Adult Behavioral Health Home and Community Based Services: Transition to Community Oriented Recovery and Empowerment (CORE) Services:

Pending CMS approval of Adult Rehabilitation 1115 Waiver Amendment request

Draft Transition Plan, Subject to Change

January 26, 2021
Agenda

• Behavioral Health Home and Community Based Services (BH HCBS) Transition to CORE: What Changes?
• Managed Care Organization (MCO) Implementation
• CORE System Configuration
• Questions, Discussion and Feedback
### Transition from BH HCBS to CORE: What Changes?

<table>
<thead>
<tr>
<th>Adult BH HCBS</th>
<th>Transition to CORE Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Psychiatric Support and Treatment (CPST)</td>
<td>Community Psychiatric Support and Treatment</td>
</tr>
<tr>
<td>Empowerment Services – Peer Supports</td>
<td>Empowerment Services – Peer Supports</td>
</tr>
<tr>
<td>Family Support and Training</td>
<td>Family Support and Training</td>
</tr>
<tr>
<td>Psychosocial Rehabilitation (PSR)</td>
<td>Psychosocial Rehabilitation (including PSR with special focus on vocational and educational goals)</td>
</tr>
<tr>
<td>Education Support Services</td>
<td>Certain service elements consolidated as appropriate under Psychosocial Rehabilitation</td>
</tr>
<tr>
<td>Pre-Vocational Services</td>
<td></td>
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<tr>
<td>Transitional Employment</td>
<td></td>
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<tr>
<td>Intensive Supported Employment</td>
<td></td>
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<tr>
<td>Ongoing Supported Employment</td>
<td></td>
</tr>
<tr>
<td>Short Term Crisis Respite</td>
<td>Removed: Crisis Residence Services are now available to all adult (21+) Medicaid Managed Care enrollees under the Crisis Intervention Benefit</td>
</tr>
<tr>
<td>Intensive Crisis Respite</td>
<td></td>
</tr>
<tr>
<td>Habilitation</td>
<td>Removed: Enrollee goals and needs addressed as appropriate via PSR</td>
</tr>
<tr>
<td>Non-Medical Transportation</td>
<td>Removed</td>
</tr>
</tbody>
</table>
Transition from BH HCBS to CORE: What Changes?

Anticipated June 1, 2021

• CORE services available in HARP and HIV-SNP benefit packages
  • Only HARP enrollees and HARP-eligible HIV-SNP enrollees eligible

• New referrals only to CORE Services

• CORE access requires recommendation from a Licensed Practitioner of the Healing Arts (LPHA)
  • Providers not required to submit LPHA recommendation to MCOs
  • MCO staff meeting LPHA qualifications may complete LPHA recommendations
Transition from BH HCBS to CORE: What Changes?

- BH HCBS access requirements discontinued including:
  - Eligibility assessment
  - Level of Service Determination
  - Health Home HCBS Plan of Care
  - HCBS settings rule
  - HCBS conflict-free care management

- No new BH HCBS referrals after this time

- Health Homes and Recovery Coordination Agencies (RCAs) are not eligible for reimbursement for BH HCBS assessment or POC claims for dates of service after the authority changes

- BH HCBS providers will be provisionally designated by NYS for CORE except:
  - BH HCBS Vocational, Educational and Habilitation providers not providing PSR will need to opt-in for CORE PSR provisional designation
Continuity of Care

• Existing BH HCBS authorizations and plans of care expiring beginning June 1, 2021 extended through August 1, 2021
  • No new authorization required during the transition period
  • Existing CPST, FST, Peer and PSR recipients continue to receive services from same providers
  • Existing recipients of Habilitation, Education Support Services, Pre-Vocational Services, Transitional Employment, Intensive Supported Employment, and Ongoing Supported Employment continue to receive services but will need to transition to CORE service by August 1, 2021
    • Existing BH HCBS recipients whose provider will not be providing CORE services must be transitioned to another provider by August 1, 2021
# Transition Timeline, Pending CMS Approval

<table>
<thead>
<tr>
<th>Target Dates</th>
<th>Transition Event</th>
</tr>
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<tbody>
<tr>
<td>Late March – Mid April 2021</td>
<td>CMS Approval of NYS' 1115 Waiver Amendment request to transition Adult BH HCBS to CORE services</td>
</tr>
<tr>
<td>No later than May 1, 2021</td>
<td>MCO Notification of CORE Transition</td>
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<tr>
<td></td>
<td>• MCO CORE Transition Notification Memo</td>
</tr>
<tr>
<td></td>
<td>• Readiness attestation forms (2)</td>
</tr>
<tr>
<td></td>
<td>• CORE Benefit and Billing Guidance</td>
</tr>
<tr>
<td></td>
<td>• CORE Provider Service Initiation Notification Template</td>
</tr>
<tr>
<td>May 21, 2021</td>
<td>MCO CORE Transition Readiness Attestation (#1 – Process Changes) Due to State</td>
</tr>
<tr>
<td>Phase 1 - June 1, 2021</td>
<td>CORE Authority Effective</td>
</tr>
<tr>
<td></td>
<td>• HCBS requirements discontinued</td>
</tr>
<tr>
<td></td>
<td>• LPHA recommendation required for new referrals to access services</td>
</tr>
<tr>
<td>July 22, 2021</td>
<td>MCO System Readiness Attestation (#2 – System Changes) Due to State</td>
</tr>
<tr>
<td>Phase 2 - August 1, 2021</td>
<td>CORE System Configuration Complete and Provider Operational Standards Effective (90 days post-MCO notification);</td>
</tr>
<tr>
<td></td>
<td>• System configurations and program definitions complete</td>
</tr>
<tr>
<td>February 1, 2022</td>
<td>Provisional CORE designations completely transferred to full designation; MCOs meet network adequacy requirements</td>
</tr>
</tbody>
</table>
MCO Implementation and Technical Assistance
MCO Role

• Utilization Management (UM):
  • No UM for at least one year from June 1, 2021 (until State notification)

• Care Management:
  • Work with providers and recipients as necessary to ensure members receiving BH HCBS successfully transition to CORE

• Accept provider notification of CORE service initiation
  • Providers begin notifying MCOs within three business days of each CORE service initiation
  • MCOs must be able to accept service initiation notification through secure, electronic communications such as secure email, fax, or portal

• Claims payment:
  • Pay claims for BH HCBS continuity of care service recipients during the transition period
  • Pay claims for CORE service recipients
MCO Role

Member Notices:
• NYS will provide MCOs with member noticing and member handbook insert templates to be completed and distributed to members with HARP and HIV-SNP benefit package(s)
  • Transition dates will not be final until NYS receives approval from CMS
  • NYS will advise MCOs of final dates as soon as possible
• MCOs may begin preparing for member noticing updates, but are advised to pend printing and distributing until final dates can be entered into templates

Provider Contracting:
• MCOs are encouraged to begin provider contract updates as soon as possible; must be complete no later than six months after systems are configured
State Technical Assistance

• The State will provide ongoing technical assistance for MCOs and opportunities for MCOs to submit questions

• The State will provide MCOs with the following information approximately seven days post-CMS approval:
  • MCO CORE transition notification letter
  • CORE benefit and billing guidance
  • CORE provider service initiation notification template
  • MCO CORE Readiness attestations (two)

• The State will provide MCOs with a list of providers not provisionally designated and will update as appropriate
CORE System Configuration
System Configuration Updates (target August 1)

MCO systems must be configured to:

• Eliminate assessment-related H-code requirements to receive CORE services
  • MCO systems need to be configured to pay claims with or without assessment-related H-codes
  • The State will add assessment H-codes to member profiles to ensure MCO systems can process claims for new referrals until systems are reconfigured
  • H-codes H1 (HARP enrolled) and H4 (HARP-eligible HIV-SNP enrolled) still required for service eligibility

• Ensure all systems are completely updated to eliminate any remaining BH HCBS rules

• Ensure systems will authorize payment without prior authorization or concurrent review for CORE services
Billing/Rate Information

Subject to change

BH HCBS Transition to CORE: Billing Changes

<table>
<thead>
<tr>
<th>Adult BH HCBS Services</th>
<th>Old Rate Codes</th>
<th>New Rate Codes</th>
<th>CORE Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Psychiatric Support and Treatment</td>
<td>7790, 7791, 7792, 7793</td>
<td>7790, 7791, 7792, 7793</td>
<td>Community Psychiatric Support and Treatment</td>
</tr>
<tr>
<td>Peer Supports</td>
<td>7794</td>
<td>7794</td>
<td>Peer Supports</td>
</tr>
<tr>
<td>Family Support and Training</td>
<td>7799, 7800</td>
<td>7799, 7800</td>
<td>Family Support and Training</td>
</tr>
<tr>
<td>Provider Travel Supplement</td>
<td>7806, 7807</td>
<td>7806, 7807</td>
<td>Provider Travel Supplement</td>
</tr>
</tbody>
</table>
January 26, 2021

Subject to change

BH HCBS Transition to CORE: Billing Changes

Psychosocial Rehab (Individual)
- 7784
- 7785

Transitional Employment
- 7802

Intensive Supported Employment
- 7803

Psychosocial Rehab (Group)
- 7786 (Mod. UN or UP)
- 7787 (Mod. UQ or UR)
- 7788 (Mod. US)

Psychosocial Rehab (Indv. per diem)
- Pre-vocational
- On-going Supported Employment
- Education Support Services

Short Term Crisis Respite
- 7796
- 7798
- 7795

Discontinued

Crisis Intervention (1115 Waiver Benefit)

*CPT code for rate code 7802 changes from T2019 (HCBS) to H2017 (CORE) and CPT code for rate code 7803 changes from H2023 (HCBS) to H2017 (CORE)
Rate Code / Rate Information

• Rate codes and rates for CPST, Family Support, Peer Support and provider travel remain the same

• Hard caps removed – daily and annual

• PSR rate codes will be modified to add PSR with vocational or educational focus (as shown in slide 15)
  • Payment amounts for these re-purposed rate codes will not change
Billing/Rate Summary

Billing systems and provider profile changes:

• Update CORE service names and rate codes
• Add CORE service modifiers as necessary
• Update daily units to ensure all CORE services can be billed in 15-minute increments
• Remove hard BH HCBS daily limit caps and Tier 1 and Tier 2 requirements
• Update allowable services combinations
• Ensure BH HCBS rate codes are reimbursed for BH HCBS continuity of care recipients during the transition for Habilitation, Education Support Services, Pre-Vocational Services, Transitional Employment, Intensive Supported Employment, and Ongoing Supported Employment
  • Providers can no longer be reimbursed for any Adult BH HCBS claims for dates of service beginning August 1, 2021
CORE Transition Complete (6 months post system changes, target February 2022)

• Updates to provider agreements with BH HCBS providers transitioning to CORE must be complete
• MCOs must meet CORE service network adequacy requirements
Model Contract Changes

• NYS will update the Medicaid Managed Care/Family Health Plus/ HIV Special Needs Plan/ Health and Recovery Plan Model Contract (Model Contract) to reflect the transition to CORE

• Until the model contract is updated, the MCO CORE Benefit & Billing Guidance will be released as a supplement to the Transition of Behavioral Health Benefit into Medicaid Managed Care and Health and Recovery Program Implementation (Policy Paper)
  • This guidance will supersede Policy Paper and Model Contract provisions related to access to and delivery of BH HCBS
Questions, Discussion and Feedback