



**Department  
of Health**

**Medicaid  
Redesign Team**

# **Integrated Health Services- DSRIP Project 3ai**

Provider Education Webinar

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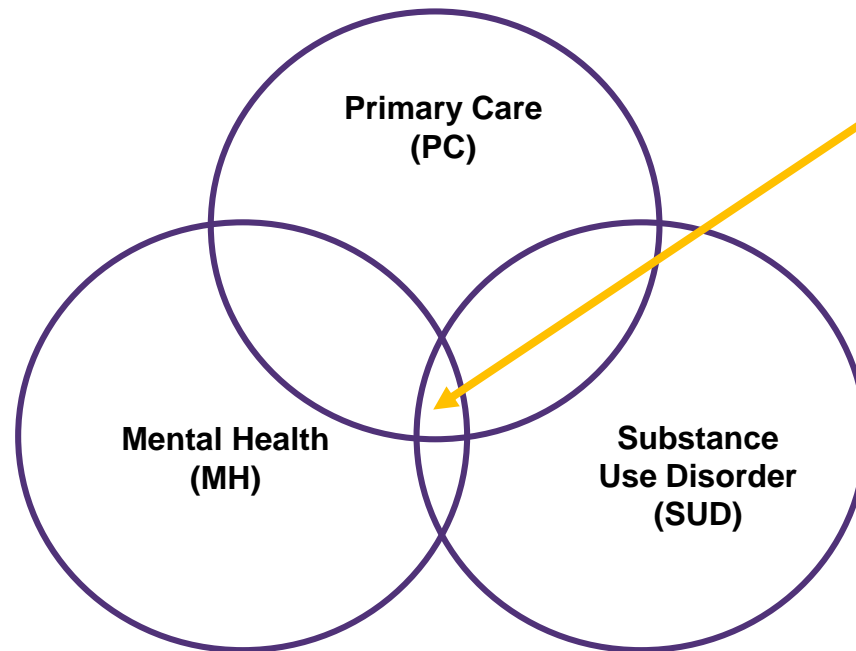
# Agenda

- Integrated Services Overview
- Medicaid Updates
- Integrated Service Use Cases
- Services and Rate Code Approvals
- Provider Education Letters
- Integrated Services Billing
- MCO Collaboration
- How to Become an Integrated Service Provider

# The Need for Service Integration

Healthcare providers recognize that many patients have comorbid physical and behavioral healthcare needs, yet services in New York State have traditionally been provided and billed for separately.

The integration of physical and behavioral health services can help **improve the overall quality of care** for individuals with multiple health conditions by **treating the whole person** in a more comprehensive manner



\* Within DSRIP, the term “Behavioral Health” encompasses mental health and substance abuse

# Integrated Services Overview

- To provide Integrated Services, dependent upon the type of integration selected, providers must possess at least one of the following licenses or certifications:
  - Department of Health (Article 28)
  - Office of Mental Health (Article 31), or
  - Office of Alcoholism Substance Abuse Services (Article 32).

# Integrated Services Overview

Standard 2008 Threshold	A provider, whether participating in DSRIP 3.a.i or not, may provide services that are at or below State established annual visit thresholds (2008 Certificate of Need (CON) Reform for Ambulatory Services).
DSRIP Project 3ai Licensure Threshold	A provider participating in DSRIP 3.a.i that exceeds the 2008 CON thresholds but is providing services at or below a 49% threshold must seek waiver authority from their PPS and submit the appropriate application to provide integrated services
Integrated Outpatient Services (IOS)	<p>A qualifying DSRIP or non-DSRIP provider may seek Integrated Outpatient Services (IOS) licensure from its host agency or additional licensure/certification at any time.</p> <ul style="list-style-type: none"> <li>a. A non-DSRIP provider that is exceeding the 2008 CON threshold must obtain IOS or additional licensure/certification.</li> <li>b. A DSRIP provider that is exceeding a 49% threshold must obtain IOS or additional licensure/certification</li> </ul>
Dual Licensure	A provider can apply for additional licensure.

# Medicaid Updates

- The September Medicaid Update will have comprehensive guidance on Integrated Services, including information on:
  - Thresholds
  - DSRIP 3ai Waivers
  - DSRIP 3ai Application
  - Certificate of Need Application (CON)
  - Limited Review Application (LRA)
  - FQHC APG Opt-in
  - Rate Codes
  - Billing and Reimbursement
  - Payer Expectations

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# Article 28 Facility Integrating Mental Health Services Lesser of: $\leq 10,000$ Mental Health visits or $\leq 30\%$ Volume Standard Threshold

- No Waiver or application is required.
- DSRIP 3ai Providers should submit the provider site identifying information to your PPS to be added to the DSRIP 3ai Tracker and receive DSRIP 3ai rate codes:
  - Provider Name
  - Provider Site Address
  - Operating Certificate
  - Provider Site NPI/MMIS
  - Site Host Agency Certification (Article 28)
  - Site Locator Code
  - Site Zip+4



# Article 28 Facility Integrating Mental Health Services $\leq$ 49% Volume DSRIP Threshold

- If the volume of Mental Health services is above 30% at the article 28 facility, a DSRIP 3ai provider MUST:
  1. seek waiver authority from their PPS, and;
  2. complete an LRA or CON application.
    - If a provider is an existing clinic and project costs do not exceed \$6,000,000, the provider should submit an LRA. However, if project costs exceed \$6,000,000, a CON Application must be filed.
    - If a provider wishes to certify a new extension clinic and integrate services under the DSRIP Project 3.a.i Licensure Threshold, the provider should submit a CON Application.
    - At or below the volume threshold of 30%, this is optional (see previous slide).
- A Non-DSRIP Provider must seek dual licensure and/or apply as an IOS provider.

# Article 28 Facility Integrating Mental Health Services >49% Volume DSRIP Threshold

- If the volume of Mental Health services is above 49% at the Article 28 facility, the provider must seek dual licensure and/or apply as an IOS provider.
  - A provider is eligible as an IOS provider and the respective rate codes if the entity maintains the license or certification for the integrated service at another site, i.e. the entity maintains an article 31 site separate from the article 28 seeking IOS provider status.

# Article 28 Facility Integrating SUD Services ≤49% Volume DSRIP Threshold

- SUD Services cannot be provided by an Article 28 site without:
  - 1) DSRIP 3ai Regulatory Waiver and LRA or CON Application approvals, or;
  - 2) OASAS Certification, or;
  - 3) IOS Approval.

# Article 28 Facility Integrating SUD Services >49% Volume DSRIP Threshold

- If the volume of SUD services is above 49% at the Article 28 facility, the provider must seek dual licensure and/or apply as an IOS provider.
  - A provider is eligible as an IOS provider and the respective rate codes if the entity maintains the license or certification for the integrated service at another site, i.e. the entity maintains an article 32 site separate from the article 28 seeking IOS provider status.

# Article 31 Facility Integrating Physical Health Services $\leq 5\%$ Volume Standard Threshold

- No Waiver or application is required .
- DSRIP 3ai Providers should submit the provider site identifying information to your PPS to be added to the DSRIP 3ai Tracker and receive DSRIP 3ai rate codes:
  - Provider Name
  - Provider Site Address
  - Operating Certificate
  - Provider Site NPI/MMIS
  - Site Host Agency Certification (Article 31)
  - Site Locator Code
  - Site Zip+4

# Article 31 Facility Integrating Physical Health Services $\leq$ 49% Volume DSRIP Threshold

- If the volume of Physical Health services is above 5% at the Article 31 facility, or there is the provision of **any** dental services, a DSRIP provider **MUST**:
  1. seek waiver authority from their PPS , and;
  2. complete the DSRIP Project 3ai Licensure Threshold Application.
    - At or below the volume threshold of 5%, this is optional (see previous slide).
- A Non-DSRIP Provider must seek dual licensure and/or apply as an IOS provider.

# Article 31 Facility Integrating Physical Health Services >49% Volume DSRIP Threshold

- If the volume of physical health services is above 49% the provider must seek dual licensure and/or apply as an IOS provider.
  - A provider is eligible as an IOS provider and the respective rate codes if the entity maintains the license or certification for the integrated service at another site, i.e. the entity maintains an article 28 site separate from the article 31 seeking IOS provider status.

# Article 31 Facility Integrating SUD Services ≤49% Volume DSRIP Threshold

- This is not a Model under DSRIP 3ai for the purposes of PPS achievement value attainment.
- Providers may bill for the integration of these services upon approval of one of the following:
  1. DSRIP 3ai Regulatory Waivers and DSRIP 3ai Licensure Threshold Application (DSRIP 3ai Providers Only)
  2. IOS Application
  3. OASAS Certification



# Article 31 Facility Integrating SUD Services >49% Volume DSRIP Threshold

- If the volume of SUD services at an article 31 facility is above 49%, the provider must seek dual licensure and/or apply as an IOS provider.
  - A provider is eligible as an IOS provider and the respective rate codes if the entity maintains the license or certification for the integrated service at another site, i.e. the entity maintains an article 32 site separate from the article 31 seeking IOS provider status.

# Article 32 Facility Integrating Physical Health Services $\leq 5\%$ Volume Standard Threshold

- No Waiver or application is required.
- DSRIP 3ai Providers should submit the provider site identifying information to your PPS to be added to the DSRIP 3ai Tracker and receive DSRIP 3ai rate codes:
  - Provider Name
  - Provider Site Address
  - Operating Certificate
  - Provider Site NPI/MMIS
  - Site Host Agency Certification (Article 32)
  - Site Locator Code
  - Site Zip+4

# Article 32 Facility Integrating Physical Health Services <49% Volume Threshold

- If the volume of Physical Health services is above 5% at the Article 32 facility, or there is the provision of **any** dental services, a DSRIP provider **MUST**:
  1. seek waiver authority from their PPS , and;
  2. complete the DSRIP Project 3ai Licensure Threshold Application.
    - At or below the volume threshold of 5%, this is optional (see previous slide).
- A Non-DSRIP Provider must seek dual licensure and/or apply as an IOS provider.

# Article 32 Facility Integrating Physical Health Services >49% Volume Threshold

- If the volume of Physical Health services is above 49% at the Article 32 facility, the provider must seek dual licensure and/or apply as an IOS provider.
  - A provider is eligible as an IOS provider and the respective rate codes if the entity maintains the license or certification for the integrated service at another site, i.e. the entity maintains an article 28 site separate from the article 32 seeking IOS provider status.

# Article 32 Facility Integrating Mental Health Services $\leq$ 49% Volume DSRIP Threshold

- This is not a Model under DSRIP 3ai for the purposes of PPS achievement value attainment.
- Providers may bill for the integration of these services upon approval of one of the following:
  1. DSRIP 3ai Regulatory Waivers and DSRIP 3ai Licensure Threshold Application (DSRIP 3ai Providers Only)
  2. IOS Application
  3. Dual Licensure

# Article 32 Facility Integrating Mental Health Services >49% Volume DSRIP Threshold

- If the volume of Mental Health services is above 49% at the Article 32 facility, the provider must seek dual licensure and/or apply as an IOS provider.
  - A provider is eligible as an IOS provider and the respective rate codes if the entity maintains the host agency licensure of the integrated service at another site i.e. the entity maintains an article 31 site separate from the article 32 seeking IOS provider status.

# Collaborative Care Model (DSRIP Model 3)

- Collaborative Care Model (DSRIP Model 3) sites have unique characteristics and do not follow the thresholds previously discussed.
- Integrates Depression Care Management into Primary Care:
  - Patient screened for Depression with standardized tool (PHQ-2 or 9)
  - Screened positive, reviewed by PCP to verify diagnosis; PCP gets patients buy-in for collaborative care
  - Hand off to Depression Care Manager (DCM); DCM conducts assessment and establishes treatment plan with physician
  - Patient entered into registry and officially 'enrolled'
- Providers utilizing the Collaborative Care (CC) Model must apply to OMH and receive approval to receive Medicaid reimbursement under the NYS CC Medicaid Program
- For more information on the Collaborative Care Model:  
[https://www.health.ny.gov/facilities/public\\_health\\_and\\_health\\_planning\\_council/meetings/2016-07-21/docs/collaborative\\_care.pdf](https://www.health.ny.gov/facilities/public_health_and_health_planning_council/meetings/2016-07-21/docs/collaborative_care.pdf)

# Rate Code Approval Letters

- Upon Processing of DSRIP 3ai or IOS Rate Codes, EMedNY will send an auto-processed letter to the provider site (example at right).
- Information Included:
  - Provider Address
  - NPI, MMIS, Provider Type
  - Rate Codes and Description
  - Effective Date
  - Rate Amount
  - Postal Code
  - Locator Code

**NEW YORK**  
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Commissioner

SALLY DRESLIN, M.S., F.N.  
Executive Deputy Commissioner

Date: 03/26/2017  
NPI:  
Provider ID:  
Provider Type: 028

Dear Provider:

This will confirm that the following rate code(s) and amount(s) have been added to your provider file.

RATE CODE	DESCRIPTION	RATE EFFECTIVE DATE	RATE AMOUNT	POSTAL CODE	LOCATOR CODE

If you are required to bill with a National Provider Identifier (NPI), your Medicaid claims must contain:

- the NPI listed above,
- the appropriate Rate Code,
- and the Zip+4/Postal Code associated with the Locator Code where the service was rendered.

If you are exempt from NPI, your Medicaid claims must contain:

- the Provider ID listed above,
- the appropriate Rate Code,
- and the Locator Code where the service was rendered.

Thank you for your participation in the New York State Medicaid program.



# DSRIP 3.a.i Provider Education Letters

- The DSRIP Team will send a follow-up letter providing additional guidance to providers (example at right).
- Information Included:
  - Provider Address
  - MMIS
  - Rate Code(s)
  - Effective Date(s)
  - End Date(s) on previous APG Rate(s)
  - Additional Instruction



August 10, 2017

Name of Organization  
Street Address  
City, State, Zip-code

MMIS ID: [mail merge]      Rate Code(s): [mail merge]

|

Dear Provider:

The purpose of this letter is to inform the provider site of the new rate codes that have been added for the above listed MMIS ID. These rate codes have been loaded as a result of the provider site being identified as participating in Project 3.a.i under the Delivery System Reform Incentive Payment (DSRIP) program. They are effective July 1, 2016. The provider can re-submit their claims in order to receive the full reimbursement for two E&Ms and remove the 10% discount that previously applied to Primary Care and Behavioral Health Integration services.

Please be advised previous APG rate codes have been end dated for this provider site on [mail merge] for the remainder of DSRIP.

To provide Integrated Services using one of the models for Project 3 a.i, providers must possess at least one of the following licenses or certification: Department of Health (Article 28), Office of Mental Health (Article 31), or Office of Alcoholism Substance Abuse Services (Article 32). The three models are: Model 1, Behavioral Health integrating into a Primary Care site; Model 2, Primary Care integrating into a Behavioral Health site; Model 3, IMPACT model of Collaborative Care for Depression.

Please note: In order for an Article 28 or Article 31 to provide Substance Use Disorder services (site specific), providers must either be certified by OASAS to provide substance use disorder services or must apply for a DSRIP Project 3 a.i. waiver. Therefore, an Article 28 or Article 31 cannot bill for Article 32 services prior to the approval of a DSRIP Project 3.a.i application, CON or LRA.

If there are any questions or concerns regarding DSRIP or the DSRIP rate codes, please contact the DSRIP Team at [dsrip@health.ny.gov](mailto:dsrip@health.ny.gov).

Thank you.

The NYS DSRIP Team

Empire State Plaza, Corning Tower, Albany, NY 12237 | [health.ny.gov](http://health.ny.gov)

# PPS DSRIP Project 3ai Provider Tracking

- PPS are responsible for supporting and tracking DSRIP project 3ai providers.
- PPS submits list of DSRIP project 3ai providers participating below the 2008 CON thresholds to the DSRIP Team.
- The PPS are to provider letters of support for DSRIP project 3ai Licensure Threshold Applications.
- The PPS receives a list of all sites approved for rate codes, waivers, and applications for tracking purposes.

# Integrated Services Billing: DSRIP 3ai Providers

- Providers should submit one claim per visit with all procedures/services rendered on the date of service (e.g., behavioral health services and primary care services).
- Retroactive claims are allowed back to the date of approval on the rate code letters.
- Payments will be processed through the APG grouper/pricer and paid in accordance with APG pricing rules associated with services normally billed under that APG rate code.
- When two E&Ms are provided to a member on the same date of service, both E&Ms may receive full payment.
  - The provider should affix the XP/XE/XU modifier as appropriate on the E&M corresponding to the service that was integrated to allow the full payment and negate any consolidation that would normally apply.
  - The primary diagnosis should be applicable to the first E&M code.
  - The secondary diagnosis should be applicable to the second E&M code, which should have the XP/XE/XU modifier.

XP – separate practitioner

XE – separate encounter

XU – unusual non-overlapping service

# Integrated Services Billing: DSRIP 3ai Providers

- ***DSRIP Fee-for-Service rate codes:***

- 1102 - DOH DTC APG ART 28 INTEGRATED SVC (DSRIP)
- 1104 - DOH OPD APG ART 28 INTEGRATED SVC (DSRIP)
- 1060 - DOH DTC APG ART 28 IS MR/DD/TBI (DSRIP)
- 1062 - DOH OPD APG ART 28 IS MR/DD/TBI (DSRIP)
- 1106 - OMH DTC APG ART 31 INTEGRATED SVC (DSRIP)
- 1108 - OMH DTC APG ART 31 INTEGRATED SVC-SED (DSRIP)
- 1110 - OMH OPD APG ART 31 INTEGRATED SVC (DSRIP)
- 1112 - OMH OPD APG ART 31 INTEGRATED SVC-SED (DSRIP)
- 1114 - OASAS DTC APG ART 32 INTEGRATED SVC (DSRIP)
- 1116 - OASAS DTC APG MMTP INTEGRATED SVC (DSRIP)
- 1118 - OASAS OPD APG ART 32 INTEGRATED SVC (DSRIP)
- 1120 - OASAS OPD APG MMTP INTEGRATED SVC (DSRIP)

- Above rate codes will not be billable until approved and loaded to the specific provider site MMIS

# Integrated Services Billing: IOS Providers

- A subsequent measure to improve integration of care was to enable service providers that hold or are in the process of obtaining at least two licenses or certifications across their organization to fully integrate services under the Integrated Outpatient Services (IOS) regulations at authorized sites.
- At any time, a qualified DSRIP/ non-DSRIP provider has the option of fully integrating services under the Integrated Outpatient Services (IOS) regulations.
- Providers may not deliver services or bill Medicaid for services rendered above the licensure threshold amount unless the appropriate licensure or certification is in place at the time the service is rendered.
- Licensure and/or certification is site specific.

# Integrated Services Billing: IOS Providers

- ***Integrated Outpatient Services (IOS) Fee-for-Service rate codes:***

- 1597 - DOH DTC APG ART 28 INTEGRATED OUTPATIENT SVC
- 1594 - DOH OPD APG ART 28 INTEGRATED OUTPATIENT SVC
- 1003 - DOH DTC APG ART 28 MR/DD/TBI INTEGRATED OUTPATIENT SVC
- 1000 - DOH OPD APG ART 28 MR/DD/TBI INTEGRATED OUTPATIENT SVC
- 1480 - OMH DTC APG ART 31 INTEGRATED OUTPATIENT SVC
- 1483 - OMH DTC APG ART 31 INTEGRATED OUTPATIENT SVC-SED
- 1122 - OMH OPD APG ART 31 INTEGRATED OUTPATIENT SVC
- 1124 - OMH OPD APG ART 31 INTEGRATED OUTPATIENT SVC-SED
- 1486 - OASAS DTC APG ART 32 INTEGRATED OUTPATIENT SVC
- 1130 - OASAS DTC APG MMTP INTEGRATED OUTPATIENT SVC
- 1132 - OASAS OPD APG ART 32 INTEGRATED OUTPATIENT SVC
- 1134 - OASAS OPD APG MMTP INTEGRATED OUTPATIENT SVC

- Above rate codes will not be billable until approved and loaded to the specific provider site MMIS

# Integrated Services Billing: Non-DSRIP 3ai and Non-IOS Providers

- Non-DSRIP Providers should submit one APG claim per visit with all procedures/services rendered on the date of service (e.g., behavioral health services and primary care services). Reimbursement will be based on the traditional APG grouper/pricer logic, including consolidation and discounting. No additional payment will be made for two E&Ms billed for the same recipient/same date of service.

# Integrated Services Billing: FQHCs

- Federally Qualified Health Centers (FQHCs) that have not opted into APGs should bill their all-inclusive Prospective Payment System (PPS) rate for all services furnished to a patient on the same day.
- FQHCs that have opted into APGs should follow guidance for DSRIP 3ai or IOS billing, depending on the method they have applied for.



# Integrated Services Billing: Collaborative Care Model (DSRIP Model 3)

- Collaborative Care Model (DSRIP Model 3) sites have unique characteristics and do not follow the APG billing methods previously discussed.
- Medicaid Monthly Case Rate
  - Carve out, not Managed Care
  - Value Based
  - Bundled Services
  - \$150 PMPM
    - 75% up front
    - 25% withheld until quality metrics are met (Article 28 only)

# Integrated Services Billing: Collaborative Care Model (DSRIP Model 3)

- To bill the Collaborative Care Medicaid Case Rate each month, the patient must:
  - Have a Documented clinical contact that month
  - Have completed a PHQ-9 that month
  - Have been seen face-to-face by a licensed provider within the last 90 days
- 25% retainage withheld – provider must meet clinical improvement criteria or have documented an intervention in the patient's course of treatment by changing their treatment plan and/or having the consulting psychiatrist review the case

# Co-Occurring Behavioral Health

- Separate and apart from 2008 CON reform, Integration Outpatient Service Licensure, and DSRIP, Article 31 and Article 32 providers have always had the ability to treat co-occurring substance use and mental health conditions when the patient presented with a primary diagnosis of mental health or substance use disorder, respectively.

# MCO Collaboration

- Integrated Services are reimbursable in Fee-For-Service and Medicaid Managed Care.
- The Medicaid Managed Care Organizations (MCOs) have some flexibility in developing payment methodology, however, they are financially responsible to pay providers for:
  - All covered procedures/services including medical/physical and behavioral health care provided by an Integrated Service provider rendered to enrolled recipients in accordance with the current Medicaid Managed Care/Family Health Plus/HIV SNP Model Contract and
  - Behavioral health (mental health and substance use disorder) services are statutorily required at the Government Rate (equivalent to the fee-for-service amount), or in accordance with VBP arrangements, “*eligible providers may work with managed care plans to achieve quality and efficiency objectives and engage in direct savings*” when approved by DOH in partnership with OMH and OASAS (Section 29 of Part B of Chapter 59 of the Laws of New York of 2016). However, MCOs are not required to pay the Government Rate for medical/physical health services that are outside the scope of those services required pursuant to OMH/OASAS regulation.

# MCO Collaboration

- Managed Care Plans are responsible for contacting providers to update contracts and credential PCPs at behavioral health sites.
- Managed Care Plans are given a list of approved integrated service providers in their service network on a monthly basis.

## How to become an Integrated Service Provider

Site	Integrating Service	Threshold	What to Submit
28	Mental Health	Less of $\leq 30\%$ volume or $\leq 10,000$ visits	DSRIP 3ai Tracker
28	Mental Health	$>30\%$ and $\leq 49\%$	DSRIP 3ai Regulatory Waiver and LRA or CON *
28	Substance Use Disorder (SUD)	$\leq 49\%$	DSRIP 3ai Regulatory Waiver and LRA or CON
28	Mental Health and/or SUD	$>49\%$	LRA/CON and IOS Application or Dual Licensure required
31 or 32	Physical Health	$\leq 5\%$	DSRIP 3ai Tracker
31 or 32	Physical Health	$>5\%$ and $\leq 49\%$	DSRIP 3ai Regulatory Waiver and DSRIP Project 3ai Licensure Threshold Application *
31 or 32	Physical Health	$>49\%$	IOS Application or Dual Licensure required
31	SUD	$\leq 49\%$	DSRIP 3ai Regulatory Waiver and DSRIP Project 3ai Licensure Threshold Application required for full reimbursement
31	SUD	$>49\%$	IOS Application or Dual Licensure required
32	Mental Health	$\leq 49\%$	DSRIP 3ai Regulatory Waiver and DSRIP Project 3ai Licensure Threshold Application required for full reimbursement
32	Mental Health	$>49\%$	IOS Application or Dual Licensure required
NYS Collaborative Care Model (DSRIP Model 3)			NYS Collaborative Care Model Application

\* required above lower threshold, but optional below

# How to Submit: DSRIP 3ai Tracker

- DSRIP 3ai providers below the 2008 CON thresholds (30% if integrating BH and 5% if integrating PH) should submit the provider site identifying information to your PPS to be added to the DSRIP 3ai Tracker and receive DSRIP 3ai rate codes:
  - Provider Name
  - Provider Site Address
  - Operating Certificate
  - Provider Site NPI/MMIS
  - Site Host Agency Certification
  - Site Locator Code
  - Site Zip+4

# PPS DSRIP Project 3ai Provider Tracking

- The PPS receive a list of all Project 3ai sites from the DSRIP Team:
  - Provider Name
  - Provider Site Address
  - Operating Certificate
  - Provider Site NPI/MMIS
  - Site Host Agency Certification (Article 32)
  - Site Locator Code
  - Site Zip+4
  - Rate Codes Loaded
  - Effective Date
  - APG End Date
  - CON # (where applicable)
  - Application # (where applicable)
  - Comments/Explanation



# Obtaining DSRIP 3ai Regulatory Waivers

- A provider who is participating in DSRIP project 3.a.i who exceeds the 2008 CON thresholds but is providing services at or below a 49% threshold must seek waiver authority through their PPS.
- The appropriate DSRIP 3ai Regulatory Waiver(s) should be held by their partnering PPS.
- Coordinate with your PPS to ensure regulatory waivers are in place.

# Obtaining DSRIP 3ai Regulatory Waivers

- Regulatory Waiver Guidance:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/regulatory\\_waivers/licensure\\_threshold\\_guidance.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/regulatory_waivers/licensure_threshold_guidance.htm)
- Regulatory Waiver Request Template:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/docs/regulatory\\_waiver\\_request\\_template.xlsx](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/regulatory_waiver_request_template.xlsx)

# Prescribed Regulatory Requirements: Article 28

## Article 28 Providing Mental Health Services

- 10 NYCRR 404.4(f), 10 NYCRR 404.6(b)
- 10 NYCRR 404.7(c)(1), (c)(2), (e) and (f)
- 10 NYCRR 404.8(a), (b), (c), (d), (e), (f), (g), (i), (j) and (l)
- 10 NYCRR 404.9(b)(2)(i), (b)(2)(ii)(b) and (b)(2)(iii)
- 10 NYCRR 404.10(c)(1)(iv) and (c)(1)(vii)
- 10 NYCRR 404.11(a)(2)(i) and (a)(2)(ii)
- 10 NYCRR 404.13(a), (d)(1), (d)(2)(ii) and (d)(11)

## Article 28 Providing SUD Services

- 10 NYCRR 404.4(f)
- 10 NYCRR 404.6(b)
- 10 NYCRR 404.7(c)(1), (c)(2), (e) and (f)
- 10 NYCRR 404.8(a), (b), (c), (d), (e), (f), (g), (i), (j) and (l)
- 10 NYCRR 404.9(c)(4)
- 10 NYCRR 404.10(c)(1)(iv) and (c)(1)(vii)
- 10 NYCRR 404.11(a)(2)(i) and (a)(2)(ii)
- 10 NYCRR 404.12(c)(2)
- 10 NYCRR 404.13(a), (d)(1), (d)(2)(iii), (d)(11) and (f)(2)

# Prescribed Regulatory Requirements: Article 31 or 32

## Article 31 or 32 Providing Physical Health Services

- 14 NYCRR 598.4(f) and (j) or 14 NYCRR 825.4(f) and (j)
- 14 NYCRR 598.6(b) or 14 NYCRR 825.6(b)
- 14 NYCRR 598.8 (c), (d), (e), (g), (i), (j), (k), (l), (m), (n) and (o) or 14 NYCRR 825.8(c), (d), (e), (g), (i), (j), (k), (l), (m), (n) and (o)
- 14 NYCRR 598.9(a) or 14 NYCRR 825.9(a)
- 14 NYCRR 598.10 or 14 NYCRR 825.10
- 14 NYCRR 598.11(a)(1) or 14 NYCRR 825.11(a)(1)
- 14 NYCRR 598.12(a), (b) and (c)(1) or 14 NYCRR 825.12(a), (b)
- 14 NYCRR 598.13(a), (c), (d)(1), (d)(2)(i), (d)(10), (d)(11), (e) and (f), **or**;
- 14 NYCRR 825.13(a), (c), (d)(1), (d)(2)(i), (d)(10), (d)(11), (e) and (f)

## Article 31 Providing SUD Services or Article 31 Providing Mental Health Services

- 14 NYCRR 598.4(f) or 14 NYCRR 825.4(f)
- 14 NYCRR 598.6(b) or 14 NYCRR 825.6(b)
- 14 NYCRR 598.8(c), (d), (e), (g) and (i), **or**;
- 14 NYCRR 825.8(c), (d), (e), (g) and (i)
- 14 NYCRR 598.9(c) or 14 NYCRR 825.9(b)
- 14 NYCRR 598.12(c)(2)
- 14 NYCRR 598.13(a), (d)(1), (d)(2)(iii) and (d)(11) or 14 NYCRR 825.13(a), (d)(1), (d)(2)(ii) and (d)(11)

# How to Submit: DSRIP 3ai Licensure Threshold Application

- Outpatient providers licensed under Article 31 or certified under Article 32 of the Mental Hygiene Law that wish to integrate services under the DSRIP Project 3.a.i Licensure Threshold must complete the DSRIP Integrated Services Application.
- Applications should include a letter of support from the PPS lead.
- DSRIP 3ai Application:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/regulatory\\_waivers/docs/integrated\\_services\\_application.xlsx](https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/regulatory_waivers/docs/integrated_services_application.xlsx)
- Applications should be submitted through the DSRIP email ([dsrip@health.ny.gov](mailto:dsrip@health.ny.gov))
- Additional Guidance:  
[https://www.health.ny.gov/health\\_care/medicaid/redesign/dsrp/regulatory\\_waivers/draft\\_appl\\_instructions.htm](https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/regulatory_waivers/draft_appl_instructions.htm)

*Overall process takes 4-6 weeks. Timeline delays may occur in the event of incomplete applications.*

# How to Submit: LRA or CON

- Outpatient providers licensed under Article 28 of the Public Health Law who wish to integrate services under the DSRIP Project 3.a.i Licensure Threshold must complete a separate DOH Certificate of Need (CON) Application (either a full review CON Application or an administrative review CON Application, as appropriate) or a Limited Review Application (LRA) for each individual Article 28-licensed site at which services will be integrated.
  - If a provider wishes to add mental health services or substance use disorder services under the DSRIP Project 3.a.i Licensure Threshold at an existing clinic and the project costs do not exceed \$6,000,000, the provider should submit an LRA. However, if project costs exceed \$6,000,000, the appropriate CON Application must be filed rather than an LRA.
  - If a provider wishes to certify a new extension clinic and integrate services under the DSRIP Project 3.a.i Licensure Threshold, the provider should submit the appropriate CON Application.
- All applications must be submitted via the NYSE-CON system. Applications will be reviewed by the agencies on a rolling basis and applicants will be notified by DOH when the review is completed.
- CON Application: [https://www.health.ny.gov/facilities/cons/more\\_information/schedules.htm](https://www.health.ny.gov/facilities/cons/more_information/schedules.htm)
  - CON Schedule Requirements: [https://www.health.ny.gov/facilities/cons/more\\_information/schedules\\_required.htm](https://www.health.ny.gov/facilities/cons/more_information/schedules_required.htm)
- LRA Application: [https://www.health.ny.gov/facilities/cons/limited\\_review\\_application/consolidated\\_limited\\_review\\_application.htm](https://www.health.ny.gov/facilities/cons/limited_review_application/consolidated_limited_review_application.htm)
- Additional information on 2008 CON reform can be found at: [https://www.health.ny.gov/press/releases/2008/2008-03-04\\_con\\_reform\\_ambulatory\\_care\\_services.htm](https://www.health.ny.gov/press/releases/2008/2008-03-04_con_reform_ambulatory_care_services.htm)

*Overall process takes 4-6 weeks. Timeline delays may occur in the event of incomplete applications.*

# How to Submit: IOS Application

- IOS Instructions: [https://www.health.ny.gov/facilities/cons/limited\\_review\\_application/lra\\_instructions\\_outpatient.htm](https://www.health.ny.gov/facilities/cons/limited_review_application/lra_instructions_outpatient.htm)
  - IOS Application: <https://www.oasas.ny.gov/mis/forms/ppd/documents/PPD-12.pdf>
  - IOS Application Instructions: <https://www.oasas.ny.gov/mis/forms/ppd/documents/ppd-12ins.pdf>
  - IOS Implementation Guidance: <https://www.oasas.ny.gov/legal/CertApp/documents/IOSGuid.pdf>
- 
- Article 28 sites applying for IOS must also submit a CON or LRA application

# How to Submit: NYS Collaborative Care Model Application

- In order to qualify for the Collaborative Care Medicaid Program case rate reimbursement, primary care practices must apply and be approved by OMH
- Contact [NYSCollaborativeCare@omh.ny.gov](mailto:NYSCollaborativeCare@omh.ny.gov) for application materials or with questions



# Application Questions

All application questions or concerns should be addressed to the applicant's Host Agency.

## Article 28

### Host Agency: DOH

For application questions or status queries, please contact:  
[dsrip@health.ny.gov](mailto:dsrip@health.ny.gov)

## Article 31

### Host Agency: OMH

For application questions or status queries, please contact:  
[DSRIP\\_PARs@OMH.ny.gov](mailto:DSRIP_PARs@OMH.ny.gov)

## Article 32

### Host Agency: OASAS

For application questions or status queries, please contact:  
[certification@oasas.ny.gov](mailto:certification@oasas.ny.gov)

# “All Things Integration” webinar links

2 webinars in 2016 – each had over 1,000 registrants. January 2016, includes over an hour of Q&A:

<https://www.youtube.com/watch?v=jOanGi7Lyjk&feature=youtu.be>

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/docs/2016-01-26\\_integrate\\_serv\\_webinar.pdf](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/2016-01-26_integrate_serv_webinar.pdf)

July 2016, focused more on the billing aspects:

<https://www.youtube.com/watch?v=csOomn43oWI&feature=youtu.be>

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/docs/2016-07-14\\_integrate\\_serv\\_webinar.pdf](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/2016-07-14_integrate_serv_webinar.pdf)

From both, FAQs were developed:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/2016/2016-01\\_integrated\\_care\\_faqs.htm](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2016/2016-01_integrated_care_faqs.htm)

“Integration” billing matrix:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/docs/2016-03-18\\_billing\\_matrix.pdf](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/docs/2016-03-18_billing_matrix.pdf)

On the OMH website, since January 2015, Integrated Outpatient Services regulations, guidance and application:

[http://www.omh.ny.gov/omhweb/clinic\\_restructuring/integrated-services.html](http://www.omh.ny.gov/omhweb/clinic_restructuring/integrated-services.html)

On the OASAS website, Integrated Outpatient Services regulations, guidance and application:

<https://www.oasas.ny.gov/regs/documents/825.pdf>

<https://www.oasas.ny.gov/legal/CertApp/IOS.cfm>

DOH published the following “shared space/co-location” guidance document:

[http://www.health.ny.gov/health\\_care/medicaid/redesign/dsrip/2016/2016-09-14\\_shared\\_space\\_guide.htm](http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/2016/2016-09-14_shared_space_guide.htm)

# Regulatory Modernization Initiative

- The New York State Department of Health is undertaking a comprehensive Regulatory Modernization Initiative with the goal of streamlining and updating existing policies and regulations across a range of areas to best meet the needs of payers, providers, and consumers in the years ahead.
- Throughout the remainder of summer 2017 and into the fall, the Department will convene a series of Policy Development Workgroup meetings to get input from a broad range of interested parties that will help inform potential policy and regulatory changes. These meetings will be open to the public and webcast, viewable on the day of the event at: <https://www.health.ny.gov/events/webcasts/>.
- Please subscribe to the MRT listserv for additional updates by sending an e-mail addressed to [listserv@listserv.health.state.ny.us](mailto:listserv@listserv.health.state.ny.us). In the body of the message, type: SUBSCRIBE MRT-L YourFirstName YourLastName

# Questions?

[DSRIP@health.ny.gov](mailto:DSRIP@health.ny.gov)