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

Implementing Medicaid Behavioral Health Reform in New York

NYAPRS

September 17, 2015

Agenda

- Purpose of Behavioral Health Managed Care Transition
- Behavioral Health Managed Care Program Design and Timeline
- NYC and ROS BH HCBS Designation Status
- HARP Enrollment
- Billing and Coding Manual
- Provider Contracting Guidance
- Empowerment Services-Peer Supports
- Self-directed Care Pilot

Medicaid Redesign Team: Objectives

- Fundamental restructuring of the Medicaid program to achieve:
  - Person centered recovery oriented care
  - Measurable improvement in health outcomes
  - Sustainable cost control
  - More efficient administrative structure
  - Support better integration of care

Federal Approval of Behavioral Health Managed Care Design

- On December 31, 2013 New York State requested approval to bring Behavioral Health services into Medicaid Managed Care through the submission of an amendment to NYS Section 1115 Demonstration "Partnership Plan.“
- CMS notified NYS of its approval in July 2015 to incorporate Behavioral Health services into Managed Care.

Behavioral Health Managed Care Design

- Behavioral Health will be managed by:
  - Qualified Health Plans meeting rigorous standards (perhaps in partnership with a BHO)
    - All Plans MUST qualify to manage currently carved out behavioral health services and populations
    - Plans can meet State standards internally or contract with a BHO to meet State standards
  - Health and Recovery Plans (HARPs) for individuals with significant behavioral health needs
    - Plans may choose to apply to be a HARP with expanded benefits

Mainstream Plan vs. HARP

Mainstream Managed Care Plan

- Medicaid Eligible
- Benefit includes Medicaid State Plan covered services
- Organized as Benefit within MCO
- Management coordinated with physical health benefit management
- Performance metrics specific to BH
- BH annual expenditure minimum

Health and Recovery Plan

- Specialized integrated product line for people with significant behavioral health needs
- Eligible based on utilization or functional impairment
- Enhanced benefit package - All current PLUS access to HCBS to help individuals meet their goals (employment, independent living, education, etc.)
- Specialized medical and social necessity/ utilization review for expanded recovery-oriented benefits
- Benefit management built around higher need HARP patients
- Enhanced care coordination - All in Health Homes
- Performance metrics specific to higher need population and HCBS
- Integrated medical loss ratio

Adult Behavioral Health Managed Care Implementation Timeline

NYC

- October 1, 2015 – Mainstream Plans and HARPs implement non-HCBS behavioral health services for enrolled members
- January 1, 2016 – BH HCBS begin for HARP population

  Rest of State (ROS)
- MCOs submit ROS Adult RFQ application- due September 18, 2015
- April 1, 2016 – First Phase of HARP Enrollment Letters Distributed
- July 1, 2016 – Mainstream Plan Behavioral Health Management and Phased HARP Enrollment Begins

Implementation Schedule of the Key Elements of Children's Medicaid Redesign Plan (the "How")

Anticipated Schedule for Implementing Children's Medicaid Redesign Plan	
Health Homes for Children • Enrollment begins for Eligible Children, OMH TCM Program Transitions to Health Home • **Opportunity: CAH I & II providers may provide care management for children not enrolled in waivers**	January 1, 2016
• **Transition Care Coordination Service of CAH I & II,** and other 1915c Waiver Programs to Health Home (OMH SED, OCFS B2H)	January 1, 2017
Expanded Array of State Plan Services for **All Children**	Early in 2016
• Transition existing Behavioral Health Benefits to Managed Care • Transition Foster Care Children (those which are currently subject to Agency Based Medicaid Per Diem) to Managed Care • Expand Array of Home and Community Based Services	January 1, 2017 (NYC and Long Island) January 1, 2017 (NYC and Long Island), July 1, 2017 (ROS) July 1, 2017
Maintain Access to Services for Children without Medicaid/Family of One-continues for LOC children with 2017 transition; begins for Level of Need children in 2018	

NYC Plan Designation - Status

- In June 2014 10 NYC MCOs submitted Behavioral Health Request for Qualification application
- Final qualification pending successful completion of Readiness Review
  - Desk Review (in progress)
  - On-Site Review have been completed for all 10 Plans
- Final Designation for 6 HARPs with MCOs awarded July 2015
  - Approx. 85% of HARP eligible individuals in NYC in Plans with a HARP
- Final Designation for 2 Mainstream MCOs without HARPs and 3 HIV-SNPs awarded August 2015

Behavioral (SUD and MH) Health State Plan Services-Adults

- Inpatient - SUD and MH
- Clinic – SUD and MH
- Personalized Recovery Oriented Services (PROS)
- Intensive Psychiatric Rehabilitation Treatment (IPRT)
- Assertive Community Treatment (ACT)
- Continuing Day Treatment
- Partial Hospitalization
- Comprehensive Psychiatric Emergency Program (CPEP)
- Opioid treatment
- Outpatient chemical dependence rehabilitation
- Rehabilitation Services for Residents of Community Residences (Not in the benefit package in year 1)

New services added to Medicaid Managed Care

- New Mental Health Services
  - Licensed Mental Health Practitioner Services
  - Behavioral Health Crisis Intervention
- New Substance Use Disorder Services
  - Residential Redesign - Three phases: OASAS Intensive Residential, Community Residential, Supportive Living and Medically Monitored Detox
  - Reassignment of SUD clinic to State Plan “Rehab Option” to permit off-site delivery of services

Behavioral Health Home and Community Based Services (BH HCBS) for HARP enrollees and HARP eligible HIV-SNP enrollees

- Rehabilitation
  - Psychosocial Rehabilitation
  - Community Psychiatric Support and Treatment (CPST)
- Habilitation
- Respite
  - Short-Term Crisis Respite
  - Intensive Crisis Respite
- Educational Support Services
- Individual Employment Support Services
  - Prevocational
  - Transitional Employment Support
  - Intensive Supported Employment
  - On-going Supported Employment
- Peer Supports
- Support Services
  - Family Support and Training
  - Non- Medical Transportation
- Self Directed Services Pilot (under development)

NYC BH HCBS Providers

- NYS has designated (i.e., “approved”) 172 providers in NYC, including applicants serving MH and SUD populations
- NYC Designated provider list shared with Plans
- NYS HCBS provider oversight process under development
- Providers need to contract with Plans to get HCBS business

Rest of State BH HCBS Designation Process

- The BH HCBS application is available on the OMH website and application were due 9/14/2015
  - http://omh.ny.gov/omhweb/guidance/hcbs/html/services-application/
- Providers must complete an application to be identified as a "State designated BH HCBS provider" for each service they plan to deliver
- A provider attestation form is required, indicating that the provision of the service is consistent with the standards included in the BH HCBS provider manual
- OMH/OASAS will compile a list of all providers that have completed an application and attested to meeting the service standards
- In order to retain their "BH HCBS designation" providers must demonstrate on-going staff development competency for certain services

HARP Enrollment

- All HARP eligible individuals identified by the state will be offered an opportunity to enroll into a HARP
- HARP eligible members will be passively enrolled in a HARP if they are enrolled in a Plan which offers a HARP
  - Will not need to take action to enroll in a HARP
  - Have 30 days to opt out or select another HARP
- HARP-eligible Individuals not in plans with a HARP must actively choose to enroll in a HARP
- Once enrolled in a HARP, members are allowed 90 days to choose another HARP or return to Medicaid Managed Care
- After 90 days, they are locked into the HARP for 9 additional months (after which they are free to change Plans at any time)
- HARP eligible individuals enrolled in an HIV-SNP will be able to remain in their Plan and receive HARP benefits or switch to HARP

HARP, Health Home and BH HCBS

- All HARP members will be offered Health Home care management services
- All HARP members will be annually assessed for eligibility for BH Home and Community Based Services (HCBS). The comprehensive assessment will utilize the "interRAI"
- The Community Mental Health (CMH) suite of the interRAI has been customized for NYS and includes:
    - Brief Assessment to determine HARP and BH HCBS eligibility
    - Full Assessment to identify needs and assist in the development of a care plan
    - Health Homes will conduct the NYS Community Mental Health Assessment
- Health Homes will develop person-centered care plans that integrate physical and behavioral health service and include BH HCBS

Billing and Coding Manual

- Received Federal approval for NYC HCBS rates
- Billing Manual posted on the OMH website:
  - http://omh.ny.gov/omhweb/bho/billing-services.html
- Tracking HCBS service limits will be by calendar year

Provider Contract Guidance

- New York State (NYS) is incorporating several key provisions into the Medicaid Managed Care Model contract that address:
  - Ensuring Medicaid Managed Care plans establish adequate behavioral health provider networks;
  - Promoting financial stability through payment and claiming requirements; and
  - Supporting access to and removing barriers to mental health treatment and recovery services.

Contract Requirements and Statute

- **BH Self-referrals**-Enrollees may obtain unlimited self-referrals for mental health and Substance Use Disorder assessments from participating providers without requiring preauthorization or referral from the enrollee's Primary Care Provider.
- **Ambulatory Patient Groups (APG) Fee for Service Rate Mandate -** Government rates for 24 months from effective date of BH inclusion.
- **Continuity of Care Requirements** - 2 year continuity of care language affirms plans must permit enrollees to continue receiving services from their current provider(s) for "Continuous Behavioral Health Episodes of Care."

Contract Requirements and Statute

- **BH Pharmacy Access** - pharmacy services include immediate access / no prior authorization language for BH prescribed drugs 72 hour supply generally; and 7 day supply for prescribed drug or medication associated with the management of opioid withdrawal and / or stabilization.
- **Primary Care in OMH Programs /PCPs** - The enrollee must choose or be assigned a specific provider or provider team within the clinic to serve as his/her PCP.
- **5 or more for members -** plans must offer to contract with any OMH or OASAS providers with five or more active plan members.

Contract Requirements and Statute

- **All Products Clause-**Plans are prohibited from requiring BH providers to participate in non-Medicaid lines of business
- **Smoking Cessation-**members with one or more substance use disorders or mental illness(s) may be allowed to access unlimited courses of smoking cessation products
- **Long Acting Injectables-** Plans may not require prior authorization of typical long acting antipsychotics

Empowerment Services – Peer Supports

- Peer-delivered services with a rehabilitation and recovery focus.
- Designed to promote skills for coping with and managing behavioral health symptoms to achieve recovery.
- Activities included must be intended to achieve the identified goals or objectives as set forth in the participants individualized recovery plan.
- Emphasize the opportunity for peers to support each other in the restoration and expansion of the skills and strategies necessary to move forward in recovery.

Consumer Outreach

- HARP enrollment notification letters being sent out and will continue to be mailed through December
- Consumer education materials under development in partnership with community advocates and State partners
  - Fact Sheets
  - Information Flyers
  - Webinars
- Forums in NYC were held on July 13th and August 6th
- Next forum scheduled for October 5th (two sessions)
- Additional outreach to be conducted for ROS beginning 2016

Peer Support Components to Help Individuals Meet Their Goals

- Advocacy
- Outreach and Engagement
- Self-help tool
- Recovery Supports
- Transitional Supports
- Pre-crisis and Crisis Supports

What is Self-Directed Care?

Funds ordinarily paid to service provider agencies are controlled by service recipients

1. Participants develop person-centered recovery plans
2. They then create individual budgets allocating dollar amounts to achieve the plan's goals
3. Staff called "Support Brokers" are available to help people purchase services & goods named in their plans
4. Fiscal intermediary provides financial management services

Self Directed Care

- SDC will be piloted under the 1115 waiver
- 2 – 6 pilot sites will be established
- Projected start date for pilot is 7/16
- A formal evaluation will be conducted on the results of the pilot
- Based on the results of the evaluation a final program design will established
- The SDC benefit will be brought to into the 1115 waiver as a benefit

Self Directed Care Funding

- Individual budgets are set at levels no higher than the system's current expenditures for traditional outpatient services
- Use an average (e.g., average annual outpatient expenditure)
- Individualized amount based on cost of participant's outpatient treatment