

Drowning in acronyms



A Conceptual Framework

Triple Aim of Improving Health Systems

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

Behavioral Health

Behavioral Health Managed Care Vision:

- Fully integrated treatment where behavioral and physical health are valued equally and patients' recovery goals are supported through a comprehensive and accessible service system
- Integration of all Medicaid Behavioral Health (BH) and Physical Health (PH) benefits under managed care

Principles of BH Benefit Design and Services Management

- ✓ 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

Behavioral Health Transition to Managed Care Home Page

http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health_transition.htm

Behavioral Health Services for Adults will be Managed by:

- Qualified health Plans meeting rigorous standards (several in partnership with a BHO)
 - All Plans MUST qualify to manage currently carved out behavioral health services and populations
 - □ Plans can meet State standards internally or contract with a BHO to meet State standards
- ☐ Health and Recovery Plans (HARPs) for individuals with significant behavioral health needs
 - Plans may choose to apply to be a HARP with expanded benefits
 - Expanded benefit includes Home and Community Based Services (HCBS)
 - □ HARP members are eligible for enhanced Health Home Care Coordination

Qualified Managed Care Plan vs. Health and Recovery Plan (HARP)

Qualified Managed Care Plan

- □ Medicaid eligible
- ☐ Benefit includes Medicaid state plan covered services
- □ Organized as benefit within MCO
- ☐ Management coordinated with physical health benefit management
- □ Performance metrics specific to BH
- □ BH medical loss ratio

HARP

- ☐ Specialized integrated product line for people with significant behavioral health needs
- □ Eligible based on utilization or functional impairment
- Enhanced benefit package All current PLUS access to HCBS
- ☐ Specialized medical and social necessity/ utilization review for expanded recovery-oriented benefits
- ☐ Benefit management built around higher need HARP patients
- □ All HARP members eligible to be enrolled in HH
- Performance metrics specific to higher need population and HCBS
- □ Integrated medical loss ratio

Behavioral Health Benefit Package

- □ Behavioral Health State Plan Services –Adults
 - □ Inpatient SUD and MH
 - Clinic SUD and MH
 - Personalized Recovery Oriented Services (PROS)
 - ☐ Intensive Psychiatric Rehabilitation Treatment (IPRT)
 - Assertive Community Treatment (ACT)
 - Continuing Day Treatment (CDT)
 - Partial Hospitalization
 - □ Comprehensive Psychiatric Emergency Program (CPEP)
 - Opioid treatment
 - Outpatient chemical dependence rehabilitation
 - Rehabilitation supports for Community Residences (Not in the benefit package in year 1)

Menu of Home and Community Based Services in HARPs

- □ Rehabilitation
 - Psychosocial Rehabilitation
 - ☐ Community Psychiatric Support and Treatment (CPST)
- Crisis Intervention
 - □ Short-Term Crisis Respite
 - Intensive Crisis Intervention
 - Mobile Crisis Intervention
- □ Habilitation
- Empowerment Services and Peer Supports

- □ Support Services
 - Family Support and Training
 - Non- Medical Transportation
- □ Individual Employment Support Services
 - Prevocational
 - Transitional Employment Support
 - Intensive Supported Employment
 - On-going Supported Employment
- □ Educational Support Services
- Self Directed Services

Ensuring Adequate BH Networks: Network / Contracting Requirements Important to BH transition

- □ BH Network requirements include:
 - Contracts with OMH or OASAS licensed or certified providers serving 5 or more members for a minimum of 24 months
- □ Plans must contract for State operated BH ambulatory services
 - Treated as "Essential Community Providers"
- □ Plans must network with:
 - All Opioid Treatment programs in their region 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
- Plans contracting with clinics with state integrated licenses must contract for full range of services available
- HARP must have an adequate network of Home and Community Based Services

Preparing the field: NYS State Partnership with Managed Care Technical Assistance Center (MCTAC)

- NYS has partnered with MCTAC as a training, consultation, and educational resource center that offers resources to ALL mental health and substance use disorder providers in New York State
- The goal of MCTAC is to provide training and intensive support on quality improvement strategies, including business, organizational and clinical practices to achieve the <u>overall</u> goal of preparing and assisting providers with the <u>transition to Medicaid Managed Care</u>



Thank you very much for your participation!

Contact us: MCTAC.info@nyu.edu

Visit MCTAC's website for more information and access to past webinars and trainings:

http://www.CTACNY.com/ManagedCare