"Supporting the Transition to Medicaid Managed Care: HIT for Home and Community Based Services Providers"

Medicaid Redesign Learning Collaborative Feb 18, 2016

• Welcome, Review of Day’s Agenda: Edye Schwartz
• Information/Advocacy Update: Tom Templeton, Public Policy Specialist, NYAPRS
• Presentation: “Supporting the Transition to Medicaid Managed Care: Health Information Technology for Home and Community Based Services Providers”

• Discussion & Questions
Today’s Presenters

Eric Weiskopf, Senior Manager, HIT and HIE Implementation, NYS Office of Mental Health.
Thomas Uttaro - Director of HIT and HIE, NYS Office of Mental Health
Elise Kohl-Grant, Director for the Behavioral Health Information Technology (BHIT) project, NYC Department of Health and Mental Hygiene
Hector Pina – Director of Implementation, Behavioral Health Systems, Primary Care Information Project - NYC Department of Health and Mental Hygiene
Sharon Bari, Program Implementation Manager - New York e-Health Collaborative (NYeC)
Roy Gomes – New York e-Health Collaborative (NYeC)
Paula Fries, Chief Operating Officer and Compliance Officer, Association for Mental Health and Wellness (MHAW)
SAVE THE DATE!

Collective
Recovery • Rehabilitation • Rights

12th Annual Executive Seminar

Beyond Survival

TO SUCCESS

April 21-22, 2016 Hilton Albany

Please mark your calendar for

The NYAPRS Collective

12th Annual Executive Seminar
April 21-22, 2016
at the
Hilton Albany, 40 Lodge Street, Albany, NY 12207
Statewide Advocacy
Information Update

NYAPRS MRLC Webinar
10 AM  February 18, 2016
Tom Templeton, NYAPRS Public Policy Specialist
NYAPRS Advocacy Update

NYAPRS MRLC Webinar
11:30 AM  February 18, 2016
Tom Templeton, NYAPRS Public Policy Specialist
2016 NYS Legislature’s Session Timeline

• **January 13** – Governor Cuomo released Executive Budget Proposal

• **January/February** – The Legislature reacts via hearings (mental health hearing is February 3)

• **February 23** – NYAPRS holds Lobby Day and meets with legislators

• **March** – Staff continue to meet with legislators and encourage members to meet at district offices

• **End of April** – Budget is closed

• **April to June** – Legislation is considered
NYAPRS 2016-17 Policy Priorities

HOUSING

• **Raise the Base**: Across the board rate adjustment for community housing by $92.9 million
  • Executive: no add

• **Support Executive Proposal to Add 20,000 Supportive Housing Units**:  
  • Executive: 20,000 units to match NYC Mayor de Blasio’s 15,000 units
NYAPRS 2016-17 Policy Priorities

“KEEP THE PROMISE”

$90 million investment in Community Mental Health Services

- Unprecedented national and state focus on critical importance of expanding and improving funding and outcomes for community mental health services
- Rapid and demanding transition to managed care and value-based payment systems
- Most sectors haven’t seen increases in many years
- Priorities: workforce retention and quality, ramping up infrastructure and internal systems, preserve and expand services; foster innovation
NYAPRS 2016-17 Policy Priorities

“KEEP THE PROMISE”

$90 million investment in Community Mental Health Services

Potential Funding sources in Executive Proposal

• Restore $5.5 million in Community Reinvestment to reflect the full savings from all 200 state hospital bed closures
• Restore $20 million to BHO-HARP Investment Program
• Restore $44 million in Medicaid Funding for Supported Housing
NYAPRS 2016-17 Policy Priorities

CRIMINAL JUSTICE

• Expand and Annualize Funding for **Crisis Intervention Teams**
  • Executive: no proposal

• Extend **Presumptive Medicaid Eligibility**
  • Executive: no proposal

• **Raise the Age** of Youthful Offender Status
  • Executive: $1,000,000 in the budget
NYAPRS 2016-17 Policy Priorities

WORKFORCE

• Add Funding to the Nonprofit Sector to Help Pay for $15 per hour Minimum Wage Hike
  • Executive: no proposal
NYAPRS 2016-17 Policy Priorities

COMMUNITY INTEGRATION

• Community housing and supports for adult home residents with psychiatric disabilities
  • Executive: $38 million

MEDICAID

• Prescriber Prevails for All Medications
• Executive: eliminates except for anti-psychotic and anti-depressant drugs
NYAPRS 2016-17 Policy Priorities

RIGHTS PROTECTIONS

• Oppose S.4722/A.1275 to expand Kendra’s Law and make it permanent.
  • Executive: no proposal at this time
• $500,000 to expand and evaluate the effectiveness of immediate outreach, engagement, and effective treatment responses for individuals and families with most serious needs
SAVE THE DATE!

GET READY ONCE AGAIN TO GET ON THE BUS TO ALBANY!

This year, YOUR Voice is Needed to Advocate for:

- Housing
- Community Mental Health Service Infrastructure
- Criminal Justice
- Workforce
- Rights and Choice Protections

NYAPRS 19th Legislative Day
Tuesday February 23, 2016
The Power of Legislative Day!
CONTACT INFO:
Email: TomT@nyaprs.org
Phone: 518-436-0008
Supporting the Transition to Medicaid Managed Care: Health Information Technology for Home and Community Based Services Providers

Thursday, February 18th, 2016
11:30 am - 1:00 pm
Presenters

Tom Uttaro
OMH
Director, HIT and HIE Implementation
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Sharon Bari
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Implementation Manager
sbari@nyehealth.org
Health Information Technology in New York State

Creating accountable payer programs *(ex: Medicaid waiver)*

Transitioning from a Medicaid Fee-For-Service system to a Medicaid Managed Care System

- Chronic Care Management
- Cost containment
- Tight information network
Programs to Assist Behavioral Health Providers

In order to help achieve transition to Medicaid Managed Care:

**BHIT program**
- Intentions/Hopes
- Purpose
  - Engage providers
  - Inform providers
  - Encourage adoption
B_HIT End Game

Interoperability/Bi-directional exchange with:

- Regional Health Information Organizations /Qualified Entities (RHIO/QE)
- Health Homes (HH)
- Medicaid Analytics Performance Portal (MAPP)
Utilizing Health Information Technology (HIT) to support Medicaid Managed Care Transition

The Behavioral Health Information Technology program (BHIT) was launched by DOH, OMH and OASAS

Assist HCBS providers in using Electronic Health Records (EHRs) and integrated Billing systems

Delivered in New York City by DOHMH and rest of state by NYeC
# Department of Health and Mental Hygiene

Collaboration between the division of Mental Hygiene and Primary Care Information Project

<table>
<thead>
<tr>
<th>Mental Hygiene</th>
<th>PCIP</th>
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<tbody>
<tr>
<td>Responsible for overseeing Mental Health and Substance use program</td>
<td>Assist providers in the selection, adoption and implementation of EHRs</td>
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<tr>
<td>Work with approximately 1,000 practitioners and over 100 HCBS providers</td>
<td>Provide on-going support and technical assistance to over 100 HCBS providers</td>
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<td>Convene the Regional Planning Consortium</td>
<td>Supports practices with proper documentation, revenue management and quality improvement</td>
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Delivering agencies

NEW YORK STATE OF OPPORTUNITY:

- Department of Health
- Office of Mental Health
- Office of Alcoholism and Substance Abuse Services
New York eHealth Collaborative Services

Supporting Health IT Adoption and Practice Transformation

- **EHR & HIT**
  - Assessment, Adoption, Implementation

- **Meaningful Use**
  - Preparation, Attestation, Support

- **HIE Adoption**
  - Data Exchange Incentives

- **Patient Centered Medical Home**
  - Training, Assessment, Recognition

- **Federal And State Grant Programs**
  - Execution and Incentive Delivery

- **DSRIP PPS Support**
  - Analysis, Planning, Contracting, Execution

- **Clinical Quality Measures**
  - PQRS, Group Reporting Support & Registry

- **Training and Education Services**

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State Designated Entity, Federally recognized REC & strong RHIO/QE Relationships
BHIT Grant Program

- Assist HCBS Providers to upgrade and/or adopt an Electronic Health Record Billing solution in order to properly Bill Medicaid for HCBS Services

- Offset the Cost for providers to purchase and/or upgrade their Electronic Health Record and integrated Electronic Billing System (EHR/EBS)

- Working with identified vendor solutions (EHR) to build in a Standard Set of HCBS functionality across All HCBS Provider systems
BHIT Provider Eligibility

**Designated HCBS Provider**
- HCBS providers have been pre designated by DOH

**HCBS Provider participated in initial readiness funding**
- DOH scoped 125 NYC HCBS Provider Organizations with little to no experience billing Medicaid and provided them with readiness funding to help conduct the initial set up necessary for them to begin building an IT infrastructure.
- For the Rest of State DOH is in the process of identifying those Provider Organization that are eligible for readiness funding.

**Contracted with MCO**
- HCBS Provider intends to or is in a current contract with at least one Managed Care Organization (MCO)
- HCBS provider shall have a contract or a Letter of Intent (LOI) to contract with at least one MCO.

**Member of Health Home**
- HCBS Provider intends to or is in a current contract with at least one Health Home
- HCBS providers shall have a Data Exchange Application and Agreement (DEAA) and a Business Associate Agreement (BAA) or a Letter of Intent (LOI) to sign DEAA/BAA with at least one Health Home.
HCBS Provider Designation

• Providers interested in applying to become a designated NYS HCBS provider must apply for each service they would like to provide - at the following link:

http://www.omh.ny.gov/omhweb/bho/app-site.html
### HCBS Provider Designation

**Designated HCBS providers for NYC and rest of NY State:**


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### Adult Behavioral Health Home and Community Based Services Provider Designation

Adult Behavioral Health Home and Community Based Services (BH HCBS) were created developed collaboratively by New York State’s Office of Mental Health (CMH), Office of Alcoholism and Substance Abuse Services (OASAS), and the Department of Health (DOH) as a part of the State's Health and Recovery Plan (HARP) for individuals with serious mental illness and substance use disorders.

The initial designation process for BH HCBS was completed in March 2015 for New York City (NYC) and December 2015 for the rest of state. All agencies wishing to provide BH HCBS must apply to be designated for each service they would like to provide. Applicants may apply at any time for a designation, however The State will only update the designation lists quarterly for each area on a periodic basis. For information on providing BH HCBS, please visit the BH HCBS Manual, Provider Training and Technical Assistance Resources, and BH HCBS Guidance. If you have any questions, please email the Bureau of Program and Policy Development.

#### NYC Designation

- Designation List: Excel | PDF
- Designation Changes

#### Rest of State Designation

- Designation List: Excel | PDF
- Designation Changes
# HCBS Provider Designation

**New York City Health and Recovery Plan**

**Home and Community Based Services Agency Designation**

<table>
<thead>
<tr>
<th>HCBS Designated Agency</th>
<th>Community Psychiatric Support and Treatment (CPS)</th>
<th>Psychosocial Rehabilitation (PSR)</th>
<th>Habilitation/Residential Support Services</th>
<th>Family Support and Training</th>
<th>Mobile Crisis Intervention</th>
<th>Short-term Crisis Respite</th>
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<tr>
<td>820 River St., Inc.</td>
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<td>Abilities, Inc.</td>
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<td>ACI-Areba Casriel Institute now known as Addiction Care Interventions</td>
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<td>ACMH, Inc.</td>
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<td>After Hours Project, Inc.</td>
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<td>Access Community Health Center</td>
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<td>AIDS Service Center of Lower Manhattan, Inc. d/b/a Allied Service Center NYC</td>
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<td>Medicine - Division of Substance Abuse</td>
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<td>Amethyst House, Inc.</td>
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<td>Anchor House Inc.</td>
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<td>Argus Community, Inc.</td>
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<tr>
<td>Bailey House, Inc.</td>
<td>X</td>
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<tr>
<td>Baltic Street AEH, Inc.</td>
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</table>
Home and Community Based Care Services

- Community Psychiatric Support and Treatment (CPST)
- Psychosocial Rehabilitation (PSR)
- Residential Support Services
- Family Support and Training
- Pre-vocational Employment
- Transitional Employment
- Intensive Supported Employment (ISE)
- Ongoing Supported Education
- Education Support Services
- Peer Supports

- Short-term Crisis Respite
- Intensive Crisis Respite
- Mobile Crisis Intervention
EHR Utilization for HCBS

Maintain HCBS Member Information
• Demographics
• Problem lists
• Medication lists
• Individual, family and social history

Manage Individual Service Plan (ISP)
• Goals & Objectives
• Manage member services
• Progress notes

Bill for HCBS Services
Store Plan of Care
Store HCBS Assessments
Manage and Store HCBS Forms
Build HCBS Reports
Workflow: Delivery of HCBS services

**HCBS Provider**
- Conducts Assessment per Type of Service
- Develops ISP which includes Frequency, Scope and Duration
- Completes the Service Authorization form and sends to MCO
- HCBS Provider contacts Care Manager to confirm authorization
- HCBS Provider conducts services based on the ISP
- Requests extended service
- Requests additional service
- Discharge Member

**Managed Care Organization (MCO)**
- MCO authorizes services. Sends service approval to Care Manager and HCBS provider
- MCO and Care Manager Monitors POC

**Care Managers (HHCM/DCMA)**
- Updates POC to include Frequency, Scope and Duration
How much time and energy is this going to **COST** me???

**Support**
- Documentation
- Care Coordination
- Reporting
- HCBS Workflow
- Training
- Contracting with MCO’s

**Data**
- EHR
- Vendor contracting
- Upgrading
- Case Documentation
- Electronic Medicaid Billing
- Interoperability

Funded and sponsored by

Delivering agencies

[Logos of government and healthcare agencies]
The State is working with software vendors to prepare them for HCBS...

- Case Documentation
- Electronic Medicaid Billing
- Electronic Forms
- Warning Alerts
- Customized Reporting
- Support and Training
- Data Standardization
HCBS Technical Initiatives of the Behavioral Health IT Program

- Data Standardization
- EHRs
- Vendor Selection
- Vendor contracting
- Upgrading
- Electronic Medicaid Billing
- Reporting
- Support and Training
- Case Documentation
- Interoperability
BHIT Program Supports...

HCBS Providers with no EHR
- Needs to Purchase an EHR

HCBS Providers with either a Case Documentation or a Billing system
- Needs to purchase a case documentation and/or billing module

HCBS Providers with EHR
- Needs to upgrade current solution to incorporate HCBS functionality
Program Support Categories for HCBS Providers

Full Service
Currently - NO EHR or billing
Needed – Implementation of Service Documentation and Billing (EHR)

Partial Service
Currently – EHR OR billing
Needed - EHR or integrated billing system

Upgrade Service
Currently – Certified EHR and integrated billing
Needed – upgraded HCBS Billing capability
BHIT Program Technical Assistance

On-Site Assessment
An Information Technology gap assessment will be conducted by the BHIT team to establish the technology requirements of the provider organization.

Vendor Selection
HCBS providers needing either an EHR, integrated billing system or both will be matched with a selection of BHIT program approved HCBS EHR and integrated billing solutions that meet the requirements for case management and billing.

EHR Implementation
Vendor solutions implementation will include a predefined set up at the practice according to the practice needs. Software training will be provided by the vendor according to an established schedule, and with oversight by the BHIT team.

HCBS Medicaid Managed Care Billing
Training of HCBS staff on the billing workflows will be facilitated by the BHIT staff to confirm understanding of the billing requirements. A successful HCBS services Medicaid Managed Care billing transaction is the outcome of this program.
Program Support **Categories** for HCBS Providers

**HIT Services**
- Vendor Selection
- EHR Implementation
- On-site Assessment

**Offset cost**
- One-time EHR setup cost
- One-time module EHR setup cost
- HCBS licensing fee

**HCBS MMC Billing**
- Upgrade

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**Funded and sponsored by**
- Department of Health
- Office of Mental Health
- Office of Alcoholism and Substance Abuse Services

**Delivering agencies**
- NYC Health
BHIT Program helps me save time, energy and defrays the **cost**

**Support**
- Documentation
- Care Coordination
- Reporting

**Data**
- EHR
- Vendor contracting
- Upgrading
- Case Documentation
- Electronic Medicaid Billing
- Interoperability

**HCBS Workflow**

**Contracting with MCO’s**

**Training**

_Funded and sponsored by_  
[New York State Department of Health]  
[Office of Mental Health]  
[Office of Alcoholism and Substance Abuse Services]  
[Delivering agencies]  
[NYC Health]  
[NYC Health Collaborative]
Supporting the Transition to Medicaid Managed Care: HIT for HCBS Providers

Paula Fries, LCAT ATR-BC CPRP
Chief Operating Officer
Association for Mental Health and Wellness
Who We Are

Association for Mental Health & Wellness

- Established 1990 as Clubhouse of Suffolk
- Past several years, absorbed 2 other entities: SCUV and MHA in Suffolk County
- 150 plus employees; 100 plus users in Cerner CBH
- Medicaid services: PROS, Care Management
  - Medicaid Managed Care 7/1/16
  - HCBS provider 10/1/16
- Homeless Shelter, Housing (MH and Vets), Food Pantries, Peer Support & Self-Help Groups, Housing Mediation, Professional Training
- Serve ~ 5,000 individuals per year
My Background and Role

Who am I…

- 36 years in Community Mental Health
- Board Certified Art Therapist (ATR–BC), Certified Psychiatric Rehabilitation Practitioner (CRP), and a Licensed Creative Arts Therapist (LCAT)
- Also the Compliance Officer

- Not an IT person or tech geek!! But…
- Learned the language & culture – obtained a Certificate in Information Systems Management
- Join & Participate: Executive leadership on State and National user groups: ASNA/CBHA, NYSIG
- Member of BHIT Steering Committee
Our Search

• Began to look for EHR system in 2000

• How to do this with limited time, knowledge and resources?
  • Our decision – hire a consultant!
  • Tasked with finding a product that would meet our needs, and assist with the selection process:
    • Researched many products
    • Narrowed selection to 4 choices
    • Arranged for 2 product demonstrations
Our Process

- Conducted Own Research
  - Visited two customer sites
  - Interviewed several other current NYS customers by phone
  - Attended SIG user group meetings:
    - New York
    - Texas
Our Wish List

Issues of Selecting a System – What Were We Looking For?

- Integrated system that would provide:
  - Extensive experience with 3rd party billing
  - Client documentation
  - Scheduling
  - HIPAA security
  - Management Tools
    - UR, QA
    - Data Extraction/Outcomes Information
    - Reporting
Our Wish List

What Were We Looking For...

- Implementation & conversion supervision
- Stability and flexibility
- System with NY experience and a national presence
- System that would grow with us
- Best return on our investment
Our EHR Journey

- Live 2002 with Anasazi Software
- In 2012 – Anasazi purchased by Cerner
- Cerner Community Behavioral Health – CCBH
  - Fully integrated Practice Management solution
    - Assessment & Treatment Plans
    - Revenue Management – Medicaid, Medicare, Commercial
    - Management Reports
    - Authorizations
    - Scheduling
    - Clinician’s Home Page
    - Doctor’s Home Page (prescribers)
    - Ultra–Sensitive Exchange
      - ePrescribing & EPCS
      - Interoperability with HIE/RHIO – Healthix
Ready for the Future

- Cerner Community Behavioral Health v2.0
  - ONC Certified HIT 2014 Edition – Modular Ambulatory
    - Integrating Behavioral Health Venues of Care with Millennium
      - Clinical information sharing and transitions of care for all providers
      - Integration of behavioral health into the larger health care system
      - Stony Brook Medical Center / Suffolk Care Collaborative (DSRIP/PPS)
        - Cerner Millennium solution
        - HealtheIntent – population health management platform
Picking the system from BHIT Vendor list:
- Assess Your Needs
- Implementation Team
  - Select a Leader & Champions
  - Administration, Financial, Program, IT
- Timeframes & Rollout
  - What’s your Timeline?
  - Analyze Workflows:
    - Client / Documentation / Admission to Discharge / Fiscal
- Hardware Considerations
  - Infrastructure / Network
  - Workstations / Laptops / Tablets
- Staffing
  - Resistance
  - Training
The Reality

Plan for on-going costs

- Budget
  - 10–12 percent of total budget
- Support & Maintenance
- Connectivity (ASP, WiFi, mobile platforms)
- Licenses
- Training
- System Upgrades

System Management

- Staffing: Trainers, Revenue, QA
- New Initiatives / Programs
Supporting the Transition to Medicaid Managed Care ...

In Closing
- Know what you want and need
- Talk to software product users
- Get a solution that will grow with you
- Understand that no system is perfect
- Implement a Compliance Program
- Look to the Future...
  - Integrated Healthcare
  - Population Health Management
  - Interoperability – a MUST!
  - DSRIP / PPS – important considerations
Paula Fries
pfries@mhaw.org