



**Office of
Mental Health**

Positioning Your Agency to Thrive Under New York's Behavioral Health Initiatives

Mental Health Association in New York State Conference

October 19, 2017

Agenda

- Opportunities in Adult Behavioral Health Managed Care
 - Behavioral Health Value Based Payment Readiness Program
 - Incentivizing Access to Behavioral Health Home and Community Based Services (BH HCBS)
 - State Designated Entity (SDE)
 - In-Lieu of Services
- Opportunities in the Children's Health and Behavioral Health Transition
 - Expanded State Plan Services and Children's Aligned Home and Community Based Services



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Adult Behavioral Health Managed Care

October 19, 2017

Behavioral Health Value Based Payment Readiness Program

The Readiness Program provides funding to selected BH providers who will form Behavioral Health Care Collaboratives (BHCC) and prepare the BH provider system to successfully participate in value based payment arrangements.

Eligibility:

- Non-hospital Medicaid managed care community-based providers licensed/certified as an Article 31 or Article 32 provider, or designated BH HCBS providers may apply on behalf of a group of providers for BHCC funding. BH IPAs may also apply to participate. BHCCs must include the full spectrum of regionally available BH programs as defined in application.



Behavioral Health Value Based Payment Readiness Program

- Anticipate 60 million dollars to Article 31 and 32 providers over 3 years. Funding will flow through two MCOs.
 - Working with HealthFirst (NYC and LI) and Fidelis (ROS)
 - Applicant's webinar targeted to the potential BHCC leads held September 11, 2017.



Behavioral Health Value Based Payment Readiness Program

- BHCC application package
 - Distributed on September 15th
 - Only previously submitted NOI leads can apply
 - Materials posted online at the following link:
<https://www.omh.ny.gov/omhweb/bho/bh-vbp.html>
 - Applications are due November 10th
 - Qualified applicants will be notified by early December



BH VBP Readiness Program Lead Agencies

- Agency Name
- Agency Contact
- Contact Email
- Contact Phone Number
- Proposed Region Coverage (RPC)

https://www.omh.ny.gov/omhweb/bho/2017-9-11_eligible_lead_agencies_nois_received.xlsx



Cost-Effective Alternative Services In Lieu of Services (ILS)

- What are In Lieu of Services?
 - Alternative settings that are not included in the State Plan but are medically appropriate, cost-effective substitutes for covered services or settings.
 - State Approved ILS – ILS proposed by a Medicaid Managed Care Organization that has been approved by the State.
 - State Identified ILS – ILS identified by the state as appropriate for the Medicaid Managed Care program.
 - State Identified and State Approved ILS will be posted on State Agency websites.

Cost-Effective Alternative Services In Lieu of Services (ILS)

- Medicaid Managed Care Organizations must submit a request form that will be reviewed and must be approved by the State. State Approved ILS can be requested by any MMMCO by using the Short form.
- Below is a link to the guidance on the DOH website:
https://www.health.ny.gov/health_care/managed_care/plans/docs/2017_09_29_in_lieu_of_guidance.pdf

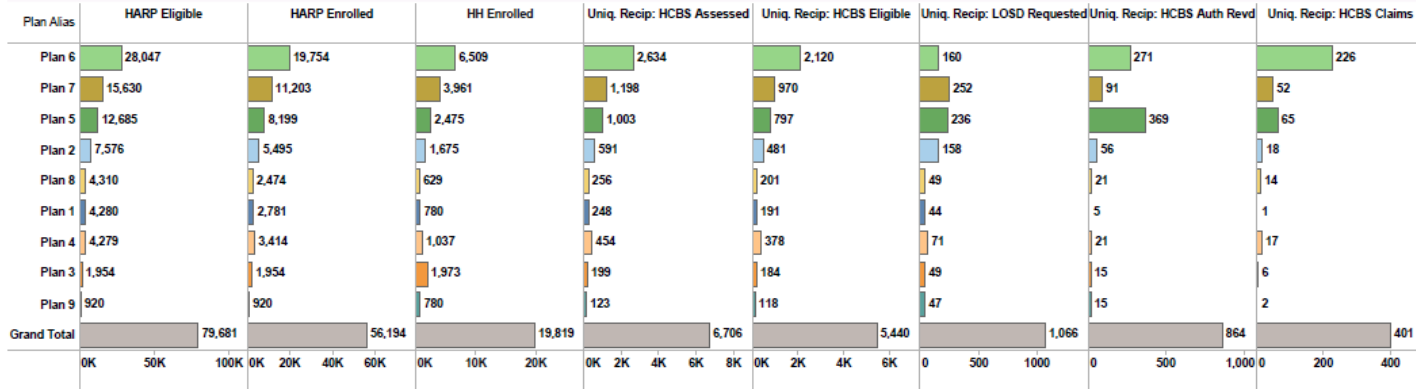


Incentivizing Access to Behavioral Health Home and Community Based Services (BH HCBS)

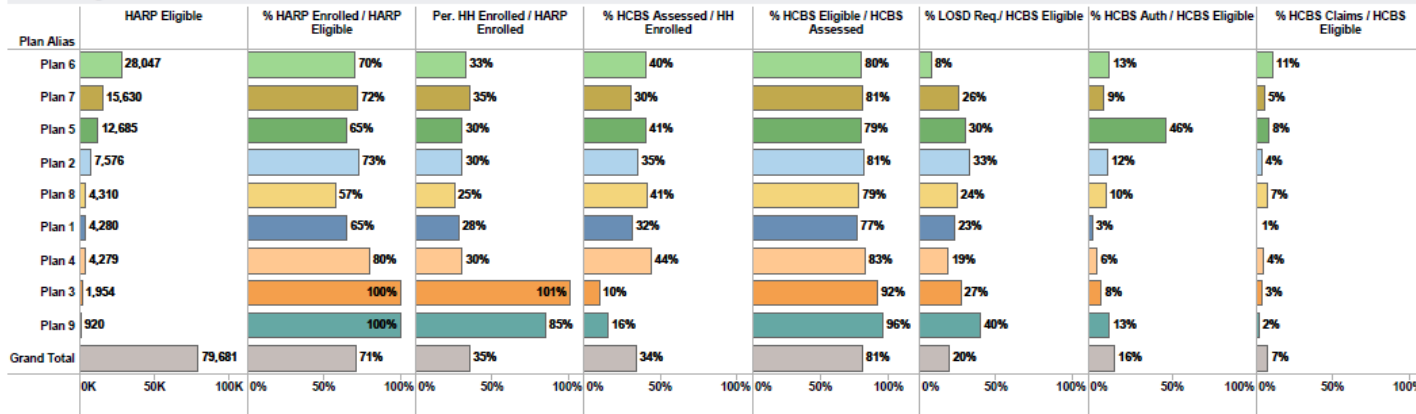
- **Issue:** HCBS BH service utilization remains extremely limited after nearly two years of program design with only 600 individuals served (\$700,000 in federal waiver funds LTD) – *see attached HCBS Access Dashboard.*
- **To incentivize access to BH HCBS** the State proposes to work closely with the Plans to build in premium adjustments in support of the following
 - **HCBS Quality Incentive Pool** funds for MCOs that promote access to BH HCBS for their membership.
 - **HCBS Infrastructure Development** funds for MCOs to administer provider grants available for a range of activities or infrastructure investments such as plan-provider interoperability to share information on Plans of Care and better integration of physical and behavioral health.

HCBS Access Dashboard, Region: NYC

Source: MDW, UAS & MCOs reported Data, Update Date: 09/22/2017

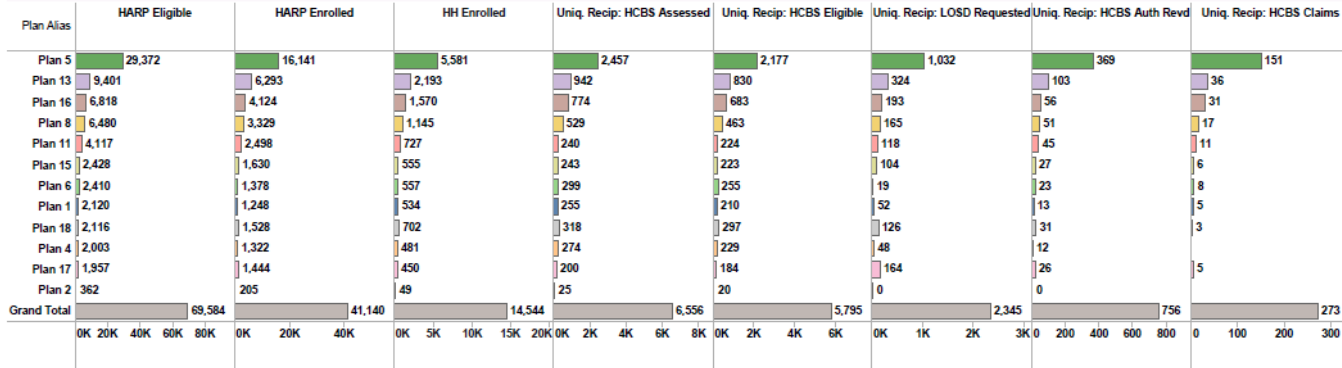


In Percentage

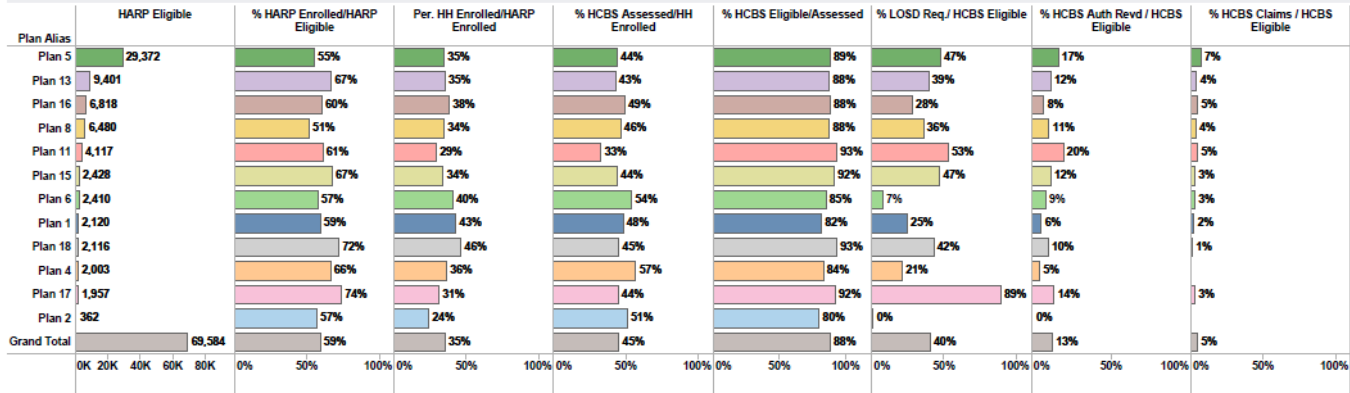


HCBS Access Dashboard, Region: ROS

Source: MDW, UAS & MCOs reported Data, Update Date: 09/22/2017



In Percentage



Access to HCBS for HARP Members not Enrolled in Health Homes: Proposal to CMS

- HARPs and HIV SNPs may contract directly with **State Designated Entities (SDEs)** for the purposes of performing:

Assessment

- Conduct the NYS BH HCBS Eligibility assessment annually or as needed.

Person Centered Care Planning

- Work with the HARP Enrollee to identify recovery goals and BH HCBS that will help the member to achieve their goals
- Submit the Level of Service Determination Request to the MCO
- Offer choice of BH HCBS Providers (in concert with the MCO) to the member
- Make referrals to appropriate BH HCBS
- Develop and maintain the Adult BH HCBS Plan of Care for the period an individual is not enrolled in health home services and/or continues to declines the Health Home benefit.

Access to HCBS for HARP Members not Enrolled in Health Homes: Proposal to CMS

The following entities will be authorized as State Designated Entities (SDEs):

Agencies or community-based organizations that are state-designated Health Homes, or affiliated with a Health Home and who employ individuals meeting the NYS assessor qualifications for Adult BH HCBS.

- MCO's should contract with agencies who have experience serving the high need behavioral health population. **The State will provide a list of SDEs.** If an MCO would like to work with a provider agency not designated by the State, the MCO should contact the State for review and approval/denial.
- Individual assessors can be either:
 - employed as a care manager or care management program supervisor within the Agency; or
 - employed, associated with, or contracted for work with another program within that Agency (such as a housing or clinical program).



Access to HCBS for HARP Members not Enrolled in Health Homes: Proposal to CMS

- SDEs must have thorough knowledge and understanding of:
 - Adult BH HCBS benefits
 - Health Home care management
 - The BH HCBS Workflow
- SDEs will educate and inform HARP Enrollees about the benefits of Health Home services and refer to or enroll the member into HH as the member is interested
- SDEs shall comply with CMS conflict free case management rules (42 CFR Part 441.301).
- MCO's will provide Data to the State to track progress





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Children's System Transformation

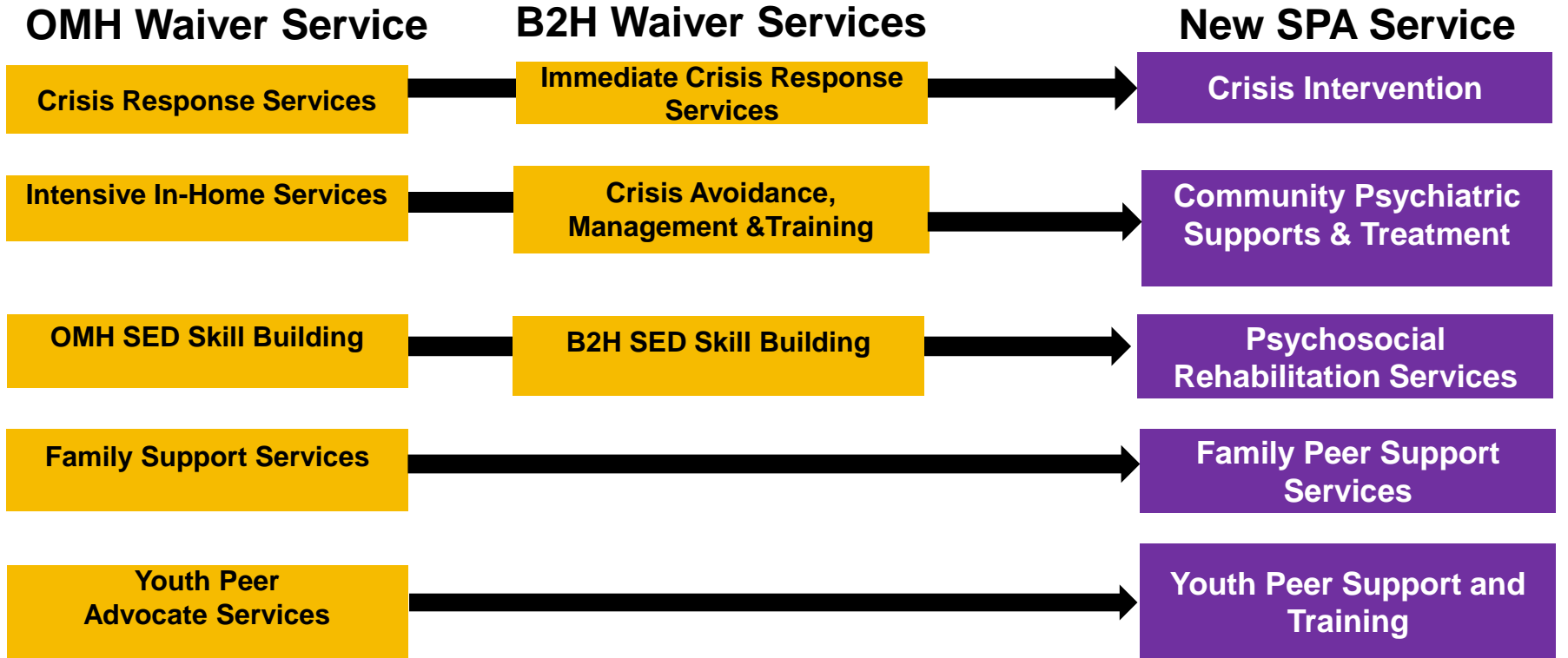
SPA Services moving into Medicaid Managed Care as of 7/1/2018

****Bold services are the new and expanded services**

- Clinic Treatment
- **Other Licensed Practitioner (OLP)**
- **Crisis Intervention (CI)**
- **Community Psychiatric Support and Treatment (CPST)**
- **Psychosocial Rehabilitation Supports (PSR)**
- **Family Peer Support Services**
- **Youth Peer Support and Training**
- Partial Hospitalization
- CPEP
- Inpatient Psychiatric Rehabilitation Treatment (IPRT)
- ACT
- PROS



State Plan Amendment: Existing services moving into SPA



Aligned Children's HCBS starting 7/1/2017

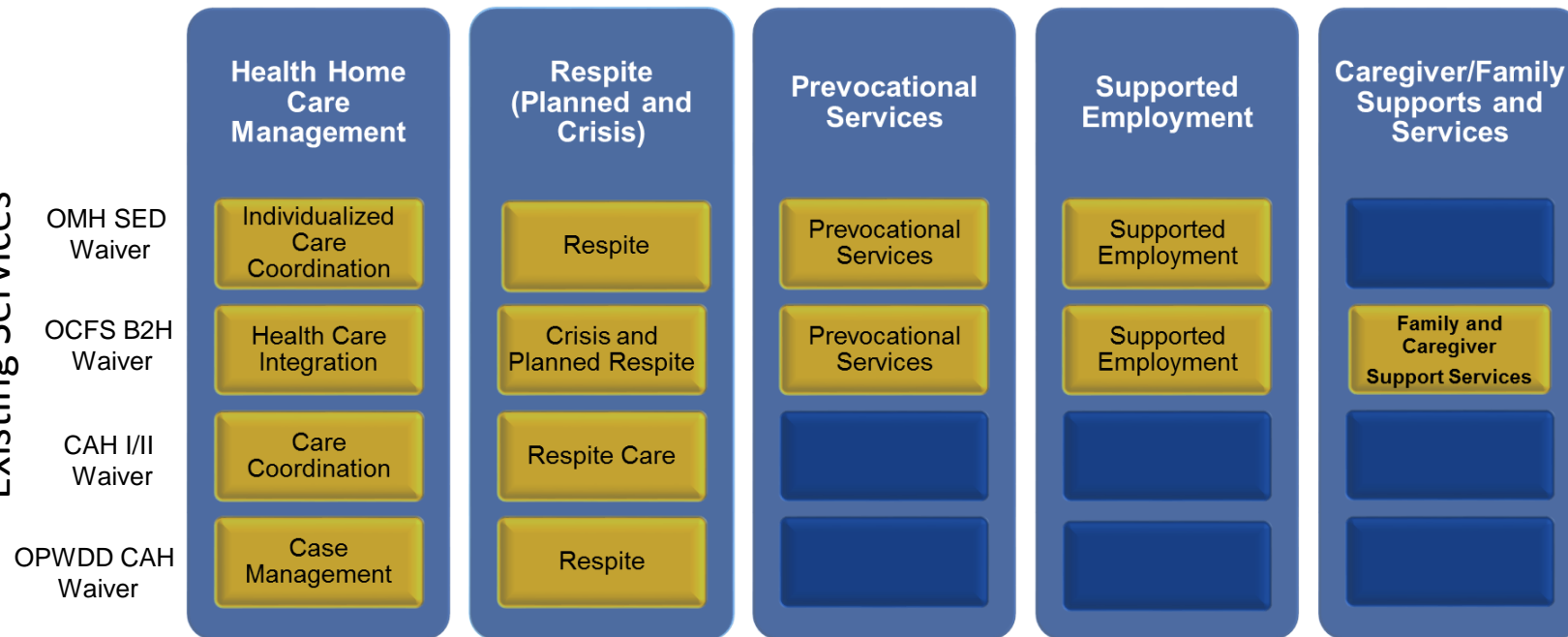
- Health Home (if not otherwise eligible under the State Plan)
- Accessibility Modifications
- Adaptive and Assistive Equipment
- Caregiver/Family Supports and Services
- Community Self-Advocacy Training and Support
- Habilitation
- Non-Medical Transportation*
- Palliative Care
- Prevocational Services
- Respite
- Supported Employment
- Financial Management services for the Customized Goods and Services pilot
- Customized Goods and Services (pilot)

*Non-Medical Transportation will be paid FFS, utilizing the State's existing Medicaid transportation infrastructure.

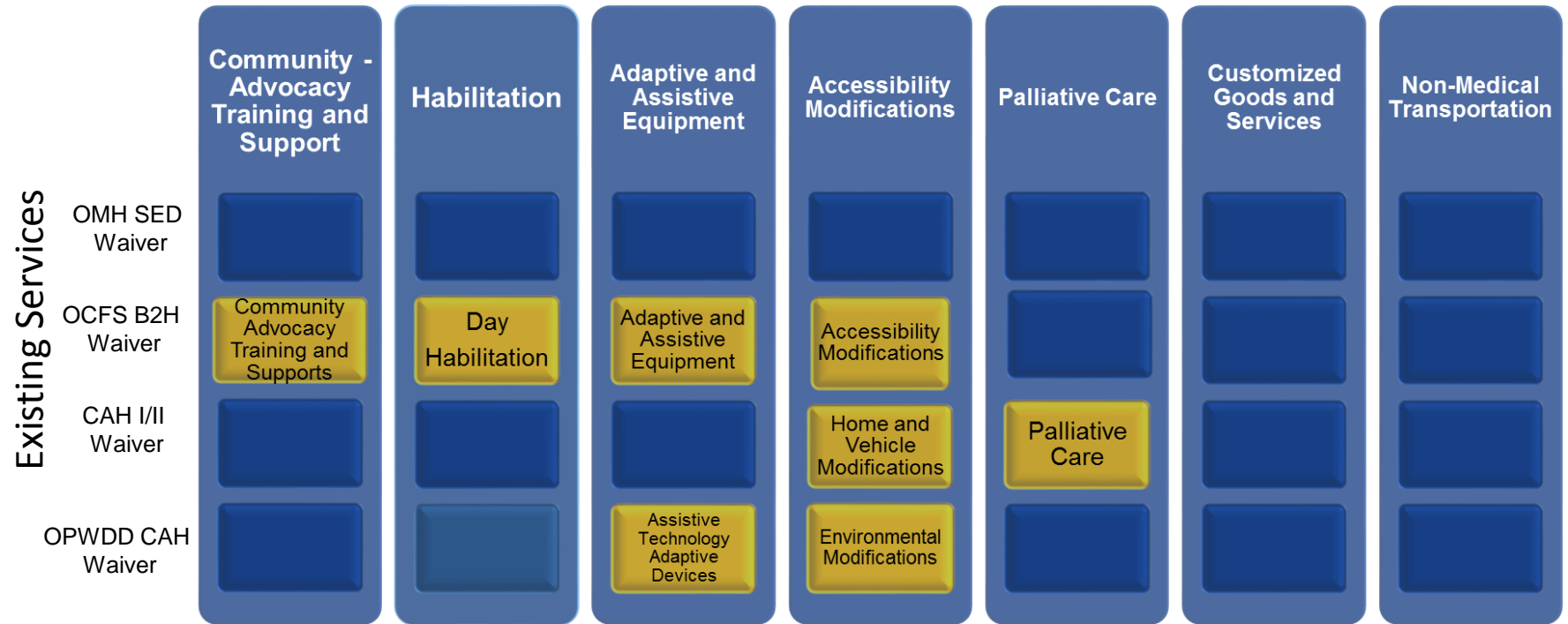


Children's Home and Community Based Services: Existing Services Moving into newly Aligned HCBS Benefit Array

Existing Services



Children's Home and Community Based Services: Existing Services Moving into newly Aligned HCBS Benefit Array



Provider Designation

- To provide newly aligned children's HCBS and or the six new State Plan services, providers must be designated by the State
- The designated provider will be required to contract with Managed Care Plans to provide such services to children enrolled in Managed Care Plans
 - MCTAC will be providing technical assistance and training for these providers, including network contracting fairs, webinars on Medicaid provider enrollment, etc.
 - Claims testing will be a critical component of this transition to ensure payment
- Application is available online
 - ~170 received to date
 - Applications are under review, prioritizing existing providers first to ensure continuity of care



Upcoming Technical Assistance and Training

- ***MCTAC trainings***
- Medicaid provider enrollment
 - September 29, 2017
- Overview on draft SPA & HCBS Rates (Led by DOH)
 - October 10, 2017 & October 24, 2017
- Provider contracting fairs
 - November 6, 2017 – Albany
 - November 8, 2017 – NYC
 - November 16, 2017 – Rochester
- Revenue cycle management
 - December 6, 2017 – Rochester
 - December 12, 2017 – Albany
 - December 15, 2017 – NYC

- In-depth service specific training, utilization management, HCBS workflow, etc. – TBD

- *More information from MCTAC to follow – <http://www.ctacny.org/>*



Children's Clinical Advisory Group (CAG)

- Information on the Children's Clinical Advisory Group can be found here:

https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/clinical_advisory_group.htm

