Drowning in acronyms

ACO
MRT
DISCO
MLTC
FIDA
Health Homes
HARP
DSRIP
BIP
MCO
A Conceptual Framework

**Triple Aim of Improving Health Systems**

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.
Behavioral Health Managed Care Vision:

- Fully integrated treatment where behavioral and physical health are valued equally and patients' recovery goals are supported through a comprehensive and accessible service system.

- Integration of all Medicaid Behavioral Health (BH) and Physical Health (PH) benefits under managed care.
Principles of BH Benefit Design and Services Management

- 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

Behavioral Health Transition to Managed Care Home Page
http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health_transition.htm
Behavioral Health Services for Adults will be Managed by:

- Qualified health Plans meeting rigorous standards (several in partnership with a BHO)
  - All Plans MUST qualify to manage currently carved out behavioral health services and populations
  - Plans can meet State standards internally or contract with a BHO to meet State standards
- Health and Recovery Plans (HARPs) for individuals with significant behavioral health needs
  - Plans may choose to apply to be a HARP with expanded benefits
  - Expanded benefit includes Home and Community Based Services (HCBS)
  - HARP members are eligible for enhanced Health Home Care Coordination
<table>
<thead>
<tr>
<th>Qualified Managed Care Plan</th>
<th>HARP</th>
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<tbody>
<tr>
<td>Medicaid eligible</td>
<td>Specialized integrated product line for people with significant behavioral health needs</td>
</tr>
<tr>
<td>Benefit includes Medicaid state plan covered services</td>
<td>Eligible based on utilization or functional impairment</td>
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<tr>
<td>Organized as benefit within MCO</td>
<td>Enhanced benefit package - All current PLUS access to HCBS</td>
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<tr>
<td>Management coordinated with physical health benefit management</td>
<td>Specialized medical and social necessity/ utilization review for expanded recovery-oriented benefits</td>
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<tr>
<td>Performance metrics specific to BH</td>
<td>Benefit management built around higher need HARP patients</td>
</tr>
<tr>
<td>BH medical loss ratio</td>
<td>All HARP members eligible to be enrolled in HH</td>
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<tr>
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<td>Performance metrics specific to higher need population and HCBS</td>
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<td>Integrated medical loss ratio</td>
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Behavioral Health State Plan Services – Adults

- Inpatient - SUD and MH
- Clinic – SUD and MH
- Personalized Recovery Oriented Services (PROS)
- Intensive Psychiatric Rehabilitation Treatment (IPRT)
- Assertive Community Treatment (ACT)
- Continuing Day Treatment (CDT)
- Partial Hospitalization
- Comprehensive Psychiatric Emergency Program (CPEP)
- Opioid treatment
- Outpatient chemical dependence rehabilitation
- Rehabilitation supports for Community Residences (Not in the benefit package in year 1)
Menu of Home and Community Based Services in HARPs

- Rehabilitation
  - Psychosocial Rehabilitation
  - Community Psychiatric Support and Treatment (CPST)
- Crisis Intervention
  - Short-Term Crisis Respite
  - Intensive Crisis Intervention
  - Mobile Crisis Intervention
- Habilitation
  - Empowerment Services and Peer Supports
- Support Services
  - Family Support and Training
  - Non-Medical Transportation
- Individual Employment Support Services
  - Prevocational
  - Transitional Employment Support
  - Intensive Supported Employment
  - On-going Supported Employment
- Educational Support Services
- Self Directed Services
Ensuring Adequate BH Networks: Network / Contracting Requirements Important to BH transition

- BH Network requirements include:
  - Contracts with OMH or OASAS licensed or certified providers serving 5 or more members for a minimum of 24 months
  - Plans must contract for State operated BH ambulatory services
    - Treated as “Essential Community Providers”
  - Plans must network with:
    - All Opioid Treatment programs in their region to ensure regional access and patient choice where possible
    - Health Homes

- Plans must allow members to have a choice of at least 2 providers of each BH specialty service
  - Must provide sufficient capacity for their populations
- Contract with crisis service providers for 24/7 coverage
- Plans contracting with clinics with state integrated licenses must contract for full range of services available
- HARP must have an adequate network of Home and Community Based Services
Preparing the field:
NYS State Partnership with Managed Care Technical Assistance Center (MCTAC)

- NYS has partnered with MCTAC as a training, consultation, and educational resource center that offers resources to ALL mental health and substance use disorder providers in New York State

- The goal of MCTAC is to 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
Thank you very much for your participation!

Contact us: MCTAC.info@nyu.edu

Visit MCTAC’s website for more information and access to past webinars and trainings:
http://www.CTACNY.com/ManagedCare