



October 19, 2015

Supplemental Medicaid Managed Care Act Guidance

1. Guidance for MMCOs/HARPs and ACT Teams regarding enrollees referred for services and placed on the SPOA wait list **prior to 10/1/15**

There remains a wait list for ACT assignments in NYC managed by DOHMH SPOA. We are currently unsure how many of these individuals are covered by Managed Care, and are working with DOHMH to clarify this. It is the expectation that upon receipt of a referral from SPOA, the ACT Teams will contact the Medicaid Managed Care Organization (MMCO) or HARP to obtain Prior Authorization. As stated in the OMH guidance issued 8/6/15, SPOA will attempt to assign members to an in-network ACT team. If the first available appropriate ACT slot is with an out-of-network provider, SPOA will assign to the available ACT team and the MMCO/HARP will execute an out-of-network agreement.

2. Level of Care Determination for Referrals to ACT **initiated after 10/1/15**

It has come to our attention that MMCOs/HARPs are experiencing systematic difficulties with issuing Level of Care determinations for new ACT referrals as required in the OMH guidance issued 8/6/15.

To ensure the smooth flow of referrals:

- Agencies making SPOA referrals for ACT are required to discuss the referral with the MMCO/HARP and receive approval for the ACT level of care.
- MMCOs/HARPs are required to document this approval in their system.
- MMCO/HARPs may develop and use an approval letter consistent with general notice requirements in the model contract, PHL and 42 CFR 438.
- MMCO/HARPs are expected to provide a list of In-Network ACT Teams to the referring agency.
- It is the expectation that MMCO/HARPs will collaborate with Health Homes and SPOA to ensure engagement in Care Coordination and appropriate treatment while individuals are on the wait list for ACT services.

Inability to issue communication of approval should not delay submission of a SPOA application. If there are problems around this, please contact OMH immediately for assistance.



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MMCO/HARPs should identify an individual to be the point person for addressing problems with the flow of ACT authorization and notify Tom Smith, MD by Thursday, 10/22/15.

3. Prior Authorization requirements for MMCO/HARP enrollees with AOT orders

AOT-ordered ACT will require Level of Care and Prior Authorizations by MCOs. Authorizations are often the only way that MCOs know someone is getting a service and they need to enter authorizations into their system so that services are authorized, and claims paid. We expect MMCO/HARPs to comply with AOT orders, but an AOT order with ACT in it does not mean ACT is necessarily the appropriate treatment for the duration of the order. MMCO/HARP UM will work with ACT Teams and LGU AOT monitors to determine how long the person should stay in ACT and providers will work with local LGU AOT monitors to modify orders as needed to reflect changes in the AOT treatment plan.

4. Guidance regarding non-SPOA teams

There is one non-SPOA team in NYC – the Nathaniel ACT Team operated by CASES. This team does not accept referrals from SPOA. Since it functions as an Alternative to Incarceration, referrals to this team come via the court system. Staff from the Nathaniel ACT Team review potential recipients to ensure ACT criteria are met. If so, a plea is entered into where the sentence is deferred for the duration of treatment on an ACT Team, up to 24 months. Most recipients do not have Medicaid upon admission to the ACT Team, but the team helps with obtaining Medicaid and billing is initiated when Medicaid becomes active. The ACT team should request authorization from the MMCO/HARP immediately upon the individual's enrollment in the MMCO/HARP, even if the person has already been receiving ACT services. It is the expectation that MMCO/HARPs would authorize ACT services at the onset of treatment or Medicaid eligibility, and that the ACT Team will work with both the MMCO/HARP and the Court to determine duration of ACT services.