NEW YORK STATE | Department of Health | Office of Mental Health | Office of Alcoholism and Substance Abuse Services

Health Home Updates

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2017-18 Enacted Budget: Restructuring and Reprogramming Health Home Outreach

- Effective October 1, 2017, modify the Per Member, Per Month (PMPM) Health Home outreach fee and reinvest a portion of the savings in outreach approaches that pay for value and better locate and connect eligible members to Health Home (requires CMS approval)
  - ✓ Reduce per member, per month outreach fee from $135 to $100
  - ✓ Reduce outreach to two consecutive months only ("hiatus" eliminated), and
  - ✓ Require face-to-face contact in second month of outreach
- Provides opportunities to leverage best practices to better link and enroll high risk members to Health Homes

Effective 10/1/17 (Gross $)	2017-18	2018-19
Outreach ($100 PMPM)	$27.5	$55.0
Reprogrammed Outreach (Estimates Assume Federal Match)	20.0	60.0
Total Outreach Resources	**47.5**	**115.0**
Savings	20.0	20.0

2017-18 Enacted Budget: Opportunities to Reprogram Outreach to Pay for Value, Increase Health Home Enrollment

Options for reprogramming outreach include:

- ✓ Provide higher PMPMs for first three months of enrollment for high risk members (e.g., HARP) not previously enrolled by Health Home
- ✓ Make performance based payments to be shared by Care Managers and their lead Health Homes
  - Payments for retention and active engagement (provision of billable services) for six consecutive months
  - Establish Health Home Peer Program - work with Health Homes to strategically resource and locate peers in Hospitals, Emergency Rooms, clinics, shelters and PPS projects
- ✓ Work with Health Homes and Managed Care Plans to expand use of best practices/current and proven outreach approaches

2017-18 Enacted Budget
Facilitation Transition of VFCA Population to Managed Care – VFCA License

The Enacted Budget (Part N of the ELFA Bill) includes language to authorize and implement a specialized licensed for voluntary foster care agencies (VFCAs) that provide medical services to children enrolled in foster care

- The VFCA License facilitates the transition of the VFCA population to Managed Care by providing Managed Care plans the ability to contract with VFCAs consistent with the State's Corporate Practice of Medicine Requirements

Health Home Successes

- Implementation of temporary billing processes (EmedNY to HH to CMA) to ensure timely payments while Managed Care plans make system changes to process claims through their All Payer Database (Plan to HH to CMA)
- Expansion of HH+ to include:
  - State Psychiatric Center Discharges and;
  - Central New York/NYS Prison releases for individuals with SMI.

    *Assisted Outpatient Treatment (AOT) since 2014
  - Looking at additional populations that would benefit from increased care management support
- Successful launch of Health Homes Serving Children
  - ✓ As of March 31, 2017
    - 7,585 children enrolled in Health Home
    - 3,839 in outreach
  - ✓ Northwell is continuing its readiness activities to become designated to serve children
  - ✓ Conversion of OMH TCM providers to Health Home nearing completion
  - ✓ Other operational issues being addressed through guidance documents

Challenges and Solutions: Health Home and HARP/HCBS Implementation

Challenge: Complex and Layered Assessment Process and Completing Plans of Care

- ✓ ***Solution: Eliminate Full CMHA as of March 7, 2017***

Challenge: Low HARP/HH enrollment (30%)

- ✓ ***Solution: Implementation of PSYCKES flag for HARP members not enrolled in Health Home – encourage and provide information to providers and clinics to link HARP members to link and enroll members in Health Home***

Challenge: Delayed payment for assessments, system crashes

- ✓ ***Solution: CMAs directly bill for CMHA fee***

Challenge: Link HARP members to HCBS and HCBS Provider readiness, ramp-up

- ✓ ***Solutions: Consumer Education initiatives (HARP, HCBS, and HH), Procedures for improving access to HCBS for members not enrolled in Health Home, and development of HCBS Roadmap as training resource for CMAs and HCBS providers***

Best Practices that Work for HARP and HH/HCBS Linkage

- ✓ Use of Peers to engage in HH and the Adult BH HCBS process
- ✓ Getting to know your partners: HH Care Manager, MCO, HCBS provider
- ✓ Dedicated HARP teams (at MCO and HH CMA)
- ✓ Standardized processes (Plan Of Care, MCO, HCBS referrals)
- ✓ Care Managers that help individuals understand what HCBS can do to assist in their recovery

Focus on Health Home Performance

- State is continuing focus on Health Home performance management – ownership and accountability that is measured by performance and health outcomes
- By end of June 2017 site Redesignation Visits completed for all 32 Health Homes
  - Includes implementation of Technical Assistance and Quality Monitoring based on outcomes
  - Performance Improvement Plans – Development, Implementation and Monitoring
  - Policy Revision and standardization
- Rollout of Performance Management Program – May 2017

Resources

Health Homes by County, Department of Health website

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/contact_information/

Behavioral Health Managed Care, Office of Mental Health website
https://www.omh.ny.gov/omhweb/bho/