

**Attachment A**  
**DSRIP Project 3.a.i Licensure Thresholds**

**Guidance for DSRIP Performing Provider Systems Integrating Primary Care and Behavioral Health (Mental Health and/or Substance Use Disorder) Services under Project 3.a.i**

**Background**

Generally, to offer both primary care and behavioral health services (meaning mental health and/or substance use disorder services), a provider must be licensed or certified by more than one state agency (Department of Health, Office of Mental Health or Office of Alcoholism and Substance Abuse Services), unless they fall under the applicable “Licensure Threshold.”

In order to facilitate integration of primary care and behavioral health services for purposes of Project 3.a.i, the Department of Health (DOH) and the Office of Mental Health (OMH) will raise their Licensure Thresholds and the Office of Alcoholism and Substance Abuse Services (OASAS) will implement a Licensure Threshold for outpatient providers licensed or certified by DOH, OMH or OASAS that are part of the DSRIP project, permitting such providers to integrate primary care and behavioral health services under a single license or certification so long as the service to be added is not more than 49 percent of the provider’s total annual visits (“DSRIP Project 3.a.i Licensure Threshold”) and the patient initially presents to the provider for a service authorized by such provider’s license or certification.

In order to help ensure quality care and patient safety, providers that wish to integrate services between the existing Licensure Threshold and the DSRIP Project 3.a.i Licensure Threshold will be expected to be in good standing and adhere to prescribed sections of the integrated outpatient regulations -- 10 NYCRR Part 404, 14 NYCRR Part 598 and 14 NYCRR Part 825.

**A. Primary Care Provider Offering Mental Health Services**

**Existing Licensure Threshold**

Currently, a provider licensed under PHL Article 28 and offering mental health services – meaning a general hospital outpatient department or a diagnostic and treatment center (primary care provider) – and which has more than 2,000 total visits per year must be licensed under Article 31 of the Mental Hygiene Law (MHL) by OMH if it has **more than 10,000 annual visits** for mental health services or **more than 30 percent of its total annual visits** are for mental health services.

**DSRIP Project 3.a.i Licensure Threshold**

OMH will raise this Licensure Threshold for DSRIP providers participating in 3.a.i projects so that primary care providers may provide **up to 49 percent of its total annual visits** for mental health services without MHL Article 31 licensure.

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**Prescribed Regulatory Requirements**

In addition to being in compliance with applicable PHL Article 28 requirements, DSRIP providers integrating services between the existing Licensure Threshold and the DSRIP Project 3.a.i Licensure Threshold will need to meet the prescribed regulatory requirements of DOH's integrated outpatient services regulations – 10 NYCRR Part 404:

- 10 NYCRR 404.4(f), which defines “integrated care services.”
- 10 NYCRR 404.6(b), which provides the governing board's oversight responsibilities with respect to the provider integrating services.
- 10 NYCRR 404.7(c)(1), (c)(2), (e) and (f), which require treatment planning for any patient receiving behavioral health services from an integrated services provider.
- 10 NYCRR 404.8(a), (b), (c), (d), (e), (f), (g), (i), (j) and (l), which identify minimum policies and procedures for integrated services providers.
- 10 NYCRR 404.9(b)(2)(i), (b)(2)(ii)(b) and (b)(2)(iii), which identify the minimum services required of providers that will be integrating mental health care services.
- 10 NYCRR 404.10(c)(1)(iv) and (c)(1)(vii), which provide general facility requirements for individual and group sessions and maintenance of records and confidentiality of all patient information.
- 10 NYCRR 404.11(a)(2)(i) and (a)(2)(ii), which require providers integrating mental health services to comply with quality assurance requirements under 14 NYCRR Part 599.
- 10 NYCRR 404.13(a), (d)(1), (d)(2)(ii) and (d)(11), which require that a record be maintained for every individual admitted to and treated by a provider integrating services and be able to accept consent forms, if applicable. Additional requirements include minimum content fields specific to each model.

**B. Primary Care Provider Offering Substance Use Disorder Services**

**Existing Licensure Threshold**

Currently, there are no Licensure Thresholds. A primary care provider may not provide substance use disorder services without being certified by OASAS pursuant to MHL Article 32.

**DSRIP Project 3.a.i Licensure Threshold**

OASAS will implement a Licensure Threshold for DSRIP providers participating in 3.a.i projects so that primary care providers may provide **up to 49 percent of its total annual visits** for substance use disorder services without MHL Article 32 certification.

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**Prescribed Regulatory Requirements**

In addition to being in compliance with applicable PHL Article 28 requirements, DSRIP providers integrating substance use disorder services up to the DSRIP Project 3.a.i Licensure Threshold will need to meet the prescribed regulatory requirements of DOH's integrated outpatient services regulations – 10 NYCRR Part 404:

- 10 NYCRR 404.4(f), which defines “integrated care services.”
- 10 NYCRR 404.6(b), which provides the governing board’s oversight responsibilities with respect to the provider integrating services.
- 10 NYCRR 404.7(c)(1), (c)(2), (e) and (f), which require treatment planning for any patient receiving behavioral health services from an integrated services provider.
- 10 NYCRR 404.8(a), (b), (c), (d), (e), (f), (g), (i), (j) and (l) which identify minimum policies and procedures for integrated services providers.
- 10 NYCRR 404.9(c)(4), which identifies the minimum services required of providers that will be integrating substance use disorder services.
- 10 NYCRR 404.10(c)(1)(iv) and (c)(1)(vii), which provide general facility requirements for individual and group sessions and maintenance of records and confidentiality of all patient information.
- 10 NYCRR 404.11(a)(2)(i) and (a)(2)(ii), which require providers integrating substance use disorder services to comply with quality assurance requirements under 14 NYCRR Part 822.
- 10 NYCRR 404.12(c)(2), which provides staffing requirements for providers offering substance use disorder services.
- 10 NYCRR 404.13(a), (d)(1), (d)(2)(iii), (d)(11) and (f)(2), which require that a record be maintained for every individual admitted to and treated by a provider integrating services and be able to accept consent forms, if applicable. Additional requirements include minimum content fields specific to each model.

**C. Behavioral Health Services Provider Offering Primary Care Services**

**Existing Licensure Threshold**

Currently, a provider licensed by OMH under MHL Article 31 to provide outpatient mental health services or certified by OASAS under MHL Article 32 to provide outpatient substance use disorder services must obtain PHL Article 28 licensure by DOH if **more than 5 percent of total annual visits** are for primary care services or if any visits are for dental services.

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DOH will raise this Licensure Threshold for DSRIP providers participating in 3.a.i projects so that a behavioral health services provider may provide **up to 49 percent of its total annual visits** for primary care services without PHL Article 28 licensure.

**Prescribed Regulatory Requirements**

In addition to being in compliance with applicable MHL Article 31 or 32 requirements, DSRIP providers integrating services between the existing Licensure Threshold and the DSRIP Project 3.a.i Licensure Threshold will need to meet the prescribed regulatory requirements of OMH or OASAS' integrated outpatient services regulations – 14 NYCRR Part 598 or 14 NYCRR Part 825, respectively:

- 14 NYCRR 598.4(f) and (j) or 14 NYCRR 825.4(f) and (j), which define “integrated care services” and “primary care services.”
- 14 NYCRR 598.6(b) or 14 NYCRR 825.6(b), which provides the governing board’s oversight responsibilities with respect to the integrated services provider.
- 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), which identify minimum policies and procedures for integrated services providers.
- 14 NYCRR 598.9(a) or 14 NYCRR 825.9(a), which identifies the minimum services required of providers that will be integrating primary care services.
- 14 NYCRR 598.10 or 14 NYCRR 825.10, which provides minimum physical plant requirements for facilities integrating services.
- 14 NYCRR 598.11(a)(1) or 14 NYCRR 825.11(a)(1), which requires providers integrating primary care services to ensure the development and implementation of a written quality assurance program.
- 14 NYCRR 598.12(a), (b) and (c)(1) or 14 NYCRR 825.12(a), (b) and (c)(1), which provide staffing requirements.
- 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), which require that a record be maintained for every individual admitted to and treated by a provider integrating services. Additional requirements include designated record keeping staff, record retention and minimum content fields specific to each model. Confidentiality of records is assured via patient consents and disclosures compliant with state and federal law.

**D. Mental Health Services Provider Offering Substance Use Disorder Services and Substance Use Disorder Services Provider Offering Mental Health Services**

**Existing Licensure Threshold**

Currently, there are no Licensure Thresholds. However, programs licensed by OMH or certified by OASAS currently are able to integrate mental health and substance use disorder services with certain limitations pursuant to a Memorandum of Agreement between the agencies.

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OMH licensed and OASAS certified providers may continue to integrate mental health and substance use disorder services **up to 49 percent of their total annual visits.**

**Prescribed Regulatory Requirements**

DSRIP providers integrating mental health and substance use disorder services will need to be in compliance with applicable MHL Article 31 or 32 requirements. In addition, such providers will need to meet the prescribed regulatory requirements of OMH or OASAS' integrated outpatient services regulations – 14 NYCRR Part 598 and 14 NYCRR Part 825, respectively:

- 14 NYCRR 598.4(f) or 14 NYCRR 825.4(f), which defines “integrated care services.”
- 14 NYCRR 598.6(b) or 14 NYCRR 825.6(b), which provides the governing board’s oversight responsibilities with respect to the integrated services provider.
- 14 NYCRR 598.8(c), (d), (e), (g) and (i) or 14 NYCRR 825.8(c), (d), (e), (g) and (i), which identify minimum policies and procedures for integrated services providers.
- 14 NYCRR 598.9(c) or 14 NYCRR 825.9(b), which identifies the minimum services required of providers that will be integrating mental health or substance use disorder services.
- 14 NYCRR 598.12(c)(2), which provides staffing requirements for OMH licensed providers integrating substance used disorder services.
- 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), which require that a record be maintained for every individual admitted to and treated by a provider integrating services and be able to accept consent forms, if applicable. Additional requirements include minimum content fields specific to each model.

**Above DSRIP Project 3.a.i Licensure Thresholds**

When a provider believes its volume of services will approach the DSRIP Project 3.a.i Licensure Threshold limits outlined above, a provider has the option of integrating services by either seeking a second license for a particular site or integrating services under the integrated outpatient services regulations (see 10 NYCRR Part 404, 14 NYCRR Part 598 and 14 NYCRR Part 825). Providers that elect to integrate services under the integrated outpatient regulations will need to comply with all applicable provisions.

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Providers may not bill Medicaid for any service rendered above the DSRIP Project 3.a.i Licensure Threshold amount unless the appropriate licensure or certification is in place at the time the service was rendered.

**Requirements**

Providers that are interested in integrating services under a single license will need to submit an application to the Department of Health, which will be available soon, so that DOH, OMH and OASAS will, among other things, be able to:

- identify the outpatient provider and its sites that will be integrating services under the Licensure Thresholds;
- ascertain the services to be added;
- project the annual visits for the services that will be integrated at a provider site;
- verify that the provider integrating services is in good standing. A provider is in good standing if each clinic site:
  - is licensed by OMH and has been operating for a period of 1 year or greater as documented on the operating certificate (Tier 3 providers are not in good standing for purposes of these requirements); and/or
  - is certified by OASAS and all of its programs have an operating certificate with partial or substantial compliance (2 or 3 years); and/or
  - has an operating certificate from DOH and is not currently under any enforcement action or pending enforcement;
- if applicable, review floor plans and other physical plant issues.

**Billing Guidance**

Providers integrating services under the DSRIP 3.a.i Licensure Threshold should submit one claim for each visit with all the procedures/services rendered on the date of service (e.g., behavioral health services and primary care services). Provider clinic payment will be processed through the APG grouper/pricer and paid in accordance with the payment blend and APG pricing rules (packaging, discounting, bundling) associated with services normally billed under that APG rate code. Providers are expected to adhere to the licensure threshold limits identified in the table below. Providers may use a modifier to indicate when a separate and distinct procedure is performed (e.g., Procedure Modifier 59) in accordance with the American Medical Association's approved coding/billing guidelines for the procedures/services coded supported by appropriate documentation that justifies the modifier selected. Federally Qualified Health Centers that have not opted into APGs should bill their all-inclusive PPS rate of all services furnished to a patient on the same day.

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**LICENSURE THRESHOLDS**

| <b>Existing Licensure Thresholds</b>   | <b>DSRIP Project 3.a.i Licensure Thresholds</b>  |
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| <b>A PHL Article 28 provider that has more than 2,000 total visits per year must be licensed by OMH if it has more than 10,000 annual visits for mental health services or more than 30 percent of its total annual visits are for mental health services.</b> | A PHL Article 28 provider that has more than 2,000 total visits per year must be licensed by OMH if more than 49 percent of its total annual visits are for mental health services.  |
| <b>No existing Licensure Threshold. A PHL Article 28 provider may not provide substance use disorder services without being certified by OASAS pursuant to MHL Article 32.</b>   | A PHL Article 28 provider must be certified by OASAS if more than 49 percent of its total annual visits are for substance use disorder services.   |
| <b>A MHL Article 31 provider or MHL Article 32 must be licensed by DOH if more than 5 percent of its total annual visits are for primary care services or if any visits are for dental services.</b>   | A MHL Article 31 provider or MHL Article 32 must be licensed by DOH if more than 49 percent of its total annual visits are for primary care services or if any visits are for dental services.   |
| <b>No existing Licensure Threshold. A MHL Article 31 provider or MHL Article 32 is able to integrate mental health and substance use disorder services pursuant to a Memorandum of Agreement between OMH and OASAS.</b>  | <p>A MHL Article 31 provider must be certified by OASAS if more than 49 percent of its total annual visits are for substance use disorder services.</p> <p>A MHL Article 32 provider must be certified by OMH if more that 49 percent of its total annual visits are for mental health services.</p> |