



## Multisystem Youth Program

# Multi-System Youth Program Provider Training Agenda

- **Introduction of MSY Team**
- **Overview of MSY Program**
- **Overview of MSY Application and Update Form**
  - Required Documentation
- **MSY Provider Agreement overview**
- **Payment and Invoicing**
- **Questions**
- **MSY Points of Contact**

**Multi-system youth are children who require services from more than one child-serving system, including but not limited to, Children's Services, Developmental Disabilities, Mental Health and Addiction, Education, and/or Juvenile Justice.**

## Multi-system youth and families have complex cases that can include:

- Dual diagnosis;
- Trauma history;
- Family history of substance use disorder and/or mental health;
- Co-occurring behavioral health disorders;
- Co-occurring developmental disability/behavioral health; and
- Social Determinants of Health including:
  - Economic stability;
  - Education;
  - Social and community context;
  - Health and access to health care; and
  - Neighborhood and environmental considerations

# The goals of the program include:

- Preventing custody relinquishment of children and youth solely for the purpose of obtaining needed treatment, services, and supports.
- Providing technical assistance to local entities in obtaining services that support children and youth who are at risk of custody relinquishment, have been relinquished, or are transitioning back to the community and/or non-custody settings.

# Program Eligibility

Any one of the following must be met in order for the member to be eligible through the MSY program:

- The member has multi-system needs and is at risk for custody relinquishment or has already had custody temporarily relinquished;
- The applicant has identified availability of local resources (including funding) and/or clinically indicated services to support the child/youth and family.
- Multi-system local and/or regional agencies are working to coordinate care for the child/youth and family.
- Financial resources have been reasonably exhausted and detailed in the application
- The child/youth will be placed in the least restrictive setting, and the setting will be documented as clinically appropriate to meet the treatment needs of the child/youth and family.

## Covered Services for Funding Requests

Funding requests can be submitted for the following services. Requests for all services and supports can be requested for up to ninety (90) days increments.

- In-home and/or community supports to prevent custody relinquishment
- In-home and/or community supports for a temporarily relinquished child/youth transitioning to a community setting
- Residential treatment and/or room and board for treatment to prevent custody relinquishment

# **Application Requirements**

# **MSY Application**



# MSY Application Funding Page

## The funding page of the application is complete, including:

- Provider name/address
- Total funding amount being requested is clear. The “amount” box reflects the total amount of funding being requested (per diem x days requested).
- The breakdown of a per diem that includes other costs is included on the appropriate lines. Line-item detail is required, including a break down of what is included in administrative costs.
- Per diem cannot include costs that can be covered by other payers, to include Medicaid (i.e., transportation to/from home visits, nursing); costs that are specific to IV-E program administration/youth (i.e., clothing, costs of administering a IV-E program); or school-related costs (transportation, school supplies, etc.)
- Specific referral source for the level of care **and** documentation of such is attached.
- Discharge narrative. As noted on the signature page of the MSY application form, “If funding is authorized to support residential treatment, the applicant commits to begin discharge planning upon admission; if the child/youth is already residing in residential treatment at the time of application, the applicant commits to begin this work upon notification of authorization of funding.”

# Additional Initial Application Requirements

**MSY requests for out of home treatment include:**

**A CANS completed within the past 90-days that recommends out of home treatment, or**

**A CANS that does not recommend out of home treatment also includes both of the following:**

- **A recommendation for out of home treatment from the team that is responsible for making decisions about and coordinating treatment for the youth, and**
- **A clinical recommendation for out of home treatment (including residential) from an appropriately licensed clinician.**

**OhioRISE Child and Family Centered Care Plan**

**Funding page is signed by youth's parent/guardian with a current date.**

**Release of Information is completed in entirety, and signed by the youth's parent/guardian, including initials where indicated.**

# Application is Submitted to Aetna (OHRMSYapplications@aetna.com)



**Application must be complete with all supporting documentation and funding information provided.**



**Aetna will return any incomplete application to the Care Coordinator to complete and resubmit (imperative for facility to stay in contact with Care Coordinator)**



**Once application is complete, Aetna will send the application to ODM for review.**



**ODM may request additional information if information provided is not clear, i.e., funding line-items need to be more specific**



**ODM then follows up with the Care Coordinator and Aetna on the outcome of the review.**

# Additional Funding Request

- Child and family meeting team decides if continuous funding is needed.
- The Provider is part of the Child and Family Team and must be included in the decision making and assisting the CME to provide submission of an accurate funding page with correct per diem and funding dates.
- Aetna will support both the CME and Provider through this process.
- The Additional Funding Request includes detail of funding required, along with previous submitted monthly updates (required every 30 days), the documentation listed on next slide and signed by parent/guardian.
- CME/Care coordinator submits to Aetna OhioRise MSY team for review at **[OHRMSYApplications@Aetna.com](mailto:OHRMSYApplications@Aetna.com)**
- Once all documentation required is received, Aetna will then submit to ODM for determination.

# Additional Funding Request, continued

- **The following documentation is required:**
  - Provider Progress Notes
  - CFT meeting notes, care plans, discharge plans
  - Details about youth progress, parental engagement, services/supports received and established
  - Detailed updates on recommendations and progress made
  - Updated CANS with a recommendation for out of home treatment OR the clinical recommendation for out of home treatment by a licensed clinician
  - Updated Care Plan
  - Continued Funding Request/Case Update form with complete funding page
  - Detailed Discharge Plan that includes:
    - Specific services and providers and funding for the youth to be successful in the community
    - Description of what success the youth needs to experience prior to discharge, as well as the youth's family
    - What barriers or gaps of care/service might exist and the plan to address
    - Living arrangement at discharge, barriers to this plan and how addressed
    - Are the needed services available where the member will live, is there a wait list or condition needed to access

# Provider Agreement and Information Exchange

If the funding application is authorized, Aetna provider relations will send out a provider agreement to the provider for review and signature.

If you are a new provider with Aetna OhioRISE, you will receive a welcome packet with instructions for vendor set up and invoicing. Providers may request payment in the form of a paper check or ACH.

All required provider information requested per the Welcome Packet needs to be sent to [OhioRISEMSYInvoices@AETNA.com](mailto:OhioRISEMSYInvoices@AETNA.com).

Provider needs to sign the provider agreement and send to the [OhioRISE-Network@AETNA.com](mailto:OhioRISE-Network@AETNA.com). **Provider needs to verify start date on agreement.** If start is different from start dated on agreement, the provider needs to write/type the correct start date and notify CME of the corrected date. **The provider agreement must be signed before invoices are accepted and paid.**

**Remember funding will not be more than 90 days. If the correct start date is not provided, there is a risk funding may expire before the expected date.**

# Provider Agreement

**As conditions of receiving funds pursuant to this Agreement, the MSY Provider shall:**

- a. Allow the CME and member's family to participate in treatment planning meetings, including transition and discharge planning that begins at day of admission and continues no less than monthly;**
- b. Participate in the Child and Family Team meeting as coordinated by the CME;**
- c. Provide written updates to the CME regarding the member's care as requested by the MSY Team and no less than monthly and include details on the youth's progress, participation, barriers and how addressed and any details to describe how the youth is progressing, including details on the family participation in calls, visits and other involvement in the care and treatment of the youth;**
- d. Participate in the completion of a new MSY application when decisions have been made to extend past the originally approved number of days and funding, including providing clinical documentation and recommendation for continued treatment and the estimated discharge date;**

## Provider Agreement, continued

- e. **Monitor the amount of funds invoiced to recognize when the approved funds are ending. Alert the CME and family that funds are projected to end at least 30 days prior;**
- **Contact the Aetna Primary Point of Contact ([OHRMSYApplications@Aetna.com](mailto:OHRMSYApplications@Aetna.com)) if the CME has not engaged within the treatment process within the first 30 days of this agreement, is not communicating with the Provider through this Agreement, and has not initiated an updated application to extend MSY funds, at least 30 days prior to the end of the approved funding;**
- e. **Participate in any corrective action plan or remediation activities identified by the Company;**
- f. **Share data only as authorized by Company and ODM, and consistent with all applicable state and federal privacy laws surrounding PHI, PII and HIPAA Laws;**
- g. **Grant ODM access to documents and other records ODM deems relevant to evaluate MSY program;**



## Provider Agreement, continued

- j. Release to the Company and ODM any information necessary for the Company to perform any of its obligations under the Company's Grant agreement with ODM, including compliance with reporting and quality assurance requirements;**
- k. Allow access for the Company, ODM, or ODM's designee to records;**
- l. Ensure that no Medicaid-eligible members and ODM are liable for any cost, payment, co-payment, cost-sharing, down payment, or similar charge, refundable or otherwise for services performed. If MSY Provider fails to execute a new agreement at the conclusion of this Agreement to extend funding, continued funding is not guaranteed. The MSY Provider will not hold a Medicaid-eligible member/family liable for any cost, payment, copayment, cost-sharing, down payment or similar charge, refundable or otherwise for services performed outside of the parameters of this Agreement;**
- m. Promptly supplying any documentation necessary for the settlement of any outstanding claims or services upon the ending, non-renewal, or termination of the agreement;**

# Provider Agreement, continued

- n. Abide by the OhioRISE Plan's written policies regarding the False Claims Act and the detection and prevention of fraud, waste, and abuse;**
- o. Fully assist and cooperate with the OhioRISE Plan in fulfilling the Company's obligations under the Company's Grant agreement with ODM; and**
- p. Obtaining and gathering data, documents, and information from subcontractors for purposes of an audit, evaluation, or inspection of its premises, physical facilities, equipment, books, records, contracts, computer or other electronic systems relating to its performance;**
- q. Permit the Company the right to seek revocation of the Provider Agreement as applicable if the Company determines that the MSY Provider has not performed satisfactorily, or the arrangement is not in the best interest of the Company's members.**
- r. Notify the CME and/or Aetna within three (3) days of any local, state, or federal civil (including licensure, accreditation or certification) or criminal investigation of the provider of allegations that, if true, could impact the health, safety or welfare of the youth at the facility. Notify the CME and Aetna of any incidents and/or transitions within three (3) days and notify Aetna of any changes in its status, such as intent to merge with another business or to close, no later than thirty (30) days prior to the occurrence.**

# Invoice For Payment



Once Aetna has received the executed agreement, invoices should be sent for payment to [OhioRISEMSYInvoices@AETNA.com](mailto:OhioRISEMSYInvoices@AETNA.com).



Aetna OhioRISE processes payments once a month. To meet the cutoff date all invoices for previous month per diem must be received by the 15th of the month. If not received by monthly cutoff date, payment will be processed in the following month cycle.



For the Aetna MSY invoice to be processed for payment, it must include invoice number, invoice date, MSY application number, dates of service, provider name, youth name and all other information that is specified in the welcome packet. Payment could be delayed without all required information.

# Provider Tracking payments against authorized funds

Providers should keep a running total of payments against approved determination amount as invoices are being paid. If any changes to per diem or costs occur within the funding time frame must be approved by the State MSY Team. Invoices will not be paid without proper authorization.

Remember: the amount of funding approved is all that will be covered. If funding is exhausted before the end of the approved 30, 60 or 90 days, an additional funding request must be submitted.

As you approach last month of approved funding, provider/CME needs to assess whether any additional services would need to be provided for member. If so, a continue funding request needs to be submitted to Aetna at least 2 ½ weeks before funding is depleted to prevent any lapse of service/payment.

The Provider and CME/Care Coordinator must work together to complete an Additional Funding Request and submit within the 2 ½ weeks to 2 weeks prior to the end of the current approved funding.

If assistance is needed, please email [\*\*OHRMSYApplications@Aetna.com\*\*](mailto:OHRMSYApplications@Aetna.com)

Additional Funding is not guaranteed. Discharge and transition planning should always be occurring with appropriate services identified. The Provider and CME/Care Coordinator and Child and Family Team must always be planning for transition and discharge.

# Payment Issuance



Invoices will process for the time frame and funding amount authorized in the original determination also the confirmed start date in the signed provider agreement.



Payment remittance will occur in the manner specified by the provider either by ACH (which could take up to 2 to 3 business days once invoice is processed) or by mail (which could take up to 7 to 10 business days once invoice is processed).



If provider needs additional information to break out payments by member, please send request to [OhioRISEMSYInvoices@AETNA.com](mailto:OhioRISEMSYInvoices@AETNA.com).

# MSY Funding Reconciliation to ODM



Per the signed provider agreement, "MSY Provider to return unused funds to Aetna within 30 days after end of the application period".



When the service is concluded for the approved member application, Aetna OhioRISE Finance will conduct a reconciliation of the MSY funds no later than 30 calendar days from the end of each authorized period.



Aetna will return any unused MSY funds to ODM as part of this reconciliation process.



Once funds are returned to ODM, invoices will no longer be able to be processed for that application.



Provider must notify Aetna of any discharge of youth within 3 business days by sending an email notification to [OhioRISEMSYInvoices@AETNA.com](mailto:OhioRISEMSYInvoices@AETNA.com).

# Questions

# MSY Points of Contact

Aetna MSY Administrative Point of Contact:

[OHRMSYApplications@Aetna.com](mailto:OHRMSYApplications@Aetna.com)

Aetna MSY Invoice Point of Contact:

[OhioRISEMSYInvoices@Aetna.com](mailto:OhioRISEMSYInvoices@Aetna.com) (for funding related questions)

Aetna MSY Contracting Point of Contact: [OHRISE-](mailto:OHRISE-)

[Network@aetna.com](mailto:Network@aetna.com)

Aetna Leadership Point of Contact: LeAnn Magre, Executive Director, Children's System of Care, [magrel@aetna.com](mailto:magrel@aetna.com)