



**Department
of Health**

**Office of
Mental Health**

**Office of Alcoholism and
Substance Abuse Services**

An Update: Adult BH HCBS and Health Homes

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OMH and OASAS Clinical Transformation

In 2015 NYS began to implement the vision of the MRT to transform the adult system of care for individuals with mental health and substance use disorders.

This vision is to increase community based services, reduce reliance on inpatient services and allow individuals who may experience mental health or substance use disorders to achieve their life goals.

The following points were identified to accomplish this:

- Person Centered Care
- Recovery-Oriented
- Integrated
- Data Driven
- Evidenced Based

Health Home Plus (HH+) for the SMI Population: May 2018 Update

HH+ for the SMI Population

2014: Implemented in 2014 for active Assisted Outpatient Treatment (**AOT**) orders,

2016: Included **CNYPC prison releases, and State PC discharges**

2018: HH restructured rates to accommodate reimbursement that would align with the intensity of care management.

- Developed options for flexibility such as **mixed caseloads & team approaches**, with **experienced care managers**, and **face to face engagement**. Thank you to the HH+ Stakeholder workgroup!

Health Home Plus (HH+) for SMI 2018

- As of May 1, 2018, HH+ will include:
 - Individuals stepping down from ACT;
 - High utilizers of hospital/ER, no connection to outpatient care;
 - AOT voluntary or enhanced service package;
 - Homeless (HUD 1);
 - Individuals with forensic history/at risk of incarceration,
 - SPOA and MCO Discretion.
- Also beginning May 1, 2018, eligible **non-legacy Care Management providers** will be able to serve HH+ with appropriate qualification.
- Eligibility for **HH+ rate is 12 months** or length of AOT order.



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Specialty Assertive Community Treatment (ACT) and Expansion of ACT

20 New Teams implemented 2017-2018

- New team locations based on need in counties with waitlists and in counties without existing teams.
- Total of 108 Teams Statewide
- 10 of new teams are ACT teams with a **Shelter Focus**

OMH is looking at outcome data and best practices for specialized ACT teams including shelter-focused and forensic-focused teams.

Upcoming ACT Symposium: OMH will bring ACT staff together to discuss best practices, receive training and workshops focused on EBP aspects of the model, and successes across the State

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

The Health and Recovery Plan (HARP)

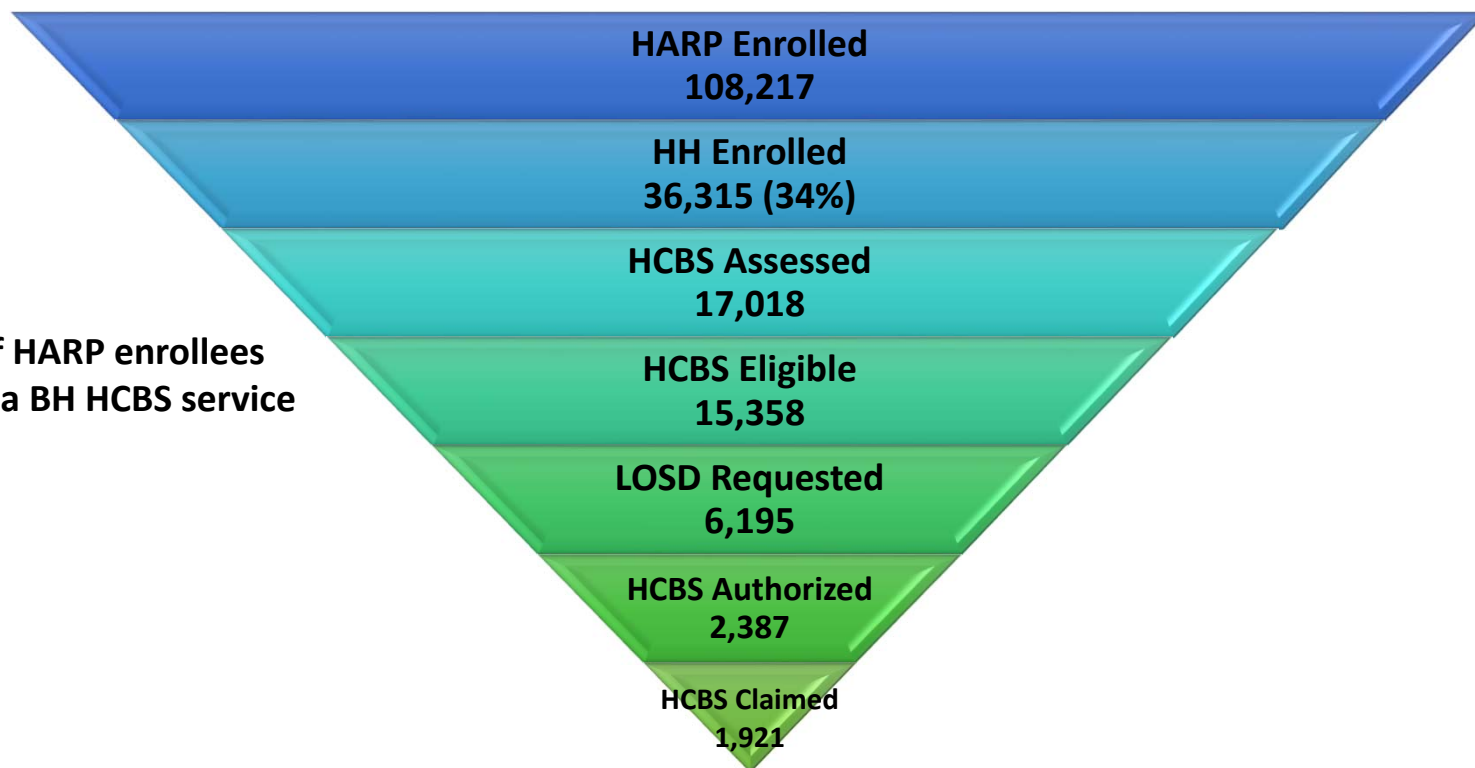
- HARP is a specialty Medicaid Managed care Plan and began in October 2015.
- HARPs offer an enhanced array of services including Adult Behavioral Health **Home and Community Based Services (BH HCBS)**.
- All HARP enrollees are eligible for Health Home Care Management (HHCM).

BH HCBS Access: Implementation Challenges

- Historically, NYS Eligibility assessment could only be done for those enrolled in a Health Home
 - Low Health Home enrollment of HARP members
- Engagement, outreach and education of workforce and consumers
- Engagement throughout the workflow
- Few referrals from HH CMAs to BH HCBS
- NYS Eligibility Assessment billing challenges
- Workforce and financial viability issues for HCBS providers due to low volume of service recipients (referrals)

HCBS Dashboard Data (04/24/18)

Only 1.8% of HARP enrollees
have received a BH HCBS service



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HCBS Service Utilization

By Service Type, Region: Statewide		
HCBS Service Sub-Catgy	N Claims/Encoutners	Unique Recipients
Total	34,597	1,921
Peer Support Services	9,248	709
Provider Travel Supplement	5,304	486
Psychosocial Rehabilitation	4,517	373
Short-term Crisis Respite	3,689	354
Habilitation Services	3,172	242
Education Support Services	2,786	346
Community Support and Treatment	1,946	167
Pre-vocational Services	1,866	198
Intensive Supported Employment	1,333	140
Family Support and Training	487	51
Transitional Employment	136	17
On-going Supported Employment	105	16
Intensive Crisis Respite	8	4



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Existing Initiatives to Improve Access to Adult BH HCBS

- Removal of the “full” Community Mental Health Assessment (CMHA).
- Abbreviated Assessor training for NYS Eligibility Assessment – *originally 12+ hours down to under 5 hours.*
- Resolved Issues with payment to CMA for NYS Eligibility Assessment:
 - Billing Roster eliminated (not effective)
 - Direct billing to eMedNY / edit resolved
- NYS Eligibility Assessment to move to UAS: Allowing for needed reports to manage assessments by MCO, HH and CMA

Existing Initiatives to Improve Access to Adult BH HCBS

- Provider Designation Attestation Form to eliminate Hiatus status.
- Revised BH HCBS Workflow (October 2017).
- BH HCBS Plan of Care template to be offered to MCOs, Recovery Coordinators (RCAs) and HHs to support more intuitive focus on integration and person-centered rehab goals
- Working through billing difficulties for BH HCBS with providers and MCOs.

Consumer Education Initiatives:

- **Adult Behavioral Health Medicaid Managed Care** [Educational Video Series](#)
- Newly Available BH HCBS Brochures and Previously-released HARP print materials available for mass production and outreach
- All materials can be found on the OMH Medicaid Managed Care [Consumer Education Webpage](#)

Serving HARP Enrollees *in Health Home*: Access to Services

- **All HARP Enrollees must be assessed** using the NYS Eligibility Assessment
- For those enrolled in HH, the **NYS Eligibility Assessment is part of the Comprehensive HH Assessment process.**
 - It may compliment your program's Intake process
- All HARP Enrollees will be included in the **Health Home “High Risk” category**, if not HH+ eligible.



Expanding Access to Rehab Services for HARP Enrollees

- Currently, **66% of HARP enrollees are not enrolled in HH**. MCOs will contract with eligible entities to provide assessment and care planning of BH HCBS for HARP enrollees not enrolled in a Health Home.
- **HARP members who are *not* enrolled in HH** will have their NYS Eligibility Assessment and HCBS Plan of Care done through a **State Designated Entity** contracted with the MCO as a **Recovery Coordination Agency (RCA)** for BH HCBS.

HARP members who are not HH-enrolled may best engage with providers who have existing therapeutic and supportive relationships. These providers may be best at identifying recovery goals and linking the member to HCBS.

The State Designated Entity (SDE)

- **Must be affiliated with a HH** (agencies with a HH care management program), and who employ individuals meeting the NYS Assessor qualifications for Adult BH HCBS
- An **SDE must have a contract as a Recovery Coordination Agency (RCAs)** in place **with an MCO** before it can begin:
 - Completing NYS Eligibility **Assessments** and **BH HCBS Plans of Care** for individuals not enrolled in HH
- RCAs should identify **qualified staff within their existing programs** who can act as Recovery Coordinators for HARP members they are current serving. For example, a housing case manager might provide services to HARP members who are not HH-enrolled, or a care manager in the agency may assess these individuals, or others as determined by the MCO.



Housing Providers and SDE

- If you **have a care management program within your agency**, you are an SDE, and can become a contracted Recovery Coordination Agency (RCA).
- If you are serving HARP members in your housing (or other programs), you can **directly connect individuals to:**
 - 1) **A Recovery Coordinator** to get direct access to Adult BH HCBS
 - 2) **Health Home Care Management** (who can also link to HCBS)
- BH HCBS and HHCMs/RCs can help your HARP enrollees transition from more intensive levels of housing (ex: CRs) by providing “wrap-around” services in more independent housing.

New Initiatives Working Together to Streamline HCBS Access

Recovery Coordination Agencies*

HARPs and HIV SNPs will contract directly with Recovery Coordination Agencies (RCAs) for the purposes of performing Adult BH HCBS assessment, referral, and HCBS Plan of Care development for HARP members that are not currently enrolled in a Health Home.

Quality Funding*

Awards to the MCOs based on an increase in new unique BH HCBS recipients.

NYS encourages MCOs to share earned QI funds with high performing providers to support HCBS uptake.

Community Provider Infrastructure Funds*

Will support provider proposals demonstrating an ability to increase HCBS provision.

MCOs will ensure proposals streamline coordination through the entire workflow.

Provider partnership proposals will be solicited, reviewed, and approved by the MCOs.

* Effective Implementation date: 4/1/2018



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BH HCBS Quality/Infrastructure Overview

Quality/Infrastructure funds are designed to provide financial supports to Providers and MCOs for innovation and rapid access to BH HCBS for eligible HARP individuals

Quality/Infrastructure Funds

MCO Quality Funding (\$25M)

Growth in BH HCBS provision will be recognized through quality awards, complementing upcoming HARP QI programs. Quality funding will reward MCOs that invest in BH HCBS provider systems.

BH HCBS Infrastructure (\$50M)

Provides funding for MCOs and Providers to work together to develop comprehensive proposals to address BH HCBS capacity, connectivity, and innovative service delivery systems. Successful Infrastructure proposals will include effective partnerships that include: BH HCBS providers, HH CMAs, RCAs, MCOs.

**Effective 1/1/2018 funds for these programs have been included in the premium

Housing Providers and Infrastructure

- If as a housing provider you also offer HCBS or HH care management, or are part of a Behavioral Health IPAs- **you are eligible for Infrastructure funds**
- Housing providers are well positioned to help create comprehensive proposals as they are likely **serving HARP enrollees**
- Housing providers **understand the skills individuals need** to better integrate into the community



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THANK YOU!

Questions?



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