

Practical Facts about Our Changing Behavioral Health System

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Part One: Transformation

What has changed in the adult system?

- › As of October 1, 2015 for NYC and July 1, 2016 for the rest of NYS, Medicaid Managed Care offers more behavioral healthcare to its enrollees for mental health and substance use disorder services (excluding residential services).
- › All behavioral health services are managed and paid by a Managed Care plan.
- › Medicaid Managed Care companies contract with providers to deliver covered services.
- › Medicaid Managed Care plans expand their efforts to integrate behavioral health care, and doctors and other service providers will help people meet their health and recovery goals (e.g. finding employment, returning to school and finding stable housing).
- › Individuals identified by the state with complex needs can enroll in a Health and Recovery Plan (HARP) and may be eligible to receive Home and Community Based Services (HCBS).
- › Health Home Care Managers, working together with the individual and Managed Care Organization, develop and implement an integrated plan of care that will inform HCBS services.

Service design must:

- › Be person-centered and recovery-focused.
- › Utilize care management
- › Rely more on community services and less on emergency and inpatient services.
- › Integrate physical health, behavioral health and substance use services.
- › Exhibit accountability and achieve outcomes.

Who is affected by these changes?

- › People who are at least 21 years old with Medicaid Managed Care have their behavioral health benefits managed by their plan.
- › People who are at least 21 years old with Medicaid Managed Care and receive SSI have their behavioral health benefits managed by their plan.

Who is NOT affected by these changes?

- › People who have both Medicaid and Medicare (dually eligible)
- › People who reside in nursing homes
- › People enrolled in Managed Long Term Care Plans (MLTC)
- › People under the age of 21
- › People who receive services from the Office of People with Developmental Disabilities (OPWDD)

Looking ahead to Changes for the Children's System

Following the adult system's transition to Medicaid Managed Care and the implementation of adult Behavioral Health Home and Community Based Services, New York State will phase in significant changes to its Children's system (see below timeline and Part 5 for more information). Similar training and technical assistance supports and opportunities will be available to providers as implementation of the various elements progresses.

Timeline for Change:

TRANSFORMATION OF THE ADULT SYSTEM

For New York City:

October 1, 2015: Medicaid Managed Care plans manage behavioral health coverage

January 1, 2016: Behavioral Health HCBS is available to people who are HARP eligible

For the Rest of State:

July 1, 2016: Medicaid Managed Care plans manage behavioral health coverage

October 1, 2016: Behavioral Health HCBS is available to people who are HARP eligible

TRANSFORMATION OF THE CHILDREN'S SYSTEM

Statewide:

December 1, 2016: Children's Health Homes

January 1, 2017: State Plan Amendment (SPA) services implemented

For New York City, Westchester, and Long Island:

July 1, 2017: Medicaid Managed Care plans will manage behavioral health coverage

July 1, 2017: Children's Home and Community Based Services transition to Managed Care

For the Rest of State:

January 1, 2018: Medicaid Managed Care will manage behavioral health coverage

January 1, 2018: Children's Home and Community Based Services transition to Managed Care



Part Two: Reimbursement



How are Managed Care Organizations paid?

New York State pays MCOs through capitation: a per member per month amount or an agreed upon amount per member. These amounts cover a defined set of services.

How can providers be paid?

- › Fee-for-service rate
- › Case rate (average payment per episode of care)
- › Shared risk/savings arrangement
- › Performance based (based upon deliverables or milestones)
- › Capitation rate (based on per member per month)

Which services are covered by Managed Care plans?

- › Mental health inpatient
- › Mental health clinic
- › Partial Hospitalization Program (PHP)
- › Personalized Recovery Oriented Services (PROS)
- › Assertive Community Treatment (ACT)
- › Continuing Day Treatment (CDT)
- › Comprehensive Psychiatric Emergency Program (CPEP)
- › Intensive Psychiatric Rehabilitation Treatment (IPRT)
- › Crisis intervention
- › Detox
- › Inpatient substance use disorder treatment
- › Outpatient substance use disorder treatment
- › Opioid outpatient treatment

Part Three: Adult Health Homes—Integrating Care for People with More Serious Behavioral Health Conditions



What is a Health Home and what is the role of a Health Home?

A Health Home is a care management service model where an individual is assisted in receiving the services they need to stay healthy. The person enrolled has a care manager who assists them in communicating with their providers to address their comprehensive needs. Services are provided through a network of organizations, including providers, health plans and community organizations.

- › A Health Home is comprised of a lead agency and a network of providers who work together.
- › People enrolled in a Health Home have a dedicated care manager who works directly with them.
- › For HARP enrolled individuals, care managers conduct a community mental health assessment (Inter RAI) to determine an enrollee's eligibility to receive Home and Community Based Services (HCBS).
- › A comprehensive Plan of Care is developed by the care manager and HCBS eligible person after eligibility is determined and the assessment is completed. The Plan of Care is shared with the Managed Care Organization and the level of service approval (or authorization for the first three visits) is obtained. Individuals must have a choice of designated, in-network HCBS providers. At least two referrals for each service will be suggested for review and selection by the individual.

Facts about Health and Recovery Plans or HARPs:

- › HARPs are a new type of Medicaid Managed Care plan in New York State designed for people with serious mental illness and/or substance use disorders (SMI and/or SUD).
- › They cover all benefits provided by Mainstream Managed Care plans including behavioral health, substance use treatment, and services to help people live better, go to school, work and use community resources.
- › HARPs benefit package also covers additional services like HCBS.
- › Care managers, providers and managed care plans work together with HARP members.

How are people enrolled in a HARP?

Active Enrollment: Individuals who are HARP eligible and who are enrolled in Medicaid through the New York Health Insurance Exchange will receive active enrollment letters.

- › An individual can choose to disenroll.
- › If an individual does nothing in response to this letter they are enrolled in a HARP.
- › If the individual's Managed Care plan does not have a HARP product, and the individual wants to enroll in a HARP, they will have to change Managed Care plans.
- › If the individual's Managed Care plan does not have a HARP product, and the individual does not call NYS Medicaid Choice to change their Managed Care plan, the individual will not be enrolled into a HARP.

Passive Enrollment: People who are HARP eligible and belong to a Medicaid Managed Care Organization that offers a HARP will receive notice of passive enrollment.

- › Individual can choose to enroll.
- › Individual must notify New York Medicaid Choice if they choose to opt out.
- › The individual will be passively enrolled into the HARP benefit if they do nothing in response to the letter.
- › If the individual's Managed Care plan does not have a HARP product, and the individual wants to enroll in a HARP, they will have to change Managed Care plans.
- › If the individual's Managed Care plan does not have a HARP product and the individual does not call NYS Medicaid Choice to change their Managed Care plan, the individual will not be enrolled into a HARP.
- › If either of these letters are sent and returned to sender, the individual is not enrolled in a HARP.

Part Four: Accessing Rehabilitation and Recovery Services Adult Behavioral Health Home and Community Based Services (HCBS)



Facts about HCBS services:

- › HCBS services help to improve someone's quality of life by providing assistance including getting and keeping a job, getting into school and graduating, managing stress, and living independently.
- › HCBS services help people to meet their recovery goals.
- › HCBS services are only available to people in a HARP plan or an HIV SNP who are HARP eligible.
- › In order to receive HCBS services, a person must receive an assessment and have a comprehensive plan of care developed by a care manager.
- › In order to provide HCBS services, a provider must be designated by New York State.

Types of HCBS services:

1. **Psychosocial Rehabilitation:** PSR services are designed to help people compensate for or eliminate barriers associated with their behavioral health conditions (SUD and/or mental health). The intent of PSR is to restore the individual's functional level to the fullest possible so they can be an active and productive member of his or her family, community, and/or culture with the least amount of ongoing professional intervention.
2. **Community Psychiatric Support and Treatment:** Activities are designed to help individuals with serious mental health conditions to achieve stability and functional improvement in: daily living, finances, housing, education, employment, personal recovery and/or resilience, family and interpersonal relationships and community integration. Services are mobile and designed for people who have not successfully engaged in site based programs, who can benefit from off-site services or who have not previously been engaged in services.
3. **Habilitation:** Habilitation services are provided on a 1:1 basis to assist individuals with a behavioral health diagnosis in acquiring, retaining and improving skills such as communication, self-help, domestic, self-care, socialization, fine and gross motor skills, mobility, personal adjustment, relationship development, use of community resources and adaptive skills needed to reside successfully in home & community-based settings.
4. **Education Support Services:** Education Support Services are provided to assist individuals who want to start or return to school or formal training with a goal of achieving skills necessary to obtain employment.
5. **Pre-vocational Services:** Pre-vocational services are time-limited services that prepare an individual for paid or unpaid employment. This service specifically provides learning and work experiences where the individual with mental health and/or substance use disorders can develop general, non-job-task-specific strengths and skills that contribute to employability in competitive work environments and integrated community settings.

6. **Intensive Supported Employment:** ISE services assist recovering individuals with mental health and/or substance use disorders to obtain and keep competitive employment. These services consist of intensive supports that enable individuals to obtain and keep competitive employment at or above the minimum wage. This service uses evidence based principles of the Individual Placement and Support (IPS) model.
7. **Transitional Employment:** This service is designed to strengthen the individual's work record and work skills toward the goal of achieving assisted or unassisted competitive employment at or above minimum wage. This service is provided, instead of intensive supported employment, only when the individual specifically chooses this service and may only be provided by clubhouse, psychosocial club program, OASAS recovery center, or agency previously in receipt of a BH, HCBS designation for this service.
8. **Ongoing Supported Employment:** This service is provided after an individual successfully obtains and becomes oriented to competitive and integrated employment.
9. **Short-Term Crisis Respite:** This service is a short-term care and intervention strategy for individuals who have a mental health or substance use disorder and are experiencing challenges in daily life that create risk for an escalation of symptoms that cannot be managed in the individual's home and community environment without onsite supports.
10. **Intensive Crisis Respite:** ICR is a short-term, residential care and clinical intervention strategy for individuals who are facing a behavioral health crisis. This includes individuals who are suicidal, express homicidal ideas, or have a mental health or substance use disorder and are experiencing acute escalation of mental health symptoms. The person receiving this service must be able to contract for safety.
11. **Empowerment Services-Peer Supports:** These are peer-delivered services with a rehabilitation and recovery focus. They are designed to promote skills for coping with and managing behavioral health symptoms while facilitating the utilization of natural resources and the enhancement of recovery-oriented principles (e.g. hope, self-efficacy and community living skills). Peer support uses trauma-informed, non-clinical assistance to achieve long-term recovery from a behavioral health or substance use disorder.
12. **Family Support and Training:** This service is provided only at the request of the individual. A person centered or person-directed, recovery oriented, trauma-informed approach to partnering with families and other supporters to provide emotional and information support, and to enhance their skills so that they can support the recovery of a family member with a behavioral health issue. The individual, his or her treatment team and family are all primary members of the recovery team.

Part 5: Key Components of the Children's System Transformation

- › Children's Health Homes
- › New State Plan Services
- › Children's Home and Community-Based Services
- › Transition of Children's Services to Medicaid Managed Care

Children's Health Homes: Statewide 12/1/16



Children's health home care management is intended to provide comprehensive, integrated physical and behavioral health care that recognizes the unique needs of children with complex healthcare needs and their families. Health home principles call for care coordination and planning to be family-and-youth driven, supporting a system of care that builds upon the strengths of the child and families.

- › For more info on Children's Health Homes, please visit the NYS DOH website: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/health_homes_and_children.htm

New Medicaid State Plan Services: Statewide 1/1/2017

New York State has proposed six new state plan services to be available to all Medicaid eligible children under the age of 21 who meet medical necessity criteria. Referred to as 'SPA' services as they will fall under a new state plan amendment, these services are designed to improve the service system's capacity to identify needs early, maintain children in their homes and communities, prevent the need for more expensive long-term services, support the use of evidence-based approaches, and follow trauma-informed principles. The six services are:

- › Crisis Intervention
- › Other Licensed Practitioner (OLP)
- › Community Psychiatric Supports and Treatment (CPST)
- › Psychosocial Rehabilitation (PSR)
- › Family Peer Support Services
- › Youth Peer Support and Training Services

The current SPA provider manual available at: http://ctacny.org/sites/default/files/spa-service-manual-draft_march2016_o.pdf

Important SPA Notes

- › The new benefits are stand-alone services, not programs.
- › Services provided to children and youth must include communication and coordination with the family, caregiver and/or legal guardian. Coordination with other child-serving systems should occur to achieve the treatment goals.
- › When SPA services launch, they will be billed under Medicaid fee-for-service until transitioned to Medicaid Managed Care.
- › Once designated for SPA services, providers can begin the contracting process with Medicaid Managed Care Plans (starting January 2017).

The Transition of Children’s Services to Medicaid Managed Care

Scheduled to occur in 2017 and 2018, the transition for the children’s behavioral health system to Medicaid Managed Care and the implementation of children’s Home and Community Based Services. In a Managed Care environment, Managed Care Organizations (MCOs) receive a monthly premium from the state to manage an individual’s care and benefit package. Providers contract with MCOs in order to bill for the services being provided to its members.

Children’s Behavioral Health Homes and Community Based Services

Children’s HCBS is designed to offer support and services to children in non-institutionalized settings that enable them to remain at home and in the community. Services are person-centered, recovery-oriented, integrated, data-driven, evidence based, trauma-informed, and flexible and mobile.

› Please see the **Resources** section for more information.

Transformation of the Children’s System Statewide:

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Resources



General MCTAC and CTAC Resources

- › CTAC & MCTAC Website: <http://www.ctacny.org/>
- › Glossary of Top Managed Care Acronyms: <http://glossary.ctacny.org/acronyms/>
- › MCTAC Interactive Frequently Asked Questions Page: <http://faq.ctacny.org/>
- › Managed Care Plan Comparison Matrix: <http://matrix.ctacny.org/>
- › MCTAC billing tool: <http://billing.ctacny.org/>
- › Output to Outcomes Assessment Resource for Behavioral Health Providers: <http://outcomes.ctacny.org/>

Adult OMH and OASAS Resources

- › OMH Managed Care mailbox email address: OMH-Managed-Care@omh.ny.gov
- › OASAS Managed Care mailbox email address: PICM@oasas.ny.gov
- › Adult HCBS Provider Designation: <https://www.omh.ny.gov/omhweb/bho/provider-designation.html>
- › HARP and Mainstream Billing Manual: <https://www.omh.ny.gov/omhweb/bho/harp-mainstream-billing-manual.pdf>
- › Adult HCBS Fee Schedule and Rate Codes: <https://www.omh.ny.gov/omhweb/bho/phase2.html>
- › Adult HCBS Provider Manual: <https://www.omh.ny.gov/omhweb/bho/hcbs-manual.html>
- › Information about Health Homes: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/

Children's System Resources

- › NYS OMH Managed Care Mailbox: OMH-Managed-Care@omh.ny.gov
- › NYS OASAS Mailbox: PICM@oasas.ny.gov
- › Health Home Bureau Mail Log (BML): https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action
- › Children's Managed Care Website: http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/index.htm
- › Subscribe to children's managed care listserv: <http://www.omh.ny.gov/omhweb/childservice/>
- › Subscribe to DOH Health Home listserv: http://health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm