State Designated Entity and BH HCBS Quality/ Infrastructure Funds: Increasing Access & Utilization for Adult BH HCBS

MCTAC Event Follow-up: Frequently Asked Questions
May 2018

State Designated Entity: Recovery Coordination Agency

Topic	***FAQ***
Stakeholder Workgroups	***Q:*** It was mentioned that there is an existing stakeholder workgroup dedicated to HARP & HCBS. What is the make-up of this workgroup? ***A:*** *The HH/MCO Workgroup meets monthly with the State, and has designated a HARP/HCBS Subcommittee to develop recommendations related to the BH HCBS Workflow. This subcommittee consists of representatives from Health Homes, Managed Care Organizations, Care Management Agencies, BH HCBS Designated Providers, and State partners. It is now also reviewing processes related to recently issued SDE/Recovery Coordination policy.*
SDE & CFR	***Q:*** If a State Designated Entity/ Recovery Coordination Agency provides recovery coordination services through an existing program (e.g. PROS), how will this be reported on the Consolidated Fiscal Report (CFR)? ***A:*** *Guidance is forthcoming. This will need to be reported on the CFR.*
Conflict Free Care Management	***Q:*** Will the conflict-free care management firewalls apply to SDE/RCA providers? ***A:*** *Yes.* ***Q:*** If our agency provides SDE/ recovery coordination services, can we refer members to our own HCBS? ***A:*** *Recovery Coordinators should always offer choice as a part of conflict-free care management. Members, after being offered choice of providers, may choose to stay with the recovery coordination agency for BH HCBS.* ***Q:*** How does the care coordinator or recovery coordinator document that the member was offered a choice of HCBS providers? ***A:*** *It is documented on the BH HCBS Plan of Care and communicated to the MCO.*
Designation & Contracting	***Q:*** Is my agency on the list of SDE-Eligible providers that was provided to MCOs? ***A:*** *Contact the* BH HCBS mailbox *find out if your agency is eligible to provide SDE.* ***Q:*** Can our agency amend existing contracts with MCOs to include SDE/ recovery coordination services? ***A:*** *Contract amendments may be possible. Contracts vary by provider and MCO. The process for contracting for recovery coordination will need to be addressed with the MCO. Contact information for MCOs can be found on the* MCTAC Plan Matrix.

Q: Will existing contracts with care management agencies be automatically amended to include these services?

A: *Providers should not assume any automatic amendment to existing MCO contracts. Please contact your MCO to discuss the process for contracting for recovery coordination.*

Q: Please clarify which agencies and programs can provide SDE/ recovery coordination services.

A: *Per state policy, the following entities are authorized as State Designated Entities (SDEs): Agencies or community-based organizations that are state-designated Health Homes, or affiliated with a Health Home, and who employ individuals meeting the NYS assessor qualifications for Adult BH HCBS. An agency is considered affiliated with a Health Home when the agency has a contractual relationship with a NYS-designated Health Home for the provision of health home care management services. The State will provide a list of all State Designated Entities eligible to contract as Recovery Coordination Agencies (RCA) for Adult BH HCBS.*

Network Requirements

Q: What criteria goes into determining a sufficient number of SDE/ Recovery Coordination Agencies for a geographic area?

A: *In accordance with Model Contract Requirement Section 10.1(d), each MCO must demonstrate Recovery Coordination Agency network adequacy in one of two ways:*

a. *Submitting by May 1, 2018, an RCA network adequacy proposal that contains the following:*
    - *Number of HARP enrollees;*
    - *Analysis of which SDE agencies have high numbers of HARP members currently accessing care (this can include programs within the agency such as: housing, OTP, clinic, ACT and/or PROS);*
    - *A plan to contract with SDEs and a written justification that these SDEs are sufficient in number and capacity to provide assessments, plans of care, and reassessments for their HARP membership; and*
    - *How the Plan will identify unassessed HARP members and connect them to a contracted RCA.*
b. *In the absence of a network adequacy proposal, the MCO must demonstrate they are contracted with fifty percent (50%) of SDEs in the MCO's catchment area by October 1, 2018.*

Rates & Billing

Q: What program will submit the claim for SDE/ recovery coordination services? What program code should be used?

A: *Program codes for CFR reporting will be forthcoming in guidance. Providers need to work directly with the MCO to ensure provider type is consistent with how they would like the service to be billed on the claim.*

Q: Are claims submitted directly to the State (FFS) or to the MCO (HARP)?

A: *Recovery Coordination services, including the NYS Eligibility Assessment and Plan of Care development (initial and ongoing), will be billed directly to the contracted Managed Care Organization.*

Q: What rate codes should we use?

A: *Rates codes applicable to Recovery Coordination services are outlined in the [State policy](), and also included on Fee schedules for both upstate and downstate found at [https://www.omh.ny.gov/omhweb/bho/billing-services.html.](https://www.omh.ny.gov/omhweb/bho/billing-services.html)*

Q: When can the "Plan of Care Development – Initial" rate be claimed?

A: *The Plan of Care Development-Initial rate code (7780) may be billed for the development of the initial Plan of Care, and is claimed upon completion of the BH HCBS POC meeting all federal requirements, including scope, duration and frequency of BH HCBS.*

Q: Will claims for completion of the NYS Eligibility Assessment be paid even if the member is found to be ineligible for HCBS?

A: *Yes*

Assessor Qualifications

Q: Will certified peer support specialists be allowed to complete the NYS Eligibility Assessment?

A: *NYS is currently considering whether this will be allowed.*

Q: Will there be an opportunity to apply for waivers for experienced staff who do not meet the assessor qualifications?

A: *Not at this time.*

Q: Can any qualified staff within a designated and contracted SDE/ Recovery Coordination Agency provide the NYS Eligibility Assessment or do they need to work within the existing care management program?

A: *Any staff employed, associated with or contracted for work within the contracted agency who meet the qualifications, including required training, may provide recovery coordination services.*

Process to Access BH HCBS

Q: Should members who reside in non-HCBS-compliant settings be assessed? What about members who will soon be Medicare-eligible?

A: *Yes, it is required that all HARP members be assessed for BH HCBS eligibility. Agencies may choose to prioritize assessments based on individual status of HARP members (e.g., prioritize assessments for those identified most "ready" to pursue BH HCBS, such as individuals about to transition to more independent living, stepping down from ACT services, or actively seeking additional supports).*

Q: Will the SDE/ Recovery Coordination Agency have access to MAPP?

A: *Because the SDE/Recovery Coordination Agency would have an affiliation with a Health Home, the agency's HH care management program would have established access to MAPP. However, because MAPP is the DOH tracking system for those receiving Health Home care management services, MAPP access will remain limited to care management staff who also provide HH care management services. Other Recovery Coordinators may need to utilize the MCO and/or PSYCKES if needing information regarding an individual's status with Health Home. HARP members who are not enrolled in the HH program should not be entered into the MAPP HH Tracking system.*

Q: Will prior authorization be required for SDE/ recovery coordination services? If so, will this be standardized across MCOs?

A: *NYS will release guidance on documentation, billing, and utilization management for recovery coordination services.*

Q: Who will be responsible for alerting the recovery coordinator if/when changes are needed on the BH HCBS Plan of Care?

A: *Changes to the HCBS Plan of Care may be initiated by the member, the recovery coordinator, BH HCBS providers, or the MCO. The HARP/HIV SNP shall ensure updates are made to the Plan of Care as the member's service needs change.*

Q: Who is responsible for updating the Plan of Care if a member becomes disengaged from recovery coordination services?

A: *If a member becomes disengaged from recovery coordination, the RCA should notify the MCO so that the MCO can refer to another provider.*

Q: Can Adult BH HCBS providers refer members directly to an SDE/ recovery coordination agency for an assessment?

A: *Yes. The RCA that receives the referral will need to connect with the MCO prior to providing the assessment. The MCO will verify the member is not already working with a HH or SDE.*

Q: Will MCOs work together to streamline authorization processes?

A: *NYS encourages MCOs and providers to work together to create focused, streamlined administration of BH HCBS, including coordination of supports from assessment to service provision.*

Q: What changes are allowed to be made to the LOSD process in order to promote streamlining and rapid access?

A: *The MCO has ability to determine most effective process by which they will issue LOSDs and authorize BH HCBS. One example could be the MCO approves LOSD requests over the phone while member is present to allow immediate selection and referrals to BH HCBS, and follow-up with written LOSD.*

Utilization Management

Q: Are there separate UM caps for members who are HCBS Tier 1 versus Tier 2?

A: *Yes. This information can be found in the billing policy.*

Quality / Infrastructure

General

Q: Is funding allocated with respect to regions?

A: *Funding allocation methodology for the HARPs were based on the total number of HARP enrollees for that MCO.*

Q: How much money will be available? Is there a limit as to how much money a single provider can get?

A: *$50 million is available for the Infrastructure program and $25M for the Quality program statewide. Awarding of Infrastructure funds is left to MCO discretion.*

Eligible Providers

Q: What types of provider organizations are eligible to receive Infrastructure funds?

A: *Eligible providers are (1) active BH HCBS designated providers, (2) RCAs, (3) CMAs[1], (4) Community-Based Behavioral Health Independent Practice Association (BH IPA), or (5) Training entities for BH HCBS providers, RCAs, or HH CMAs[2].*

Q: Are Community Based BH IPAs that received BHCC funding eligible to receive Infrastructure funding?

A: *Yes. See Infrastructure Guidance (05/09/18) for more information.*

Q: Are Independent Practitioner Associations eligible to receive Infrastructure funding?

A: *Yes, Community Based BH IPAs are eligible to receive Infrastructure funds.*

Application Process

Q: What is the timeframe for application submissions and awards?

A: *Timeframes will be established by each MCO.*

Q: Should I submit my application/ proposal directly to the State or to MCOs?

A: *Applications should be submitted to the MCO.*

Q: Who can I contact at the MCO to discuss my application/ proposal?

A: *MCO contact information, including each MCO's lead for the Infrastructure Program, can be found on the MCTAC Plan Matrix, under the "General" tab.*

Use of Funds & Exclusions

Q: Can Infrastructure funds be used for capital expenditures for non-crisis respite HCBS? For example, if an agency needs more space?

A: *BH HCBS should be provided in home and community based settings whenever possible. These funds may not be used to break ground or for new construction. If a provider can make a compelling proposal that capital funds can increase rapid access to and utilization of BH HCBS, they may propose that to the MCO.*

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[1] Lead Health Home Entities are not eligible to apply for these funds.

[2] Any comprehensive proposal including training must demonstrate direct impact to increasing utilization of BH HCBS

Q: Can an SDE/ RCA use this funding to buy access to the HH Electronic Health Record?

A: *Guidance will be forthcoming regarding use of the HH EHR.*

Q: Can Infrastructure funds be used to break ground?

A: *No.*

Process to Access HCBS

Q: How can Infrastructure funds be used by providers to streamline access to HCBS?

A: *The vision for infrastructure funds is to promote innovation, including streamlining and standardization whenever possible. Providers must continue to meet all* federal requirements for conflict free care management and person centered planning*.*