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Dialogue with OMH Commissioner Dr. Ann Sullivan

New York State Office of Mental Health
May 7, 2019

Presentation Outline

Budget Update 2019-2020

Major Initiatives 2019-2020:

- Prevention
- Housing Development
- Adult HCBS
- Health Home Plus
- BHCC's
- Care Systems: Crisis Services, Telemental Health and enhanced clinics CCBHC's

Budget Update 2019-2020

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Update on Recent Developments: Budget

- Strengthened parity laws, including approval of medical necessity criteria and review of network adequacy
- Additional resources for parity enforcement
- Article 28 inpatient rate rebasing authority
- Wage Increases- 2% for direct care and support on January 1, 2020. 2% for direct care, support, and clinical on April 1, 2020.
- Continuing to enhance residential stipends ($10 million) and pipeline beds 2,600 in 2020.
- 60 million in residential capital funds
- Fully-funded expanded children's Medicaid services
- Annualized reinvestment

Parity Reforms for DOH/DFS regulated plans

- Plans must use evidence-based and peer-reviewed clinical review criteria which is appropriate to the age of the patient and which has been approved for use by OMH, in consultation with DOH and DFS.
- All utilization review determinations for mental health services must be made by qualified and experienced behavioral health care professionals.
- Plans may not impose copayments or coinsurance amounts greater than the amount charged for a primary care office visit for outpatient mental health services provided in facilities licensed or otherwise authorized by OMH.
- Expands and updates Timothy's Law to mandate coverage and apply parity protections to all regulated plan types and all mental health conditions for both adults and children.

* For more specific guidance regarding NYS parity laws, please refer to the statutory language included within the FY 2019-2020 Enacted Budget.

Parity Reforms: Child Inpatient Psych

Plans may not:

- Require preauthorization for inpatient psychiatric hospital services for children up to age 18 when provided by in-state and in-network hospitals, as defined in the Mental Hygiene Law.
- Subject such services to concurrent review during the first 14 days of treatment, provided the facility notifies the plan of the admission and initial treatment plan within 2 business days of the admission and participate in periodic consultation with the plan.

All care may be reviewed retrospectively and may be denied if not medically necessary. If coverage is denied retrospectively, the patient is held financially harmless, except for allowable co-pay and deductibles amounts.

* For more specific guidance regarding NYS parity laws, please refer to the statutory language included within the FY 2019-2020 Enacted Budget.

Behavioral Health Ombudsman

As part of the 2018-2019 New York State Budget, Governor Cuomo and the legislature created the Office of the Independent Substance Use Disorder and Mental Health Ombudsman. Under the Ombudsman's Office, the Community Health Access to Addiction and Mental Healthcare Project (CHAMP) began operations in October 2018.

- CHAMP provides educational services to individuals, families, and health care providers on their legal rights to coverage, helps individuals and families access treatment and services, and investigates and resolves complaints regarding denial of health insurance coverage. Providers can call directly for assistance in obtaining services as well.
- Overseen by the Office of Alcoholism and Substance Abuse, in consultation with OMH, CHAMP has launched a "hub and spoke" model central helpline operated by the Community Service Society ("hub"), with Legal Action Center, the New York State Council for Community Behavioral Healthcare, the Legal Aid Society and the Medicare Rights Center serving as "spoke" organizations providing specialized services respective to their expertise.

1-888-614-5400 or ombuds@oasas.ny.gov

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Inpatient Psychiatric Rates

Rate Rebasing

FY 2019-20 Enacted Budget includes Art VII provision to simplify the inpatient psychiatric payment methodology, streamline the process of rebasing and better align benchmark psychiatric rate with what is used by the Managed Care Plans.

- This will enable the DOH, in consultation with the Commissioner of the Office of Mental Health, to implement simplifications to the methodology addressing potential barriers to rebasing, including the requirements for ARP-DRG (case mix) and length of stay.

Recent Rate Investments

• 27.25% increase to children psychiatric inpatient rate that is approved by CMS effective July 1st, 2018. ($10M)

• 5.22% increase to statewide base price for the psychiatric inpatient rate that is pending CMS approval effective October 1st, 2018. ($30M)

• The Enacted Budget Includes (restores) an additional 2% transformation fund investment in Medicaid inpatient hospitals (including psychiatric) effective November 1st 2018. ($12M)

Reinvestment and Inpatient Beds

- Nearly 700 State PC bed reductions since 2014, out of approx. 900 estimated between SFY 14-15 and 19-20
- Reinvestment funds in community exceed IP reductions by significant margin ($82M PC RIV, $19M Art.28 RIV)
- Future reinvestment dependent on ability to further manage inpatient utilization:
    - Reducing long stays (still at 50%)
    - Active Intermediate Care and effective community transitions
    - Developing strong community continuum from outpatient, to intensive ambulatory ,to emergency, to acute community inpatient, to state hospital intermediate care, to return to community living

Strategy: The Triple Aim

BETTER HEALTH OF THE POPULATION

- Prevention and Maximizing Wellness

BETTER CARE FOR EACH PATIENT

- Quality Care focused on patient choice, engagement, and satisfaction; clinical best practices; integrated care between medical and psychiatric services; coordinated care with Primary care Medical Home; Increase in insured patients requires increased access to care

LOWER COST

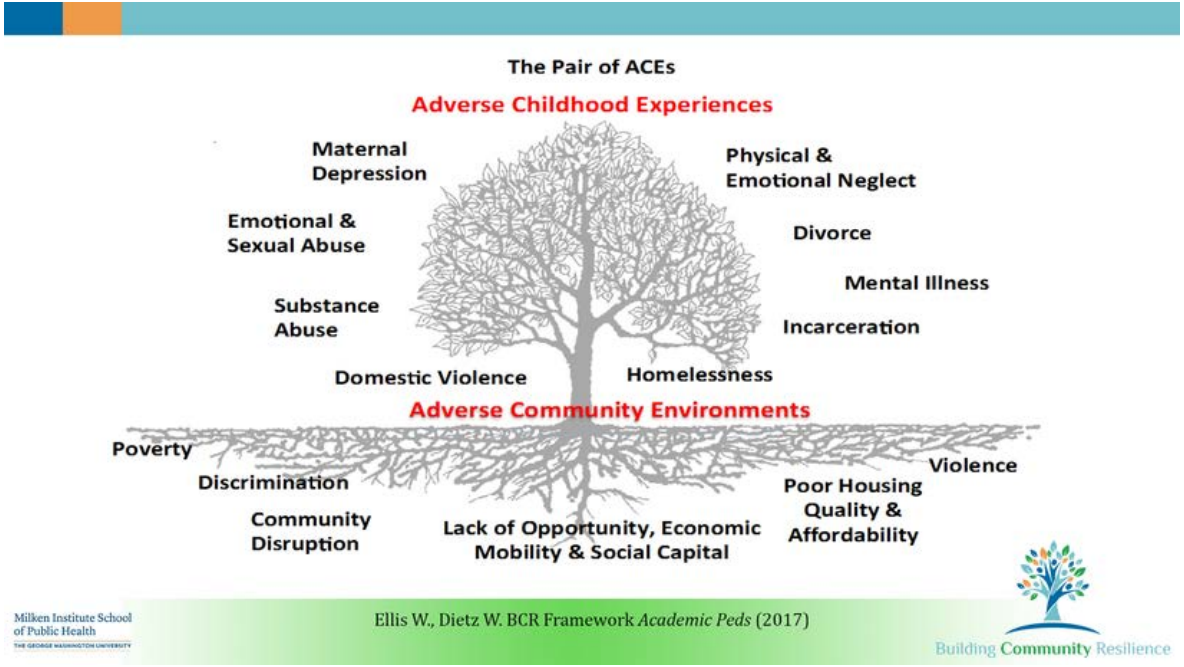
- Performance based payment; More efficient and effective care focused on less admissions and readmissions and more comprehensive ambulatory care (PCMH) and Behavioral Care; risk based models such as the Accountable Care Organization (ACO)

Prevention and Wellness

What is the Office of Mental Health doing around Prevention to foster mental wellness?

- **Community Interventions**
  - Primary Care Settings- HealthySteps & Project TEACH
  - Educational Settings- Parent Corps, Promise Zones, School clinics
- **Advancing Family and Youth Knowledge and Skills**
  - NYS Parent Education Partnership
  - Families Together
  - Youth Power
- **Prevention of Disability and Wellness:**
  - On- Track NY
  - Collaborative Care for Depression and Anxiety in Primary Care
  - HARP HCBS
- **Assisting in implementation of the Mental Health Education Bill**
- **Suicide Prevention efforts and Zero Suicide Initiative**
- **Suicide Prevention Task Force**

Across All Health and Human Services: Trauma Informed Care



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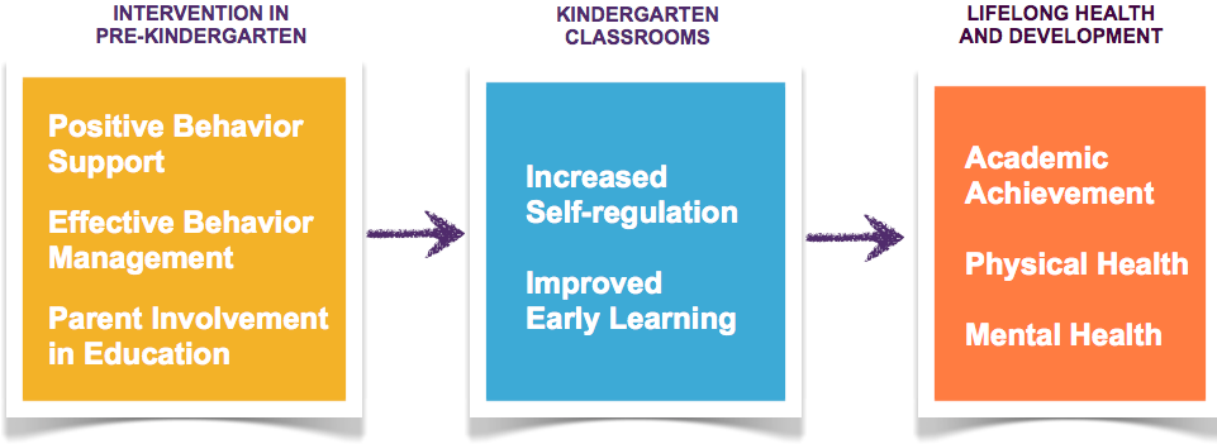
Healthy Steps Strategies

- Universal screening for developmental/social emotional delays;
- Maternal depression screening;
- Parental education, counseling, skills training; and
- Home visiting, and linkage and referral for supports and services.

ParentCorps Theory of Change



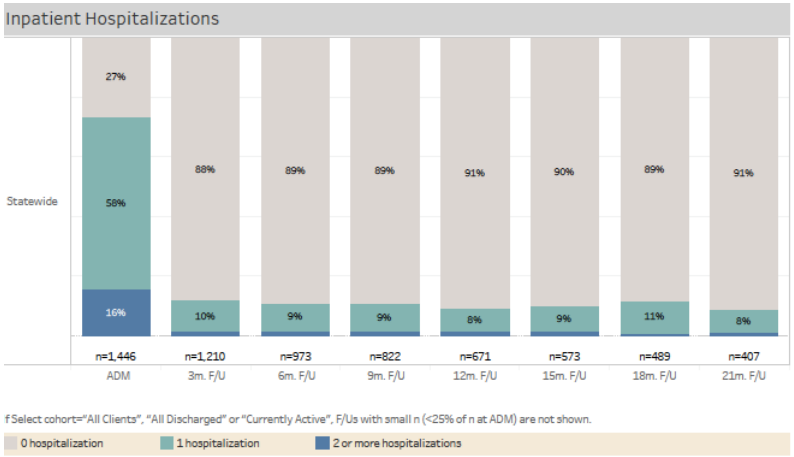
OMH School-Based Mental Health Clinic Satellites

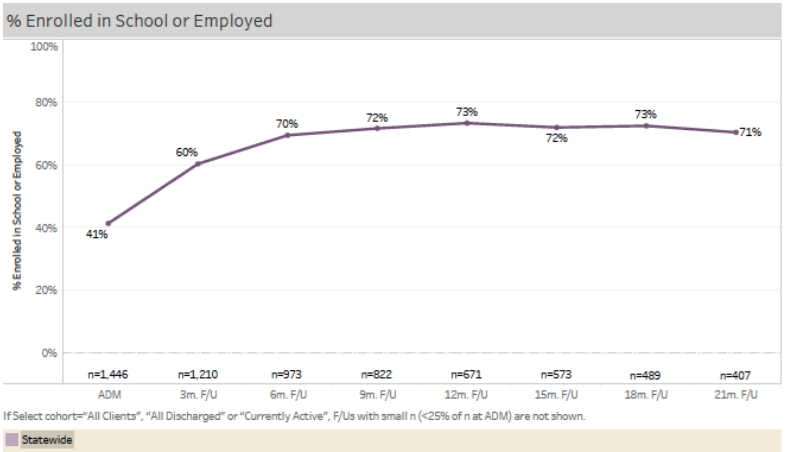
- Increased by 41% across New York State in the last three years.
- Currently over 800 SBMH Clinics in New York State.

OnTrackNY

OnTrackNY is an innovative treatment program addressing first episode psychosis in adolescents and young adults. 21 sites statewide, with two additional sites to open in 2019, in Queens and northern/central Westchester. Current statewide census of 715. 1481 enrolled since program inception

- **Rural Model:** Engaged with stakeholders, including counties, to determine needs and existing resources (e.g. telemental health). Piloting use of telemental health this year in new Westchester program, which will help in developing a model for serving rural individuals.





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Housing Development

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Support for Current Housing

- $52 million over 5 years to increase existing residential supportive apartments housing stipends (NYC from $14,493 to $18,005. Upstate from $8,426 to $10,773)
- All new supported apartment stipends start at the increased rate.
- $60 million in preservation capital for repairs and maintaining long-term viability of the existing operational housing portfolio
- Increased wages and minimum wage increases----provide support for a 2% salary increase for direct care workers and then another 2% salary increase for direct care workers and clinical workers on 4/1/20.
- Adult homes: increased stipends, peer bridgers and Pathways to Home
- Convene Regional support groups to coordinate services

Support for Current Housing

NYNY II

- The SMI units (Pop A, Pop B and Pop C) have been fully allocated, all 500 units are open.

NYNY III

- Of the 925 SMI units 925 units have been allocated, 31 remain to be sited.
- The NYC FO has been working diligently to fill remaining units.

Empire State Supportive Housing Initiative (ESSHI)

- Currently in Year 3 of the 5-year Housing Plan to develop 6,000 units of supportive housing at enhanced subsidies.
- Released two simultaneous Statewide RFPs to award 500 scattered-site units for individuals with SMI (including 250 for individuals being released from prison). Awards will be announced imminently.
- Approximately 30% of the 2,700 ESSHI units committed to date will serve individuals with a mental illness. 181 have became operational to date. OMH anticipates development will be completed on an additional 290 units in 2019 and 453 in 2020.

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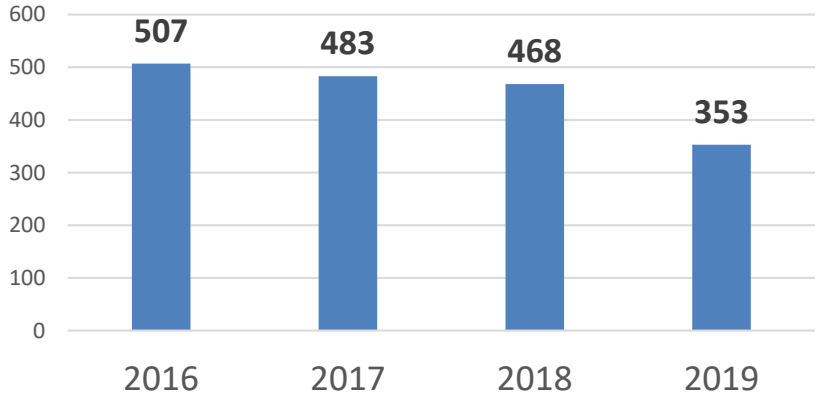
Newly Operational CR-SRO and SP-SRO Units: Jan. 2016 – Apr. 2019



Of the 1,811 new single-site housing units developed since January 2016, 943 were developed through OMH capital funds (including 224 CR-SRO units), and the remainder are supported by OMH services and operating funds through homeless housing initiatives (NY/NY III and ESSHI).

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Adult Housing Models

Types of OMH Housing			
Type	Licensed	Scattered or Congregate/Single Site	Number of Units Operating
Community Residence (CR)	Yes	Congregate/ Single	5,313
CR-SRO	Yes	Congregate/ Single	3,384
Apartment Treatment	Yes	Scattered	4,650
Supportive Housing	No	Scattered	19,732
Mixed-Use Supportive Housing (SP-SRO)	No	Single	8,371
Family Care	Yes	Scattered	2,413
TOTAL			43,863
*CR figure Includes State-Operated CRs			
**Total figure does not include NYC Match Beds under NY/NY I and II Agreements			

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Adult BH HCBS

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What are Adult Behavioral Health Home and Community Based Services?

- Adult BH HCBS are a package of services available to eligible Health and Recovery Plan (HARP) members.
- Designed to help **overcome the cognitive and functional effects** of behavioral health disorders and help individuals with behavioral health conditions to **live their lives fully integrated** into all aspects of their community.

Challenges with Implementation

- Access to these services is only available to eligible HARP members (as determined using the NYS Eligibility Assessment)
- Access to services has been challenging due to:
  - Most HARP members are not enrolled in the Health Home program
  - Health Homes have had difficulty operationalizing the assessment process
  - Alternative means of assessment and care planning were only made available in 2018 through Recovery Coordination Services
  - Designated BH HCBS Providers had difficulty ramping up due to the low volume of referrals

Adult BH Home and Community Based Services (HCBS) are on the Rise

Fall 2018 to February 2019:

- 22% increase in assessments (81% increase in past year)
- 20% increase in LOSD requests (101% increase in past year)
- 18% increase in BH HCBS authorized (131% over past year)
- 3,046 BH HCBS Recipients (09/20/18) to 3,913 recipients (02/26/19). **28% increase in service utilization over 5 months (184% in past year).**

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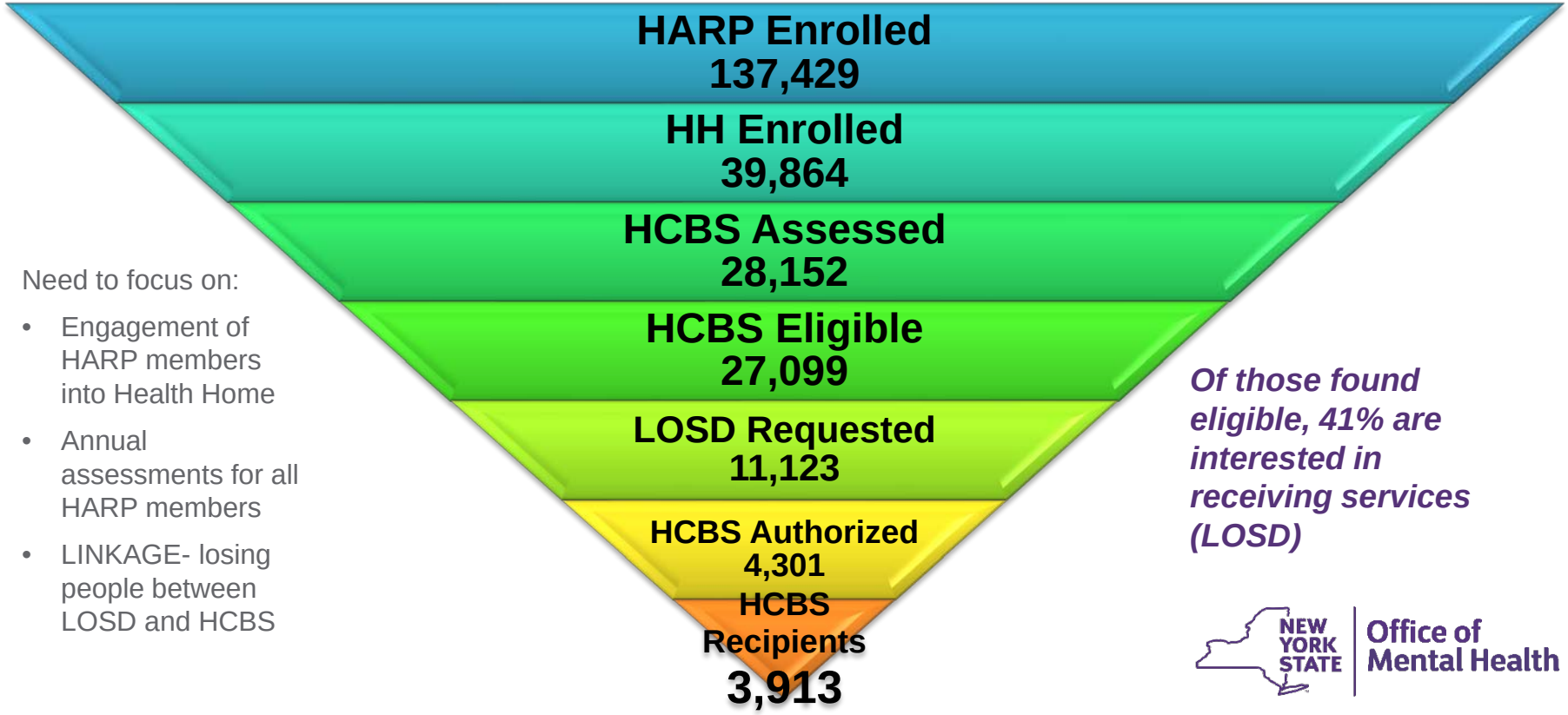
Adult BH HCBS Dashboard Data (02/26/19)



Need to focus on:

- Engagement of HARP members into Health Home
- Annual assessments for all HARP members
- LINKAGE- losing people between LOSD and HCBS

Of those found eligible, 41% are interested in receiving services (LOSD)

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Adult BH HCBS Uptake by RPC (4/19/19)

Adult BH HCBS Regional Performance

Region	% HCBS Claimed / HARP Enrolled	% HCBS Claimed / HH Enrolled*
Capital Region	3.61%	16.6%
Central	3.87%	14.5%
Finger Lakes	6.69%	23.9%
Long Island	3.25%	10%
Mid-Hudson	2.18%	7.1%
Mohawk Valley	1.4%	5.3%
North Country	9.1%	34%
NYC	1.94%	3.6%
Southern Tier	3.46%	11.7%
Tug Hill	1%	2.9%
Western	5.45%	14.9%

Infrastructure Funds for Adult BH HCBS

- State prioritized $75 million to support collaboration and the development of Adult BH HCBS infrastructure for Care Managers, BH HCBS providers, and Recovery Coordination Agencies (RCAs)
- Providers completed proposals and were awarded dollars by Managed Care Organizations (MCOs)
- Proposals are comprehensive – address engagement to assessment to linkage with BH HCBS

Adult BH HCBS Quality/Infrastructure Funds

Intended to help providers and Managed Care Organizations (MCOs) develop creative ways to help people enrolled in HARP access Adult BH HCBS

BH HCBS Infrastructure Funds ($50M)

Funds are intended to help MCOs and providers work together and develop relationships aimed at increasing access to BH HCBS. Successful Infrastructure Funding proposals will include participation from: BH HCBS providers, Health Home Care Management Agencies, Recovery Coordination Agencies, and MCOs.

MCO Quality Funding ($25M)

These awards recognize progress in the number of individuals receiving BH HCBS. Quality funding will reward MCOs that invest in BH HCBS provider systems.

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

BH HCBS Infrastructure Funding Update

- **All funded proposals must increase access to BH HCBS.**

- Each proposal, whether in part or in whole, should be a coordinated effort across an MCOs' service area addressing engagement, assessment, referral, and provision of BH HCBS.

- Infrastructure funds may be used for activities in these categories:

  1) BH HCBS Access and Infrastructure Development
     - *Workforce Development*
     - *Outreach and Education*
     - *Capacity Building and Member Engagement*
     - *Peer Support Development*

  2) Crisis Services Development

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BH HCBS Infrastructure Funding Update

- MCOs have awarded funding totaling ~$43 million to building infrastructure that will increase access to and utilization of Adult BH HCBS
- MCOs have each developed a comprehensive plan to use their allocated funding to address the needs of their network at the local level
- Infrastructure projects will increase the workforce capacity to provide assessments and services, streamline processes and workflows within communities, and ensure that staff are prepared to provide high quality services in home and community based settings
- Providers have received funding to hire staff, upgrade technology and software, provide training and development opportunities, collaborate across provider types, and increase crisis respite capacity

BH HCBS Infrastructure Funding Update

Most common uses of funding include:

- Increasing certified peer workforce by providing resources to support the certification process
- Developing processes for eligibility assessment, LOSD and HCBS provider referral in a single encounter
- Implementing plans to decrease time between HCBS eligibility assessment and HCBS intake
- Increasing workforce to provide eligibility assessments to non-Health Home enrolled individuals and build HCBS referral capacity

BH HCBS Infrastructure Contracting Update

- 81 Infrastructure contracts have been executed
- 48 providers and/or BH IPAs will receive Infrastructure funds
- MCOs will contract with providers for over $43 million in Infrastructure funds
- Over $4.4 million has already been distributed to contracted providers

BH HCBS Infrastructure Projects Examples

- A large agency which operates a CMA/RCA and HCBS is increasing its workforce in order to provide assessments for non-HH-enrolled individuals and to build capacity for an increase in HCBS referrals
- A CMA/RCA has developed a process for rapid assessment, LOSD, and referral for HARP members that can occur in a single encounter
- An RCA is implementing a plan to decrease the time between assessment and HCBS intake to less than 2 weeks
- A CMA and HCBS provider is implementing HIPAA-compliant messaging tools to increase engagement and improve communication with members
- There is an initiative to increase the workforce of certified peers by providing resources to support the certification process (e.g. mentoring, access to computers and internet)

MCO Quality Funding Update

- The MCO Quality program has been extended to align with the Infrastructure program service delivery period. It now ends on 9/30/2020.
- MCOs will be able to earn Quality funds as Infrastructure activities increase the use of BH HCBS.
- The state is encouraging MCOs to share Quality funding earned with providers who are assisting with increasing access to BH HCBS.
  - Some MCOs have already developed processes to share this funding with providers and over $50K has already been distributed.

Health Home Plus (HH+)

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The concept behind HH+ for SMI

- Designed with particular needs of the BH population in mind
- Smaller caseloads: Increases face-to-face interventions which foster stronger engagement with HH+ individuals, allows response in times of need
- Emphasis on care manager/CMA having BH expertise
- Goal is still an integrated approach to member's comprehensive needs (core component of HH), but CM intervention/approach is through a BH lens

Health Home Plus (HH+) for SMI Today

- From 5,000 to 25,000 eligible individuals (May 2018)
- Eligible SMI Populations: AOT, State PC/Central NY discharges, ACT step down, Enhanced Service Package, expired AOT order, Homeless, criminal justice involvement, high inpatient/ER utilization, ineffectively engaged in care and LGU/MCO clinical discretion
- Qualified CMAs are currently serving HH+ or positioning staff/caseloads to provide (and bill for) HH+ to the HH+ eligible individuals they serve
- HH+ Subcommittee – formed March 2019. To develop recommendations for CMAs for operationalizing HH+, and for Lead HHs in their policies/role to support uptake of HH+

Moving Forward

- Health Homes and CMAs working to ensure HH+ eligible members are served at the HH+ level of care.
- Housing providers who are also care management agencies can support individuals in their own agencies though health home care management, including HH+.
- The State will focus on best practices in serving the SMI population in HH.

BHCCs

Behavioral Health Care Collaboratives

- A Behavioral Health Care Collaborative (BHCC) is a network of providers delivering the entire spectrum of their communities' behavioral health care needs.
- NYS is funding BHCCs to assist behavioral health (BH) providers prepare for Value Based Payment (VBP):
  - Infrastructure to improve health outcomes, measure outcomes and manage costs
  - Designed to be clinically integrated organizations
  - BHCCs are required to collaborate with: Performing Provider Systems (PPSs), FQHCs, Primary Care Providers, and Social Determinant of Health providers
  - Promote social determinants of health, person-centered care, and prevention through community partnerships
- There are 18 BHCCs Statewide

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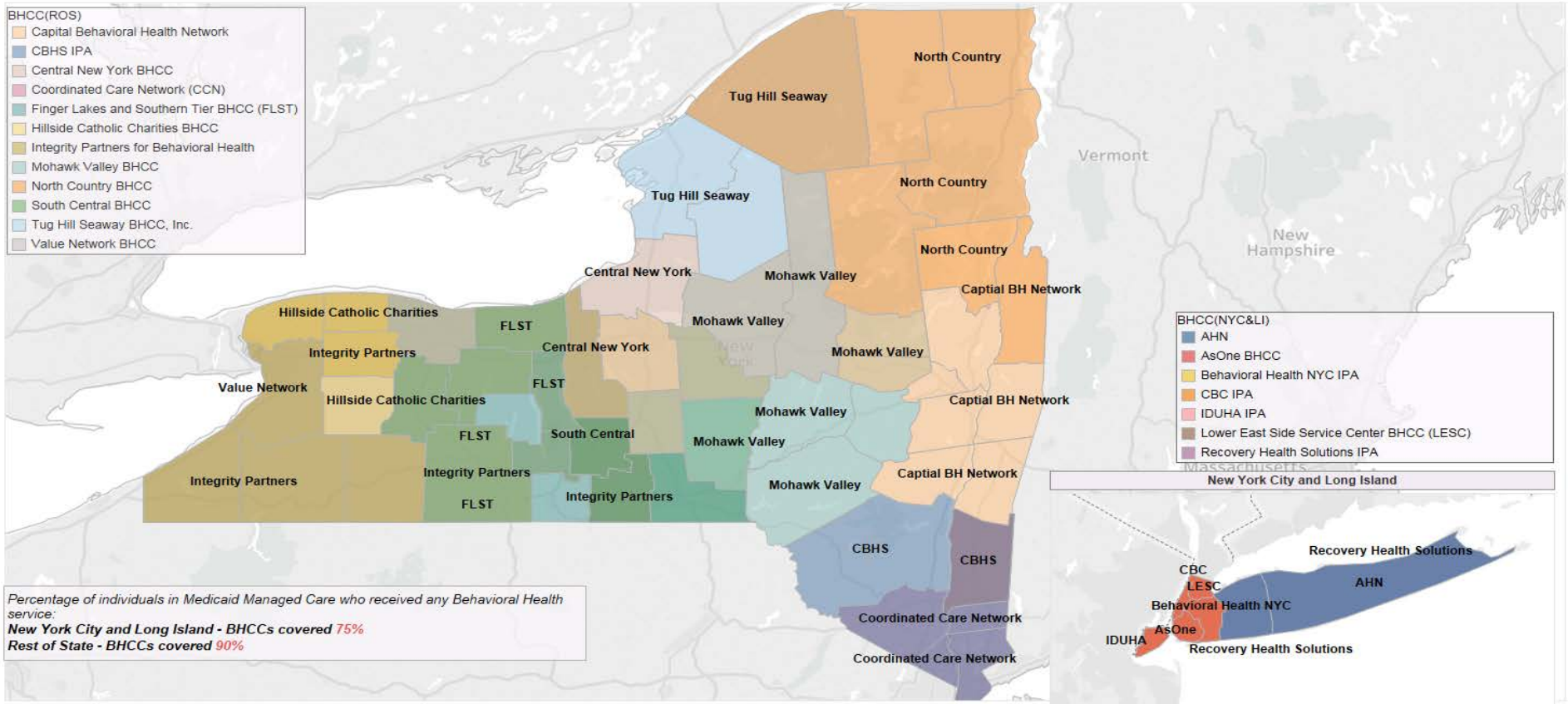
NYS Medicaid Behavioral Health Value-Based Payment Readiness Program: BHCC County Coverage of Network Provider

Updated Dec. 2017



Percentage of individuals in Medicaid Managed Care who received any Behavioral Health service:
New York City and Long Island - BHCCs covered 75%
Rest of State - BHCCs covered 90%

BHCC Program Goals

Enhance BH Provider readiness to participate in VBP arrangements

- Provide the full spectrum of community based mental health and substance use services available in a region
- Promote capacity to address social determinants of health
- Promote partnerships with hospitals, primary care providers, community based providers, peer-run organizations, other network entities
- Promote and develop capacity of providers to show value and track quality measures

Expenditures Update

Funding has been expended on the following, as examples:

- Readiness for VBP contracting
  - Incorporating as an IPA
  - Exploring how to pool resources to develop a data platform
- Communications, marketing and education
  - Completing assessments and providing training for network and affiliate providers
  - Developing websites and marketing materials
- Data analytics
  - Building dashboards and training partners on use of extracted data
- Quality Measure Standardization

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Early Successes

BHCC Highlights

- 15 of 18 BHCCs have or are becoming Independent Practice Associations (IPA) as a route to VBP contracting.
- Western New York BHCC and UniteUs (a care coordination and data platform) are partnering to improve access to social determinants of health for BHCC members.
- Another Western NY BHCC working with UniteUs to support delivery of clinical services for substance use treatment needs.
- A Central Region BHCC, in contract with CCSI, has proposed measures to focus on health care utilization of inpatient services, utilization of ER services, BH utilization of ER services, and Readmission post discharge from any readmission.
- NYC BHCC/IPA adopted baseline Clinical standards for licensed and contracted programs and services in their network. Identified process and HEDIS measures to assess performance of providers across the network.

Building Trust

Collaborating on:

- Statewide BHCC Metrics Workgroup
- Regional planning and educational meetings
- PSYCKES BHCC Network View
- PSYCKES BHCC Universal Consent

Education

Working together, with MCO partners, and as individual BHCCs to educate agencies on:

- Population Health Management
- Value Based Payment
  - Contracts
  - Risks and Benefits
- Cost of Care
  - Value Propositions

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BHCC System of Care Partnerships

- BHCC received funding from a DSRIP provider
  - Funds a health engagement project that focuses on outreach and engagement
- BHCC and two DSRIP funded partners:
  - One partnership addresses Opiates in the Emergency Room
  - Another partnership collaborates with Health Home outreach

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BHCC System of Care Partnerships (cont'd)

BHCC partnerships with:

- Plan:
  - HIV Total Cost of Care
- Hospital:
  - DSRIP project 3.a.i (integrated care)
- FQHC:
  - Joint IPA/Level 1 VBP contract with MVP
  - Partnership to address complex family needs in Brooklyn

BHCC VBP Contracts

- Hudson Valley BHCC
  - Is in third year of VBP contract with MCO and with primary care provider Excludes HARP enrolled clients
- Western Region BHCC
  - Level 1 Pilot; 8 identified Metrics

Developing Care Systems

Enhancing Crisis Services Continuum

1115 Crisis Intervention Benefit- Mobile Crisis:

- Medicaid Managed Care Organizations (MCO) will be notified in May to begin systems configuration and contracting, with goal of claims being paid in October 2019.
- MCOs will reimburse participating and non-participating providers for mobile crisis services at NYS calculated rates unless the State approves an alternative reimbursement arrangement.
- State will reevaluate reimbursement requirements after the first year. In the event of inadequate access, State may exercise authority to establish government rates.
- 32 county crisis plans have been approved. Identified providers will be approved on a rolling basis.

Technical assistance for providers will be available through a pre-recorded webinar on the MCTAC website in early May.

Enhancing Crisis Services Continuum

- Crisis Residence Regulations edits are near completion, targeting re-release for 30 day public comment period in May.

- $50 Million Capital RFP will be released after final publication (promulgation) of 589 Crisis Residential Regulations.

- Developing models for crisis stabilization/urgent care centers.

Telemental Health

- Telehealth regulations proposed January 2019, public comment period closed on March 24.
- Minor changes to language underway and expecting final adoption soon.

Regulatory changes include:

- Title change from “Telepsychiatry” to “Telemental Health”;
- Eligible practitioner types to include licensed psychologists, licensed social workers, and Article 163 licensed mental health practitioners (LMHC, LMFT, LCAT, LPsy);
- Expanding the hub/distant site to include home offices and private practices (prescribers may be anywhere within the US, other practitioners may be located anywhere with NYS);
- Expanding the spoke/originating site to be anywhere the client is located within NYS, or other temporary location within/outside NYS; and
- Including ACT and PROS as eligible treatment settings (limited to certain titles).

* For more specific guidance regarding telemental health regulations, please contact benjamin.rosen@omh.ny.gov

Sustaining the Certified Community Behavioral Health Center Model (CCBHCs)

- Nearing end of year two for SAMHSA grant.
- Continue monitoring federal legislative action for extension of demonstration authority.
- OMH working with CMS to identify sustainability plan for continuation program, work is ongoing.
- Rebasing of rates based on year one costs is underway, still gathering data from some providers.
- Outcomes include decreased ER and inpatient use and increased access to care

Thank You!

Feedback? Questions? Suggestions?