

Enhanced Rate Reimbursement for Services Provided by OMH-licensed School-Based Mental Health Outpatient Treatment and Rehabilitative Services Program (MHOTRS/clinic):

Frequently Asked Questions

NOTE: School-based satellite enhanced rate allowances has been clarified: the enhanced rate does not apply to services delivered on-site at the main clinic.

Question	Answer
School-Based Clinic: Rate Enhancement	
<p>1. What constitutes “facilitation” by the school-based clinic for a service provided by the main clinic, and what would constitute adequate documentation of this?</p>	<p>The enhanced rate is available for telehealth services provided by the main clinic when facilitated by the on-site school-based clinic staff to the student or family who is physically located at the satellite location at the time of telehealth services provision. The enhanced rate is also applicable when the student is on-site at the school for the main clinic telehealth service when facilitated by the school-based staff, but the family or collateral is at different location.</p> <p>Telehealth services provided by the main clinic site while the student is not in school due to temporary circumstances are not eligible for the enhanced rate.</p> <p>Facilitation refers to the activities conducted by the on-site satellite staff to assist the student/family with accessing services through the main clinic including managing telehealth technology, scheduling, and general service coordination. In other words, satellite clinic staff must be on-site at the satellite in the event support is needed during the telehealth session, but they are not required to participate in the session.</p> <p>Additionally, the student must be enrolled in ongoing, routine on-site service provision at the school-based satellite for telehealth sessions with services via the main clinic site to bill the enhanced rate. The enhanced rate would not apply if an individual were accessing main clinic services outside of satellite operations by telehealth or on-site at another clinic location, even if the satellite coordinates their care, as general service coordination alone, without actual participation of satellite staff is not sufficient to constitute facilitation for purposes of the enhanced rate.</p> <p>Documentation must follow requirements outlined in applicable telehealth and program guidance including indicating use of telehealth in the progress note and the location of the service recipient.</p>

<p>2. Are services that can only be provided at a main clinic, such as medication management or peer services, eligible for the enhanced rate if they are facilitated through the school-based clinic?</p>	<p>See response to question #1.</p>
<p>3. Please provide case examples of services provided by a main clinic that can be reimbursed at the enhanced rate, and how this would be documented and billed.</p>	<p>The preference is to minimize disruption for the student and family and make services available either on-site or using telehealth during satellite operations. When this is not possible or appropriate, on-site service provision at the main clinic or the provision of telehealth services to the student or family from another location outside of the school-based satellite, may be needed. This applies to specialty services that may involve an in-person component such as psychiatric services (medication management) or testing. However, when services are provided on-site at the main clinic location, or through telehealth outside school-based satellite operations, the enhanced rate does not apply.</p> <p>The enhanced rate is intended to offset costs that are unique to operating a school-based program. Therefore, only services provided directly or facilitated by the school-based clinic are eligible for the enhanced rate. For example, if a student needs services that are not available on-site at the satellite, and the satellite provider facilitates provision of the service by the main site using telehealth, the telehealth service may be eligible for the enhanced rate.</p>
<p>4. Please provide more clarity and case examples of telehealth services that can be reimbursed at the enhanced rate. Please address situations including but not limited to: school vacations, short-term disruptions of the physical space such as unexpected school closures, construction, snow days, etc.</p>	<p>The enhanced rate is allowable for services delivered directly by the satellite and for specialty services by the main clinic through telehealth, in accordance with OMH billing guidance. Telehealth services provided by satellite staff <i>on-site</i> at the school, but the student is off-site due to temporary circumstances (e.g., when the child/youth is out of school for medical reasons, suspension, truancy/school avoidance, or during school breaks to address transportation challenges, as appropriate) are eligible for the enhanced rate when the student is enrolled in ongoing, on-site satellite services. Telehealth services provided by another clinic site while the student is not in school due to temporary circumstances are not eligible for the enhanced rate.</p> <p>During short-term school closures (e.g., spring and winter breaks) or unplanned events (e.g., snow days, emergency closures) in which the school building is closed, and satellite staff cannot access the clinic satellite, telehealth may be used to continue school-based clinic services. In these cases, the enhanced rate is also allowable.</p> <p>The enhanced rate does not impact regulatory or program requirements. Clinic staff must be on-site during satellite hours of operation. Plans to account for temporary, unplanned circumstances should be submitted as part of the satellite licensure application including how to address building closures in which staff cannot access the site.</p>

<p>5. If an SBMH client receives a Medication Management service at a clinic location, in order to be paid the enhanced rate, the location billed needs to be the school, correct? Since payment is based on zip+4 of schools.</p>	<p>See response to question #1. The enhanced rate does not apply for services delivered on-site at the main clinic.</p>
<p>6. How is the enrollment in ongoing, routine on-site services via the satellite expressed on a claim form? Or is that a required point of documentation in the event of any post service audit?</p>	<p>This information will not be captured on the claim form. Rather, this information would be reflected in the case record/treatment plan and progress notes. Plans and progress notes reflect the location and the scope, duration, and frequency of services, illustrating routine on-site service delivery via the satellite.</p> <p>The enhanced rate is intended to off-set costs associated with the unique aspects of embedding mental health programming in a school environment. Documentation should reflect service delivery that is provided by or facilitated through the school-based satellite as well as the activities conducted by the school-based clinic staff that support student and family including, coordination and collaboration with school personnel.</p>
<p>7. Can the clinician conduct a family session without the client via telehealth during operating hours? Would those services be eligible for the enhanced rate whether or not school is in session and the child is present at school that day?</p>	<p>Telehealth Services may be provided by a school-based satellite to augment service delivery by expanding capacity for parent or family participation, or to enable continuity of care for enrolled children/youth when in-person services cannot be provided. Refer to telehealth services guidance for more information. Telehealth Services (ny.gov).</p> <p>To bill the enhanced rate for school satellite telehealth services with the family, the student must be enrolled in ongoing, routine on-site service provision at the school-based satellite. The student is not required to be present at the school or at the clinic at the time of service provision for telehealth services with the family to occur and be eligible for enhanced payment. These services can be provided during satellite operating hours or by appointment, in alignment with satellite Operating Certificate allowances and in accordance with billing guidance.</p>
<p>8. If a clinician is home but is working, can we bill for telehealth sessions if the school is open?</p>	<p>School based satellite programs are designed to be site-based programs with in-person service delivery. Per OMH Telehealth guidance, telehealth is permitted under certain considerations for a limited term basis. Agencies may bill the enhanced rate for telehealth sessions when the treating school-based satellite staff is off-site during OC hours of operation, but an additional staff is assigned to the school-based satellite and on-site, when the student/family is enrolled in ongoing, routine on-site service provision via the school-based satellite.</p>
<p>9. Should the enhanced rate be billed when an individual receives a service via telehealth from the main clinic when they're home?</p>	<p>No, see response to question #1 for more information.</p>

<p>10. Do we use the actual satellite address (school address) on our claims when billing?</p>	<p>The zip+4 of the school-based satellite location (not the main site) must be used on the claim in order to receive the enhanced rate. Please refer to Commercial BH Billing Guidance section under the Billing Behavioral Health (BH) Services Under Managed Care of the for more information.</p>
<p>11. If a student is enrolled in on-site satellite care and the student's usual practitioner is off-site that day, can the telehealth session happen between the two, or does the on-site "substitute" clinician need to provide the service? We would be wary about introducing a new person to the treatment, if avoidable.</p>	<p>Agencies may bill the enhanced rate for telehealth sessions when the treating school-based satellite staff is off-site during OC hours of operation, but only when additional staff are assigned to the school-based satellite and on-site. In these circumstances, the treating clinician may conduct the session using telehealth and the service does not need to be provided by the on-site staff.</p>
<p>12. Can you meet with the child in person and have the parent on the phone?</p>	<p>Yes, telehealth may be used as an adjunct to in-person operations to engage others in the individual's care, such as for family therapy sessions, collateral contacts, etc.</p> <p>The telehealth modifier should be used for any service involving telehealth.</p>
<p>13. If a service takes place away from the school site, off-site, does the program bill using zip+4 of the school's address?</p>	<p>The off-site rate is separate from the school-based satellite enhanced rates. When services are delivered off-site to a satellite enrolled youth/family, the off-site rate should be billed along with the corresponding zip+4 for the satellite location. The enhanced rate cannot be billed with the off-site rate.</p>
<p>14. What if the school is asking for MD/prescriber visits via telehealth at school so the child doesn't have to take whole day off?</p>	<p>Agencies may bill the enhanced rate for services delivered via telehealth for clients enrolled in the school-based satellite for specialized services such as Peer Support Services, medication management, or other services not otherwise accessed on-site by the school-based satellite as long as these services are facilitated by the on-site satellite staff.</p> <p>School requests for specific services should be communicated to school-based clinic staff and facilitated through the school-based satellite, in alignment with student and family needs and preferences. For information about facilitation, see response to question 1.</p>
<p>15. Telehealth services during OC hours when additional staff are on-site: do you recommend we document this in the note? Or track timecards? For OMIG purposes, I think we would need documentation that the other staff person was actually on-site.</p>	<p>The use of telehealth must be documented in progress notes per OMH and other NYS telehealth guidance Telehealth Services (ny.gov). The note should indicate the location of the youth/family and specify staff facilitating the session.</p> <p>The agency should maintain information specific to staff assignment and structures including the identification of school-based clinic staff and staff coverage.</p>
<p>16. If a parent in a crisis calls the clinic directly to see the psychiatrist at the clinic can the enhanced rate be billed?</p>	<p>The service must be delivered or facilitated by the school-based staff to bill the enhanced rate. If services are provided outside satellite operations (by telehealth or on-site at another location) the enhanced rate does not apply.</p> <p>To bill the enhanced rate for satellite telehealth services with the family, the student must be enrolled in ongoing, routine on-site service provision at the school-based satellite. The student is not required to be present at the school for telehealth services with</p>

	<p>the family to occur; services can be provided during satellite operating hours or by appointment, in alignment with satellite Operating Certificate allowances and in accordance with billing guidance.</p> <p>If the crisis service is delivered by the main clinic, and not facilitated by the school-based satellite staff (see response to question #1 for information about main clinic services by telehealth and facilitation), the enhanced rate does not apply.</p>
<p>17. Why is the burden on providers to individually submit all past claims for adjustment, rather than the MCOs doing a claim sweep, as they have with past rate adjustments? Since the ZIP+4 and address are already on these claims, plans should be able to find them easily.</p>	<p>Because the rate enhancement is being implemented using a separate rate code, eMedNY and MCO systems are unable to retroactively update the claims (e.g., alter the rate code). Additionally, there were school-based satellites that were not loaded in eMedNY or the managed care billing system. , Therefore, rebilling with the new SBMH clinic rate codes and associated school-based zip+4, for any services delivered after July 1, 2023, is necessary for providers to get the enhanced rate and adjudicate the claims accurately. Providers are not required to resubmit the school-based claims, but they must do so to receive the increased rate.</p>
<p>18. We are concerned about the deadline for plans to start paying the correct rates being pushed back to April 15th, 2024. Providers continue to have claims with the new codes denied or paid even lower than the standard rate, which requires even more provider staff time to sort out and increases the burden of submitting claims for retroactive adjustment.</p>	<p>While the date has been extended, OMH has continuously messaged Plans the requirement to configure their systems as soon as possible, but not later than April 15, 2024. Even if claims are being denied currently, providers should continue to submit claims, as the Plans have been directed to reconcile/reprocess any impacted or previously denied claims with SBMH clinic rate codes as soon as possible once their systems are configured.</p>