Redesign Medicaid in New York State

Implementing Medicaid Behavioral Health Reform in New York

December 17th 2013

Agenda

- Goals
- Status and Project Timeline
- BH Benefit Design
- Overview of RFI/RFQ
- Next Steps

Goals: Behavioral Health Transition

- Key MRT initiative to move fee-for-service populations and services into managed care
- Care Management for all
- The MRT plan drives significant Medicaid reform and restructuring
- Triple Aim:
  - Improve the quality of care
  - improve health outcomes
  - Reduce cost and right size the system

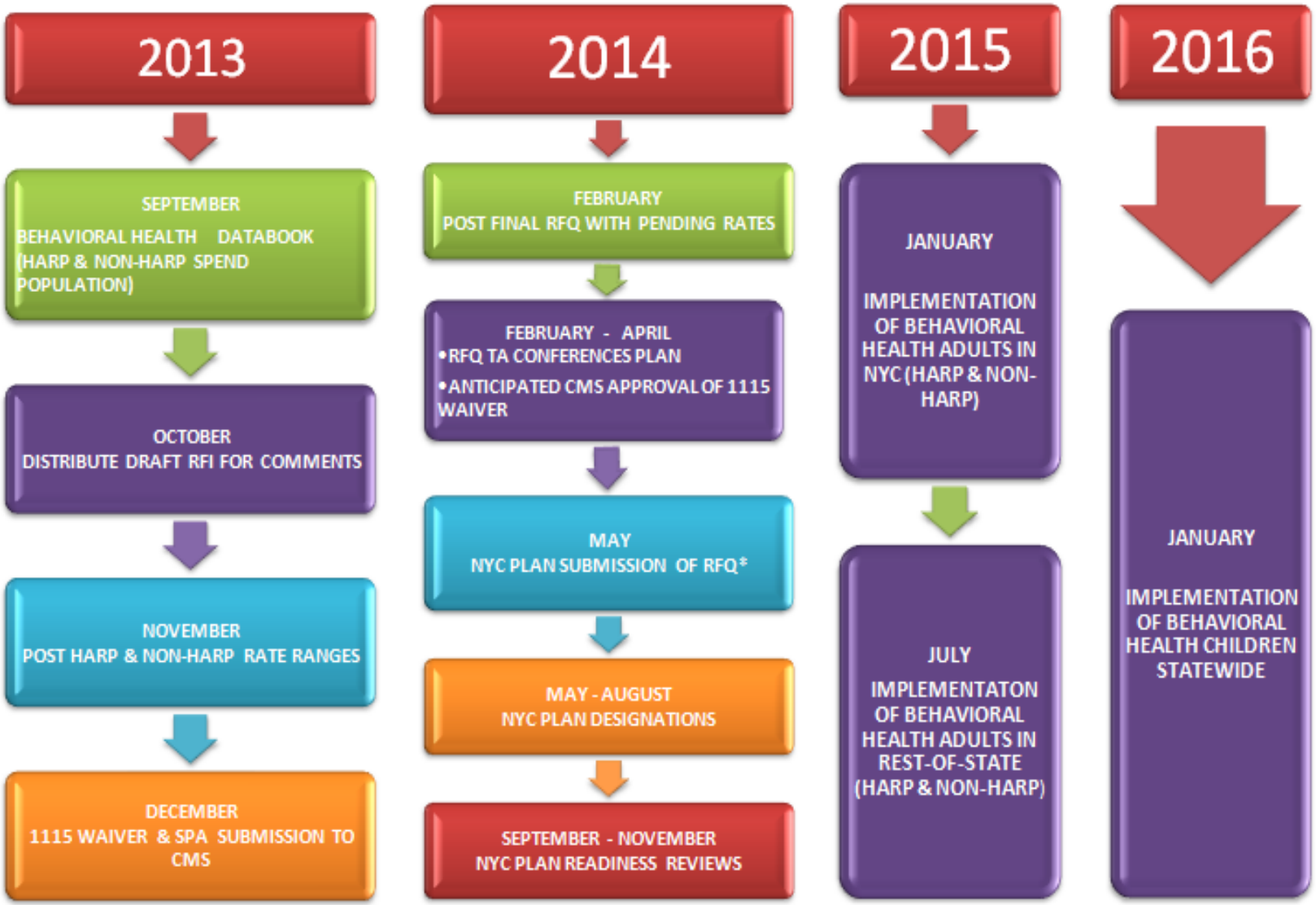
Project Status

- Draft RFI/RFQ released (Adults)
  - http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health_transition.htm
  - Comments due 1/10/14
- 1115 BH Waiver Amendment (Adults)
  - Draft with Centers for Medicare and Medicaid Services (CMS)
  - Final amendment scheduled to be submitted to CMS December 30, 2013
- Final RFQ scheduled for release February 2013 (Adults)

Project Status

- Public Outreach
  - Meet with MRT BH Workgroup early 2014
  - Provider/plan readiness meetings begin
    - January/February in NYC
    - March ROS
- Implementation
  - Adults in NYC - January 2015
  - Adults in Rest of State - July 2015
  - Children - January 2016

NYS MEDICAID BEHAVIORAL HEALTH TRANSFORMATION IMPLEMENTATION TIMELINE



*Rest of State (ROS) - Implementation for ROS will take place six months later starting with plan submission of RFQs.

AUGUST 2013

BH Benefit Design

Principles of BH Benefit Design

- ✓ Person-Centered Care management
- ✓ Integration of physical and behavioral health services
- ✓ Recovery oriented services
- ✓ Patient/Consumer Choice
- ✓ Ensure adequate and comprehensive networks
- ✓ Tie payment to outcomes
- ✓ Track physical and behavioral health spending separately
- ✓ Reinvest savings to improve services for BH populations
- ✓ Address the unique needs of children, families & older adults

BH Benefit Design Models

Behavioral Health will be Managed by:

- Medicaid MCOs (Qualified Health Plans) that qualify to provide the full array of BH/SUD services including those formerly carved out through:
  - Organizational Experience
  - Partnership with BHO or Experienced Vendors
- Health and Recovery Plans (HARPs) for individuals with significant behavioral health needs

Qualified Plan vs. HARP

Qualified Managed Care Plan

- Organized as Benefit within MCO
- Medicaid Eligible age 21 and over
- Benefit includes Medicaid State Plan covered services
- BH benefit management coordinated with physical health benefit management
- Performance metrics specific to BH
- Plan Case/Care Management
- BH medical loss ratio

Health and Recovery Plan

- Specialized integrated product line for people with significant behavioral health needs
- Medicaid Eligible 21+ who meet targeting criteria and risk factors
- Benefits includes Medicaid State Plan covered services plus access to Home and Community Based (1915i) Services
- Benefit management built around higher need HARP patients - specialized medical and social necessity criteria/ utilization review
- Enhanced care coordination - All in Health Homes
- Performance metrics specific to higher need population and 1915i
- Integrated medical loss ratio

Behavioral Health Benefit Package

- Behavioral Health State Plan Services -Adults
  - Inpatient - SUD and MH
  - Clinic – SUD and MH
  - PROS
  - IPRT
  - ACT
  - CDT
  - Partial Hospitalization
  - CPEP
  - Opioid treatment
  - Outpatient chemical dependence rehabilitation
  - Rehabilitation supports for Community Residences

Proposed Menu of 1915i-like Home and Community Based Services - HARPs

- **Rehabilitation**
  - Psychosocial Rehabilitation
    - Rehab counseling, support & skills building to restore and develop skills to improve self management and functioning in community
  - Community Psychiatric Support and Treatment
    - Goal-directed supports, strength based planning/treatment and solution-focused interventions to assist individual, family, collaterals
- **Habilitation**
- **Crisis Intervention**
  - Short-Term Crisis Respite
  - Intensive Crisis Intervention
  - Mobile Crisis Intervention
- **Education Support Services**
- **Peer Supports**
- **Support Services**
  - Family Support and Training
  - Training and Counseling for Unpaid Caregivers
  - Non- Medical Transportation
- **Employment Support Services**
  - Prevocational
  - Transitional Employment Support
  - Intensive Supported Employment
  - On-going Supported Employment
- **Self Directed Services**

Overview of RFI/RFQ

Request for Information

- RFI Objectives
  - Improve the RFQ content
  - Ensure a transparent, fair and inclusive qualification process
- RFI document contains specific questions, the draft RFQ, and a databook. Draft rates will be released before the final RFQ.
- RFI provides an opportunity to provide feedback on the proposed managed care design
- NYS will incorporate RFI feedback into the final RFQ

RFQ: Addressing BH Needs

- Establishes BH experience and organizational requirements as recommended by the MRT BH Workgroup
- Designed to address concerns and design challenges identified by the MRT BH Workgroup

Plan Qualifications

- Plans must meet State qualifications in order to manage BH services
  - Qualified mainstream plans
  - HARPS
- Plans may qualify by
  - Meeting experience requirements
  - Partnering with a Behavioral Health Organization or experienced vendor
- NYS will consider alternative demonstrations of experience and staffing qualifications for Qualified Plans and HARPS

RFQ Performance Standards

- Organizational Capacity
- Experience Requirements
- Contract Personnel
- Member Services
- HARP Management of the Enhanced Benefit Package (HCBS 1915(i)-like services)
- Network Services
- Network Training
- Utilization Management
- Clinical Management
- Cross System Collaboration
- Quality Management
- Reporting
- Claims Processing
- Information Systems and Website Capabilities
- Financial Management
- Performance Guarantees and Incentives
- Implementation planning

Member Services

- The RFQ requires the creation of BH service centers with several capabilities such as
  - Provider relations and contracting
  - Utilization Management
  - BH care management
  - 7 day capacity to provide information and referral on BH benefits and crisis referral, prior authorization, and concurrent review if required
- These should be co-located with existing service centers when possible

Preliminary Network Service Requirements

- Plan's network service area consists of the counties described in its current Medicaid contract
- Proposed transitional requirements include:
  - Contracts with OMH or OASAS licensed or certified providers serving 5 or more members
  - Pay FFS government rates to OMH or OASAS licensed or certified providers for ambulatory services for 24 months
  - Transition plans for individuals receiving care from providers not under Plan contract
- State open to modifying payment requirements based on Plan/ Provider agreement

Preliminary Network Service Requirements

- Plans to contract with:
  - State operated BH "Essential Community Providers"
  - Opioid Treatment programs to ensure regional access and patient choice where possible
  - Health Homes
- Plans must allow members to have a choice of at least 2 providers of each BH specialty service
  - Must provide sufficient capacity for their populations
- Contract with crisis service providers for 24/7 coverage
- HARP must have an adequate network of Home and Community Based Services

Network Training

- Plans will implement a comprehensive BH provider training and support program. Topics include:
  - Billing, coding and documentation
  - Data interface
  - UM requirements
  - Evidence-based practices
- HARPs must train providers on HCBS requirements

Utilization Management

- Plans prior authorization and concurrent review protocols must comport with NYS Medicaid medical necessity standards
- These protocols must be reviewed and approved by OASAS and OMH in consultation with DOH
- Plans will rely on the LOCADTR tool for review of level of care for SUD programs as appropriate

Clinical Management

- The draft RFQ establishes clinical requirements related to:
  - The management of care for people with complex, high-cost, co occurring BH and medical conditions
  - Promotion of evidence-based practices
  - Pharmacy management program for BH drugs
  - Integration of behavioral health management in primary care settings

Clinical Management

- Additional HARP requirements include oversight and monitoring of:
  - Health Home services
  - 1915(i) assessments
  - Access to 1915(i)-like services
  - Compliance with conflict free case management rules (federal requirement)
  - Compliance with HCBS assurances and sub-assurances (federal requirement)

Home and Community Based Services (HCBS)

- In order to manage new services Plans must:
  - Meet CMS performance and quality requirements
  - Understand how these services support community based living and avoid hospitalizations and ED visits
  - Articulate their vision for network development, utilization management, access, and overall philosophy of services supportive of recovery

Plan Quality Management

- Plans will review, analyze, and intervene in such areas as:
  - Under and over utilization of BH services/cost
  - Readmission rates and average length of stay for psychiatric and SUD inpatient facilities.
  - Inpatient and outpatient civil commitments
  - Follow up after discharge from psychiatric and SUD inpatient facilities.
  - SUD initiation and engagement rates
  - ED utilization and crisis services use
  - BH prior authorization/denial and notices of action
  - Pharmacy utilization
- HARP tracks:
  - 1915(i)-like HCBS service utilization
  - Rates of engagement of individuals with First Episode Psychosis (FEP) services

Claims Processing

- The Plan's system must capture and adjudicate all BH claims and encounters
- Plan must be able to support BH services
- Plans must meet timely payment requirements

Regional Planning Consortiums

- Cross system collaboration will be facilitated through Regional Planning Consortiums (RPCs)
- RPCs will be comprised of
  - LGUs in region
  - Provider representatives (mental health, substance abuse, child welfare system)
  - Consumer and family representatives
  - Health home leads, and
  - Medicaid MCOs

Regional Planning Consortiums

- RPCs will work closely with State agencies to
  - Guide behavioral health policy in the region
  - Problem solve regional service delivery challenges, and
  - Recommend provider training topics
    - When possible, Plan training for providers is coordinated through RPCs
- Plans will be required to sign an agreement with the RPC for purposes of:
  - Data sharing
  - Service system planning
  - Facilitating Medicaid linkages with social services and criminal justice/courts
  - Coordination of provider and community training
  - Ensuring support to primary care providers, ED, and local emergency management (fire, police) when BH emergent and urgent problems are encountered
- Plans must meet quarterly with NYS and RPCs

Next Steps

- RFI comments due January 10, 2014
- Performance Metrics are in development and will be shared with stakeholders in future
- Final RFQ scheduled for release February 2013 (Adults)
- Implementation
  - Adults in NYC - January 2015
  - Adults in Rest of State - July 2015
  - Children - January 2016

Questions?