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October 1, 2019**

Starting October 1, 2019, home and community-based services (HCBS) provided under the [Children's Waiver](#) (except non-medical transportation, which will remain a fee-for-service benefit) have been added to the Medicaid managed care benefit package. Children/youth participating in the Children's Waiver will need to enroll in a Medicaid managed care plan, unless they qualify for another [exemption or exclusion](#) from enrollment.

New York State remains committed to ensuring these critical services are available to the children and youth who need them. Find all guidance related to these services on the [NYS Department of Health Website](#).

Please contact BH.Transition@health.ny.gov if you have any questions.

**Released: Adult Behavioral Health Medicaid Managed Care
Billing Resource Guide for Article 31 and Adult BH HCBS providers**

OMH has compiled a list of common reasons for claim denials along with best practices and resources providers can use to ensure claims to Medicaid Managed Care Organizations (MMCOs), Health and Recovery Plans (HARPs) and HIV Special Needs Plans (HIV-SNPs) are submitted, processed and paid in a timely manner. See the [Adult Behavioral Health Billing Resource Guide](#) for more information. Please note this guide is not in lieu of any other policy paper or billing manual.

Billing Guidance for Opioid Use Disorder

In the face of the opioid overdose crisis, OMH and the Office of Addiction Services and Supports (OASAS) recognize the urgent and growing need to address co-occurring mental health and substance use disorders in an integrated and person-centered manner, wherever individuals are most comfortable receiving services. This treatment often includes medication management, both for psychiatric conditions as well as medication-assisted treatments for addiction. Therefore, OMH and OASAS [have released guidance](#) about submitting claims for medication management services in Article 31 and/or 32 licensed clinic programs.

Updated Qualifications for HH+ and the NYS Eligibility Assessment

In recent years, the State has created new initiatives to benefit high need behavioral health populations. This would include access to Health Home Plus (HH+) for new populations with Serious Mental Illness, as well as the development of Adult Behavioral Health (BH) Home and Community Based Services for eligible HARP/ HIV-SNP enrollees. Implementation efforts continue as Health Home Care Management Agencies and Recovery Coordination Agencies increase and/or reallocate staffing resources to meet capacity in providing and connecting eligible individuals to these services.



To support implementation efforts, the State is broadening staffing qualifications previously outlined in guidance documents, and adding a waiver process.

Health Home Plus Guidance for SMI:

[Health Home Plus \(HH+\) for AOT \(revised October 2016\)](#)

[Health Home Plus \(HH+\) for State PCs and CNYPC \(Issued October 26\)](#)

[Health Home Plus Guidance for High-Need Individuals with Serious Mental Illness \(Issued May 2018\)](#)

Adult BH HCBS:

[Revised Adult BH HCBS Workflow Guidance for HARP and HIV-SNP Members Enrolled in Health Home \(Issued 10/1/2017\)](#)

[Policy for Improving Access to Adult BH HCBS for HARP and HARP-Eligible HIV-SNP Members Not Enrolled in Health Homes](#)

REMINDER: Medicaid transition from WMS to NYSOH

As a reminder, some Health and Recovery Plan (HARP) members, and members of other Medicaid Managed Care Plans, who were enrolled through their local social services district will now need to recertify their Medicaid/ HARP enrollment online through [NY State of Health](#).

Approximately three to four months prior to their Medicaid recertification date, affected enrollees receive a letter informing them they will receive their Medicaid coverage through NY State of Health from now on. Individuals who receive this letter are required to recertify their Medicaid and HARP enrollment through NY State of Health, or risk losing their Medicaid coverage.

OMH has noted this transition may affect successful Medicaid re-enrollment for HARP and Medicaid enrollees who are not familiar with the process of recertification through NYSOH. It is important for care managers and behavioral health providers to be aware of their clients' Medicaid renewal date and to begin asking if they have received a letter from WMS. The Managed Care Technical Assistance Center (MCTAC) has posted a [PowerPoint presentation](#) outlining important information for care managers and other providers on assisting HARP members with this process.

If an individual needs help with their recertification through NY State of Health, in-person assistors and navigators [are available](#) to assist with online enrollment. Call **1-855-355-5777** for more information.

Questions regarding the transition can be directed to TransitionToNYSOH@health.ny.gov and/or OMH-Managed-Care@omh.ny.gov.



NYS Behavioral Health Medicaid Managed Care Contact Information

Office of Mental Health
Office of Addiction Services and Supports
Department of Health
Office of Children and Family Services

OMH-Managed-Care@omh.ny.gov
PICM@oasas.ny.gov
managedcarecomplaints@health.ny.gov
ocfs-managed-care@ocfs.ny.gov

Other Contact Information:

Questions regarding HARP eligibility and enrollment:

New York Medicaid Choice **1-855-789-4277**
[New York State of Health](http://www.health.ny.gov) **1-855-355-5777**

Adult BH HCBS Questions:

Adult-BH-HCBS@omh.ny.gov

Children's System Transition Questions

BH.Transition@health.ny.gov

Children's HBCS/SPA Designation questions:

OMH-Childrens-Designation@omh.ny.gov

Value Based Payment Readiness

VBP-Readiness@omh.ny.gov