New York Children's Health and Behavioral Health Transition:
Utilization Management Children and Family Treatment and Support Services (CFTSS) Training
Frequently Asked Questions (FAQs)

Below is an FAQ concerning the Utilization Management Training for the Children and Family Treatment and Support Services that are going live January 1, 2019: Other Licensed Practitioner (OLP), Psychosocial Rehabilitation (PSR), and Community Psychiatric Supports and Treatment (CPST).

As of September 2018

#	Topic	Question	State Response
1	Billing	Please explain the statement, "multiple services on same day are to be considered 1 visit." Is this only for the purpose of counting the 30 visits (as authorized after concurrent review) or is this also for billing i.e. will only one service be paid for per day?	This refers to the counting of 30 visits as authorized after concurrent review. This is not related to billing. Providers may bill for more than one CFTSS in one day, within the daily unit limits outlined in the billing manual.
2	Billing	If a child is receiving OLP, CPST, and PSR services, one cannot bill for all 3 services on one day, correct?	If a child is receiving OLP, CPST and PSR on the same day each service **can** each be billed on that day as long as each service is provided at a different time either consecutively or at another point during the day. You cannot bill for OLP, CPST and PSR all during the same interval of time.
3	Concurrent Review	Is the 30 visit authorization per service or is 30 visits inclusive of any services being authorized?	Concurrent review authorizations must be for at least 30 visits for each individual service that the child is receiving. If the child is receiving

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			OLP, CPST, and PSR they get at least 30 visits for each.
4	Concurrent Review	Is a behavioral health diagnosis required for concurrent review of OLP, PSR and CPST?	OLP and CPST do not require a diagnosis to begin the service, however it is likely that a diagnosis and/or documentation of medical necessity would be determined before the point at which concurrent review is needed. PSR, on the other hand, does require a diagnosis for receipt of the service.
5	Concurrent Review	Since medication management is not a service under OLP, CPST or PSR, is the 30 visit count inclusive of the child's clinic visits or doctor visits?	Doctor and clinic visits do not count towards the 30 visits that are authorized as part of concurrent review for OLP, CPST, or PSR.
6	Concurrent Review	For the 3 visits that are allowed before concurrent review needs to be authorized is that equal to 3 one-hour services or 3 fifteen-minute billing units?	A visit is one interaction with child and family. It could be 15 minutes or 1 hour.
7	Notification	Are you anticipating issues with MMCPs denying coverage if notification of the first 3 visits of OLP, PSR or CPST is not received either on a timely basis or at all?	Providers should refer to MMCP specific guidance on notification requirements prior to service delivery at: https://ctacny.org/sites/default/files/UM%20Authorization%20Grid%203%20CFTSS%20jan%2015.pdf
8	Prior Authorization	Since prior authorization is not needed, who is checking that medical necessity is met in order to approve the 30 visits?	Prior authorization is not needed; as a result, the first 3 visits can occur without authorization. After that, concurrent review may be required,

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			based on MMCP specific requirements, so that the MMCP can authorize additional visits. As part of concurrent review, medical necessity must be supported. Please refer to the MMCP specific guidance at the following link: https://ctacny.org/sites/default/files/UM%20Authorization%20Grid%203%20CFTSS%20jan%2015.pdf
9	Provider Protections	Is the 90 days of service, before authorization is needed, guaranteed for every child who is recommended for a service or only those that are beginning services on day one of the service becoming available (1-1-19)?	For OLP, CPST, and PSR, the State has extended the UM prohibition from 90 days to 180 days. This time period is from January 1, 2019 through June 30, 2019. This is a fixed timeframe, regardless of when the child begins receiving services. The purpose of this is to prevent disruptions in care while MMCPs and providers gain experience with services.
10	Provider Protections	For children currently enrolled in Waiver services, is there a different authorization period? Is it still the case, that children will be authorized for 6 months after go live for any service they are currently receiving?	The 6 month provision is for the MMCP authorizing existing Plans of Care for children in HCBS and begins when HCBS become part of the managed care benefit package, currently targeted for July 1, 2019.
11	Staff	What is the difference between LPHA and NP-LBHP?	NP LBHP is specific to those practitioner categories that can provide services under OLP. They can make recommendations for any of these services. LPHA is a broader definition and includes additional treating practitioners

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			(i.e. primary care doctor) who can make a recommendation for one of these services. Please refer to the CFTSS manual for a list of these practitioner types at: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf
12	Treatment Plans	In OLP if the youth is enrolled in Health Home Care Management, does the Plan of Care replace the treatment plan?	No. The Health Home Care Manager determines what services are needed, facilitates referrals, and develops a HH Plan of Care. The treatment plan is developed by the treating practitioner who provides the direct services. The Agency/practitioner providing direct services is responsible for maintaining the treatment plan. For transitioning Waiver children, the Plan of Care can temporarily serve as the required treatment plan until March 31, 2019.
13	Treatment Plans	Will there be a standard form for the Treatment plan? For the assessments to determine medical necessity for each service?	There will not be a standard template for the treatment plan. A sample form for recommending services/ documenting medical necessity can be found here: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/example_lpha_recommendation_memo.pdf