APPENDIX B to Administrative Services Agreement Between Managed Long Term Care Medicaid Advantage Plus (MAP) Plans and Health Homes

BACKGROUND to INCLUDE MAP

On January 1, 2023, additional behavioral health (BH) services were carved into the Medicaid Advantage Plus (MAP) product line, enabling MAP members to access the full array of both Medicare and Medicaid's physical health, mental health, and addiction services directly through MAP Plan benefits. Additional "carved-out" behavioral health services are accessible to MAP members through fee-for-service (FFS) Medicaid.

The MAP product is a managed long term care (MLTC) plan designed to integrate Medicaid and Medicare benefits for dual enrollees within one managed long term care plan and ensure access to long term care services and supports for dually enrolled members who:

- need more than 120 days of community based long term care services, and
- are assessed as needing a nursing home level of care.

MAP Plan enrollees, if eligible, may also be enrolled in a Health Home. Health Home care management services are carved-out of both the Partial Capitation MLTC Plan's and the MAP Plan's benefit package and are reimbursed through FFS Medicaid. MAP Plans should continue to follow the <u>Guidance for Providing Care Coordination and Management to Medicaid Members Enrolled in MLTC Plans and Health Homes</u> which explains the process for MLTC and MAP Plans to establish Administrative Service Agreements (ASAs) with Health Homes providing care management services to their members. The template <u>Statewide Administrative Health Home Services Agreement Between Managed Long Term Care Partial Capitation and/or Medicaid Advantage Plus Plan and Health Homes (Statewide ASA) has been updated for use by MAP plans. This template should be used to formalize roles between the MAP Plan and the Health Home agency to avoid duplicative services. While the <u>Statewide ASA's, Appendix A</u> is suitable for MLTC Partial Capitation Plans to identify services covered by the capitation, Appendix B is to be used for MAP Plans.</u>

APPENDIX B

This Appendix B: Administrative Service Agreement (ASA) Between Medicaid Advantage Plus (MAP) Plan and Health Homes outlines the New York State Office of Mental Health (OMH) and the Office of Addiction Services and Supports (OASAS) Behavioral Health and the Department of Health (DOH) long term care services included in the MAP benefit package as of January 1, 2023, as well as services available through Fee-for-Service (FFS) Medicaid and Medicare. Appendix B is to be used to assist MAP Plans and Health Homes in assigning care management and coordination roles.

MAP Plans are responsible for ensuring members receive the appropriate level and degree of care management services based on the severity and acuity of the member's physical and mental health conditions¹. MAP Plans should proactively identify members who are eligible for Health Homes, including Health Home Plus (HH+), an intensive level of Health Home care management for individuals with Serious Mental Illness (SMI) or HIV and meeting certain other indicators of high need. Plans should ensure specific information about HH+ eligibility is included when sending member referrals to contracted Health Homes. Identification of members eligible for HH+, particularly those not already enrolled in Health Homes, is critical for MAP Plans to ensure members are connected to an appropriate care management agency that offers HH+ care management. MAP Plans can easily identify members eligible for

¹ MAP model contract 2022-2026, section 10.13 Person-Centered Service Planning and Care Management, e)iii, p.58.

Health Homes and HH+ using <u>PSYCKES</u>, a HIPAA-compliant web-based application designed to support clinical decision making, care coordination, and quality improvement in New York State (NYS).

MAP Plans should use the updated 2024 ASA developed by the NYS Department of Health referenced above, *Appendix B* of this document, and PSYCKES to ascertain and fulfill oversite responsibilities for fully integrated Medicare and Medicaid care management, including:

- alignment of member needs with care management intensity,
- establishment of a communication protocol that includes a single point of contact within the Plan for members to reach their care managers, including care managers contracted directly with the Plan, and Health Home/HH+ care managers, and
- optimized collaboration with Health Homes that develop the primary care of plan with Health Home
 participants, ensuring effective coordination of roles for the Plan, Health Home/HH+, and other
 delegated or contracted care managers.

Please send questions to: <u>BHO@omh.ny.gov</u> and copy the MLTC plan manager with the subject title: MAP BH Care Management Coordination

Questions specific to Health Homes should be sent to healthhomes@health.ny.gov.

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Appendix B: Administrative Service Agreement (ASA) Between Medicaid Advantage Plus (MAP) Plan and Health Homes MAP Plan Benefit Package

MAP Plan OMH Behavioral Health Services: <u>Included</u> in Capitation ¹ Services Provided as Medically Necessary	Check Needed Services
Community Oriented Recovery and Empowerment (CORE) Services ² :	
Psychosocial Rehabilitation (PSR)	
Community Psychiatric Supports and Treatment (CPST)	
Empowerment Services - Peer Supports (Peer)	
Family Support and Training (FST)	
Adult Outpatient Rehabilitative Mental Health Care:	
Mental Health Outpatient Treatment & Rehabilitative Services (MHOTRS)	
Personalized Recovery Oriented Services (PROS)	
Assertive Community Treatment (ACT)	
Adult Outpatient Mental Health Care:	
Continuing Day Treatment (CDT)	
Partial Hospitalization (PH)	
Adult Mental Health Crisis Services ³	_
Mobile Crisis & Telephonic Crisis ⁴ Services	
Comprehensive Psychiatric Emergency Program (CPEP)	
Crisis Residential Programs	
Inpatient	

MAP Plan OMH Behavioral Health Services: <u>Excluded</u> From The Capitation Can Be Billed Fee-For-Service	Check Needed Services
Certified Community Behavioral Health Clinic (CCBHC) Services	
Rehabilitation Services Residents of OMH Licensed Residences and Family Based Treatment Programs	
OMH Services for Youth Aged 18-20 years:	
Children's Home and Community-Based Services (HCBS)	
OMH Day Treatment	
OMH Residential Treatment Facility (RTF) ⁵	
Children & Family Treatment Services & Supports (CFTSS)	
Crisis Intervention Services for Youth	

² Please refer to the CORE Services Benefit and Billing Guidance for additional information

³ Psychotherapy for crisis services provided at non-facility/office settings are included in the <u>Physician Fee Schedule</u> implemented January 2024. Page 6 for additional information.

⁴ 988 provides direct connection to caring support for anyone in mental health distress including thoughts of suicide, substance use crisis, or emotional distress. Call 988 or chat 988.org/chat.

⁵ RTF maximum age extends to 21 years old.

Appendix B: Administrative Service Agreement (ASA) Between Medicaid Advantage Plus (MAP) Plan and Health Homes

MAP OASAS Adult Behavioral Health Services ¹ : <u>Included</u> in Plan's Capitation ²	
Adult Outpatient Addiction Services:	
Outpatient Clinic	
Outpatient Rehabilitation	
Opioid Treatment Program (OTP)	
Adult Inpatient Addiction Rehabilitation Services:	
State Operated Addiction Treatment Center (ATC)	
Inpatient Addiction Rehabilitation	
Adult Residential Addiction Services:	
Stabilization	
Rehabilitation	
Reintegration	
OASAS Residential Rehabilitation for Youth	
Adult Addiction Crisis Services:	
Medically Managed Inpatient Withdrawal/Detoxification	
Medically Supervised Inpatient Withdrawal/ Detoxification	
Medically Supervised Outpatient Withdrawal/Detoxification (reimbursed under APG)	

¹OASAS Program Description Services provided by Medicare-enrolled addiction counselors or drug and alcohol counselors are included in the Physician Fee Schedule implemented January 2024. See page 6 for additional information. Please refer to the Ambulatory Patient Group Manual for more information.

² OASAS Adult Behavioral Health Services, including Opioid Treatment Program, do **not** require pre-authorization.

Appendix B: Administrative Service Agreement (ASA) Between Medicaid Advantage Plus (MAP) Plan and Health Homes

X signifies plan coverage included in the capitation.

Blank cells signify services not covered in the capitation, may be available through FFS Medicaid or Medicare.

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MAP Long Term Care (LTC) Services: <u>Included</u> in Plan's Capitation		
Long Term Services and Supports (LTSS) ¹ :		
Personal Care ²		
Private Duty Nursing		
Home Health Care ³		
Nursing		
Home Health Aide		
Physical Therapy (PT)		
Occupational Therapy (OT)		
Speech Pathology (SP)		
Medical Social Services		
Consumer Directed Personal Assistance Program (CDPAP) ⁴		
Adult Day Health Care		
Home Delivered and Congregate Meals		
Social and Environmental Supports ⁵		
Social Adult Day		
Nursing Home Services/Residential Health Care Facility:		
Nursing Home Services: short-term rehabilitative stays		
Nursing Home Services: long-term placement ⁶		
Personal Emergency Response System (PERS)		
Outpatient Rehabilitation (PT, OT, SP, or other therapies provided in a setting other than a home)		
Durable Medical Equipment (DME), Enteral ⁷ and Parenteral Formula, and Hearing Aid Batteries, Prosthetics, Orthotics and Orthopedic Footwear ⁸		
Hearing Services		
Vision Care Services		
Nutrition		
Podiatry		
Dental ⁹		

¹ LTSS Program Descriptions: See Appendix J. Definitions, p.145-160. And MAP 2022-2026 Model Contract ombined Medicare Advantage and Medicaid Advantage Plus Benefit Package for Dual Eligibles Appendix K-1 thru K-3 p. 265-283 ² Has stable medical condition.

³ Home Telehealth: Enrollees who have conditions or clinical circumstances requiring frequent monitoring and/or when the provision of telehealth services can appropriately reduce the need for on-site or in-office visits or acute or long-term care facility admission. Information regarding telehealth guidance can be found in the January 2023 Telehealth Medicaid Update.

⁴ Assessed as self-directing, able to fulfill self-direction responsibilities (or has designated other to fulfill self-direction responsibilities) and has a stable medical condition.

⁵ Services and items to support medical need (Ex: home maintenance tasks, homemaker /chore services, and respite care).

⁶ MAP members admitted to a Nursing Home and updated to long-term placement status may stay enrolled in Plan.

⁷ Must be ordered by qualified practitioner. Enteral formula coverage as outlined in the DME Manual found <u>here</u>.

⁸ Must be ordered by qualified practitioner. Prescription footwear and inserts

coverage as outlined in the DME Manual found here.

⁹ Updated NYS Medicaid Program Dental Policy and Procedure Code Manual: Provider Manuals - Dental

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X signifies plan coverage included in the capitation.

Blank cells signify services not covered in the capitation, may be available through FFS Medicaid or Medicare.

MAP Care Management Services: <u>Included</u> in Plan's Capitation	
Plan Care Management Services	
MAP Care Management Services:	
Health Home Care Management	
Health Home Plus Care Management for SMI and HIV	
Transportation: Excluded From The Capitation; Can Be Billed Fee-For-Service Medicaid	
Emergency Transportation: For emergency medical services, please call 911.	
Non-emergency Transportation ¹	
Additional Services Covered through Fee-for-Service or Original Medicare (Excluded from the Capitation as of January 1, 2023, Can Be Billed Fee-for-Service)	
Chronic Renal Dialysis ²	
End Stage Renal Disease (ESRD) ³	
Palliative Care and Hospice⁴:	
Services Addressing Health-Related Social Needs (Community Health Integration Services, Social Determinants of Health Risk Assessment) ⁵	
Caregiver Training Services ⁶	

¹ Medical appointments arranged through <u>State-contracted transportation manager</u>, <u>Medical Answering Services</u>

² Includes home/self-dialysis; MAP Plans must cover the same services as original Medicare, however, questions regarding use of in- network providers, cost sharing, and restrictions should be referred to the MAP Plan.

³ As of January 1, 2021, people with ESRD can enroll in a MAP plan; MAP Plans must cover the same services as original Medicare, however questions regarding use of in-network providers, cost sharing and restrictions should be referred to the MAP Plan.

⁴ Individuals already enrolled in MAP who become eligible for palliative care/hospice can remain in the plan.

⁵ The Centers for Medicare & Medicaid Services (CMS) issued a final rule that announces finalized policy changes for Medicare payments under the Physician Fee Schedule (PFS), and other Medicare Part B issues, effective on or after January 1, 2024. Additional information here.

⁶ Included in CMS PFS effective January 2024, practitioners train caregivers to support patients with certain diseases or illnesses (e.g., dementia) in carrying out a treatment plan. Additional information <u>here</u>.