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**Licensed Behavioral Health Practitioner (LBHP) Benefit
Under Medicaid Managed Care: Guidance for Practitioners and MMCOs
This Guidance is effective October 15, 2016**

Introduction

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), hereinafter referred to as MMCOs, can reimburse OMH-Licensed Clinic Treatment Programs for provision of services at locations other than the clinic's main sites or satellite locations. This benefit is called Licensed Behavioral Health Practitioner (LBHP) services.

This new service array is being offered under New York State's Medicaid Section 1115 Waiver, which also allows the move of Medicaid-funded Behavioral Health services into Managed Care. This change is only applicable to MMCOs and does not affect other Medicaid plans (e.g. Medicaid Advantage Plus [MAP], Managed Long Term Care [MLTC], Fully Integrated Duals Advantage [FIDA]) or services reimbursed by Medicaid fee-for-service.

Prior to the implementation of this new benefit, Medicaid reimbursement for off-site mental health services provided by OMH licensed clinics was available only for homeless individuals, select children's services (up to, but not including, individuals aged 19) and crisis intervention-brief services for both adults and children. Under this new managed care benefit, OMH clinics (licensed under 14 NYCRR Part 599 and 598) can now be reimbursed by MMCOs for an array of services which can be provided off-site to both children and adults. A list of LBHP services reimbursable under Medicaid managed care is provided below.

The guidance in this document is solely applicable to services provided to children and adults enrolled in Medicaid Managed Care.

The LBHP benefit is intended to enable clinics to support person-centered clinical goals, including transitions between levels of care (e.g., after CPEP/ER visit or inpatient discharge), improved engagement in care and provision of services to individuals who are unable to take advantage of clinic-based services due to clinical or medical factors.

LBHP services are intended to be provided to individuals who are receiving clinic treatment. However, clients not enrolled in clinic can receive LBHP services. Per Part 599, OMH allows for three preadmission procedures for adults and three preadmission

visits for children/families to determine whether he or she is appropriate for admission to the clinic.

While services may be provided in any setting outside of an OMH licensed clinic, this demonstration does not exempt providers from the necessity of establishing a satellite location when routine and regular visits will be provided at an off-site location.

Integrated clinics licensed by OMH under Part 598 may also provide LBHP services and should adhere to requirements outlined in this guidance. Integrated clinics certified by OASAS under Part 825 should consult the relevant [OASAS guidance](#) for off-site services.

LBHP Guidance

MMCOs must cover the following services, as defined in Part 599, under the new LBHP Demonstration benefit:

1. Assessment
 - Initial Assessment
 - Psychiatric Assessment
 - Psychiatric Consultation
2. Therapies
 - Injectable Psychotropic Medication Administration with Monitoring and Education (15 minute minimum)
 - Psychotropic Medication Treatment (15 minute minimum)
 - Individual Psychotherapy (30 & 45 minute minimum)
 - Family Psychotherapy with or without the client (30 minute minimum)
 - Family Psychotherapy with the client (60 minute minimum)
 - Group Psychotherapy
3. Complex Care Management
4. Physical Health
 - Health Physicals (when provided by a physician credentialed by the MMCO)
 - Health Monitoring
5. Crisis Services
 - Brief¹

MMCOs shall not cover the following services under the LBHP benefit:

1. Developmental Testing
2. Psychological Testing
3. Crisis Services¹
 - Complex

¹ Mental Health Part 599 clinics may continue to provide crisis brief on- and off-site. Clinics wishing to provide off-site crisis services to MMC enrollees, other than crisis brief off-site, will need to meet the requirements established by NYS for the Crisis Intervention benefit. These requirements are currently being developed and will be released upon completion.

- Per Diem

Eligibility criteria for the LBHP benefit:

- Adults enrolled in Medicaid managed care (Mainstream, HARP or HIV SNP).
- Children² enrolled in Medicaid managed care (Mainstream or HIV SNP).
- Eligible for Mental Health Clinic Treatment Services based on OMH Part 598 or 599 regulations.

Staff qualifications to provide the LBHP benefit:

Services under the LBHP benefit may be provided by the same staff allowed to provide these services in a clinic licensed by the Office of Mental Health (pursuant to 14 NYCRR Part 598 or 599). Clinic programs are responsible for establishing appropriate supervisory standards for supervision of unlicensed staff providing LBHP services.

Documentation of LBHP services:

- LBHP services must meet medical necessity requirements. Providers must document medical necessity in the clinical record.
 - Providers must document the rationale for the need to perform an off-site initial assessment for admission under the LBHP benefit in the initial assessment note in the recipient's clinical record.
 - Providers must document the necessity for ongoing LBHP services in an individual's treatment plan.
- All documentation and treatment planning requirements must be consistent with on-site clinic treatment services as outlined in OMH Part 599 guidance.

Billing/Authorization for services under the LBHP benefit:

- Plans must follow prior authorization and concurrent review requirements established for Part 599 OMH licensed clinics. See (<https://www.omh.ny.gov/omhweb/bho/docs/prior-concurrent-auth-ambulatory-bh.pdf>)
- MMCOs must ensure accessibility to LBHP services for enrolled children and adults who meet the eligibility criteria outlined in this guidance, and must ensure appropriate reimbursement is made for claims submitted by qualified providers³ of LBHP services in accordance with OMH billing guidelines.

² Nothing in this guidance affects the ability of children covered by Medicaid fee-for-service or children covered by Medicaid Managed Care with an SED carve out from receiving off-site services reimbursed by Medicaid fee-for-service.

³ Services under the LBHP benefit may be provided by the same staff allowed to provide these services in a clinic licensed by the Office of Mental Health (pursuant to 14 NYCRR Part 598 or 599).

- MMCOs must reimburse LBHP services at 150% (subject to the State established multiple service modifier) of the Article 31 clinic APG on-site rate.^{4 5}
- LBHP services must be billed as follows:
 - An Article 31 free standing clinic will submit a claim to an MMCO for LBHP visits using the rate code 1507.
 - An Article 28 hospital-based OMH licensed clinic will submit a claim to an MMCO for LBHP visits using the rate code 1519.
 - In the event an individual receives a service at the clinic location as well as an LBHP service on the same day, separate claims for reimbursement are required for on-site and LBHP services.
- MMCOs must reimburse for the following rate modifiers as applicable to the services allowed under LBHP;
 - Language other than English
 - After Hours Modifier
 - MD/NPP Modifiers
 - 20 minute psychotherapy session

For questions, please contact Omh-managed-care@omh.ny.gov

⁴ [CPT weight and rate schedule \(APG\)](#)

⁵ The APG off-site rates are loaded into the 3M Grouper Pricer at 150% of the Article 31 clinic APG on-site rate.