



**Office of
Mental Health**

**Office of Alcoholism and
Substance Abuse Services**

Adult Behavioral Health Home and Community Based Services Quality and Infrastructure Program: Improving Lives

Agenda for the Day

- Vision and Overview: HARP and BH HCBS
- Recovery Coordination of BH HCBS (SDE)
- Infrastructure and Quality Funds: How it all works together
- Q & A and wrap up

Clinical Transformation

- In 2015 NYS began to implement the vision of the MRT to transform the adult system of care for individuals with mental health and substance use disorders.
- This vision is to increase community based services, reduce reliance on inpatient services and allow individuals who may experience mental health or substance use disorders to achieve their life goals.
- The following points were identified to accomplish this:
 - Person Centered Care
 - Recovery-Oriented
 - Integrated
 - Data Driven
 - Evidenced Based

Rehabilitation and Recovery Vision

- It is about the person - helping people live a life in the community, get a job, have successful relationships and go to school.
- The system should include a broad range of services that support recovery from mental illness and/or substance use disorders.
- These services support the acquisition of living, vocational, and social skills, and are offered in settings that promote hope and encourage each member to establish an individual path towards recovery.

The Health and Recovery Plan (HARP)

- HARP is a specialty Medicaid Managed care Plan and began in October 2015.
- HARPs offer an enhanced array of services including Adult Behavioral Health Home and Community Based Services (BH HCBS).
- All HARP enrollees are eligible for Health Home Care Management (HHCM).

BH HCBS

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

BH HCBS Access: Implementation Challenges

- Historically, NYS Eligibility assessment could only be done for those enrolled in a Health Home
 - Low Health Home enrollment of HARP members
- Engagement, outreach and education of workforce and consumers
- Engagement throughout the workflow
- Few referrals from HH Care Management Agencies (CMAs) to BH HCBS
- NYS Eligibility Assessment billing challenges
- Workforce and financial viability issues due to low volume of service recipients

Existing Initiatives to Improve Access

- Removal of the “full” Community Mental Health Assessment (CMHA).
- Abbreviated Assessor training for NYS Eligibility Assessment – *originally 12+ hours down to approx. 3.*
- Resolved Issues with payment to CMA for NYS. Eligibility Assessment:
 - Billing Roster eliminated (not effective)
 - Direct billing to eMedNY / edit resolved

Existing Initiatives to Improve Access (cont.)

- Provider Designation Attestation Form to eliminate Hiatus status.
- Revised BH HCBS Workflow (October 2017).
- BH HCBS Plan of Care template to be offered to Managed Care Organizations (MCOs), Recovery Coordination Agencies (RCAs) and Health Homes to support more intuitive focus on integration and person-centered rehab goals
- Working through billing difficulties for BH HCBS with providers and MCOs.

Existing Initiatives to Improve Access (cont.)

- Consumer Education Initiatives:
 - **Adult Behavioral Health Medicaid Managed Care**
[Educational Video Series](#)
 - Newly Available BH HCBS Brochures and Previously-released HARP print materials available for mass production and outreach
 - All materials can be found on the OMH Medicaid Managed Care
[Consumer Education Webpage](#)

HCBS Dashboard Data (04/24/18)

HARP Enrolled
108,217

HH Enrolled
36,315 (34%)

HCBS Assessed
17,018

HCBS Eligible
15,358

LOSD Requested
6,195

HCBS Authorized
2,387

HCBS Claimed
1,921

**Only 1.8% of HARP enrollees
have received a BH HCBS service**



New Initiatives Working Together: RCA, Quality and Infrastructure Opportunity

- Achieving rapid access to BH HCBS by:
 - strengthening regional stakeholder partnerships for solutions within a define catchment area,
 - opening the door to assessment and care planning for those not enrolled in Health Home through contracted Recovery Coordination Agencies.
- Increasing referrals to BH HCBS to active providers.
- BH HCBS uptake will support sustainability.
- Quality and Infrastructure program can support RCA implementation.
- Supporting VBP readiness.

Access to Adult BH HCBS for Non-Health Home: Recovery Coordinators



NEW YORK
STATE OF
OPPORTUNITY.

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

How Does HCBS Benefit HARP Enrollees?

- Treatment and Rehabilitation
 - Focus on symptom management vs. **meaningful life role goals**
- Engagement of high-need individuals with behavioral health disorders through:
 - Flexible services – can be provided in the individual's home or in the community, based on individual need or preference
 - **Person-centered Care planning** - specifically tailored to the individual's preferences, strengths, needs and goals
 - Services are chosen by the member: type of service and provider of service
- Empowering individuals to direct their path to **recovery**.
- Supported by rehab, peer, family, and other specialists to help individuals **gain the skills** necessary to attain life goals, recovery and independence.

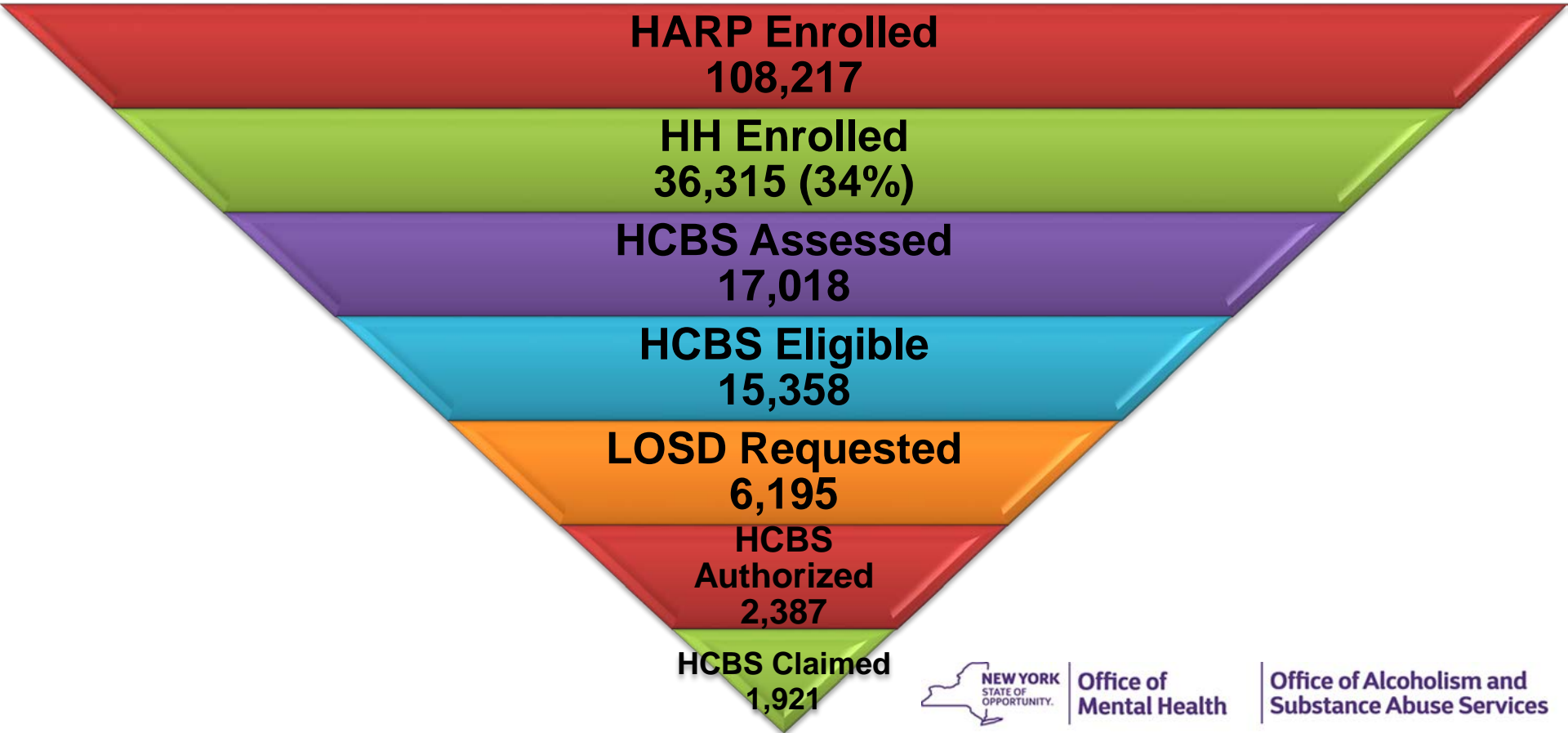
Why Does Access to HCBS Require HH / RCA?

- HCBS is different from traditional models
 - An **array of rehab services** vs. comprehensive program model
 - Provided around the person's individual circumstances and needs (**flexible**)
- An eligibility assessment is required
 - Independent assessment of barriers, needs, skills, and service preferences
- Requires recovery planning by a service coordinator
 - Identifying the individual's **life role goal**
 - Ensuring **services** have been **chosen by the person**
 - Planning services in an **integrated** way
 - HCBS complement each other AND the other services person receives
 - Services will help person **address barriers and attain goal**

HARP, Health Home, and Adult BH HCBS

- Most HARP enrollees will be eligible for BH HCBS (determined by an eligibility assessment).
- All HARP enrollees are eligible for Health Home Care Management (HHCM). HHCMs are given an **increased monthly rate to provide enhanced care coordination** to HARP enrollees, as needed to support their needs and access to HARP benefit package.
- **MCOs, HHCMs, and providers will work together** to assist HARP enrollees in accessing BH HCBS; see [BH HCBS Workflow guidance](#).

HCBS Dashboard Data (04/24/18)



Expanding Access to Rehab Services for HARP Enrollees

- Currently, **66% of HARP enrollees are not enrolled in HH**. MCOs will contract with eligible entities to provide assessment and care planning of BH HCBS for HARP enrollees not enrolled in a Health Home.
- HARP members who are *not* enrolled in HH will have their NYS Eligibility Assessment and HCBS Plan of Care done through a State Designated Entity contracted with the MCO as a **Recovery Coordination Agency (RCA)** for BH HCBS.
- HARP members who are not HH-enrolled may best engage with providers who have existing therapeutic and supportive relationships. These providers may be best at identifying recovery goals and linking the member to HCBS.

The State Designated Entity (SDE)

- Agencies that meet the following State-issued criteria are State Designated Entities for Adult BH HCBS:
 - Agencies or community-based organizations that are NYS-designated HHs, or affiliated with a HH, and who employ individuals meeting the NYS Assessor qualifications for Adult BH HCBS.
 - An agency is **considered affiliated with a HH** when the agency has a contractual relationship with a NYS-designated HH for the provision of **HH Care Management (HHCM) services**.
- The **State provided MCOs with a list** of State Designated Entities eligible to become a contracted RCA, to help MCOs begin contracting activities.

Becoming a Contracted Recovery Coordination Agency (RCA) for Adult BH HCBS

- **MCOs will reach out to State Designated Entities** who they would like to contract with as Recovery Coordination Agencies.
- Agencies who meet the SDE criteria **can reach out to MCOs** to express interest in contracting as an RCA, subject to MCO approval.
- MCOs must contract with a sufficient number of RCAs to meet the need in each county.
- MCOs may amend existing contracts with eligible agencies.

NOTE: An SDE must have a contract as a Recovery Coordination Agency in place with an MCO before it can begin completing assessments and BH HCBS Plans of Care for individuals not enrolled in HH.

Becoming a Contracted Recovery Coordination Agency (cont'd)

- MCOs will use a state-issued attestation form to determine SDEs meet all necessary criteria provided in State policy.
 - SDEs will **attest** to meeting such criteria by submitting the attestation form to the MCO.
- MCOs will provide the State a list of contracted Recovery Coordination agencies, per procedure outlined in State policy.
- **The State will post and maintain an updated list** of all contracted Recovery Coordination Agencies, by County, for public reference.

What does a Recovery Coordination Agency look like?

Each contracted RCA will work together with the MCO(s) to determine which programs should provide Recovery Coordination.

- RCAs should identify **qualified staff within their existing programs** who can act as **Recovery Coordinators** for HARP members they are currently serving. For example, a qualified clinician might provide services to HARP members who are not HH-enrolled within the agency's outpatient clinic.
- Recovery Coordination may be **embedded within various program models** with qualified staff, including outpatient clinic, housing, IOP, and PROS.
- RCAs may also choose to **embed Recovery Coordinators within their existing care management programs**, providing assessment and care planning to HARP members from their local community who are referred by the MCO.

Recovery Coordinators for Adult BH HCBS

Recovery Coordinators can be either:

1. Employed as a Care Manager or Care Management Program Supervisor within the agency; OR
2. Employed, associated with, or contracted for work with another program within that agency (for example, a PROS practitioner, housing case manager, or outpatient clinician).

Contracted Recovery Coordination Agencies should review caseload rosters within their existing programs to determine where HARP members are currently being served, and then work with those programs to have current, qualified staff trained to provide Recovery Coordination (assessment and care planning).

Assessor Qualifications

Assessors must meet the NYS Adult BH HCBS Assessor qualifications to perform NYS Eligibility Assessments, which include specific education, experience, supervision, & training [requirements](#).

Education

- A bachelor's degree in one of the fields below*;
- or,
- A NYS teacher's certificate + Bachelor's degree; or,
- RN + Bachelor's degree; or
- A Bachelor's degree level education or higher in any field with 5+ years of experience working directly with persons with behavioral health diagnoses; or,
- A CASAC



Experience

- Two years of experience:
 - In providing direct services to people with SMI, DD, or SUD; or,
 - In linking individuals with SMI, DD, or SUD to a broad range of services essential to success living in a community setting
- A master's degree in one of the qualifying education fields may be substituted for one year of experience



Supervision

- Provided by:
 - Licensed level healthcare professional (e.g. RN) with prior experience in a BH clinic or care management supervisory capacity; OR
 - Master's level professional with 3 years prior exp. supervising clinicians and/or CMs who are providing direct services to individuals with SMI/ serious SUDs.



Training

- Specific training for the designated assessment tool(s), the array of services and supports available, and the client-centered service planning process.
- Mandated training on the NYS Eligibility Assessment

*Qualifying education includes degrees featuring a major or concentration in social work, psychology, nursing, rehabilitation, education, OT, PT, recreation or recreation therapy, counseling, community mental health, child and family studies, sociology, speech and hearing, or other human services field.

Connecting to BH HCBS: The Work of the Recovery Coordination Agency



NEW YORK
STATE OF
OPPORTUNITY.

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

The Recovery Team: Who can support the HARP member?

- Providers throughout the BH system have **existing relationships** with HARP members (at an individual and agency level)
- By engaging these providers in the BH HCBS assessment, care planning and referral process, we will be better able to support members in accessing these benefits
- An existing provider can introduce BH HCBS in an individualized way, connecting rehab services with the person's specific goals.

Requirements for Accessing Adult BH HCBS

Recovery Coordinators will:

- Receive referrals from the MCO, or will notify the MCO prior to beginning assessment and care planning when referrals are received from anywhere else to ensure individual is not working with another RCA or Health Home.
- Have a good understanding of the **HARP benefit package**, including HHCM and BH HCBS. HARP members must be informed of ongoing care coordination services available through the Health Home, and if interested, the Recovery Coordinator will connect the member to a HH.
- Use the **NYS Eligibility Assessment** to determine a member's eligibility for BH HCBS.
- Request **Level of Service Determinations** for BH HCBS
- Coordinate **referrals** to BH HCBS providers chosen by the member
- Develop an integrated **BH HCBS Plan of Care**
- Conduct annual **reassessment** of BH HCBS eligibility and **update the member's POC** as needed

Conflict-Free Care Management & RCA

- Federal rules for conflict-free care management require any HARP member being referred for HCBS to be offered **a choice of service providers**.
 - MCO will review the POC to ensure choice of providers was given
- An employee who provides or supervises the NYS Eligibility Assessment and care planning services for an individual may not provide or supervise HCBS to that same individual
- Agencies who employ both Recovery Coordinators for Adult BH HCBS and providers of Adult BH HCBS are required to have separate Supervisory structures and adequate firewalls in place to ensure for conflict-free care management.

Eligibility Assessment

- The MCO will ensure the individual is not working with another Recovery Coordinator or Health Home care manager.
 - Completion of the NYS Eligibility Assessment
 - Assessment must be completed **face-to-face** with the member
 - Limited to 3 assessments paid per year
- Assessors shall complete **required training** PRIOR to conducting assessments; see [UAS-NY User Support](#) for more information.

NOTE: Per MMC Model Contract, Initial assessment should occur within 30-90 days of enrollment in the HARP.



POC Development – Initial

The “Plan of Care Development-Initial” rate code (7780) may be billed for a **maximum of one time per year** for the development of the initial plan of care with the HARP Enrollee.

Development of the Plan of Care includes:

- Request Level of Service Determinations
- Offer choice of providers, per federal person-centered planning requirements
- Coordinate referrals to BH HCBS providers, and
- Develop an **integrated BH HCBS Plan of Care** meeting all [federal requirements for BH HCBS plan of care](#), including scope, duration and frequency of BH HCBS. POC must also include verification that member was offered a choice of in-network BH HCBS providers.

POC Development – Ongoing

- When subsequent changes are needed to the Plan of Care, rate code 7781 “Plan of Care Development - Ongoing” may be used.
 - Billing for this service can ONLY occur after the Initial POC is developed, MCO-approved and billed for.
- The Plan of Care shall be updated to reflect changes in the individual’s needs, goals, BH HCBS eligibility, and/or services needed.
 - E.g., MCO can notify the Recovery Coordination Agency when such changes are identified during the MCO’s routine review processes.

NOTE: Annual re-assessment for BH HCBS eligibility as required for all HARP members. The Recovery Coordinator will use the NYS Eligibility Assessment tool to reassess the individual at least annually, and/or after a significant change in the individual’s condition warrants a change to the individual’s Plan of Care.

POC Development – Ongoing

- The Ongoing POC Development service includes any time spent on the following activities:
 - selection of providers
 - coordination of referrals to BH HCBS providers, and
 - subsequent updates to the HCBS POC.
- Recovery Coordinators should document the work completed for Ongoing POC development, in 15-min increments.

Recovery Coordination Services and Rates

Rate Code	Rate Code Description	Unit Measure	Upstate Rate*	Downstate Rate*
7778	HARP HCBS Assessment (“NYS Eligibility Assessment”)	Per diem, can only be billed 3 times per 365 days.	\$71.33	\$80.00
7780	Plan of Care Development – Initial	None, code 1 unit	\$289.77	\$325.00
7781	Plan of Care Development – Ongoing	Per 15 min, no more than 8 15-minute increments per day	\$16.49	\$18.50

Travel Supplement Rates

HARP HCBS Provider Travel Supplement (Transportation rates) may be used as needed to support assessment and/or plan of care (initial and ongoing) development. Rates for the travel supplements are as follows:

Rate Code	Rate Code Description	Unit Measure	Upstate Rate	Upstate Rate with MCO Admin	Downstate Rate	Downstate Rate with MCO Admin
7806	HARP HCBS Provider Travel Supplement (per mile)	Per mile	\$.52	\$.56	\$.58	\$.62
7807	HARP HCBS Provider Travel Supplement (subway, bus, taxi)	Per round trip	\$4.90	\$5.26	\$5.50	\$5.90

State-Issued Policy

- Assessor Agencies can refer to “*Policy for Improving Access to Adult Behavioral Health Home and Community Based Services (BH HCBS) for HARP and HARP-Eligible HIV Special Needs Plan Members Not Enrolled in Health Homes*” (released 1/24/18).
- The written policy outlines the requirements for the Recovery Coordination agency, as well as the role of the MCO in oversight and monitoring.

Resources & Guidance

Find all information and updates:

<https://www.omh.ny.gov/omhweb/bho/increasing-bh-hcbs.html>

Policy for Improving Access to Adult Behavioral Health Home and Community Based Services (BH HCBS) for HARP and HARP-Eligible HIV Special Needs Plan Members Not Enrolled in Health Homes:

https://www.omh.ny.gov/omhweb/bho/final_sde_guidance.pdf

Adult BH HCBS Assessor Qualifications:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/harp_bh/index.htm

Questions?

Please contact the Bureau of Rehabilitation Services & Care Coordination at:

omh.sm.co.hcbs-application@omh.ny.gov

BH HCBS Quality and Infrastructure Program



NEW YORK
STATE OF
OPPORTUNITY.

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Quality/Infrastructure Overview

Quality/Infrastructure funds are designed to provide financial supports to Providers and MCOs for innovation and rapid access of eligible HARP individuals to receive BH HCBS

The MCO Role in Access to BH HCBS

- MCOs are required to ensure each member receives an assessment to determine the member's need for BH HCBS, using the State-determined eligibility assessment.
- This includes a person-centered plan of care developed for each member.

New Initiatives working together to streamline HCBS access:

Recovery Coordination Agencies*

- HARPs and HIV SNPs will contract directly with Recovery Coordination Agencies (RCAs) for the purposes of performing Adult BH HCBS assessment, referral, and HCBS Plan of Care development for HARP members that are not currently enrolled in a Health Home.

Quality Funding*

- Awards to the MCOs based on an increase in new unique BH HCBS recipients.
- NYS encourages MCOs to share earned QI funds with high performing providers to support HCBS uptake.

Community Provider Infrastructure Funds*

- Will support provider proposals demonstrating an ability to increase HCBS provision.
- MCOs will ensure proposals streamline coordination through the entire workflow.
- Provider partnership proposals will be solicited, reviewed, and approved by the MCOs.

* Effective Implementation date: 4/1/2018



Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

How the New Initiatives Work Together

- Achieving rapid access to BH HCBS by:
 - strengthening regional stakeholder partnerships for solutions within a define catchment area,
 - opening the door to assessment and care planning for those not enrolled in Health Home through contracted Recovery Coordination Agencies.
- Increasing referrals to BH HCBS to active providers.
- BH HCBS uptake will support sustainability.
- Quality and Infrastructure program can support SDE implementation.
- Supporting VBP readiness.

Quality/Infrastructure Funds

MCO Quality Funding (\$25M)

Growth in BH HCBS provision will be recognized through quality awards, complementing upcoming HARP QI programs. Quality funding will reward MCOs that invest in BH HCBS provider systems.

BH HCBS Infrastructure (\$50M)

Provides funding for MCOs and Providers to work together to develop comprehensive proposals to address BH HCBS capacity, connectivity, and innovative service delivery systems. Successful Infrastructure proposals will include effective partnerships that include: BH HCBS providers, HH CMAs, RCAs, MCOs.

**Effective 1/1/2018 funds for these programs have been included in the premium



BH HCBS Infrastructure

- **All funded proposals must be integrated and part of a comprehensive strategy to increase BH HCBS utilization** whether the proposal is provider generated or MCO coordinated.
- Infrastructure funds may be used for activities within the following two categories:
 - BH HCBS Access and Infrastructure Development
 - Crisis Services Development
- BH HCBS Infrastructure funds are included in the premium as of October 2017.

MCO/Providers Working Together to Build Infrastructure

- MCOs will solicit and evaluate proposals from providers.
- MCOs may solicit proposals as broadly or specifically as required to meet the needs of their members.
- Proposals must address metrics that demonstrate an increase in BH HCBS utilization.
- Metrics may be MCO or provider identified and must be approved by the MCO.

Eligible Infrastructure Providers

- BH HCBS providers,
- Contracted Recovery Coordination Agencies,
- Health Home Care Management Agencies (HH CMAs),
- Behavioral Health IPAs, or
- *Training Entities for BH HCBS, RCAs and/or HH CMAs.

*Any comprehensive proposal including training must demonstrate direct impact to increasing utilization of BH HCBS



Infrastructure Proposals

- All funded proposals must be integrated and part of a **comprehensive strategy** to increase BH HCBS utilization.
- Proposals can be provider generated or MCO coordinated.
- Funds will support proposals demonstrating ability to increase BH HCBS provision.
- Provider proposals will be approved by the MCOs.

Funding Categories

- BH HCBS Access and Infrastructure Development
 - Workforce Development
 - Outreach and Education
 - Capacity Building and Member Engagement
 - Peer Support Development
- Crisis Services Development

Funding Allocation

- MCOs may distribute funds based on regional distribution of HARP enrollees.
 - Funds may be redistributed over time based on provider performance.
- All funds associated with a proposal must be under contract no later than March 31, 2019, with unobligated funds returning to the State.

Funding Exclusions

These funds **cannot** be used for:

- Proposals not addressing an increase in BH HCBS utilization
- Costs related to other program types
- Reimbursement for any clinical or rehabilitative service fees
- Capital expenditures for Crisis Respite except as allowed in state issued guidance
- Previously incurred expenses
- Funds may not go to the lead Health Home

Infrastructure Proposal Example

MCO Proposal Solicitation

The Managed Care Organization is seeking partnership proposals that can address the following identified barriers/concerns related to BH HCBS:

- 1) Members need access to BH HCBS, regardless of HH-enrollment status,
- 2) Crisis Respite Services are not consistently available or utilized in geographic area, and
- 3) Care Managers' and Recovery Coordinators' limited knowledge of the benefit results in individuals being referred to the wrong service and multiple LOSDs needed to engage members into appropriate services.

Example: Provider Background

Community-Based Behavioral Health Independent Practice Association (BH IPA)

The BH IPA consists 7 separate organizations that include within them:

- 10 BH HCBS Providers
- 3 Article 31 Clinic Providers
- 2 Article 32 Clinic Providers
- 3 Health Home Care Management Agencies
- 2 Recovery Coordination Agencies
- 3 Housing Providers
- 1 Peer Run Agency

Example: Proposal Details

- The BH IPA will hire a **BH HCBS Coordinator** to facilitate collaboration, communication, and coordination across agencies. The BH HCBS Coordinator will ensure that all parties receive the support and training needed to move HARP members through the workflow and into services.
- Member agencies that provide BH HCBS will **develop and facilitate training** for Care Managers and Recovery Coordinators related to the HCBS benefit package.
- A member agency that provides peer support services will receive funding to provide optional **peer navigation** to HARP members who are in the assessment and care planning process for HCBS.

Example: Proposal Details (con't)

- A member agency that is transitioning from hiatus to active status for **Short-Term Crisis Respite** will receive funding to support Crisis Respite development, including funding to support **24-hour staffing** during the ramp-up phase of implementation.
- All member agencies that provide BH HCBS will receive funding to support **innovative engagement strategies** upon receipt of an LOSD, including but not limited to:
 - ❑ phone support and early engagement efforts,
 - ❑ capped engagement dollars for small expenditures (e.g. coffee)

Within the BH IPA, each member agency has calculated an agency-specific sustainability threshold.

Overview: Quality Program

- MCO awards will be based on increase in new unique BH HCBS recipients, starting 4/1/18.
- Requires accurate BH HCBS encounter data reporting
- Subject to final reconciliation by the State.
- **NYS expects MCO to share incentives with high-performing providers.**

Quality Measurement

- Pays 50% of award amount on 1st service and 50% of award amount for 4th service (excepting crisis respite)
- Pays 100% of award on 1st visit to crisis respite recipient

Measurement includes anyone new to BH HCBS who passes a 6 month look back and excludes assessment, travel and any POC claims.

Quality Measurement

- The service utilization measurement will take place over five quarters: April 1, 2018 through June 30, 2019.
- NYS will reconcile final awards using HARP plan-submitted encounter data January 1, 2020.
- There will be no extensions granted for later submissions of encounter data.

It is about the person – helping people live a fulfilled life in the community, get a job, have successful relationships, and go to school.

Q & A



Thank you for your partnership as we continue to support recovery and rehabilitation for people in NYS!