



Medicaid
Redesign Team

Department
of Health

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Implementing Medicaid Behavioral Health Reform in New York

MRT Behavioral Health Managed Care Update

MARCH 27, 2015

AGENDA

- Introductions
- Updated Behavioral Health Managed Care Transition Timeline
- Behavioral Health Managed Care Transition Status Update
- Behavioral Health Quality Strategy
- Children's Update
- Next Steps and Discussion



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Updated BH MC Transition Timeline

Implementation Timeline Update

- March, 2015 - Anticipated CMS approval
- April 1, 2015 – NYC Implementation: HARP Passive Enrollment Letters Distributed
- July 1, 2015 – Behavioral Health carved-in
 - Behavioral Health Medicaid State Plan services available to both Mainstream and HARP
 - MCOs Begin to Manage and Pay for BH Services
 - NYC HARP Passive Enrollment Begins (July-September)
- October 1, 2015 – Anticipated ROS Implementation
- January 1, 2016 – Anticipated ROS Enrollment
- January 1, 2016 – Anticipated Children’s Implementation

NYC HARP Phased Enrollment

- Maximus enrollment letters will be distributed in phases by birthdate:
 - Approximately 20,000 April/May distribution for July enrollment
 - Approximately 20,000 May/June distribution for August enrollment
 - Approximately 20,000 June/July distribution for September enrollment
- State is working with Mercer to identify mainstream rate implications
- Enrollment letters will be distributed by the State's enrollment broker
- Plans may reach out to their own members after Maximus distributes the enrollment letters

HARP Enrollment

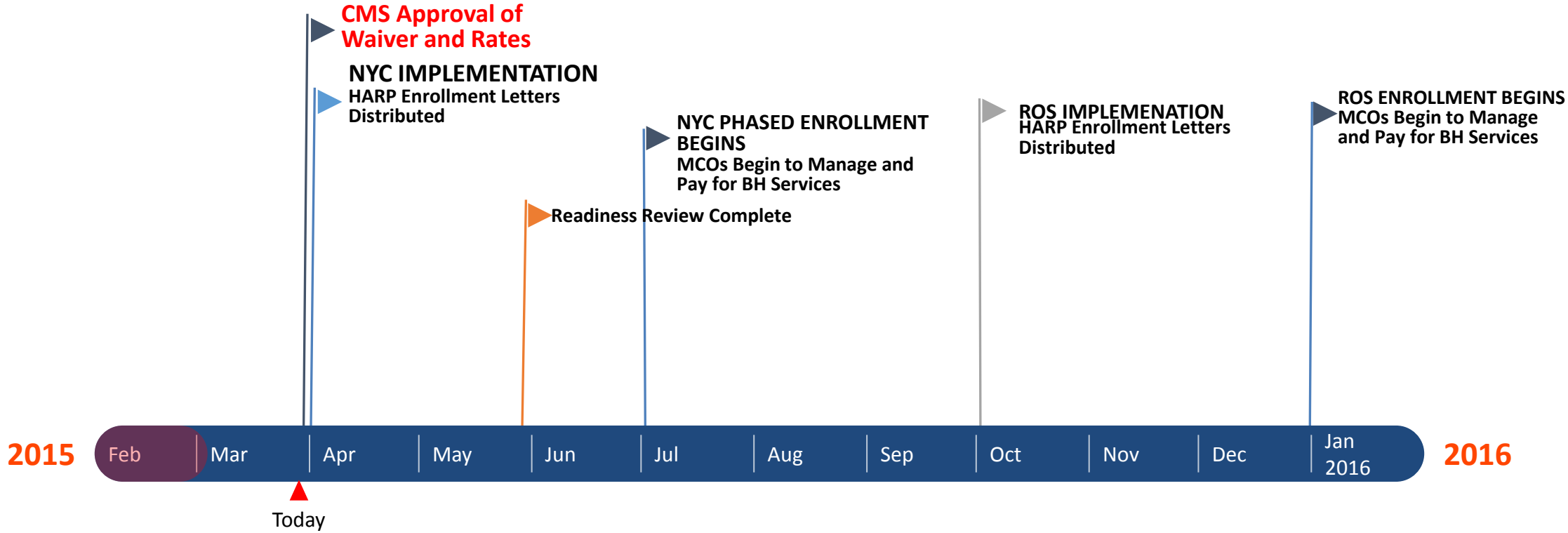
- All HARP eligible individuals identified by the state will be offered an opportunity to enroll into a HARP
- HARP eligible members will only be passively enrolled in a HARP if they are enrolled in a Plan which offers a HARP
- Individuals will not be passively moved to another Plan's HARP
 - However, they may choose to enroll in a HARP
- HARP eligible individuals enrolled in an HIV-SNP will be able to remain in their Plan and receive HARP benefits or switch to another HARP

HARP Enrollment

- Ability to opt out of HARP or choose different Plan:
 - Individuals identified for passive enrollment will be contacted by the NYS Enrollment Broker.
 - They will be given 30 days to opt out or choose to enroll in another HARP
 - Once enrolled in a HARP, members will be given 90 days to choose another HARP or return to Mainstream before they are locked into the HARP for 9 additional months (after which they are free to change Plans at any time).
- Individuals initially identified as HARP eligible who are enrolled in an MCO without a HARP will NOT be passively enrolled
 - They will be notified of their HARP eligibility and referred to the NYS Enrollment Broker to help them decide which Plan is right for them

BH Managed Care Transition Timeline

based on March CMS Approval





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Behavioral Health Managed Care Transition Update

Federal Approval of BH 1115 Waiver Amendment

- NYS has completed 1115 waiver amendment package
 - Waiver amendment
 - Budget Neutrality Calculations
- NYS working with CMS on weekly basis
- Federal approval anticipated:
 - Special Terms and Conditions - March 2015
 - Final managed care capitation rates - May 2015

Behavioral Health State Plan Services -Adults

- Inpatient - SUD and MH
- Clinic – SUD and MH
- PROS
- IPRT
- ACT
- CDT
- Partial Hospitalization
- CPEP
- Opioid treatment
- Outpatient chemical dependence rehabilitation
- Rehabilitation supports for Community Residences (excluded until further notice)

Home and Community Based Services - HARPs

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

New services added to BH 1115 waiver amendment (for OASAS Mainstream and HARP populations)

- Residential Redesign - Plans allowed to purchase medical/clinical services in OASAS residential programs
 - Three phases (captures OASAS Intensive Residential, Community Residential, Supportive Living and Medically Monitored Detox:
 - Stabilization – Introduction of medical/clinical staff. Individual will receive medically-directed care to treat acute problems and adjust early to recovery.
 - Rehabilitation – Individual will learn to manage recovery within the safety of the program.
 - Re-integration – Individual will further develop recovery skills and begin to re-integrate into the community.
 - Clinic to Rehab - Allows for provision of community based substance use disorder services

New services added to BH 1115 waiver amendment (for OMH Mainstream and HARP populations)

- Licensed Behavioral Health Practitioner Services
 - Allows for provision of community based (offsite) mental health services
 - Providers must operate within an agency licensed by the Office of Mental Health (pursuant to 14NYCRR Part 599).
 - More information on program, staff, and rates will be forthcoming.
- Behavioral Health Crisis Intervention
 - Moved from HCBS
 - Allows for off site crisis
 - NYS is developing program requirements

Update on NYC Plan Designation

The RFQ design and Plan designation process was a close collaboration between NYS OMH, OASAS, DOH, and NYCDOHMH.

- 11 NYC MCOs responded to Behavioral Health RFQ
 - MetroPlus counts as two Plans as it provides both a Mainstream and HIV-SNP product line.
- Plans notified of conditional designation pending successful completion of readiness review
 - 2 Mainstream MCO
 - 6 HARPs
 - 3 HIV-SNPs (with HARP-like benefits for HARP eligible members)
- Approx. 85% of HARP eligible individuals in NYC in Plans with a HARP

Conditionally Designated Plans

Plan Name	Conditional Designation Status	Partnering with BHO
AFFINITY HEALTH PLAN INC	Mainstream	Beacon Health Options
AMERIGROUP NEW YORK LLC	Mainstream/ HARP	No
AMIDA CARE INC (HIV SNP)	Mainstream/ HIV-SNP	Beacon Health Options
HEALTH FIRST PHSP INC	Mainstream/ HARP	No
HLTH INSURANCE PLAN OF GTR NY (EMBLEM)	Mainstream/ HARP	Beacon Health Options
METROPLUS PARTNERSHIP CARE and HIV SNP	Mainstream/ HARP/ HIV-SNP	Beacon Health Options
NYS CATHOLIC HEALTH PLAN INC (FIDELIS CARE)	Mainstream/ HARP	No
UNITED HEALTHCARE OF NY INC	Mainstream/ HARP	Optum
VNS CHOICE SELECT HEALTH (HIV SNP)	Mainstream/ HIV-SNP	Beacon Health Options
WELLCARE OF NEW YORK INC	Mainstream	No



MCO Readiness Review Update

- Readiness Reviews structured in two phases
 - Off-Site Review (Desk Audit)
 - Plans submit updated documents (ie-policies and procedures) reflecting changes related to management of behavioral health population
 - On-Site Review
- Off-Site Information Request distributed to NYC Plans
 - Provides overview of Readiness Review process
 - Identifies critical factors that must be in place for Plans by “Go-Live”
 - Most documents due to State in March
- NYC On-Site Review
 - Scheduled for end of April early May
- Plan designation based on successful completion of this process

HCBS Provider Designation

- OMH, OASAS, DOH, and NYCDOHMH have jointly designated NYC HCBS providers
- There will be a separate process for upstate HCBS providers
- No license is required
- The State will offer one designation that will cover both OMH and OASAS HARP enrollees
- HCBS application forms are available to be filled out online on the OMH website
- Letters of provider designation released 3/6
 - A list of NYC designated providers can be found on the OMH website:
 - <https://www.omh.ny.gov/omhweb/guidance/hcbs/html/services-application/>
- Designated provider list shared with Plans
- HCBS provider oversight process under development

Health Homes and Behavioral 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 service 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
 - It is anticipated that Health Homes will conduct the InterRAI assessments
- The CMH tool has been automated and will be included in the UAS Assessment tool portfolio

Health Homes and Behavioral Transition to Managed Care

- CMH interRAI modules are being developed to provide web-based training using the UAS training platform, schedule for availability mid-May
- 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
- HARP and HCBS eligibility cut points will be informed by assessment data collected
- The State Agency partners have been working with Health Homes and Plans to:
 - To concentrate efforts to prioritize the enrollment of HARP members in advance of July 1, 2015
 - Develop standards for improving Health Home outreach and enrollment activities

Behavioral Health Billing Manual

- NYS finalized billing manual that reflects crosswalk between FFS and Managed Care
- The purpose of this document is to enable providers to submit accurate claims to Plans and to enable Plans to pay accurate FFS rates for Behavioral Health services
- Released a draft billing manual to Plans for feedback on 12/17
- NYS released provider billing and coding manual on 3/18
 - The manual, HCBS rates and codes will be placed on the OMH/OASAS/DOH website

Network Requirements

- BH Network contracting requirements include:
 - Minimum of 24 months contracting requirements with OMH licensed programs or OASAS certified providers serving 5 or more Plan members
 - List of mandated providers has been distributed to Plans
 - Plans are required to submit monthly status updates demonstrating that they have contracted with mandated providers
 - All Products Clause
 - NYS will prohibit an all products contracting clause in the Medicaid managed care model contract for OMH licensed and OASAS certified programs.

Provider Protections

- Payment Rules
 - Mainstream and HARP pay FFS government rates to OMH licensed or OASAS certified providers for ambulatory services for 24 months
 - HARP capitation rate does not include HCBS package in first year.
 - HCBS paid in addition to the capitation.
 - NYS has established initial HCBS payment rates for NYC
 - BH and HARP Medical Loss Ratio (MLR)
 - Mainstream Plans will have a BH Medical Loss Requirement
 - HARP will have an integrated MLR (NYC HARP MLR of approximately 89%)
 - Plans must meet timely payment requirements

Provider Protections

- Claiming Rules
 - Plan must be able to support BH services claim submission process.
 - This includes training providers on claims submission processes
 - Plans must support web and paper based claiming
- State Approval of medical necessity criteria
- Plans mandated to use the OASAS LOCATDR 3.0 tool.
- No prior authorization for OASAS ambulatory services and OMH clinic

Provider Technical Assistance

- NYS funded Technical Assistance to help Providers adapt to managed care
 - 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

Medicaid Managed Care Kickoffs by the Numbers

- Attendance (12 Kickoff Sessions)
 - 376 unique agencies
 - 1,447 people
 - 121 people per session (average)
- Unique agency participation
 - 32% of OASAS agencies
 - 44% of OMH agencies
- Managed Care webcast
 - 663 individuals registered
 - 150 views made to recording



Technical Assistance and Trainings

- **Contracting** (11/14 – ongoing)
- **Business & Clinical Operations Innovation:**(11/14 – ongoing)
- **Home and Community Based Services:** (April–ongoing)
- **Evaluating, measuring, & communicating:** (1/15 – ongoing)
- **Billing, Finance & Revenue Cycle** (April-ongoing)
- **Utilization Management** (4/15 – ongoing)

Provider Technical Assistance

- Start-up Assistance for Designated HCBS Providers (up to two years)
 - Managed Care Behavioral Health - Health Information Technology (HIT)
 - NYS is developing a process to assist behavioral health providers who currently do not have the technological infrastructure to efficiently transition to a managed care system
 - Funding targeted first to agencies with little or no Medicaid or Medicaid Managed Care experience
 - HCBS provider start up grants
 - NYS will assist HCBS providers with start-up funds
 - Providers will need to demonstrate a contractual relationship with HARPs
 - Funding targeted first to agencies with little or no Medicaid or Medicaid Managed Care experience

Stakeholder Oversight: Regional Planning Consortia

- Regional Planning Consortia (RPCs) will promote cross system/community collaboration and assist NYS with problem solving around issues that arise during and after the transition to behavioral health managed care
- RPC membership will include county behavioral health commissioners (Local Governmental Units) as well as consumer, provider, advocate, and managed care plan representatives
- Key functions for the RPC include:
 - Monitor access and capacity. RPCs will be early warning system for issues occurring on the ground such as lack of access to care, timeliness of eligibility determinations and engagement in care
 - Facilitation of quality and performance improvement initiatives



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Behavioral Health Quality Strategy for Medicaid Managed Care

Overview

- Rationale for Behavioral Health Quality Strategy
- Government agency oversight of quality in the NYS Medicaid Managed Care Program
- Performance measurement and improvement
- Consumer and stakeholder feedback
- Monitoring and payment incentive programs
- Other activities/resources to support quality
- Key challenges

Why does NYS need a *Behavioral Health Quality Strategy*?



Why does NYS need a *Behavioral Health Quality Strategy*?

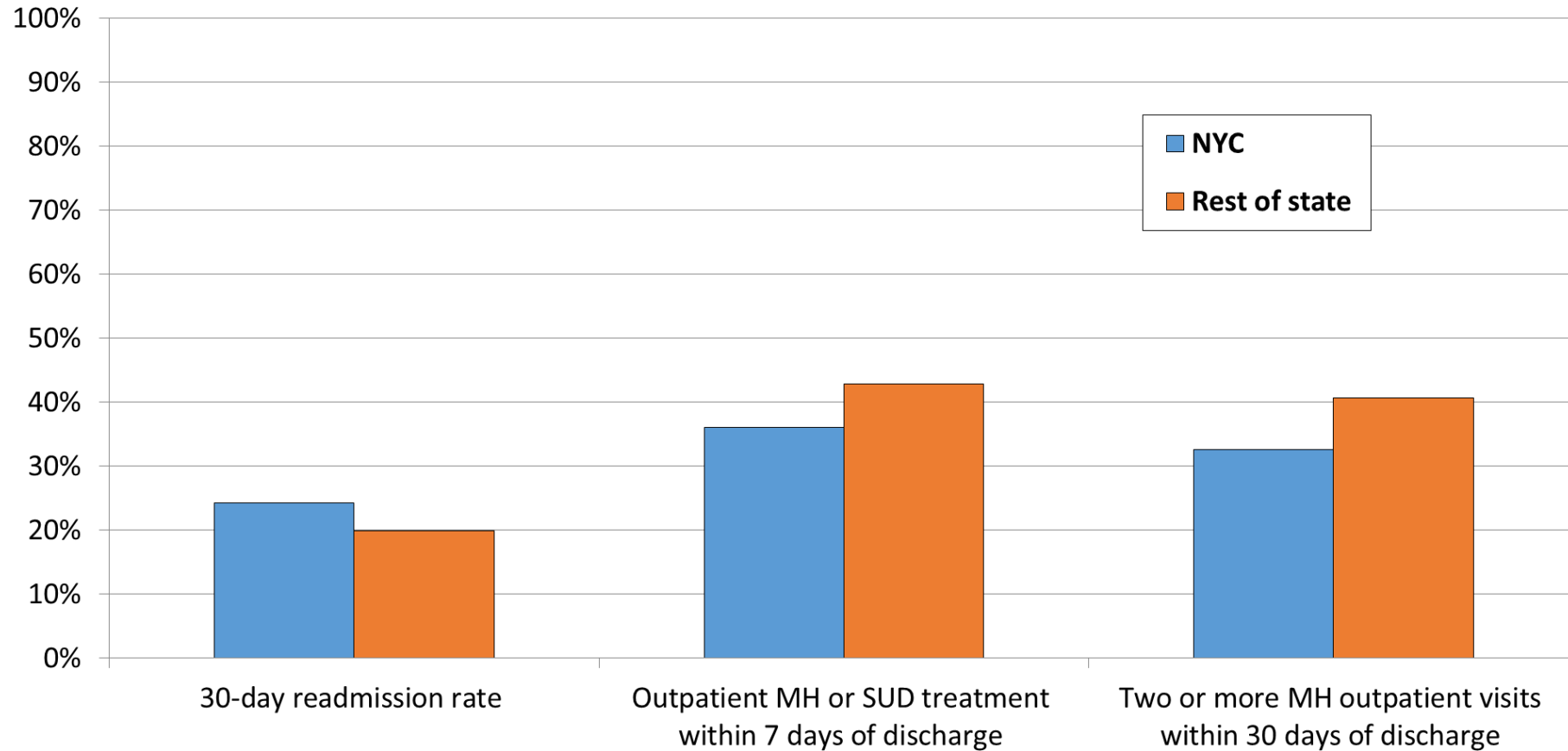
- NYS is transforming a wide range of behavioral health services
- New product lines (HARPs) target specific behavioral health populations
- Need to transform behavioral health service culture as well as delivery system
- Will complement the DOH Quality Strategy

Behavioral Health Transformation: Key Values

- Person-Centered
- Recovery-oriented
- Integrated
- Data-driven
- Evidence-based

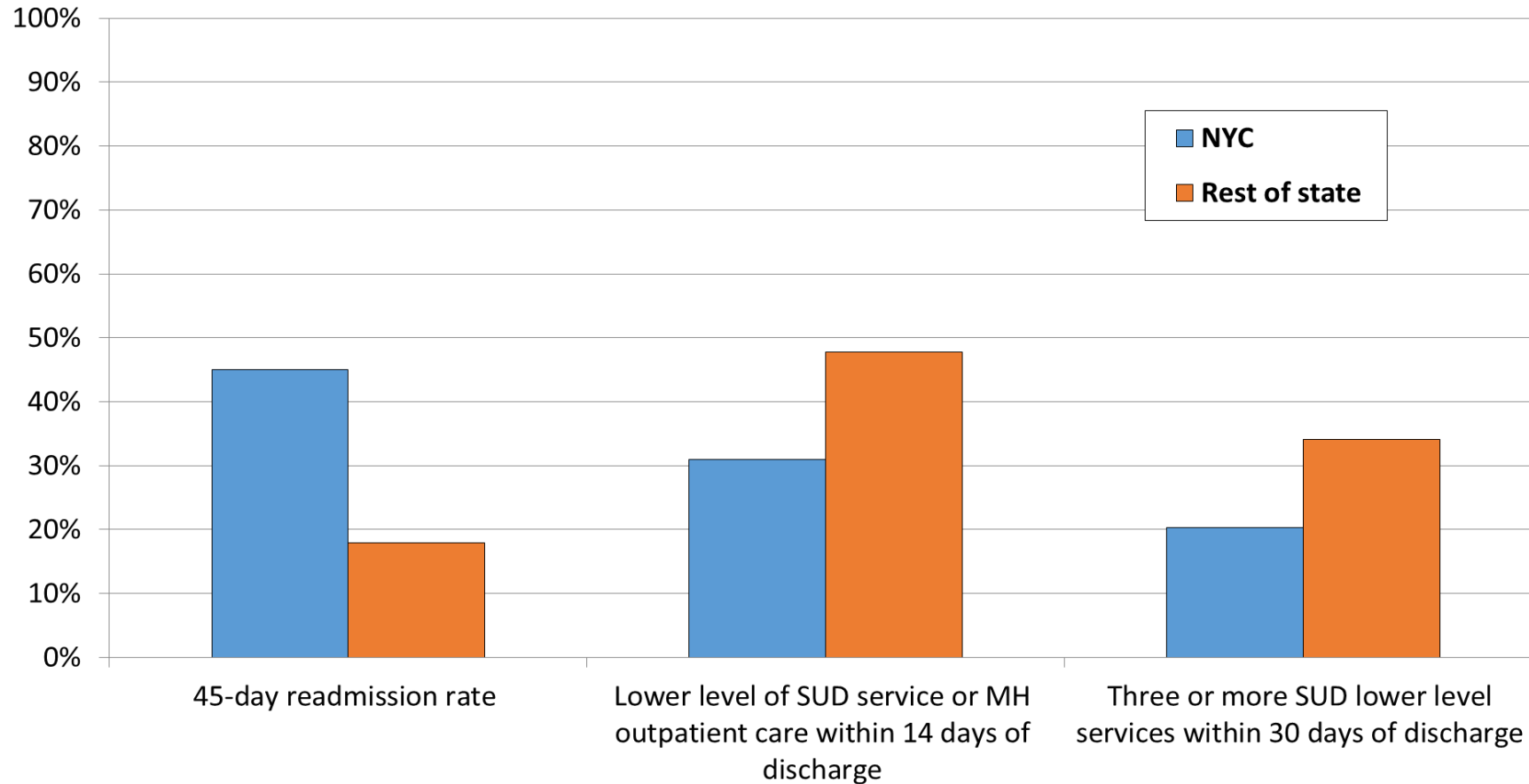
Why we need to transform care:

BHO Phase I post-discharge outcomes for **Adult Mental Health** discharges, CY 2012



Why we need to transform care:

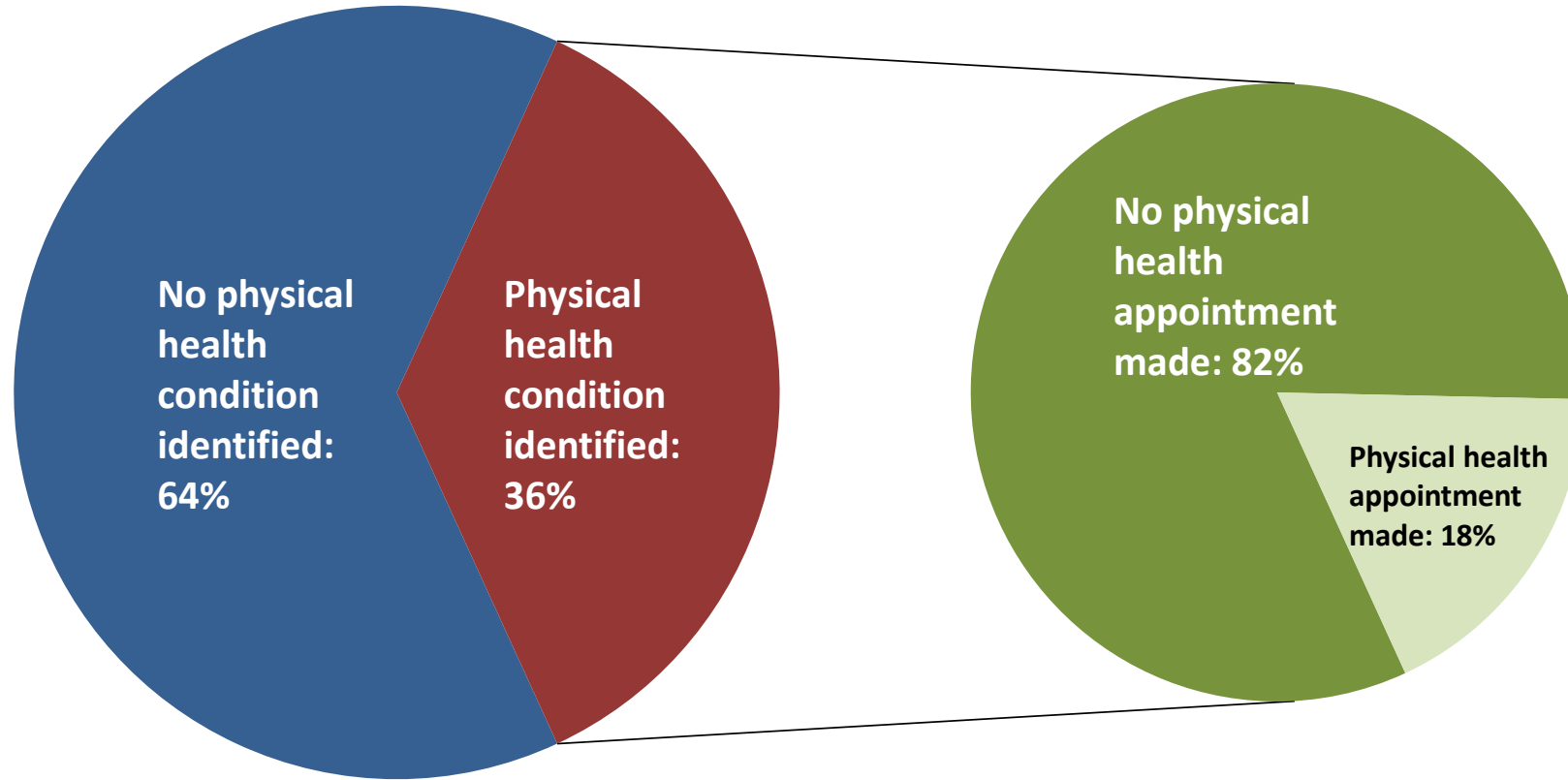
BHO Phase I post-discharge outcomes for SUD discharges, CY 2012



Integrated
identify gen

Figure 4. Integrated care: How often did behavioral health inpatient providers identify general medical conditions requiring follow-up, and did they arrange aftercare appointments?

providers
aftercare



Based upon 56,167 sta community dischar

January 2012—June 2013

Based upon 56,167 behavioral health community discharges (all service types), January 2012—June 2013

Data submitted by BHO

NYS government agencies overseeing quality in Medicaid managed care program

- NYC DOHMH will also manage a **Quality Steering Committee**
- The **NYC Department of Health and Mental Hygiene** and the county mental health commissioners/directors of community services will monitor and manage quality through **Regional Planning Consortiums**
- New in 2014: **OMH Division of Managed Care** and **OASAS Division of Practice Innovation and Care Management**
- These offices will collaborate with the **OMH Division of Quality Management** and **Office of Performance Measurement**, the **NYSDOH Office of Quality and Patient Safety**, and the **NYSDOH OHIP Division of Health Plan Contracting and Oversight**

Agency roles and responsibilities

DOH ongoing responsibilities:

- Quality Assurance Reporting Requirements (QARR)
- Oversight of External Quality Review Organization contract
- Focused clinical studies and performance improvement projects
- Provider network monitoring
- Complaint/fraud and abuse monitoring
- Encounter data monitoring
- Consumer surveys
- Pay for performance

OMH and OASAS will collaborate with DOH in these quality monitoring activities for the behavioral health population and HARPs

Agency roles and responsibilities re quality

In addition, OMH and OASAS will oversee:

- Behavioral health outcome measures
- Behavioral health utilization reports
- Access and payment reports during transition
- HARP social and recovery metrics

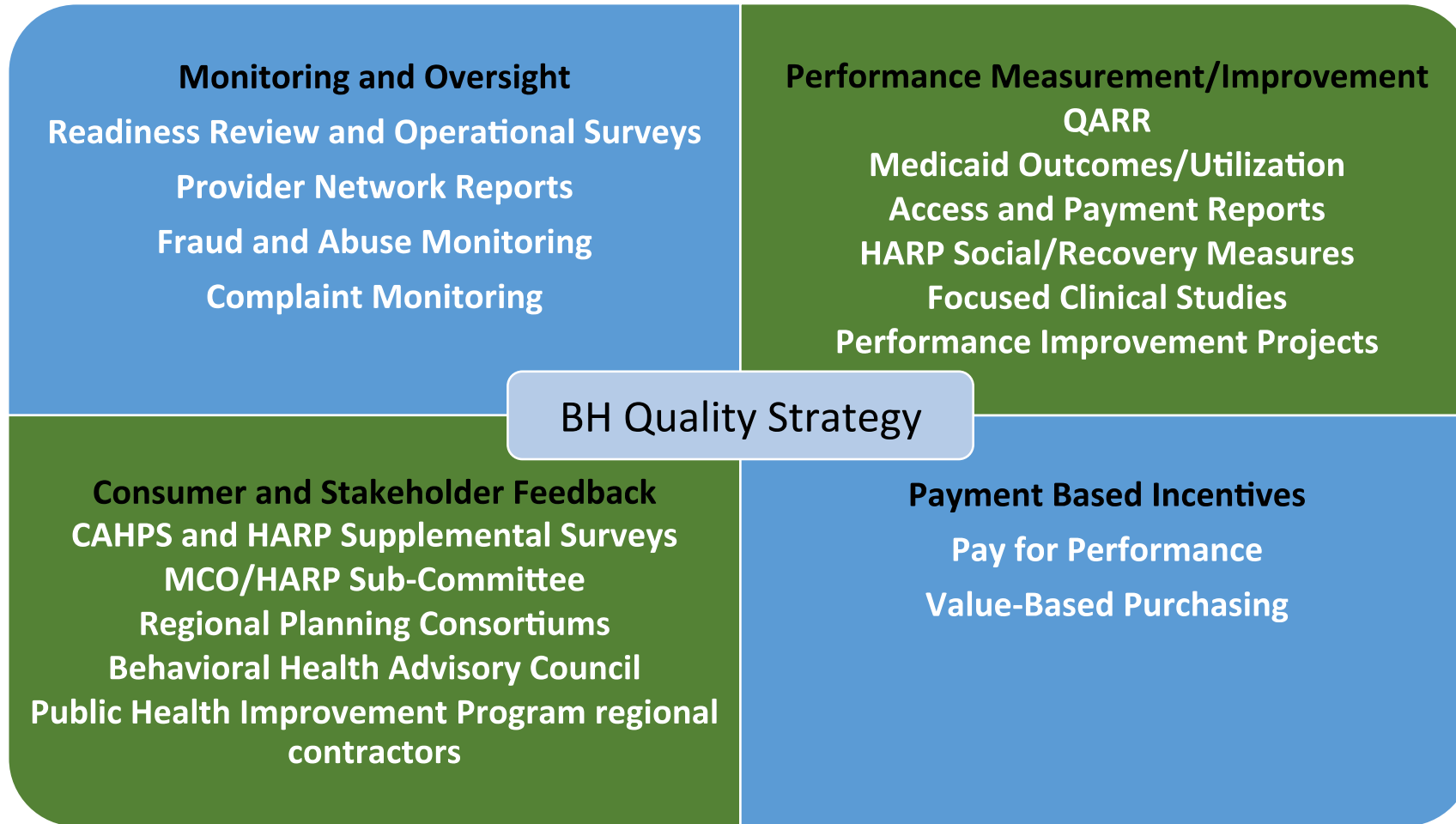
NYC DOHMH and Regional Planning Consortia will participate in oversight and pursue additional quality reporting as per their respective roles and responsibilities

Elements of Behavioral Health Quality Strategy

- Behavioral health outcome measures
- Behavioral health utilization reports
- Access and payment reports during transition
- HARP social and recovery metrics

Regional Planning Consortia will provide a forum for stakeholder input into managed care performance and quality

Elements of Behavioral Health Quality Strategy



Performance Measurement: NYSDOH Quality Assurance Reporting Requirements (QARR)

- Includes over 74 measures currently reported publicly for mainstream Medicaid managed care plans
- Measure definitions obtained from:
 - The Healthcare Effectiveness Data and Information Set (HEDIS)
 - The Consumer Assessment of Healthcare Provider and Systems (CAHPS)
 - NYS-specific measures

Performance Measurement: NYSDOH Quality Assurance Reporting Requirements (QARR)

- Major measurement domains include:
 - Effectiveness of care
 - Access to/availability of care
 - Satisfaction with the experience of care
 - Service utilization
 - HIV/AIDS comprehensive care, appropriate asthma and prenatal care (NYS measures)
- Data sources are claims/encounters, record review, and the CAHPS survey

Performance Measurement: NYSDOH Quality Assurance Reporting Requirements (QARR)

- Current QARR measures will be reported for HARPs
- First year data will be CY 2015 and will be reported publicly in aggregate (all plans combined)
- 11 measures in the 2015 QARR set are related to mental health
- Examples of measures:
 - Service utilization (inpatient, all outpatient state plan services, and each Home and Community Based Service)
 - Medication management for depression and ADHD
 - Follow-up after hospitalization for mental illness
 - Antipsychotic use in children

New 2014-15 QARR Measures for Mental Health

- Adherence to Antipsychotic Medications for People with Schizophrenia
% adults with schizophrenia who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period
- Diabetes Monitoring for People with Schizophrenia or Bipolar Disorder Using Antipsychotic Medications
% adults with schizophrenia or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year
- Diabetes Monitoring for People with Diabetes and Schizophrenia
% adults with schizophrenia and diabetes, who had both an LDL-C test and an HbA1C test during the measurement year

New 2014-15 QARR Measures for Mental Health

- **Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia**
% adults with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year
- **Use of Multiple Concurrent Antipsychotics in Children and Adolescents**
% children and adolescents 0–17 years of age who were on two or more concurrent antipsychotic medications
- **Metabolic Monitoring for Children and Adolescents on Antipsychotics**
% children and adolescents who had two or more antipsychotic prescriptions and had metabolic testing
- **Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics**
% children and adolescents who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment

New QARR measures for behavioral health proposed by OMH/OASAS

- Readmission to mental health inpatient care within 30 days of discharge
- Outpatient Engagement (sample measure): % members hospitalized for treatment of selected mental health disorders who had two or more ambulatory care follow-up visits with a mental health practitioner within 30 days of discharge
- Admission to lower level of care within 14 days of discharge from inpatient rehab or detox treatment
- SUD pharmacotherapy for alcohol and opioid dependence
- SBIRT screening

Performance Measurement: Behavioral Health Medicaid Outcome Measures

- To supplement the QARR measurement set, OMH will produce quarterly Behavioral Health Medicaid Outcome Measures
- Reports will be based on Medicaid claims data and include measures piloted in BHO Phase 1
- Domains include:
 - Continuity of care
 - MH readmissions
 - Medication use
 - Engagement in outpatient treatment
 - Treatment for physical health conditions
 - Length of stay
- Measures will cover both mental health and SUD populations

Performance Measurement: Monthly or Quarterly reports

- Key Year 1 concerns: Are consumers accessing services and are providers getting paid?
- Procedures being developed to monitor:
 - Access to care
 - Denials
 - Timely payments to providers
 - Availability and utilization of HCBS services

Performance Measurement: Behavioral Health Medicaid Utilization Reports

- Monthly reports will show:
 - Encounter volume and utilization of services
 - Compliance with government rates
- Reports will allow NYS to determine if services are being provided at an appropriate volume and will allow for analysis of trends and identification of outliers

Performance Measurement: HARP Social and Recovery Outcomes

- Recovery-oriented measures for HARP enrollees based on Home and Community Based Services Assessments (completed upon enrollment and annually thereafter)
 - For HARP members enrolled in Health Homes, the assessments should be done at least annually and when there is a significant change in status.
- Measure domains include:
 - Employment and education
 - Housing, including residential instability
 - Criminal justice involvement
 - Social connectedness
 - Self-help group participation
 - Substance Use
- NYS will track prevalence and change over time for key measures
- Measures will also be analyzed for specific subpopulations based upon age, gender, and race/ethnicity

Performance Measurement: Focused Clinical Studies

- Focused clinical studies are:
 - Required to examine specific care and/or administrative processes to identify potential areas for performance improvement
 - Typically conducted by the State's External Quality Review Organization
 - Involve medical record reviews, surveys, and/or focus groups
- Potential behavioral health target areas for focused clinical studies:
 - Screening and treatment for behavioral health conditions in primary care
 - Utilization monitoring, care coordination, and access to state plan SUD services (including opioid treatment programs) and SUD waiver services
 - Disengagement from care among individuals with SMI and SUD

Performance Measurement: Performance Improvement Projects (PIPs)

- Plans are required to complete 5 PIPs in 5 years; NYSDOH has made recent efforts to coordinate PIPs across plans statewide
- HARPs will be required to conduct one PIP annually starting in 2016
 - Focus areas for HARP PIPs will be determined annually based upon experience with the HARPs, analyses of QARR, focused clinical studies, other performance measurement data, and key system transformation goals
 - Examples of possible PIPs:
 - Nicotine cessation therapies
 - Identifying and managing chronic physical health conditions in the BH/SMI/SUD population
 - Care transitions from BH inpatient treatment
- Mainstream plans will include focus on behavioral health as appropriate (minimum 2 PIPs/5 years)

Consumer Feedback: Satisfaction Surveys

- Consumer Assessment of Healthcare Providers and Systems (CAHPS)
 - Currently completed for mainstream plans
 - Includes questions related to behavioral health conditions and satisfaction with mental health and substance abuse services
 - Adult population is surveyed every other year
 - 2017 will be the first year CAHPS covers HARP

Consumer Feedback: HARP Supplemental Satisfaction Survey

- HARP members will be surveyed annually beginning in 2016
- Domains include:
 - Consumer perception of outcomes
 - Daily functioning
 - Access
 - Appropriateness
 - Medication
 - Social connectedness
 - Quality of life
- Data from this survey will allow the State and plans to monitor HARP members' perceptions of their care and how their behavioral health services impact different areas of their life
- Demographics will be collected to enable monitoring of disparities

Plan Monitoring and Oversight: MCO/HARP Quality Committees

- Each mainstream plan must have a BH Quality Management sub-committee tasked with collecting, monitoring, analyzing, evaluating and reporting utilization data consistent with reporting requirements
- HARPs will have a quality assurance program that is separate and distinct from the mainstream MCO quality assurance program

Payment Based Incentives: Pay for Performance

- For mainstream MCOs, the current QI award methodology involves accumulation of points in four areas:
 - Quality
 - Satisfaction
 - prevention
 - Compliance
- Plans earn points toward their quality score for high performance on quality measures
 - Number of points allotted depends on how a plan performs relative to other plans
- New York is developing a Pay for Performance system for behavioral health/HARPs that will include similar features
- OMH and OASAS will participate in efforts to test and implement value-based purchasing models

Key challenge: Data sharing

- OMH/OASAS will need access to an expanded portfolio of data to oversee the transition, including the full NYS Medicaid dataset as well as MCO contractually required submissions (e.g., quality, financial data, and complaint data)
- NYC DOHMH and local governmental units/RPCs will also need expanded access to data

Key challenge: How do you measure recovery?

- There are far fewer quality measures for behavioral health populations and conditions as compared to general medicine
- There are no widely accepted measures of key recovery domains including educational, employment, and social functioning
- As NYS adopts value-based purchasing models, will need to identify and test measures that can be included in these programs

Key challenge: How do we integrate quality monitoring activities across multiple system level transformation initiatives?

- Health Home program has outcome measures related to engagement and retention in care
- Delivery System Reform Incentive Payment (DSRIP) Program has outcome measures related to reduction in acute service use and enhancing community-based and preventive care
- Need to create synergies and efficiencies across these initiatives, e.g.:
 - Health Home outreach and engagement monitoring will be critical to successful implementation of HARP and HCBS
 - Focused clinical studies and PIPs should support and complement DSRIP projects such as expanding preventive screening programs and implementation of collaborative care and crisis services

BH Quality Strategy Next Steps

- Input and feedback welcome
- Develop an MRT BH sub workgroup to provide input on BH Quality Strategy
 - Interested members should email the BHO mailbox by April 3rd: bho@omh.ny.gov
- NYS must amend its Medicaid Managed Care quality strategy for CMS within 90 days from approval of 1115 waiver
 - We will work with DOH to incorporate key elements of the BH Quality Strategy into the Medicaid Managed Care quality strategy for CMS



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Children's Update

Children's Leadership Team

- Donna Bradbury, Associate Commissioner, Division Of Integrated Community Services For Children & Families, NYSOMH
- Lana I. Earle, Deputy Director, Division of Program Development and Management, Office of Health Insurance Programs, NYS DOH
- Steve Hanson, Associate Commissioner, NYS OASAS
- Laura Velez, Deputy Commissioner, Child Welfare & Community Services, NYS OCFS

Children's MRT Health and BH Subcommittee

- Purpose:
 - To advise and provide direction on the development of the children's managed care design transition and its intersection with Health Homes that service children
 - To provide content and population expertise to contribute to the consideration of aspects of the children's managed care design and its intersection with Health Homes that serve children
 - To disseminate information to each member's constituents and represent constituents' interests in Subcommittee meetings
 - To provide regular updates to broader constituents on the direction of the children's managed care design and its intersection with Health Homes that serve children
- 29 members sit on the Children's MRT BH Subcommittee
- Children's BH Team presents to the BH MRT sub-committee quarterly



The GOAL is to...

Get children back on their developmental trajectory:

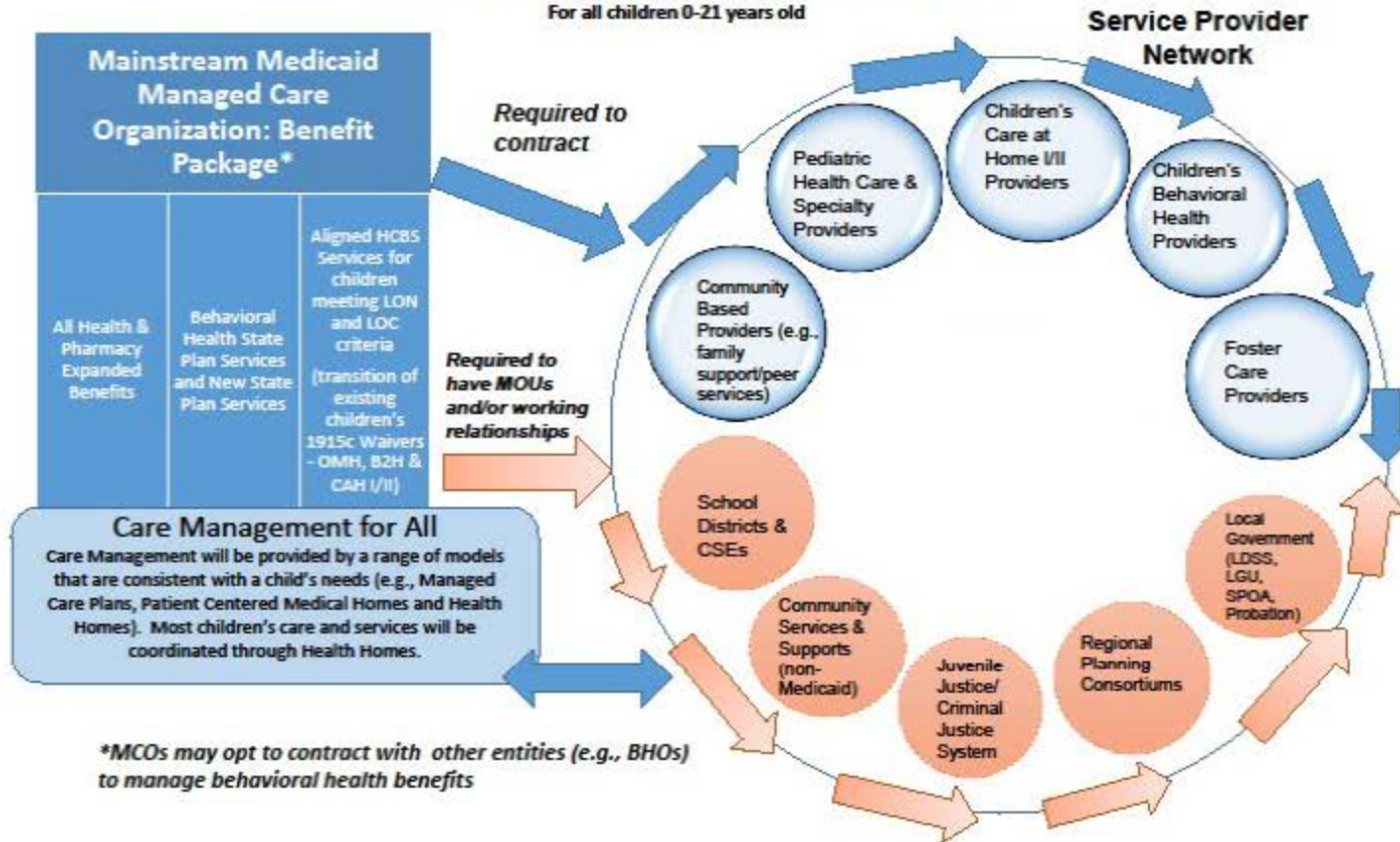
- Identify needs early
- Maintain the child at home with support and services
- Maintain the child in the community (least restrictive)
- Prevent longer term need for higher end services

*Focus on
recovery and
building
resilience!*



Proposed 2016 Children's Medicaid Managed Care Model

For all children 0-21 years old



Design Target Populations

- Children and youth younger than 21
- Children with Serious Emotional Disturbance (SED)
- Children in Foster Care who have SED, are Developmentally Disabled or Medically Fragile, or have experienced trauma
- Children who are physically disabled and require significant medical or technological health supports
- Youth with Substance Use Disorders

Proposed New State Plan Services

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

Proposed HCBS Array (available to children on Medicaid who meet specific population and functional criteria)

- Care Coordination (only for those ineligible for, or opt out of, Health Home)
- Skill Building
- Family/Caregiver Support Services
- Crisis & Planned Respite
- Prevocational Services
- Supported Employment Services
- Community Advocacy and Support
- Non-Medical Transportation
- Day Habilitation
- Adaptive and Assistive Equipment
- Accessibility Modifications
- Palliative Care

New Approach to Eligibility for Children's HCBS Benefits

- **Level of Care** – criteria met and determined by assessment that would indicate a child is eligible for or at risk of medical institutional placement in licensed by NYS OMH, Intermediate Care Facility for the Mentally Retarded (ICF/MR), or skill nursing facility/Hospital
- **Level of Need** – criteria met and determined by assessment that would indicate a child has needs that cannot be met only by non-medical institutional State Plan Services, but who does not qualify for Level of Care.
- Eligibility criteria determined by **CANS-NY** (Child and Adolescent Needs and Strengths) assessment tool

Children's Implementation Status

- Currently, work is focusing on:
 - SPA review and SPA Provider Manual development
 - SPA submission to CMS
 - Developing HCBS Provider Manual, including evidence-based practices provider designation
 - CANS-NY Revision, Testing and Implementation
 - Health Home implementation for children
 - Population and cost projections across service array
 - 1115 development and submission to CMS
- Implementation scheduled for January 1, 2016

Expanding Health Homes to Serve Children

Anticipated Schedule of Activities for Expanding Health Homes to Better Serve Children	Due Date
Draft Health Home Application to Serve Children Released	June 30, 2014 - Completed
Due Date to Submit Comments on Draft Health Home Application to Serve Children	July 30, 2014 - Completed
Due Date to Submit Letter of Interest	July 30, 2014 - Completed
Final Health Home Application to Serve Children Released	November 3, 2014 - Completed
Due Date to Submit Health Home Application to Serve Children	March 2, 2015
Review and Approval of Health Home Applications to Serve Children by the State	March 2, 2015 to June 15, 2015
HH and Network Partner Readiness Activities	June 15, 2015 to September 30, 2015
State Webinars, Training and Other Readiness Activities	Through September 30, 2015
Begin Phasing in the Enrollment of Children in Health Homes	October 2015
Children’s Behavioral Health Services and other Children’s Populations Transition to Managed Care	January 2016



Expanding Health Homes to Serve Children

- 22 Applications Submitted – Multi-State Agency Review Process Underway
- CMS and SAMHSA discussions will continue – formal SPA submitted early April (includes amending HH criteria to include Trauma)
- Webinar anticipated to be scheduled for April 29, 2015 to provide an update on elements of design and implementation, including:
 - Overview of draft CANS assessment tool
 - Per member Per Month Rate Development
 - Data on Health Home Eligible population
 - Approach to Health Home Assignments
 - Consent
 - Trainings



Medicaid
Redesign Team

Department
of Health

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Next Steps and Discussion

Next Steps

- Complete Readiness Reviews
- Monitor Provider Network Adequacy and Access to Services
- Implement Behavioral Health Quality Assurance Program
- Roll out Rest of State - Adult Behavioral Health Managed Care
- Begin Enrolling Children into Health Homes October 1, 2015
- Roll out Children's Behavioral Health Managed Care
- Continue Managed Care Technical Assistance