

## November 2017 Calendar

**November 8**

[NYC Children's MCO Contracting Fair](#)

**November 8**

[OMH Medicaid Provider Enrollment Webinar](#)

**November 10**

*BH VBP Readiness Program  
Applications Due*

**November 13**

[MCTAC/Open Minds – Preparing Your Organization for the Transition to Value Based Payment](#)

**November 16**

[Rochester Children's MCO Contracting Fair](#)

**November 16-17**

[NYAPRS Rehab and Recovery Academy](#)

## 2017-2018 Cost-of-Living (COLA) Adjustments for Behavioral Health Outpatient Rates

The 2017-18 Enacted State Budget includes increases associated with Cost-of-Living adjustments for certain salary titles as well as increases associated with the change in minimum wage. Both increases are effective on **January 1, 2018**. The Office of Mental Health has already calculated the impact of these increase for behavioral health outpatient rates to ensure timely implementation by managed care organizations (including HARP and HIV SNPs).

Notification has been sent to all mainstream MCOs (including HARP and HIV SNPs) to alert them of the January 1, 2018 increases to behavioral health outpatient rates.

## Reminder: MCO Government Rate Payment Requirements

As part of the transition of Behavioral Health benefits to Managed Care, New York State put into place a requirement for Managed Care Organizations to pay at government rates for all ambulatory behavioral health benefits. This requirement is outlined in multiple documents. Please see the [Quick Reference Guide](#) on protections for BH government rates enclosed in this monthly update, which outlines the various source documents and language regarding the government rates requirement.

## Guidance Released: MMCO In-Lieu of Services

Medicaid Managed Care Organizations (MMCOs) may provide enrollees with alternatives to Medicaid State Plan services, called "In-Lieu of Services".

In-Lieu of Services (ILS) are a cost-effective alternative to Medicaid State Plan services and settings as permitted by 42 CFR 438.3(e)(2) and approved by the State. "State approved ILS" means ILS proposed by an MMCO that has been approved by the State. "State Identified ILS" means ILS that has been identified by the State as appropriate for the Medicaid Managed Care program. Both State Approved and State Identified ILS will be posted on State agency websites.

MMCOs must complete the Request Form attached to the [In-Lieu of Services Guidance Document](#) in order for proposed ILS to be reviewed and approved by the State.

## Clarification on BH Provider Medicaid Enrollment Letters

Many Behavioral Health providers in Medicaid managed care networks have received a notice from one (or more) of their contracted managed care plan(s) advising about a requirement to enroll in New York State Medicaid to remain in the plan network.



Some notices may have been sent in error. If your provider type can enroll in the New York State Medicaid Provider Enrollment system you must enroll. However, there are several behavioral health provider and agency types that are not able to enroll in this system. These provider types are therefore excluded from any enrollment mandate at this time. The federal law referenced in the notice, the 21<sup>st</sup> Century Cures Act, does not impact any providers currently unable to enroll in NYS Medicaid.

OMH is holding a [webinar to clarify provider enrollment requirements](#) for OMH Licensed Providers and Designated Adult BH HCBS Providers on **November 8, 2017 at 3:30 pm**. To determine if you are currently required to enroll, please visit the [eMedNY Provider Enrollment Index](#). For more information regarding the 21<sup>st</sup> Century Cures Act and Medicaid Managed Care, please see [eMedNY FAQs](#).

## Children's Medicaid Managed Care Contracting Fairs

NYS Agency Partners, including the Department of Health, Office of Mental Health, Office of Alcoholism and Substance Abuse Services, Office of Children and Family Services, and Office for People with Developmental Disabilities are partnering with the Managed Care Technical Assistance Center (MCTAC) to provide Children's Medicaid Managed Care Contracting Fairs.

These Contracting Fairs are an opportunity for current children's 1915(c) waiver providers who have applied to continue to provide services under the 1115 authority to meet representatives from Managed Care Organizations (MCOs). They serve as a first step toward building substantive relationships that will lead to communication and collaboration as NYS transitions children's services to Medicaid Managed Care.

During the Fairs, providers can learn which MCOs cover their operating regions, speak with MCO representatives, ask contracting questions, establish points of contact, and learn necessary information needed to begin the contracting process. NYS highly encourages providers to attend these fairs and start establishing relationships with Medicaid Managed Care Plans. A presentation will be included on "lessons learned" on contracting from the adult behavioral health transition to managed care. Please see the Calendar on Page 1 for more information.

## MHANYS Releases White Paper on NYS Law Requiring Mental Health Education in Schools

The Mental Health Association in New York State, Inc. has released a White Paper entitled, "[Mental Health Education in New York Schools: A review of legislative history, intent and vision for implementation](#)". The paper provides context for the groundbreaking NYS law that will include mental health instruction in children's health education, and outlines a vision for its implementation.

## Youth Mental Health First Aid Training Available Across NYS

Youth Mental Health First Aid Trainings are available in multiple locations across NYS.

These trainings are designed to teach parents, family members, caregivers, teachers, school staff, peers, neighbors, health and human services workers, and other caring citizens how to help an adolescent (age 12-18) who is experiencing a mental health or addictions challenge or is in crisis. To find trainings scheduled near you, please visit [Mental Health First Aid USA](#).



**Behavioral Health Managed Care Contact Information**

Office of Mental Health  
Office of Alcohol and Substance Abuse Services  
Department of Health

[OMH-Managed-Care@omh.ny.gov](mailto:OMH-Managed-Care@omh.ny.gov)  
[PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov)  
[managedcarecomplaints@health.ny.gov](mailto:managedcarecomplaints@health.ny.gov)

**Other Contact Information:**

*Questions regarding HARP eligibility and enrollment:*

New York Medicaid Choice **1-855-789-4277**

*Issues related to Personalized Recovery-Oriented Services:*

[PROS@omh.ny.gov](mailto:PROS@omh.ny.gov)

*Adult BH HCBS Designation questions or to update status:*

[omh.sm.co.hcbs-application@omh.ny.gov](mailto:omh.sm.co.hcbs-application@omh.ny.gov)

*Adult BH HCBS Start-Up funding:*

[hcbs\\_grant@omh.ny.gov](mailto:hcbs_grant@omh.ny.gov)

*Children's HBCS/SPA Designation questions:*

[OMH-Childrens-Designation@omh.ny.gov](mailto:OMH-Childrens-Designation@omh.ny.gov)

## Quick Reference Guide: Protections for BH Government Rates

Source Document	Language
<a href="#">BH Policy Guidance</a>	<p><i>“Per the Medicaid Managed Care Model Contract, MCOs must reimburse ambulatory behavioral health providers licensed or certified by OMH or OASAS, including Comprehensive Psychiatric Emergency Programs and the Extended Observation Beds included in these programs and out of network providers, at Medicaid Fee for Service rates for 24 months.”</i></p>
<a href="#">BH Billing Manual</a>	<p><i>“New York State law currently requires that Medicaid MCOs pay the equivalent of Ambulatory Patient Group (APG) rates for OMH licensed mental health clinics. Beginning October 1, 2015 in NYC and July 1, 2016 in counties outside of NYC, Plans will be required to pay 100% of the Medicaid fee-for-service (FFS) rate (aka, “government rates”) for selected behavioral health procedures (see list below) delivered to individuals enrolled in mainstream Medicaid managed care plans, HARPs, and HIV Special Needs Plans (SNPs) when the service is provided by an OASAS and OMH licensed, certified, or designated program. This requirement will remain in place for the first two years (based on the regional carve-in/implementation schedule).”</i></p>
<a href="#">2017-2018 NYS Budget (page 117)</a>	<p><i>“Such reimbursement shall be in the form of fees for such services which are equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology as utilized by the department of health, the office of alcoholism and substance abuse services, or the office of mental health for rate-setting purposes or any such other fees pursuant to the Medicaid state plan or otherwise approved by CMS in the Medicaid redesign waiver... The increase of such ambulatory behavioral health fees to providers available under this section shall be for all rate periods on and after the effective date of section [1] 29 of part [C] B of chapter [57] 59 of the laws of [2015] 2016 through March 31, [2018] 2020 for patients in the city of New York, for all rate periods on and after the effective date of section [1] 29 of part [C] B of chapter [57] 59 of the laws of [2015] 2016 through [June 30, 2018] March 31, 2020 for patients outside the city of New York”</i></p>



Source Document	Language
<b>Model Contract Draft Amendments and referenced in contract guidance document</b>	<p><b>Sec 10.21(d)</b> <i>The Contractor shall reimburse any OMH licensed provider, including out of network providers, at Medicaid Fee for Service rates for 24 months from the Effective Date of the Behavioral Health Benefit Inclusion in each geographic service area for ambulatory mental health services provided to Enrollees.</i></p> <p><b>Sec 10.23(d)</b> <i>The Contractor shall reimburse any OASAS certified provider, including out of network providers at Medicaid Fee for Service rates for 24 months from the Effective Date of the Behavioral Health Benefit Inclusion in each geographic service area, for ambulatory substance use disorder services provided to Enrollees.</i></p>
<a href="#">New York Request for qualifications for adult behavioral health benefit administration (page 60)</a>	<i>MCOs will be required to reimburse OMH-licensed and OASAS-certified behavioral health providers including ambulatory service providers, CPEP and EOB programs, and Residential Addiction Services at the Medicaid FFS rates for at least 24 months after the effective date of the transition</i>