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Understanding Changes to Medicaid Behavioral Health Care in New York

Consumer/Recipient Education Forum

October 2015

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 October 1, 2015, Medicaid Managed Care Plans will offer more behavioral health care for all of their enrollees
- Beginning October 1, 2015 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 through their plan
 - People 21+ with Medicaid Managed Care and getting SSI will get behavioral health services using their health plan ID card

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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 services from the Office for People with Developmental Disabilities (OPWDD)



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 Rehabilitation
- 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

- Inpatient Substance Use Disorder Treatment
- Opioid, Including Methadone Maintenance, Treatment
- Outpatient Clinic
- Detox Services
- Residential Services

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Health and Recovery Plans (HARPs)



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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 HARP's different than other Medicaid Managed Care Plans?

- HARP's specialize in serving people with severe behavioral health conditions
- HARP's 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

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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 or HIV Special Needs Plan



Behavioral Health Home and Community Based Services (BH HCBS)

Find 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



BH HCBS Assessment

- HARP or HIV SNP 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?



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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 will become available January 1, 2016 to eligible people enrolled in a HARP or HIV Special Need Plan



When do these changes happen?

Medicaid Managed Care enrollees who live outside of New York City

- Medicaid Managed Care Plans are scheduled to cover the expanded behavioral health services in July 2016, pending federal approval



Qualifying for a HARP



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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:

1-800-505-5678



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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 – 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 - HIV Special Needs Plan (HIV SNP) Enrollees

- HIV Special Needs Plans (HIV SNPs) cover the same expanded behavioral health services covered by a Medicaid Managed Care Plan
- Plus, HIV SNPs cover the same specialty services covered by HARPs (BH HCBS)
- HIV SNPs also provide specialty care that is NOT covered by other plans
- HIV SNP enrollees who are also eligible for a HARP will get a notice telling them:
 - They are eligible for HARP enrollment
 - If they stay in their HIV SNP, they can get all the specialty HARP benefits if they are eligible
 - If they choose to join a HARP, they will lose some specialty services that are only available through the HIV SNP and they may have a disruption in care



Where Can People Get More Information?

New York Medicaid Choice at 1-800-505-5678

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/manicare/index.cfm>

NYS Department of Health (DOH):

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>

