

BH Managed Care Progress Report

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- Completed:
 - Finalized Initial HARP Selection Criteria
 - Finalized list of State Plan Services added to scope of benefits including:
 - PROS, ACT, CPEP, CDT, IPRT, Partial Hospitalization, TCM
 - Opioid Treatment
 - Outpatient chemical dependence rehabilitation
 - Rehabilitation supports for Community residences
 - Clinic (SUD and MH)
 - Inpatient (SUD and MH)

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- Completed tasks cont...
 - ▣ Provided Plans with member specific files
 - ▣ Provided Plans with specific information on services and volume
 - ▣ Identified enhanced 1915(i)-like services
 - ▣ Established initial network requirements
 - ▣ Selected functional assessment tool
 - ▣ Established and prioritized punch list of over 60 policy and premium issues
 - ▣ Setting up first Plan/Provider readiness meeting

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- In Progress:
 - ▣ Continue Plan/Provider readiness meetings ROS
 - ▣ Formulate year 1 quality and performance measures
 - ▣ Set premiums
 - ▣ Finalizing draft 1115 Waiver amendment
 - ▣ Finalizing draft RFQ
 - ▣ Release draft RFQ to Plans with databook for input from stakeholders

HARP Functional Assessment Tool

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- The Community Mental Health Assessment (CMH) of the interRAI suite will be used to:
 - Assist in determining eligibility for 1915 (i) like services and the Health and Recovery Plan (HARP)
 - Help inform the identification of support needs and the development of a person-centered plan of care
 - Contribute to meeting the Balancing Incentive Program (BIP) requirements of
 - No Wrong Door/Single Entry Point
 - Core Standardized Assessment
 - Conflict Free Case Management

- Current Status
 - Develop a screening tool to pilot for individuals with Behavioral Health concerns. Other tools from the interRAI suite are currently being utilized by the Department of Health (Long-Term Managed Care) and by the Office for People With Developmental Disabilities.
 - The tool may need to be adapted to better consider the needs of individuals with substance abuse disorders.
 - Development for software and training design that will complement processes in place for sister agencies, with information available from the Health Commerce System for care planning/management, quality considerations, and professional services collaboration.

Iterative development and implementation schedule in process

Enhanced Services for HARP

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Workgroup recommended 1915(i)-like services

- Rehabilitation
 - Psychosocial Rehabilitation
 - Community Psychiatric Support and Treatment
- Habilitation
- Crisis
 - Crisis Respite
 - Crisis Intervention
- Employment
 - Individual Employment Support services
- Support Services
 - Case Management
 - Family Support and Training
 - Training and Counseling for Unpaid Caregivers
 - Residential Supports / Supported Housing
 - Non- Medical Transportation
- Peer Supports
- Services in Support of Participant Direction
 - Information and Assistance in Support of Participant Direction
 - Financial Management Services
 - Self Directed Care

Draft Network Requirements

- All Plans will contract with:
 - ▣ Any OMH or OASAS licensed ambulatory provider serving at least 5 of their members in any of their Counties (Clinic network standards under development)
 - ▣ State operated OMH and OASAS ambulatory services as “Essential Community Providers” (ECPs)
- Members will have choice of a minimum of 2 providers of each BH specialty service
- All HARPs will include their parent company’s PH network for all counties they operate in
- For SUD members placed out-of-service area for SUD services, Plans must reimburse PH services out-of-network
- Government rates for ambulatory services will be in place for 24 months
- Mandatory network requirements will be in place for 24 months from contract implementation