Implementing Medicaid Behavioral Health Reform in New York

HIV Health and Human Services Planning Council of New York

March 19, 2014

Agenda

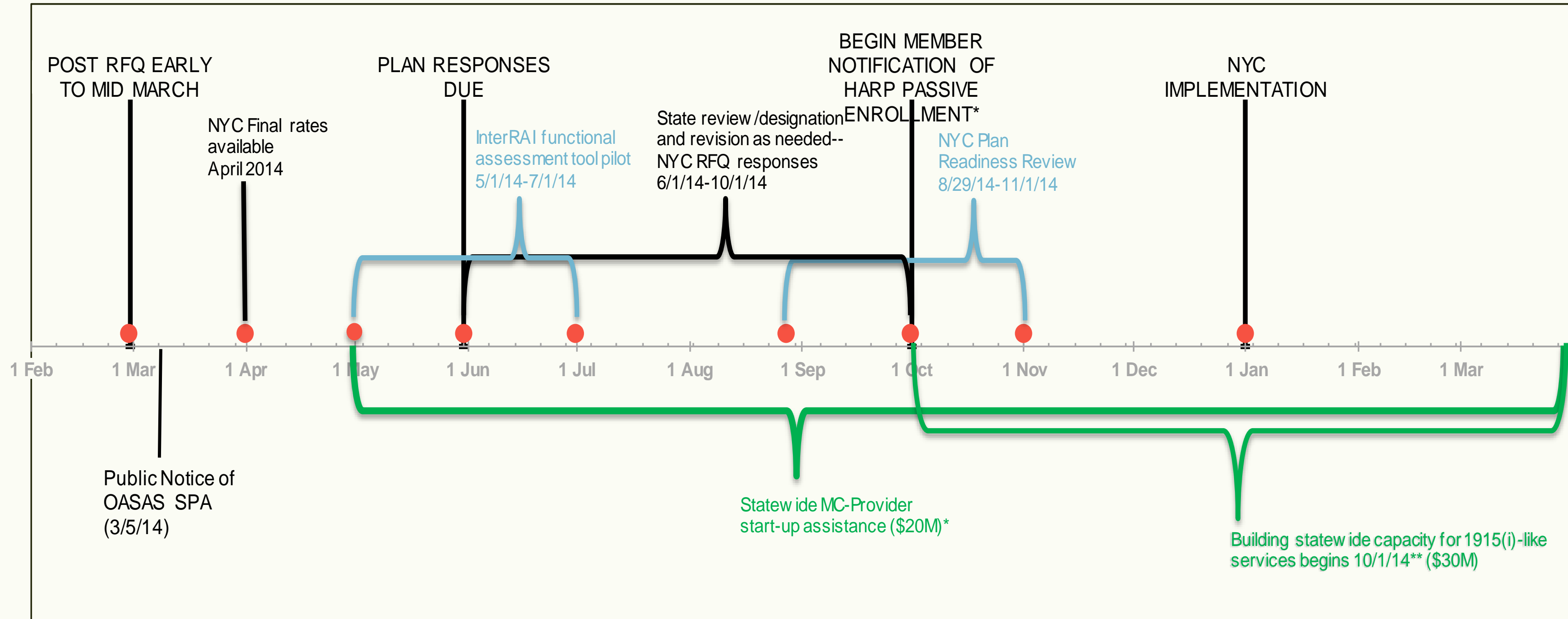
- Goals
- Timeline
- BH Benefit Design
- Overview of RFI/RFQ

Behavioral Health Transition

- Key MRT initiative to move fee-for-service populations and services into managed care
- Care Management for all
- The MRT plan drives significant Medicaid reform and restructuring
- Triple Aim:
  - Improve the quality of care
  - improve health outcomes
  - Reduce cost and right size the system

Behavioral Health Manged Care Transition Timeline

NYC implementation 1/1/15



*Statewide MC-Provider start-up:
- Funds to ensure adequate networks are in place prior to implementation of BH MC
- Plan/Provider/HH technical assistance for electronic medical records and billing
- Funds to build BH provider (Children and Adults) infrastructure

**Building statewide 1915(i)-like service capacity involves:
- 1915(i)-like network development
- Funding 1915(i)-like functional assessments
- Funding for 1915(i)-like services starting January 1, 2015

2/11/2014

BH Benefit Design

Principles of BH Benefit Design

- ✓ Person-Centered Care management
- ✓ Integration of physical and behavioral health services
- ✓ Recovery oriented services
- ✓ Patient/Consumer Choice
- ✓ Ensure adequate and comprehensive networks
- ✓ Tie payment to outcomes
- ✓ Track physical and behavioral health spending separately
- ✓ Reinvest savings to improve services for BH populations
- ✓ Address the unique needs of children, families & older adults

BH Benefit Design Models

Behavioral Health will be Managed by:

- ✓ Qualified Health Plans meeting rigorous standards (perhaps in partnership with BHO)
- ✓ Health and Recovery Plans (HARPs) for individuals with significant behavioral health needs

Qualified Plan vs. HARP

Qualified Managed Care Plan	Health and Recovery Plan
Medicaid Eligible	Specialized integrated product line for people with significant behavioral health needs
Benefit includes Medicaid State Plan covered services	Eligible based on utilization or functional impairment
Organized as Benefit within MCO	Enhanced benefit package - All current PLUS access to 1915i-like services
Management coordinated with physical health benefit management	Specialized medical and social necessity/ utilization review for expanded recovery-oriented benefits
Performance metrics specific to BH	Benefit management built around higher need HARP patients
BH medical loss ratio	Enhanced care coordination - All in Health Homes
	Performance metrics specific to higher need population and 1915i
	Integrated medical loss ratio

Behavioral Health Benefit Package

- Behavioral Health State Plan Services -Adults
  - Inpatient - SUD and MH
  - Clinic – SUD and MH
  - PROS
  - IPRT
  - ACT
  - CDT
  - Partial Hospitalization
  - CPEP
  - Opioid treatment
  - Outpatient chemical dependence rehabilitation
  - Rehabilitation supports for Community Residences

Proposed Menu of 1915i-like Home and Community Based Services - HARPs

- Rehabilitation
  - Psychosocial Rehabilitation
  - Community Psychiatric Support and Treatment (CPST)
- Habilitation
- Crisis Intervention
  - Short-Term Crisis Respite
  - Intensive Crisis Intervention
  - Mobile Crisis Intervention
- Educational Support Services
- Support Services
  - Family Support and Training
  - Training and Counseling for Unpaid Caregivers
  - Non- Medical Transportation
- Individual Employment Support Services
  - Prevocational
  - Transitional Employment Support
  - Intensive Supported Employment
  - On-going Supported Employment
- Peer Supports
- Self Directed Services

Overview of RFI/RFQ

RFI Update

- Processed RFI comments
  - Received RFI comments received from 48 entities: Plans, Providers, Advocacy Groups, Local Governments, and other Stakeholders
  - All comments logged and sorted into three categories
    - Possible change to RFQ; No change; Update guidance documents
  - Common themes were identified across submissions

Common RFI Themes

- Plan experience/ Staffing Flexibility
- Health Homes/Plan Care Management Roles and Responsibilities
- 1915(i) Home and Community Based Services
- Accommodating BH Services in Managed Care
- Utilization Management
- Network Services
- Information Technology Requirements
- Provider Reimbursement/Claims Administration
- Performance Management
- Regulatory Flexibility

Request for Qualifications

- Plans must meet State qualifications in order to manage carved out BH services
- Plan qualifications will be determined through an RFQ
  - HARPS
  - Qualified mainstream plans
- Plans may partner with a Behavioral Health Organization to meet the experience requirements
- NYS will consider alternative demonstrations of experience and staffing qualifications for Qualified Plans and HARPS

RFQ Performance Standards

- Organizational Capacity
- Experience Requirements
- Contract Personnel
- Member Services
- HARP Management of the Enhanced Benefit Package (HCBS 1915(i)-like services)
- Network Services
- Network Training
- Utilization Management
- Clinical Management
- Cross System Collaboration
- Quality Management
- Reporting
- Claims Processing
- Information Systems and Website Capabilities
- Financial Management
- Performance Guarantees and Incentives
- Implementation planning

Member Services

- Service centers with several capabilities such as
  - Provider relations and contracting
  - UM
  - BH care management
  - 24/7 day capacity to provide information and referral on BH benefits and crisis referral
- These should be co-located with existing service centers when possible

Preliminary Network Service Requirements

- Plan's network service area consists of the counties described in the Plan's current Medicaid contract
- There must be a sufficient number of providers in the network to assure accessibility to benefit package
- Transitional requirements include:
  - Contracts with OMH or OASAS licensed or certified providers serving 5 or more members (threshold number under review and may be tailored by program type)
  - Credential OMH and OASAS licensed or certified programs
  - Pay FFS government rates to OMH or OASAS licensed or certified providers for ambulatory services for 24 months
  - Transition plans for individuals receiving care from providers not under Plan contract
- State open to modifying payment requirements based on Plan/ Provider agreement

Network Service Requirements

- Ongoing standards require Plans to contract with:
  - State operated BH “Essential Community Providers”
  - Opioid Treatment programs to ensure regional access and patient choice where possible
  - Health Homes
- Plans must allow members to have a choice of at least 2 providers of each BH specialty service
  - Must provide sufficient capacity for their populations
- Contract with crisis service providers for 24/7 coverage
- HARP must have an adequate network of Home and Community Based Services

Network Training

- Plans will develop and implement a comprehensive BH provider training and support program
- Topics include
  - Billing, coding and documentation
  - Data interface
  - UM requirements
  - Evidence-based practices
- HARPs train providers on HCBS requirements
- Training coordinated through Regional Planning Consortiums (RPCs) when possible
  - RPCs are comprised of each LGU in a region, representatives of mental health and substance abuse service providers, child welfare system, peers, families, health home leads, and Medicaid MCOs
  - RPCs work closely with State agencies to guide behavioral health policy in the region, problem solve regional service delivery challenges, and recommend provider training topics
  - RPCs to be created

Utilization Management

- Plans prior authorization and concurrent review protocols must comport with NYS Medicaid medical necessity standards
- These protocols must be reviewed and approved by OASAS and OMH in consultation with DOH
- Plans will rely on the LOCADTR tool for review of level of care for SUD programs as appropriate

Clinical Management

- The draft RFQ establishes clinical requirements related to:
  - The management of care for people with complex, high-cost, co occurring BH and medical conditions
  - Promotion of evidence-based practices
  - Pharmacy management program for BH drugs
  - Integration of behavioral health management in primary care settings
- Additional HARP requirements include oversight and monitoring of:
  - Health Home services and 1915(i) assessments
  - Access to 1915(i)-like services
  - Compliance with conflict free case management rules (federal requirement)
  - Compliance with HCBS assurances and sub-assurances (federal requirement)

Next Steps

- Health Home/ Plan care management roles and responsibilities (beyond that which is already in the existing HH/Plan agreement)
- Determine the care management model for HARP members and HARP eligibles that are not enrolled in HHs
- Building Health Home capacity for HARP enrollees
- 1915i program development
  - Pilot test an interRAI assessment tool to develop scoring and to project cost of utilization
  - Develop guidance for 1915i services
  - Conduct a survey to identify potential 1915(i) providers
  - Designating 1915i qualified providers

Next Steps (continued)

- Develop Mainstream BH and HARP MLR percentage
- Final Rates available in April
- Provide ongoing technical assistance for Plans and providers
- Implement Start-Up Activities (with funding in 2014-15 Executive Budget)
- Facilitate creation of Regional Planning Consortiums (RPCs)

Discussion and Feedback