



Department of Health

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Commissioner

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Executive Deputy Commissioner

March 19, 2020
(UPDATED June 10, 2020)
(UPDATED June 25, 2021)

Re: COVID-19 Guidance for Designated
Children and Family Treatment and Support
Services' Providers

Dear Children and Family Treatment and Support Services' (CFTSS) Providers:

The New York State Department of Health (NYSDOH) is providing this guidance to designated Children and Family Treatment and Support Services' (CFTSS) providers serving children/youth under Medicaid State Plan Services. The COVID-19 disaster emergency declared by the Governor under Executive Order 202 expired on June 24, 2021.

The flexibilities outlined in this guidance document due to the COVID-19 public health emergency will continue to remain in effect until the expiration of the federally-declared Public Health Emergency, or until notified by the Department of Health, whichever comes first.

CFTSS providers should be actively working toward full reinstatement of non-emergency policies, procedures, and timelines in anticipation of the end of the federal Public Health Emergency. It is anticipated that providers will have at least 30 days' notice prior to the termination of these flexibilities.

Children and Family Treatment and Support Services (CFTSS) Billing:

The Children's Medicaid services of State Plan Children and Family Treatment and Support Services (CFTSS) have always allowed for soft billing limits in an effort to give providers flexibility and the ability to provide the services based upon the child's/youth's identified needs. New York State is allowing additional flexibility regarding billing requirements for Medicaid Fee-for-Service and Medicaid managed care for CFTSS through the "Rounding of Service Time". Please refer to the [New York State Children's Health and Behavioral Health Services Billing and Coding Manual](#) for additional guidance.

Soft Limits Reminder

All service utilization limits (i.e. annual, daily, dollar amount) for CFTSS are "soft" – meaning that these limits *can be* exceeded if justified by medical necessity; documentation of the medical necessity for extended durations must be kept on file in the client's record. Providers are reminded to seek authorization for continued services where required for services provided to children enrolled in Medicaid managed care. See the [Medicaid State Plan](#)

Rounding of Service Time

During the emergency period beginning March 7, 2020; to allow for billing flexibility allowable with CMS approval, the current time requirements are relaxed. Below is a chart of time frames and the associated billable minutes/units that may be used.

Range of minutes	Billable minutes	Billable units (15 minutes per unit)
Under 5 minutes	1-4 minutes	Not billable
5-19 minutes	15 minutes	1 unit
20-34 minutes	30 minutes	2 units
35-49 minutes	45 minutes	3 units
50-64 minutes	60 minutes	4 units
65-79 minutes	75 minutes	5 units
80-94 minutes	90 minutes	6 units
95-109 minutes	105 minutes	7 units
110-124 minutes	120 minutes	8 units

Please utilize and reference all COVID-19 and Telehealth (telephonic) guidance available at https://health.ny.gov/health_care/medicaid/covid19/index.htm.

Face-to-Face Requirements Waived for designated Children and Family Treatment and Support Services (CFTSS) Provided under the Medicaid State Plan Services, Unless Medically Necessary

In response to concerns relating to the novel coronavirus (COVID-19) and in an effort to protect members and providers, effective immediately, the New York State Department of Health has authorized designated Children and Family Treatment and Support Services (CFTSS) to be provided via telehealth or telephonically whenever clinically appropriate to properly care for the patient. This temporary waiver will remain in effect until it is rescinded by the Department of Health.

In lieu of face-to-face contact, CFTSS providers may utilize telephonic, telemental health, or telehealth following applicable guidelines, regulations, and attestation process, according to their respective regulatory New York State agency of the Department of Health,

Office of Mental Health, the Office of Children and Family Services, the Office for People with Developmental Disabilities, or the Office of Addiction Services and Supports.

For those designated CFTSS practitioners of Psychosocial Rehabilitation (PSR), Family Peer Support Services (FPSS), or Youth Peer Services (YPS) who do not fall under a telehealth regulation, the face-to-face requirement to provide the services is waived whenever clinically appropriate to properly care for the patient, and these practitioners are able to still bill the appropriate corresponding rate.

This *Medicaid Update Special Edition* is also available on the *Medicaid Update* webpage: https://www.health.ny.gov/health_care/medicaid/program/update/2020/index.htm.

Background

The health and safety of CFTSS providers and our ability to provide and support patient care remain our priorities. Recently, community-wide transmission of COVID-19 has occurred in the United States (US), and the number of both Persons Under Investigation (PUIs) and confirmed cases are increasing in NYS. The situation with COVID-19 infections identified in the US continues to evolve and is very rapidly changing. It is important for all agencies to keep apprised of current guidance by regularly visiting the Centers for Disease Control and Prevention (CDC) and NYSDOH websites, as well as the NYSDOH Health Commerce System (HCS), for the most up-to-date information for healthcare providers.

- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- NYSDOH: <https://www.health.ny.gov/diseases/communicable/coronavirus.htm>
- HCS: <https://commerce.health.state.ny.us>

CFTSS provider agencies should keep staff updated as the situation changes and educate them about the disease, its signs and symptoms, and necessary infection control to protect themselves and the people they serve. The NYSDOH distributes alerts and advisories on its website and therefore it is vital that providers maintain up-to-date contact with both the CDC and NYSDOH. Providers may wish to provide internal contact information for their staff and clients to call with concerns, reports or questions.

Criteria for screening members prior to conducting a Face-to-Face Visit

While some CFTSS can be delivered effectively via telehealth, in certain instances, face-to-face contact may still be clinically indicated. Prior to conducting face-to-face activities, the provider should ask the member and/or their parent, guardian, legally authorized representative the following questions:

1. Ask whether the child/youth has a fever, cough or shortness of breath.
2. Ask the member, "Have you, or has someone with whom you have had close physical contact, traveled out of the United States within the last 14 days?"
3. (If yes) "To which countries did you/your contact, travel?" For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

4. Ask the member, “Within the last 14 days, have you had contact with any person(s) under investigation (PUI) for COVID-19, OR with any person(s) known to have COVID19?” safeguard

If the member screens positive in response to any of these questions, the CFTSS provider should ensure that the member has been referred to the appropriate health care provider and coordinate next steps with the child/youth, their parent, guardian or legally authorized representative, and their public health/primary care provider. If the member has immediate needs, the CFTSS agency should take appropriate measures to ensure service needs are met to safeguard the health, safety and welfare of the child/youth. CFTSS agency staff should follow CDC guidance to make sure precautions are used when conducting face-to-face visits. <https://www.cdc.gov/coronavirus/2019ncov/infection-control/control-recommendations.html>

Instructions for provider personnel who are at risk of being a Person Under Investigation (PUI)

Staff are exposed to the general community each day and could become infected with an acute respiratory illness (e.g. COVID-19, influenza, respiratory syncytial virus (RSV)), if community transmission of that illness is occurring. Providers should ensure they have a policy in place to speak with staff prior to them conducting face-to-face visits with enrolled members in order to screen the staff for symptoms or contacts that might have put them at risk. It is important that providers strictly enforce their illness and sick leave policies. Staff showing symptoms of illness should not be permitted to remain at work or visit members and should not return to work until completely recovered.

Staff who have been potentially exposed to someone with confirmed COVID-19, or to someone who is a person under investigation (PUI) for COVID-19, might be placed under movement restrictions by public health officials, based on exposure risk for having contracted COVID-19 and any presenting symptoms.

If a staff person is found to be ill upon screening, the agency should send the person home and suggest that they contact their primary care physician immediately or refer them to immediate medical care, if indicated.

Where can I direct my questions about COVID-19?

Questions can be directed to the following email address: icp@health.ny.gov; or to the toll-free call center at 888-364-3065.

Your diligence in implementing appropriate measures for COVID-19 preparedness is appreciated.

Where can I direct my questions about this guidance?

Please send any questions relating to this guidance to BH.Transition@health.ny.gov

Your diligence in implementing appropriate measures for COVID-19 preparedness is appreciated.