NYS Behavioral Health Medicaid Managed Care

New York State Rehabilitation Association
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
- Better integration of care
Behavioral Health Managed Care Design

Behavioral Health will be managed by:

- Managed Care Organizations (MCO) meeting rigorous standards (perhaps in partnership with a Behavioral Health Organization (BHO))
  - All Plans MUST qualify to manage newly carved in behavioral health services and populations
  - Plans can meet State standards internally or contract with a BHO to meet State standards
- HARPss for adults with significant behavioral health needs
  - MCOs may choose to apply to operate a HARP product with expanded benefits
  - HIV SNPs will include HARP benefits for eligible members
Timeline

State has received CMS approval of 1115 Demonstration waiver that will enable qualified Managed Care Organizations (MCOs) throughout the state to comprehensively meet the needs of adults with behavioral health needs.

- October 1, 2015 NYC – Adults
  • HCBS services January 1, 2016
- July 1, 2016 ROS – Adults
- January 1, 2017 - NYC and Long Island – Children
- July 1, 2017 – ROS - Children
Mainstream vs. HARP

Mainstream

- Medicaid Eligible
- Benefit includes Medicaid State Plan covered services
- Organized as Benefit within Managed Care Organization (MCO)
- Management coordinated with physical health benefit management
- Performance metrics specific to BH
- BH annual expenditure target

HARP

- Medicaid eligible adults
- Specialized integrated product line for people with significant behavioral health needs
  - Eligible based on utilization or functional impairment
  - Enhanced benefit package - All MMC covered benefits 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 may be in Health Homes
- Performance metrics specific to higher need population and BH HCBS
- Integrated medical loss ratio
Adult Substance Use Disorder (SUD) and Mental Health State Plan Services

MMC Covered BH Services for all enrollees:

• 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 (CDT)
• Partial Hospitalization
• Comprehensive Psychiatric Emergency Program (CPEP)
• Opioid treatment
• Outpatient chemical dependence rehabilitation
• Rehabilitation Services for Residents of Community Residences (Not initially in the benefit package)
New services added to Medicaid Managed Care

New Mental Health Services

- Offsite Services out of Article 31 Clinics
- 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

• Medicaid Managed Care BH HCBS are services and supports that can help people with serious behavioral health disorders (MH and SUD) build and maintain their lives in the community.
  • These services are available to individuals in a Health and Recovery Plan or HIV SNP

• OPWDD has a waiver with similar HCBS however if an individual is getting services under an OPWDD waiver they are not eligible to be in a HARP.

• State aid funding for programs such as Clubhouses, will not be affected at this time. Clubhouse organizations may be designated to provide BH HCBS
Behavioral Health HCBS for HARP enrollees and HARP eligible HIV-SNP enrollees

- Rehabilitation
  - Psychosocial Rehabilitation
  - Community Psychiatric Support and Treatment (CPST)
- Habilitation
- Crisis 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)
BH HCBS Eligibility

- BH HCBS are for individuals age 21 or older, and
- They are only available for people in HARPs and HIV Special Needs who are:
  - Assessed as eligible
  - The Plan of Care authorizes and describes the need for the services
  - HCBS must be identified in the individual Plan of Care or the provider will not get paid
- HCBS assessment process:
  - Brief eligibility assessment by Health Home staff using a uniform assessment (Extracted from the Behavioral Health component of the interRAI)
  - If indicated, a full assessment using the Community Mental Health (CMH) suite of the interRAI to see which BH HCBS they are eligible for and need.
  - After the assessment is complete a Plan of Care will be developed that may include HCBS services that they are eligible for if they are needed to help the individual accomplish their chosen goal(s).
NYC 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 HCBS Designation Process

• The BH HCBS application is available on the OMH website and applications 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 HCBS provider manual

• In order to retain their “BH HCBS designation” providers must demonstrate on-going staff development competency for certain services

• Information has been distributed regarding availability of NYS start up dollars for HCBS providers