization, and adaptive skills necessary to reside successfully in community settings;
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision;



Limits and Exclusions for YPST

The following activities are not reimbursable for Medicaid peer support programs (continued):

- Respite care;
- Transportation for the beneficiary (youth) or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation;
- Services not identified on the beneficiary's authorized service plan;
- Services not in compliance with the service manual and not in compliance with State Medicaid standards;
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan;
- Any intervention or contact not documented or consistent with the approved treatment/recovery plan goals, objectives, and approved services will not be reimbursed.



Limits and Exclusions for YPST

- The provider agency will assess the child prior to developing the treatment plan for the child.
- Treatment services must be part of the treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits. Authorization of the treatment plan is required by DOH or its designee.
- A youth with a developmental disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative service.
- Group limit refers to number of child/youth participants, regardless of payor. Groups cannot exceed 8 children/youth.
- Consideration for group limits, or, the inclusion of an additional group clinician/facilitator, should be based on, but not limited to: the purpose/nature of the group, the clinical characteristics of the participants, age of participants, developmental level and severity of needs of the participants, inclusion of collaterals in group; as well as the experience and skill of the group clinician/facilitator.

