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Medicaid
Redesign Team

Health Home Managed Care Work Group Meeting June 9, 2015

Agenda

- Health Home Standards Document
- Health Home Billing Readiness Attestation
- Health Home Development Funds
- MAPP and HCS Updates
- Plan of Care Requirements
- HCBS Workflow
- Data Sharing
- Administrative Services Agreements
- Report from the Strategic Task Force to Increase HARP Enroll
- Health Home Training Schedule



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Health Homes Standards Document

Status of Health Home Standards Document

- Comments received to date have been incorporated
- Several outstanding issues remain:
 - Supervision of personnel performing InterRAI assessments
 - Timelines for assignment and payment

Status of Health Home Standards Document Supervision of Persons Performing InterRAI

Must have supervision from a licensed clinician with prior experience in a behavioral health clinical or care management supervisory capacity.

The State may waive such qualifications on a selected basis and under circumstances it deems appropriate which may include care manager capacity issues

Status of Health Home Standards Document

Outstanding Time Frames

- Health Homes must assign individuals to Health Home care management provider within xx? business days from the day the MCO makes an assignment to the Health Home.
- MCOs must assign DOH list-identified, MCO-identified or individuals identified by another provider (e.g. local government unit, behavioral health service provider) to HHs within xx business days.

Status of Health Home Standards Document

Outstanding Time Frames (cont.)

- When a member requests to be transferred to another Health Home, the MCO shall ensure the member has choice of another Health Home, if available.
- The MCO shall ensure that the Health Home transfers the member within a reasonable timeframe considering all circumstances but no longer than xx days



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Health Home Billing Readiness Attestation

Health Home Billing Readiness Attestation

An email was sent out on June 4, 2015 to all Health Homes who have not submitted a letter of attestation. Letters need to be submitted no later than **October 1, 2015**, but should be submitted as soon as possible.

- Currently only 5 Health Homes have sent in a letter of attestation that they have procedures in place and have tested their ability to bill MCO's for Health Home services and pass Health Home payments down to CMA's.
- If Health Homes will not be ready by the January 1, 2016 deadline for these requirements, they need to submit a letter of deficiency as soon as possible.
 - DOH will work with these Health Homes to resolve billing issues.
 - Inability to successfully demonstrate the ability to pass Health Home payments to CMAs by January 1, 2016 will negatively affect a Health Home's re-designation review and may impact the ability to enroll new members.



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Health Home Development Funds

Health Home Development Funds

As of June 5, 2015, 29 of the 31 designated Health Homes have submitted a preliminary report on proposed uses of Health Home Development Funds. The remaining two Health Homes have indicated that reports are in progress.

Reports are under review for:

- The completeness of the reports;
- The extent to which the proposed uses of funds conforms with the federally authorized purposes and the published list of examples;
- The degree of detail that has been provided about how CMAs were involved in funding decisions;
- The specificity with which alignment with DSRIP projects is described.

Feedback on the preliminary reports will be provided within the next few weeks.



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MAPP and HCS Updates

MAPP Development and HCS Access

- Target Go Live date for MAPP is August 17, 2015 (8/15/15 is a Saturday).
- MCOs, Health Homes and CMAs must have HCS accounts to access MAPP.
- MAPP MCO worker trainings will take place **7/20/15 – 7/30/15** and MAPP HH worker trainings will take place **8/4/15 – 8/14/15**. Schedule of trainings will be sent to each organization's single point of contact (SPOC).
- A list of CMAs that have obtained Health Home HCS access and the list of registered SPOC staff, as well as file formats and archived webinars, is posted at: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_mapp.htm.
- Internal meetings being held to:
 - Finalize system functionality and specifications;
 - Develop user testing;
 - Discuss interoperability issues.



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Plan of Care Requirements

Plan of Care Requirements

Plan of Care (POC) needs to be submitted to MCO for review and approval in order to access HCBS services. Open questions:

- Are standardized elements (as outlined in Health Home Standards) sufficient? MCOs would prefer a uniform template, but this functionality will not be available in the MAPP until late 2016.
- Should the elements/template be standardized for all enrollees, not just HARP/HCBS enrollees?

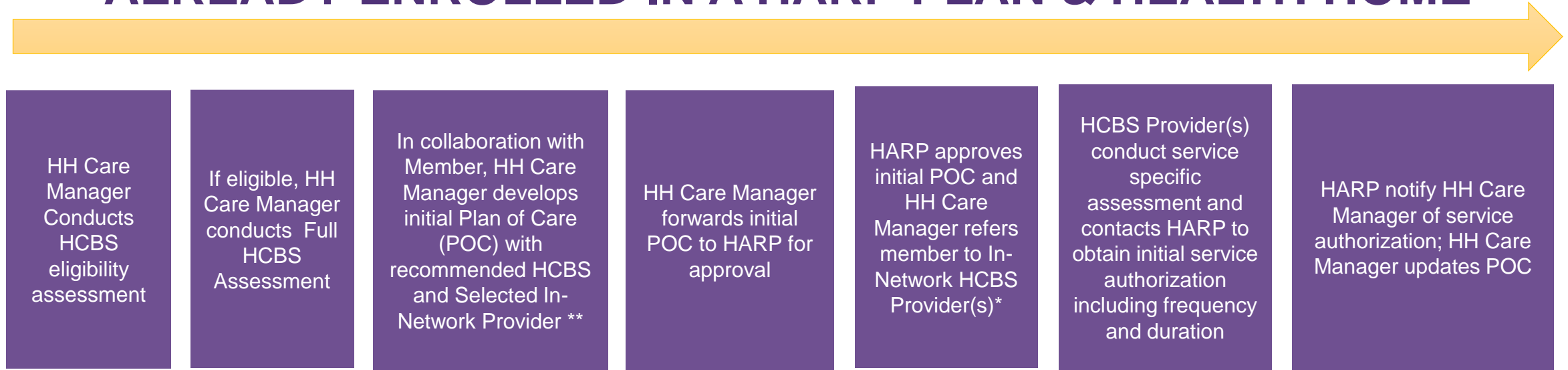
Plan of Care Requirements (cont.)

- Logistics: Is the POC review a two-step process (review by MCO prior to referral to HCBS services, then review of HCBS POC by MCO to authorize services) and does the CMA submit to the POC to the Health Home for approval which in turn submits to the MCO?

The next slide shows the proposed POC review process in order for an individual to receive HCBS.

HARP ELIGIBLE ON DOH LIST

ALREADY ENROLLED IN A HARP PLAN & HEALTH HOME



*Individuals have choice to receive HARP, Health Home and HCBS services. Appropriate firewalls and mitigation strategies will be put in place to ensure that the process is conflict free. Members will have a choice of a minimum of two providers.

** Initial POC will include recommended Home & Community Based Services (HCBS), Choices from plan's network for provider selection (minimum of two) and selected providers

Key:

- **HCBS Eligibility Assessment**= subset of questions from Community Mental Health Suite of InterRAI and other HCBS eligibility questions
- **Full Assessment**= Community Mental Health Suite of InterRAI to determine array of HCBS services
- **Completed POC**=Plan of Care that includes Frequency and Duration of HCBS Services



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Data Sharing

Data Sharing and Data Exchange for Intensive Outreach

- Counsels from DOH, OMH, and OASAS have met. OMH has drafted a guidance document about data-sharing that is currently under review. Goal is to have single-page FAQ sheet to summarize the final guidance.
- One suggestion was if MCOs could have a BAA with selected downstream CMAs (2 or 3) with which the Health Home is working.
- Exploring if 12 months of claims for HARP-eligible members with a BH flag, instead of last 5 claims, could be given to Health Homes.
- DOH is working with the Medicaid Data Warehouse (MDW) to ensure that Health Home Tracking System is working as expected. Recent issues were due to the transition of the Health Home Tracking System from the DOH Office of Health Insurance Programs' Datamart to the MDW.



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Administrative Service Agreements

Changes to Administrative Services Agreements between Health Homes and MCOs

Changes are being proposed to the existing template for ASAs between Health Homes and MCOs, including:

- Incorporating Health Home standards by reference;
- Eliminating requirement for 3% withhold by MCOs;
- Revisions to terms under which the contract can be severed, including incorporating the requirement that Health Homes first be given an opportunity to remediate any deficiencies.
- Comments needed by June 22.

Health Homes and CMAs should also look at any changes they need to make to contracts between them-State does not provide a template.



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Report from the Strategic Task Force to Increase Harp Enrollment

Strategic Task Force for HARP Enrollment

- Purpose: To ramp up HARP-eligible member enrollment into Health Homes.
 - 2014 HARP-eligible list released in April
- Initial kick-off meeting was April 23, 2015
- Holding progress/monitoring calls every two weeks
 - Two calls held thus far
 - Next call is Friday, June 12 at 11:00 AM

Strategic Task Force Calls

- Updated HARP Outreach and Enrollment data presented to the group on each call.
- Thanks to the Plans and Health Homes who have presented their successes and challenges to the group.
- Some MCOs have pushed out the OMH BH and housing data to Health Homes, and others have not.
 - MCOs would like feedback from the Health Homes about whether these data have been used to support outreach by CMAs.

Outreach and Enrollment of HARP-eligible Members

- On May 29 call, there was an increase of 1450 people in Outreach since the May 15 data.
- Enrollment steady since March.
 - Enrollment data from May 29 not yet complete, as the month was not complete and it takes time to get data into the HHTS
- Enrollment long view is a slow, upward trend – though stable since January.

Ideas from the Task Force

- Timely notifications from the MCO to the Health Home about ER/Hospital visits facilitates engagement with a member.
- Monthly meetings (at minimum) between MCO and Health Home necessary to assess progress and work on solutions to any challenges that arise.
- In one best practice shared from a Health Home, team members have a weekly call with the MCO to determine preventive screenings and other elements that are due for a member.



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Health Home Training Schedule

Health Home Training Schedule

Training modules for HARP and HCBS are being made available to Health Homes and their CMAs through the Managed Care Technical Assistance Center (MCTAC).

- Health Homes and CMAs must have access to the Health Commerce System (HCS) to participate in training.
- More information, including recordings of earlier training sessions, is available on the MTAC website at www.mctac.org.

There will also be an ongoing series of training webinars for Health Homes seeking to serve children. For a complete schedule see:

http://www.health.ny.gov/health_care/medicaid//program/medicaid_health_homes/health_homes_and_children.htm

Health Home Care Management, HCBS and CMH Assessment Training

Date	Training Module
May 15, 2015 New York City (Rest of State beginning March 2016)	Web-Based Health Home InterRAI Training Begins (Downstream care managers must have access to HCS to access training)
June 2015	<ul style="list-style-type: none">• Managed Care 101• Training on HCBS Services• 6/11: HCBS Infrastructure Development Training; Syracuse, NY• 6/15: HCBS Overview, Key Components, and Workflow Training; New York City<ul style="list-style-type: none">• Provide foundational knowledge on each HCBS service, how they fit into plan of care, how they relate to other State services• Clear distinction btw MH vs. SUD• What workflow looks like both generally and specifically for HH care managers

Health Home Care Management, HCBS and CMH Assessment Training

Date	Training Module
July 2015	<p><u>HCBS Service Cluster Webinars:</u></p> <ol style="list-style-type: none"> 1. 7/7: Psychiatric Rehab: CPST, PSR and Habilitation 2. 7/10: Respite/Crisis: Short Term Crisis Respite, Intensive Crisis Respite 3. 7/14: Employment/Education: Education Support Services, Pre-Vocational, Transitional, Intensive Support Employment and Ongoing Supported Employment 4. 7/17: Family Support and Training 5. 7/21: Peer Supports 6. 7/24: Non-Medical Transportation <p><u>MCO 101 Webinar:</u></p> <ul style="list-style-type: none"> • 2 identical webinars (2 times): 7/6 & 7/20
August 2015	<ul style="list-style-type: none"> • <u>8/7: Billing training</u> : Working with Plans to provide training on clean bill and claim submission.

DISCUSSION