



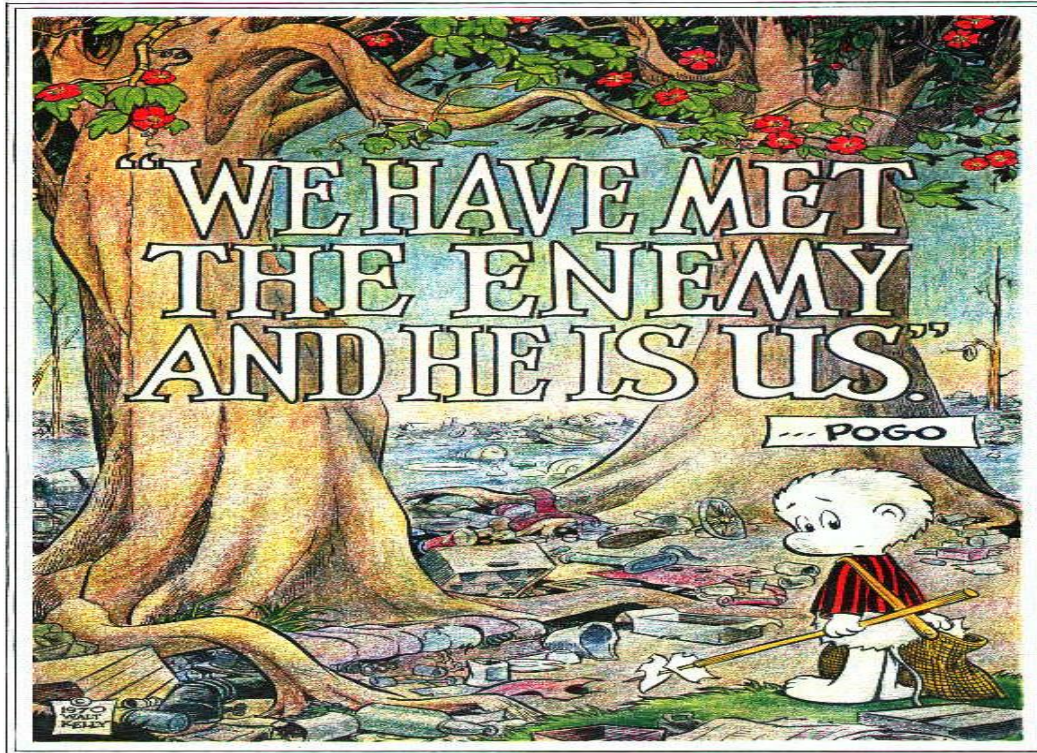
**Office of
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**Office of Alcoholism and
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Adult BH HCBS Town Hall – NYC Designated Providers

March 28, 2017

Why Behavioral Health Transformation is Needed



Why Behavioral Health Transformation is Needed

- In NYS, members with a BH diagnosis account for:
 - 20.9% of the population but 60% of Medicaid expenditures
 - 53.5% of Hospital admissions
 - 45.1% of ED visits
 - 82% of all readmissions
 - 59% of those readmissions were for a medical condition
- The average length of stay per admission for BH Medicaid users is 30% longer than for the overall Medicaid population
- People with BH conditions experience poor inpatient to outpatient connection
- Source: Measuring Physical and Behavioral Health Integration in the Context of Value-Based Purchasing. Greg Allen, December 7, 2016. <http://www.nashp.org/wp-content/uploads/2016/12/Allen-Slides.pdf> based on 2014 Medicaid claims data

Why Behavioral Health Transformation is Needed

- Need to move from an inpatient model to community-based model
- Need focus on recovery and rehabilitation and a life in the community
 - Employment
 - Housing
 - Social supports
 - Improved health outcomes

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



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Why Adult BH HCBS?

Recovery Oriented

- Support recipients in obtaining housing, employment, and social skills
- Promote hope and encourage each person to establish their individual paths toward recovery
- Provide services where people would like to receive them (home and community)
- Rehabilitative model vs medical model

Adult BH HCBS help people to:

Find Housing. Live Independently.

- Psychosocial Rehabilitation
- Community Psychiatric Support and Treatment
- Habilitation
- Non-Medical Transportation for needed community services

Return to School. Find a Job.

- Education Support Services
- Pre-Vocational Services
- Transitional Employment
- Intensive Supported Employment
- Ongoing Supported Employment

Manage Stress. Prevent Crises.

- Short-Term Crisis Respite
- Intensive Crisis Respite

Get Help from People who Have Been There and Other Significant Supporters

- Peer Support Services
- Family Support and Training

Implementation Challenges



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Challenges to Adult BH HCBS Implementation

- **Provider Readiness**
 - Active status—staff must be ready and qualified to provide services
 - Hiatus status—impact on network adequacy
- **Complexity of HCBS Assessments/Workflow**
- **Referral Challenges**
 - Few assessments completed
 - Few plans of care completed
 - Low Health Home enrollment among HARP members
- **Slow payment for HCBS assessments**
- **Provider concerns about fiscal viability**
- **Access to health information technology**
- **Need for consumer education**

Adult BH HCBS Provider Designation Status



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Readiness of Adult BH HCBS Providers in NYC

Adult BH HCBS	Active	Hiatus	Total
Community Psychiatric Support and Treatment (CPST)	44	46	90
Education Support Services	44	20	64
Empowerment Services-Peer Supports	76	47	123
Family Support and Training	74	47	121
Habilitation	72	31	103
Intensive Crisis Respite	3	6	9
Intensive Supported Employment (ISE)	47	20	67
Ongoing Supported Employment	47	22	69
Pre-vocational Services	72	33	105
Psychosocial Rehabilitation (PSR)	85	44	129
Short-term Crisis Respite	8	11	19
Transitional Employment	23	20	43

Readiness of Adult BH HCBS Providers in NYC

Active	Partial Hiatus	Hiatus
83	47	47

- Providers allowed to put their Adult BH HCBS designation into "Hiatus" status until March 2017
- **Deadline extension TBD**
- To reactivate a services on "Hiatus" status, please send an email to: omh.sm.co.HCBS-Application@omh.ny.gov

Access to Adult BH HCBS



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Reviewing the Data

Unique Individuals who have completed the Adult BH HCBS Assessment June 5, 2017

NYC/ROS	Brief Assessment	Full Assessment*	Grand Total
NYC (Start 1/1/16)	3,931	1,243	5,174
ROS (Start 10/1/16)	4,205	921	5,126
Grand Total	8,136	2,164	10,300

* Includes individuals who have completed both the Brief and Full Assessments

Reviewing the Data

Completed Plans of Care and LOS Determinations for NYC and ROS as Reported by Managed Care Organizations

NYS Region	Full Plan of Care Received	Received LOSD	Issued LOSD
New York City (01/01/2016-05/31/2017)	369	754	677
Rest of State (10/01/2016-05/31/2017)	82	1,605	1,384

In NYC:

- 5,174 individuals have been assessed
- 754 level of service determinations have been submitted to MCOs
- 14% of those assessed in NYC are pursuing BH HCBS

Reviewing the Data

NYC Adult BH HCBS Paid Claims from MDW (OMH View) as of 2017-06-03

Service Group	HCBS Service Sub Category	N Claims/Encounters	Unique Recipients
Assessment	Total	136	123
	HCBS Brief Assessment	112	107
	HCBS Full Assessment	24	23
HCBS Service	Total	612	58
	Peer Support Services	240	31
	Education Support Services	97	11
	Psychosocial Rehabilitation	97	18
	Habilitation Services	56	7
	Provider Travel Supplement	36	6
	Pre-vocational Services	35	7
	Short-term Crisis Respite	28	3
	Family Support and Training	17	4
	Community Support and Treatment	3	3
	Intensive Supported Employment	2	1
	Transitional Employment	1	1

NYS has taken several steps to improve access to Adult BH



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Efforts to Improve Access to Adult BH HCBS

- Removal of the “Full” portion of the NYS Community MH Assessment
- Direct billing to eMedNY for HCBS Assessments (interim)
- Simplified Plan of Care, accompanying ISP in draft
- Access to HCBS for non-HH enrollees:
 - New process for individuals who opt out of HH to be assessed and referred to HCBS
 - Exploring options for additional Assessors (beyond HH care managers)
- BH HCBS Roadmap- workforce development

Efforts to Improve Access to Adult BH HCBS

- Ongoing Health Home (HH) enrollment efforts
 - Recent DOH guidance for Hospitals re: protocols for HH referrals
 - Focus on Community Referrals
- Development of PSYCKES flag for “HARP, not HH enrolled”
- Co-Mingling Guidance
- Increase HARP enrollment for HARP-eligible (e.g., development of provider tip sheet in process)

Best Practices in Linking Individuals to Adult BH HCBS

- Use of Peers to engage in HH and through Adult BH HCBS process
- Direct communication between HH Care Manager and MCO, HCBS provider
- Dedicated HARP teams (at MCO and HH CMA)
- Standardized processes (Plan Of Care, MCO, BH HCBS referrals)
- Understanding linkage between ISP development and the Plan of Care

Support for Adult BH HCBS Providers

- [Behavioral Health Service Landscape Training Series](#) (MCTAC, CPI, NYAPRS)
- [Center for Practice Innovations](#) (CPI)
- HCBS Learning Community Initiatives
- OASAS and OMH Technical Assistance opportunities

BH HCBS Rate Enhancements

- In October 2016 HCBS fees were increased by 4.35% (excludes assessments, crisis respite and travel supplement) as reflected in the published rates.
- Effective November 2016 Psychosocial Rehab (off-site) rate will be increased by 8.7%; Intensive Crisis Respite will be increased by 25% and Short-term Crisis Respite will be increased by 15%. These increases are pending final State approvals and are not reflected in the published rates.

NYC Rates: <https://www.omh.ny.gov/omhweb/bho/nyc-harp-fee-schedule.xlsx>

CMS-Approved Adult BH HCBS Rates as of October 2016

Adult BH HCBS	Oct-2016 Rates
HARP HCBS Psychosocial Rehab - onsite	\$ 14.25
HARP HCBS Psychosocial Rehab - offsite	\$ 16.60
HARP HCBS Psychosocial Rehab - Group 2-3	\$ 7.85
HARP HCBS Psychosocial Rehab - Group 4-5	\$ 3.95
HARP HCBS Psychosocial Rehab - Group 6-10	\$ 2.65
HARP HCBS Psychosocial Rehab - Per Diem	\$ 180.00
HARP HCBS CPST (physician)	\$ 83.85
HARP HCBS CPST (NP, psychologist)	\$ 43.60
HARP HCBS CPST (RN, LMHC, LMFT, LCSW, LMSW)	\$ 34.90
HARP HCBS CPST (all other allowable professions)	\$ 18.10
HARP HCBS Peer Supports - by credentialed staff	\$ 14.50
HARP HCBS Residential Supports (Habilitation)	\$ 17.25
HARP Short-term Crisis Respite (dedicated fac)	\$ 306.00
HARP Intensive Crisis Respite	\$ 476.00
HARP HCBS Family Support / Training (individual)	\$ 16.60
HARP HCBS Family Support / Trn (group of 2 or 3)	\$ 9.15
HARP HCBS Pre-vocational	\$ 74.80
HARP HCBS Transitional Employment	\$ 18.70
HARP HCBS Intensive Supported Employment	\$ 18.70
HARP HCBS On-going Supported Employment	\$ 18.70
HARP HCBS Education Support Services	\$ 74.80
HARP HCBS Provider Travel Supplement (per mile)	\$ 0.58
HARP HCBS Provider Travel Supplement (subway)	\$ 5.50

Adult BH HCBS Start-Up Support



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Leveraging State Aid Where Available

- Current State Aid in place. Providers can use current staff to provide HCBS
 - Cost for these staff must be properly allocated on the CFR
- During the initial two year HCBS carve-out period, any start-up costs to expand capacity can be reported as eligible state aid expenses.
- OMH will consider allowing providers to retain some state aid funds for the non-HARP population.
 - [CFR Filing Webinar from MCTAC and State Partners](#)
- At some future point, OMH will phase-out a portion of the State Aid to cover costs in the managed care premium

NOTE: Since OASAS does not currently fund any of these services, additional HCBS revenue will not result in any decrease in OASAS State Aid.

Adult BH HCBS Start-Up Grants

HCBS Start-Up Grants

No. of NYC Grant Recipients	Total Funds Distributed
123	\$4,778,600*

* Total includes funds that may be returned to NYS

Startup Grant Documentation Submission Deadline Extension

- May 31, 2017

Behavioral Health Information Technology Grant Program—BHIT

Number of NYC BHIT Program Enrollees	Milestone 1 Total Payments*
85	\$2,015,000

*NYC Deadline Extension April 28, 2017



Consumer Education Materials

- NYS has produced:
 - Brochures, palm cards, posters
 - Video animation
- Consumer education is being rolled out by New York State and the New York Association of Psychiatric Rehabilitation Services (NYAPRS)

Discussion



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Resources

CFR Filing webinar from MCTAC and State Partners

<http://ctacny.org/training/hcbs-rates-and-cfr-webinar-adult-bh-hcbs-providers>

Behavioral Health Service Landscape Training Series (MCTAC, CPI, NYAPRS)

<http://ctacny.org/news/nys-behavioral-health-service-landscape-training-series>

Center for Practice Innovations (CPI)

<http://practiceinnovations.org/>