



Licensed Behavioral Health Practitioner Medicaid Managed Care Benefit Frequently Asked Questions

Effective October 1, 2015 in New York City and July 1, 2016 in the rest of New York State, Medicaid managed care organizations (MMCOs) including Mainstream Medicaid Managed Care Plans, Health and Recovery Plans, and HIV-Special Needs Plans, will now reimburse New York State Office of Mental Health (OMH)-Licensed Clinic Treatment Programs¹ for an array of clinic services which may be provided off-site to both children and adults. This new Medicaid managed care benefit is called Licensed Behavioral Health Practitioner (LBHP).

The New York State OMH issued guidance to providers and MMCOs on the LBHP benefit effective October 15, 2016. In response to questions from MMCOs and behavioral health providers and in support of the OMH [LBHP guidance document](#), OMH has posted this frequently asked questions document.

Acronyms:

APG	Ambulatory Peer Group
CPEP	Comprehensive Psychiatric Emergency Program
FAQ	Frequently Asked Questions
FQHC	Federally Qualified Health Center
LBHP	Licensed Behavioral Health Practitioner
MMC	Medicaid Managed Care
MMCO	Medicaid Managed Care Organization
NYCRR	New York Codes, Rules and Regulations
NYS	New York State
OCFS	Office of Children and Family Services
OMH	Office of Mental Health
PCP	Primary Care Physician
PTSD	Post Traumatic Stress Disorder
RTC	Residential Treatment Center

¹ New York State Office of Mental Health Licensed Clinic Treatment Programs licensed under 14 NYCRR Part 599 and Part 598.



- 1. While there are several factors that may qualify an individual for off-site clinic services reimbursed under LBHP, e.g. transition between levels of care, what are some examples of *clinical* or *medical* factors that a clinician should consider when determining if an individual may be eligible for off-site clinic services reimbursed under the LBHP benefit?**

Examples of clinical factors include symptoms of agoraphobia, PTSD, severe depression, paranoid ideation and delusions or similar symptoms that interfere with an individual's ability to attend clinic onsite or would compromise an individual's safe and appropriate presentation in the clinic setting.

Examples of medical factors include temporary, transitional or episodic physical symptoms that make travel to a clinic prohibitively burdensome, such as a period of post-surgery recovery, debilitating episodic symptoms of a chronic medical condition or a period of recovery from an accident or injury of a physical nature.

- 2. Is a clinic required to provide off-site clinic services reimbursed under the LBHP benefit to anyone enrolled in Medicaid managed care who calls the clinic requesting those services?**

No. LBHP is a benefit that requires an individual meet qualifying criteria for the necessity of off-site clinic services. The provider would need to determine whether there are sufficient medical and/or clinical factors to demonstrate need for off-site clinic services reimbursable under LBHP on a case by case basis.

- 3. How does an agency determine when the frequency and volume of off-site clinic services reimbursable under LBHP at a specific address may require the agency to establish a satellite clinic?**

Examples of factors to assist in determining whether a satellite clinic application is needed include: the regular and routine nature of the services, volume of services and number of recipients at a given site.

When determining appropriate utilization of off-site clinic services reimbursed under LBHP, an agency must reference 14 NYCRR §§ 599.5(d)(1)-(2) governing OMH licensed Article 31 outpatient clinics. 14 NYCRR § 599.5 describes the various factors the agency must take into consideration when determining whether a satellite clinic application is needed.



If an agency has case-specific questions regarding when a satellite clinic must be established, the agency should contact NYS OMH's Bureau of Licensing and Certification through the [Division of Quality Management](#).

4. Are clinic programs required to offer off-site clinic services reimbursed under the LBHP benefit consistent with the hours of operation listed on the clinic's operating certificate?

No. Providers are not required to offer off-site clinic services reimbursed under the LBHP benefit consistent with their clinic's hours of operation. Providers are encouraged to utilize the LBHP benefit to pay for off-site clinic services for Medicaid managed care enrollees after hours when clinically indicated.

Providers can bill MCOs using the after-hours modifier according to Part 599 regulations covering after hours clinic services. 14 NYCRR § 599.4(a) states the following: "*After hours* means before 8 a.m., 6 p.m. or later, or during weekends."

A clinic program is responsible for providing appropriate supervision and support structure to clinicians delivering off-site clinic services reimbursable under the LBHP benefit after hours.

5. Is a social skills group delivered in a community setting a reimbursable service under LBHP?

No. A group which solely addresses social skills development is a rehabilitation service and not a reimbursable service under 14 NYCRR § 599. The inclusion of some skills development as part of a comprehensive clinical treatment plan for the Group Psychotherapy sessions are allowed and encouraged if the Group Psychotherapy sessions meet the criteria below.

A provider may conduct a Group Psychotherapy session off-site and a Medicaid managed care plan must reimburse for this session under LBHP if:

1. the group meets the criteria for a psychotherapy service under 14 NYCRR § 599.4 (a)(v) and
2. the group members all individually qualify for receipt of off-site clinic services reimbursable under the LBHP benefit including individually meeting criteria for the



clinical and medical factors that would qualify a person to receive clinic services in the community reimbursable under LBHP.

6. Can an FQHC Article 31 provider who has elected not to participate in APG rates be reimbursed under the MMC LBHP benefit for off-site clinic services using the off-site clinic APG rates codes?

No. An FQHC Article 31 provider who has elected not to participate in the APG rate system cannot bill using the off-site clinic APG rate codes. An FQHC Article 31 provider should continue to bill using their current PPS billing structure.

7. If a patient requires home visits on an ongoing basis, would they be eligible for off-site clinic services reimbursable under LBHP for all visits?

To determine eligibility for off-site clinic services reimbursable under LBHP, a provider must first determine if an individual meets the qualifying criteria for the receipt of off-site clinic services reimbursable under LBHP.

Then a provider must document in that individual's clinical treatment record the rationale supporting the need for those services reimbursable under LBHP on an ongoing basis. See FAQ #1 above for additional detail.

Additionally, for home-based services provided in an institutional setting, an agency must determine whether the frequency and volume of off-site clinic services reimbursable under LBHP delivered at a specific site may require the agency to establish a satellite clinic. See FAQ #3 above for additional detail.

In all cases, the provider of off-site clinic services should assess the recipient of off-site clinic services on a regular basis for readiness to receive their clinic services onsite and work toward transitioning to onsite clinic treatment when or if clinically indicated.

8. Is a Medicaid Managed Care plan required to reimburse an Article 31 provider for mental health screenings delivered in a Primary Care Physician's (PCP) office to the PCP's patients?

No. 14 NYCRR § 599 clinic regulation does not cover mental health screenings, therefore they cannot be provided under off-site clinic and reimbursed by LBHP. Additionally, any off-site clinic services delivered routinely in an office setting even to different individuals



over time, are in conflict with 14 NYCRR § 599, which prohibits visits provided outside of a licensed clinic in a routine location without establishing a satellite clinic.

9. Utilizing the LBHP benefit, can a clinic be reimbursed by an MMCO for off-site clinic services delivered onsite at an Office of Children and Family Services licensed Residential Treatment Center (RTC)?

No. Children in an RTC are not eligible for enrollment in Medicaid managed care. Additionally, an RTC receives a per diem rate for many children that is inclusive of clinic services.

LBHP is a benefit that is only available for people enrolled in Medicaid managed care. A clinic cannot be reimbursed for delivering off-site clinic services under LBHP to a person who is not enrolled in Medicaid managed care.

For children in an RTC who do not have their clinic services covered by a per diem, if a child is not enrolled in MMC and he or she requires off-site services, the appropriate Medicaid reimbursement mechanism is fee-for-service children's off-site clinic.

10. Is a CPEP eligible for reimbursement by an MMCO for the delivery of off-site clinic services under the LBHP benefit?

No. A CPEP is not eligible for reimbursement under the LBHP benefit. Only OMH licensed clinics are eligible for reimbursement for the provision of off-site clinic services under LBHP.

11. Is a Medicaid Managed Care plan required to reimburse a clinic under the LBHP benefit for the delivery of behavioral health crisis services in the community for people suffering an acute behavioral health crisis?

While a clinic may be reimbursed through the LBHP benefit for up to 90 minutes of crisis intervention brief services per individual per day, LBHP does not cover complex or per diem clinic crisis intervention services. LBHP is designed primarily to reimburse for scheduled non-crisis clinic services in the community. LBHP reimbursement is not designed to fully support the complex nature and dynamic needs of an individual in a developing acute behavioral health crisis in a community setting.



12. Is a Medicaid Managed Care plan required to reimburse a clinic under LBHP for off-site clinic services delivered to children placed with voluntary foster care agencies?

No. An OMH licensed clinic would not be entitled to reimbursement under LBHP by a MMC plan for off-site clinic services delivered to a child or family enrolled in voluntary foster care. The appropriate mechanism for the provision of clinical services for children placed in voluntary foster care is through the voluntary foster care agency, not through an OMH licensed clinic.

If the voluntary foster care agency has a contract with an OMH licensed clinic to meet its clinical service need, the clinic should not also bill Medicaid or Medicaid managed care for reimbursement for clinic services. In such cases where OMH clinic services are included as part of a voluntary foster care agency's Medicaid per diem, the voluntary foster care agency is required to pay for off-site clinic services out of the voluntary foster care Medicaid per diem.

13. Is a MMC plan required to reimburse a clinic under the LBHP benefit for off-site clinic services delivered to an inpatient resident while that individual is still admitted to the inpatient unit? For example, if an outpatient clinic was notified by a hospital or an MCO that a client is about to be discharged from inpatient level of care, could the clinic be reimbursed by MMC under LBHP for providing the client an assessment for admission to an outpatient program while they are still an inpatient resident on the hospital grounds?

Yes. Medicaid managed care plans are responsible for reimbursing for the provision of the offsite clinic services outlined below, under LBHP to a MMC member on an inpatient unit only when those services are delivered in support of transition to an outpatient level of care.

Transitional support to an outpatient level of care may include either facilitation of a new admission to an outpatient clinic or transition of a clinic enrolled individual back to their outpatient program.

The following services may be used in support of transitioning between levels of care. It is the provider's responsibility to make sure they are provided in accordance with the Part 599 guidance.



**Department
of Health**

**Office of
Mental Health**

**Office of Alcoholism and
Substance Abuse Services**

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1. Assessment
 - o Initial Assessment
 - o Psychiatric Assessment
2. Psychotherapy
 - o Individual Psychotherapy
 - o Family/Collateral Psychotherapy with or without the client
3. Complex Care Management

The hospital has the right to allow or deny non-hospital treatment providers to deliver offsite clinic services under LBHP on the hospital grounds. The Clinic provider must deliver services in collaboration with the inpatient treatment team.

Off-site clinic preadmission visits reimbursed under LBHP count toward an individual's total of three allowable preadmission visits per 365 days consistent with Part 599 billing guidance for preadmission visits.

For questions related to this FAQ document, please contact Omh-managed-care@omh.ny.gov