

14 NYCRR Part 599

Rule Summary

Part 599

(Statutory Authority: Mental Hygiene Law §§7.09, 31.04, 31.06, 31.02, 31.07, 31.09, 31.13, 31.11, 31.19, 41.13, and 43.01, Sections 364, 364-a, 364-j and 365-m of the Social Services Law)

- The Office of Mental Health propose amendments to Part 599 of Title 14. In November 2021, CMS approved moving clinic into the Medicaid Rehabilitative Services (“rehab option”) in the State Plan Amendment, requiring several amendments to Part 599. Services covered under the “Rehab Option” provide a more flexible benefit than other services generally used for mental health services.

The proposed rule in summary:

1. Renames Clinic to Mental Health Outpatient Treatment and Rehabilitative Services Programs and removes outdated terms and provisions.
2. Adds Peer/Family Support Services to regulation:
 - Added peer staffing definitions including certified peer specialists, credentialed family peer advocates and credentialed youth peer advocates who are qualified by personal experience and certified or provisionally certified.
 - Defined Peer and Family Peer Recovery Support Services to mean services for adults and children/youth, including age-appropriate psychoeducation, counseling, person-centered goal planning, modeling effective coping skills, and facilitating community connections and crisis support to reduce symptomology and restore functionality. Family Peer Recovery Support Services also include engagement, bridging support, parent skill development, and crisis support for families caring for a child who is experiencing social, emotional, medical, developmental, substance use and/or behavioral challenges in their home, school, placement, and/or community to promote recovery, self-advocacy, and the development of natural supports and community living skills
 - Provides an allowance for unlimited number of preadmission Peer/Family Support Services for engagement into clinic and such services are not counted towards the 30 visit threshold reduction of reimbursement
2. Provides off-site visits as allowable for all individuals receiving clinic services:
 - Defines Off-Site Location as a location at which services are delivered. Locations including but not limited to the community, or the individual’s place of residence. The location in which the service is provided is determined by the individual’s needs and goals documented in the individual’s record.
 - Adds requirements for policies and procedures for off-site locations including safety protocols.
 - States that off-site services shall be provided in settings that are conducive to meeting treatment goals and objectives, be accommodating to the conditions and needs of those

being served, be safe and accessible for all, and assure privacy for the delivery of services.

- Continues 150% reimbursement for all offsite locations.
3. Incorporates Intensive outpatient Program (IOP) in regulation, eliminating the need for waivers:
- Mental Health Outpatient Treatment and Rehabilitative Services Programs may obtain prior approval from the Office of Mental Health to provide Intensive Outpatient Program (IOP). IOP means providing additional and intensive outpatient services to individuals who may benefit from more intensive, time-limited treatment.
 - Added IOP under service level needing OMH approval.
 - Changed Clinic Based IOP to just IOP due to clinic name change.
4. Adds permanent rounding for services:
- Aligns with current Public Health Emergency (PHE) allowance to continue post PHE.
 - For group therapy, allows for the option of up to 40, and less than 60 minutes be used with a 30% reduction in reimbursement.
5. Co-enrollment for clinics:
- Allows an individual to receive service from two clinics, as long as it is not the same service on the same day.