



## Integrated Outpatient Services FAQ's

### Philosophy

1. What is the intention behind MH and addiction disorder integrated treatment and how does it look?

Integrated Outpatient Services are meant to provide services for those who have co-occurring disorders. Individuals diagnosed with both an addiction related disorder and mental health disorder would be eligible for admission into the IOS Program.

2. How should co-occurring patients in an OMH Hosted IOS be accounted for in terms of reporting?

If an addiction related disorder is being treated along with a mental health disorder, a PAS 44 Admissions form should be entered through the Client Data System for that individual via the associated OASAS provider's PRU.

3. Can a provider admit someone without a primary Mental Health Diagnosis to their OMH Hosted IOS Program?

Yes- Individual's with co-occurring addiction and mental health disorders can be admitted into OMH and OASAS Hosted programs regardless of their primary diagnosis.

4. Should addiction disorder only clients be admitted into an OMH hosted IOS clinic?

No - Those with addiction disorder only should be admitted into the Article 32 Outpatient Clinic not the IOS Program.

5. In an IOS Program are all admitted under the IOS license regardless of diagnosis? Or if they are addiction disorder only, they are admitted into 822, MH only 599?

Only those with both an addiction and mental health related disorder should be admitted into the IOS Program. Those with addiction only should be admitted into the Article 32 Outpatient Addiction Treatment program; and those with mental health only should be admitted into the Article 31 OMH Outpatient Program



## Billing

1. How is billing effected by IOS?

Providers should utilize the IOS Rate Code of the Host Agency as given in the IOS Guidance Document. If individuals are admitted to the Article 31 or Article 32 only clinics then those rate codes should be utilized.

2. What modifier should an OASAS host clinic use when billing under the rate code 1468?

Providers should utilize the modifier of the host agency.

3. As an integrated clinic are we required to enroll in Medicare?

For Medicare reimbursement providers

## Compliance

1. What regs apply?

OASAS Hosted IOS Clinics should be following the Part 825 Regulations. OMH Hosted IOS Clinics should follow the Part 599 regulations when they are the Host agency.

2. How does being an OMH-hosted agency effect OASAS oversight?

Compliance reviews are conducted by the host agency with an addendum for the other entity. OMH would review an OMH Hosted IOS with an OASAS addendum for addiction treatment; and OASAS would review an OASAS Hosted IOS with an OMH addendum.

3. How exactly does OASAS anticipate audits and license renewals working?

One compliance review will be conducted by the Host agency. Upon meeting compliance criteria, the Article 31, Article 32, and IOS license/certification will be renewed.

4. Will an addiction treatment program be audited separately from the OMH host IOS program, by OASAS?

Only one audit will be conducted by OMH with an addendum being completed for addiction treatment.

5. Does the Art 32 follow OASAS staffing requirements or OMH? What about for Medical Director?

Staffing will be based on both OMH and OASAS regulations in the IOS Program.

6. If a client is mandated by a legal referent to addiction treatment and has a co-occurring disorder, are they appropriate for Art 32 admission?

If they will only be receiving addiction related treatment they could be enrolled in the Article 32 Outpatient Clinic. However, they could also receive services through the IOS program if they are receiving both mental health and addiction treatment.

7. If we transfer existing Art 32 clients, whose treatment planning is documented and amended in the progress notes, to the Art 31, do they need new written “free-standing” treatment plans or can plans still be contained in the Intake Assessment and the Progress Notes?

As given above individuals are admitted into the either Part 825 or Part 598 Integrated Outpatient Services program. The case record should follow the requirements of the host agency.

8. We currently follow the Article 31 guidelines of updating treatment plans annually. Do we continue following this guideline under the IOS for individuals with co-occurring disorders.

You should follow the Part 598 Integrated Services Regulation.

9. What OASAS forms must be completed when someone is admitted into the IOS Program?

If someone has an addiction related diagnosis: the program MUST submit an admission and discharge form to OASAS through the Client Date System (include link). For all assessments where SUD is present a LOCADTR should be completed.

10. Article 31, Complex care management is 5-20 mins and must occur within 14 days of another treatment services. For OASAS, Complex care management can be 45 mins long and must occur within 5 days of another treatment service. How do we bill for a complex care management under IOS?

Effective April 1, 2023, Complex Care in an OASAS program can be billed in 5 minute units up to 4 unit (20 minutes) per day. There is no precipitating event required. For IOS it depends on the diagnosis being treated by the service, if addiction related disorder than the latter, if MH the former.

11. Will we need to create new practices, policies, and procedures for integrated services.

You will need to provide policies and procedures as given in the regulations and as asked for in the certification process.