

## Behavioral Health In-State and Out-of State Requirements

This table identifies the functions which must be provided in state and functions that can be provided out of state.

NYS has amended its existing policy requirement to allow for out-of-state crisis response. Plans wishing to have out-of-state crisis response must submit a description that demonstrates that crisis response line staff has knowledge of requirements indicated in the grid below.

Further, Plans must demonstrate the efficacy of the linkage between the out-of-state crisis line and in-state crisis responders. Plans must also modify and provide their out of state staff training program for NY specific rules and responsibilities.

In-state Functions
<b>BH care management</b> must be consistent with requirements at 42 CFR 438.208(c).
<b>BH network development</b> (Identify network gaps and potential qualified service providers)
<b>BH Provider relations</b> with staff access to claims
<b>BH clinical and medical management</b> as defined in the RFQ
<b>Crisis referral:</b> must be a 24 hour, 7 days a week, 365 days a year person staffed toll-free line.
<b>Education and training</b> on topics required under this RFQ for medical and BH providers, State staff and other member serving agencies, except for specialized training where the Plan engages trainers with specialized expertise.
<b>Quality management resources</b> to assist with BH-specific quality management (QM) initiatives, financial oversight, reporting and monitoring, and oversight of any subcontracted or delegated function.
Out-of-state Functions
<p><b>BH Information and Referral:</b></p> <p>The plan must provide 24 hour, 7 days a week, 365 days a year live toll-free line to provide information and referral on BH benefits and services. This function may be operated out-of-state with the approval of NYS. The Plan must demonstrate that the member service line staff has knowledge of:</p> <ul style="list-style-type: none"> <li>i. Covered services;</li> <li>ii. NYS managed care rules;</li> <li>iii. Approved BH UM criteria;</li> <li>iv. Approved HCBS rules and requirements (for HARPs); and</li> <li>v. Provider networks</li> </ul>
<b>BH provider contracting</b>
<b>BH provider credentialing</b>
<b>BH utilization review</b> with 24/7 access to appropriate personnel to conduct BH prior authorization reviews (requires NYS training)
<p><b>Crisis referral:</b> must be a 24 hour, 7 days a week, 365 days a year person staffed toll-free line. Plan must demonstrate that crisis response line staff has knowledge of:</p> <ul style="list-style-type: none"> <li>a. Covered services;</li> <li>b. NYS managed care rules;</li> <li>d. Approved HCBS rules and requirements (for HARPs); and</li> <li>e. Provider networks</li> </ul>