



UnitedHealthcare Child Health Plus

Behavioral Health Benefits Expansion

Effective January 1, 2023

Stock Image



Today's Agenda

- Overview: UnitedHealthcare and Optum Behavioral Health
- CHP Behavioral Health Services Benefit Expansion
- Member Identification and Eligibility
- Quality Improvement
- Utilization Management
- Provider Relations
- Credentialing
- Billing & Claims

Appendix

- Cultural Competency
- UHC Online Provider Portals
- Clinical Standards Resources
- Training and Educational Resources
- Required Assessments for Children Placed in Foster Care

Overview

UnitedHealthcare and Optum Behavioral Health



Our mission

Helping people live healthier lives and helping make the health system work better for everyone

Meeting all your health needs, all in one place. We're evolving health care so everyone can have the opportunity to live their healthiest life. It's why we put your unique needs at the heart of everything we do, making it easy and affordable to manage health and well-being.

We are delivering the right care how and when it's needed, providing support to make smarter and healthier choices, and making prescription services easier, while helping you save money along the way. It's everything health care should be. Together, for better health.



Stock Image



Working with you to create a healthier world for all



Stock Image

Consumers

129+ million

empowered individuals including military, Veterans, Medicare and Medicaid beneficiaries



Providers

≈ 9 out of 10 U.S. hospitals



Government agencies

Partnering with federal, state and municipal agencies across 40 states and D.C.



Life sciences

107 organizations



Health plans

4 out of 5 organizations



Employers

≈ 9 out of 10 Fortune 100



Our values are our path

Integrity

Honor commitments.
Never compromise ethics.

Compassion

Walk in the shoes of the people we
serve and those with whom we work.

Relationships

Build trust through
collaboration.

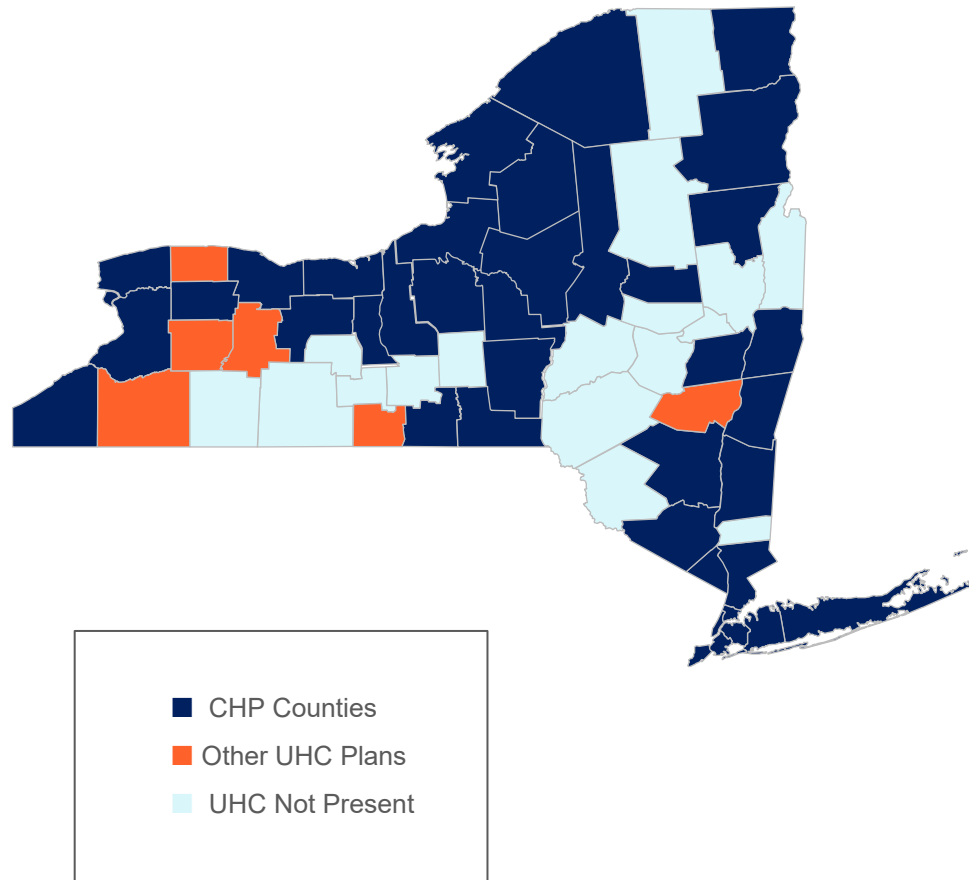
Innovation

Invent the future and learn
from the past.

Performance

Demonstrate excellence in
everything we do.

UnitedHealthcare Community Plan of New York



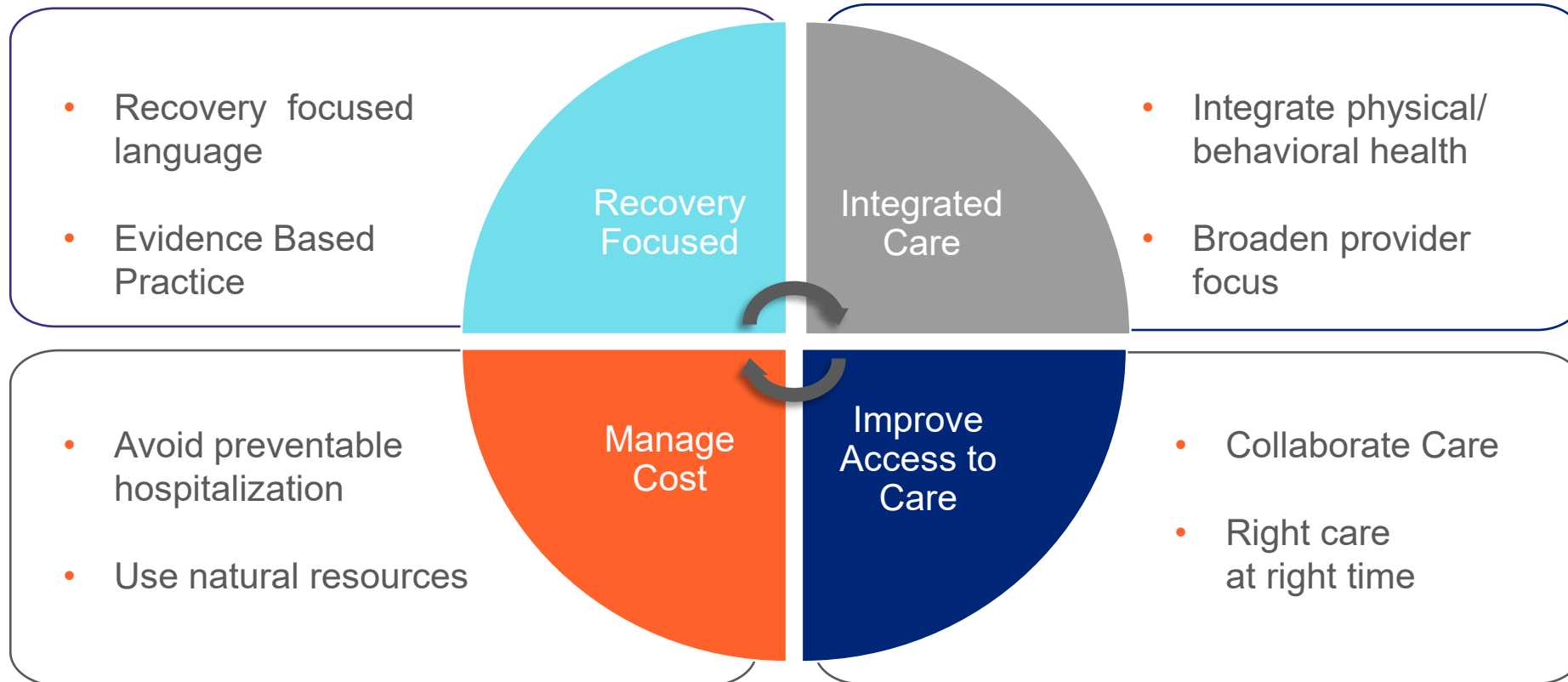
- UnitedHealthcare offers benefit coverage for Medicaid Community Plan, Wellnes4Me HARP, Essential Plan (EPP), Managed Long Term Services and Supports (LTSS) Medicaid Advantage Plus (MAP), and Children’s Health Plus (CHP)
- Health plans managed by UnitedHealthcare are available in 46 counties across all regions of New York State
- CHP benefits are available in 40 counties across NY State
- UHC manages benefits for over 640,000 members throughout New York State
- Almost 200,000 members live in Upstate New York



Making care simpler and more effective for everyone



Our Goals and Clinical Vision



CHP Behavioral Health Services Benefit Expansion

Addressing Child and Adolescent Behavioral Health Needs in NY State

The NY State 2022-2023 Enacted Budget included \$11 million to align behavioral health services in Medicaid and CHP and uses the Ambulatory Patient Group (APG) rate for these services, which include:

- Children and Family Treatment and Support Services (CFTSS)
- Children's Home and Community Based Services (HCBS) **Postponed till 7/1/23**
- Youth and Young Adult Assertive Community Treatment (ACT)
- Residential Rehabilitation for Youth Services (RRYS) **Postponed till 4/1/23**
- Article 29-I voluntary foster care agency health services

Behavioral Health Benefits Expansion Cross Walk

Service	Covered Before January 1, 2023	Covered After January 1, 2023
Inpatient Mental Health and Addiction Services	Yes	Yes
Residential Rehabilitation Services for Youth (RRSY)	No	4/1/23
Youth / Young Adult Assertive Community Treatment (ACT)	No	Yes
Outpatient Mental Health and Addiction Services	Yes	Yes
Prescription and Non-Prescription Drugs	Yes	Yes
Children and Family Support Services (CFTSS)	No	Yes
29-I Health Facility Services Core Limited Health Related Services (CLHRS)	No	Yes
Children's Home and Community Based Services	No	7/1/23

Benefits Summaries – Benefits Covered by CHP Before January 1, 2023

Service	Scope of Coverage	Level of Coverage
Inpatient Mental Health and Alcohol and Substance Use Services	Services to be provided in a facility operated by OMH or a facility issued an operating certificate pursuant to Article 23 or Article 31 of the Mental Hygiene Law or a general hospital as defined in Article 28 of the Public Health Law.	No limitations for inpatient mental health services, inpatient detoxification and inpatient rehabilitation.
Outpatient Visits for Mental Health and for the Diagnosis and Treatment of Alcoholism and Substance Use	Services must be provided by certified and/or licensed professionals.	No limitations. Visits may include family therapy for alcohol, drug and/or mental health as long as the therapy is directly related to the enrolled child's alcohol, drug and/or mental health treatment.
Prescription and Non-Prescription Drugs	Prescription and non-prescription medications must be authorized by a professional licensed to write prescriptions.	Prescriptions must be medically necessary. May be limited to generic medications where medically acceptable. Includes family planning or contraceptive medications or devices. All medications used for preventive and therapeutic purposes will be covered

New Service: Residential Rehabilitation Services for Youth (RRSY) 4/1/23

Residential Rehabilitation for Youth (RRSY)- These are short- and long-term inpatient programs for youth with substance use and co-occurring disorders. These programs have an enhanced staffing pattern that better meets the developmental needs of adolescents.

Minimum services provided including, but not limited to:

- **Counseling Services:**

- Assessment and referral services for patients and significant others
- Medical and psychiatric consultation
- HIV and AIDS, hepatitis C, tuberculosis, and other communicable diseases education, risk assessment, supportive counseling and referral

- **Recovery Support Services :**

- Substance use education, awareness and recurrence prevention
- Education about, orientation to, and the opportunity for participation in self help and peer support groups
- Holistic health practices
- Socialization skills

- **Educational Services:**

- Assessments
- Services as appropriate and as required by law, either directly or by arrangement with local school districts including:
 - Vocational assessment and vocational services
 - Life skills training

- **Medication for Addiction Treatment**

oasas.ny.gov/system/files/documents/2022/09/part817.pdf

New Service Youth and Young Adult Assertive Community Treatment (ACT) Programs

Youth and Young Adult Assertive Community Treatment (ACT) are programs designed to address the significant needs of children ages 10 up to 21 (Youth ACT) and 18-25 (Young Adult Act), who are at risk of entering, or returning home from high intensity services, such as inpatient settings or residential services, through the use of a multi-disciplinary team.

- ACT Team goals include helping youth and young adults to become independent
- ACT services are delivered in the home or other community-based settings

Services include:

- Assertive Engagement
- Case Management
- Assessment
- Child and Family Services Planning
- Individual, Group, and/or Family Counseling/Therapy
- Family Psychoeducation
- Individual Psychoeducation
- Psychosocial Rehabilitation
- Crisis Intervention Services
- Medication Management
- Health Services
- Peer Services (Family and Youth Peer)
- Vocational/Educational Services

omh.ny.gov/omhweb/guidance/youth-act-program-guidance.pdf

New Service Child and Family Treatment and Support Services (CFTSS)

- **Psychosocial Rehabilitation (PSR)** - the intent is to restore, rehabilitate, and support a child/youth's functional level for the integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional interventions
- **Family Peer Support Services (FPSS)** - are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community
- **Youth Peer Support (YPS)** - provide training and support necessary to ensure engagement and active participation in the treatment planning process and with the ongoing implementation and reinforcement of skills
- **Other Licensed Practitioner (OLP)** - services provided in the community or other non-traditional settings such as the home
- **Crisis Intervention** - occur in a variety of settings, including community locations. Includes mobile and telephone follow up
- **Community Psychiatric Supports and Treatment (CPST)** - services to children and families who may have difficulty engaging in formal office settings but can benefit from community based rehabilitative services

HCBS Service Descriptions 7/1/23

- **Prevocational Services** - individually designed to prepare a child/youth aged 14-20 to engage in paid or volunteer work or career exploration
- **Caregiver/Family Advocacy and Support Services** - enhance the child/youth's ability, to function as part of a caregiver/family unit and teach them techniques so that they can better respond to the needs of the participant
- **Supportive Employment** services are individually designed to support children/youth ages 14- 20 to perform in an integrated work setting in the community
- **Palliative Care** is specialized medical care focused on providing relief from the symptoms and stress of a chronic condition or life-threatening illness
 - Pain and Symptom Management
 - Counseling and Support Services
 - Massage Therapy
 - Expressive Therapy
- **Respite** - provide planned short-term relief for family/caregivers that are needed to enhance the family/caregiver's ability to support the child/youth's functional, mental health/substance use disorder, developmental, and/or health care issues
- **Day Habilitation** - Assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills including communication in a nonresidential setting

HCBS Descriptions (continued) 7/1/23

- **Community Habilitation** services and supports related to the child/youth's acquisition, maintenance, and enhancement of skills necessary to independently perform Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and/or Health-Related Tasks
- **Environmental Modification** provides internal and external physical adaptations to the primary residence of the enrolled child/youth that are identified as necessary to support the health, welfare, and safety of the child/youth, or that enable the child/youth to function with greater independence in the home and without which the child/youth would require an institutional and/or more restrictive living setting
- **Adaptive and Assistive Technology** includes technological aids and devices identified within the child/youth's POC that enable him/her to accomplish daily living tasks that are necessary to support the health, welfare, and safety of the child/youth
- **Vehicle Modifications** provides physical adaptations to the primary vehicle of the enrolled child/youth which per the child/youth's POC are identified as necessary to support the health, welfare, and safety of the child/youth or that enable the child/youth to function with greater independence
- **Non-Medical Transportation** will be billed to Medicaid FFS. Please refer to the [Medicaid Transportation Guidelines](#) and the HCBS Provider Manual found [HERE](#) for more details

29-I Health Facility Core Limited Health Related Services

Core Limited Health Related Services (CLHRS)

- Skill Building Licensed Behavioral Health Practitioner (LBHP)
- Nursing Supports and Medication Management
- Medicaid Treatment Planning and Discharge Planning
- Clinical Consultation and Supervision
- Managed Care Liaison/Administration

Foster Care Liaison

Dinaisha Person, LMSW

Email: nyfostercare@uhc.com

Phone: 1-855-883-5403

After Hours Contact

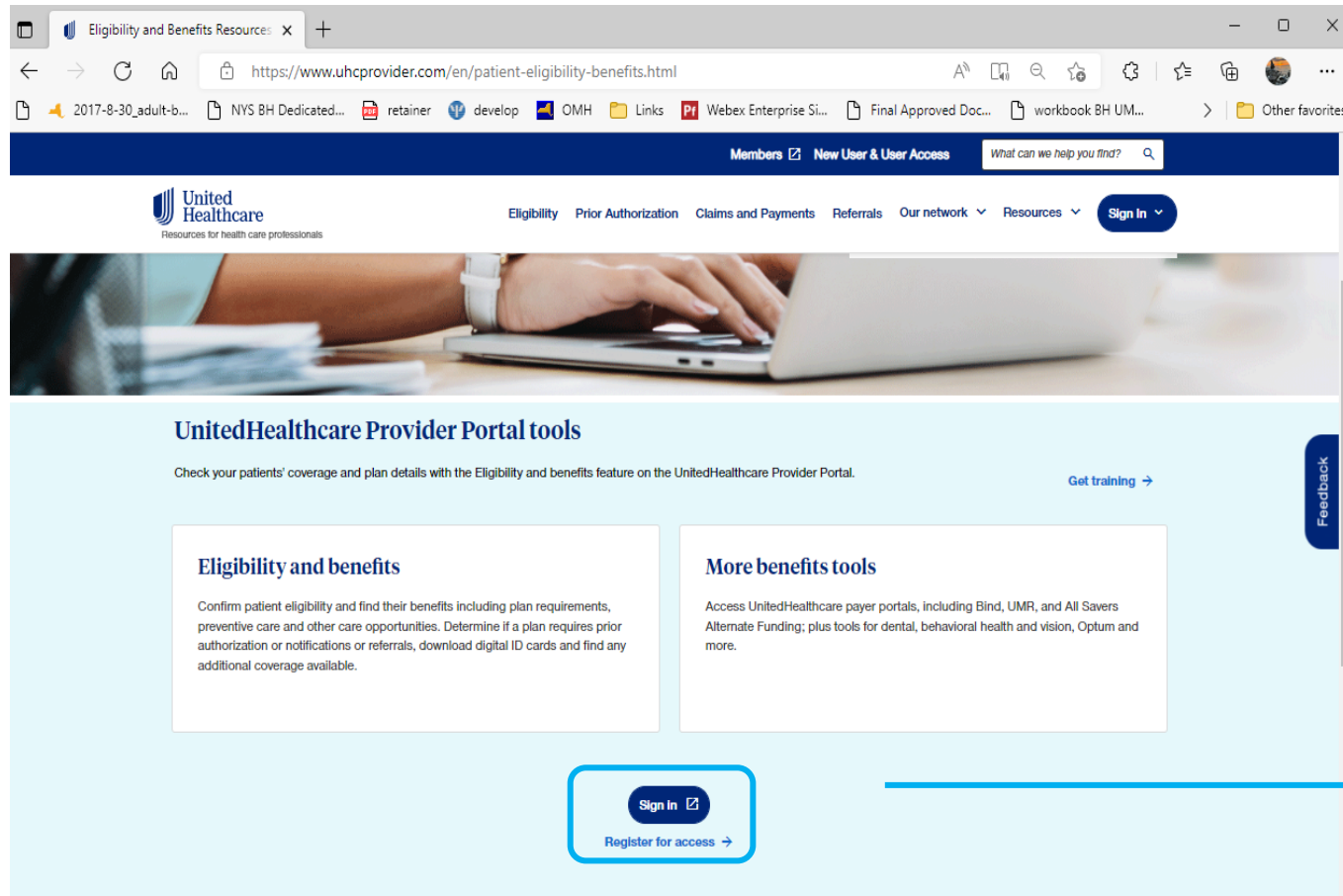
Providers: 866 – 362 - 3368 select option 8

Members: 800 - 493 - 4647 select option 8

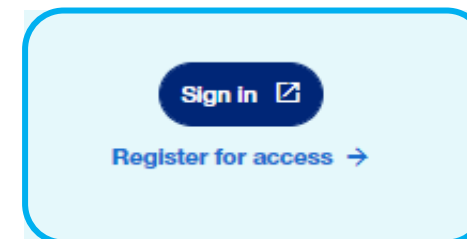
- Other Limited Health-Related Services (OLHRS) that are covered under the Child Health Plus benefit and provided by 29-I facilities using the 29-I rate and procedure codes beginning January 1, 2023. UnitedHealthcare will use the same billing and payment mechanism for CHPlus as mainstream Medicaid.
- UnitedHealthcare will require 29-I facilities to utilize the Foster Care AND 29-I Transmittal Form [29i transmittal form and instructions.pdf](#) to notify the plan of a child/youth that is newly placed with the 29-I facility within five business days of admission to the facility.

Member Identification & Eligibility

UHC Provider Portal Eligibility & Benefits: [uhcprovider.com/eligibility](https://www.uhcprovider.com/en/patient-eligibility-benefits.html)





- Confirm eligibility
- Benefit coverage
- Plan requirements
- Determine if Prior Authorization or notification is required
- Download Digital ID cards



Child Health Plus Membership Cards

For Providers: UHCprovider.com 1-866-362-3368

 **UnitedHealthcare** | Community Plan
Health Plan (80840) 911-87726-04
Member ID: 001000005 Group Number: NYCHP
Member: NEW A ENGLISH Payer ID: 87726
PCP Name: DOUGLAS GETWELL
PCP Phone: (718)787-1017

Rx Bin: 610494
Rx Grp: ACUNY
Rx PCN: 4800
0501
UnitedHealthcare Community Plan for Kids
Administered by UnitedHealthcare of New York, Inc.

In an emergency go to nearest emergency room or call 911. Printed: 08/06/18
This card does not guarantee coverage. For coordination of care call your PCP. To verify benefits or to find a provider, visit the website www.myuhc.com/communityplan or call.
For Members: 800-493-4647 TTY 711
For Providers: UHCprovider.com 866-362-3368
Medical Claims: PO Box 5240, Kingston, NY, 12402-5240
Pharmacy Claims: OptumRX, PO Box 29044, Hot Springs, AR 71903
For Pharmacists: 877-305-8952

UnitedHealthcare Community Plan for Kids
Administered by UnitedHealthcare of New York, Inc.

Quality Improvement

Sentinel Events/Critical Incidents

- Definition:** A serious occurrence involving a member that potentially represents a quality-of-care issue on the part of the practitioner/facility, such as death or a serious disability, that occurs during a member's treatment
- List:** A list of sentinel events/critical incidents that must be reported can be found on providerexpress.com
- Who Can Report:** Provider
- Timeframe(s):** As soon as possible, no later than one (1) business day following the event
- Investigation:** Contracted providers are required to cooperate with all aspects of our investigation process
- How to report:** Standardized reporting form located at providerexpress.com
- Fax:** Attn: QM Department, 1-884-342-7704
- Email:** NYBH_QIDept@uhc.com

Quality of Care & Quality of Service Complaints

Timeframes

- Urgent complaints: resolved within 48 hours after receipt of all necessary information and no more than 7 days from the receipt of report
- Non-Urgent complaints: resolved within 45 days after the receipt of all necessary information and no more than 60 days from receipt of report

Who Can Report

- Member, a designee (with written consent), or plan representative

Investigation

- Contracted providers are required to cooperate with all aspects of the investigation process.

Utilization Management

Provider Performance Reviews

When are provider performance reviews conducted?

- At time of credentialing and re-credentialing
- As part of ongoing monitoring efforts
- As part of a Quality of Care (QOC) or other complaint investigation

What is evaluated during a performance review?

- Physical environment
- Policies and procedures
- Member records
- Personnel files

Audit tools can be found at:

providerexpress.com > Our Network > State-Specific Provider Information > [New York page](#)

How to Obtain Authorization or Make Notification

Electronic Request: Submitted through the Prior Authorization and Advance Notifications (**PAAN**) system. Supporting documentation should include Notification Documents, (i.e., NYS SUD Notification Documents, treatment plan, and LOCADTR). The PAAN system can be found at: uhcprovider.com/paan

Telephonic: Service request that requires prior authorization, notification, or concurrent review can be obtained by calling:

Toll-free line: 1-866-362-3368 (as listed on the back of the member card)

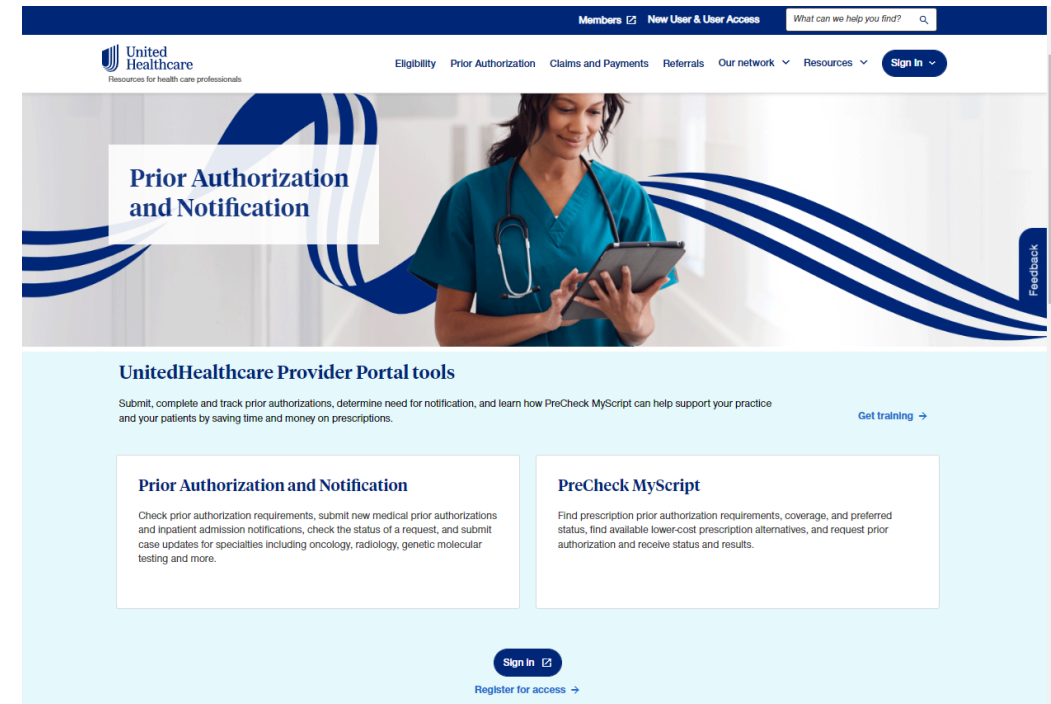
System Prompt	Response
Why are you calling?	Prior Authorization
What Type?	Behavioral health
What is the Member ID	Say or enter the Member/Subscriber ID using the phone dial pad
What is the Date of Birth (MM-DD-YYYY)	Say or enter the Members DOB using the phone dial pad
What Type of Behavioral Health Authorization (System will list IP, RC, PHP, IOP, ABA, Ambulatory Detox, etc.)	Say the service the authorization is needed for
What's the NPI #	Say or enter the provider NPI # using the phone dial pad

UHC Provider Portal: Prior Authorization and Notification (PAAN)

uhcprovider.com/en/prior-auth-advance-notification.html

- Check Prior Authorization Requirements
- Submit New Medical Prior authorizations
- Submit inpatient admission notification
- New User Registration can be found by selecting “New User & User Access”
- Existing users must log in with username and password
- Quick Reference Guide and other helpful resources, videos and training can be found at:

PAAN Behavioral Health Reference Guide on providerexpress.com



The screenshot displays the UnitedHealthcare Provider Portal interface. At the top, there is a navigation bar with the UnitedHealthcare logo, a search bar, and links for 'Members', 'New User & User Access', and 'Sign In'. Below the navigation bar, a large banner features a healthcare professional in teal scrubs using a tablet, with the text 'Prior Authorization and Notification' overlaid. Underneath the banner, the 'UnitedHealthcare Provider Portal tools' section is visible, which includes a brief description of the tools and a 'Get training' link. Two main tool cards are presented: 'Prior Authorization and Notification' and 'PreCheck MyScript', each with a short description of their functions. At the bottom of the page, there are 'Sign In' and 'Register for access' buttons.

UHC Provider Portal: Prior Authorization and Notification (PAAN)

Access the Prior Authorization and Notification Tool

TrackIt: Action Required, Quick Links & Resources

Customize Your View

Click the Prior Authorizations & Notifications tab and click **Go to the Prior Authorizations/Notifications tool** to access the tool.

The screenshot shows the UHC Provider Portal interface. At the top, there is a search bar and navigation tabs for 'Training & Support', 'Practice Management', 'TrackIt', and 'Taylor'. Below this is a navigation menu with options like 'Eligibility', 'Claims & Payments', 'Referrals', 'Prior Authorizations', 'Clinical & Pharmacy', 'Documents & Reporting', and 'Additional Tools'. The 'Prior Authorizations' tab is selected, and a notification indicates '3 Require Action'. The main content area is titled 'Welcome, Taylor!' and includes a 'Customize Tabs' button. A sidebar on the left contains navigation options: 'Eligibility', 'Claims & Payments', 'Prior Authorizations & Notifications' (highlighted with a yellow box), 'Referrals', 'Documents & Reporting', and 'UnitedHealthcare Updates'. The main content area is titled 'Prior Authorizations & Notifications' and shows the 'Currently Selected Provider: Jamie Doctor'. It includes instructions on how to use the 'Go to the Prior Authorizations/Notifications tool' button (highlighted with a yellow box) to perform functions like checking requirements, submitting new requests, and checking the status of existing requests.

Self Paced Users Guide to PAAN

chameleoncloud.io/review/2407-5cc37147d2041/prod

Utilization Management Appeal

Options for submitting Appeals:

Phone: Toll free appeals line: **1-866-504-3267**, say “*Claims Appeal Status*” when prompted. This will correctly route your call to appeal an UM decision

Phone number can be used to check status of an appeal and verbally submit an appeal

Note: Any Appeal filed verbally must also be followed up with a written, signed appeal

- Enrollees/Providers have 60-calendar days from the date of denial to request an appeal
- Only one internal appeal allowed
- Clinical appeal turnaround time is 72-hours

Mail: UM appeals for ALL Behavioral Health Services should be sent to:

UnitedHealthcare Community Plan
Attn: UM Appeals Coordinator
P.O. Box 31364
Salt Lake City, UT 84131

Provider Relations

Network Management

Network Management is responsible for developing and maintaining the Optum network of providers.

providerexpress.com/content/ope-provexpr/us/en/contact-us.html

- For questions regarding participation in our network, credentialing, or your provider record,
- Join our Network
- Facility Record Maintenance
- Provider Record Maintenance
- Network management Contact Information:

Contact

providerexpress.com/content/ope-provexpr/us/en/contact-us/nmContacts/ny.html

New York Network Management - Commercial and Medicare

13 Cornell Road, 2nd Floor
Latham NY 12110

Email: NYNetworkManagement@optum.com

Main Number: (877)614-0484

Fax Number: (866)483-6254

New York Network Management - Mainstream Medicaid and HARP

13 Cornell Road, 2nd Floor
Latham NY 12110

Email: NYHarp_ProvServices@optum.com

Main Number: (877)614-0484

NYC Fax Number: (877)958-7745

New York Autism/ABA Network Management

(877)614-0484

MCTAC Plan Matrix

Contact your Network Manager - a list of Network Managers for your region is available at: matrix.ctacny.org/

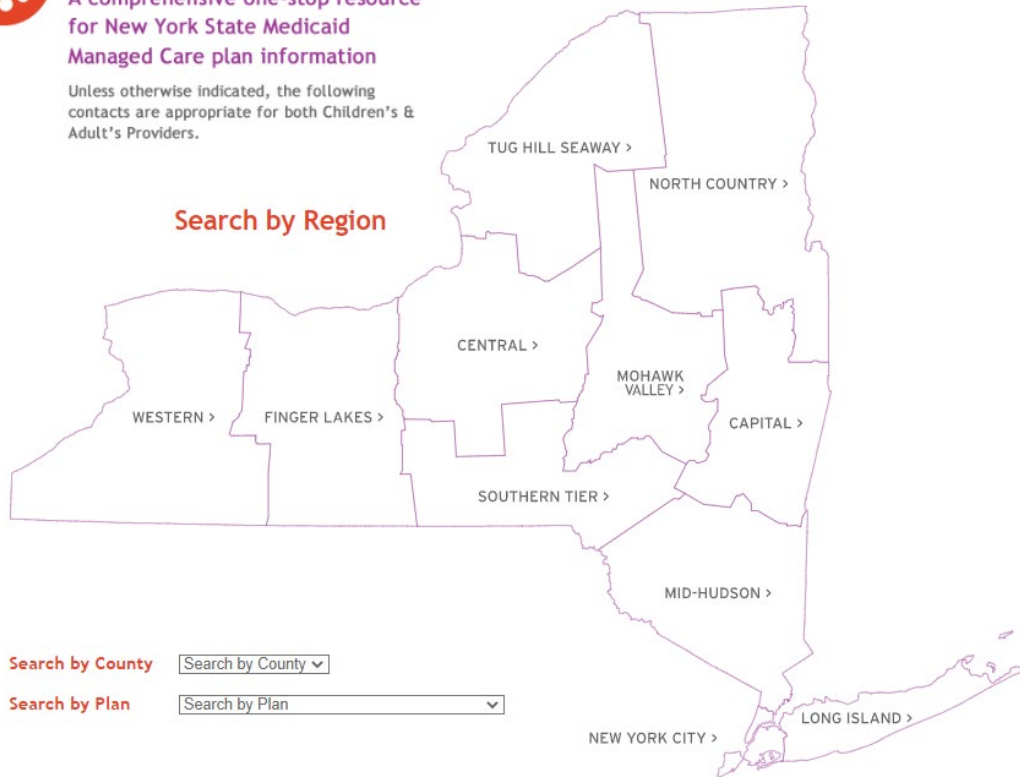


MCO Plan Matrix

A comprehensive one-stop resource for New York State Medicaid Managed Care plan information

Unless otherwise indicated, the following contacts are appropriate for both Children's & Adult's Providers.

Search by Region



Search by County

Search by Plan

UnitedHealthcare Community Plan

[back to listing](#)

GENERAL CHILDREN CONTRACTING UTILIZATION MANAGEMENT (UM) CREDENTIALING BILLING PHARMACEUTICALS ALL

Address:
One Pennsylvania Plaza #8
New York, NY 10119
Phone: (866) 633-2446

GENERAL INFORMATION

Additional Names: UnitedHealthcare of New York, Inc
UnitedHealthcare Community Plan - Wellness4Me

Subcontracting to BHO: Optum / UBH

HARP: ✓ - UnitedHealthcare Community Plan-Wellness4Me

Counties Available:

New York (CHP,Medicaid)	Herkimer (CHP,Medicaid)
Kings (Medicaid,CHP)	Madison (CHP,Medicaid)
Bronx (Medicaid,CHP)	Oneida (CHP,Medicaid)
Queens (Medicaid,CHP)	Onondaga (CHP,Medicaid)
Richmond (Medicaid,CHP)	Oswego (CHP,Medicaid)
Nassau (Medicaid,CHP)	Tioga (CHP,Medicaid)
Suffolk (CHP,Medicaid)	Chautauqua (CHP,Medicaid)
Dutchess (CHP,Medicaid)	Erie (Medicaid,CHP)
Orange (CHP,Medicaid)	Niagara (Medicaid,CHP)

Billing & Claims

Clean Claim

A claim with no defect and including all required information is considered a clean claim. All claim submissions must include, but are not limited to:

- Member's name, identification number and date of birth
- Provider's Federal Tax I.D. number (TIN)
- National Provider Identifier (NPI)
- Taxonomy Code
- A complete diagnosis (ICD-10-CM)
- Date of Service
- Duration / Units
- A claims must be on the correct claim form
 - Agency
 - Facility (i.e., Hospital, Residential)
- Correct code(s) corresponding to service provided:
 - Value Codes
 - Rate Codes
 - Revenue Codes
 - CPT/HCPCS Codes
 - Modifiers

Providers are responsible for billing in accordance with nationally recognized CMS Correct Coding Initiative (CCI) standards. Additional information is available at

cms.gov/medicare-medicaid-coordination/national-correct-coding-initiative-ncci

Additional Billing Guidance and Resources are available in the [Appendix](#)

Claim Submission

Electronic Claim Submission (837i): payer ID 87726

Paper Claim Submission (UB-04):

If you are unable to file electronically, follow these tips to ensure smooth processing of your paper claim:

- Use an original UB-04 Claim Form (no photocopies)
- Type information to ensure legibility
- Complete all required fields (including ICD indicator and NPI number)
- Mail Paper Claims to:

Optum Behavioral Health
P.O. Box 30760
Salt Lake City, UT 84130-0760



Electronic Data Interchange (EDI)

Submit batches of claims electronically, right out your practice management system software

- Ideal for high volume Providers
- Can be configured for multiple payers
- Clearinghouse may charge small fee

Optum can recommend a vendor that is right for you:

- Contact via phone 1-800-765-6705 or via email: inform@optum.com
- Provide: Name, tax ID, claims volume, single or multi-payer interest

Refer to the EDI pages on Provider Express for more information

- providerexpress.com/content/ope-provexpr/us/en/about-us/electronic-data-interchange.html
- providerexpress.com/content/ope-provexpr/us/en/admin-resources/claim-tips/electronic-claim-submission-and-electronic-data-interchange.html



Electronic Payments and Statements (EPS) through Optum Pay



Sign up for Optum Pay, get paid more quickly



- Easy set-up, free to use
- Payments deposited into your bank
- Simplified claims reconciliation
- 24/7 access to your information
- Secure payment and remittance advice

Registering for Optum Pay is easy

- Go to myservices.optumhealthpaymentservices.com
- Contact Optum Financial Services for assistance: 1-877-620-6194
- Find additional information on providerexpress.com > Quick Links > [Optum Pay](#)

MCTAC Billing Tool: Top section of UB-04 claim form

Billing Overview:

An interactive UB-04 form that walks through the components required to submit a clean claim

The diagram illustrates the top section of a UB-04 claim form with the following callouts:

- Billing Provider Information** (Field 1)
- Billing Provider designated Pay-To** (Field 2)
- Patient Name** (Field 8a)
- Patient Address** (Field 9a)
- Birthdate** (Field 10)
- Sex** (Field 11)
- Occurrence Date** (Field 33)
- Occurrence Span** (Fields 35, 36)
- Rate code 24** (Field 39a)
- 4 digit rate code** (Field 39b)
- Service date** (Field 45)
- Service Units** (Field 46)
- service line charge & Total charges below in TOTALS** (Field 47)
- Total Charges** (Field 57)

MCTAC Billing Tool:

billing.ctacny.org/

MCTAC Billing Tool: Bottom section of UB-04 claim form

PAGE ____ OF ____		CREATION DATE				TOTALS	
50 PAYER NAME		51 HEALTH PLAN ID		52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	
58 INSURED'S NAME		59 P.REL.	60 INSURED'S UNIQUE ID			61 GROUP NAME	
Insured Name			Insured ID number				
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
Diagnosis and Code Qualifier (ICD-10 qualifier =0)						Unlicensed practitioner ID OMH-02249154 OASAS-02249145 OCFS -05448682	
66 DX							
69 ADMIT DX	70 PATIENT REASON DX	a.	b.	c.	71 PPS CODE	72 ECI	73
74 PRINCIPAL PROCEDURE CODE	DATE	a. OTHER PROCEDURE CODE	DATE	b. OTHER PROCEDURE CODE	DATE	75	
c. OTHER PROCEDURE CODE	DATE	d. OTHER PROCEDURE CODE	DATE	e. OTHER PROCEDURE CODE	DATE		
80 REMARKS				81CC a		76 ATTENDING NPI	QUAL
				b		LAST	Attending NPI, last name and first name
				c		77 OPERATING NPI	
				d		LAST	
						78 OTHER NPI	QUAL
						LAST	Referring Provider
						79 OTHER NPI	
						LAST	

Unlicensed Provider ID: Claim Submission

Unlicensed Practitioner ID as attending:

- OASAS Unlicensed Practitioner ID: 02249145
- OMH Unlicensed Practitioner ID: 02249154
- OCFS Unlicensed Practitioner ID: 05448682

For Electronic/EDI Claims:

- When submitting claims utilizing an unlicensed practitioner ID as Attending, providers will submit the NM1 Attending Provider Loop 2310A as follows:
- NM108 and NM109 will be blank/not sent
- REF Attending Provider Secondary Information will be added
- REF01 G2
- REF02 the OASAS, OMH, or OCFS (CFTSS and HCBS) unlicensed practitioner ID (example: REF*G2*02249145~)

Unlicensed Provider NPI Claims Submission

PAGE OF		CREATION DATE		TOTALS	
50 PAYER NAME	51 HEALTH PLAN ID	52 REL. INFO	53 AGG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE
56 NPI	57 OTHER PRIV ID	58 INSURED'S NAME	61 GROUP NAME	62 INSURANCE GROUP NO.	65 EMPLOYER NAME
63 TREATMENT AUTHORIZATION CODES	67	68	69 ADMIT DX	70 PATIENT REASON DX	73
74 PRINCIPAL PROCEDURE CODE	75	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI
74 OTHER PROCEDURE CODE	75	LAST	LAST	LAST	LAST
80 REMARKS	75	FIRST	FIRST	FIRST	FIRST
IB-04 CMS-1450	APPROVED OME	QUAL	QUAL	QUAL	QUAL
ABOUT UPC	LF-LEARNING CENTER	CONTACT			

76. Attending Provider

- Attending Provider NPI and Qual
- Attending Provider - Last Name/First Name

REQUIRED

If the individual licensed practitioner is Medicaid enrollable* they must enroll and use their individual NPI number on claims. If the individual practitioner is unlicensed or not a licensed enrollable Medicaid practitioner* the OMH (02249154), OASAS (02249145), or OCFS (05448682) unlicensed practitioner ID may be used.

For Electronic/EDI Claims: When submitting claims utilizing an unlicensed practitioner ID as Attending, providers will submit the NM1 Attending Provider Loop 2310A as follows:

- NM108 and NM109 will be blank/not sent
- REF Attending Provider Secondary Information will be added
- REF01 G2
- REF02 the OASAS, OMH or OCFS unlicensed practitioner ID
- (example: REF*G2*02249145-)

* There are certain licensed/credentialed practitioners that cannot become a Medicaid provider: Licensed Master Social Worker (LMSW), Licensed Marriage and Family Therapist, Licensed MH Counselor, Licensed Creative Arts Therapist, Applied Behavioral Analyst, Credentialed Alcohol and Substance Abuse Counselor (CASAC), and Peer.



75	76 ATTENDING	NPI	QUAL	73
	LAST	FIRST		
	77 OPERATING	NPI	QUAL	
	LAST	FIRST		
	78 OTHER	NPI	QUAL	
	LAST	FIRST		
	79 OTHER	NPI	QUAL	
	LAST	FIRST		
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.				



Quick Reminders



- Always verify member eligibility prior to rendering services
- Obtain prior authorization for those services that require it
- Use value code 24 and applicable rate code in the correct field
- One rate code per claim
- Include CPT Code(s), Modifier(s) and Service Units as applicable
- Do not use a hyphen in your Tax Identification Number (TIN)
- NPI numbers are required
- A complete diagnostic code is required (ICD-10)
- Review Provider Remittance Advice regularly to identify issues early
- For paper claims make sure the value code is followed by “00”



Billing Appeals

- Process by which member, or provider on behalf of member, requests a review of adverse determination(s) on the health care services or any amounts that the member must pay toward a covered service
- Appeal of claim payment (amount, partial) or denial within 60-days of receipt of Provider Remittance Advice (PRA)

Appeals should be submitted to:

United Healthcare Community Plan Appeals
P.O. Box 31364
Salt Lake City, Utah 84131-0364

Appendix

Additional Resources

Cultural Competency



Mandatory Annual Cultural Competency Training Requirements

Participating OMH/OASAS licensed/designated providers are expected to complete state required annual cultural competency training for all staff who have regular and substantial contact with members. Approved Cultural Competence Trainings Include:

NYS OMH

Center for Practice Innovation Platform:

- Network Provider Training Part 1: Cultural Competence
- Network Provider Training Part 2.1: Using the Cultural Formulation Interview

NYS OASAS

Center for Practice Innovation Platform:

- Network Provider Training Part 1: Cultural Competence
- Network Provider Training Part 2.1: Using the Cultural Formulation Interview

OASAS Training Catalog: Cultural Competency

webapps.oasas.ny.gov/training/index.cfm

For additional NYS Guidance:

omh.ny.gov/omhweb/bho/docs/cultural_competency_curriculum.pdf

Provider Express Cultural Sensitivity Trainings

LGBTQ+ Mental Health Training

Developed in partnership with OutCare Health, this course is designed to help deepen your understanding of how to care for members of the LGBTQ+ community.

Once you have completed the training, you can update your provider profile by logging into providerexpress.com to add 'LGBTQ Supportive' and 'LGBTQ Identified Clinician' under areas of expertise.

Adding these areas of expertise to your profile will easily allow members to find you via the provider directory when searching for a provider with these areas of expertise.

You can also join OutCare Health's OutList post training. OutCare Health's OutList is a free, publicly accessible, national directory of LGBTQ+ culturally competent providers. Signing up is quick and easy. Join the OutList today at: outcarehealth.org/join.

Additional trainings available with OptumHealth Education:

- Unconscious Bias Training
- Caring for the LGBTQ+ Community: An Introduction
- Across the Sexual Orientation and Gender Identity Spectrum: A Call to Action
- Disparities in Social Determinants of Health (SDOH): What can we do?

NYS Office of Diversity and Inclusion Resources

The New York State Office of Mental Health's Office of Diversity and Inclusion integrates cultural competence through the following functions:

- Lead trainings on the importance of infusing cultural and linguistic competence throughout agency policies and clinical practices.
- Ensure cultural competence is implemented within program policies.
- Provide technical assistance to OMH facilities as well as agencies licensed by OMH.
- Facilitate quarterly meetings between OMH and the Multicultural Advisory Committee.
- Overseeing OMH's efforts to recruit and create a diverse workforce and to maintain an inclusive work environment.
- Ensuring individuals who have limited English proficiency receive language access services.

Resource Topics include:

- Organizational Change
- Anti-Racist Resources
- Serving Black New Yorkers
- Serving Native American Population
- Serving Asian Americans
- Serving Hispanic and Latinx New Yorkers
- Serving the LGBTQ Community
- Serving Older Adults
- Serving Rural New Yorkers
- Serving Veterans
- Serving New York's New Americans
- Serving Jewish Americans

omh.ny.gov/omhweb/cultural_competence/resources.html

Evidence-Based and Culturally Relevant Resources

Cultural Formulation Interview

The APA is offering the Cultural Formulation Interview (including the Informant Version) and the Supplementary Modules to the Core Cultural Formulation Interview for further research and clinical evaluation. Additional information can be found in DSM-5 in the Section III chapter “Cultural Formulation.

- **American Psychiatric Association Cultural Formulation Interview (CFI)**
[psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf](https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf)

Adapting Evidence-based Practices for Under-resourced Populations (September 2022):

This guide focuses on research supporting adaptations of evidence-based practices (EBPs) for under-resourced populations. Adaptations involve tailoring care, programs, and services to the cultural, social, gender, and demographic contexts of the people served to yield positive outcomes.

store.samhsa.gov/product/evidence-based-practices-under-resourced-populations/pep22-06-02-004?referer=from_search_result

UHC Online Provider Portals



UHC On-Line Resources

uhcprovider.com

- Check member eligibility
- Check claim status and payments
- Claims Reconsideration
- Electronic Data Interchange (EDI) information
- Tools and Resources

uhccommunityplan.com

- A website for Health Care Professionals, Community Organizations and Members
- For providers the links will direct you to important information in your state
- Directs you to our secure provider site UnitedHealthcare Online®

providerexpress.com New York State Page

- New York Medicaid Provider resources children under 21
- 29I Health Care Facilities/VFCA Resources
- Demographic Updates
- Clinical Guidelines and Policies
- PAAN Behavioral Health Guide
- Trainings & Resources
- Sentinel Events Reporting Form

liveandworkwell.com

- Search for Providers in the Network
- Confidential Work/Life Resource Center
- Offers Interactive Assessments
- Medication Database
- Self – Help Resources

Get Training: Digital Solutions


Digital Solutions

Learn how you can save time, get better documentation and reduce paper by using our online self-service tools.



Featured: Improved Access and New User Registration

Easily complete your registration and start using UnitedHealthcare's self-service tools. This guide will walk you through the process step-by-step.

[Review now](#) 



Find what you need fast

When reviewing an interactive self-paced guide, simply click MENU to see all content included. Then, select the topic you need for quick reference. Use the forward arrow to advance to the next page in order or use the HOME icon to switch topics at any time.

- 3rd Party Access Guide for Primary Access Administrators
- Claim Follow Up Self-Paced User Guide
- Claims Research project
- Claim Submission
- CommunityCare Provider Portal
- Document Library and Interactive Guide
- EDI Connectivity
- Eligibility and Benefits Self-Paced User Guide
- Improved Access and new User Registration
- Interactive Guide for Prior Authorization and Notification

Behavioral Health Toolkit for Medical Providers

Includes:

- Clinical Guidelines
- Quality Assurance
- Referral Options
- Training Resources
- Behavioral health Resources for:
 - Adult
 - Children and Adolescent
 - Older Adult

The screenshot shows the Optum Provider Express website. At the top, there is a navigation bar with the Optum logo and 'Provider Express' text. To the right, there are links for 'Log In', 'First-time User', 'Global', and 'Site Map', along with a search bar. Below the navigation bar, there is a breadcrumb trail: 'Optum - Provider Express Home > Clinical Resources > Behavioral Health Toolkit > Behavioral Health Toolkit for Medical Providers'. The main heading is 'Behavioral Health Toolkit for Medical Providers'. Below this, there is a welcome message: 'Welcome to the Optum Behavioral Health Toolkit for Primary Care Physicians (PCP) and other providers. Resources to assist you in your practice and help your patients are organized by age cohort on the left side. Specific behavioral health conditions can be found under each age cohort. Click on the condition to display the associated content. Please come back regularly as new information is routinely posted.' To the left of the main content, there is a list of resources: 'Behavioral Health Toolkit Resources', 'Adult', 'Child and Adolescent', and 'Older Adults'. To the right, there is a list of 'General Resources' with expandable sections: 'Member Website', 'Additional Resources', 'Clinical Guidelines', and 'Quality Assurance'.

providerexpress.com/content/ope-provexpr/us/en/clinical-resources/PCP-Tool-Kit/Behavioral-Health-Toolkit--Medical-Providers.html

UHC Behavioral Health Resources

UHC created a reference guide of resources to help primary care providers screen patients for depression, ADHD, and alcohol substance misuse. These resources are available in the UHC Resource Library.

uhcprovider.com/en/resource-library/behavioral-health-resources

Clinical and Quality Measures Toolkit for Behavioral health Providers includes:

- Information to support treatment
- A library of articles to support prevention and recovery
- Information about comorbid conditions
- Weblinks to nationally recognized practice guidelines
- Printable self-appraisals for patients
- List of support resources for practitioners, patients and families

providerexpress.com/content/ope-provexpr/us/en/clinical-resources/clinical-tools-and-quality-initiatives1.html



▸ Quality Measures (HEDIS®)

▸ Attention Deficit/Hyperactivity Disorder

▸ Follow-up after Hospitalization or Emergency Department Visit

▸ Depression

▸ Schizophrenia/Antipsychotic Medications

▸ Substance Use Disorders

▸ Other Important Resources

▸ Treatment Guideposts

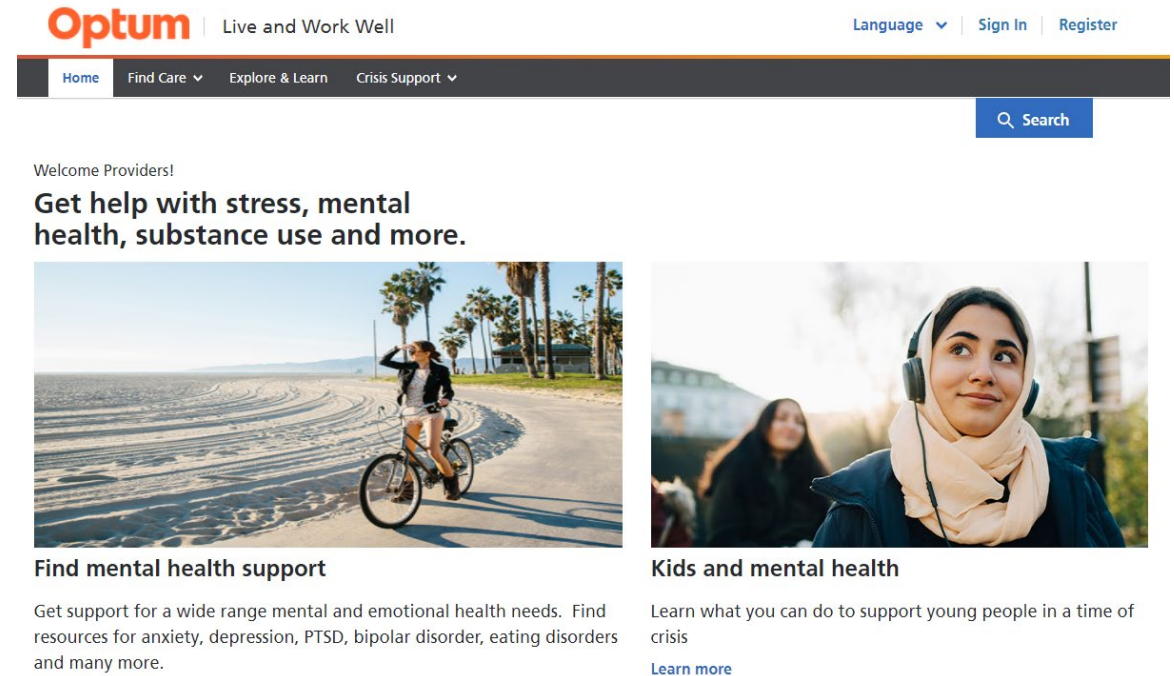
Member Resource for Behavioral Health: liveandworkwell.com

Explore and Learn:

- Offers a wide variety of videos, articles and resources to help you and your clients be informed and act
- Explore therapy and substance use support options
- Learn more about getting help with anxiety, understanding depression and building better relationships

Find information by category:

- Mental Health
- Substance Use & Addiction
- Well-Being
- Caregiving
- Parenting
- Relationships



The screenshot shows the Optum Live and Work Well website. The header includes the Optum logo, the text "Live and Work Well", and links for "Language", "Sign In", and "Register". A navigation bar contains "Home", "Find Care", "Explore & Learn", and "Crisis Support". A search bar is located on the right. The main content area features a "Welcome Providers!" message and a headline: "Get help with stress, mental health, substance use and more." Below this are two featured articles. The first article, "Find mental health support", includes a photo of a person on a bicycle and a description: "Get support for a wide range mental and emotional health needs. Find resources for anxiety, depression, PTSD, bipolar disorder, eating disorders and many more." The second article, "Kids and mental health", includes a photo of a woman wearing a headset and a description: "Learn what you can do to support young people in a time of crisis" with a "Learn more" link.

Clinicians can access this site using guest code **“clinician”**



Member Resource: myuhc.com



ENGLISH ▾

Welcome back
Let's get you signed in again

Easy access to plan information anytime anywhere.
 Get the most out of your coverage.

[Sign In >](#) | [Register >](#)



[Find a Provider >](#)

Find a doctor, medical specialist, mental health care provider, hospital or lab.



[Find a Dentist >](#)

Find a local dentist or dental care in your area.



[Find a Vision Provider >](#)

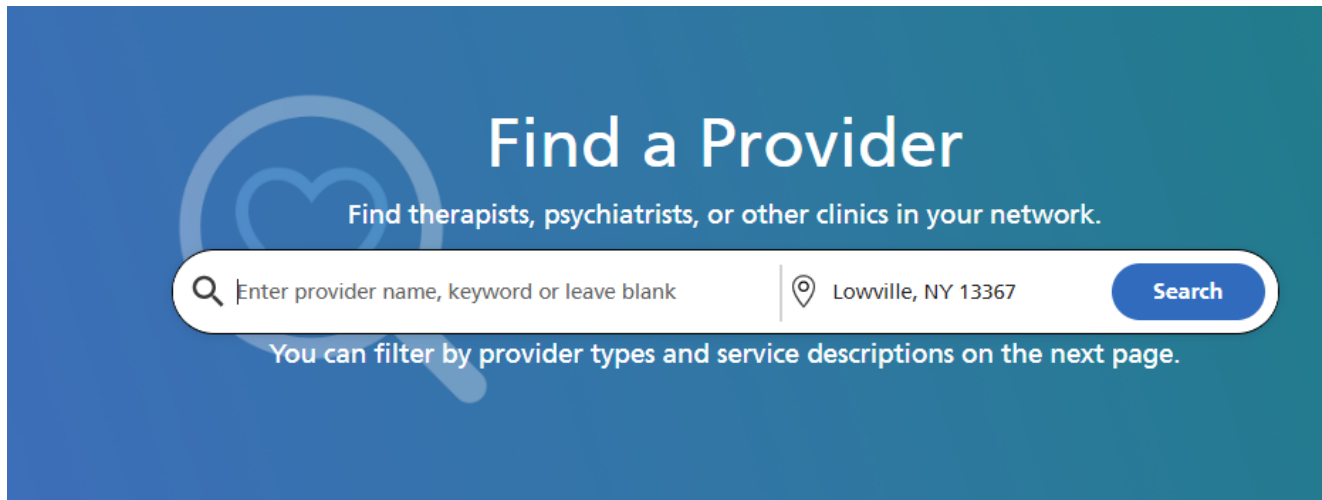
Find a vision provider within a large national network that offers convenience and choice.



[Find a Pharmacy >](#)

Find a local pharmacy that's convenient for you.

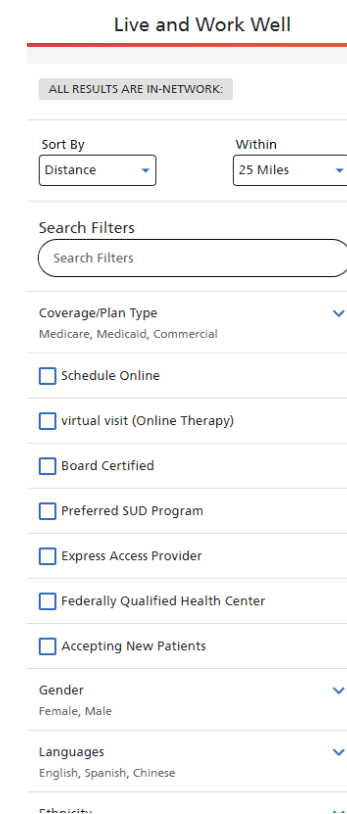
Search for Providers in Your Network Specializing in Mental Health and Substance Use



Find a Provider
Find therapists, psychiatrists, or other clinics in your network.

🔍 Enter provider name, keyword or leave blank | 📍 Lowville, NY 13367 **Search**

You can filter by provider types and service descriptions on the next page.



Live and Work Well

ALL RESULTS ARE IN-NETWORK:

Sort By: Distance | Within: 25 Miles

Search Filters: Search Filters

Coverage/Plan Type: Medicare, Medicaid, Commercial

- Schedule Online
- virtual visit (Online Therapy)
- Board Certified
- Preferred SUD Program
- Express Access Provider
- Federally Qualified Health Center
- Accepting New Patients

Gender: Female, Male

Languages: English, Spanish, Chinese

Ethnicity: ..

provider.liveandworkwell.com/content/laww/providersearch/en/home.html?siteId=1431&lang=1



Clinical Standards Resources



Guidance on Clinical Criteria Decisions: Treatment of Mental Health Conditions

Optum currently uses the:

- Level of Care Utilization System (LOCUS),
- Child and Adolescent Service Intensity Instrument (CASII) and
- Early Childhood Service Intensity Instrument (ECSII)

Clinical Guidelines for Criteria Decisions can be found at:

providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/Adoption-of-LOCUS-CASII-ECSII.html

For guidance on clinical criteria decisions for the treatment of behavioral health conditions across most Commercial and Medicaid membership.

- **Optum Clinical Criteria for Behavioral Health Conditions Frequently Asked Questions**
providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/guidelines/optumLOCG/locg/LCE-FAQs.pdf
- **Additional Clinical Resources available at:** providerexpress.com/content/ope-provexpr/us/en/clinical-resources.html

Clinic Standards of Care, Resources, Reference, Tools, and Evidence Based Approaches

NYS OMH Clinic Standards of Care can be found:

omh.ny.gov/omhweb/clinic_standards/soc_references_tools_links.pdf

American Psychiatric Association Cultural Formulation Interview (CFI)

psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf

DSM-5 Online Assessment Measures:

psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-assessment-measures






Training and Educational Resources

Project TEACH (Training and Education for the Advancement of Children's Health)

Support for Primary Care Providers: projectteachny.org/

- Call for consultations today.
- Speak directly to a child and adolescent psychiatrist.
- Enhance the care you provide to kids with mild to moderate mental health concerns
- Set up face to face consultations to meet directly with experts.

 CONSULTATIONS Speak to a child and adolescent psychiatrist or a reproductive psychiatrist for consultation about your patients. LEARN MORE	 REFERRALS Link your patients to the resources they need in their communities. LEARN MORE	 EDUCATION Find training and education on topics relevant to child/adolescent and maternal mental health in your practice. LEARN MORE
--	--	--

The Center for Practice Innovations (CPI): practiceinnovations.org/

The Center for Practice Innovations (CPI) supports the New York State Office of Mental Health's mission to promote the widespread availability of evidence-based practices to improve mental health services, ensure accountability, and promote recovery-oriented outcomes for consumers and families.

The CPI serves as a key resource to OMH by spreading those practices identified by OMH as most critical to accomplish OMH's system-transformation initiatives.

Training Topics Include:

- Family-Driven and Youth Guided Practice
- Recovery and Resilience for Children and Youth
- Understanding Family Engagement and Best Practices
- Coordination/collaboration Across Child Serving Systems
- Trauma Informed Care in the Child/Adolescent Behavioral Healthcare System



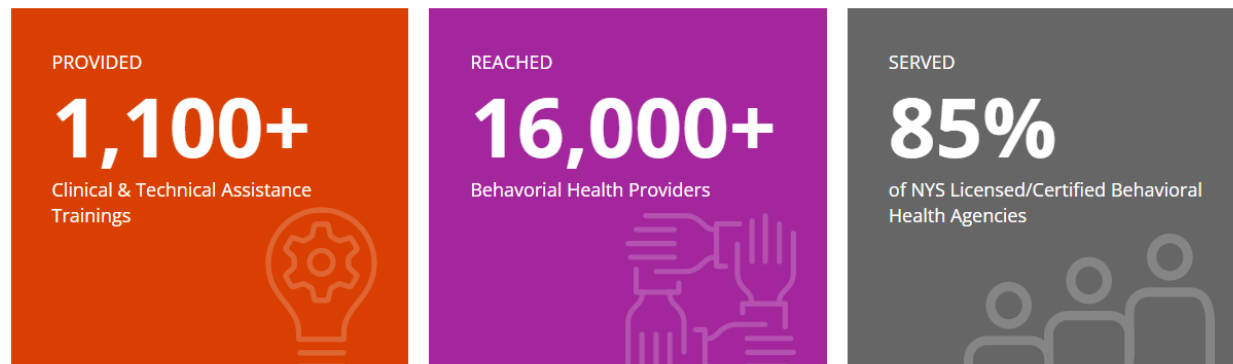
New Users: Enrollment Form for CPI Trainings: cumc.co1.qualtrics.com/jfe/form/SV_7UiDOZnSqJw7hyJ

Community Technical Assistance Center (CTAC) and Managed Care Technical Assistance Center (MCTAC)

- The centers work closely with OMH, OASAS and key strategic partners to provide training and technical assistance to all behavioral health agencies in New York State.
- Providing our community, a centralized location for city, state and federal resources

Our Impact

Since 2011, we have:



- Billing and Coding
- Designation & Staffing (Credentialing)
- General Managed Care
- Services & Workflows
- Additional Training Resources
- And more

ctacny.org/about-us/



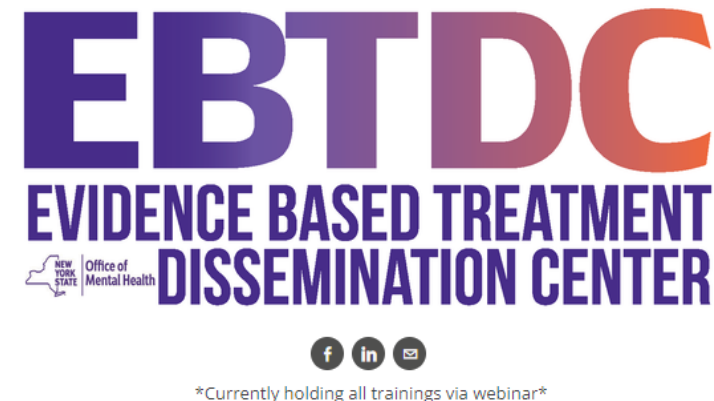
Evidence Based Treatment Dissemination Center (EBTDC)

ideas4kidsmentalhealth.org/evidence-based-treatment-dissemination-center.html

- The EBTDC is funded by NYS OMH
- Provides clinical training and consultation on evidence-based treatment protocols to NYS OMH-Licensed Mental Health Professional

Please note: The CTAC and EBTDC trainings available here are only open to staff at public, child-serving agencies/programs licensed by the New York State Office of Mental Health.

[Click here](#) to see if you are an OMH-licensed provider.



If you are a private-practice clinician, please visit the [National Council for Behavioral Health](#) for training and technical assistance.

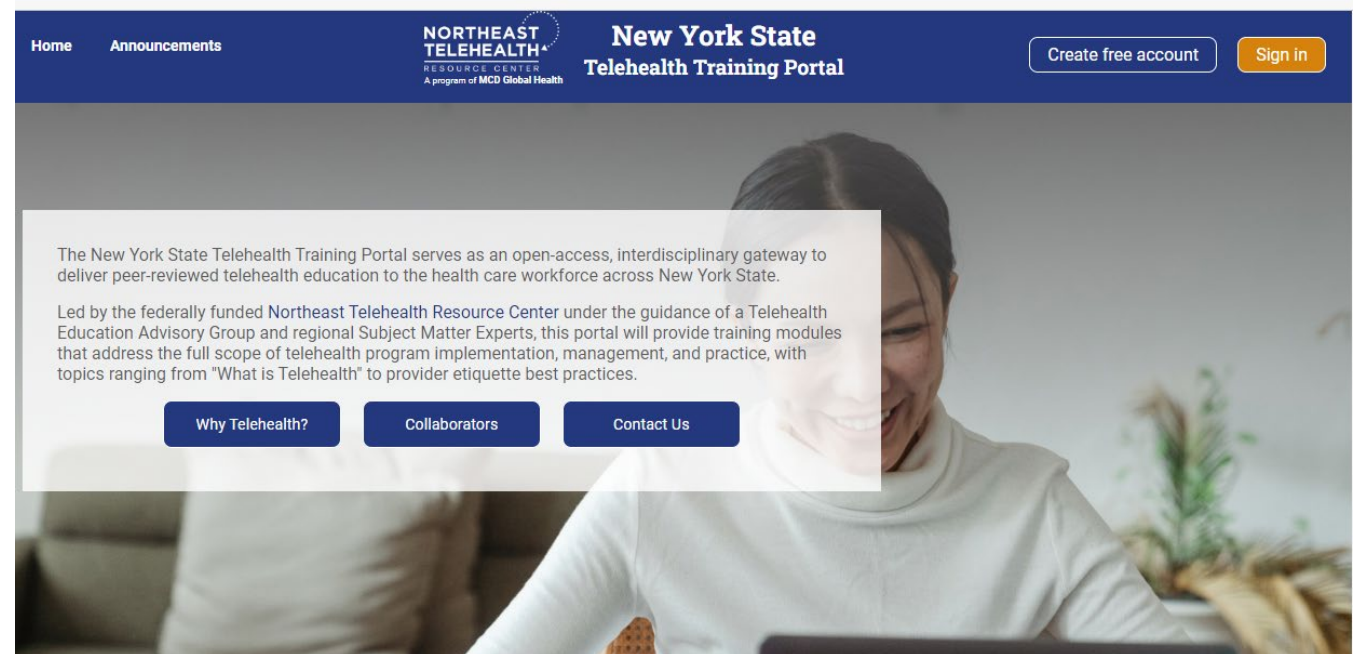
New York State Telehealth Resources

Northeast Telehealth Resource Center New York State Telehealth Training Portal

nytelehealth.netrc.org/

Includes:

- eLearning Module
- CME and CEUs coming soon
- GNYHA Telehealth Learning Series
- Guidance and Regulatory Updates



Allowable Billing Combinations of OMH/OASAS State Plan Services and HCBS

HCBS/State Plan Services	OMH Clinic/OLP	OASAS Clinic	OASAS Opioid Treatment Program	OMH ACT	OMH PROS	OMH IPRT/CDT	OMH Partial Hospital*	OASAS Outpatient Rehab
PSR	Yes	Yes	Yes				Yes	
CPST							Yes	
Habilitation	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Family Support and Training	Yes	Yes	Yes			Yes	Yes	Yes
Education Support Services	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Peer Support Services	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Employment Services	Yes	Yes	Yes			Yes	Yes	Yes

Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) Rate Codes

omh.ny.gov/omhweb/clinic_restructuring/clinic_rate_codes.html

MHOTRS Rate Codes

Description	Non Hospital*	Hospital
Base Rate	1504	1516
Off-site Base Rate	1507	1519
Health Services (e.g., Health Monitoring, Health Physicals) / Peer Support Services	1474	1588
Crisis Intervention	1579	1576
Intensive Outpatient Program (IOP)	1042	1048
Delivery System Reform Incentive Payment (DSRIP)	1106	1110
Integrated Outpatient Services (IOS)	1480	1122
Integrated Outpatient Services with Intensive Outpatient Services – Off-site	1084	1086
Integrated Outpatient Services (IOS) Off-site	1092	1094
Utilization Threshold Exempt (Court Order / AOT / SIST)	1136	1140

*Non hospital includes Diagnostic & Treatment Center (D&TCs), Local Governmental Unit (LGUs), freestanding Art 31s, and state operated injections may be claimed using either the Health Services rate codes or the Clinic rate codes.

MHOTRS Rate Codes Exempt from Utilization Threshold Counts

Description	Non Hospital*	Hospital
Off-site Base Rate	1507	1519
Health Services (e.g., Health Monitoring, Health Physicals) / Peer Support Services	1474	1588
Crisis Intervention	1579	1576
Intensive Outpatient Program (IOP)	1042	1048
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OMH Federally Qualified Health Center (FQHC) Rate Codes

Description	Rate Code
OMH – FQHC	4301
OMH – FQHC Group	4303
OMH – FQHC Offsite	4306

Required Assessments for Children Placed In Foster Care

Required Initial Health Care Assessments

Assessment	Time Frame	Mandated	Performed By
Initial Screening (Abuse/Neglect)	24 Hours	Yes	Health practitioner (preferred) or child/youth welfare caseworker/health staff
Initial Medical Assessment	30 Days	Yes	Health Practitioner
Initial Dental Assessment	30 Days	Yes	A dental screening must be conducted as part of the initial health assessment for all children/youth entering foster care and children/youth must be referred for dental care, as appropriate. Children in foster care over the age of three are required to see a dentist, at a minimum, once a year and must be provided dental care when needed.
Initial Mental Health Assessment	30 Days	No	Mental Health Practitioner
Family Planning Education and Counseling and follow- up health care for youth aged 12 and older (or younger as appropriate)	30 Days	Yes	Health Practitioner
Initial Developmental Assessment	45 Days	No	Health Practitioner
Initial Substance Abuse Assessment	45 Days	No	Health Practitioner
Follow Up Health Evaluation	60 Days	No	Health Practitioner

health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/29i_billing_manual_final.pdf



Initial Mental Health Assessment

29-IVFCAs must obtain an initial medical assessments **for children aged 3 and older** placed in foster care within **the first 30 days** of their placement.

The assessment should include:

- Past psychiatric history, past and current medications
- Formal mental health evaluation by a qualified health professional
- Identify strengths and needs
- Developmental, academic, and family history
- Social, behavioral, medical and substance abuse history
- Trauma or abuse history
- Risk of antisocial behavior
- Assessment of safety, suicidality or self harm
- Risky sexual behavior
- Development of a mental health needs list
- A list of the child's strengths
- Development of a treatment plan if treatment is medically necessary



Initial Substance Use Disorder (SUD) Assessments

29-I/VFCAs must obtain an initial medical assessments for children aged 13 and older placed in foster care within the first 45 days of their placement.

Assessment Tools approved by OASAS for Adolescents:

- Car, Relax, Alone, Forget, Friends Trouble Screening (CRAFFT)
- Level of Care Determination – Adolescent (LOCADTRA-A)
- Global Appraisal of Individual Needs (GAIN)
- Alcohol Use Disorder Identification Test (AUDIT)
- Drug Abuse Screening Test (DAST-10)

Note: “Substance” or “drug” includes all alcohol and chemicals, including prescribed pharmaceuticals, improperly used by either inhalation, smoking, ingestion or injection.

Assessment Tools approved by OASAS for adolescents with co-occurring SUD and Mental Illness

- Pediatric Symptom Checklist (PSC-17)
- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Patient Health Questionnaire 9: Modified for Teens (PHQ -9 Modified for Teens)
- Generalized Anxiety Disorder 7 (GAD-7)

Refer to the following link for additional information about OASAS approved Screening Instruments for Co-Occurring Mental Health Problems:

oasas.ny.gov/system/files/documents/2020/10/adolescent_screening_instruments.pdf



Medical Consents for Children in Foster Care

- Consent for routine medical assessment is dependent upon many circumstances
- PCP should communicate with the VFCA to understand who the youth's guardian is and/or who has the legal authority to grant consent for routine treatment and disclosure of information
- Children in Foster Care need special oversight because they are placed outside the home, possibly moving from one placement to another. Therefore, greater consideration is required by agency staff and health care providers involved with their care regarding medical consent.
- Primary Care Providers need to clearly document verification of consent and legal guardianship in order to treat and share medical information.

For more information refer to:

ocfs.ny.gov/main/sppd/health-services/docs/manual/Ch06-Consent.pdf

Evidenced Based Care & Standards Children and Youth in Foster Care

UHC recognizes and encourages use of the following behavioral health treatment modalities as evidence-based practices:

- Trauma-Focused Cognitive Behavioral Therapy: #1-3
- Trauma Informed Child-Parent Psychotherapy #1 -3
- Multi-Dimensional Treatment Foster Care
- Multi-systemic Therapy #1 & 2
- Functional Family Therapy #1 -2
- Dialectical Behavior Therapy

For more information about UHC Evidenced Based Training and Practice Guidelines go to Provider Express:

Foster Care Toolkit:

providerexpress.com/content/ope-provexpr/us/en/clinical-resources/FosterCareToolkit.html

UHC Clinical Guidelines:

uhcprovider.com/en/policies-protocols/clinical-guidelines.html

National Institute of Health Evidence Based Practices & Programs:

prevention.nih.gov/research-priorities/dissemination-implementation/evidence-based-practices-programs

Center for Practice Innovations at Columbia Psychiatry New York State Psychiatric Institute:

practiceinnovations.org/resources

American Psychiatric Association Cultural Formulation Interview (CFI):

psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf

Billing for Dual Eligible Enrollees Guidance

Billing for Dual Eligible Enrollees OMH Guidance:

https://omh.ny.gov/omhweb/bho/policy-guidance/billing_for_dual_eligible_enrollees.pdf

Duals Reimbursement in Medicaid Managed Care:

https://health.ny.gov/health_care/managed_care/plans/docs/2021-12-01_duals_reimbursement_mmc.pdf

FAQs on Duals Billing:

<https://omh.ny.gov/omhweb/bho/docs/duals-billing-faq.pdf>

Medicaid Advantage Plus (MAP) Billing Guidance:

<https://omh.ny.gov/omhweb/bho/map-bh-billing-and-coding-manual.pdf>

MAP Coding Taxonomy for BH Services:

<https://omh.ny.gov/omhweb/bho/map-coding-taxonomy-for-bh-services.xlsx>

NY OASAS Billing Guidance and Resources

Outpatient Services: <https://oasas.ny.gov/reimbursement/ambulatory-providers>

Opioid Treatment Programs: <https://oasas.ny.gov/reimbursement/ambulatory-providers>

Inpatient Residential: <https://oasas.ny.gov/reimbursement/non-ambulatory>

Withdrawal and Stabilization: <https://oasas.ny.gov/reimbursement/non-ambulatory>

State Inpatient Addiction Treatment Centers: <https://oasas.ny.gov/system/files/documents/2020/06/atcs.xlsx>

Article 32 Inpatient Withdrawal Rates: https://oasas.ny.gov/system/files/documents/2020/06/detox-freestanding-rates_0.xlsx

Medication Billing Vivitrol: <https://oasas.ny.gov/system/files/documents/2019/10/Vivitoral%20Billing.xlsx>

Buprenorphine Billing: <https://oasas.ny.gov/system/files/documents/2021/01/buprenorphine-billing.xlsx>

Medication Management: <https://oasas.ny.gov/system/files/documents/2019/10/2019.10.17-guidance-memo-on-billing-for-medication-mgmt-for-co-occurring-disorders.pdf>

NYS OMH, OCFS, and DOH Medicaid Rates

NYS OMH Link: omh.ny.gov/omhweb/medicaid_reimbursement/

Behavioral Health Billing: omh.ny.gov/omhweb/bho/billing-services.html

NYSDOH Link to CFTSS Medicaid Rates:

health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm

NYS 29-I Health Facility Rates and Billing Guidance:

health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/vol_foster_trans.htm

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