Implementing Medicaid Behavioral Health Reform in New York

NYAPRS
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”)

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

• 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