



Department  
of Health

Office of  
Mental Health

Office of Alcoholism and  
Substance Abuse Services

# Understanding Changes to Medicaid Behavioral Health Care in New York

Consumer/Recipient Education Forum

June 2016

# Presentation Overview

- What are the Goals for the Medicaid Changes?
- What is Medicaid Managed Care?
- Changes to Medicaid Behavioral Health (mental health and substance use) Care
- Health and Recovery Plans (HARPs)
- Behavioral Health  
Home and Community Based Services (BH HCBS)
- Qualifying for a HARP
- Questions



# What are the Goals for the Medicaid Changes?

- 1 Better Health
- 2 Better Care
- 3 Greater Access
- 4 Lower Costs



# What is Changing?

- Medicaid Managed Care Plans pay for and coordinate physical health care for their members
- Medicaid Managed Care Plans already provide some mental health and substance use services to their enrollees
- On July 1, 2016, Medicaid Managed Care Plans will offer more behavioral health care for all of their enrollees
- Beginning July 1, 2016 enrollees with SSI will receive behavioral health care services through their plan.
- Behavioral health services means mental health and substance use disorder services



# Changes to Medicaid Behavioral Health Services

- Who will see these changes?
  - People 21+ with Medicaid Managed Care will access more behavioral health services using their health plan ID card
  - People 21+ with Medicaid Managed Care and getting SSI will get behavioral health services using their health plan ID card



# Right now, these changes are not for people who:

- Have both Medicaid and Medicare
- Live in a nursing home
- Are in a Managed Long Term Care Plan
- Are under age 21
- Have waiver services from the Office for People with Developmental Disabilities (OPWDD)

\*List of NYS exemptions and exclusions:

<https://www.nymedicaidchoice.com/ask/who-does-not-have-join-health-plan>



# What is Medicaid Managed Care?



# Medicaid Managed Care Plan

- A health insurance plan for Medicaid recipients
- Responsible for ensuring that enrollees have access to a full range of preventative, primary and behavioral health services
- Contracts with a network of providers to deliver all covered benefits and services



# Changes to Medicaid Behavioral Health

# What Do These Changes Mean?

- Medicaid Managed Care Plans will expand their efforts with behavioral health care to help enrollees reach their health, recovery, and life goals
- Doctors and other service providers will work together with Medicaid Managed Care Plans to help enrollees meet their chosen health, recovery, and life goals



# Medicaid Managed Care Expanded Benefits - Mental Health

- Mental Health Inpatient
- Mental Health Clinic
- Partial Hospitalization
- Personalized Recovery Oriented Services (PROS)
- Assertive Community Treatment (ACT)
- Continuing Day Treatment (CDT)
- Comprehensive Psychiatric Emergency Program (CPEP)
- Intensive Psychiatric Rehabilitation Treatment (IPRT)
- Crisis Intervention



# Medicaid Managed Care Expanded Benefits - Substance Use Disorders

## Currently in Medicaid Managed Care:

- Detox Services
- Inpatient Substance Use Disorder Treatment

## Moving Into Medicaid Managed Care:

- Opioid Outpatient Treatment
- Outpatient Clinic
- Residential Treatment Services



# Health and Recovery Plans (HARPs)



# Health and Recovery Plans (HARPs)

- New type of Medicaid Managed Care Plan
- Designed for people with serious mental health conditions and substance use disorders
- Covers all benefits provided by Medicaid Managed Care Plans, including expanded behavioral health benefits
- Also provides additional specialty services to help people live better, go to school, work and be part of the community



# How are HARPs different than other Medicaid Managed Care Plans?

- HARPs specialize in serving people with severe behavioral health conditions
- HARPs cover additional services called Behavioral Health Home and Community Based Services (BH HCBS)
- Some HARP enrollees will be eligible for BH HCBS
- A Care Manager, providers and Plans will work together to assist HARP members



# **Behavioral Health Home and Community Based Services (BH HCBS)**



# Behavioral Health Home and Community Based Services (BH HCBS) - GOALS

- Help people improve their quality of life, including getting and keeping jobs, getting into school and graduating, managing stress, and living independently
- Help people meet their recovery and life goals
- Only available to people in HARP



# Behavioral Health Home and Community Based Services (BH HCBS)

## **Maintain Housing. Live Independently.**

- Psychosocial Rehabilitation
- Community Psychiatric Support and Treatment
- Habilitation
- Non-Medical Transportation for needed community services

## **Return to School. Find a Job.**

- Education Support Services
- Pre-Vocational Services
- Transitional Employment
- Intensive Supported Employment
- Ongoing Supported Employment

## **Manage Stress. Prevent Crises.**

- Short-Term Crisis Respite
- Intensive Crisis Respite

## **Get Help from People who Have Been There and Other Significant Supporters**

- Peer Support Services
- Family Support and Training



# Non-Medical Transportation

- People who are eligible for BH HCBS may be eligible for Non-Medical Transportation
- Care Managers and HARPs will help people who are eligible to get set up with Non-Medical Transportation
- Non-Medical Transportation can cover trips to BH HCBS and might also be available for trips to and from places that will help people meet their goals
  - For example, if a goal is to go to college, a non-routine trip to a college fair might be covered
- People should talk to their Care Manager if they have questions about their eligibility for Non-Medical Transportation and types of trips that could be covered



# Health Homes

- A 'Health Home' is not a place; it is a group of health care and service providers working together to make sure people get the care and services they need to stay healthy
- Once enrolled in a Health Home, enrollees will have their own Care Manager
- Care Managers conduct assessments for BH HCBS
- Care Managers talk to enrollees about the results of their assessment, their goals, strengths, and needs
- Care Managers help the person to develop a Plan of Care, but people can direct their own Plan of Care



# BH HCBS Assessment and Plan of Care

- HARP enrollees must have an assessment to determine need for BH HCBS
  - Assessment shows if people are eligible for BH HCBS and which BH HCBS they need
  - To get BH HCBS, a Health Home Care Manager must complete the assessment
- Care Managers also help people eligible for BH HCBS to make a Plan of Care
  - A Plan of Care identifies life goals and the services needed to help people reach their goals
- The Plan of Care **MUST** focus on what the person needs and wants



# When Do These Changes Happen?



# When do these changes happen?

## Medicaid Managed Care enrollees who live in New York City

- Medicaid Managed Care Plans began coverage of expanded behavioral health services on October 1, 2015
- Behavioral Health Home and Community Based Services became available January 1, 2016 to eligible people enrolled in a HARP



# When do these changes happen?

## Medicaid Managed Care enrollees who live outside of New York City

- Medicaid Managed Care Plans will begin coverage of expanded behavioral health services on July 1, 2016
- Behavioral Health Home and Community Based Services will become available October 1, 2016 to eligible people enrolled in a HARP



# Qualifying for a HARP



# How do people qualify for HARP enrollment?

**HARP Risk Factors:** For individuals meeting the targeting criteria, the HARP Risk Factor criteria include any of the following:

- Supplemental Security Income (SSI) individuals who received an "organized" MH service in the year prior to enrollment.
- Non-SSI individuals with three or more months of Assertive Community Treatment (ACT) or Targeted Case Management (TCM), Personalized Recovery Oriented Services (PROS) or prepaid mental health plan (PMHP) services in the year prior to enrollment.
- SSI and non-SSI individuals with more than 30 days of psychiatric inpatient services in the three years prior to enrollment.
- SSI and non-SSI individuals with 3 or more psychiatric inpatient admissions in the three years prior to enrollment.
- SSI and non-SSI individuals discharged from an OMH Psychiatric Center after an inpatient stay greater than 60 days in the year prior to enrollment.
- SSI and non-SSI individuals with a current or expired Assisted Outpatient Treatment (AOT) order in the five years prior to enrollment.
- SSI and non-SSI individuals discharged from correctional facilities with a history of inpatient or outpatient behavioral health treatment in the four years prior to enrollment.
- Residents in OMH funded housing for persons with serious mental illness in any of the three years prior to enrollment.
- Members with two or more services in an inpatient/outpatient chemical dependence detoxification program within the year prior to enrollment.
- Members with one inpatient stay with a SUD primary diagnosis within the year prior to enrollment.
- Members with two or more inpatient hospital admissions with SUD primary diagnosis or members with an inpatient hospital admission for an SUD related medical diagnosis-related group and a secondary diagnosis of SUD within the year prior to enrollment.
- Members with two or more emergency department (ED) visits with primary substance use diagnosis or primary medical non-substance use that is related to a secondary substance use diagnosis within the year prior to enrollment.
- Individuals transitioning with a history of involvement in children's services (e.g., RTF, HCBS, B2H waiver, RSSY).



# How do people know if they qualify for HARP enrollment?

HARP eligible people get a written notice telling them they are eligible and how to enroll. The notice will tell people:

- About their choices for joining a HARP
- What to do next
- Where to get more information

Questions? Ask New York Medicaid Choice at:

**1-855-789-4277**



# Joining a HARP – Passive Enrollment

HARP eligible enrollees of a Medicaid Managed Organization that runs a HARP do not have to do anything to join

These people have received or will get a notice to tell them:

- That they are eligible for HARP enrollment
- That they do not need to take action to join a HARP, they will be automatically enrolled in the HARP (Passive Enrollment)
- How to choose a different HARP, if they want
- They must notify New York Medicaid Choice if they choose not to enroll in a HARP (opt-out) and want to stay in their current Medicaid Managed Care Plan



# Joining a HARP



Department of Health

Office of Mental Health

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June 07, 2016

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00330  
ABC1234  
00-NYMCHB2E-3  
HF

John Doe  
123 Main St  
Anytown, NY 12345-0000



Dear John Doe:

AB00000C

**You have another Medicaid health plan choice called a Health and Recovery Plan, or HARP.**

HARPs can give you the services you need to take care of your physical and mental health, all from one plan. You may be getting some services outside the health plan you have now. With a HARP, services such as doctor visits, mental health and substance use disorder (drug and alcohol) services, medications and hospital care are in one plan.

**HARPs also provide extra benefits and support** so you can have the best possible results from your care. If you want help finding a job, finding housing, or reaching other goals, a HARP may be able to help.



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# Joining a HARP – Active Enrollment

HARP eligible enrollees of a Medicaid Managed Organization that does not offer a HARP must take action to join a HARP

These people have received or will get a notice to tell them:

- That they are eligible for HARP enrollment
- How to choose the right HARP
- Who to call if they have questions about HARPs



# Joining a HARP

New York

Medicaid Choice

New York State's Medicaid managed care enrollment program

1-855-789-4277

P.O. Box 5009, New York, NY 10274-5009

Ask • Choose • Enroll



HP 04 1

June 23, 2016

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John Doe  
123 Main St Apt. 1A  
Anytown, NY12345-0000



Dear John Doe:

AB00000C

This letter is to tell you that you will be joining ABC Health Plan's new Health and Recovery Plan, or HARP. You will be in **ABC HARP Health Plan** starting on **July 01, 2016**.

ABC HARP Health Plan can give you the services you need to take care of both your physical and mental health, all from the same plan. Now, services such as doctor visits, mental health and substance use disorder (drug and alcohol) services, medications and hospital care can all be provided by ABC HARP Health Plan.



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# Regional Planning Consortium (RPCs):

- Bring together behavioral health, physical health, MCO, and other people involved to collaborate and problem solve around the issues inherent to the transition to Medicaid Managed Care.
- RPCs will operate in 11 regions of the state including NYC.
- **Consumers**
- Families & Youth
- Local Government
- Managed Care Organizations
- Adult and Child Services and Housing Providers
- Hospitals and Primary Care Providers
- State Agencies
- County Social Services and Public Health Departments



# If You Have a Question or Complaint about a Managed Care Plan or Your Care

***NYS Department of Health (DOH):***

[https://www.health.ny.gov/health\\_care/managed\\_care/complaints/index.htm](https://www.health.ny.gov/health_care/managed_care/complaints/index.htm)

1-800-206-8125 or [managedcarecomplaint@health.state.ny.us](mailto:managedcarecomplaint@health.state.ny.us)

***NYS Office of Mental Health (OMH):***

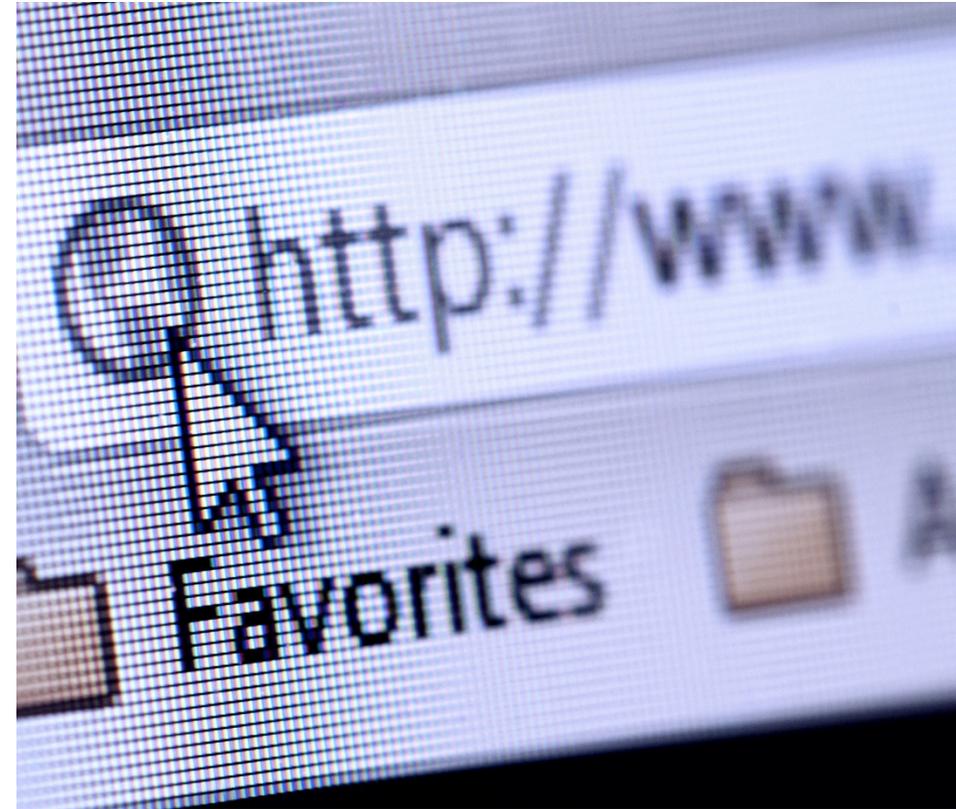
Customer Relations 1-800-597-8481

***NYS Office of Alcoholism and Substance Abuse Services (OASAS):***

Consumer Complaint Line 518-457-2020

***Independent Consumer Advocacy Network (ICAN):***

1-844-614-8800/TTY: 711 or <http://icannys.org/>



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# Where Can People Get More Information?

***New York Medicaid Choice at 1-855-789-4277***

***NYS Office of Mental Health (OMH):***

***<http://www.omh.ny.gov/omhweb/bho/changes-bh.html>***

***NYS Office of Alcoholism and Substance Abuse Services (OASAS):***

***<http://www.oasas.ny.gov/mancare/index.cfm>***

***NYS Department of Health (DOH):***

***[http://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/consumer\\_info/index.htm](http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/consumer_info/index.htm)***

***For information about Behavioral Health Home and Community Based Services (BH HCBS):***

***<http://www.omh.ny.gov/omhweb/bho/hcbs.html>***

***For information about Health Homes:***

***[http://www.health.ny.gov/publications/1123/hh\\_brochure.pdf](http://www.health.ny.gov/publications/1123/hh_brochure.pdf)***



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