



# Models and Approaches for Integrating Primary Care and Behavioral Health Services

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# Integration Models and Approaches

- Licensure Thresholds
- DSRIP Project 3.a.i Licensure Threshold
- Integrated Outpatient Services (IOS) Regulations
- Multiple Licenses
- Collaborative Care Model
- Shared Space

## Licensure Thresholds

- Licensure Thresholds:
  - A clinic site licensed by DOH (PHL Article 28) must be licensed by OMH if more than 10,000 or 30 percent of its annual visits are for mental health services
  - A clinic site licensed by OMH (MHL Article 31) or certified by OASAS (MHL Article 32) must be licensed by DOH if more than 5 percent of its visits are for medical services or any visits are for dental services
  - Licensure Thresholds are not applicable for OASAS services
- No application is required

## DSRIP Project 3.a.i Licensure Threshold

- The objective of DSRIP Project 3.a.i is to promote the integration of mental health and substance use disorder services with primary care for the purpose of ensuring coordination of care
- The DSRIP Project 3.a.i Licensure Threshold is available to a provider participating in a PPS that has been identified by the PPS Lead as being part of DSRIP Project 3.a.i, as identified in the PPS Implementation Plan
- The DSRIP Project 3.a.i Licensure Threshold allows the provider to integrate primary care and behavioral health services under a single license or certification, as long as the service to be added is not more than 49 percent of the provider's total annual visits

## DSRIP Project 3.a.i Licensure Threshold

- A provider licensed by DOH to provide primary care services that wishes to add mental health and/or substance use disorder services must submit a CON application or an LRA through NYSE-CON – one separate application must be submitted for each site
- A provider licensed by OMH or OASAS that wishes to add primary care or the other behavioral health service must submit the DSRIP Project 3.a.i Integrated Services Application – multiples sites may be included on one application
- A provider must follow the programmatic requirements of its licensing agency and the prescribed requirements of the IOS Regulations as outlined in guidance

# Integrated Outpatient Services Regulations

The IOS Regulations (10 NYCRR Part 404 and 14 NYCRR Parts 598 and 825) allow a provider licensed or certified by more than one agency to add services at one of its sites (the “host” site) without additional license or certification, as long as it is licensed or certified to provide such services at another site:

- Primary Care Host Model (DOH licensed providers adding mental health and/or substance use disorder services)
- Mental Health Behavioral Care Host Model (OMH licensed providers adding primary care and/or substance use disorder services)
- Substance Use Disorder Behavioral Care Host Model (OASAS certified providers adding primary care and/or substance use disorder services)

# Integrated Outpatient Services Regulations

- A clinic site licensed by DOH pursuant to PHL Article 28 seeking to add behavioral health services must submit a CON application or LRA through NYSE-CON
- A clinic site licensed by OMH pursuant to MHL Article 31 or certified by OASAS pursuant to MHL Article 32 seeking to add primary care or behavioral health services must submit the application available on the OMH and OASAS websites
- In addition to the requirements of the state agency that licensed or certified the proposed host site, IOS providers must meet operating and physical plant standards set forth in the IOS Regulations

## Multiple Licenses

A provider may integrate primary care and behavioral health services by applying for a license or certificate from the agency (DOH, OMH or OASAS) that licenses or certifies the additional services:

- DOH Certificate of Need (CON) Application or Limited Review Application (LRA)  
<https://www.health.ny.gov/facilities/cons>
- OMH Prior Approval Review (PAR) or EZ PAR Application  
<http://www.omh.ny.gov/omhweb/par>
- OASAS Certification Application  
<http://oasas.ny.gov/legal/CertApp/capphome.cfm>

## Shared Space

- Providers are interested in sharing space (providing services in the same licensed space) to facilitate the coordination of services and integration of behavioral and primary care
- This is distinct from co-location – two or more different providers that are located at the same address but are not sharing physical space (such as an office building with a shared atrium)
- Shared space involves a number of issues, such as how providers will share accountability for meeting regulatory standards, how will patients be made aware that they are being seen by different provider, and the applicability of any federal guidelines
- DOH, OMH and OASAS are working together to address barriers that might stand in the way of appropriate arrangements, including engaging in discussions with the federal Centers for Medicare and Medicaid Services (CMS) to obtain clarification and expansion of CMS policies and procedures
- The agencies will issue guidance to help providers understand how to move forward