In Community Services

Advancing Your Reach and Impact
Healthcare Reform Imperatives

• Future funding will depend on ability to demonstrate value added to the healthcare delivery system

• Building capacity to integrate care with other healthcare providers will enhance your ability to negotiate with health plans and new provider networks (e.g., PPS, ACO)

• Plans and networked providers will expect evidence that you can engage patients and demonstrate good outcomes

• In community services help you meet these imperatives
Access, Engagement and Continuity

• In Community Services are the thread that ties together a community of providers.

• Bi-directional - deliver the service where the client is or deliver the client to where the service is.

• Eliminates barriers to access, promotes engagement and fosters continuity of care.
Opportunities

• Integration

• Maximize Strategic Use of Peer Services

• Expand census, revenue and reach

• For those without primary care on site, new flexibility to creatively partner with primary care.

• Enhance Your Value
Examples

• Neighborhood primary care provider or MH clinic frequently refers to you but only 25% of those referrals convert to clients. You can now treat those clients at the PCP or MH site – where they already go.

• Continuity of care frequently breaks down between levels of care – send a staff person - peer or clinical - to inpatient service to secure the linkage to your clinic.

• Create a peer service that meets clients in their homes or community settings with the goal of re-engaging those at risk of being lost to care or securing linkages to other supportive services.
Integration Expands Resources

• Opportunity for Those Providers Without Primary Care in Their Current Setting

• Partnering to deliver whole health care with a primary care provider means that your client now is treated by an interdisciplinary team of which you are a member.

• A member of that team is the Primary Care Physician.

• Opportunities exist to share the delivery of SUD evidence base care across the different disciplines all in one location and one team. Each can support the other.
Peer Services

• Peer services “...hold promise as a vital link between systems that treat substance use disorders in a clinical setting and the larger communities in which people seeking to achieve and sustain recovery live.... peer leaders make recovery a presence in their communities and send a message of hope fulfilled”

Value of Peers

- Capitalize on the unique strengths and skills of peers
- Improved engagement and retention
- In Reach for warm handoffs – securing the linkage from inpatient/detox to outpatient – greatly improves Continuity of Care
- Engaging new patients in treatment
- Re-engaging those at risk of being lost to care
Potential Peer Specialties

• Secure linkages – referrals from other levels of care are accompanied by a peer from the moment of discharge to an appointment in your clinic that same day.

• Community outreach and engagement – missed clinic appointments are followed up by peer visits in the community to re-engage.

• Provide linkages to critical social rehabilitation resources and ensure patient engagement in these resources.

• These are just a few ways that you can market your ability to retain and engage your patients, enhance continuity and improve outcomes.
Before You Implement
Do Your Homework

• Where do most of your clients get their primary care or mental health care?

• Who does not know enough about your services but should?

• Do you have a referral source whose clients consistently no-show for their assessment appointments with you? Might those referrals convert to engaged clients if you came to them?

• How many patients are lost to care each month? How many could be re-engaged with the strategic use of peers in the community?
Attend To The Details

• Documentation – where, how, who has access

• Data – what you want to know, how will you know it and how will you report it

• Training – EBPs, culture of host setting, integration strategies

• Supervision

• Billing workflow

• Safety Protocols/Policies and Procedures
Billing Guidance Summary

• **Summary:**

  Currently, Medicaid reimbursement and claims for services delivered in the community: is only through the Medicaid managed care plans; is effective as services are brought into the managed care benefit package; and, applies only to adult (over 21) managed care enrollees.

  - NYC - October 1, 2015
  - Rest of State (ROS) - July 1, 2016.

  Medicaid FFS is not currently available for services delivered in the community. Straight Medicaid FFS will only become available upon Federal state plan approval (pending); and, when approved would only be available for services delivered to individuals not enrolled in a Medicaid Managed Care (MMC) or Health and Recovery Plan (HARP).
Clinical And Billing Guidance

• For complete information on Clinical and Billing Guidance for In Community Services please find, on the MCTAC website, under Tools and Resources, the document entitled:

• OASAS Certified Part 822 Programs Services in the Community Clinical and Billing Guidance

• [http://www.oasas.ny.gov/ManCare/documents/ServicesintheCommunity.pdf](http://www.oasas.ny.gov/ManCare/documents/ServicesintheCommunity.pdf)
Next Steps

• CASA/MCTAC will offer a short term, learning community focused on implementation issues – more information to come.

• Consider starting on analysis – resources, budget, potential partners etc.

• Think big, start small