

Article 31 Clinic MHOTRS Final Regulations

OVERVIEW

On November 21st, the New York State Office of Mental Health (OMH) finalized changes to the Part 599 regulations for Article 31 outpatient mental health clinics. Article 31 clinics have been reclassified as rehabilitative services under the Medicaid state plan under the name “Mental Health Outpatient Treatment and Rehabilitation Services” (MHOTRS). The regulatory amendments add flexibility for billing and waiver processes, allow for the provision of peer/family support services, and allow off-site services for all populations served within MHOTRS.

The final regulations are available [here](#). OMH also included supplemental guidance on the provision of the new peer services, which is available [here](#). A summary of the changes is available below. The regulations are effective as of November 23, 2022.

UPDATED DEFINITIONS

The final Part 599 regulations contain updated definitions, including new service component definitions and the following new staffing definitions:

- Licensed Practitioner of the Healing Arts (LPHA), which includes:
 - Nurse practitioner;
 - Physician;
 - Physician assistant;
 - Psychiatric nurse practitioner;
 - Psychiatrist;
 - Registered nurse;
 - Licensed clinical social worker (LCSW);
 - Licensed master social worker (LCSW) under supervision of an LCSW, licensed psychologist, or psychiatrist employed by the agency;
 - Licensed mental health counselors;
 - Licensed marriage and family therapists;
 - Licensed psychoanalysts; and
 - Licensed creative arts therapists (LCAT).
- Certified Peer Specialists, Credentialed Family Peer Advocates, and Credentialed Youth Peer Advocates.

CHANGES TO SERVICES

Peer/Family Support Services

The new regulations allow programs to provide Peer/Family Support Services on an individual or group basis, up to three hours per day. The provision of Peer/Family Support Services is optional and does not require prior approval from OMH. However, OMH requires programs providing Peer Support Services

to develop related policies and procedures, including requirements for training Peer Specialists/Advocates and incorporating the services into the multidisciplinary team approach.

Peer/Family Support Services include:

- Age-appropriate psychoeducation;
- Counseling;
- Person-centered goal planning;
- Modeling effective coping skills; and
- Facilitating community connections and crisis support.

Family Peer Recovery Support Services also include the following for families caring for a child who is experiencing social, emotional, medical, developmental, substance use, and/or behavioral changes:

- Engagement;
- Bridging support;
- Parent skill development; and
- Crisis support.

Programs may provide an unlimited number of pre-admission Peer/Family Support Services for engagement, and such visits will not count towards the 30 or 50 visit utilization thresholds. Peer/Family Support Services may be provided to individuals, family/collaterals, or groups of individuals not to exceed 12. Multiple units of Peer/Family Support Services may be provided consecutively or at different times of the day.

Peer Specialists/Advocates can be hired directly by MHOTRS or can be contracted to provide peer support services.

Off-Site Services

The new regulations expand programs' ability to provide off-site visits, which were previously only available to children under 19. Off-site services may now be provided to all enrollees and will be reimbursed at 150% of the on-site rate through State-only funding. Off-site rate codes are exempt from utilization threshold counts.

Off-site services can be provided to individuals or groups. Off-site services may be delivered at locations other than the MHOTRS site, including but not limited to in the community or the individual's place of residence. Agencies must develop policies and procedures for the provision of off-site services.

Intensive Outpatient Program (IOP)

The Intensive Outpatient Program (IOP) is now incorporated into the regulations, which eliminates the need for associated waivers as part of the approval process. New programs must obtain prior approval from OMH through Administrative Action (AA).

Service Durations

The updated regulations permanently authorize the flexibility to round service durations according to American Medical Association (AMA) guidelines, as currently allowed under Covid-19 Public Health Emergency (PHE) authority.

In addition, group therapy may now be provided for durations between 40-60 minutes, with a 30 percent reduction in reimbursement.

Optional Services

Optional services that do not require OMH approval include:

- Peer/Family Support Services;
- Health Monitoring;
- Psychiatric Consultation; and
- Screening, Brief Intervention and Referral to Treatment (SBIRT).

Optional services that require OMH prior approval include:

- Developmental testing;
- Neurobehavioral status examination; and
- Psychological testing.

OTHER CHANGES

Additional changes to the Part 599 regulations include:

- Allowing psychiatric nurse practitioners to sign off on treatment plans; and
- Allowing individuals to be simultaneously enrolled in multiple MHOTRS programs (however, individuals may not receive the same service on the same day from multiple programs).

Utilization review will still be required, and agencies will be required to have policies and procedures ensuring that all recipients are receiving appropriate services and are being served at an appropriate level of care. However, OMH has removed the requirement that utilization review is performed, at a minimum, on a random 25 percent sample of open cases. OMH has indicated that guidance is forthcoming that will provide more details on changes to the utilization review process.