

## May is Mental Health Awareness Month!

### May 18

BH VBP Readiness

[Notification of Interest Webinar](#)

### May 23

[Adult BH HCBS Town Hall](#)

Rochester

### June 1

MCTAC Webinar on Independent  
Practice Associations (IPAs)

*(registration will be forthcoming)*

### June 13

Adult BH HCBS Town Hall

Long Island

### June 16

Deadline: BH VBP Notification of  
Interest Due

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## Behavioral Health (BH) Value Based Payment Readiness Program

The New York State Office of Mental Health (OMH) and Office for Alcoholism and Substance Abuse Services (OASAS) announce the launch of the [NYS Behavioral Health \(BH\) Value Based Payment \(VBP\) Readiness Program](#). The NYS BH VBP Readiness Program represents a unique opportunity to strengthen community-based behavioral health providers throughout New York State, and prepare them to be successful in NYS' transformation of the health care delivery system. The State is now accepting Notifications of Interest. This notice is not binding, but is required in order to apply for the program.

**Please Note:** The deadline for submitting Notifications of Interest has been extended. NOIs must be submitted to [VBP-Readiness@omh.ny.gov](mailto:VBP-Readiness@omh.ny.gov) or [PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov) by **June 16th, 2017**.

## BH VBP Readiness Notification of Interest Webinar

OMH and OASAS are accepting "Notifications of Interest" from BH providers intending to apply for the VBP Readiness program. Responses will help inform the State of provider interest, and will assist in finalizing the specifications of the program. This [Notification of Interest webinar](#) will walk through the Notification of Interest process and provide an opportunity for questions and answers. **Thursday, May 18th, 2pm to 3pm.**

## BH VBP Networking Events – Coming Soon

Many behavioral health providers who intend to participate in the VBP Readiness Program have expressed interest in Behavioral Health Value Based Payment Networking Events. As a response to this interest, regional VBP networking events are in development. These events are slated to begin in June and continue to July. Dates and registration information will be forthcoming.

## Medicaid Managed Care Billing Guidance for Dual Eligible Enrollees

Currently, individuals who have Medicare or other third party insurance are not eligible for Mainstream Managed Care (MMC) or Health and Recovery Plans (HARPs). However, some individuals pick up third party insurance or Medicare after their Mainstream Managed Care enrollment. The billing guidance attached to this update is designed to provide reimbursement guidance until the individual is disenrolled from MMC.

Please note that until the enrollee is disenrolled from the MMC the provider may not submit claims to Medicaid fee-for-service (FFS).



Federal mandates make Medicaid a payer of last resort, which means Medicaid will make payments only after all other sources of reimbursement have been exhausted. Therefore, potential third party reimbursement sources including Medicare, must be billed prior to billing Medicaid.

**Clarification on Crisis Respite Utilization Management released to HARPs and HIV-SNPs**

NYS has provided [clarification on utilization management for Short-term Crisis Respite and Intensive Crisis Respite](#) to Medicaid Managed Care HARPs and HIV Special Needs Plans (SNPs). These services are currently available within Adult Behavioral Health (BH) Home and Community Based Services (Adult BH HCBS). All HARP enrolled members and HARP-eligible members enrolled in a HIV SNP are eligible to receive these services.

Prior authorization is not required for access to these two crisis services, whether the provider is participating or not participating with the health plan. However, providers should notify the health plan of admissions when they occur. For Short-term Crisis Respite, HARPs/HIV SNPs can require notification and/or concurrent review following the initial 72 hours.

A Plan of Care (POC) is not a prerequisite to receiving these services. An Adult BH HCBS Eligibility Assessment is also not required for access, however, the individual should receive the Adult BH HCBS Eligibility Assessment during the course of care at these crisis respite services. As per the [NYS Adult BH HCBS Provider manual](#), there are limitations to length of stay for these services.

**FAQs released for the Licensed Behavioral Health Practitioner (LBHP) Benefit**

Medicaid managed care organizations (MMCOs) including Mainstream Medicaid Managed Care Plans, Health and Recovery Plans, and HIV-Special Needs Plans, will now reimburse NYS OMH-Licensed Clinic Treatment Programs for an array of clinic services which may be provided off-site to both children and adults. This new Medicaid managed care benefit is called [Licensed Behavioral Health Practitioner \(LBHP\)](#).

The Office of Mental Health issued guidance to providers and MMCOs on the LBHP benefit effective October 15, 2016. In response to questions from MMCOs and behavioral health providers and in support of the OMH LBHP guidance document, OMH has released a list of [Frequently Asked Questions \(FAQs\)](#).

**Children’s Transition Update – 1115 Waiver Submitted**

The NYS Department of Health (DOH) has submitted to the Centers for Medicare and Medicaid Services (CMS) an amendment to the 1115 New York Medicaid Redesign Waiver to implement the Children’s Behavioral Health and Health Medicaid Redesign. The proposed Amendment includes the following implementation dates for key elements of the Children’s Redesign:

**Children’s Transition Deliverables and Dates:**

Transition 1915(c) Children’s Waivers to Health Home	July 1, 2018
Align Children’s Home and Community Based Services for Level of Care Population	July 1, 2018
Children’s Behavioral Health Benefits Transition to Managed Care	July 1, 2018
Foster Care Population Transitions to Managed Care	January 1, 2019
Expansion of Children’s HCBS for Community Eligible and Family of One Level of Need Population	January 1, 2019



Over the next several weeks, NYS DOH, OMH, OASAS, and OCFS will provide stakeholders, providers, and managed care plans additional information regarding the timing of readiness and implementation activities around these proposed implementation dates.

**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:**

<i>Questions regarding HARP eligibility and enrollment:</i>	New York Medicaid Choice <b>1-855-789-4277</b>
<i>Issues related to Personalized Recovery-Oriented Services:</i>	<a href="mailto:PROS@omh.ny.gov">PROS@omh.ny.gov</a>
<i>Adult BH HCBS Designation questions or to update status:</i>	<a href="mailto:omh.sm.co.hcbs-application@omh.ny.gov">omh.sm.co.hcbs-application@omh.ny.gov</a>
<i>Adult BH HCBS Start-Up funding:</i>	<a href="mailto:hcbs_grant@omh.ny.gov">hcbs_grant@omh.ny.gov</a>

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