

Dear Mental Health Clinic provider:

This is to provide clarification of Medicaid Managed Care Plan prior authorization and utilization review limits for:

- OMH clinic clients whose mental health services were paid fee-for-service and will now be covered by Medicaid Managed Care (SSI MH carve-out); and
- Those clients whose mental health services were, and continue to be, covered by Medicaid Managed Care.

(Note: This applies to Mainstream Medicaid Managed Care, HARP and HIV/SNP Plans only. It does not apply to MLTC, PACE, Medicaid Advantage, Medicaid Advantage Plus or FIDA plans.)

Continuity of Care

For services provided by OMH licensed providers, the Plans must accept the providers' treatment plans for continuous behavioral health episodes of care and not apply utilization review criteria for a period of 90 days beginning 10/1/2015 for clients residing in New York City. If the client was admitted to the clinic prior to 10/1/2015, and services had been provided for the treatment of the same or related behavioral health condition at least twice between 4/1/2015 and 9/30/2015, then it is a continuous behavioral health episode of care.

30 Visits Without Prior Authorization

Plans must pay for at least 30 mental health clinic visits per calendar year without requiring authorization. The 30-visit count should not include: prior fee-for-service visits or visits paid by another Plan; off-site clinic services; psychiatric assessments; or medication management visits. Multiple services received on the same day count as a single visit (and must be delivered consistent with OMH clinic regulations – Part 599.) NYS allows, but does not mandate, Plans to require concurrent review requests for clinic services following the 30th visit paid by the Plan in a calendar year. The first calendar year begins on 10/1/2015 and ends 12/31/2015 for clients residing in New York City for individuals whose clinic services prior to 10/1/15 were paid by a Medicaid Managed Care plan and individuals whose clinic services commence after 10/1/15.

NYC Resident with Medicaid Managed Care coverage:	Pre 10/1/2015 Payer	Continuity Of Care Applies	30 Visits Without Prior Auth. Applies
Attending the MH clinic prior to 10/1/2015	Fee-for-Service	Yes	Yes (beginning 1/1/16)
Attending the MH clinic prior to 10/1/2015	Medicaid Managed Care Plan	No	Yes (beginning 10/1/15)
Begins attending the MH clinic on or after 10/1/2015	Fee-for-Service or Medicaid Managed Care Plan	No	Yes (beginning 10/1/15)