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MEMORANDUM

To: Mainstream Medicaid Managed Care Plans and HIV Special Needs Plans (MMCPs)
From: New York State Office of Mental Health (NYS OMH)
Date: May 28, 2021
Subject: New Youth ACT Programs

This is to notify Mainstream Medicaid Managed Care Plans and HIV Special Needs Plans (MMCPs) of the creation of four new Youth Assertive Community Treatment (ACT) teams. The New York State Office of Mental Health (NYS OMH) is developing Youth ACT teams in the New York City (NYC) area serving Bronx, Queens and Kings Counties (anticipated start date July 1, 2021), as well as a Youth ACT team in the Long Island (LI) region serving Suffolk County (anticipated start date January 1, 2022).

The Youth ACT teams will serve children with significant psychiatric needs, who are at risk of long inpatient stays or admissions to Children's Community Residencies or Residential Treatment Facilities that require intensive interventions to adequately support the child and family's complex needs. The focus of the Youth ACT teams is to avoid high end services or facilitate a successful transition back to child's home and community.

Youth ACT teams are intended to improve or ameliorate significant functional impairments and severe symptoms experienced by the youth due to mental illness or serious emotional disturbance. Interventions are focused on enhancing family functioning to foster health and well-being, stability, and re-integration for the youth. Services are delivered using a family-driven, youth guided and developmentally appropriate approach that comprehensively addresses the needs of the youth within the family, school, medical, behavioral, psychosocial, and community domains.

To date, NYS has only had one ACT program serving children. Since 2008, Integrated Community Alternatives Network (ICAN), the provider formerly known as Kids Oneida, has operated a Children's ACT team in Oneida County with the authority of an OMH Commissioner's Waiver. This Waiver enabled the ICAN ACT program, outlined in the "Children's ACT Team-ICAN program model" issued November 22, 2019 to operate an "ACT-like" program without complying with all aspects of the licensed ACT model. As such, NYS will work with ICAN to come into compliance with the new Youth ACT guidelines and ACT regulation.

The State expects MMCPs to complete any required systems configurations to their systems to appropriately pay for the new Youth ACT teams by August 31, 2021, and must pay claims back to dates of service July 1, 2021 or later for services rendered by the new Youth ACT teams. The following details will assist with systems configurations:

- MMCPs are responsible for paying for ACT level of care consistent with the transition of children’s mental health benefits to Medicaid managed care.
 - The *Medicaid Managed Care/HIV Special Needs Plan/Health and Recovery Plan Model Contract* (Model Contract) Section 21.19(b)(i)(C) requires MMCPs to contract with ACT teams. Since the new Youth ACT teams will serve a different population than currently contracted ACT teams the State expects MMCPs to offer contracts to the Youth ACT teams in their service area in order to meet network requirements and meet the needs of members, once they become licensed by OMH under Part 508. The State expects MMCPs to pay out-of-network or offer Single Case Agreements (SCAs) where necessary until such contracts are in place, no later than November 30, 2021.
Note: These providers will be added to Exhibit 4 along with other OMH licensed and ACT teams.
 - LI and NYC Youth ACT is reimbursed at the ACT downstate 36 slot payment rate (Please refer to [OMH rate reimbursement page](#) for approved Medicaid government rate).
 - ICAN ACT continues to be reimbursed at the ACT upstate 68 slot payment rate.

Rate Code	Rate Code / Service Title	Px Code	Px Code Description	Modifiers	Units of Service for Youth ACT (not including ICAN)
4508	ACT Intensive Full Payment	H0040	Assert comm tx pgm per diem	None	6+
4509	ACT Intensive Part Payment	H0040	Assert comm tx pgm per diem	U5	2-5
4511	ACT Inpatient	H0040	Assert comm tx pgm per diem	U1, U5	2+

- The Youth ACT program differs from existing ACT guidelines as follows:
 - Teams can serve up to 36 youth
 - A child must meet all the following admission criteria:
 1. A determination of Serious Emotional Disturbance defined as:

- A child or adolescent having a designated mental illness diagnosis according to the most current Diagnostic and Statistical Manual of Mental Disorder AND has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis. The functional limitations must be moderate in at least two of the following areas or severe in at least one of the following areas:
 - Ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries); or
 - Family life (e.g. capacity to live in a family or family-like environment; relationships with parents or substitute parents, siblings, and other relatives; behavior in family setting); or
 - Social relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors, and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or
 - Self-direction/self-control (e.g. ability to sustain focused attention for long enough to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability); or
 - Ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).

- 2. Have continuous high service needs that are not being met in more traditional service settings demonstrated by two or more of the following conditions:
 - Child and/or family has not adequately engaged or responded to treatment in more traditional settings;
 - High use of acute psychiatric hospitals in the last 12 months;
 - High use of psychiatric emergency or crisis services in the last 6 months;
 - Persistent severe major symptoms (e.g., affective, psychotic, suicidal or significant impulse control issues);
 - Residing or being discharged from in an inpatient bed, residential treatment program, or in a supervised community residence, but clinically assessed to be able to live in a more independent setting if intensive community services are provided;
 - Involvement in one or more child-serving systems such as juvenile justice, child welfare, foster care, etc.;
 - Home environment and/or community unable to provide necessary support for developmentally appropriate growth required to adequately address mental health needs;
 - Clinically assessed to be at immediate risk of requiring a more restrictive living situation (e.g., community residence or psychiatric hospital) without intensive community services.

3. Childs' county of residence is within program catchment area

- Youth ACT program model and the current ACT Program Guidelines align as follows:
 - ❑ Referrals come from the county Single Point of Access commonly referred to as SPOA. Youth ACT referrals will come from the SPOA's children designee, C-SPOA. The referral process will be consistent Statewide.
 - ❑ Consistent with current ACT requirements, if ACT level of care is determined most appropriate by the MMCP and SPOA/C-SPOA, the MMCP is responsible for coverage of ACT services, regardless of the provider's network status.
 - ❑ Utilization Management (UM)
 - MMCP UM staff conducting prior authorization and concurrent reviews for Youth ACT should be trained in Children's Behavioral Health and meet the Medicaid Managed Care Organization Children's System Transformation Requirements and Standards qualifications.
 - Prior authorization and concurrent reviews for Youth ACT must follow the current [ACT Utilization Management Guidance](#).

Please direct any questions or concerns to the BHO mailbox bho@omh.ny.gov.

Program Component	Youth ACT	ACT	ICAN
Ages served	Up to 21	18+	Up to 21- child/youth must be 18 at time of enrollment
Serves individuals on AOT	No	Yes	No
Capacity	36	48 or 68	88
Peer staff (family and/or youth) required in program model	Yes	No	Yes
Co-enrollment in clinic	No	No	Yes - reimbursed by ICAN
Partial Billing allowed for a minimum of two but fewer than six face-to-face contacts per month	Yes	Yes	ICAN requires three face-to-face visits a month for partial billing
Co-enrollment of HCBS and/or CFTSS ⁱ allowed 30 days prior to discharge from Youth ACT	Yes	No	No

ⁱ A change to OMH Part 508 Regulation which will allow HCBS and CFTSS as a step down to Youth ACT is currently pending approval.