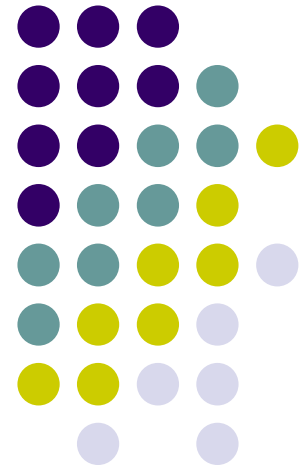


HCBS: Getting Started with Implementation

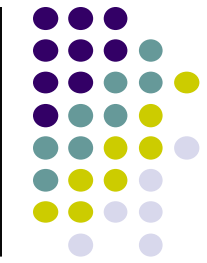
Presentation to ACL members
by Cindy Freidmutter, CLF Consulting
August 4 & 5, 2016



HCBS Presentation Agenda

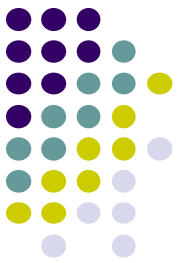


- HCBS Framework
- How HCBS Works
- HCBS Start-up Challenges & Strategy
- Questions & Discussion



HCBS Framework

HCBS Vision & Purpose



- Created through a federal Medicaid waiver to better address the needs of consumers living in the community
- Dedicated pot of funds that Managed Care Plans (MCP) administer for 2 years outside their rate & then HCBS dollars will be merged into HARP benefits and the MCP's rates.
- Extends Medicaid funding to employment, rehabilitation, peer, crisis and other services
- Supports service delivery in community settings that are not restricted per the CMS "Settings Rule"
- Expands Medicaid funding of beneficial service delivered by non-clinicians (e.g. rehab & employment specialists, certified peers)

HCBS Services List



- Psychosocial Rehabilitation (PSR)
- Habilitation
- Peer Support
- Family Support and Training
- Education Support
- Employment (pre-voc, transitional, ongoing, intensive)
- Community Psychiatric Support & Treatment (CPST)
- Short-term Crisis Respite
- Intensive Crisis Respite

HCBS Value to ACL Members



- ACL members serve adults with SMI and SUD who are eligible for HARP & HCBS
- HCBS addresses the functional and skills deficits that impede your clients from working, going to school, finding/retaining housing and forming/regaining supportive relationships
- Other than housing with supports, HCBS is the only new source of program growth for rehab as well as for peer and employment/educational services.
- HCBS services could be offered in any program site and in any community setting as long as they comport with the CMS “Settings Rule”.
- In 2 years, it is expected that HCBS will be an integral care component for adults with SMI/SUD.



How HCBS Works

Pathway to HCBS

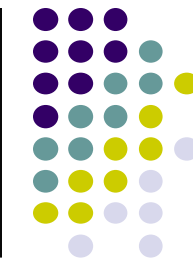


- Health Home (HH) care coordination is gateway to HCBS
- HHs assess HARP enrollees for HCBS eligibility
- For those eligible, HHs develop care plan and identify HCBS provider(s)
- Some Managed Care Plans (Plans) are requiring providers to notify them before starting assessment.
- Plan approves HH care plan and HCBS provider(s)
- HCBS providers
 - Assess for duration, scope and frequency for each HCBS service,
 - Sets goals with consumer for each service,
 - Develops service plan for each service, and
 - Submits all to MCP for pre-authorization and gets approval.
- HCBS provider delivers service(s), documents delivery of each service separately and person's progress toward goals for each service.
- If new or additional service(s) are required, the provider has to go back to HH to revise the care plan & Plan for pre-authorization.

HCBS: Challenges for Small Agencies



- Unprecedented paperwork burden compared with other Medicaid & contract-funded services
- Initially referrals will be slow because of required assessment & service planning processes
- Not easy to have your own clients referred unless your agency offers HH care coordination or has good relationships with HHs
- Only paid for face-to-face encounters based on 15 min increments
- For every billable hour, there may be hours of unbilled time
- Cannot provide program without an EHR; OMH will fund for smaller agencies but agency must maintain
- Peers and BA-level staff will be expected to document services in EHR; intense training and supervision will be needed at the start



Financial Modeling Tool

Financial Model Highlights



- Modeling tool allows agency to model cost of delivering an hour of service compared with hourly Medicaid fee
- It is formula driven but agencies can fill in yellow and green shaded cells with their own numbers.
- Key drivers of costs are
 - productivity of direct care staff (paid vs. billable hours; amt of weeks & daily hours worked by salaried staff; % on- vs. off-site)
 - direct care staff salaries vs. use of per diem staff
 - % of FTE supervisory/support staff attributed to HCBS
 - collectible rate of claims submitted
 - costs for fringe, A & O and rent

OMH Proposed Rate Enhancements (at CMS)



- Current rates for ROS: Downstate counties will be paid the NYC published rates and upstate counties 89% of upstate rates
- Request pending at CMS to increase current rates by 4%
- PSR rate may increase an additional 9% to compensate for lower productivity delivering off-site services.
- Crisis short-term and intensive respite rates may increase substantially from \$306.00 to a proposed fee of \$419.51 for short-term crisis respite and \$476.00 to a proposed fee of \$649.72 for intensive crisis respite.
- During the ramp-up period, all rates may increase as follows:
 - 50% until HCBS system-wide utilization exceeds 55% of estimated full utilization for HARP enrollees;
 - 25% until HCBS system-wide utilization exceeds 70% of estimated full utilization for HARP enrollees AND
 - 10% until system-wide utilization exceeds 85% of estimated full utilization for HARP enrollees.

Next Steps & Open Questions



Thank you for participating!

Cindy Freidmutter

CLF Consulting

c.freidmutter@gmail.com

917-554-5599