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**State/Territory Name: New York**

**State Plan Amendment (SPA) #: 10-0018**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
New York Regional Office  
26 Federal Plaza, Room 37-100  
New York, NY 10278



DIVISION OF MEDICAID AND CHILDREN'S HEALTH OPERATIONS

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DMCHO: MT: SPA NY-10-0018

November 1, 2017


Jason Helgeson  
Deputy Commissioner  
Office of Health Insurance Programs  
New York State Department of Health  
Corning Tower (OCP-1211)  
Albany, New York 12237

Dear Mr. Helgeson:

This is to notify you that New York State Plan Amendment (SPA) #10-0018 has been approved for adoption into the State Medicaid Plan with an effective date of July 1, 2010. This state plan amendment makes revisions to the New York State Medicaid program, including changes to the coverage and reimbursement provisions for certain Medicaid services provided by health care facilities licensed by the New York State Department of Health, Office for People with Developmental Disabilities, Office of Mental Health and the Office of Alcoholism and Substance Abuse Services, and provides updates and revisions to the Ambulatory Patient Group methodology for freestanding clinic and ambulatory surgery center services.


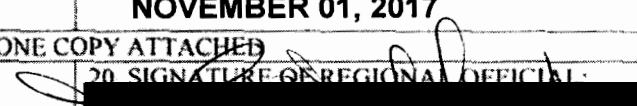
Enclosed are copies of the approved SPA # 10-0018. If you have any questions or wish to discuss this SPA further, please contact Maria Tabakov. Ms. Tabakov may be reached at (212) 616-2503.

Sincerely,



Michael Melendez, LMSW  
Associate Regional Administrator  
Division of Medicaid and Children's Health Operations

cc: JUlberg  
RDeyette  
MLevesque  
RHolligan  
NMcknight  
MTabakov  
RWeaver  
JHounsell

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>10-0018</b>	2. STATE <b>New York</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		4. PROPOSED EFFECTIVE DATE <b>July 1, 2010</b>	
<b>TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>			
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1902(a)(30) of the Social Security Act, and 42 CFR 447.204</b>		7. FEDERAL BUDGET IMPACT: (in thousands) a. FFY 07/01/10-09/30/10 \$ 151.19 b. FFY 10/01/10-09/30/11 \$ 557.81	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B: Pages: 1(p); 2(c)(A); 2(c)(iv)(b); 2(r); 2(r.1); 2(r.2); 2(r.3); 2(g)(2); 2(g)(3); 2(g)(3.1); 2(g)(4); 2(s); 2(s.1); 2(s.2); 2(s.3); 2(t); 2(t.1); 2(t.2); 2(t.3); 2(t.4); 2(t.5); 2(t.6); 3; 3(i); 3(j); 3(j.1); 3(j.1a); 3(j.2); 3(j.2a); 3 J-A; 3k; 3k(1); 3k(2); 3k(3); 3k(4); 8; 8a; 9; 10-1; 3(h12.1) Attachment 3.1-A Supplement: Page 1(a); 2(a)(v); 2(a)(vi); 2(a)(vii); 2(a)(viii); 2d; 3; Attachment 3.1-B Supplement: Page 1(a); 2(a)(v); 2(a)(vi); 2(a)(vii); 2(a)(viii); 2d; 3;		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19-B: Pages: 1(p); 2(c)(A); 2(c)(iv)(b); 2(g)(2); 2(g)(3); 2(g)(3.1); 2(g)(4); 2(r); 2(s); 2(t); 3; 3(i); 3(j); 3J-A; 3k; 8; 8a; 9; 10-1 Attachment 3.1-A Supplement: Page 2d; 3 Attachment 3.1-B Supplement: Page 2d; 3	
10. SUBJECT OF AMENDMENT: <b>APGs (Diagnostic &amp; Treatment Centers) – July 2010 Revisions (FMAP = 61.59% 07-12/10; 58.77% 01-03/11; 56.88% 04-06/11; 50.00% 07-09/11)</b>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: New York State Department of Health Bureau of Federal Relations & Provider Assessments 99 Washington Ave – One Commerce Plaza Suite 1460 Albany, NY 12210	
13. TYPED NAME: <b>Jason A. Helgerson</b>			
14. TITLE: <b>Medicaid Director Department of Health</b>			
15. DATE SUBMITTED: <b>SEP 21 2010</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED: <b>NOVEMBER 01, 2017</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>JULY 01, 2010</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>MICHAEL MELENDEZ</b>		22. TITLE: <b>ASSOCIATE REGIONAL ADMINISTRATOR DIVISION OF MEDICAID &amp; CHILDREN'S HEALTH</b>	
23. REMARKS:			

**New York  
1(p)**

**[- RESERVED -]**

Reimbursement information for some Hospital Outpatient Services that are licensed by the Office for People with Developmental Disabilities (OPWDD), Office of Mental Health (OMH), and Office of Alcoholism and Substance Abuse Services (OASAS) is located in later pages of this section which contain the reimbursement information for the same or similar services that are provided by Freestanding Clinics.

TN #10-0018 Approval Date 11/01/2017  
Supersedes TN #10-0005 Effective Date 07/01/2010

New York  
2(c)(A)

**Freestanding Diagnostic and Treatment Centers**

**Facilities Certified Under Article 28 of the Public Health Law as Freestanding Diagnostic and Treatment Centers**

**Services for Pregnant Women**

Visit based rates of payment have been calculated for three discrete clinic services provided to pregnant women. For each service a discrete price has been established. The prices have been regionally adjusted to reflect regional differences in labor and facility overhead costs and an economic trend factor has been applied to make the prices prospective, except that rates of payment for the period ending September 30, 1995 shall continue in effect through September 30, 2009, provided however that, effective May 1, 2005, such rates may be adjusted to include additional capital costs not previously included in the corresponding rate.

Effective for services provided on and after January 1, 2007 and April 1 of each state fiscal year thereafter, the Commissioner of Health shall adjust prenatal care assistance program rates to effect a cost of living adjustment (COLA). This COLA will be calculated in accordance with the previously approved trend factor methodology contained in the Trend Factor section of this Attachment.

The reimbursement methodology identified on this page regarding freestanding diagnostic & treatment centers sunsets June 30, 2010. Reimbursement as of July 1, 2010 will use the Ambulatory Patient Group (APG) methodology identified in the APG section of the State Plan.

TN #10-0018

Approval Date 11/01/2017

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Effective Date 07/01/2010

**New York  
2(c)(iv)(b)**

For providers choosing to be reimbursed under the Ambulatory Patient Group (APG) methodology, the Department will reconcile amounts actually paid in a calendar year through APG; to that which would have been paid through the PPS methodology. Adjustments will be made based upon this comparison to ensure that providers are not paid less than they would have under PPS. Reconciliation by DOH will include any FQHC providers which elect APGs or any alternate payment methodology to PPS and includes all Medicaid eligible services regardless of which State Agency is the licensing authority for the service.

<b>TN #10-0018</b> _____	<b>Approval Date</b> <u>11/01/2017</u>
<b>Supersedes TN #08-0036</b> _____	<b>Effective Date</b> <u>07/01/2010</u>

**New York  
2(r)  
[-RESERVED-]**

**Ambulatory Patient Group Reimbursement Methodology – Freestanding Office of Alcoholism and Substance Abuse (OASAS) Certified Chemical Dependence and Opioid Treatment Clinics certified pursuant to Mental Hygiene Law Article 32 and not operated by a Hospital**

Ambulatory Patient Group (APG) reimbursement for freestanding chemical dependence clinics (including those certified as outpatient clinics and outpatient rehabilitation clinics) and freestanding opioid treatment clinics (OASAS clinics) certified by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) and not operated by a hospital will begin on July 1, 2011. The initial base rates for freestanding OASAS clinics will be calculated using paid 2008 Medicaid claims data for OASAS freestanding clinics. The initial update will be based on claims data from 2010 Medicaid claims for OASAS freestanding clinics. Beginning 2012, the base rates will be updated at least every two years, will be based on Medicaid claims data from the most recent 12 month period and will be based on complete and accurate billing data. Freestanding OASAS clinics will not receive a capital add-on. Freestanding OASAS clinics do not include OASAS clinics operated by a hospital.

There are 6 OASAS freestanding clinic peer groups for initial APG implementation. The peer groups are divided into two regions, downstate and upstate. The downstate region includes the following counties: New York, Kings, Queens, Richmond, Bronx, Nassau, Suffolk, Westchester, Rockland, Putnam, Dutchess and Orange. The upstate region includes all other counties in the rest of the State. The peer groups are as follows: Upstate freestanding chemical dependence clinics; Downstate freestanding chemical dependence clinics; Upstate freestanding chemical dependence outpatient rehab clinics; Downstate freestanding chemical dependence outpatient rehab clinics; Upstate freestanding opioid treatment clinics; Downstate freestanding opioid treatment clinics. This information is also available on the OASAS website at:

<http://www.oasas.ny.gov/admin/hcf/FFS/RegionAPGBaseRate.cfm>

**I. Reimbursement Methodology**

The list of definitions in the APG System: Freestanding Clinics section will apply to the methodology for OASAS freestanding clinics.

The calculation of the case mix index will be used in the periodic determination of the APG base rates to assure that prospective aggregate disbursements remain within available resources. Every provider reports Medicaid claims by actual services delivered by procedure. The initial case mix index will be based on 2008 Medicaid claims data for OASAS free standing clinics. The total volume of service type multiplied by the service weight and added to the other aggregated volume per service weight will determine initial case mix. Thereafter, case mix will continue to be determined by actual volume of reported services to yield the actual case mix ratio.

In an APG payment environment, payments are determined by multiplying a dollar base rate (varies by peer group) by the weight for each procedure. The weight is a numeric value that reflects the relative expected resource utilization for each procedure as compared to the expected resource utilization for all other procedures. Procedure weights are the same for all freestanding clinic providers regardless of peer group.

**TN #10-0018** \_\_\_\_\_

**Approval Date** 11/01/2017

**Supersedes TN #10-0006** \_\_\_\_\_

**Effective Date** 07/01/2010

**New York  
2(r.1)**

**II. Transition**

Freestanding clinics are those clinics certified by OASAS pursuant to New York State Mental Hygiene Law Article 32 and not operated by a hospital. OASAS will promulgate the APG base rates for all freestanding OASAS clinics. The base rates for all OASAS clinic peer groups can be found in the section entitled Base Rates for Office of Alcoholism and Substance Abuse Outpatient Treatment Programs.

All freestanding OASAS clinics will transition to full payment under the APG methodology over a multi-year period. Freestanding OASAS clinics will transition beginning July 1, 2011 and ending January 1, 2014 as described in the following paragraphs:

There will be a transition to APG reimbursement as identified in the transition schedule below. Provider reimbursement during the identified transition period will be a blended payment consisting of a percentage of the individual provider's rate in effect on June 30, 2011 and a percentage of APG payment. The APG payment will be the product of the base rate multiplied by the relative weights of the delivered procedure and/or services. A link to the APG base rates in effect during the transition and after completion of the transition by provider can be found at:

<https://www.oasas.ny.gov/admin/hcf/FFS/index.cfm>

Payments to Freestanding OASAS clinics will be made pursuant to the following transition schedule:

- a. Beginning on July 1, 2011 and ending on June 30, 2012, payment will reflect a blend of 75% of the existing provider rate in effect on June 30, 2011 and 25% of the APG payment;
- b. Beginning on July 1, 2012 and ending on June 30, 2013, payment will reflect a blend of 50% of the existing provider rate in effect on June 30, 2011 and 50% of the APG payment;
- c. Beginning on July 1, 2013 and ending on December 31, 2013, payment will reflect a blend of 25% of the existing provider rate in effect on June 30, 2011 and 75% of the APG payment; and
- d. Beginning on January 1, 2014, all subsequent payments will reflect full APG reimbursement.

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Supersedes TN <u>  NEW  </u>	Effective Date <u>  07/01/2010  </u>



New York  
2(r.2)

**III. Rates for new freestanding OASAS certified clinics during the transition period.**

Clinics that begin operation on or after July 1, 2011 ("new clinics") will be reimbursed in accordance with the transition phase-in schedule identified in the transition section. An appropriate threshold fee will be established for such new clinics and be blended with the APG rate according to the same phase-in percentages as clinics that existed prior to July 1, 2011. New clinics do not have historical volume on which their legacy rate can be determined. A legacy rate for new clinics will use an average legacy rate, which will be determined using all of the legacy fees for providers in the new clinic's peer group. The new clinic's reimbursement rate during the transition period will follow the transition schedule.

**IV. Off-site visits provided by OASAS licensed clinics to homeless individuals.**

Medicaid will only claim expenditures for off-site clinic services when the services meet the exception in 42 CFR 440.90(b) that permits Medicaid payment for services furnished outside of the clinic by clinic personnel under the direction of a physician to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address. Medicaid claims will not be submitted by OASAS licensed clinics for off-site services provided to individuals who do not meet the exception in 42 CFR 440.90(b).

TN #10-0018  
Supersedes TN NEW

Approval Date 11/01/2017  
Effective Date 07/01/2010

New York  
2(r.3)

**APG Peer Group Base Rates for freestanding OASAS licensed chemical dependence and opioid treatment programs**

<u>APG Base Rates for freestanding chemical dependence clinics:</u>		
<u>Upstate</u>	<u>\$147.59</u>	<u>Effective: 07/01/2011</u>
<u>Downstate</u>	<u>\$172.69</u>	<u>Effective: 07/01/2011</u>
<u>APG Base Rates for freestanding chemical dependence outpatient rehab clinics:</u>		
<u>Upstate</u>	<u>\$147.59</u>	<u>Effective: 07/01/2011</u>
<u>Downstate</u>	<u>\$172.69</u>	<u>Effective: 07/01/2011</u>
<u>APG Base Rates for freestanding opioid treatment clinics:</u>		
<u>Upstate</u>	<u>\$136.04</u>	<u>Effective: 07/01/2011</u>
<u>Downstate</u>	<u>\$159.17</u>	<u>Effective: 07/01/2011</u>

**Base Rates and blend rates for all OASAS chemical dependence medically supervised outpatient clinics:**

<http://www.oasas.ny.gov/admin/hcf/FFS> Click on "Regional APG Base Rates."

TN     #10-0018      
Supersedes TN   NEW  

Approval Date     11/01/2017      
Effective Date     07/01/2010

New York  
2(g)(2)**APG Reimbursement Methodology – Freestanding Clinics**

The following links direct users to the various definitions and factors that comprise the APG reimbursement methodology, which can also be found in aggregate on the APG website at [http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm). In addition, prior period information associated with these links is available upon request to the Department of Health.

**Contact Information:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on "Contacts."

**3M APG Crosswalk\*[, version 3.3]:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on "3M Versions and Crosswalks," then on "3M APG Crosswalk" toward bottom of page, and finally on "Accept" at bottom of page.

**APG Alternative Payment Fee Schedule; updated as of [04/01/10] 01/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Alternative Payment Fee Schedule."

**APG Consolidation Logic; logic is from version of 4/1/08, updated as of [04/01/10] 10/01/11:**

[[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Consolidation Logic" and then on "2008."]

[http://www.health.ny.gov/health\\_care/medicaid/rates/bundling/](http://www.health.ny.gov/health_care/medicaid/rates/bundling/) Click on "2011."

**APG 3M Definitions Manual; [V]ersion[s] 3.4[;] updated as of [04/01/10] 07/01/10; 3.5 updated as of 01/01/11; 3.6 updated as of 07/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "3M Versions and Crosswalk."

**APG Investments by Rate Period; updated as of [04/01/10] 07/01/10:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Investments by Rate Period."

**APG Relative Weights; updated quarterly [as of 04/01/10] 07/01/10 through 10/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Weights, Proc Weights, and APG Fee Schedule Amounts."

**Associated Ancillaries; updated as of 07/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on "Ancillary Policy."

\*Older 3M APG crosswalk versions available upon request.

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New York  
2(g)(3)

**[Base Rates, Freestanding Clinics; updated as of 04/01/10:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm) Click on "APG Rates," and then "Freestanding Diagnostic and Treatment Center..."]

**Carve-outs; updated as of [04/01/10] 01/01/11 and 04/01/11. The full list of carve-outs is contained in Never Pay APGs and Never Pay Procedures:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Carve Outs."

**Coding Improvement Factors (CIF); updated [as of] quarterly [04/01/10] 10/01/10 through 07/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "CIFs by Rate Period."

**If Stand Alone, Do Not Pay APGs; updated [as of 04/01/10] 01/01/11, 04/01/11 and 07/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "If Stand Alone, Do Not Pay APGs."

**If Stand Alone, Do Not Pay Procedures; updated as of [04/01/10] 04/01/11:**

[http://www.health.state.ny.us/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.state.ny.us/health_care/medicaid/rates/methodology/index.htm) Click on "If Stand Alone, Do Not Pay Procedures."

**Modifiers; updated quarterly [as of 04/01/10] 07/01/10 through 10/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Modifiers."

**Never Pay APGs; updated as of [04/01/10] 07/01/10, 01/01/11 and 07/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Never Pay APGs."

**Never Pay Procedures; updated as of [04/01/10] 07/01/10, 01/01/11, 04/01/11, and 07/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Never Pay Procedures."

**No-Blend APGs; updated as of 04/01/10:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Blend APGs."

**No-Blend Procedures; updated as of [04/01/10] 01/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No-Blend Procedures."

**No Capital Add-on APGs; updated [as of 04/01/10] 10/01/10, 01/01/11 and 04/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Capital Add-on APGs."

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Effective Date                   07/01/2010

**New York  
2(g)(3.1)**

**No Capital Add-on Procedures; updated as of [04/01/10] 01/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "No Capital Add-on Procedures."

**Non-50% Discounting APG List; updated as of [04/01/10] 07/01/10, 07/01/11 and 10/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Non-50% Discounting APG List."

**Rate Codes Carved Out of APGs; updated as of 01/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Rate Codes Carved Out of APGs for Article 28 facilities."

**Rate Codes Subsumed by APGs; updated as of [04/01/10] 01/01/11 and 07/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Rate Codes Subsumed by APGs – Freestanding Article 28."

**Statewide Base Rate APGs; updated as of 01/01/11 and 04/01/11:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "Statewide Base Rate APGs."

**[Uniform Packaging] Packaged Ancillaries in APGs; updated as of 04/01/10:**

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/methodology/index.htm) Click on "[Uniform Packaging APGs] Packaged Ancillaries in APGs."

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**New York  
2(g)(4)**

**Freestanding Clinic and Ambulatory Surgery Centers APG Base Rate Table**

<b>Peer Group</b>	<b>Region</b>	<b>Rate Start Date</b>	<b>Base Rate Updated [as of] [04/01/10] through 07/01/11</b>
Academic Dental	Downstate	09/01/09	[\$188.14] <u>\$162.12</u>
Academic Dental	Upstate	09/01/09	[\$169.16] <u>\$155.72</u>
Ambulatory Surgery Centers	Downstate	09/01/09	[\$116.24] <u>\$113.92</u>
Ambulatory Surgery Centers	Upstate	09/01/09	[\$101.18] <u>\$99.15</u>
Clinic <sup>2</sup>	Downstate	09/01/09	[\$195.41] <u>\$170.66</u>
Clinic <sup>2</sup>	Upstate	09/01/09	[\$163.77] <u>\$143.03</u>
Clinic MR/DD/TBI <sup>1</sup>	Downstate	09/01/09	[\$234.49] <u>\$204.80</u>
Clinic MR/DD/TBI <sup>1</sup>	Upstate	09/01/09	[\$196.52] <u>\$171.63</u>
Renal	Downstate	09/01/09	[\$206.89] <u>\$152.73</u>
Renal	Upstate	09/01/09	[\$191.07] <u>\$138.61</u>
School-Based Health Center (SBHC) <sup>2</sup>	Downstate	09/01/09	[\$195.41] <u>\$170.66</u>
School-Based Health Center (SBHC) <sup>2</sup>	Upstate	09/01/09	[\$163.77] <u>\$143.03</u>
<u>Statewide Base Price<sup>3</sup></u>	<u>Statewide</u>	<u>01/01/11</u>	<u>\$165.00</u>

<sup>1</sup>Mentally retarded/developmentally disabled/traumatic brain injured.

<sup>2</sup>For Clinic and School-Based Health Center (SBHC), while they share the same base payment rates, please note that their rate codes differ.

<sup>3</sup>Statewide Base Price is not a service but used for APGs which do not have a payment differentiation for upstate and downstate providers.

Freestanding Clinic and Ambulatory Surgery Center Medicaid rates can be found at the Department of Health's website at: [http://www.health.ny.gov/health\\_care/medicaid/rates/apg/baserates.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/baserates.htm)

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**APG Reimbursement Methodology – Freestanding (Non-Article 28 Hospital) OMH Licensed Mental Health Clinics**

Ambulatory Patient Group (APG) reimbursement for all freestanding mental health clinics licensed by the New York State Office of Mental Health (OMH) will begin October 1, 2010. The initial base rates for mental health clinics will be calculated by the OMH using historical Article 31 claims data as reported in the data warehouse, from the base period of July 1, 2008 to June 30, 2009. This base period will be used as the basis for calculations for all rates going forward from October 1, 2010.

There are four mental health clinic peer groups for initial APG implementation: Upstate freestanding clinics; Downstate freestanding clinics; freestanding mental health clinics operated by a county’s designated local governmental unit, and State-operated mental health clinics.

Assignment to a peer group is based on the corporate information related to the licensure of the owner’s primary location. Clinics that are owned by hospitals will receive the hospital base rate. Clinics owned by a free-standing (non-Article 28 hospital) entity will receive the freestanding clinic base rate.

APG is an alternative reimbursement methodology to the Prospective Payment System (PPS) methodology and is subject to the minimum payment annual reconciliation for Federally Qualified Health Centers as described in the Federally Qualified Health Centers (FQHCs) and Rural Health Clinics section of this Attachment.

**I. Definitions:** The list of definitions in the APG System freestanding clinic section of this attachment will also apply to the methodology for OMH clinics except as follows:

- **After hours** is considered to be services outside the time period 8:00 am – 6:00 pm for weekdays or any time during weekends. Weekends are considered to be Saturday and Sunday.
- **Provider blend rate** is the combination of the provider’s average per-visit Medicaid reimbursement for clinic services for the period July 1, 2008 through June 30, 2009, plus the provider’s supplemental payments for Comprehensive Outpatient Program Services (COPS) and the Community Service Program (CSP) in effect as of June 30, 2009.
- **Supplemental payment** means payment that is in addition to the operating rate, which operating rate during the transition period will be composed of both an APG component and a pre-APG (legacy) component. The supplemental payments included in the pre-APG (legacy) component consist of Comprehensive Outpatient Services (COPS) payments and Community Support Program (CSP) payments.

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**II. Reimbursement Methodology**

Under the APG payment methodology, payments are determined by multiplying a dollar base rate, varying by peer group, by the weight for each procedure. The weight is a numeric value that reflects the relative expected resource utilization for each procedure as compared to the expected resource utilization for all other procedures. Procedure weights are the same for all freestanding clinic providers regardless of peer group. They are also the same for the same procedure regardless of the licensure of the clinic delivering the reimbursable procedure.

The statewide case mix of .8675 will be used in the determination of the APG base rates. The statewide case mix was calculated by determining the specific service mix that would exist within the OMH clinic, applying the pre-existing APG and procedure-specific weights and calculating the weighted average based on service volume based on each procedure code.

**III. Transition**

OMH will promulgate the APG base rates and blend rates in accordance with the methodology describe herein for all freestanding OMH-licensed mental health clinics.

Facilities will transition to the APG methodology according to the terms of the Transition Schedule detailed in the APG Reimbursement Methodology – OMH Licensed Mental Health Clinics section of this Attachment.

**IV. Transition Schedule**

Excluding new sites as described in paragraph V of this section, all freestanding OMH-licensed mental health clinics will transition to full payment under the APG methodology over a multi-year period beginning October 1, 2010 as follows:

The first year of the transition to full payment under the APG methodology, October 1, 2010 to September 30, 2011, the payments for visits to OMH-licensed, freestanding mental health clinics will be comprised of 25% of the APG rate plus 75% of the individual provider's blend rate.

In the second year, October 1, 2011, to September 30, 2012, the payments to OMH-licensed, freestanding mental health clinics will be comprised of 50% of the APG rate and 50% of the blend rate.

In the third year, October 1, 2012, to September 30, 2013, the payments to OMH-licensed, freestanding mental health clinics will be comprised of 75% of the APG rate and 25% of the blend rate.

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In the fourth year, beginning October 1, 2013, the entire payment to OMH-licensed, freestanding mental health clinics will be comprised of the APG rate.

**V. Rates for new OMH-licensed mental health clinics during the transition period.**

1. The APG transition period for OMH-licensed mental health clinics is October 1, 2010, through September 30, 2013.
2. For any clinic for which an initial operating certificate was issued during the transition period, the base rate will be the same as the base rate for other members of the peer group to which such clinic is assigned by OMH. The provider blend rate for any such clinic will be the lowest blend rate paid to any other member of the peer group, excluding all clinics with licenses with a duration of six months or less. The relocation of a clinic operated by the same agency provider, the assumption of the operation or control of an existing clinic by a different agency provider, or an increase in capacity of an existing clinic, will not be treated as a new clinic for these purposes.
3. The base rate for the new site(s) for providers assuming operation of clinic site(s) previously operated by another provider will be based on the peer group previously assigned to that clinic site; blend rate adjustment, if any, will be based on whether the provider assuming operation of the clinic site is currently operating one or more clinic sites in the same peer group. If the provider is currently operating one or more such clinics, the blend will be the visit-volume weighted average of the calculated blend rates of the agency provider's current clinic sites and the newly assumed location. If the provider that is acquiring a site does not currently operate any sites, the base rate of the new site is determined by the peer group to which it is assigned and the blend rate for the new site will be the same as it was when operated by the previous provider.
4. Freestanding (non-Article 28 hospital) mental health clinic provider Medicaid blend rates can be found on the Office of Mental Health website at:

[https://www.omh.ny.gov/omhweb/medicaid\\_reimbursement/](https://www.omh.ny.gov/omhweb/medicaid_reimbursement/)

Click on "Blend Rates –Provider-Specific" then click on "Non-hospital Fee-for Service Clinic Blend Rates"

**VI. Rates for new OMH-licensed mental health clinics after the transition period.**

For any clinic for which an initial operating certificate was issued after the transition period, the base rate will be the same as the base rate for other members of the peer group to which such clinic is assigned by OMH.

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**VII. Off-Site Visits Provided By OMH Licensed Clinics to Homeless Individuals.**

Medicaid will only claim expenditures for off-site clinic services when the services meet the exception in 42 CFR 440.90(b) that permits Medicaid payment for services furnished outside of the clinic by clinic personnel under the direction of a physician to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address. Off-site services provided by OMH licensed clinics to other than homeless individuals will be reimbursed with State-only funding and federal financial participation will not be claimed.

**VIII. Quality Improvement (QI) Program**

An enhanced APG peer group base rate is available for providers participating in the OMH quality improvement program. To become eligible for this enhancement, providers must complete a Memorandum of Agreement agreeing to the terms and conditions under which the enhanced APG peer group base rate will be paid, develop and submit a quality improvement plan that is subsequently approved by the OMH, identify the process or outcome indicators that will be monitored, and submit the QI findings and results to the OMH.

Providers that discontinue their involvement in the QI program will revert to the APG peer group base rate for their region that does not include the enhancement.

**IX. APG Peer Group Base Rates for all OMH-Licensed Freestanding Mental Health Clinics**

<b><u>Peer Group</u></b>	<b><u>Base Rates Effective 10/01/10</u></b>
<u>Upstate freestanding clinics without quality improvement enhancement</u>	<u>\$133.83</u>
<u>Downstate freestanding clinics without quality improvement enhancement</u>	<u>\$145.47</u>
<u>Freestanding mental health clinics operated by a county's designated local governmental unit without quality improvement enhancement</u>	<u>\$186.21</u>
<u>Upstate freestanding clinics including quality improvement enhancement</u>	<u>\$138.97</u>
<u>Downstate freestanding clinics including quality improvement enhancement</u>	<u>\$151.05</u>
<u>Freestanding mental health clinics operated by a county's designated local governmental unit including quality improvement enhancement</u>	<u>\$193.35</u>
<u>State-operated mental health clinics</u>	<u>\$247.42</u>

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**Ambulatory Patient Group (APG) Reimbursement Methodology - Office for People With Developmental Disabilities' (OPWDD) Freestanding (non-hospital based) Clinics certified pursuant to Mental Hygiene Law Article 16.**

**I. Implementation date:** For service dates beginning July 1, 2011, for clinics certified or operated by New York State OPWDD (i.e., Article 16 clinics), services will be reimbursed using the Ambulatory Patient Group (APG) methodology. Website links to the various components of the APG methodology can be found at:

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg/index.htm](http://www.health.ny.gov/health_care/medicaid/rates/apg/index.htm)

- (1) Medicaid will only claim expenditures for off-site clinic services when the services meet the exception in 42 CFR 440.90 (b) that permits Medicaid payment for services furnished outside of the clinic by clinic personnel under the direction of a physician to an eligible individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address. Off-site services provided by OPWDD licensed clinics to other than homeless individuals will be reimbursed with State-only funding and federal financial participation will not be claimed.

**II. Definitions: The list of definitions in the Ambulatory Patient Group System: Freestanding Clinics section will apply to the methodology for OPWDD freestanding clinics except as follows:**

- (1) **Average legacy Rate.** The average legacy rate represents the provider-specific historical operating component reimbursement under the previous OPWDD clinic rate methodology. Each Provider's specific average legacy rate can be found at the link below.

[http://health.ny.gov/health\\_care/medicaid/rates/mental\\_hygiene/apg/2011-07-01\\_legacy.htm](http://health.ny.gov/health_care/medicaid/rates/mental_hygiene/apg/2011-07-01_legacy.htm)

(2) **OPWDD Peer Groups are defined as:**

- (i) Peer Group A. Except for clinics described in Peer Group C, Peer Group A will be comprised of clinics that have the certified main clinic site located in the counties of New York, Bronx, Kings, Queens, Richmond, Nassau and Suffolk.
- (ii) Peer Group B. Except for clinics described in Peer Group C, Peer Group B will be comprised of clinics that have the certified main clinic site located in a county other than those identified in Peer Group A.
- (iii) Peer Group C. Peer Group C will be comprised of clinic facilities operated by an educational institution providing graduate medical education which places residents and fellows at no fewer than two major hospital systems and which clinic's physicians have admitting and/or courtesy privileges at same hospital systems. Additionally, the educational institution operating the clinic facility must hold the following federal designations as of July 1, 2011:
- (a) University Center for Excellence in Developmental Disabilities (UCEDD) by the United States Department of Health and Human Services' Administration on Developmental Disabilities (ADD); and

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(b) National Institutes for Health's (NIH's) Eunice Kennedy Shriver National Institute of Child Health and Human Development Intellectual and Developmental Disability Research Center (IDDRC); and

(c) Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration of the United States Public Health Service, Leadership Education in Neurodevelopmental and Related Disabilities (LEND) training program.

**III. Reimbursement Methodology—Operating and APG Rate Computation**

**Operating:** For dates of service beginning July 1, 2011, the operating component of rates shall be reimbursed using a methodology that is prospective and associated with resource utilization to ensure that ambulatory services are economically and efficiently provided. The methodology is based upon the APG classification and reimbursement system. Reimbursement for the capital component of these rates shall be made as an add-on to the operating component as described in the APG Rate Computation section.

There will be a three and one half year transition period to the new APG reimbursement methodology. During this transition period, the operating component payment will be calculated as a blend of the new APG methodology calculation and the clinic-specific legacy rates established based on the former reimbursement methodology. The transition blend formula is described in subpart 3 of this Section. Beginning January 1, 2014 and thereafter, 100% of the operating component payment will be based on the APG methodology. Per the enabling statute, new services are not subject to the blend requirement. A comprehensive list of "No Blend" APGs are posted on the APG website:

[http://www.health.ny.gov/health\\_care/medicaid/rates/apg](http://www.health.ny.gov/health_care/medicaid/rates/apg)

Click on "Reimbursement Components" then click on "No Blend APGs"

The APG patient classification system is designed to explain the amount and type of resources used in an ambulatory visit by grouping patients with similar clinical characteristics and similar resource use into a specific APG. Each procedure code associated with a patient visit is assigned to an APG using the grouping logic developed by 3M Health Information Systems (3M). When evaluation and management codes are coded, the APG grouping logic also uses the diagnosis code to make the APG assignment. Ultimately, the procedures and diagnoses coded for a patient visit will result in a list of APGs that correspond on a one-for-one basis with each procedure coded for the visit.

**APG Rate Computation:** The following is a description of the methodology to be utilized in calculating rates of payment under the APG classification and reimbursement system.

Claims containing diagnostic and procedure codes are submitted to the Department on appropriate forms or in the accepted electronic format. Procedures will be coded using the CPT-4

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code set. Diagnoses will be coded using the ICD-9-CM code set until September 30, 2015 and then the ICD-10 code set thereafter.

Claims are reviewed electronically to assign each valid procedure code to the appropriate APG using the APG software logic. Invalid codes will be assigned to an error APG and not given further consideration in the payment process.

Each valid APG on the claim is assigned a relative weight. At this time the software logic also determines an allowed weight based upon whether each APG on the claim is to be paid in full, packaged, consolidated, or discounted.

The allowed weights for each valid APG on the claim are then summed to arrive at the final weight for this claim. This final weight is multiplied by an operating base rate that is specific to the peer group to which the claim has been assigned resulting in the APG operating cost reimbursement amount for this claim.

A separate base rate calculation shall be calculated for each peer group established jointly by OPWDD and the Department of Health. All Medicaid reimbursement paid to Article 16 clinic facilities in the peer group during the period April 1 2009 to March 31, 2010 will form the numerator. The peer group specific case mix index multiplied by the coding improvement factor and the peer group base year (4/1/09-3/31/10) visits will form the denominator. Dividing the numerator by the denominator yields the peer group base rate.

The following is an example of a sample APG base rate calculation:

a.	<u>2007 Peer Group Reimbursement</u>	<u>\$51,000,000</u>
b.	<u>Case Mix Index</u>	<u>8.1610</u>
c.	<u>Coding Improvement Factor</u>	<u>1.05</u>
d.	<u>2007 Base Year Visits</u>	<u>50,000</u>

$$\text{\$51,000,000} / (8.1610 \times 1.05 \times 50,000) = \text{\$119.03 (Base Rate)}$$

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**The APG Rate Computation as described above for DOH-licensed Article 28 free-standing clinics will also apply to OPWDD-licensed Article 16 clinics, except for the following:**

- (1) **Case mix.** The initial case mix index is based on paid OPWDD Article 16 Medicaid claims data from April 1, 2009 through March 31, 2010. The APG peer group base rates are based on the following case mix values: Peer Group A= .59, Peer Group B= .52, and Peer Group C= .86.
- (2) **Healthcare Common Procedure Coding System (HCPCS) modifier codes impact the calculation of allowed APG payment for OPWDD clinic services in the same manner as DOH-certified freestanding clinics, with the following exception:**
- (i) Article 16 clinics permit Rehabilitation Counselors to deliver certain vocation-related procedures that might otherwise be limited to licensed Occupational and Physical Therapists. The specific procedure codes that rehabilitation counselors deliver are limited to:
- 97003-97004 – Evaluations and Re-evaluations until December 31, 2016;  
97165-97168 – Evaluation and Re-evaluation beginning January 1, 2017;  
97530 – Therapeutic Activities;  
97532 – Development of Cognitive Skills;  
97535 – Self-care/home management training;  
97537 – Community/work reintegration training; or  
97150 – Therapeutic Procedures, group
- (ii) Providers are instructed to include procedure modifier codes HO and HN modifiers on rehabilitation counseling services only. The HO and HN modifiers are not added to procedures delivered by Occupational Therapists (OTs), Occupational Therapist Assistants, (OTAs), Physical Therapists (PTs), and Physical Therapist Assistants (PTAs). When these specific services are delivered by a Rehabilitation Counselor, these modifiers will discount the payment to 75% of the rate. The discount is intended to reflect the lower staff costs associated with this title.
- (iii) OPWDD clinics are prohibited from attaching modifier codes AF, AG, SA, and U4 to their claims. The additional cost factors represented by these modifiers are considered “already included” within OPWDD base rates. The link for APG modifier codes can be found at the following webpage:

[https://www.health.ny.gov/health\\_care/medicaid/rates/methodology/modifiers.htm](https://www.health.ny.gov/health_care/medicaid/rates/methodology/modifiers.htm)

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**(3) Transition:**

- (i) During the transition, the average legacy rate established for each clinic will be reimbursed as per the schedule located on the following webpage:

[http://www.health.ny.gov/health\\_care/medicaid/rates/mental\\_hygiene/apg/2011-07-01\\_legacy.htm](http://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/apg/2011-07-01_legacy.htm)

- (ii) OPWDD transition schedule for the operating component of the rate:

- (a) July 1, 2011 through June 30, 2012 - Blend of 75% average legacy rate and 25% APG;  
 (b) July 1, 2012 through June 30, 2013 - Blend of 50% average legacy rate and 50% APG;  
 (c) July 1, 2013 through December 31, 2013 - Blend of 25% average legacy rate and 75% APG; and  
 (d) Beginning on January 1, 2014, all subsequent payments will consist of 100% APG

**(4) APG payments for Article 16 clinics certified or operated by OPWDD will not reflect any additional investments beyond the APG payment.**

**(5) Article 16 (OPWDD) Clinics follow the same reimbursement policy guidance as Article 28 (DOH) Clinics, with the following exceptions:**

(i) Nutrition therapy services, whether delivered alone or with other services during the same visit, shall be reimbursed through the APG methodology.

(ii) Wheelchair evaluation services shall be reimbursed through the APG payment methodology.

(iii) Unlike Article 28 clinics, reimbursement of psychotherapy and developmental testing services delivered by licensed Social Workers within their scope of practice under state law shall not be limited to recipients who are dually eligible for Medicare. In an Article 16 clinic, a licensed social worker may deliver reimbursable services to Medicaid-only enrollees. All such psychotherapy and developmental testing services shall be reimbursed using the APG methodology.

(iv) Self-management education and training services, when delivered at certified clinic locations, will be reimbursed through the APG methodology. Such services may also be reimbursed when delivered at certified clinic locations to family members and other unpaid collateral caregivers for the purpose of enhancing, augmenting, and/or reinforcing ongoing treatment and clinical services to the patients. Self-management, education and training services are under APG 428 (Patient Education – Individual) and APG 429 (Patient Education – Group). These APGs presently include services described by CPT codes 98960-98962 and G0108-G0109.

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- (v) Article 16 (OPWDD) clinics may offer a wider variety of services delivered in group settings than Article 28 (DOH) clinics. The following Article 16 clinic services can be delivered in group setting and reimbursed through the APG payment methodology:
- (a) Group Physical and Occupational Therapy (APG 274)
  - (b) Group Speech Therapy (APG 275)
  - (c) Group Psychotherapy (APG 310)
  - (d) Group Self-Management Education Services (APG 429)
  - (e) Nutrition therapy services (APG 118). In the case of nutrition therapy services, when claimed using HCPCS codes that specifically permit group services.
- (vi) When explicitly ordered and referred by a physician, Article 16 clinics may use registered nurses (in addition to physicians, physician assistants, and nurse practitioners) to deliver preventive counseling services (procedure codes 99401-99404 and 99411-99412) within the scope of their competence. Such preventive counseling services need not be provided on the same day as a physician medical service.
- (vii) Article 16 clinic facilities are not certified to provide laboratory and radiological services. As such the Article 28 ancillary services policy, which includes the costs of laboratory and radiology services within medical visit APG reimbursement, will not apply to Article 16 clinic facilities. In very limited instances such services are ordered by an Article 16 physician, the patient will be referred to an external provider and the ancillary service will be separately billed to Medicaid.

**IV. Capital Costs:**

If a visit includes a service which maps to an APG that allows a capital add-on, there will be a capital add-on to the operating component of the APG payment for the visit.

- (1) For each visit, the capital cost component will be a fixed amount equal to the capital cost component of the clinic's regular visit fee in effect on June 30, 2011 and can be found at the following webpage:

[http://www.health.ny.gov/health\\_care/medicaid/rates/mental\\_hygiene/apg/2011-07-01\\_capital\\_add\\_on.htm](http://www.health.ny.gov/health_care/medicaid/rates/mental_hygiene/apg/2011-07-01_capital_add_on.htm)

- (2) A capital add-on is allowable for most APG claims and is payable on a per-visit basis. If the visit entails a specific APG or APG Procedure as a standalone, meaning that it is the only visit listed on the claim, then capital will not be reimbursed for this visit. The links for the "No Capital Add-on APG List" and the "No Capital Add-on Procedure List" can be found at the following webpage:

[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/no\\_capital\\_add-on](http://www.health.ny.gov/health_care/medicaid/rates/methodology/no_capital_add-on)  
[http://www.health.ny.gov/health\\_care/medicaid/rates/methodology/no\\_capital\\_add-on\\_procedures](http://www.health.ny.gov/health_care/medicaid/rates/methodology/no_capital_add-on_procedures)

**V. New Clinics:**

Clinics that began or will begin operation on or after July 1, 2011 will be reimbursed in accordance with the OPWDD transition schedule, except that the average legacy rate across all OPWDD clinics, in the amount of \$107.82, will be used in place of a clinic-specific rate when calculating the reimbursement during the transition period. These new clinics will be assigned a peer group, based on their geographical location, and receive a rate which is calculated the same as other clinics using a percentage of the state wide average legacy rate and the peer group APG.

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**VI. APG Base Rates for OPWDD certified or operated clinics.**

<b><u>Peer Group</u></b>	<b><u>Base Rate</u></b>	<b><u>Effective Date of Base Rate</u></b>
Peer Group A	\$180.95	7/1/11
Peer Group B	\$186.99	7/1/11
Peer Group C	\$270.50	7/1/11
Peer Group A	\$182.21	4/1/15
Peer Group B	\$189.07	4/1/15
Peer Group C	\$272.70	4/1/15
Peer Group A	\$182.57	4/1/16
Peer Group B	\$189.45	4/1/16
Peer Group C	\$273.24	4/1/16

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**TYPE OF SERVICE - METHOD OF REIMBURSEMENT****Ambulatory Services in Facilities Certified Under Article 16 of the State Mental Hygiene Law:****OPW[MR]DD Clinic Treatment Program**

(Programs certified by OPW[MR]DD pursuant to 14 NYCRR Part 679)

For freestanding outpatient providers, OPW[MR]DD will establish statewide cost related flat fees. Fees will be assigned based on provider specific actual base year costs of budgets which correspond to the fiscal cycle of the provider. All fees are subject to approval by the Division of the Budget.

The above provision sunsets effective June 30, 2011. Effective July 1, 2011, these facilities will be reimbursed under the APG methodology, see: APG Reimbursement Methodology section.

**OPW[MR]DD Clinic Day Treatment Program**

(Programs certified by OPW[MR]DD pursuant to 14 NYCRR Part 690)

The below reimbursement methodology as outlined in *Fee Setting 1-11* below, sunsets effective December 31, 2016.

Site specific, variable, per diem fees, which are cost related and developed as follows:

**Fee Setting**

- (1) For the purpose of setting the Day Treatment fee, units of service shall include the total number of half day units of service (more than three hours but less than five hours), the number of full day units of service (five hours or more) and less than half day units of service (such as in the amount of one and a half hour (1 1/2)). Units of service are billable in the above amounts. Billable services include the initial contact visit, enrollment for completing a preliminary screening, and services for individuals formally admitted to the Day Treatment program.
  - (i) Units of service for the fee setting calculation shall utilize projected or actual units of service as follows:
    - (a) For non-State operated Day Treatment programs in Regions II or III, including those programs in Region I designated or elected to a Region II or III reporting year-end and fiscal cycle, the April 1, 1991 through December 31, 1991 fee setting calculation shall utilize actual units of service from the January 1, 1988 through December 31, 1988 cost report. For non-State operated Day Treatment programs in Region I, including those programs in Region II and III designated or elected to a Region I reporting year-end and fiscal cycle, the July 1, 1991

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**Type of Service****Office of Alcoholism and Substance Abuse Services (OASAS) Outpatient Services**

**Chemical Dependence Medically Supervised Treatment and Chemical Dependence Medically Supervised Freestanding Clinic and Hospital Outpatient Withdrawal Services**

For dates of service beginning on July 1, 2002, facilities certified solely under article 32 of the Mental Hygiene Law will be reimbursed based upon per visit fees developed by the Department of Health and approved by the Division of the Budget. Fees will be prospective, all-inclusive, and will be based upon reported historical cost and visit data supplied by providers. Operating and capital cost data is submitted annually on the facility Consolidated Fiscal Report (CFR). Fees are regionally adjusted to reflect geographic cost variation and are based upon 1998 base year cost data trended to this initial level. The above reimbursement methodology sunsets effective May 31, 2017

Effective June 1, 2017, OASAS providers receive a daily fee which recognizes regional costs differences reflected in a fee table. All fees and rates are subject to the approval of the Division of the Budget. The fees can be found on the OASAS website at:

<https://www.oasas.ny.gov/admin/hcf/FFS/MedSuprOtptWthdrl.cfm#top>

**OMH [Outpatient Programs] Licensed Freestanding Clinic and Outpatient Hospital Services Under 14 NYCRR Parts [579 and 585: (to be phased out)] 587, 588 and 599**

**Clinic, Day and Continuing Treatment Programs**

For freestanding outpatient providers OMH will establish regional fee schedules which recognizes regional cost differences. For hospital-based providers, OMH will establish cost-related rates subject to ceiling limitations. All fees and rates are subject to the approval of the Division of the Budget.

The above reimbursement methodology identified in this paragraph sunsets effective May 31, 2017.

In addition to these fees, a provider which has been recommended by the local governmental unit and designated by the New York State Office of Mental Health can receive a supplemental rate for clinic and/or day treatment programs to cover the cost of additional rehabilitative services provided by its community support program(s). Such rates shall be calculated by dividing the cost of community support program services determined to be eligible for Medicaid reimbursement by the number of services provided to recipients who are eligible for Medicaid.

The supplemental reimbursement rate identified in this paragraph sunsets effective October 31, 2013.

<b>TN</b> <u>  #10-0018  </u>	<b>Approval Date</b> <u>                  11/01/2017                  </u>
<b>Supersedes TN</b> <u>  #02-0016  </u>	<b>Effective Date</b> <u>                  07/01/2010                  </u>

**New York  
3(j)**

**[Type of Service]**

**OMH [Outpatient Programs] Licensed Freestanding Clinic and Outpatient Hospital Services [Under 14 NYCRR Parts 587 and 588**

**(to replace existing programs licensed under 14 NYCRR Parts 585 and 579]**

**Method of Reimbursement**

[For Freestanding outpatient providers OMH will establish regional fee schedules which recognize regional cost differences. For hospital based providers, OMH will establish cost related rates subject to ceiling limitations. All fees and rates are subject to the approval of the Division of the Budget.]

**Clinic Treatment for Adults, Clinic Treatment for Children, Clinic and Continuing Day Treatment Programs**

Continuing Day Treatment fees will be tiered so that a client's reimbursement will vary depending on their service utilization during a month. The fee will decrease when a client reaches specified, uniform monthly utilization levels. Freestanding outpatient providers will have three fees representing three utilization levels. Hospital based providers will have two.

In addition to these fees, a provider of Freestanding Clinic or Outpatient Hospital Services which has been recommended by the local governmental unit and designated by the New York State Office of Mental Health can receive a supplemental rate for clinic and/or continuing day treatment programs to cover the cost of additional rehabilitative services provided by its community support program(s). Such rates shall be calculated by dividing the cost of community support program services determined to be eligible for Medicaid reimbursement by the number of services provided to recipients who are eligible for Medicaid.

OMH will also set project specific fees for approved projects which examine innovative program and administrative configurations, subject to the approval of the Division of the Budget.

The reimbursement methodology identified in this paragraph sunsets effective May 31, 2017.

**Continuing Day Treatment Services: Reimbursement Methodology for Freestanding Clinics**

**Effective June 1, 2017**

**Definitions**

- **Group Collateral** – A unit of service in which services are provided to collaterals of more than one individual at the same time. Group Collateral Visit shall not include more than 12 individuals and collaterals. Reimbursement for group collateral visits of 30 minutes or more is provided for each individual for whom at least one collateral is present.

- **Regions** –

**Downstate:** Bronx, Kings, Nassau, New York, Putnam, Queens, Richmond, Rockland, Suffolk and Westchester Counties

**Western:** Allegheny, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Tompkins, Wayne, Wyoming and Yates Counties

**Upstate:** Albany, Broome, Cayuga, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Orange, Oswego, Otsego, Rensselaer, St. Lawrence, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Tioga, Warren and Washington Counties

Providers with program sites located in different regions receive reimbursement based on the region where the services are provided.

**TN # 10-0018** \_\_\_\_\_ **Approval Date** 11/01/2017

**Supersedes TN #98-0028** \_\_\_\_\_ **Effective Date** 07/01/2010

**New York  
3(j.1)**

▪ **Units of Service –**

Half Day – minimum two hours

Full Day – minimum four hours

Collateral Visit – minimum of 30 minutes

Preadmission and Group Collateral Visits – minimum of one hour

Crisis Visit – any duration

Cumulative hours are calculated on a monthly basis. A Half Day visit counts as two hours and a Full Day counts as four hours towards an individual's monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is excluded from the calculation of monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is also excluded from the minimum service hours necessary for Half Day and Full Day visits.

When the hours of any single visit include more than one rate because the individual surpassed the monthly utilization amount within a single visit, reimbursement is at the rate applicable to the first hour of such visit.

Effective June 1, 2017, reimbursement rates for non-State-operated Continuing Day Treatment Services Providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

**Regional Continuing Day Treatment Rates for Freestanding Clinic (Non-State Operated)**

<b><u>Rate Code</u></b>	<b><u>Description</u></b>	<b><u>Downstate Region</u></b>	<b><u>Western Region</u></b>	<b><u>Upstate Region</u></b>
<u>4310</u>	<u>Half Day 1-40 Cumulative Hours</u>	<u>\$31.04</u>	<u>\$27.96</u>	<u>\$27.47</u>
<u>4311</u>	<u>Half Day 41-64 Cumulative Hours</u>	<u>\$23.28</u>	<u>\$23.30</u>	<u>\$23.32</u>
<u>4312</u>	<u>Half Day 65+ Cumulative Hours</u>	<u>\$17.16</u>	<u>\$17.17</u>	<u>\$17.19</u>
<u>4316</u>	<u>Full Day 1-40 Cumulative Hours</u>	<u>\$62.07</u>	<u>\$55.92</u>	<u>\$54.92</u>
<u>4317</u>	<u>Full Day 41-64 Cumulative Hours</u>	<u>\$46.56</u>	<u>\$46.60</u>	<u>\$46.63</u>
<u>4318</u>	<u>Full Day 65+ Cumulative Hours</u>	<u>\$34.30</u>	<u>\$34.34</u>	<u>\$34.36</u>
<u>4325</u>	<u>Collateral Visit</u>	<u>\$31.04</u>	<u>\$27.96</u>	<u>\$27.47</u>
<u>4331</u>	<u>Group Collateral Visit</u>	<u>\$31.04</u>	<u>\$27.96</u>	<u>\$27.47</u>
<u>4337</u>	<u>Crisis Visit</u>	<u>\$31.04</u>	<u>\$27.96</u>	<u>\$27.47</u>
<u>4346</u>	<u>Preadmission Visit</u>	<u>\$31.04</u>	<u>\$27.96</u>	<u>\$27.47</u>

TN 10-0018 Approval Date 11/01/2017

Supersedes TN #NEW Effective Date 07/01/2010

**New York  
3(j.1a)**

Effective June 1, 2017, reimbursement rates for State-operated Continuing Day Treatment Services providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

**Statewide Continuing Day Treatment Rates for Freestanding Clinics (State-Operated)**

<b><u>Rate Code</u></b>	<b><u>Description</u></b>	<b><u>Statewide Rate</u></b>
<u>4310</u>	<u>Half Day 1-40 Cumulative Hours</u>	<u>\$137.00</u>
<u>4311</u>	<u>Half Day 41-64 Cumulative Hours</u>	<u>\$102.75</u>
<u>4312</u>	<u>Half Day 65+ Cumulative Hours</u>	<u>\$75.35</u>
<u>4316</u>	<u>Full Day 1-40 Cumulative Hours</u>	<u>\$274.00</u>
<u>4317</u>	<u>Full Day 41-64 Cumulative Hours</u>	<u>\$205.50</u>
<u>4318</u>	<u>Full Day 65+ Cumulative Hours</u>	<u>\$150.70</u>
<u>4325</u>	<u>Collateral Visit</u>	<u>\$137.00</u>
<u>4331</u>	<u>Group Collateral Visit</u>	<u>\$137.00</u>
<u>4337</u>	<u>Crisis Visit</u>	<u>\$137.00</u>
<u>4346</u>	<u>Preadmission Visit</u>	<u>\$137.00</u>

TN #10-0018 Approval Date 11/01/2017

Supersedes TN NEW Effective Date 07/01/2010

**New York  
3(j.2)**

**Continuing Day Treatment Services:****Reimbursement Methodology for Outpatient Hospital Services****Effective June 1, 2017****Definitions:**

- **Group Collateral** - A unit of service in which services are provided to collaterals of more than one individual at the same time. Group Collateral Visit shall not include more than 12 individuals and collaterals. Reimbursement for group collateral visits of 30 minutes or more is provided for each individual for whom at least one collateral is present.
- **Units of Service** - Half Day – Minimum two hours  
                                   Full Day – Minimum four hours  
                                   Collateral Visit – minimum of 30 minutes  
                                   Preadmission and Group Collateral Visits – minimum of one hour  
                                   Crisis Visit – any duration

Cumulative hours are calculated on a monthly basis. A Half Day visit counts as two hours and a Full Day counts as four hours towards an individual's monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is excluded from the calculation of monthly cumulative hours. Time spent during a crisis, collateral, group collateral, or preadmission visit is also excluded from the minimum service hours necessary for Half Day and Full Day visits.

When the hours of any single visit include more than one rate because the individual surpassed the monthly utilization amount within a single visit, reimbursement is at the rate applicable to the first hour of such visit.

Effective June 1, 2017, reimbursement for Continuing Day Treatment Services providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

**Statewide Continuing Day Treatment Rates for Hospital-based Outpatient Providers (Non-State Operated)**

<b><u>Rate Code</u></b>	<b><u>Description</u></b>	<b><u>Statewide Rate</u></b>
<u>4310</u>	<u>Half Day 1-40 Cumulative Hours</u>	<u>\$41.65</u>
<u>4311</u>	<u>Half Day 41+ Cumulative Hours</u>	<u>\$31.23</u>
<u>4316</u>	<u>Full Day 1-40 Cumulative Hours</u>	<u>\$62.16</u>
<u>4317</u>	<u>Full Day 41+ Cumulative Hours</u>	<u>\$46.62</u>
<u>4325</u>	<u>Collateral Visit</u>	<u>\$41.65</u>
<u>4331</u>	<u>Group Collateral Visit</u>	<u>\$41.65</u>
<u>4337</u>	<u>Crisis Visit</u>	<u>\$41.65</u>
<u>4346</u>	<u>Preadmission Visit</u>	<u>\$41.65</u>

**TN #10-0018** \_\_\_\_\_ **Approval Date** 11/01/2017

**Supersedes TN NEW** \_\_\_\_\_ **Effective Date** 07/01/2010

**New York  
3(j.2a)**

Reimbursement will include a per-visit payment for the cost of capital, which will be determined by dividing the provider's total allowable capital costs as reported on the Institutional Cost Report (ICR) for its licensed outpatient Mental Health Clinic, Continuing Day Treatment and Day Treatment Services for children, by the sum of the total annual number of visits for all of such services. The per-visit capital payment will be updated annually and will be developed using the costs and visits based on an ICR that is 2-years prior to the rate year. The allowable capital, as reported on the ICR, will also be adjusted prior to the rate add-on development to exclude costs related to statutory exclusions as follows: (1) forty-four percent of the costs of major moveable equipment and (2) staff housing.

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Supersedes TN NEW Effective Date 07/01/2010



New York  
3J-A

**Type of Service**

Clinic Treatment for Adults, Clinic  
Treatment for Children, Clinic and Continuing  
Day Treatment Programs

**Method of Reimbursement**

Effective April 1, 2000, OMH will increase the fees paid to certain not-for-profit freestanding clinic and outpatient hospital [and] non-residential programs which are not eligible for reimbursement as comprehensive outpatient programs under the regulations of the Office of Mental Health; and will also increase fees for programs which are designated as comprehensive outpatient programs but absent such fee increase would not be reimbursed at a rate equivalent to the non-comprehensive programs. In return for these fee increases, the non-comprehensive programs will be required to perform additional case management functions, must agree to provide emergency response services for cases deemed "critical", participate in conjunction with other mental health providers in the local planning process set forth in State laws and regulations and provide other additional services as required by OMH. In no instance will these programs be required to perform services greater than those performed by programs designated as comprehensive outpatient programs. The method of reimbursement identified on the page sunsets October 31, 2013.

TN #10-0018

Supersedes TN #00-0023

Approval Date 11/01/2017

Effective Date 07/01/2010

**New York  
3k**

[Type of Service]

**Partial Hospitalization – Freestanding Clinic and Outpatient Hospital Services**

**[Method of] Reimbursement Methodology for Freestanding Clinic and Outpatient Hospital Services**

OMH will establish regional fee schedules which recognize regional cost differences. All fees are subject to approval by the Division of the Budget. There will be limits on the number of service hours reimbursed per individual for each service episode and for a calendar year. This reimbursement methodology sunsets effective May 31, 2017.

**[Comprehensive Outpatient Programs – 14 NYCRR Part 592**

OMH will develop provider specific rate supplements to fees for outpatient mental health programs licensed exclusively by OMH and rates promulgated by OMH for outpatient mental health programs operated by general hospitals and licensed by OMH based upon expenditures approved by OMH to outpatient programs licensed pursuant to 14 NYCRR Parts 585 and 587 which are designated by county mental health departments or OMH.]

Effective June 1, 2017, reimbursement rates for non-State-operated freestanding clinic and outpatient hospital Partial Hospitalization Services providers are as follows:

**Definitions:**

- **Group Collateral** - A unit of service in which services are provided to collaterals of more than one individual at the same time. Group Collateral Visit shall not include more than 12 individuals and collaterals. Reimbursement for group collateral visits is provided for each individual for whom at least one collateral is present.

- **Regions - Long Island:** Nassau and Suffolk counties.

**New York City:** Bronx, Kings, New York, Queens, and Richmond counties.

**Hudson River:** Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington and Westchester counties.

**Central New York:** Broome, Cayuga, Chenango, Clinton, Cortland, Delaware, Essex, Fulton, Franklin, Hamilton, Herkimer, Jefferson, Madison, Montgomery, Lewis, Oneida, Onondaga, Oswego, Otsego and St. Lawrence counties.

**Western New York:** Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates counties.

Providers with program sites located in different regions receive reimbursement based on the region where the services are provided.

- **Units of Service - Partial Hospitalization:**

Service hours shall be determined by rounding to the nearest full hour once the minimum billable period has been reached. No rounding is permitted for crisis or preadmission service hours.

TN #10-0018 Approval Date 11/01/2017

Supersedes TN #92-0030 Effective Date 07/01/2010

**New York  
3k(1)**

**Regional Partial Hospitalization Rates for Freestanding Clinic and Outpatient Hospital**

**Partial Hospitalization Services effective June 1, 2017**

<b><u>Rate Code</u></b>	<b><u>Description</u></b>	<b><u>Long Island Region</u></b>	<b><u>NYC Region</u></b>	<b><u>Hudson River Region</u></b>	<b><u>Central Region</u></b>	<b><u>Western Region</u></b>
4349	Service Duration 4 hours	\$116.39	\$152.90	\$128.40	\$88.49	\$109.12
4350	Service Duration 5 hours	\$145.49	\$191.12	\$160.50	\$110.62	\$136.40
4351	Service Duration 6 hours	\$174.58	\$229.35	\$192.60	\$132.74	\$163.68
4352	Service Duration 7 hours	\$203.68	\$267.57	\$224.70	\$154.87	\$190.96
4353	Collateral 1 hour	\$29.10	\$38.22	\$32.10	\$22.12	\$27.28
4354	Collateral 2 hours	\$58.19	\$76.45	\$64.20	\$44.25	\$54.56
4355	Group Collateral 1 hour	\$29.10	\$38.22	\$32.10	\$22.12	\$27.28
4356	Group Collateral 2 hours	\$58.19	\$76.45	\$64.20	\$44.25	\$54.56

**Crisis effective June 1, 2017**

<b><u>Rate Code</u></b>	<b><u>Description</u></b>	<b><u>Long Island Region</u></b>	<b><u>NYC Region</u></b>	<b><u>Hudson River Region</u></b>	<b><u>Central Region</u></b>	<b><u>Western Region</u></b>
4357	Crisis 1 hour	\$29.10	\$38.22	\$32.10	\$22.12	\$27.28
4358	Crisis 2 hours	\$58.19	\$76.45	\$64.20	\$44.25	\$54.56
4359	Crisis 3 hours	\$87.29	\$114.67	\$96.30	\$66.37	\$81.84
4360	Crisis 4 hours	\$116.39	\$152.90	\$128.40	\$88.49	\$109.12
4361	Crisis 5 hours	\$145.49	\$191.12	\$160.50	\$110.62	\$136.40
4362	Crisis 6 hours	\$174.58	\$229.35	\$192.60	\$132.74	\$163.68
4363	Crisis 7 hours	\$203.68	\$267.57	\$224.70	\$154.87	\$190.96

**Preadmission effective June 1, 2017**

<b><u>Rate Code</u></b>	<b><u>Description</u></b>	<b><u>Long Island Region</u></b>	<b><u>NYC Region</u></b>	<b><u>Hudson River Region</u></b>	<b><u>Central Region</u></b>	<b><u>Western Region</u></b>
4357	Preadmission 1 hour	\$29.10	\$38.22	\$32.10	\$22.12	\$27.28
4358	Preadmission 2 hours	\$58.19	\$76.45	\$64.20	\$44.25	\$54.56
4359	Preadmission 3 hours	\$87.29	\$114.67	\$96.30	\$66.37	\$81.84
4349	Preadmission 4 hours	\$116.39	\$152.90	\$128.40	\$88.49	\$109.12
4350	Preadmission 5 hours	\$145.49	\$191.12	\$160.50	\$110.62	\$136.40
4351	Preadmission 6 hours	\$174.58	\$229.35	\$192.60	\$132.74	\$163.68
4352	Preadmission 7 hours	\$203.68	\$267.57	\$224.70	\$154.87	\$190.96

TN #10-0018

Supersedes TN NEW

Approval Date 11/01/2017

Effective Date 07/01/2010

**New York  
3k(2)**

**Comprehensive Outpatient Programs – 14 NYCRR Part 592 - Reimbursement Methodology**

OMH will develop provider specific rate supplements to fees for outpatient mental health programs licensed exclusively by OMH and rates promulgated by OMH for outpatient mental health programs operated by general hospitals and licensed by OMH based upon expenditures approved by OMH to outpatient programs licensed pursuant to 14 NYCRR Parts 585 and 587 which are designated by county mental health departments or OMH. The method of reimbursement identified in this paragraph sunsets on October 31, 2013.

**Day Treatment Services for Children:**

**Reimbursement Methodology for Freestanding Clinics**

**Definitions:**

- **Regions** – New York City: Bronx, Kings, New York, Queens, and Richmond counties.  
Rest of State: All other counties in the State of New York
- **Units of Service** – Full Day, including Preadmission Full Day – More than five hours  
Half Day, including Preadmission Half Day – Three to five hours  
Brief Day – At least one but less than three hours  
Collateral Visit – minimum of 30 minutes  
Crisis Visit – minimum of 30 minutes

Crisis and collateral visits are excluded from the calculation of the service hours required for full, half, and brief days.

Effective June 1, 2017, reimbursement rates for non-State operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

**Regional Day Treatment Services for Children Rates for Freestanding Clinic (Non-State Operated)**

<b><u>Rate Code</u></b>	<b><u>Description</u></b>	<b><u>New York City</u></b>	<b><u>Rest of State</u></b>
4060	Full Day	\$98.36	\$95.08
4061	Half Day	\$49.19	\$47.54
4062	Brief Day	\$32.79	\$31.64
4064	Crisis Visit	\$98.36	\$95.08
4065	Preadmission Full Day	\$98.36	\$95.08
4066	Collateral Visit	\$32.79	\$31.64
4067	Preadmission Half Day	\$49.19	\$47.54

TN #10-0018

Supersedes TN NEW

Approval Date 11/01/2017

Effective Date 07/01/2010

**New York  
3k(3)**

Effective June 1, 2017, reimbursement rates for State-operated Day Treatment Services for Children providers licensed solely pursuant to Article 31 of the Mental Hygiene Law are as follows:

**Statewide Day Treatment Services for Children Rates for State-Operated Providers**

<b><u>Rate Code</u></b>	<b><u>Description</u></b>	<b><u>Statewide Rate</u></b>
4060	Full Day	\$375.00
4061	Half Day	\$187.85
4062	Brief Day	\$124.55
4064	Crisis Service	\$375.00
4065	Preadmission Full Day	\$375.00
4066	Collateral	\$124.55
4067	Preadmission Half Day	\$187.50

**Day Treatment Services for Children:**

**Reimbursement Methodology for Outpatient Hospital Services**

Effective June 1, 2017, reimbursement rates for hospital-based Day Treatment Services for Children providers licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law, are as follows:

**Definitions:**

- **Regions** – New York City: Bronx, Kings, New York, Queens, and Richmond counties.  
Rest of State: All other counties in the State of New York
- **Units of Service** – Full Day, including Preadmission Full Day – More than five hours  
Half Day, including Preadmission Half Day – Three to five hours  
Brief Day – At least one but less than three hours  
Collateral Visit – minimum of 30 minutes  
Crisis Visit – minimum of 30 minutes

Crisis and collateral visits are excluded from the calculation of the service hours required for full, half, and brief days.

TN #10-0018

Supersedes TN NEW

Approval Date 11/01/2017

Effective Date 07/01/2010

**New York  
3k(4)**

**Regional Day Treatment for Children Rates for Outpatient Hospital Services**

**(Non-State Operated)**

<b><u>Rate Code</u></b>	<b><u>Description</u></b>	<b><u>New York City</u></b>	<b><u>Rest of State</u></b>
4060	Full Day	\$98.36	\$95.08
4061	Half Day	\$49.19	\$47.54
4062	Brief Day	\$32.79	\$31.64
4064	Crisis Visit	\$98.36	\$95.08
4065	Pre-Admission Full Day	\$98.36	\$95.08
4066	Collateral Visit	\$32.79	\$31.64
4067	Pre-Admission Half Day	\$49.19	\$47.54

Reimbursement will include a per-visit payment for the cost of capital, which will be determined by dividing the provider's total allowable capital costs, as reported on the Institutional Cost Report (ICR) for its licensed outpatient Mental Health Clinic, Continuing Day Treatment and Day Treatment Services for children, by the sum of the total annual number of visits for all of such services. The per-visit capital payment will be updated annually and will be developed using the costs and visits based on an ICR that is 2-years prior to the rate year. The allowable capital, as reported on the ICR, will also be adjusted prior to the rate add-on development to exclude costs related to statutory exclusions as follows: (1) forty-four percent of the costs of major moveable equipment and (2) staff housing.

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Effective Date 07/01/2010

New York  
8

RESERVED

<u>[Type of Service</u>	<u>Method of Reimbursement ]</u>
<p>[Outpatient Hospital Mental Health Services</p> <p>Intensive Day Treatment Program (programs certified by OMH pursuant to 14 NYCRR Part 581)]</p>	<p>[In accordance with the State Mental Hygiene Law, the Office of Mental Health establishes Medicaid rates of reimbursement for outpatient programs issued operating certificates by the Office. The Intensive Day Treatment program is an outpatient program. Medicaid rates established by the Office of Mental Health must be certified by the Commissioner and approved by Division of the Budget. The methods and standards set forth below do not apply to any other type of outpatient programs licensed by the Office of Mental Health:]</p>

TN   #10-0018   Approval Date   11/01/2017    
 Supersedes TN   #87-0031   Effective Date   07/01/2010

New York  
8a

**RESERVED**

[(1) Operating Costs

Medicaid rates for Intensive Day Treatment programs are established prospectively and are all inclusive, taking into account all allowable costs and all allowable visits.

Because Intensive Day Treatment programs have not yet accumulated sufficient cost information to establish cost related rates, operating costs for all Intensive Day Treatment programs are determined on the basis of cost projections contained in budget documents prepared by Intensive Day Treatment programs selected for operation and submitted for review and approval by the Office of Mental Health.

Allowable operating costs include the costs of services approved by the Commissioner. In determining allowability of costs, the Office of Mental health reviews the categories of costs, described below, with consideration given to the special needs of the patient population to be served by the Intensive Day Treatment program. The categories of costs to be reviewed shall include, but not be limited to, the following:

(i) Clinical care. This category of cost includes salaries and fringe benefits for clinical and direct care staff of the program.

(ii) Other than clinical care. This category of cost includes costs associated with administration, maintenance and support expenses.

Allowable operating costs in the category of clinical care are limited to costs approved by the Commissioner in connection with his review of the Intensive Day Treatment programs staffing plan. Allowable operating costs in the category other than clinical care are limited to budgeted costs. The other than clinical costs reported will be reviewed to determine their relative impact within a given program, as well as in comparison to the universe of selected Intensive Day Treatment programs.

Appeals from rate determinations are heard by the Commissioner. The Commissioner may hear requests for rate revisions which are based on errors in the calculation of the rate or in the data submitted by the facility or based on significant changes in operating costs resulting from changes in services, programs or capital projects approved by the Commissioner in connection with the Office of Mental Health’s certificate of need procedures. Revised rates must be certified by the Commissioner and approved by the Director of the Budget.

(2) Capital Costs

To allowable operating costs are added allowable capital costs. Allowable capital costs are determined by the application of principles developed for determining reasonable cost payments under the Medicare program. Allowable capital costs include an allowance for depreciation and interest. A return on equity, as determined by the New York State Department of Health, is allowed for proprietary hospitals. To be allowable, capital expenditure subject to the Office of Mental Health’s certificate of need procedures must be reviewed and approved by the Office of Mental Health.]

TN #10-0018 Approval Date 11/01/2017  
Supersedes TN #87-0031 Effective Date 07/01/2010



New York  
9

RESERVED

<u>[Type of Service]</u>	<u>[Method of Reimbursement ]</u>
<p>[Ambulatory Services in Facilities Certified Under Article 31 of the State Mental Hygiene Law:</p> <p>OMH Clinic, Day and Continuing Treatment Programs</p> <p>Intensive Day Treatment Program (programs certified by OMH pursuant to 14 NYCRR Part 581) ]</p>	<p>[Flat fee developed by OMH and approved by the Division of the Budget.]</p>

TN #10-0018

Approval Date 11/01/2017

Supersedes TN #87-0031

Effective Date 07/01/2010

New York  
10-1

<u>Type of Service</u>	<u>Method of Reimbursement</u>
Rehabilitative Services	(1) Directly Observed Therapy (DOT) The New York State Department of Health establishes a weekly fee for the provision of Directly Observed Therapy. Fees are established to take into account service site, service complexity, service intensity, any existing relationship between the provider and the recipient, record of compliance and completion of therapy. Access to these fees will be available only to those providers who sign Provider Agreements.
Rehabilitative Services	For Freestanding out-patient providers, the Office for People with [of Mental Retardation and] Developmental Disabilities will utilize established statewide cost related flat clinic fees for off-site services. Fees will be assigned based on provider specific clinic costs or budgets which correspond to the fiscal cycle of the provider. All fees are subject to the approval of the New York State Division of the Budget. Access to these fees will be available only to those providers who enter into Provider Agreements. <u>The above reimbursement methodology sunsets effective December 31, 2015.</u>

TN #10-0018

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Effective Date 07/01/2010

**New York  
3h12.1**

**OPWDD Freestanding Clinic – Day Treatment**

Effective January 1, 2017, reimbursement fees for Ambulatory Services in Facilities Certified Under Article 16 of the Mental Health Law Clinic Day Treatment program providers are as follows:

<b><u>Corp Name</u></b>	<b><u>Site</u></b>	<b><u>Rate Codes</u></b>				
		<b><u>4170 Full Day</u></b>	<b><u>4171 Half Day</u></b>	<b><u>4172 Collocated Model</u></b>	<b><u>4173 Intake</u></b>	<b><u>4174 Diagnosis &amp; Evaluation</u></b>
<u>Family Residence &amp; Essential Enterprises</u>	<u>28 Research Way</u>	<u>\$128.16</u>	<u>\$64.08</u>	<u>\$0.00</u>	<u>\$128.16</u>	<u>\$128.16</u>
<u>Family Residence &amp; Essential Enterprises</u>	<u>120 Plant Avenue</u>	<u>\$203.94</u>	<u>\$101.97</u>	<u>\$0.00</u>	<u>\$203.94</u>	<u>\$203.94</u>
<u>Monroe County ARC</u>	<u>1651 Lyell Avenue</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$36.84</u>	<u>\$0.00</u>	<u>\$0.00</u>
<u>Otsego County ARC</u>	<u>3 Chenango Road</u>	<u>\$98.49</u>	<u>\$49.25</u>	<u>\$0.00</u>	<u>\$98.49</u>	<u>\$98.49</u>
<u>Rehabilitation Center of Cattaraugus</u>	<u>3799 South Nine Mile Road</u>	<u>\$106.52</u>	<u>\$53.26</u>	<u>\$0.00</u>	<u>\$106.52</u>	<u>\$106.52</u>
<u>UCP Nassau</u>	<u>380 Washington Avenue</u>	<u>\$169.06</u>	<u>\$84.53</u>	<u>\$0.00</u>	<u>\$169.06</u>	<u>\$169.06</u>
<u>UCP Putnam &amp; Southern Dutchess Counties</u>	<u>40 Jon Barret Road</u>	<u>\$141.54</u>	<u>\$70.77</u>	<u>\$0.00</u>	<u>\$141.54</u>	<u>\$141.54</u>
<u>UCP Niagara</u>	<u>2103 Mckenna Avenue</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$35.06</u>	<u>\$0.00</u>	<u>\$0.00</u>
<u>UCP Suffolk</u>	<u>250 Marcus Boulevard</u>	<u>\$151.05</u>	<u>\$75.53</u>	<u>\$0.00</u>	<u>\$151.05</u>	<u>\$151.05</u>
<u>UCP Westchester</u>	<u>1186 King Street</u>	<u>\$191.36</u>	<u>\$95.68</u>	<u>\$0.00</u>	<u>\$191.36</u>	<u>\$191.36</u>

TN #10-0018

Supersedes TN NEW

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Effective Date 07/01/2010

**New York  
1(a)**

**2a. Outpatient Hospital Services**

Outpatient Hospital Services provided by hospitals licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law are in accordance with 42 CFR § 440.20(a) title Outpatient Hospital Services. Such services include Clinic Treatment Services, Partial Hospitalization, Continuing Day Treatment, and Day Treatment Services for Children, as set forth in item 9a of the Supplement to Attachment 3.1-A of the Plan.

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Supersedes TN NEW Effective Date 07/01/2010

**New York  
2(a)(v)**

9a. Clinic Services provided in Article 31 clinics licensed by the New York State Office of Mental Health (OMH) are in accordance with 42 CFR § 440.90 title clinic services. Such services include Clinic Treatment Services, Partial Hospitalization, Continuing Day Treatment, and Day Treatment Services for Children. Any limitations on the amount, duration or scope of these services may be exceeded based on medical necessity for Medicaid beneficiaries under the age of 21.

OMH-licensed clinic services are provided under the direction of a physician in accordance with 42 CFR § 440.90 and comply with § 4320B of the State Medicaid Manual. A physician must see the patient at least once, approve the patient's treatment plan, and periodically review the need for continued care. The physician assumes professional responsibility for the services provided and assures that the services are medically appropriate and provided in a safe and efficient manner in accordance with accepted medical standards. The physician may be either an employee of the OMH-licensed clinic service provider or affiliated with the provider. OMH-licensed clinic service providers choosing to utilize affiliated physicians must enter into a contractual agreement or some other type of formal arrangement obligating the physician to supervise the care provided to the OMH-licensed clinic service provider's patients.

**1. Clinic Treatment Services**

Clinic Treatment Services are preventive, diagnostic, therapeutic, and rehabilitative mental health services. Clinic Treatment Services are provided based upon the clinical assessment of an individual's mental, physical and behavioral condition and history, which is the basis for establishing the individual's diagnosis. Medically necessary Clinic Treatment Services are documented in a treatment plan which is signed by a physician and reviewed on a periodic basis. Medically necessary Clinic Treatment Services include: Initial Assessment; Psychiatric Assessment; Psychotherapy; Psychotropic Medication Treatment; Injectable Psychotropic Administration and Monitoring; Crisis Intervention; Complex Care Management; Developmental Testing, Psychological Testing; Psychiatric Consultation; Health Physical; Health Monitoring; Smoking Cessation Treatment; and Screening, Brief Intervention, and Referral to Treatment.

**2. Partial Hospitalization Services**

Partial Hospitalization Services are preventive, diagnostic, therapeutic, and rehabilitative intensive mental health services which are designed to stabilize and ameliorate acute symptoms and serve as an alternative to inpatient hospitalization or to reduce the length of a hospital stay within a medically supervised program. Partial Hospitalization Services are provided based upon the clinical assessment of an individual's mental, physical and behavioral condition and history, which is the basis for establishing the individual's diagnosis, functional deficits, and recovery goals. Medically necessary Partial Hospitalization Services are documented in a treatment plan which is signed by a physician and reviewed on a periodic basis. Medically necessary Partial Hospitalization Services include: Health Screening and Referral; Preadmission

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**New York  
2(a)(vi)**

Screening; Symptom Management; Medication Therapy; Medication Skill-Building; Verbal Therapy; Rehabilitation Readiness Assessment and Development; Crisis Intervention Services; Functional Skill Development; Clinical Support Services; and Discharge Planning Services.

Partial Hospitalization services are provided in preadmission visits for individuals prior to formal enrollment. Preadmission visits are limited to a maximum of three visits which must occur over a period of time not to exceed the remaining days of the month in which the first preadmission visit occurred and the next full calendar month.

Clinical Support Services may also be provided to collaterals, who are members of the individual's family or household, or others who regularly interact with the individual and are directly affected by or can affect the individual's condition and are identified in the treatment plan as having a role in the individual's treatment. Clinical support services that are provided to collaterals are for the direct benefit of the Medicaid beneficiary. Collateral and group collateral visits are limited to two hours per day.

Other limitations on amount and duration of Partial Hospitalization Services include:

- i. Reimbursement is limited to no more than 180 hours per course of treatment. A course of treatment shall not exceed six calendar weeks, unless during the course of treatment the recipient is admitted to an inpatient psychiatric facility. Such course of treatment may be extended to include the number of days of inpatient treatment, up to a maximum of 30 days. Partial Hospitalization Services provided during crisis, collateral or group collateral visits do not count towards the 180 hour maximum.
- ii. Reimbursement is limited to 360 hours per calendar year. Services provided during crisis, collateral or group collateral visits do not count towards the 360 hour maximum.
- iii. Reimbursement is limited to one visit, including preadmission visits (of up to 7 hours) and one individual or group collateral visit (of up to 2 hours) per individual per day. Additional Partial Hospitalization Services may be provided on the same day during a crisis visit.

**3. Continuing Day Treatment Services**

Continuing Day Treatment Services are mental health preventive, diagnostic, therapeutic, and rehabilitative services. Continuing Day Treatment Services are provided based upon the clinical assessment of an individual's mental, physical and behavioral condition and history, which is the basis for establishing the individual's diagnosis, functional deficits, and recovery goals. Medically necessary Continuing Day Treatment Services are documented in a treatment plan which is signed by a physician and reviewed on a periodic basis. Medically necessary Continuing Day

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New York  
2(a)(vii)

Treatment Services include: Health Screening and Referral; Preadmission Screening; Symptom Management; Medication Therapy; Medication Skill-Building; Verbal therapy; Rehabilitation Readiness Assessment and Development; Crisis Intervention Services; Functional Skill Development; Clinical Support services; and, Discharge Planning Services.

Continuing Day Treatment Preadmission Screening services are provided in preadmission visits for individuals prior to formal enrollment. Preadmission visits are limited to a maximum of three visits which must occur over a period of time not to exceed the remaining days of the month in which the first preadmission visit occurred and the next full calendar month.

Clinical Support Services may be provided to collaterals, who are members of the individual's family or household, or others who regularly interact with the individual and are directly affected by or can affect the individual's condition and are identified in the treatment plan as having a role in the individual's treatment. Clinical support services that are provided to collaterals are for the direct benefit of the Medicaid beneficiary.

Other limitations on amount and duration of Continuing Day Treatment Services include:

- i. Reimbursement is limited to one visit, including preadmission visits and one individual or group collateral visit per recipient per day. Additional Continuing Day Treatment Services may be provided on the same day during a crisis visit.
- ii. Continuing Day Treatment services are not reimbursable if an individual is concurrently receiving Clinic Treatment Services, except where either:
  - a. an individual is in transition from Clinic Treatment Services to Continuing Day Treatment Services, in which case reimbursement is permitted for a maximum of three Continuing Day Treatment preadmission visits; or
  - b. an individual is enrolled in Clinic Treatment Services solely for the purpose of Clozapine Medication Therapy.

**4. Day Treatment Services for Children**

Day Treatment Services for Children are preventive, diagnostic, therapeutic, and rehabilitative mental health services designed to stabilize children's adjustment to educational settings, prepare children for return to educational settings, and transition children to educational settings. Medicaid reimbursement is not available for educational activities, which are the sole responsibility of the school district of the child's residence. Day Treatment Services for Children may be provided in free-standing clinics located within schools. Medically necessary Day Treatment Services for Children include: Medication Therapy; Verbal Therapy; Crisis

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**New York  
2(a)(viii)**

Intervention Services; Clinical Support Services; Task and Skill Development; Social Skill Development; Recreational Rehabilitation Services; and Discharge Planning Services.

Day Treatment Services for Children are provided in preadmission visits for children prior to formal enrollment. Preadmission visits are limited to a maximum of three visits which must occur over a period of time not to exceed the remaining days of the month in which the first preadmission visit occurred and the next full calendar month.

Clinical Support Services may also be provided to collaterals, who are members of the child's family or household, or others who regularly interact with the child and are directly affected by or can affect the child's condition and are identified in the treatment plan as having a role in the child's treatment. Clinical support services that are provided to collaterals are for the direct benefit of the Medicaid beneficiary.

Other limitations on amount and duration of Day Treatment Services for Children include:

- i. Reimbursement is limited to one visit, including preadmission visits and one collateral visit per child per day. Additional Day Treatment Services for Children may be provided on the same day during a crisis visit.
- ii. Day Treatment Services for Children are not reimbursable if a child is concurrently receiving Clinic Treatment Services, except where either:
  - a. a child is in transition from Clinic Treatment Services to Day Treatment Services for Children, in which case reimbursement is permitted for a maximum of three Day Treatment Services for Children preadmission visits; or
  - b. a child is enrolled in Clinic Treatment Services solely for the purpose of Clozapine Medication Therapy.

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**New York  
2d**

**-RESERVED-**

["Off-site" services shall be provided to developmentally disabled persons whose therapeutic requirements are most effectively satisfied in an appropriate environment that is specific to the treatment needs of the developmentally disabled individual. Such services shall be provided by persons authorized pursuant to NYCRR Title 14 Part 679. "Off-site" services shall not be provided at the location of a clinic certified by NYCRR Title 14 Part 679.

"Early Intervention" Services are provided to children who have or who are suspected of having a developmental delay or disability. These services, limited to EPSDT, which are provided by or on behalf of a county or the City of New York pursuant to an Individualized Family Services Plan (IFSP) include:

- |                       |  |  |
|-----------------------|--|--|
| 1. Screening          | 6. Occupational Therapy  | 11. Speech Pathology Services                            |
| 2. Evaluation         | 7. Physical Therapy  | 12. Assistive Technology Services                        |
| 3. Audiology          | 8. Psychological Services  | 13. Vision Services                                      |
| 4. Nursing            | 9. Social Work Services  | 14. Collateral contacts for all of the<br>above services |
| 5. Nutrition Services | 10. Anticipatory Guidance<br>(Special Instruction and Allied Health<br>Professional Assistance)] |  |

**TN #10-0018** \_\_\_\_\_

**Supersedes TN #06-0012** \_\_\_\_\_

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**New York  
3**

10. Prior approval is required for all dental care except preventive prophylactic and other routine dental care services and supplies.

12a. Prior authorization or dispensing validation is required for some prescription drugs. In addition, brand-name drugs that have a FDA approved, A-rated generic equivalent must be prior authorized unless exempted by the Commissioner of Health.

Drugs for which Medical Assistance reimbursement is available are limited to the following:

1. those non-prescription drugs contained on a list established by the New York State Commissioner of Health.
2. covered outpatient drugs of any manufacturer which has entered into and complies with an agreement under Sections 1902(a) (54) and 1927 (a) of the Act which are prescribed for a medically accepted indication. (As provided by Section 1927 (d) (2) of the Act certain outpatient drugs may be excluded from coverage).

12b. Prior approval is required for all dentures.

12c. Prior approval is required for prosthetic and orthotic devices over a dollar amount established by the State Department of Health and identified for providers in the MMIS DME Provider Manual.

Prior approval is required for artificial eyes as specified in the MMIS Ophthalmic Provider Manual. Program also includes coverage of orthotic appliances including hearing aids. All hearing aids require prior approval.

12d. Prior approval is required for certain special lenses and unlisted eye services as specified for providers in the MMIS Ophthalmic Provider Manual.

13a. Diagnostic Services (see 13.d Rehabilitative Services – Early Intervention).

13b. Screening Services (see 13.d Rehabilitative Services – Early Intervention).

13c. Preventive Services (see 13.d Rehabilitative Services – Early Intervention).

13d. Rehabilitative Services

(1) Directly Observed Therapy (DOT) – Clients must be assessed as medically appropriate for DOT based upon the client's risk of non-adherence to a medication regimen necessary to cure an active, infectious, potentially fatal disease process and to prevent the development and spread of an infectious, potentially fatal disease which may not respond to conventional therapies.

"Off-site" services shall be provided to developmentally disabled persons whose therapeutic requirements are most effectively satisfied in an appropriate environment that is specific to the treatment needs of the developmentally disabled individual. Such services shall be provided by persons authorized pursuant to NYCRR Title 14 Part 679. "Off-site" services shall not be provided at the location of a clinic certified by NYCRR Title 14 Part 679. Coverage of "off-site" services shall end effective December 31, 2015.

"Early Intervention" Services are provided to children who have or who are suspected of having a developmental delay or disability. These services, limited to EPSDT, which are provided by or on behalf of a county or the City of New York pursuant to an Individualized Family Services Plan (IFSP) include:

- |                       |  |   |
|-----------------------|--|---|
| 1. Screening          | 6. Occupational Therapy  | 11. Speech Pathology Services                         |
| 2. Evaluation         | 7. Physical Therapy  | 12. Assistive Technology Services                     |
| 3. Audiology          | 8. Psychological Services  | 13. Vision Services                                   |
| 4. Nursing            | 9. Social Work Services  | 14. Collateral contacts for all of the above services |
| 5. Nutrition Services | 10. Anticipatory Guidance<br>(Special Instruction and Allied Health Professional Assistance) |   |

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**New York  
1(a)**

**2a. Outpatient Hospital Services**

Outpatient Hospital Services provided by hospitals licensed pursuant to Article 31 of the Mental Hygiene Law and Article 28 of the Public Health Law are in accordance with 42 CFR § 440.20(a) title Outpatient Hospital Services. Such services include Clinic Treatment Services, Partial Hospitalization, Continuing Day Treatment, and Day Treatment Services for Children, as set forth in item 9a of the Supplement to Attachment 3.1-B of the Plan.

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**New York  
2(a)(v)**

9a. Clinic Services provided in Article 31 clinics licensed by the New York State Office of Mental Health (OMH) are in accordance with 42 CFR § 440.90 title clinic services. Such services include Clinic Treatment Services, Partial Hospitalization, Continuing Day Treatment, and Day Treatment Services for Children. Any limitations on the amount, duration or scope of these services may be exceeded based on medical necessity for Medicaid beneficiaries under the age of 21.

OMH-licensed clinic services are provided under the direction of a physician in accordance with 42 CFR § 440.90 and comply with § 4320B of the State Medicaid Manual. A physician must see the patient at least once, approve the patient's treatment plan, and periodically review the need for continued care. The physician assumes professional responsibility for the services provided and assures that the services are medically appropriate and provided in a safe and efficient manner in accordance with accepted medical standards. The physician may be either an employee of the OMH-licensed clinic service provider or affiliated with the provider. OMH-licensed clinic service providers choosing to utilize affiliated physicians must enter into a contractual agreement or some other type of formal arrangement obligating the physician to supervise the care provided to the OMH-licensed clinic service provider's patients.

**1. Clinic Treatment Services**

Clinic Treatment Services are preventive, diagnostic, therapeutic, and rehabilitative mental health services. Clinic Treatment Services are provided based upon the clinical assessment of an individual's mental, physical and behavioral condition and history, which is the basis for establishing the individual's diagnosis. Medically necessary Clinic Treatment Services are documented in a treatment plan which is signed by a physician and reviewed on a periodic basis. Medically necessary Clinic Treatment Services include: Initial Assessment; Psychiatric Assessment; Psychotherapy; Psychotropic Medication Treatment; Injectable Psychotropic Administration and Monitoring; Crisis Intervention; Complex Care Management; Developmental Testing, Psychological Testing; Psychiatric Consultation; Health Physical; Health Monitoring; Smoking Cessation Treatment; and Screening, Brief Intervention, and Referral to Treatment.

**2. Partial Hospitalization Services**

Partial Hospitalization Services are preventive, diagnostic, therapeutic, and rehabilitative intensive mental health services which are designed to stabilize and ameliorate acute symptoms and serve as an alternative to inpatient hospitalization or to reduce the length of a hospital stay within a medically supervised program. Partial Hospitalization Services are provided based upon the clinical assessment of an individual's mental, physical and behavioral condition and history, which is the basis for establishing the individual's diagnosis, functional deficits, and recovery goals. Medically necessary Partial Hospitalization Services are documented in a treatment plan which is signed by a physician and reviewed on a periodic basis. Medically necessary Partial Hospitalization Services include: Health Screening and Referral; Preadmission

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**New York  
2(a)(vi)**

Screening; Symptom Management; Medication Therapy; Medication Skill-Building; Verbal Therapy; Rehabilitation Readiness Assessment and Development; Crisis Intervention Services; Functional Skill Development; Clinical Support Services; and Discharge Planning Services.

Partial Hospitalization services are provided in preadmission visits for individuals prior to formal enrollment. Preadmission visits are limited to a maximum of three visits which must occur over a period of time not to exceed the remaining days of the month in which the first preadmission visit occurred and the next full calendar month.

Clinical Support Services may also be provided to collaterals, who are members of the individual's family or household, or others who regularly interact with the individual and are directly affected by or can affect the individual's condition and are identified in the treatment plan as having a role in the individual's treatment. Clinical support services that are provided to collaterals are for the direct benefit of the Medicaid beneficiary. Collateral and group collateral visits are limited to two hours per day.

Other limitations on amount and duration of Partial Hospitalization Services include:

- i. Reimbursement is limited to no more than 180 hours per course of treatment. A course of treatment shall not exceed six calendar weeks, unless during the course of treatment the recipient is admitted to an inpatient psychiatric facility. Such course of treatment may be extended to include the number of days of inpatient treatment, up to a maximum of 30 days. Partial Hospitalization Services provided during crisis, collateral or group collateral visits do not count towards the 180 hour maximum.
- ii. Reimbursement is limited to 360 hours per calendar year. Services provided during crisis, collateral or group collateral visits do not count towards the 360 hour maximum.
- iii. Reimbursement is limited to one visit, including preadmission visits (of up to 7 hours) and one individual or group collateral visit (of up to 2 hours) per individual per day. Additional Partial Hospitalization Services may be provided on the same day during a crisis visit.

**3. Continuing Day Treatment Services**

Continuing Day Treatment Services are mental health preventive, diagnostic, therapeutic, and rehabilitative services. Continuing Day Treatment Services are provided based upon the clinical assessment of an individual's mental, physical and behavioral condition and history, which is the basis for establishing the individual's diagnosis, functional deficits, and recovery goals. Medically necessary Continuing Day Treatment Services are documented in a treatment plan which is signed by a physician and reviewed on a periodic basis. Medically necessary Continuing Day

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**New York  
2(a)(vii)**

Treatment Services include: Health Screening and Referral; Preadmission Screening; Symptom Management; Medication Therapy; Medication Skill-Building; Verbal therapy; Rehabilitation Readiness Assessment and Development; Crisis Intervention Services; Functional Skill Development; Clinical Support services; and, Discharge Planning Services.

Continuing Day Treatment Preadmission Screening services are provided in preadmission visits for individuals prior to formal enrollment. Preadmission visits are limited to a maximum of three visits which must occur over a period of time not to exceed the remaining days of the month in which the first preadmission visit occurred and the next full calendar month.

Clinical Support Services may be provided to collaterals, who are members of the individual's family or household, or others who regularly interact with the individual and are directly affected by or can affect the individual's condition and are identified in the treatment plan as having a role in the individual's treatment. Clinical support services that are provided to collaterals are for the direct benefit of the Medicaid beneficiary.

Other limitations on amount and duration of Continuing Day Treatment Services include:

- i. Reimbursement is limited to one visit, including preadmission visits and one individual or group collateral visit per recipient per day. Additional Continuing Day Treatment Services may be provided on the same day during a crisis visit.
- ii. Continuing Day Treatment services are not reimbursable if an individual is concurrently receiving Clinic Treatment Services, except where either:
  - a. an individual is in transition from Clinic Treatment Services to Continuing Day Treatment Services, in which case reimbursement is permitted for a maximum of three Continuing Day Treatment preadmission visits; or
  - b. an individual is enrolled in Clinic Treatment Services solely for the purpose of Clozapine Medication Therapy.

**4. Day Treatment Services for Children**

Day Treatment Services for Children are preventive, diagnostic, therapeutic, and rehabilitative mental health services designed to stabilize children's adjustment to educational settings, prepare children for return to educational settings, and transition children to educational settings. Medicaid reimbursement is not available for educational activities, which are the sole responsibility of the school district of the child's residence. Day Treatment Services for Children may be provided in free-standing clinics located within schools. Medically necessary Day Treatment Services for Children include: Medication Therapy; Verbal Therapy; Crisis

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**New York  
2(a)(viii)**

Intervention Services; Clinical Support Services; Task and Skill Development; Social Skill Development; Recreational Rehabilitation Services; and Discharge Planning Services.

Day Treatment Services for Children are provided in preadmission visits for children prior to formal enrollment. Preadmission visits are limited to a maximum of three visits which must occur over a period of time not to exceed the remaining days of the month in which the first preadmission visit occurred and the next full calendar month.

Clinical Support Services may also be provided to collaterals, who are members of the child's family or household, or others who regularly interact with the child and are directly affected by or can affect the child's condition and are identified in the treatment plan as having a role in the child's treatment. Clinical support services that are provided to collaterals are for the direct benefit of the Medicaid beneficiary.

Other limitations on amount and duration of Day Treatment Services for Children include:

- i. Reimbursement is limited to one visit, including preadmission visits and one collateral visit per child per day. Additional Day Treatment Services for Children may be provided on the same day during a crisis visit.
- ii. Day Treatment Services for Children are not reimbursable if a child is concurrently receiving Clinic Treatment Services, except where either:
  - a. a child is in transition from Clinic Treatment Services to Day Treatment Services for Children, in which case reimbursement is permitted for a maximum of three Day Treatment Services for Children preadmission visits; or
  - b. a child is enrolled in Clinic Treatment Services solely for the purpose of Clozapine Medication Therapy.

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**New York  
2d**

**-RESERVED-**

**[ (1) Directly Observed Therapy (DOT) –** Clients must be accessed as medically appropriate for DOT based upon the client’s risk of non adherence to a medication regimen necessary to cure an active, infectious, potentially fatal disease process and to prevent the development and spread of an infectious, potentially fatal disease which may not respond to conventional therapies.

“Off-site” services shall be provided to developmentally disabled persons whose therapeutic requirements are most effectively satisfied in an appropriate environment that is specific to the treatment needs of the developmentally disabled individual. Such services shall be provided by persons authorized pursuant to NYCRR Title 14 Part 679. “Off-site” shall not be provided at the location of a clinic certified by NYCRR Title 14 Part 679

“Early Intervention” Services are provided to children who have or who are suspected of having a developmental delay or disability. These services, limited to EPSDT, which are provided by or on behalf of a county or the City of New York pursuant to an Individualized Family Services Plan (IFSP) include:

- |                       |  |  |
|-----------------------|--|--|
| 1. Screening          | 6. Occupational Therapy  | 11. Speech Pathology Services                            |
| 2. Evaluation         | 7. Physical Therapy  | 12. Assistive Technology Services                        |
| 3. Audiology          | 8. Psychological Services  | 13. Vision Services                                      |
| 4. Nursing            | 9. Social Work Services  | 14. Collateral contacts for all<br>of the above services |
| 5. Nutrition Services | 10. Anticipatory Guidance<br>(Special Instruction and Allied<br>Health Professional Assistance)] |  |

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**New York  
3**

12a. Prior authorization or dispensing validation is required for some prescription drugs. In addition, brand-name drugs that have a FDA approved, A-rated generic equivalent must be prior authorized unless exempted by the Commissioner of Health.

Drugs for which Medical Assistance reimbursement is available are limited to the following:

- 1. those non-prescription drugs contained on a list established by the New York State Commissioner of Health.
- 2. covered outpatient drugs of any manufacturer which has entered into and complies with an agreement under Sections 1902(a) (54) and 1927 (a) of the Act which are prescribed for a medically accepted indication. (As provided by Section 1927 (d) (2) of the Act certain outpatient drugs may be excluded from coverage).

12b. Prior approval is required for all dentures.

12c. Prior approval is required for prosthetic and orthotic devices over a dollar amount established by the State Department of Health and identified for providers in the MMIS DME Provider Manual.

Prior approval is required for artificial eyes as specified in the MMIS Ophthalmic Provider Manual. Program also includes coverage of orthotic appliances including hearing aids. All hearing aids require prior approval.

12d. Prior approval is required for certain special lenses and unlisted eye services as specified for providers in the MMIS Ophthalmic Provider Manual.

13a. Diagnostic Services (see 13.d Rehabilitative Services – Early Intervention).

13b. Screening Services (see 13.d Rehabilitative Services – Early Intervention).

13c. Preventive Services (see 13.d Rehabilitative Services – Early Intervention).

13d. Rehabilitative Services

(1) Directly Observed Therapy (DOT) – Clients must be assessed as medically appropriate for DOT based upon the client’s risk of non-adherence to a medication regimen necessary to cure an active, infectious, potentially fatal disease process and to prevent the development and spread of an infectious, potentially fatal disease which may not respond to conventional therapies.

Off-site" services shall be provided to developmentally disabled persons whose therapeutic requirements are most effectively satisfied in an appropriate environment that is specific to the treatment needs of the developmentally disabled individual. Such services shall be provided by persons authorized pursuant to NYCRR Title 14 Part 679. "Off-site" services shall not be provided at the location of a clinic certified by NYCRR Title 14 Part 679. Coverage of "off-site" services shall end effective December 31, 2015.

"Early Intervention" Services are provided to children who have or who are suspected of having a developmental delay or disability. These services, limited to EPSDT, which are provided by or on behalf of a county or the City of New York pursuant to an Individualized Family Services Plan (IFSP) include:

- |                       |   |   |
|-----------------------|---|---|
| 1. Screening          | 6. Occupational Therapy   | 11. Speech Pathology Services                         |
| 2. Evaluation         | 7. Physical Therapy   | 12. Assistive Technology Services                     |
| 3. Audiology          | 8. Psychological Services   | 13. Vision Services                                   |
| 4. Nursing            | 9. Social Work Services   | 14. Collateral contacts for all of the above services |
| 5. Nutrition Services | 10. Anticipatory Guidance<br>(Special Instruction and Allied<br>Health Professional Assistance) |   |