Understanding Changes to Medicaid Behavioral Health Care in New York

Community Based Provider Education
Presentation Overview

• What are the Goals for the Medicaid Changes?
• What is Changing?
• What is Medicaid Managed Care?
• Changes to Medicaid Behavioral Health (mental health & substance use) Care
• Health and Recovery Plans (HARPs)
• Home and Community Based Services (HCBS)
• Qualifying for a HARP (Enrollment letters)
• How Providers Can Help
• Resources
• Questions & Answers
Why Reform and Where It Began?

Medicaid Redesign Team (MRT)

Restructuring of the Medicaid Program to Achieve:

- Measurable improvement in health outcomes
- Sustainable cost control
- More efficient administrative structure
- Better integration of care

Complete information on Redesigning New York's Medicaid Program is available at:

http://www.health.ny.gov/health_care/medicaid/redesign/
WHAT IS CHANGING?

• Medicaid managed care plans now pay for and coordinate physical health care for their members.
  o Most Medicaid Managed Care enrollees now get some mental health and substance use services through their managed care plan

• Beginning October 1, 2015, Medicaid Managed Care Plans will manage and pay for both physical health care and behavioral health care for all of their members

• Behavioral Health (BH) services means mental health and substance use disorder services
Changes to Medicaid Behavioral Health Services

• Who will see these changes?
  • Medicaid Managed Care enrollees 21+ ONLY
  • People 21+ receiving SSI ONLY
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 beneficiaries
• Responsible for assuring that enrollees have access to a comprehensive range of preventative, primary care and specialty 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

• Medicaid Managed Care will offer new behavioral health services that enrollees can get in their community

• Doctors and other service providers will work together with Medicaid Managed Care Plans to help enrollees meet their chosen health, recovery, and life goals
Principles of Behavioral Health Benefit Design

- Person-Centered Care management
- Integration of physical and behavioral health services
- Recovery oriented services
- Patient/Consumer Choice
- Ensure adequate and comprehensive provider networks
- Tie payment to providers for performance outcomes
- Track physical and behavioral health spending separately
- Reinvest savings to improve services for people with BH conditions
- Address the unique needs of children, families & older adults
Medicaid Managed Care Expanded Services - Substance Use Disorders

- Inpatient Substance Use Disorder Treatment
- Opioid, Including Methadone Maintenance, Treatment
- Outpatient Clinic
- Detox Services
- Residential Services
Medicaid Managed Care Expanded Services - 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
Health and Recovery Plans (HARPs)
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
HARP Benefits for the Member

- Distinctly qualified, specialized & integrated managed care plan
- A focus on behavioral health services
- Focus attention on providing members with additional needed services
- Specialized behavioral health workforce within the Plan
- Integrated health and behavioral health services
- Enhanced care coordination expectations
Managed Care and HARP

• There are ten (10) Managed Care Plans in NYC

• All Managed Care Plans will assume care for Medicaid enrollees

• All Medicaid Managed Care enrollees will receive *mainstream managed care benefits*

• **Some** of the Managed Care Plans will offer a **HARP** for Behavioral Health Services
Mainstream Plan vs. HARP

Mainstream Medicaid Managed Care Plan

• Medicaid Eligible
• Benefit includes Medicaid State Plan covered services
• Organized as benefit within Managed Care Plan
• Behavioral health benefit management coordinated with physical health benefit management
• Performance metrics specific to Behavioral Health

Health and Recovery Plan

• Medicaid eligible adults
• Specialized integrated product line for people with significant behavioral health needs
• Eligibility based on utilization or functional impairment
• Enhanced benefit package - All Medicaid Managed Care covered benefits ones PLUS access to Behavioral Health HCBS
• Assessment and utilization review for specialized treatment and Behavioral Health HCBS rehabilitation services
• Benefit management built around higher need HARP members
• Enhanced care coordination – All may be in Health Homes
• Performance metrics specific to higher need population and Behavioral Health HCBS
Behavioral Health Managed Care

In NYC, all 10 Medicaid Managed Care Plans will provide expanded Medicaid behavioral health benefits

• 6 Managed Care Plans will offer Health and Recovery Plans (HARP) - Mainstream Medicaid Managed Care benefit package PLUS additional behavioral health services, such as employment and peer support

• 3 HIV Special Needs Plans – covers Mainstream Medicaid Managed Care benefit package, PLUS specialty services for people living with HIV / AIDS, PLUS HARP Benefits
## Conditionally Designated Plans

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How are HARPs different than other managed care plans?

• HARPs specialize in serving people with behavioral health conditions

• HARPs cover additional rehabilitative services called Behavioral Health Home and Community Based Services (BH HCBS)

• Some people in HARPs will be eligible for BH HCBS

• A Care Manager will work with providers to help people in HARPs
Behavioral Health Home and Community Based Services (BH HCBS)
Behavioral Health Home and Community Based Services (BH HCBS) - GOALS

• To help people overcome the cognitive and functional effects of behavioral health conditions

• To help people meet their recovery and life goals

• To help individuals with behavioral health conditions to live their lives fully integrated into all aspects of their community

• To have a range of community based supports, rehabilitation and treatment services with effective oversight to assure quality care outcomes such as:
  • Getting and keeping jobs
  • Getting into school and graduating
  • Managing stress
  • Living independently
BH HCBS

• Only available to people in HARP and HIV Special Needs Plans (SNP)

• HARP or HIV SNP enrollee must have an assessment to determine need for BH HCBS

• Can only be provided by a State designated BH HCBS Provider
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

Manage Stress. Prevent Crises.
• Short-Term Crisis Respite
• Intensive Crisis Respite

Return to School. Find a Job.
• Education Support Services
• Pre-Vocational Services
• Transitional Employment
• Intensive Supported Employment
• Ongoing Supported Employment

Get Help from People who Have Been There.
• Peer Support Services
• Family Support and Training
BH HCBS Assessment

• In order to get BH HCBS, HARP enrollees will first need a brief eligibility assessment (a subset of questions for the full Community Mental Health Assessment)
  ▪ This assessment shows if people are eligible for BH HCBS and which BH HCBS they need

• If HARP enrollees are eligible, they will need the full Community Mental Health Assessment
  ▪ HARP enrollees will have a Health Home Care Manager who completes the assessment
BH HCBS Plan of Care

• Care Managers also help people in HARPs make a Plan of Care
  ▪ A Plan of Care identifies life goals and the physical and behavioral health services people need and want to help reach their goals

• The Plan of Care must focus on what the person wants
When Do These Changes Happen?
When do these changes happen?

Medicaid eligible people who live in New York City

• Medicaid Managed Care plans are scheduled to begin coverage of expanded behavioral health services on October 1, 2015

• BH HCBS will be available January 1, 2016 to eligible people in HARPs and HIV SNPs
When do these changes happen?

Medicaid eligible people who live outside of New York City

• Medicaid Managed Care plans are scheduled to cover the expanded behavioral health services beginning July 2016, pending federal approval
Qualifying for a HARP
How do people know if they qualify for a HARP?

• HARP eligible people will get a letter telling them they are eligible and how to enroll. The letter 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:
  1-844-HARP-999 OR 1-844-427-7999
Joining a HARP – Passive Enrollment

HARP eligible Medicaid Managed Care enrollees of a Managed Care Plans offering a HARP product do not have to do anything to join.

These people 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 (Passive Enrollment)
- How to choose a different HARP, if they want
- They must notify New York Medicaid Choice if they choose not to be in a HARP (opt-out) and can stay in their current Mainstream Medicaid Managed Care Plan
Joining a HARP – Active Enrollment

HARP eligible Medicaid Managed Care enrollees of a Managed Care Plan that does not offer a HARP product will have to actively choose to enroll.

• These people will get a notice to tell them:
  • That they are eligible to join a HARP
  • How to join a HARP
  • Who to call if they have questions about HARPs
Joining a HARP for People in HIV Special Needs Plan (SNP)

• HIV Special Needs Plans (SNPs) offer the expanded behavioral health services covered by a Mainstream Medicaid Managed Care plan, plus the specialty services covered by HARP.

• HIV SNPs also provide specialty care that is NOT covered by other plans.

• HARP eligible enrollees of HIV SNPs will receive a notice to tell them:
  • They are eligible for HARP enrollment.
  • That they can stay in their HIV SNP and get all the HARP benefits if they are eligible.
  • That 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.
How Providers Can Help
Helping the People You Serve

• Be aware of your local Health Home and Health Home Care Management providers
  ▪ Understand the referral process for a Health Home
  ▪ Ask your patients / recipients of services if they have a Health Home Care Manager
  ▪ Be aware of the BH HCBS Assessment Process
  ▪ Become knowledgeable about the Community Mental Health Assessment tool
  ▪ Learn the Plan of Care development and implementation process
  ▪ More information about Health Home care management, the Community Mental Health Assessment, and Plan of Care development can be found at http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
  ▪ Visit the Managed Care Technical Assistance Center’s (MCTAC) website to sign up to receive information about upcoming training related to Plan of Care development at www.mctac.org
Helping the People You Serve – Cont.

- Share this information and other webinars, trainings and materials with staff, especially direct service staff
- Ask your patients / service recipients you serve if they have received a letter and to bring it in
- Make sure your direct service staff can explain the changes to Medicaid Managed Care or help people by calling NY Medicaid Choice at 1-844- HARP-999 OR 1-844-427-7999
Where Can People Get More Information?

New York Medicaid Choice at 1-844-HARP-999 OR 1-844-427-7999

- **NYS Office of Mental Health (OMH):**

- **NYS Office of Alcoholism and Substance Abuse Services (OASAS):**

- **NYS Department of Health (DOH):**

- **For information about Behavioral Health Home and Community Based Services (BH HCBS):**