

New York State Medicaid Redesign

OASAS Provider Readiness

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May 29, 2014



Andrew M. Cuomo
Governor

Arlene González-Sánchez
Commissioner

Agenda

- Welcome
- Overview of BH Transition to Managed Care
 - The plan for OASAS services in Medicaid Managed Care
 - Clinic to Rehabilitation Option
 - LOCADTR
 - Residential Re-Design
 - 1915i Services
 - Implementation Timeline
 - Request for Qualifications (RFQ) Standards
- SUD Providers and the Delivery System Reform and Incentive Payment (DSRIP) Program
- Preparing Your Agency
- Next Steps



Overview of Behavioral Health Transition to Managed Care:



The plan for OASAS services in Medicaid Managed Care

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Medicaid Redesign Team

BH Recommendations

- Behavioral Health will be managed by:
 - Qualified health Plans meeting rigorous standards (perhaps 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

http://www.health.ny.gov/health_care/medicaid/redesign/?utm_source=doh&utm_medium=hp-button&utm_campaign=mrt



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



The Plan for OASAS Services in Medicaid Managed Care

- Move from a Clinic to Rehabilitation reimbursement model (allows off-site services)
- Mandate the use of the LOCATDR 3
- Protect prices and network for a 2 year period
- Redesign Residential Services.



Clinic to Rehabilitation Option

- This move from clinic to Rehab is about where services can be provided.
- OASAS will submit a State Plan Amendment to move from a clinic to rehab model for Medicaid reimbursement.
 - Outpatient treatment providers will still be authorized to provide OASAS services in their clinics but now they will also be able to provide those same services outside of the four walls of the clinic.
 - This will allow providers to meet clients where they are: including providing peer and clinical outreach services to patients who are not yet engaged and to those who have become disengaged from services.



LOCADTR

- LOCADTR 3.0 is a clinical level of care tool that assesses the intensity and need of services for an individual with a Substance Use Disorder.
- OASAS is working with treatment providers and CASA at Columbia University to re-design the LOCADTR tool.
- Managed care plans will be required to use the LOCADTR 3 tool to make decisions based on the individual risks and resources.

No one should have to fail at a level of care when risks of SUD are serious and higher levels of care should not be accessed unless needed.



Residential Redesign: Focused and Outcome-Oriented

This model will be:

- Patient-centered
- Recovery-oriented

It will focus on:

- Matching patients to the phase of care that best meets their needs
- Attaining goals
- Moving people towards community re-integration



Residential Redesign: Three Phases of Treatment

1. Stabilization Phase

- Individual will receive medically-directed care to treat acute problems and adjust to early recovery.

2. Rehabilitation Phase

- Individual will learn to manage recovery within the safety of the program.

3. Community Re-integration Phase

- Individual will further develop recovery skills and begin to re-integrate into the community.



Residential Redesign Transition and Treatment Modalities

- 819 regulation will remain for a transition period.
- These treatment modalities will be included in residential redesign regulation:
 - Intensive Residential
 - Community Residential
 - Supportive Living
 - Medically Monitored Crisis



Qualified Mainstream Plan vs. HARP

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

Qualified Mainstream Plan QMP

- 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

Health and Recovery Plan 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 1915i-like services
- Specialized medical and social necessity/ utilization review for expanded recovery-oriented benefits
- Benefit management built around higher need HARP patients
- 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



1915i-like Services

- People receiving services and providers have always known that community services like psycho-social clubs, employment support, peer services and case management are a vital part of people finding and sustaining health and recovery in the community.
- Traditionally, most of these services have not been Medicaid reimbursable.
- With passage of the 1115 waiver it will be possible for these type of services to become Medicaid reimbursable as Home and Community Based Services (HCBS).
 - “1915i-like services” will be managed through the HARP managed care product line once eligibility is established through a functional assessment.

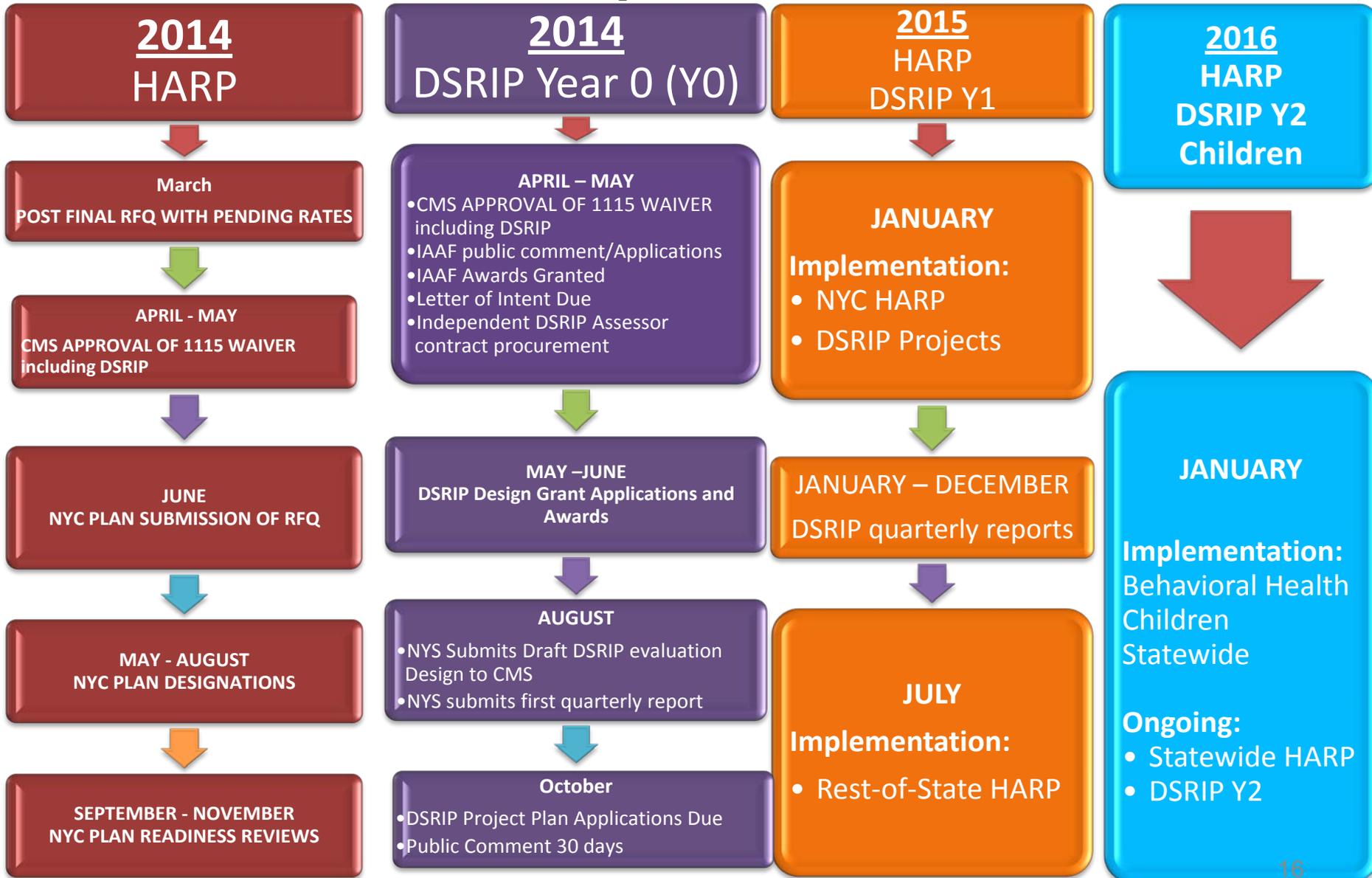


Proposed Menu of 1915i-like Home and Community Based Services - HARPs

- Rehabilitation
 - Psychosocial Rehabilitation
 - Community Psychiatric Support and Treatment (CPST)
- Habilitation
- Crisis Intervention
 - Short-Term Crisis Respite
 - Intensive Crisis Intervention
 - Mobile Crisis Intervention
- Educational Support Services
- Support Services
 - Family Support and Training
 - Training and Counseling for Unpaid Caregivers
 - Non- Medical Transportation
- Individual Employment Support Services
 - Prevocational
 - Transitional Employment Support
 - Intensive Supported Employment
 - On-going Supported Employment
- Peer Supports
- Self Directed Services



NYS Medicaid Behavioral Health Transformation Implementation Timeline





Request for Qualifications (RFQ) Standards

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RFQ Performance Standards

http://www.health.ny.gov/health_care/medicaid/redesign/docs/behavioral_health_final_rfq.pdf

- Organizational Capacity
- Experience Requirements
- Contract Personnel
- Member Services
- Network Service
- Network Monitoring
- Network Training
- Utilization Management
- Clinical Management
- Cross System Collaboration
- Quality Management
- Reporting and Performance Management
- Claims Processing
- Information Systems and Website Capabilities
- Financial Management
- Performance Incentives
- Implementation planning



Member Services

- Requires Service Centers with several capabilities including:
 - Provider relations and contracting
 - UM
 - BH care management
 - 24/7 day capacity to provide information and referral on BH benefits
 - 24/7 day capacity to respond to crisis calls



Utilization Management

- Plans must use medical necessity criteria to determine appropriateness of ongoing and new services
- 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
- HARP UM requirements must ensure person centered plan of care meets individual needs



Network Service Requirements

- Plan's network service area consists of the counties described in the Plan's current Medicaid contract
- There must be a sufficient number of providers in the network to assure accessibility to benefit package
- Transitional requirements include:
 - Contracts with OMH or OASAS licensed or certified providers serving 5 or more members for a minimum of 24 months
 - Pay FFS government rates to OMH or OASAS licensed or certified providers for ambulatory services for 24 months
 - State will review proposed Plan/provider alternative payment arrangements requirements on a case by case basis



Network Training

- Plans will develop and implement a comprehensive BH provider training and support program
- Topics include:
 - Billing, coding and documentation
 - Data interface
 - UM requirements
 - Evidence-based practices
- HARPs train providers on HCBS requirements
- Training coordinated through Regional Planning Consortiums (RPCs) when possible
 - RPCs are comprised of each LGU in a region, representatives of mental health and substance abuse service providers, child welfare system, peers, families, health home leads, and Medicaid MCOs
 - RPCs work closely with State agencies to guide behavioral health policy in the region, problem solve regional service delivery challenges, and recommend provider training topics
 - RPCs to be created



Claims Administration

- The RFQ language allows Plans flexibility to pay for services using telemedicine consistent with Federal standards
- The RFQ requires that Plans accept web-based claims
- Plans must track and pay Health Homes to administer care coordination



Plan Quality Management

- BH UM sub-committee to 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
- Sub-committee monitors performance based on State established performance metrics
- HARP BH sub-committee also tracks:
 - 1915(i)-like HCBS service utilization
 - Rates of engagement of individuals with First Episode Psychosis (FEP) services





SUD Providers and the Delivery Service Reform and Incentive Payment (DSRIP) Program

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What is DSRIP?

The Delivery Service Reform and Incentives Payment Program

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

- Individual method created by a Performing Provider System (PPS) to transform the delivery of care that support Medicaid beneficiaries and uninsured as well as address the broad needs for the population the performing provider system serves.
- DSRIP projects will be designed to meet and be responsive to community needs while meeting 3 key elements:
 - Appropriate infrastructure
 - Integration across settings
 - Assumes responsibility for a define population



MRT Waiver Amendment

- **\$8 BILLION ALLOCATION**
 - \$500 Million for the Interim Access Assurance Fund (IAAF) – Time limited funding to ensure current trusted and viable Medicaid safety net providers can fully participate in the DSRIP transformation without unproductive disruption.
 - \$6.42 Billion for Delivery System Reform Incentive Payments (DSRIP) – Including DSRIP Planning Grants, DSRIP Provider Incentive Payments, and DSRIP Administrative costs and DSRIP related Workforce Transformation.
 - \$1.08 Billion for other Medicaid Redesign purposes – This funding will support Health Home development, and investments in long term care workforce and enhanced behavioral health services, (1915i services).



DSRIP Key Goals

- Transformation of the health care safety net at both the system and state level.
- Reducing avoidable hospital use and improve other health and public health measures at both the system and state level.
- Ensure delivery system transformation continues beyond the waiver period through leveraging managed care payment reform.
- Near term financial support for vital safety net providers at immediate risk of closure.



DSRIP Key Components

- Key focus on reducing avoidable hospitalizations by 25% over five years.
- Statewide initiative open to large public hospital systems and a wide array of safety-net providers.
- Payments are based on performance on process and outcome milestones.
- Providers must develop projects based upon a selection of CMS approved projects from each of three domains.
- Key theme is collaboration! Communities of eligible providers will be required to work together to develop DSRIP project proposals.



Performing Provider Systems (PPS)

- **Partners should include:**
 - *Hospitals*
 - *Health Homes*
 - *Skilled Nursing Facilities*
 - *Clinics & FQHCs*
 - *Behavioral Health Providers*
 - *Home Care Agencies*
 - *Other Key Stakeholders*

Local Partnerships to Transform the Delivery System



Safety Net Definition: Non-Hospital Based & Non-Qualifying Providers

- Non-hospital based providers, not participating as part of a state-designated Health Home, must have at least 35 percent of all patient volume in their primary lines of business and must be associated with Medicaid, uninsured and Dual Eligible individuals.
- Non-qualifying providers, can participate in Performing Providers Systems. However, no more than 5 percent of a project's total valuation may be paid to non-qualifying providers. This 5 percent limit applies to non-qualifying providers as a group. CMS can approve payments above this amount if it is deemed in the best interest of Medicaid members attributed to the Performing Provider System.



DSRIP Project Plan Requirements

- **The project must be:**
 - A new initiative for the Performing Provider System (PPS);
 - Substantially different from other initiatives funded by CMS, although it may build on or augment such an initiative;
 - Documented to address one or more significant issues within the PPS service area and be based on a detailed analysis using objective data sources;
 - A substantial, transformative change for the PPS
 - Demonstrative of a commitment to life-cycle change and a willingness to commit sufficient organizational resources to ensuring project success;
 - Developed, in concert, with other providers in the service area with special attention paid to coordination with Health Homes actively working within their area; and
 - Applications from single providers will not be considered!



DSRIP Domains

- Project implementation is divided into four Domains for project selection and reporting:
 - *Domain 1 – Overall Project Progress*
 - *Domain 2 – System Transformation*
 - *Domain 3 – Clinical Improvement*
 - *Domain 4 – Population-wide Strategy Implementation – The Prevention Agenda*

Domains 2, 3 and 4 include behavioral health projects. Reduction of avoidable hospitalization cannot be done without a strong collaboration with mental health and SUD providers.



***All DSRIP Projects
need to include
Behavioral Health
providers
to be successful.***

***See web link for full description of DSRIP projects.

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



Preparing Your Agency for Healthcare Reform

- Assess potential strengths and areas of opportunity for your agency in a managed environment.
 - Staffing
 - Do you have the needed staff to accommodate changes to utilization management/billing/IT?
 - Are you staff appropriately credentialed to meet the service provision?
 - Services
 - Are you providing too much of one service and not enough of the other?
 - Information Technology
 - What is your IT infrastructure? Are you using data to assist in decision making as it relates to clinical, quality, and financial issues?
 - Financial Management
 - Do you know how much your service costs to provide? Hourly? Yearly?
- Get to know the health home and DSRIP networks in and outside of your region.
- Begin to think about and gather baseline data for your agency.



Stay Tuned for Technical Assistance Training Announcements

<https://www.oasas.ny.gov/manicare/index.cfm>

