



Department
of Health

State Identified In-Lieu-of Services (ILS) Request Form Procedure for Institutions of Mental Disease (IMD)

Webinar with MMCOs

August 2019

Purpose

- To learn how to submit an application for State budget initiative  IMD ILS coverage permitted under 2016 Final Rule, 42 CFR 438.6(e)

Agenda

- Short recap on IMD
- Implement IMD as ILS under 438
- Request Form Introduction
- Request Form Procedure
- MMCOR Reporting
- Next Steps

Short Recap on IMD

Currently, NYS covers MMC, HIV SNP, and HARP IMD stays up to 30 days per episode/60 days per year

If the IMD stay is over 30 days per episode/60 days per year, member is disenrolled from the plan

Coverage policy prevents unnecessary interruption of services and gap months due to short stays

OMH utilization data shows Medicaid managed care enrollees average IMD stays of less than 15 days

State Identified ILS for IMD

42 CFR 438

The 2016 Federal Rule 42 CFR 438.6(e) permits the State to offer IMD coverage for up to 15 days per month as an in lieu of service and obtain FFP for the plan capitation paid that month

Applies to age 21 - 64 only and those in need of acute inpatient psychiatric care

ILS must be cost-effective alternative service, medically appropriate, voluntary for the MMCO to provide, and voluntary for the enrollee

DOH and OMH developed State Identified IMD ILS Request Form

Implementing IMD as an ILS in NYS

- State Identified ILS developed to cover IMD stays less than 15 days per month
- No change to IMD benefit; Benefit Package coverage remains 30 days per episode/60 days per year
- No change for coding or billing of IMD services
- No change to enrollment/disenrollment related to IMD stays
- No enrollee notice or handbook changes

Request Form Introduction

Same request form as ILS, however, Section 2 has been completed by the State

MMCO's will complete Section 1 to apply for and establish the IMD ILS coverage authority

Request Form Procedure for Section One

MMCO's should complete page 3 with specific MMCO information. Please fill in all boxes.

Date of the request

MMCO plan name

Contact Person

Title of the Contact person

Phone number of Contact person

Email address for the Contact person

Request Form Procedure for Section One, #1

Section one should then be filled out by the MMCO. Be sure to provide information in the grid regarding:

1) ILS to be Provided

NYS Authorization Number

leave blank - State will issue

Expected start date for provision of service

10/1/2019 (Requirement)

Target area for availability of service

Entire Service Area

Related to DSRIP/VBP?

No

Request Form Procedure for Section One, #2

MMCO Monitoring Activities - Please describe in detail activities, reports, and/or analyses the MMCO will use to monitor the provision, utilization, quality, cost-benefit, and/or outcomes of the ILS.

- Monitoring Activities include:
 - Current MMCO Utilization Management Process
 - Current MMCO Encounter Data Review Process

Request Form Procedure

Review of filled in Section 2

IMD admission will only apply to six private IMD's in the State: Four Winds in Westchester and Saratoga counties, Gracie Square in NYC, BryLin in Buffalo, Brunswick in LI, and South Oaks Hospital in LI

Use appropriate procedure codes listed

Review outcomes and objectives – private IMD services increases access to short-term acute psychiatric stays; enables mental health stabilization and prevents longer term stays for individuals needing care

State Identified ILS Request Form for IMD

- The State Identified ILS Request Form was transmitted to MMCOs via OMC Mail on 8/13/2019
- The State Identified ILS Request Form can also be downloaded from the DOH website at

https://www.health.ny.gov/health_care/managed_care/plans/docs/req_form_in_lieu_of_services.pdf

August 2019



MMCO IMD ILS Request Forms

Request Forms Due Back

No later than COB on 9/6/19

Submit Completed Request Forms to ils@health.ny.gov

MMCO Monitoring and Reporting for ILS

- MMCOs will monitor IMD services as described in the ILS request form
- MMCOs will report expenditures for IMD stays less than 15 days per month on the MMCOR as **ILS**

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MMCOR Reporting

Table 21—IN LIEU OF SERVICES – COST (MEDICAID & HARP)

- In Lieu of Services are defined as alternative services or settings that are not included in the State Plan but are medically appropriate, cost-effective substitutes for covered services or settings. In Lieu of Services require prior approval by DOH through an application process.
- Plans are required to type in the name of the In-Lieu of Service in column 02100 and the ILS authorization number in column 02102. An example of the authorization number is 2017-12001. The costs for each of your entered services are to be broken out by premium group.

MMCOR Reporting

Table 21A—IN LIEU OF SERVICES – UTILIZATION (MEDICAID & HARP)

- In Lieu of Services are defined as alternative services or settings that are not included in the State Plan but are medically appropriate, cost-effective substitutes for covered services or settings. In Lieu of Services require prior approval by DOH through an application process.
- The services and authorization numbers entered on Table 21 will carry over to Table 21A. The utilization amounts for each of your entered services are to be broken out by premium group.

MMCOR Reporting

Tables 6 & 7—STATEMENTS OF REVENUE AND EXPENSES – Medical Expense Line

- **Line 0049 In Lieu of Services** - Medicaid, HARP, HIV SNP – cost of alternative services or settings that are not included in the State Plan but are medically appropriate, cost-effective substitutes for covered services or settings. In Lieu of Services require prior approval by DOH through an application process. For the HARP line of business, the information will populate from Table 21.

Next Steps

MMCOs submit ILS request forms by **9/6/19**



DOH approves ILS



Appendix M executed



MMCOs post ILS availability on their respective websites



DOH posts ILS availability on DOH website



Questions?

Submit to:
ils@health.ny.gov