Integrated Licensing Project

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Integrated Licensing Project

- Enacted in the SFY 2012-13 NYS Budget (Chapter 56 of the Laws of 2012) – Social Services Law § 365-l(7).

- Authorized OMH, OASAS, and DOH to facilitate the delivery of integrated and coordinated primary care and behavioral health services.

- Intent is to streamline the approval and oversight process for clinics interested in providing services under the licensure of more than one agency (OMH, DOH, OASAS) at one location, as well as to improve the quality and coordination of care provided to people with multiple needs.

Integrated Licensing Project

- Legislation authorizes the establishment of operating, reporting and construction requirements, as well as joint survey requirements and procedures.

- Project includes an expedited application, new codes and rates to support billing, and reduced regulatory burden through the designation of one lead (“host”) State oversight agency – the agency from which the site already possesses a license.

- Programs will be expected to adhere to the operating standards of the “host” agency and the applicable supplemental standards for the additional service(s) authorized at the site.

Participating Providers

Providers will have two options for moving toward more comprehensive services at each site:

Providers with two or more licenses at different physical locations will be authorized to provide a range of behavioral and physical health services for which they have a license at any clinic location.

Providers with co-located clinics

Single agency providers with two separately-licensed clinics that operate in the same physical location will be authorized to provide integrated treatment to serve patients more effectively.

The goal in each case is to improve the overall quality of care by treating the whole person in a more integrated manner, rather than treating various problems (heath issues, mental health and substance use) separately.

Participating Providers

Provider Qualifications:

- Must operate at least 2 ambulatory (outpatient) clinics in different disciplines – Primary Care (Article 28), Mental Health (Article 31), Substance Use Disorder (Article 32) at the time of application.
- Must be affiliated with a *Health Home Network*.
- Parent Organization Host Clinic and Adjunct Clinic must be in good standing at the time of application

Participating Providers

- Collectively, the State agencies identified a group of providers to begin to implement this project on a pilot basis, with an eye toward expanding the group of providers based on experience gained through the pilot. These pilot providers include:
  - Bronx-Lebanon Hospital
  - Center for Comprehensive Health Practice
  - Citizen Advocates, Inc. dba North Star Industries
  - Institute for Community Living, Inc.
  - Lutheran Medical Center
  - Mercy Medical Center
  - MH Services-Erie Co SE Corp V d/b/a Spectrum Human Services
  - Montefiore Medical Center
  - Flushing Hospital and Medical Center

Submitted Applications

- Of the 9 pilot providers, 8 have thus far submitted Integrated Licensing Project applications.
- A total of 17 applications have been submitted – 10 to add DOH services, 5 to add OASAS services, 1 to add DOH and OASAS services, and 1 to add OMH services.
- Of the 17 submitted applications, 13 are currently licensed by OMH ("host" agency), 3 by OASAS, and 1 by DOH.
- 2 applications have thus far been approved – Mercy Medical Center and Spectrum Health Services.

Billing

- Once DOB approves the new rates for this pilot, new rate codes will be issued to participating providers to allow FFS reimbursement for individuals who receive services at a site that has been authorized to participate in this integrated licensing project.

- Participating providers will receive a 5% “bump” in the payment rate currently assigned to the approved site, to offset any reduced provider payment payments associated with the accelerated elimination of the APG blended payment.

- When procedure(s) are provided to a patient and those service(s) are covered under the individual’s Medicaid Managed Care Plan, the plan is financially responsible. Participating providers should continue to bill plans for any in plan services.

- FQHCs will continue to claim Medicaid using current rate codes.

Surveillance

To streamline the oversight process under Integrated Licensing, an interagency workgroup (OMH, DOH, OASAS) is developing a single set of administrative standards and a survey process under which providers will operate and be monitored. Sites will be overseen by a single State agency, which will monitor for compliance with administrative standards for providers offering multiple services at the single site.

Future Steps

- Performance and Outcome data will be collected
- In April 2014, the three State agencies will present the findings of the Integrated Licensing Project to the Governor's office and DOB.
- Recommendations will be made at that time relative to any continuation/expansion of the Project.