

Summary of Integrated Services Regulations

OVERVIEW

One major focus of New York State’s Medicaid Redesign Team (MRT) reforms is allowing providers to offer integrated primary care and behavioral health services in community-based settings. Many individuals have comorbid physical and behavioral health conditions and might benefit from an integrated approach. However, traditionally, in New York, each clinic site requires a separate license to offer a given type of service: an Article 28 license from the Department of Health (DOH) for primary care, an Article 31 license from the Office of Mental Health (OMH) for mental health services, and an Article 32 license from the Office of Alcoholism and Substance Abuse Services (OASAS) for substance abuse services. In recent years, the State has created models that allow clinics to provide integrated services in other ways. The below chart summarizes these models.

Models	Licensure Thresholds	DSRIP Project 3.a.i	Integrated Outpatient Services (IOS) Model	Collaborative Care	Multiple Licensure
What services are provided under this model and how are they integrated?	A clinic may provide services that fall under another licensure, subject to a utilization threshold.	A clinic site participating in DSRIP Project 3.a.i. may provide services that fall under another licensure, subject to a utilization threshold.	A provider that holds multiple licenses across several different clinic sites may provide services from each of its licenses at a single “host site.”	Certain BH services (e.g., depression care management, psychiatric consulting) are provided by BH professionals embedded into a primary care clinic.	A provider that holds multiple licenses for a single clinic site may provide any of the services included on each of the licenses.
Which licenses may be integrated under this model?	Article 31 services into Article 28 sites Article 28 services into Article 31/32 sites	Article 28, Article 31, and Article 32	Article 28, Article 31, and Article 32	Certain Article 31 services into Article 28 sites	Article 28, Article 31, and Article 32
What utilization limits on providing integrated services are included in regulation?	Article 28: Up to 10,000 visits or 30% of annual visits may be Article 31 services. Article 31/32: Up to 5% of annual visits may be Article 28 primary care services; may not provide dental services.	Article 28, 31, or 32 services may be added to the primary license, comprising up to 49% of annual visits. Article 31 and 32 clinics may not provide dental services. Patients must initially present to the provider for an authorized service.		None	

Models	Licensure Thresholds	DSRIP Project 3.a.i	Integrated Outpatient Services (IOS) Model	Collaborative Care	Multiple Licensure
Does the provider have to hold multiple licenses ?	No	No	Yes, but not for each site Providers may apply for licenses concurrent with applying to the IOS model.	No	Yes, at each site
What additional inspection and oversight requirements apply under this model?	None	Sites must meet various standards of the integrated outpatient services (IOS) regulations, as outlined in DSRIP 3.a.i Guidance .	The State will use a single, non-duplicative joint-licensing instrument to conduct inspections. Each site will undergo an annual unannounced inspection.	Sites must report data and meet certain quality outcome standards.	Sites must meet the standards of each relevant agency.
Which agency provides supervision and oversight?	The agency that licenses the provider	The agency that licenses the provider	The agency that licenses the host site	OMH	Each licensing agency separately supervises
What application process is required?	None (automatic)	Article 28 clinics: Sites must submit a Certificate of Need (CON) application . A Limited Review Application (LRA) may be submitted for a project costing less than \$6 million at an existing site. Article 31/32 clinics: Sites must submit a special DSRIP Integrated Services Application .	Article 28 clinics: Sites submit a Limited Review Application (LRA) for existing-site projects under \$6 million. For new or costlier projects, sites submit a Certificate of Need (CON) application . Sites also submit some parts of the Integrated Services Application . Article 31/32 clinics: Sites submit the Integrated Services Application . A separate application is required for each site.	The application process for the New York State demonstration program is currently closed. Separately, PPSs that have chosen the IMPACT model (a specific version of the Collaborative Care Model) as part of Project 3.a.i may support partner sites in implementing the Collaborative Care Model.	Providers may submit multiple, independent applications for licensure to the relevant agencies.
To whom should applications be submitted?	N/A	Article 28: DOH Article 31/32: DSRIP@health.ny.gov	The host site's regulating agency (e.g., OMH for Article 31 sites). The State will share applications with relevant agencies internally.	N/A	Each relevant agency

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How does billing for integrated services work?	Standard Medicaid billing	Standard Medicaid billing, except that Article 31 providers will use new integrated services rate codes.	IOS providers will be issued a new integrated services rate code to be reimbursed through APGs. The following rate modifications will apply: All clinics: Full payment will be provided for multiple BH services on the same date. Article 31/32: Two types of E&M codes may be billed and paid on the same date.	A monthly capitated rate covers all services provided by the practice for the specific population being served.	Standard Medicaid billing
What other requirements must be met as part of the application?	None	Sites must be designated by a PPS to participate in Project 3.a.i. The PPS lead will be included on all communications. Other requirements are included in the DSRIP Project 3.a.i Guidance .	Operational requirements are included in the IOS Regulations . Notably, applicants must be a member of a NYS Health Home to be eligible for the IOS model.	N/A	None
What other service/billing limitations apply?	Article 28 clinics (except FQHCs) may not bill for social work services, except for those provided to individuals who are under 21 or pregnant (including up to 60 days postpartum). FQHCs may bill social work services under their all-inclusive prospective payment system rates as usual.	Article 28 clinics (except FQHCs) may not bill for social work services, except for those provided to individuals who are under 21 or pregnant (including up to 60 days postpartum). FQHCs may bill social work services under their all-inclusive prospective payment system rates as usual. Any clinic that provides Article 32 substance abuse services must comply with federal regulations (42 CFR Part 2) surrounding privacy of patient records.		Article 28 clinics (except FQHCs) may not bill for social work services. Facilities participating in the Collaborative Care Program may only bill indirectly for care management services provided by a LCSW or LMSW, through the all-inclusive capitated rate for this program.	None

OTHER RESOURCES

More details of the regulations and standards on these models may be found in the following resources:

- [DSRIP Project 3.a.i Licensure Threshold Guidance](#)
- [IOS Model Guidance](#)
- [Integrated Outpatient Models FAQ](#)
- [Slides from Integrated Services Webinar](#)

The State has also started to work on regulations to allow Article 28, Article 31, and Article 32 clinics to provide integrated services through sharing a physical space with other providers. Draft regulations have been circulated among some stakeholders. Further details are expected to emerge shortly.