



The Managed Care Technical Assistance Center

EFFICIENT PRACTICES. EFFECTIVE CARE.

Home & Community Based Services (HCBS)

HCBS Overview, Key Components and Workflow

Agenda/Objectives

AGENDA

- Welcome
- HCBS Vision
- Key Components
- Who's On First?
- Workflow
 - Q&A
- HCBS Overview
 - Q&A

NYS Managed Care Timeline

- **NYC-based Providers**: October 1st, 2015
- For providers outside of NYC around the rest of the state, the **start date will be no earlier than April 2016.**
- **Children's Providers**: Will transition in 2017.



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McSilver Institute
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Managed Care Technical Assistance Center Overview

What is MCTAC?

MCTAC is a training, consultation, and educational resource center that offers resources to all mental health and substance use disorder providers in New York State.

MCTAC's Goal

Provide training and intensive support on quality improvement strategies, including business, organizational and clinical practices to achieve the overall goal of preparing and assisting providers with the transition to Medicaid Managed Care.

Provider Education & Training

Type of Training	Timeline
HCBS Services Training: What workflow looks like both generally and specifically for <i>HH Administrators, HCBS providers, and MCO's</i> .	June 15th 2015, NYC
HCBS Service Webinar Series: more in depth review of the HCBS services within the clusters for <i>HH staff, HCBS providers, and MCO's</i>	July 7-24,2015, 10-11am
Managed Care 101 Webinar: <i>HH Staff</i>	July 6 th and July 20 th , 2015 12-1pm
Contracting Web Series: interactive training series with Adam Falcone for <i>OMH & OASAS Providers</i>	Mid June-end of July
Plan Billing Training: Working with Plans to provide training on clean bill and claim submission for <i>OMH & OASAS Providers</i>	August 7 th , 2015, NYC
HCBS Plan of Care Training: Will be for <i>HH staff</i>	Tentatively Planned for September 2015

HCBS Follow-up Services Training

3 week webinar series

HCBS Service Cluster	
Psychiatric Rehab: CPST, PSR, and Habilitation	July 7, 2015
Respite/Crisis: Short Term Crisis Respite, Intensive Crisis Respite	July 10, 2015
Employment/Education: Education Support Services, Pre-Vocational, Transitional, Intensive Support Employment and Ongoing Supported Employment	July 14, 2015
Family Support and Training	July 17, 2015
Peer Supports	July 21, 2015
Non-Medical Transpiration	July 24, 2015

Visit www.mctac.org to view past trainings, sign-up for updates and event announcements, and access resources.



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ASK MCTAC

WHAT WE DO PROVIDER READINESS GET THE RIGHT TOOLS LEARNING COMMUNITIES EVENTS NEWS

Upcoming Events

Tuesday, February 10, 2015

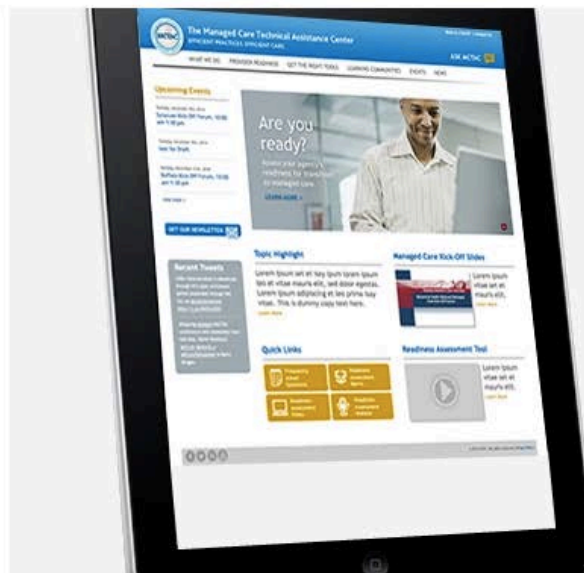
Contracting for Managed Care
Webinar Overview and Office
Hours, 10 am - 12 pm

Thursday, February 26, 2015

Readiness Assessment Follow-up
Webinar

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Missed the Kick-off Series?

View a video recording from the
Albany presentation.

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HCBS VISION

Services

- Rehabilitation
 - Psychosocial Rehabilitation
 - Community Psychiatric Support and Treatment (CPST)
- Habilitation
- Crisis Intervention
 - Short-Term Crisis Respite
 - Intensive Crisis Intervention
- Educational Support Services
- Individual Employment Support Services
 - Prevocational
 - Transitional Employment Support
 - Intensive Employment Support
 - On-going Supported Employment
- Peer Supports
- Support Services
 - Family Support and Training
 - Non Medical Transportation
- Self Directed Services Pilot

HCBS Designated Providers by Service

Total Designated Agencies: 171

Community Psychiatric Support and Treatment (CPST)	87	Pre-vocational Services	100
Psychosocial Rehabilitation (PSR)	124	Transitional Employment	42
Habilitation/Residential Support Services	92	Intensive Supported Employment (ISE)	65
Family Support and Training	111	Ongoing Supported Employment	66
Mobile Crisis Intervention	46	Education Support Services	66
Short-term Crisis Respite	26	Empowerment Services - Peer Supports	113
Intensive Crisis Respite	16	Non-Medical Transportation	53

HCBS Designated Providers By Funding Source

Office of Mental Health (OMH)	Office of Alcoholism and Substance Abuse Services (OASAS)	Both OMH & OASAS	Other Funding Source
71	29	44	27

Medicaid Billing Experience

147 HCBS designated providers have billed Medicaid

24 reported that they have never billed Medicaid before

HCBS Designated Provider Types

Hospitals	Community-Based Providers	State Psychiatric Centers
17	148	6

HCBS - Vision for SUD

- Expanding service system capacity
- Meeting challenges to engagement
- Unique needs of individuals in SUD recovery
- Developing unique service models

Key Components- DRAFT

- Service delivery system
 - Services vs. program
- How to choose between State Plan & HCBS services
 - Differences (between State Plan/HCBS)
 - Overlap
 - Clinical considerations -- client choice, current treatment
 - Exclusions
- Exclusions / co-enrollment rules
- Conflict free
- Co-mingling - No
- Space
- Staffing: Can be shared with appropriate allocations unless specifically prohibited by regulation
- Documentation requirements
 - Charting
 - Oversight

Key Components Continued-DRAFT

- Billing, UM, compliance, service cap
- NPI vs. MMIS vs. License
- InterRAI
- HCBS designated providers : contract requirements
- Communication
 - MCOs
 - Designated providers
 - Health Homes
 - All other providers
- Plan of Care (POC)

Summary of the CMS Final Rule Regarding Settings

The CMS Final Rule requires that all home and community-based settings meet certain qualifications. These include that the setting:

- Is integrated in and supports full access to the greater community;
- Is selected by the individual from among setting options;
- Ensures individual rights of privacy, dignity, and respect, and freedom from coercion and restraint;
- Optimizes autonomy and independence in making life choices; and
- Facilitates choice regarding services and who provides them

NYS Allowable Billing Combinations- DRAFT

NYS Allowable Billing Combinations of OMH/OASAS State Plan Services and HCBS

HCBS/State Plan Services	OMH Clinic/OLP	OASAS Clinic	OASAS Opioid Treatment Program	OMH ACT	OMH PROS	OMH IPRT/CDT	OMH Partial Hospital	OASAS Outpatient Rehab
PSR	Yes	Yes	Yes				Yes	
CPST							Yes	
Habilitation	Yes	Yes	Yes				Yes	
Family Support and Training	Yes	Yes	Yes			Yes	Yes	Yes
Education Support Services	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Peer Support Services	Yes	Yes	Yes		Yes	Yes	Yes	Yes
Employment Services	Yes	Yes	Yes			Yes	Yes	Yes



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Who's on First and Workflow

Presenter: Andrew Cleek, PsyD

Who's On First?- DRAFT

Medicaid for Adult Behavioral Health Services
Managed Care Carve-In Draft



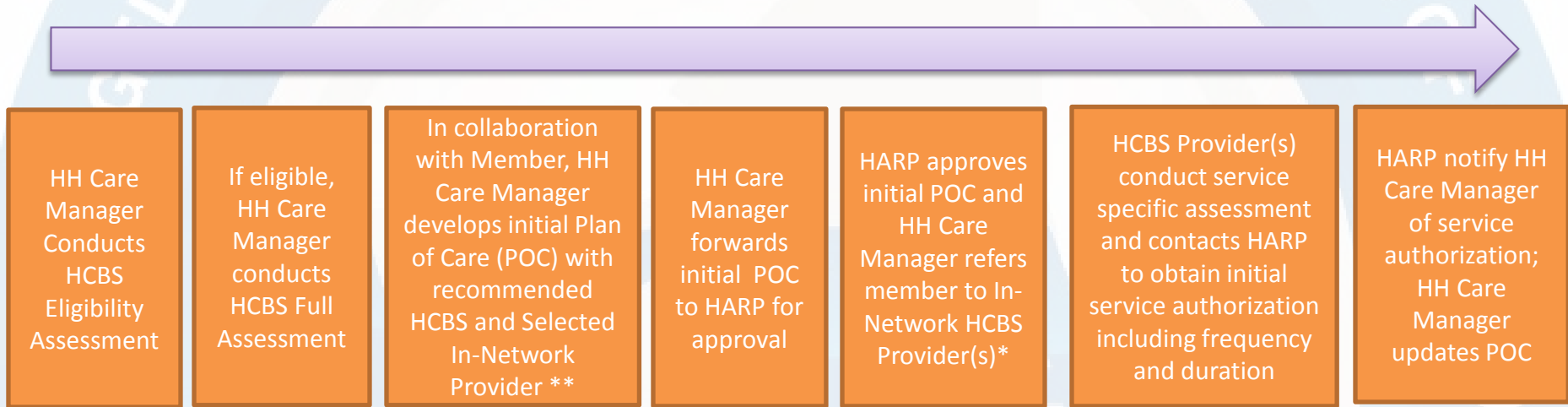
*Medicaid Buy-In TBD

The background features a large, light blue circular logo with a white border. The logo contains the text "CENTER FOR PATIENT CARE TECHNOLOGY" around the top and "PATIENT CARE TECHNOLOGY CENTER" around the bottom. In the center of the logo is a stylized white icon of a person sitting at a desk with a computer monitor.

Workflow DRAFT

HCBS WORKFLOW **DRAFT**

HARP ELIGIBLE ON DOH LIST ALREADY ENROLLED IN A HARP PLAN & HEALTH HOME



*Individuals have choice to receive HARP, Health Home and HCBS services. Appropriate firewalls and mitigation strategies will be put in place to ensure that the process is conflict free. Members will have a choice of a minimum of two providers.

** Initial POC will include recommended Home & Community Based Services (HCBS), Choices from plan's network for provider selection (minimum of two) and selected providers

Key:

- **HCBS Eligibility Assessment**= subset of questions from Community Mental Health Suite of InterRAI and other HCBS eligibility questions
- **Full Assessment**= Community Mental Health Suite of InterRAI to determine array of HCBS services
- **Completed POC**=Plan of Care that includes Frequency and Duration of HCBS Services

New York State Process for Conflict Free HCBS/Service Assessment/Approval - **DRAFT**

- All individuals who meet the HARP targeting criteria will be offered choice of:
 - HARP Enrollment and Plan Selection
 - Health Home Enrollment
 - Use of HCBS if eligible
- HARP enrollees may choose the provider they prefer from a list of at least 2 providers where possible for each HCBS service included in the Plan of Care.
- With respect to conflict-free care management requirements for Health Homes:
 - To promote and ensure integrated care for the best interest of the client, it is possible that an individual may receive care management and direct care services from the same entity, however, in these instances the care management and direct service components will be under different administrative/supervisory structures.
 - There will be utilization management and quality oversight by the Managed Care Plans for Medicaid services.
 - There are appeal, grievance, fair hearing, and beneficiary complaint processes in place for both Managed Care and Health Home services.

Q & A



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HCBS Overview

Presenter: Boris Vilgorin, MPA

Health Homes and Behavioral Health

Transition to Managed Care

- All HARP members will be offered Health Home care management services
- It is anticipated that Health Homes will develop person-centered care that integrate physical and behavioral health services and include HCBS services
- The Community Mental Health (CMH) suite of the InterRAI has been customized for NYS and includes:
 - Brief Assessment to determine HARP and HCBS eligibility
 - Full Assessment to identify needs and assist in the development of a care plan including HCBS services
 - It is anticipated that Health Homes will conduct the InterRAI assessments for HCBS eligibility
- The CMH tool has been automated and will be included in the UAS Assessment tool portfolio

Care Management for HARP Members that Want HCBS Services and Decline Health Home Enrollment

- To encourage connectivity and enrollment in the Health Home, the preferred approach is for the Plan to contract with the HH to conduct InterRAI assessment and develop HCBS plan of care
 - HH (or other State designated entity) the Plan contracts with does InterRAI assessments (brief, full, and annual required Assessments for members receiving HCBS services)
 - HH (or other State designated entity) the Plan contracts with does HCBS plan of care, and any required update to HCBS plan of care. Single payment for initial POC and updates to be determined.
 - Plan approves HCBS Plan of Care.
 - Plan of care must be developed in accordance with HCBS Plan of Care requirements
 - Plan monitors implementation of HCBS plan of care in accordance with HCBS and Medicaid Managed Care Model Contract requirements, which includes ensuring the member accesses services included the plan of care; periodic updating of the care plan as a member's needs change; and arrangement for InterRAI re-assessment at least annually.
 - The MCO must continue to work with the member to encourage Health Home enrollment and must monitor claims and encounter data of the member and look for opportunities (critical times e.g., appearance at emergency room or inpatient hospitalization) when it may make sense to have the Health Home outreach again to the member.

Care Management for HARP Members that Want HCBS Services and Decline Health Home Enrollment

- Community Mental Health Assessment instrument modules are being developed to provide web-based training using the UAS training platform, schedule for availability mid-May
 - There are 12 training modules – each module takes about one hour
- Health Homes and others will access training via the UAS and must complete required training modules prior to being able access/use the CMH tool
- Care Managers must have access to HCS to access MAPP
- Care Managers must have their own HCS user account to access the CMH training

Care Management for HARP Members that Want HCBS Services and Decline Health Home Enrollment


- NYSDOH Health Commerce System (HCS) Link
- https://commerce.health.state.ny.us/public/hcs_login.html
- 1500-CMH-Understanding the UAS-NY Course, once HCS and Role have been established
- <https://commerce.health.state.ny.us/uasny/moodle/course/view.php?id=117>

Psychiatric Rehabilitation Cluster

- Psychosocial Rehabilitation (PSR)
- Community Psychiatric Support & Treatment (CPST)
- Habilitation

Psychiatric Rehabilitation Cluster

Overview

- Designed to assist the individual with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their behavioral health condition
- Restore the individual's functional level to the  fullest possible

Habilitation

- Assist participants with a behavioral health diagnosis in acquiring, retaining and improving skills necessary to reside successfully in home and community-based settings.
- Assist participants with developing skills necessary for community living and, if applicable, to continue the process of recovery from an substance use disorder.

Respite/Crisis Cluster

- Short Term Crisis Respite
- Intensive Crisis Respite

Respite/Crisis Overview

- For individuals experiencing challenges in daily life that create risk for an escalation of symptoms that cannot be managed in the person's home and community environment without onsite supports including:
 - Experiencing challenges in daily life that create imminent risk for an escalation of symptoms and/or a loss of adult role functioning but who do not pose an imminent risk to the safety of themselves or others
 - A challenging emotional crisis occurs which the individual is unable to manage without intensive assistance and support
- Crisis respite is provided in site-based residential settings. Crisis Respite is not intended as a substitute for permanent housing arrangements.
- Do not need an InterRAI prior to referral or placement

Education and Employment Cluster

- Education Support Services
- Pre-Vocational Services
- Transitional Employment Support
- Intensive Support Employment (ISE)
- Ongoing Supported Employment

Education and Employment Services

Overview

- Assist individuals who want to start or return to school or formal training with a goal of achieving skills necessary to obtain employment.
- May consist of adult educational services such as applying for and attending college. Participants authorized for Education Support Services must relate to an employment goal or skill development documented in the service plan.
- Pre-vocational services are time-limited services that prepare a participant for paid or unpaid employment.

Education and Employment Services

Overview Continue

- Strengthen the participant's work record and work skills toward the goal of achieving competitive employment
- Provides learning and work experiences where the individual can develop general, non-job-task-specific strengths and soft skills that contribute to employability.
- These services consist of intensive supports that enable individuals to obtain and keep competitive employment
- Service can be provided after a participant successfully obtains to competitive and integrated employment.
- Ongoing follow-along support available for an indefinite period as needed by the participant.

Family Support and Training (FST)

Definition

- Training and support necessary to facilitate engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process.
- Training includes instruction about treatment regimens, elements, recovery support options, recovery concepts, and medication education specified in the Individual Recovery Plan and shall include updates, as necessary, to safely maintain the participant at home and in the community.

Peer Supports

Definition

- Peer-delivered services with a rehabilitation and recovery focus. 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
- Activities included must be intended to achieve the identified goals or objectives as set forth in the participants individualized recovery plan.
- The structured, scheduled activities provided by this service 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.

Non Medical Transportation

Definition

- Non-medical Transportation services are offered, in addition to any medical transportation furnished under the State Plan.
- Non-medical Transportation services are necessary, to enable participants to gain access to HCBS services

Links to OMH/OASAS Documents – Manual, Billing Manual and Fee Schedule

- HCBS Manual:

<https://www.omh.ny.gov/omhweb/News/2014/hcbs-manual.pdf>

- HARP Billing Manual:

<https://www.omh.ny.gov/omhweb/bho/harp-mainstream-billing-manual.pdf>

- Fee Schedule and Rate Codes:

<http://www.omh.ny.gov/omhweb/bho/phase2.html>

Timeline for HARP Member Letters

- July 25th letters will begin being mailed to the first group of HARP eligible recipients. (approximately 20K)
- August 25th letters will begin being mailed to the second group of HARP eligible recipients. (approximately 20K)
- September 25th letters will begin being mailed to the final group of HARP eligible recipients. (approximately 20K)
- The groupings will be determined by the birth month of the recipient



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Thank you for participating!

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