BH Managed Care Progress Report

- Completed:
  - Finalized Initial HARP Selection Criteria
  - Finalized list of State Plan Services added to scope of benefits including:
    - PROS, ACT, CPEP, CDT, IPRT, Partial Hospitalization, TCM
    - Opioid Treatment
    - Outpatient chemical dependence rehabilitation
    - Rehabilitation supports for Community residences
    - Clinic (SUD and MH)
    - Inpatient (SUD and MH)
Completed tasks cont…

- Provided Plans with member specific files
- Provided Plans with specific information on services and volume
- Identified enhanced 1915(i)-like services
- Established initial network requirements
- Selected functional assessment tool
- Established and prioritized punch list of over 60 policy and premium issues
- Setting up first Plan/Provider readiness meeting
BH Managed Care Progress Report

- In Progress:
  - Continue Plan/Provider readiness meetings ROS
  - Formulate year 1 quality and performance measures
  - Set premiums
  - Finalizing draft 1115 Waiver amendment
  - Finalizing draft RFQ
  - Release draft RFQ to Plans with databook for input from stakeholders
The Community Mental Health Assessment (CMH) of the interRAI suite will be used to:

- Assist in determining eligibility for 1915 (i) like services and the Health and Recovery Plan (HARP)
- Help inform the identification of support needs and the development of a person-centered plan of care
- Contribute to meeting the Balancing Incentive Program (BIP) requirements of
  - No Wrong Door/Single Entry Point
  - Core Standardized Assessment
  - Conflict Free Case Management

Current Status

- Develop a screening tool to pilot for individuals with Behavioral Health concerns. Other tools from the interRAI suite are currently being utilized by the Department of Health (Long-Term Managed Care) and by the Office for People With Developmental Disabilities.
  - The tool may need to be adapted to better consider the needs of individuals with substance abuse disorders.
- Development for software and training design that will complement processes in place for sister agencies, with information available from the Health Commerce System for care planning/management, quality considerations, and professional services collaboration.

Iterative development and implementation schedule in process
Enhanced Services for HARP

Workgroup recommended 1915(i)-like services

- Rehabilitation
  - Psychosocial Rehabilitation
  - Community Psychiatric Support and Treatment
- Habilitation
- Crisis
  - Crisis Respite
  - Crisis Intervention
- Employment
  - Individual Employment Support services

- Support Services
  - Case Management
  - Family Support and Training
  - Training and Counseling for Unpaid Caregivers
  - Residential Supports / Supported Housing
  - Non-Medical Transportation
- Peer Supports
- Services in Support of Participant Direction
  - Information and Assistance in Support of Participant Direction
  - Financial Management Services
  - Self Directed Care
Draft Network Requirements

- All Plans will contract with:
  - Any OMH or OASAS licensed ambulatory provider serving at least 5 of their members in any of their Counties (Clinic network standards under development)
  - State operated OMH and OASAS ambulatory services as “Essential Community Providers” (ECPs)
- Members will have choice of a minimum of 2 providers of each BH specialty service
- All HARPs will include their parent company’s PH network for all counties they operate in
- For SUD members placed out-of-service area for SUD services, Plans must reimburse PH services out-of-network
- Government rates for ambulatory services will be in place for 24 months
- Mandatory network requirements will be in place for 24 months from contract implementation