



Department
of Health

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

MHANYs

Behavioral Health Managed Care Update

Mental Health Association in New York State, Inc.

October 28, 2016

Presentation Overview

- What are the Goals for the Medicaid Changes?
- Changes to Medicaid Behavioral Health (mental health and substance use) Care
- Health and Recovery Plans (HARPs)
- Behavioral Health Home and Community Based Services (BH HCBS)
- Timeline BH Managed Care Transition – DSRIP/VBP
- Pay for Performance vs. Value Based Payment (Level 1-3)
- Questions?

What are the Goals for the Medicaid Changes?

- 1 Better Health
- 2 Better Care
- 3 Greater Access
- 4 Lower Costs

MRT Principles of BH Benefit Design

- ✓ Person-Centered Care management
- ✓ Integration of physical and behavioral health services
- ✓ Recovery oriented services
- ✓ Patient/Consumer Choice
- ✓ Ensure adequate and comprehensive networks
- ✓ Tie payment to outcomes
- ✓ Track physical and behavioral health spending separately
- ✓ Reinvest savings to improve services for BH populations
- ✓ Address the unique needs of children, families & older adults

What has changed?

- Medicaid Managed Care Plans now manage all Medicaid reimbursable behavioral health services for their members who are 21 and over, except those in community residences.
- Recipients in NYC have been accessing BH Home and Community Based Services since January 1, 2016
- Recipients outside of NYC now have access to BH HCBS as of October 1, 2016
- Children's (under 21) behavioral health implementation will begin in July 2017.

Many people with behavioral health needs remain outside of Medicaid Managed Care

- Have both Medicaid and Medicare
- Live in a nursing home
- Are in a Managed Long Term Care Plan
- Are under age 21
- Have services from the Office for People with Developmental Disabilities (OPWDD)

Health and Recovery Plans (HARPs)

Health and Recovery Plans (HARPs)

- New type of Medicaid Managed Care Plan
- Designed for people with serious mental health conditions and substance use disorders
- Covers all benefits provided by Medicaid Managed Care Plans, including expanded behavioral health benefits
- Also provides additional specialty services to help people live better, go to school, work and be part of the community

How are HARP's different than other Medicaid Managed Care Plans?

- HARP's specialize in serving people with severe behavioral health conditions
- HARP's cover additional services called Behavioral Health Home and Community Based Services (BH HCBS)
- Some HARP enrollees will be eligible for BH HCBS
- A Care Manager, providers and Plans will work together to assist HARP members

HARP Enrollment

HARP Enrollment with Capitation Paid as of October 2016	
Region	Enrollment with Capitation
NYC	42,331
ROS	29,355
Total	71,686

Behavioral Health Home and Community Based Services (BH HCBS)

Behavioral Health Home and Community Based Services (BH HCBS)

Find Housing. Live Independently.

- Psychosocial Rehabilitation
- Community Psychiatric Support and Treatment
- Habilitation
- Non-Medical Transportation for needed community services

Return to School. Find a Job.

- Education Support Services
- Pre-Vocational Services
- Transitional Employment
- Intensive Supported Employment
- Ongoing Supported Employment

Manage Stress. Prevent Crises.

- Short-Term Crisis Respite
- Intensive Crisis Respite

Get Help from People who Have Been There and Other Significant Supporters

- Peer Support Services
- Family Support and Training

Behavioral Health Home and Community Based Services (BH HCBS) - GOALS

- Help people improve their quality of life, including getting and keeping jobs, getting into school and graduating, managing stress, and living independently
- Help people meet their recovery and life goals
- Only available to people in HARP
- \$645 million new investment to fund these services

Health Homes

- BH HCBS Assessment is required to determine eligibility for BH HCBS.
- Health Homes perform these assessments and develop person-centered plans of care
 - A Health Home is a group of health care and service providers working together to make sure people get the care and services they need to stay healthy
 - Once enrolled in a Health Home, enrollees will have their own Care Manager
 - Care Managers talk to enrollees about the results of their assessment, their goals, strengths, and needs
 - Care Managers help the person to develop a Plan of Care, but people can direct their own Plan of Care

Completed BH HCBS Assessments as of September 18, 2016

	NYC		ROS		Grand Total
Row Labels	Brief Assessment	Full Assessment	Brief Assessment	Full Assessment	
Grand Total	1964	742	376	121	3203

Timeline

	BH Transition to Medicaid Managed Care	DSRIP/VBP Payment Reform
DY1 (2015)	NYC - Adult BH Transition to Medicaid Managed Care	Medicaid VBP approach will be finalized and refined
DY2 (2016)	ROS Adult Transition to Medicaid Managed Care	MCO – PPS combination submit a growth plan outlining path towards 90% value-based payments.
DY3 (2017)	Continued ramp-up of Adult HARP/BH HCBS, Children’s Transition to Medicaid Managed Care, Technical Assistance Building BH continuums and networks	The Pilot Year
DY4 (2018)	Building BH continuum and networks continues and VBP contracting	At least 50% of the State’s MCO payments will be contracted through Level 1 VBPs.
DY5 (2019)	VBP Contracting	80-90% of the State’s total MCO-PPS payments (in terms of total dollars) will be captured in at least Level 1 VBPs. By the end of DY 5, 35% of total managed care payments (full capitation plans only) will be tied to Level 2 or higher.

Pay for Performance (P4P) vs. Value Based Payment (VBP)

P4P

- P4P (Level 0) is the most basic “value” payment.
- It’s a simple bonus (or withhold penalty) based upon achieving a quality target.
- P4P doesn’t address overall cost of a population, episode of care, and/or treatment of chronic condition.
- Quality target/s can still be met by providing overly comprehensive expensive care.

VBP

- VBP (levels 1-3) addresses both the cost and quality dimensions that comprise “value.”
- VBP addresses both cost and quality targets.
- Savings can be generated if the target budget for a population, episode of care, and/or treatment of chronic condition comes in under projected total and quality targets are achieved.



Resources for Providers

How do people qualify for HARP enrollment?

HARP Risk Factors: For individuals meeting the targeting criteria, the HARP Risk Factor criteria include any of the following:

- Supplemental Security Income (SSI) individuals who received an "organized" MH service in the year prior to enrollment.
- Non-SSI individuals with three or more months of Assertive Community Treatment (ACT) or Targeted Case Management (TCM), Personalized Recovery Oriented Services (PROS) or prepaid mental health plan (PMHP) services in the year prior to enrollment.
- SSI and non-SSI individuals with more than 30 days of psychiatric inpatient services in the three years prior to enrollment.
- SSI and non-SSI individuals with 3 or more psychiatric inpatient admissions in the three years prior to enrollment.
- SSI and non-SSI individuals discharged from an OMH Psychiatric Center after an inpatient stay greater than 60 days in the year prior to enrollment.
- SSI and non-SSI individuals with a current or expired Assisted Outpatient Treatment (AOT) order in the five years prior to enrollment.
- SSI and non-SSI individuals discharged from correctional facilities with a history of inpatient or outpatient behavioral health treatment in the four years prior to enrollment.
- Residents in OMH funded housing for persons with serious mental illness in any of the three years prior to enrollment.
- Members with two or more services in an inpatient/outpatient chemical dependence detoxification program within the year prior to enrollment.
- Members with one inpatient stay with a SUD primary diagnosis within the year prior to enrollment.
- Members with two or more inpatient hospital admissions with SUD primary diagnosis or members with an inpatient hospital admission for an SUD related medical diagnosis-related group and a secondary diagnosis of SUD within the year prior to enrollment.
- Members with two or more emergency department (ED) visits with primary substance use diagnosis or primary medical non-substance use that is related to a secondary substance use diagnosis within the year prior to enrollment.
- Individuals transitioning with a history of involvement in children's services (e.g., RTF, HCBS, B2H waiver, RSSY).

Technical Assistance

Managed Care Technical Assistance Center (MCTAC-is a partnership with NYU McSilver Institute and CASA Columbia) is partnering with NYS to provide:

- Foundational information to prepare providers (adult and children's providers) for Managed Care
- Support and capacity building for providers
 - Managed Care readiness tools
 - group consultation
 - informational training
 - Managed care readiness assessment

<http://www.ctacny.org/>

Center for Practice Innovation (CPI at Columbia Psychiatry/New York State Psychiatric Institute provides resources to:

- assist plans in meeting the above FEP related requirements.
- promote the widespread availability of evidence-based practices to improve mental health services, ensure accountability, and promote recovery-oriented outcomes for consumers and families
- implement programs specializing in treating individuals with FEP for programs and State agencies that would like to implement Coordinated Specialty Care teams (CSCs) for people with early psychosis.

<http://practiceinnovations.org/>

If You Have a Question or Complaint about a Managed Care Plan or Your Care

NYS Department of Health (DOH):

https://www.health.ny.gov/health_care/managed_care/complaints/index.htm

1-800-206-8125 or managedcarecomplaint@health.state.ny.us

NYS Office of Mental Health (OMH):

Customer Relations 1-800-597-8481

NYS Office of Alcoholism and Substance Abuse Services (OASAS):

Consumer Complaint Line 518-457-2020

Independent Consumer Advocacy Network (ICAN):

1-844-614-8800/ TTY: 711 or <http://icannys.org/>



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Where Can People Get More Information?

New York Medicaid Choice at 1-855-789-4277

NYS Office of Mental Health (OMH):

<http://www.omh.ny.gov/omhweb/bho/changes-bh.html>

NYS Office of Alcoholism and Substance Abuse Services (OASAS):

<http://www.oasas.ny.gov/mancare/index.cfm>

NYS Department of Health (DOH):

http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/consumer_info/index.htm

For information about Behavioral Health Home and Community Based Services (BH HCBS):

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

For information about Health Homes:

http://www.health.ny.gov/publications/1123/hh_brochure.pdf



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Thank You Questions?