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OASAS Certified Title14 NYCRR Part 820 Residential Services Programs

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Dear Plan Representative:

The New York State Office of Addiction Services and Supports (OASAS) and the NYS Department of Health, Office of Health Insurance Programs (OHIP) are releasing the attached guidance: "NYS Medicaid Managed Care Plan Resource Guide: OASAS Certified Title14 NYCRR Part 820 Residential Services Programs".

The guidance provides Medicaid Managed Care Plans with information related to the inclusion of OASAS Certified Title14 NYCRR Part 820 Residential Services Programs within: Medicaid Mainstream; HARP; HIV SNP networks including:

- Network Requirements
- Plan Responsibility for Part 820 Services Covered by the Benefit Package
- Plan Reimbursement Requirements
- Plan and Provider Notification Requirements.

Questions related to this attachment should be directed to: PICM@oasas.ny.gov

Sincerely,

Jonathan Bick
Director, Division of Health Plan
Contracting and Oversight,
Office of Health Insurance Programs
New York State Department of Health.

Trishia Allen
General Counsel
NYS Office of Addiction Services and Supports

Attachment

cc: Pat Lincourt
Susan Bentley
Patricia Sheppard

1. Authorization for inclusion of the OASAS Certified Title 14 NYCRR Part 820 Residential Services Programs in the Plan Benefit Package:

- Authorization for the inclusion of the Non – hospital Part 820 Residential programs in the Medicaid managed care /HARP/ HIV SNP AND MAP benefit package and payment of the Part 820 treatment per diems is through the CMS approved New York State Medicaid Redesign Team Section 1115 Waiver as part of the Medicaid Managed Care Program.

2. Program Description of the OASAS Certified Title 14 NYCRR Part 820 Residential Services Programs

- Part 820 Residential Programs support the appropriate diversion of individuals from higher levels of care to more appropriate community-based options and to allow bedded programs to provide short-term crisis/respite options. Part 820 Residential Programs are a cornerstone to New York State’s ability to respond to strengthening community service access as an alternative to detoxification and providing recovery oriented, supportive residential step downs.
- Non – hospital, community-based Title 14 NYCRR Part 820 Residential Programs incorporate three elements of treatment: Stabilization; Rehabilitation and Reintegration. Programs may be certified /designated to provide any, or all, of the three elements:

Element	Element Overview	Tx and Support Services	Medical Services
Stabilization	medically directed care to stabilize acute medical, mental health and addiction symptoms. For patients who seek services at the emergency department and who are not in need of a hospital-level detox, the stabilization element will offer an alternative and provide these patients a safe place to stabilize and engage in treatment.	All group; individual and routine care. Mental health assessment and routine care, including treatment for co-occurring addiction / MH disorders	Medical assessments and physical exams
Rehabilitation	Individuals will learn to manage cravings and maladaptive behaviors within the safety of the program.	All group; individual and routine care. Mental health assessment and routine care, including treatment for co-occurring addiction / MH disorders	Medical assessments and physical exams
Re-integration	Individuals will further develop recovery /rehabilitative skills and begin to re-integrate into the community.	5 or more hours per week of on-site rehabilitative services at the Part 820. Individuals may also receive services via outpatient licensed or certified programs.	All Provided in Community. Not provided by the reintegration program

3. Network Requirements: OASAS Certified Title 14 NYCRR Part 820 Residential Substance Programs

- I) For urban counties: The network must include two providers per county;
- II) For rural counties: The network must include two providers per region; and
- III) If an enrollee is mandated to an out of network residential program, the Contractor must enter into either a subcontract or a single case agreement with such program and that program's allied clinical service providers for coverage of medically necessary Benefit Package Services.

As additional programs become available plans are encouraged to contract with more than the minimum network requirement

4. Plan is responsible for Part 820 services commensurate with an individual's enrollment into the plan

- Medicaid Managed Care/Family Health Plus/HIV SNP Model Contract (Model Contract) Sections 6.8(e) and 8.5
- As discussed above, OASAS Certified Community based programs, including Part 820 Programs, are not hospitals. As such the Model Contract provision at section 6.8 (e)(ii), removing plan liability for hospital stays where the individual was admitted prior to effective date of enrollment and the admission continues after the effective date of enrollment, **does not apply to** Part 820 Programs.
- Therefore, coverage of Part 820 per diem services **are the plan responsibility upon the effective date of enrollment** and plans are responsible for payment of the Part 820 per diem as follows:

Managed Care Enrollment Status	Plan Responsibility for Part 820 Per Diem
Service recipient enrolled in plan <u>prior to or on</u> date of admission	Commensurate with date of admission
Service recipient enrolled in plan <u>after</u> date of admission	Commensurate with effective date of plan enrollment.

- Similarly, the provision in the Model Contract at section 8.5 does not apply to continuing OASAS Certified Community based programs, and the plan is not responsible for coverage of service days after the enrollee's effective date of disenrollment.

5. Prior Authorization is Prohibited for Part 820 Residential Program Services

- Pursuant to Chapter 71 of the Laws of 2016, and subsequent revisions in Chapter 57 of the Laws of 2019 plans are prohibited from requiring prior authorization or conducting concurrent review for medically necessary inpatient stay, including Part 816 detoxification, Part 818 inpatient rehabilitation or Part 820 Stabilization, Rehabilitation and/or Reintegration Elements of care, for the first 28 days of such stay.
- The plan is not obligated to retroactively cover all days from date of admission to date of enrollment where the enrollee enrolls after admission.

- In that situation, the plan will be required to cover that portion of the 28 days which remain upon date of enrollment into the plan. The plan’s coverage obligation does not begin until date of enrollment and does not go retro to date of admission.

6. Model Contract 15.6 and Public Health Law Section 4403 allow for continue of care for non-participating provider

- NYS Department of Health (DOH) previously released guidance titled “Medicaid Managed Care and Family Health Plus Coverage Policy: – New Managed Care Enrollees in Receipt of an Ongoing Course of Treatment”.
- The guidance affirmed that, in accordance with Public Health Law, Section 4403 and the corresponding section 15.6 Service Continuation of the Model Contract, health plans must permit a new enrollee to continue an ongoing course of treatment during a transitional period of up to 60 days from the effective date of enrollment if the new enrollee has an existing relationship with a non –participating health care provider. The guidance also affirmed that plans should ensure that reimbursement issues do not interfere with the continuity of care.

7. Part 820 Program required to notify plan of enrollee admission to Part 820 program:

- OASAS has directed programs that a notice of an admission and an initial treatment plan must be provided to the insurer within 2 business days of the admission.
- Please also see related OASAS issued guidance at: [utilization review concurrent guidance.pdf \(ny.gov\)](https://oasas.ny.gov/system/files/documents/2022/08/appendix_a.pdf) . A standalone Appendix A is also located at https://oasas.ny.gov/system/files/documents/2022/08/appendix_a.pdf
- Where a member is admitted to a program prior to enrollment, a provider must provide notice to the managed care plan as soon as possible upon plan enrollment.

Enrollment Status at time of Admission	Program Notification Requirements
Individual enrolled in plan at time of admission	Within 2 business days of admission, programs must inform the plan / insurer the enrollee has been admitted to the Part 820 program and provide initial treatment plan
Individual enrolled in plan after admission	Effective the date of enrollment into the plan the program must inform the plan / insurer the enrollee has been admitted to/ receiving treatment at the Part 820 program and provide the initial or most current treatment plan.

8. Program / Plan Use of LOCADTR 3.0:

- Programs and Medicaid Managed Care Plans are required to utilize LOCADTR 3.0 for level of care determinations Level of Care for Alcohol and Drug Treatment Referral (LOCADTR) 3.0, a web-based tool, to assist substance abuse treatment providers, Medicaid Managed Care plans, and other referral sources in determining the most appropriate level of care (LOC) for a client with a substance use disorder and/or problem gambling disorder. This tool enables the referral source to identify the most appropriate treatment setting closest to the client’s community. NYS OASAS, working in collaboration with the NYS Department of Health, is using the Health Commerce System (HCS) to access and support LOCADTR tools. Additional information is available on the OASAS Website at <https://oasas.ny.gov/locadtr>

9. Plan Claim Coding and Reimbursement Requirements:

- Plans are required to pay the Part 820 per diem for plan enrollees.
- The Part 820 per diem treatment rates are listed below and reflect reimbursement for clinical treatment services provided within a Part 820 residential setting for the Stabilization Rehabilitation and Reintegration elements.

Title 14 NYCRR Part 820 Residential Program Type	Upstate Payment	Downstate Payment
Stabilization	\$151.53	\$165.27
Rehabilitation	\$142.01	\$163.56
Reintegration	\$115.42	\$135.03
Upstate Includes:	All counties not listed in the Downstate Peer Group	
Downstate Includes:	Five counties comprising New York City (Bronx, Kings, New York, Queens, and Richmond counties), and the counties of Dutchess, Nassau, Orange, Putnam, Rockland, Suffolk, and Westchester.	

- **Required Rate Codes:** In addition to the general information required on an 837i, Title 14 NYCRR Part 820 Residential Programs will include the following rate; HCPCS and modifier codes on the 837i claim form.
- Plans are required to utilize the rate; cpt; and HCPCS codes identified below/ Rate codes would be entered in the claim header; the following CPT / HCPCS / Modifier codes should be used at the line level; and the plan should assign the indicated specialty code. The HF modifier is requested to be added on all OASAS claims types including, but not limited to residential addiction treatment services. The modifier does not impact pricing but will support data collection. Plans should not deny a claim for failure to include the HF modifier.

Part 820 Residential Program Type	Rate Code	CPT / HCPCS Code
Stabilization	1144 (clinical treatment services in a residential setting)	H2036 and modifiers: TG; and, HF. May also submit E/M claims for ancillary withdrawal services.
Rehabilitation	1145 (treatment services in a residential setting)	H2036 and HF modifier
Reintegration	1146 (treatment services in a residential setting)	H2036 and HF modifier Notes: any past reintegration service claims with the CPT H2034 should be processed as plans/providers work to configure the system to CPT H2036

- **Required Payments**

Title 14 NYCRR Part 820 Residential Program Type	Upstate Payment	Downstate Payment
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- **Bill Type and revenue codes** Health Plans have discretion regarding revenue code / bill type combinations. The table below lists reported revenue codes and bill type options for Part 820. This is not an exhaustive list but reflects reported codes.
- Plans are required to inform programs which bill type / revenue code options will be accepted for Part 820 claiming; and, to ensure that required bill type / revenue codes will pass clearinghouse edits. Programs are advised to contact the plan directly for specific coding.
- When considering / advising on acceptable revenue code / bill type options, the plans must remember that: The Part 820 Stabilization element of care - IS NOT equivalent to hospital inpatient detoxification. Part 820 Stabilization, Rehabilitation and Reintegration Residential Treatment is not equivalent to / should not be categorized as inpatient levels of care.

Revenue Code and Bill Type Options for Part 820 Stabilization, Rehabilitation and Reintegration Treatment Per Diems
Reported Bill Types: None Required; None Prescribed; 731; 762; 763; 861; 086; 891
Reported Revenue Codes: None Required; None Prescribed; 900; 902; 911, 914, 944, 945 1002