



Office of Alcoholism and Substance Abuse Services

Transitioning Behavioral Health Services Into NYC Medicaid Managed Care SUD Statutory; Regulatory; and Contractual Provisions

Transition to Medicaid Managed Care Benefit Package

- **Effective October 1, 2015 in New York City, and July 1, 2016 in the rest of the state** the following OASAS certified program types will be newly incorporated into the Medicaid Managed Care /HIV SNP / Health and Recovery (HARP) benefit package for members over the age of 21 years:

Outpatient: Title 14 Part 822 Outpatient Clinic; Outpatient Rehabilitation Clinic; and, Opioid Treatment

Residential Addiction Treatment Services: Title 14 Part 820 Stabilization; Rehabilitation; and Reintegration

- This is in addition to the OASAS certified program types already included in the Medicaid Managed care Benefit Package: Title 14 Part 816 Inpatient Detoxification; Title 14 Part 818 Inpatient Rehabilitation; and, Title 14 Part 816 Medically Supervised Outpatient Withdrawal.

Statutory; Regulatory; and Contractual Provisions:

- OASAS in cooperation with the New York State Departments of Health and Financial Services have adopted and / or incorporated several key provisions into state statute; regulations; the Medicaid Managed Care Model contract and guidance that: ensure adequate SUD networks; promote financial stability through payment and claiming requirements; and support access to / remove barriers to SUD treatment and recovery services.
- Such provisions have been included in the agreements between the State of New York and Medicaid Managed Care Providers (MMCPs) and will supersede any contradicting current language in any agreements between an OASAS provider and an MMCP. See Attachment A.
- As part of the contracting process OASAS providers are encouraged to:
 - Review contracts and strike or amend any conflicting contractual language where possible; and,
 - Add language consistent with the following: “For purposes of the Behavioral Health transition, where any terms of this Agreement contradict or conflict with terms in the State Managed Care Model Contract and corresponding guidelines, the Managed Care Model Contract and guidelines shall prevail.”
- Additionally, providers and plans are advised **that for the purpose of the BH transition, where any contractual terms or guidelines contradict the Model contract terms, the provisions of the model contract or state guidance will prevail. With this information programs are strongly encouraged to finalize contracting with plans for the purposes of ensuring inclusion in the networks prior to the effective date of the behavioral health benefit inclusion.**



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ATTACHMENT A Contract Requirements and Statute (where noted)

Topic / Policy	Section	BENEFIT PACKAGE REQUIREMENTS
BH Self -referrals	10.15 (a)(i)	Enrollees receive unlimited self -referrals for mental health and Substance Use Disorder assessments from Participating providers without requiring preauthorization or referral from the Enrollee’s Primary Care Provider
Mandated Use of LOCADTR	10.23 (a)	Requirement that plans must use OASAS LOCADTR Tool for initial and continuing / concurrent level of care placement
APG Rate Mandate	10.23(d)	Government rates for 24 months from effective date of BH inclusion. NOTE: Also required per Section 13 of Part C of chapter 60 of the laws of 2014 amending Section 48-a of part A of chapter 56 of the laws of 2013 amending chapter 59 of the laws of 2011 amending the public health law and other laws.
Continuity of Care Requirements	10.23 (e)	2 year continuity of care language (important to OTP) affirms plans may use OASAS approved UR criteria to review duration and intensity of continuous BH episode of care.
	10.23 9 (f)	90 day transition language that plans must accept existing plan of care and may not UM. Affirmation to pay at minimum of MA FFS rate
	10.23 (g)	Plans must reimburse providers of OASAS certified residential addiction treatment services at no less than the state provided treatment per diem rate schedule
SUD Pharmacy Access	10.32	Except where otherwise prohibited by law, Pharmacy Services include immediate access / no prior authorization language for BH prescribed drugs 72 hour supply generally; and 7 day supply for prescribed drug or medication associated with the management of opioid withdrawal and / or stabilization.
NETWORK REQUIREMENTS		
OASAS Certification Meets Credential Requirements	21.4 (b)	Directs the plan to credential the OMH licensed and OASAS certified program and that the license / certification shall suffice for plan contracting requirements and that the plan may not separately credential individual staff members; and, affirms that contractor shall still collect and accept program integrity related information
HCBS Designation Meets Plan Credential Requirements.	21.4 (d)	HARP and HIV SNP only that directs the plan to accept the HCBS designation to satisfy the plans HCBS credentialing; and, plan may not separately staff members, and, affirms that contractor shall still collect and accept program integrity related information
Primary Care in OASAS Programs /PCPS	NEW 21.14 paragraph (e)	Adding PCPs employed by OMH and OASAS clinic programs (including OTP) to primary care provider listing and affirms that they may be PCPs. The Enrollee must choose or be assigned a specific provider or provider team within the clinic to serve as his/her PCP.



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5 or more for members	21.19 (a) iii	<ul style="list-style-type: none"> Upon the date of BH inclusion the Contractor must establish contract with any OMH or OASAS providers with five or more active plan members.
Network Adequacy Part 822 Clinic	21.19 b (ii) (A)	<ul style="list-style-type: none"> Thereafter: <ul style="list-style-type: none"> 50% of all such clinics or two clinics per county, whichever is greater; must include clinic providers that offer urgent and non-urgent same day, evening and weekend services; Where an authorized integrated outpatient service provider is in the Contractor's network, the Contractor shall contract for the full range of integrated outpatient services provided by such provider
Network Adequacy Part 822 Outpatient Rehabilitation	21.19 b (ii) (B)	<p>Part 822 Chemical Dependence Outpatient Rehabilitation Clinics</p> <ul style="list-style-type: none"> Network must include 50% of all such clinics or two clinics per county, whichever is greater.
Network Adequacy Part 822 Opioid Treatment Programs And Integrated outpatient services providers	21.19 b (ii) (C)	<p>Part 822 Opioid Treatment Programs operated under 14 NYCRR Part 822 (include integrated outpatient services under 14 NYCRR)</p> <ul style="list-style-type: none"> For urban counties: Network must include all programs in the county. For rural counties: Network must include all programs in the region; and Where an authorized integrated outpatient service provider is in the Contractor's network, the Contractor shall contract for the full range of integrated outpatient services provided by such provider. <p>Note: Also defined as Essential Community Behavioral Health Providers</p>
Buprenorphine Prescribers	21.19 b (ii) (D)	<p>Buprenorphine Prescribers</p> <ul style="list-style-type: none"> Network must include all authorized prescribers in the Contractor's service area; and The Contractor is not required to contract with providers unwilling to accept the Medicaid fee-for-service rate.
Inpatient Detox	21.19 b (ii) (E)	<p>Inpatient Detoxification Services Part 816</p> <ul style="list-style-type: none"> For urban counties, network must include two providers per county; For rural counties, network must include two providers per region.
Outpatient Detoxification	21.19 b (ii) (F)	<p>Outpatient Detoxification Services Part 816:</p> <ul style="list-style-type: none"> urban counties, network must include two providers per county; For rural counties, network must include two providers per region



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Inpatient Rehabilitation	21.19 b (ii) (G)	<p>Chemical Dependence Inpatient Rehabilitation Part 818</p> <ul style="list-style-type: none"> urban counties, network must include two providers per county; For rural counties, network must include two providers per region.
Part 820 Residential	21.19 b (ii) (H)	<p>Residential Substance Use Disorder Part 820:</p> <ul style="list-style-type: none"> Urban counties: Network must include two providers per county; Rural counties: Network must include two providers per region; <p>Where an Enrollee is mandated to an out of network residential program, the contract must enter into either a subcontract or single case agreement with such program and that program’s allied clinical service providers for covers of medically necessary benefit package services.</p>
OTP Essential Community BH Providers	21.19 (e) (ii)	Essential Community Behavioral Health Providers includes OTP programs.
APG reimbursement	21.19 (f)	Complete paragraph on APG reimbursement including statutory reference for both OMH and OASAS
SUD service definition / including offsite	21.19 (f) ii (A)	Defines SUD services; and affirms that Ambulatory behavioral health services may be provided on-site or off-site.
	Section 22	SUBCONTRACTS AND PROVIDER AGREEMENTS
All products prohibition language	NEW 22.3 (b)	No all products language –Under No circumstances shall the contractor condition the participation of a BH provider ...upon ... agreement to participate in contractors non Medicaid lines of business
Alternative Payments Permission	22.5 (k)	Requirement that for BH providers Proposed alternative payment arrangements must be submitted to and approved by OMH / OASAS.
Two year Contract.	22.5 (l)	Requires the Contractor to include language in the provider contract that the contract is minimum two year term; and, that the contractor will pay the applicable Medicaid fee-for-service rate.
	Appendix F, F.1 item three	ACTION REQUIREMENTS - TIMEFRAMES FOR SERVICES AUTHORIZATION
No prior authorization	No Prior Authorization	The Contractor shall not require prior authorization for either urgent or non-urgent ambulatory services delivered by: OASAS certified Part 822 outpatient clinics (including intensive outpatient services), outpatient rehabilitation and opioid treatment programs, OASAS certified Part 816 medically supervised outpatient withdrawal and stabilization programs,



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		OMH Part 599 licensed outpatient clinics (including community mental health services), OASAS Part 825 integrated clinics, OMH Part 598 integrated clinics and Title 10 Part 404 Diagnostic and Treatment Centers.
Access to drugs used for SUD TX on both medical benefit and formulary	SUD	Drugs used for the treatment of substance use disorders are covered by the contractor: consistent w / FDA labeling and compendia; include medications for SUD opioid dependency in the formulary; at least one formulation of buprenorphine and buprenorphine / naloxone; Vivitrol covered as a medical and a pharmacy benefit. Language affirms that Naloxone is available in atomizers in addition to: vials; prefilled syringes and auto injectors
Smoking Cessation	Item 11	Smoking Cessation Products for enrollees with one or more SUD disorder(s) or mental illness(s) = unlimited course of smoking cessation and contractor may not impose any limitations or formulary coverage meeting this criteria.