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Clinic-Based Intensive Outpatient Program Guidance

Background

This **Clinic-Based Intensive Outpatient Program Guidance (CBIOP)** document updates and replaces the previously released **Clinic-Based Intensive Outpatient Treatment** Guidance document and the related 06/26/18 Memorandum.

In response to requests from outpatient clinics and Managed Care Organizations (MCOs), the NYS Office of Mental Health (OMH) developed a waiver application process which provides increased flexibility to approved Article 31 licensed outpatient mental health clinics. CBIOP waiver approval allows clinics to bill Medicaid for additional outpatient services provided to individuals who may benefit from more intensive, time-limited treatment. Approved programs may bill Medicaid at a full rate for up to four clinic services provided to an individual in one day without utilization threshold restriction.

CBIOP provides additional options and increased continuity of care to individuals. The individual who participates in CBIOP services may experience less disruption to their community life than if they sought treatment from Comprehensive Psychiatric Emergency Room (CPEP), Partial Hospitalization Program (PHP), or inpatient psychiatric hospitalization. The individual may continue to participate in services in their current clinic at a more intensive level, rather than seek IOP treatment at another agency. This may improve clinical outcomes as a result of improving continuity of care (e.g., removing the referral barrier for individuals unsure about changing programs temporarily; removing barriers to collaboration between clinic and IOP clinicians; etc.).

Clinics may vary in their design and development of CBIOP services in order to match the needs of their own community. Typically, standalone Intensive Outpatient Programs (IOPs) focus on group psychotherapy (e.g., three days per week; two to three hours per day; totaling six to nine hours per week; etc.) alongside individual and family psychotherapy as well as medication management. Clinics should not be limited to that type of model and should provide offerings which meet the specific needs of the individuals to be served. CBIOP services should vary according to the range of needs of participating individuals.

Waiver Request Requirements

Providers must submit a Part 501 waiver request to OMH for consideration of the following to be waived (https://www.omh.ny.gov/omhweb/policy_and_regulations/waiver_request/):

- 1) 14 NYCRR 599.13(e)(1) pertaining to the payment discount for additional procedures;
- 2) 14 NYCRR 599.13(e)(2) pertaining to the payment reduction for service days in excess of the Medicaid Utilization Threshold; and
- 3) 14 NYCRR 599.14(c) pertaining to the Medicaid billing of more than three services per day per client.

Each clinic program, including satellite sites, must submit separate waiver requests. Waivers are valid for the duration of the operating certificate.

The waiver request should include a description of the program's CBIOP proposal. The description should include considerations such as:

- Target population to be served and the anticipated clinical needs
- Analysis of need for CBIOP (e.g., presence/absence of the same or similar service in the community)
- Intended clinical treatment approaches to meet the identified needs, including any evidence-based/evidence-informed practices
- CBIOP staff training and clinical competencies [e.g., including in group therapy; Person-Centered and Recovery Orientations; Evidence-Based Practices such as CBT, DBT, screening/assessment/treatment of co-occurring disorders (including tobacco and opioid use); Motivational Interviewing; stagewise treatment; family treatment approaches; trauma specific treatment; etc.]
- CBIOP admission process (e.g., as admission relates to individuals referred from within the same clinic program vs. from an outside program, etc.)
- Protocols for engagement of CBIOP referrals (e.g., warm handoff prior to CPEP/inpatient discharge; immediate needs screening/assessment; collaboration with referring therapists; calls from a peer or engagement specialist; etc.)
- Protocols for involvement of family, collaterals, and other supports
- Collaboration/coordination of CBIOP services with community providers (e.g., work, school, medical and SUD providers, probation/parole, court, ACS/CPS, care managers, etc.)
- Initial and projected CBIOP census estimates
- Initial and projected CBIOP staff caseload estimates
- Staffing plan and staff scheduling (e.g., as related to staff providing CBIOP services, etc.)
- Preliminary person/family centered CBIOP schedule, including group schedule, group description, and program hours which are reflective of community needs
- Factors relating to choices regarding future services (e.g., may/may not choose to return to referring program, etc.) for individual receiving CBIOP services
- Procedures related to discharge from CBIOP services (e.g., as discharge relates to individuals referred from within the same clinic program vs. from an outside program, etc.)
- Projected cash flow and service volume related to CBIOP
- Marketing and networking strategies related to CBIOP
- Initial and future referral sources to CBIOP, including any plans for cultivating additional or

- stronger referral sources
- NPI number

Note: The inclusion of information not specific to the CBIOP proposal (e.g., general clinical program information, etc.) may result in a delay in the waiver review process and in a request for resubmission of the waiver request with a revised description.

Integrated Outpatient Services (IOS) Providers and Certified Community Behavioral Health Clinics (CCBHC)

IOS providers that are interested in developing a CBIOP will need to submit a Part 501 waiver request to waive 14 NYCRR 599.13(e)(2) pertaining to the payment reduction for service days in excess of the Medicaid Utilization Threshold, along with a description of the program's CBIOP proposal. A waiver request is **not** needed for sections 599.13(e)(1) or 599.14(c) as the IOS approval/designation already waives these sections.

Original CCBHC Demonstration programs do not need to request a waiver to provide multiple services in a single day under their existing billing structure. However, if they want to be formally recognized by OMH as a provider of Clinic Based IOP services, a program description of the CBIOP should be sent to their regional Field Office for review. Upon completion of this review, a letter will be sent to the CCBHC provider acknowledging that their program is providing Clinic Based IOP services.

Billing

Programs may not bill for more than four CBIOP services in a day. There is no billing restriction on the type of services provided in one day (e.g., more than one group in one day is acceptable; all services provided in one day may be Health Services; etc.).

Managed Care Organizations (MCOs) are expected to reimburse at an amount equivalent to the payments established for such services under the ambulatory patient group (APG) rate-setting methodology as utilized by New York State, for CBIOP services provided by approved programs. Nothing in this section shall prohibit MCOs and providers from negotiating different rates and methods of payment, subject to the approval of New York State, and programs developing CBIOP services may find it helpful to initiate discussions with MCOs to consider any benefits of negotiating an alternative payment arrangement.

CBIOP services are intended to provide a higher level of care in a focused manner. Programs should ensure that modifications to treatment planning are made as needed and in real time to provide dynamic and effective treatment. The clinic and CBIOP staff should collaborate on a regular and routine basis to provide the most effective treatment.

All clinics providing CBIOP services are required to use a distinct rate code for OMH service delivery tracking and utilization management. Waiver approval is required to obtain access to the CBIOP rate codes even if individuals participate in fewer CBIOP services than initially planned and even if Medicaid Fee-For-Service will not be billed. See below:

Identification of Rate Codes:

1042	OMH DTC APG ART 31 IOP	Freestanding
1048	OMH OPD APG ART 31 IOP	Hospital-based

Waiver Renewal Request Requirements

Requests for waiver renewals must be submitted for review prior to the last approval expiration date, using the same Part 501 waiver request form. Please mark that it is a renewal request, attach a copy of the prior approval letter, and include a copy of the original proposal.

Please also include an updated section addressing the following:

- Confirm areas from the original proposal which remain applicable
- Note areas which have been modified since the original proposal
- Current group schedule including group descriptions
- Successes and challenges related to program structure (e.g., level of comingling between individuals attending clinic vs. CBIOP groups; level of staff sharing between clinic vs. CBIOP; etc.)
- Start date of CBIOP services
- Current census
- Referral sources (e.g., percentage of in-house referrals from existing clients vs. from local hospitals, CPEPs, PHPs, etc.)
- Individual and family engagement successes and challenges
- Individual and family engagement efforts (e.g., role for certified peers, coordination with care managers, protocols for shoring up motivation to attend treatment, eliciting feedback regarding service needs and progress, etc.)
- Clinical data (e.g., markers such as: individuals' progress towards goals and objectives, rates of ER/CPEP visits, hospitalization rates (psychiatric/medical), medication adherence rates, utilization in individual/family/group modalities, utilization in health-related services, etc.)
- Population data (e.g., percentages with active SUD, significant risk for harm to self or others, personality disorders, etc.)
- Attendance related data (e.g., "show rate;" average overall lengths of stay; percentage of individuals attending an average of 1, 2, 3, 4 days per week; etc.)
- Program strengths and challenges related to engagement of individuals, developing and maintaining referrals, etc.
- Protocols for collaboration between clinic and CBIOP staff
- Payment and denial rates
- Billing successes and challenges
- Financial viability overall

Resources

Title 14. Department of Mental Hygiene

Chapter XIII. Office of Mental Health
Part 501. Mental Health Services-General Provisions
501.3 Waiver

[https://govt.westlaw.com/nycrr/Document/l24be18c30cb711dea885845d6f205d66?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/nycrr/Document/l24be18c30cb711dea885845d6f205d66?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

Title 14. Department of Mental Hygiene
Chapter XIII. Office of Mental Health
Part 599. Clinic Treatment Programs
599.13 Medical Assistance Clinic Reimbursement System

[https://govt.westlaw.com/nycrr/Document/l3285d832b45011df96a6e6294202215a?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/nycrr/Document/l3285d832b45011df96a6e6294202215a?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))

Title 14. Department of Mental Hygiene
Chapter XIII. Office of Mental Health
Part 599. Clinic Treatment Programs
599.14 Medical Assistance Billing Standards

[https://govt.westlaw.com/nycrr/Document/l3285ff30b45011df96a6e6294202215a?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/nycrr/Document/l3285ff30b45011df96a6e6294202215a?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))