

KATHY HOCHUL  
Governor

ANN MARIE T. SULLIVAN, M.D.  
Commissioner

MOIRA TASHJIAN, MPA  
Executive Deputy Commissioner

**Date:** August 15, 2022

Dear Health Plan Administrator,

On November 19, 2021, Centers for Medicare and Medicaid Services (CMS) approved an amendment to Title XIX of the State Plan ([New York Medicaid State Plan Amendment \(SPA\) 21-0007](#)) with an effective date of March 1, 2021. **This approval establishes New York State (NYS) Office of Mental Health (OMH) Article 31 Mental Health Outpatient Treatment and Rehabilitative Services (formerly called Clinic Treatment Program) under the rehabilitative services benefit of the Medicaid State Plan.**

NYS intends to formally implement program and billing changes to effectuate this transition on November 14, 2022.

### **Overview**

OMH Article 31-licensed Mental Health Outpatient Treatment and Rehabilitative Services included in the Medicaid Managed Care Plan (MMCP) benefit package will be expanded to include peer/family support services as of November 14, 2022. Mainstream Medicaid managed care enrollees will now have access to peer/family support services in Mental Health Outpatient Treatment and Rehabilitative Services. Peer/family support services will also continue to be available through other programs, specifically to all children in mainstream Medicaid managed care through Children and Family Treatment and Support Services (CFTSS), and through Community Oriented Recovery and Empowerment (CORE) Services for eligible adults enrolled in for Health and Recovery Plans (HARPs) and HIV Special Needs Plans (HIV-SNPs).

There are no changes to network requirements or utilization management for these services. Peer/family support services will have the capacity for unlimited pre-admission encounters, as determined necessary by the provider, that are not limited prior to admission in Mental Health Outpatient Treatment and Rehabilitative Services, and which will not count toward the initial three (3) visits, timeline for documentation to be started, and does not count toward the 30 visit threshold.

Programs will continue to be licensed pursuant to OMH regulations codified in Part 599 of Title 14 of the New York Codes, Rules and Regulations (NYCRR). These licenses will not be updated to reflect optional peer/family support services. MMCPs including Mainstream, Health and Recovery Plans (HARPs), HIV Special Needs Plans (HIV SNPs), and Medicaid Advantage Plus (MAP) Plans (collectively referred to in this document as MMCPs) are required to pay

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claims submitted by Article 31 Clinics for the optional services without further credentialing or licensing requirements.

MMCPs are encouraged to communicate with existing clinic provider networks regarding availability of peer/family support services.

MMCPs must complete necessary systems configurations by November 14, 2022. Program guidance is forthcoming.

### **Rates and Billing Requirements**

Ambulatory Patient Groups (APG) peer group base rates will remain the same and providers will continue to use existing Article 31 APG rate codes. The number of procedure codes will be expanded to include Healthcare Common Procedure Coding System (HCPCS) code H0038 – Self-help/peer services, per 15 minutes, effective November 14, 2022. There is a 12-unit daily limit for peer services.

MMCPs must have systems configured by November 14, 2022, to ensure reimbursement for peer/family support services provided by Article 31 Mental Health Outpatient Treatment and Rehabilitative Services providers. MMCPs shall also reimburse for services provided at the provider location, community settings, or an individual's place of residence.

Please refer to the [OMH Medicaid Reimbursement webpage](#) and the [OMH Fiscal/Billing Resources webpage](#) for ongoing rate information.

### **Allowable Service Combinations**

Individuals can be co-enrolled in two clinics, as long as each clinic has its own treatment plan and is addressing a discrete and unique treatment goal. Providers can refer for specialized services at another clinic to meet an individual's identified needs based on medical necessity. Reimbursement cannot be made to more than one program for the same service on the same date of service.

Please refer to the chart below for allowable service combinations for OMH Article 31 Mental Health Outpatient Treatment and Rehabilitative Services.

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**OMH Mental Health Outpatient Treatment and Rehabilitative Services  
Allowable Service Combinations**

	<b>OMH Mental Health Outpatient Treatment and Rehabilitative Services</b>
<b>OASAS Outpatient Addiction Rehabilitation Services</b>	Allowable <sup>1</sup>
<b>Personalized Recovery Oriented Services (PROS) with Clinic</b>	Not Allowable
<b>PROS without Clinic</b>	Allowable
<b>Assertive Community Treatment (ACT) Including Adult, Young Adult and Youth ACT</b>	Not Allowable <sup>2</sup>
<b>Adults Continuing Day Treatment (CDT)</b>	Not Allowable <sup>3</sup>
<b>Partial Hospitalization Program</b>	Not Allowable
<b>Children and Family Treatment and Support Services (CFTSS)</b>	
<b>CFTSS Other Licensed Practitioner (OLP)</b>	Allowable <sup>4</sup>
<b>CFTSS Community Psychiatric Supports and Treatment (CPST)</b>	Allowable
<b>CFTSS Psychosocial Rehabilitation (PSR)</b>	Allowable
<b>CFTSS Family Peer Support (FPS)</b>	Allowable <sup>5</sup>
<b>CFTSS Youth Peer Support (YPS)</b>	Allowable <sup>5</sup>
<b>Community Oriented Recovery and Empowerment (CORE) Services</b>	
<b>CORE Community Psychiatric Support and Treatment (CPST)</b>	Allowable <sup>6</sup>

<sup>1</sup> See guidance for more information on concurrent enrollment in OMH Mental Health Outpatient Treatment and Rehabilitative Services and OASAS Outpatient Addiction Rehabilitation Services.

<sup>2</sup> See guidance for exceptions on concurrent enrollment in clinic and ACT for preadmission (thirty days prior to discharge from ACT) and crisis services.

<sup>3</sup> See guidance for exceptions on concurrent enrollment in OMH Mental Health Outpatient Treatment and Rehabilitative Services and CDT around Clozaril.

<sup>4</sup> See guidance for more information on concurrent enrollment in OMH Mental Health Outpatient Treatment and Rehabilitative Services and Children's Mental Health Rehabilitative Services (CMHRS)/CFTSS.

<sup>5</sup> OMH Mental Health Outpatient Treatment and Rehabilitative Services should not also be providing peer/family support services if enrolled in CORE peer support or CFTSS peer support services.

<sup>6</sup> Services comparable to OMH Mental Health Outpatient Treatment and Rehabilitative Services are available through CORE CPST. Enrollees may access non-duplicative services through CORE CPST in a single month for the following purposes:

- Access to a psychiatric prescriber (e.g., psychiatric assessment/evaluation, medication management, health monitoring) if the CORE CPST provider does not have a prescriber. Receiving psychotherapy through OMH Mental Health Outpatient Treatment and Rehabilitative Services and CORE CPST is duplicative. Medication management and supporting activities through OMH Mental Health Outpatient Treatment and Support Services is duplicative if the CORE CPST provider has a prescriber on staff.
- Transition from CORE CPST to OMH Mental Health Outpatient Treatment and Rehabilitative Services (including CCBHC), allowing for a warm handoff during the clinic pre-admission process (3 sessions).

The CORE CPST provider should maintain communication with the prescriber to ensure integrated treatment/care.

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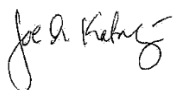
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		<b>OMH Mental Health Outpatient Treatment and Rehabilitative Services</b>
	<b>CORE Psychosocial Rehabilitation (PSR)</b>	Allowable
	<b>CORE Family Support and Training (FST)</b>	Allowable
	<b>CORE Empowerment Services - Peer Support (Peer Support)</b>	Allowable <sup>5</sup>
<b>Crisis Services</b>		
	<b>Mobile Crisis Intervention</b>	Allowable
	<b>Crisis Stabilization</b>	Allowable
	<b>Crisis Residences</b>	Allowable
	• <b>Intensive Crisis Residence (ICR)</b>	
	• <b>Residential Crisis Support (RCS)</b>	
	• <b>Children’s Crisis Residence Program</b>	

**Questions**

Please direct adult clinic questions to [omh.sm.Adult-Clinic@omh.ny.gov](mailto:omh.sm.Adult-Clinic@omh.ny.gov) and children’s clinic questions to [omhchildclinics@omh.ny.gov](mailto:omhchildclinics@omh.ny.gov) with the subject “Mental Health Outpatient Treatment and Rehabilitative Services Question”.

Sincerely,



Dr. Joe Katagiri  
Associate Commissioner, Division of Managed Care  
New York State Office of Mental Health

Cc:

Dr. Robert W. Myers, OMH

Dr. Christopher Smith, OMH

Ms. Jessica Eber-Young, OMH

Ms. Nicole Haggerty, OMH



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Ms. Patricia Sheppard, DOH