

HEALTH HOME – MANAGED CARE WORK GROUP MEETING

Health Homes Update
November 15, 2013



AGENDA

Health Home Program Updates

- Legacy Rate Extension
- High-Medium-Low: Transition Rate and Population Modeling
- New York State Health Home Model for Children

Other Updates

- Implementation Grants
- Shared Savings
- Status of Waiver Discussions
- Health Home Plus
- HARP

Legacy Rate Extension

An email has been sent out via listserv to notify the Health Home community of our plans to submit a State Plan Amendment (SPA) to extend the legacy rates until January 2015:

Please be advised that the Department of Health will be submitting a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) to extend the legacy OMH and COBRA Targeted Case Management (TCM) Health Home rates until January 2015, which is coincident with the carve-in of the behavioral health care benefit into Managed Care. It is anticipated that legacy providers will continue to bill directly as long as the legacy rates are in effect.

Legacy Rate Extension

The email also informs the Health Home community about our intention to modify the Health Home rate structure and implement a new set of transitional rates:

Please also note that the Department has been working with stakeholders to simplify and modify the current Health Home payment structure to better align the per member per month care management fees with the required level of service intensity. We anticipate that this improved rate structure could be implemented prior to January 1, 2015.

Legacy Rate Extension

The email includes an acknowledgement that the new rates will support appropriate caseloads; that the Department plans to mandate these transitional rates beyond 2015, and that legacy rates will remain in effect:

We are working closely with our State Health Home Implementation Partners (The AIDS Institute, OMH, and OASAS) as well as our Health Home Managed Care Organization Workgroup to assure the new rates cover clinically appropriate caseloads. To ensure as smooth as possible transition to Managed Care we further plan to mandate this new rate structure for a period of time beyond 2015. Legacy rates will remain in place while the SPA is under review by CMS

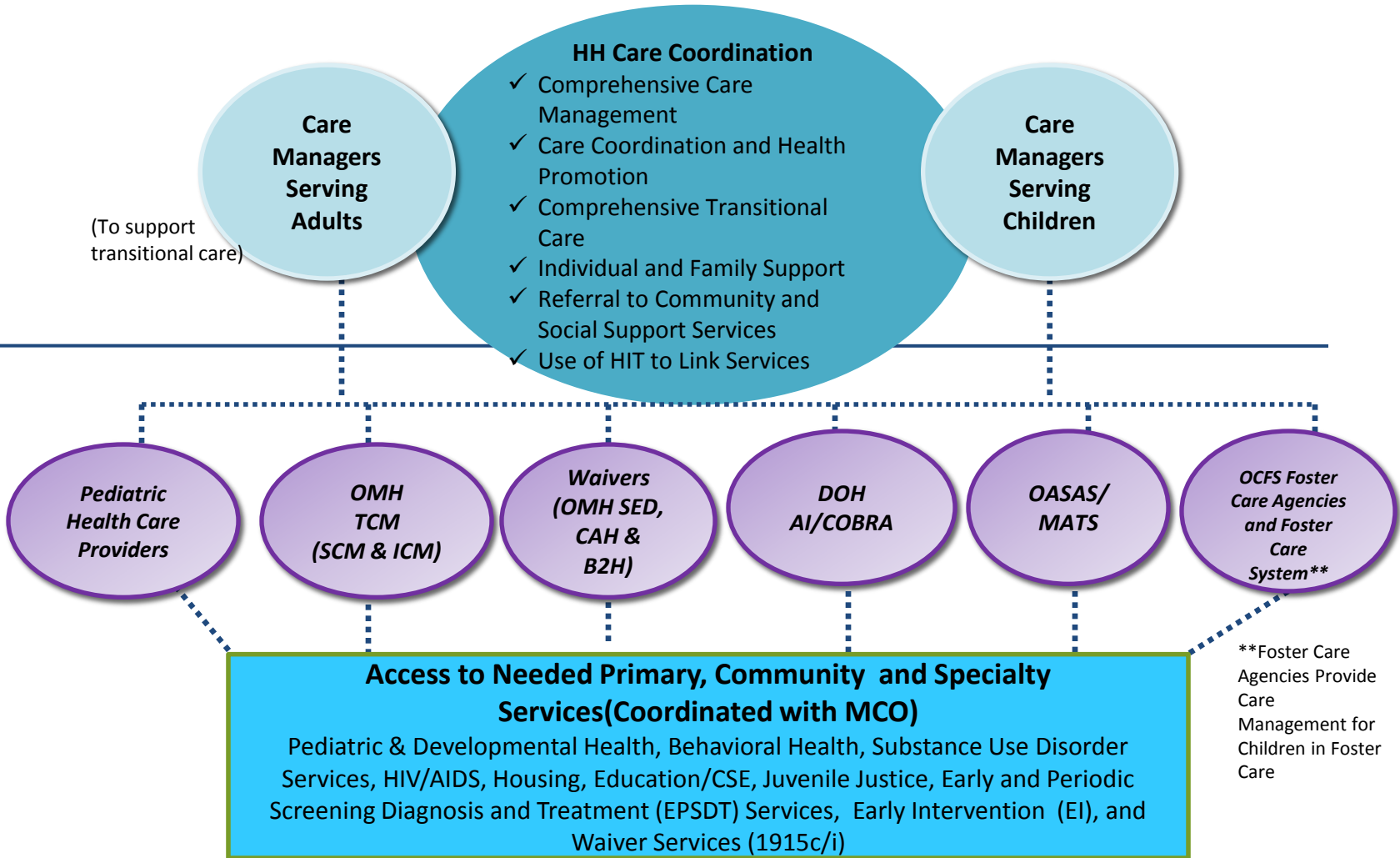
Principles for Serving Children in Managed Care and Health Homes

- ✓ Ensure managed care and care coordination networks provide comprehensive, integrated physical and behavioral health care that recognizes the unique needs of children and their families;
- ✓ Provide care coordination and planning that is family-and-youth driven, supports a system of care that builds upon the strengths of the child and family;
- ✓ Ensure managed care staff and systems care coordinators are trained in working with families and children with unique, complex health needs;
- ✓ Ensure continuity of care and comprehensive transitional care from service to service (education, foster care, juvenile justice, child to adult);
- ✓ Incorporate a child/family specific assent/consent process that recognizes the legal right of a child to seek specific care without parental consent;
- ✓ Track clinical and functional outcomes using standardized pediatric tools that are validated for the screening and assessing of children;
- ✓ Adopt child-specific and nationally recognized measures to monitor quality and outcomes; and
- ✓ Ensure smooth transition from current care management models to Health Home, including transition plan for care management payments.

NEW YORK STATE HEALTH HOME MODEL FOR CHILDREN

Managed Care Organizations (MCOs)

Health Home
 Administrative Services, Network Management, HIT Support/Data Exchange



**Foster Care Agencies Provide Care Management for Children in Foster Care

Note: While leveraging existing Health Homes to serve children is the preferred option, the State may consider authorizing Health Home Models that exclusively serve children.

Principles for Establishing Health Home Network Requirements for Children

- To take advantage of infrastructure that has already been developed, existing Health Homes will be given an opportunity to apply to serve children.
- Applications from new entities would be considered based on capacity or need for access to specialty services.
- Applications will be reviewed by a multidisciplinary team: DOH (including OHIP, AIDS Institute and OHITT), OCFS, OMH, OASAS and NYC DOH MH for:
 - Capability to meet child specific Health Home qualifications and standards and to abide by the principles for serving children and families;
 - Ability to meet needs of complex populations (e.g., children with chronic conditions, those with SED/SUD, children in the Foster Care and Juvenile Justice systems);
 - Ability to partner with school districts and the education system; and
 - Requirement to use Foster care agencies for care management when a child enters foster care.

Next Steps for Developing Recommendations for a Health Home Model for Children

Health Home State Agency Team will work to make recommendations to further define the Health Home Model for Children, including:

- Develop eligibility criteria for children: Current Health Home criteria of two chronic conditions, HIV or SMI/SED, other conditions?
- Defining adequate Health Home Networks and ensuring access.
- Transitional and payment provisions for “Legacy” care management models for children.
- Conducting assessments and meeting Federal requirements for conflict free case management.
- Incorporation of procedures for assent and consent for children in the Health Home model.

Anticipated Schedule for Enrolling Children in Health Homes

Review Health Home Children's Model with Stakeholders MRT Children's Work Group, HH-MCO Work Group	October 2013
Collaborate with Stakeholders to Refine Health Home Model and Develop Health Home Application for Children	November 2013 - March 2014
Applications for Health Homes Serving Children Made Available	April 2014
Due Date for Submission of Applications for Health Homes Serving Children	August 2014
Health Home State Agency Team Review and Approval of Applications	October 2014
Develop and Distribute Health Home Assignment Lists for Children	November – December 2014
Begin Enrolling Children in Health Homes	January 2015
Behavioral Health Services for Children in Managed Care	January 2016

Health Home Funding Update

- Implementation Grants
- Shared Savings
- Status of Waiver Discussions with CMS

Health Home Plus

- Assisted Outpatient Treatment (AOT) is a program established under Kendra's Law to mandate, through court-order, care management services for high need/high risk individuals with serious mental illness.
- Care management for individuals with serious mental illness has been transitioned to NYS designated Health Homes. The capacity of Health Homes to manage these high intensity individuals needs to be strengthened to ensure compliance with Kendra's Law.
- NYS will be developing an enhanced Health Home rate for individuals receiving AOT services. Target start date: January 2015.
- This enhanced rate will provide the Health Homes with resources to maintain lower caseloads and employ care managers with higher education and experience to serve these individuals. The additional resources will also support the additional patient tracking and other compliance activities mandated under Kendra's Law.

HARP Update

What is a Health and Recovery Plan or HARP?

- Specialized integrated Managed Care product line for people with significant behavioral health needs.
- Eligible based on utilization or functional impairment.
- Enhanced benefit package - All State Plan Services 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 – through Health Homes.
- Performance metrics specific to higher need population and 1915i.
- Integrated medical loss ratio.

HARP Update

What is a Qualified Mainstream Plan?

- A Managed Care Plan that has met requirements to provide behavioral health services to people who do not meet the HARP level of care.
- Recipients must be 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 Behavioral Health.
- Behavioral Health medical loss ratio.

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.

HARP and Qualified Plan Requirements

- Plans must meet State qualifications in order to manage carved out Behavioral Health services.
- Plan qualifications will be determined through an RFQ:
 - HARPS
 - Qualified Mainstream Plans
- Plans may partner with a Behavioral Health Organization to meet the experience requirements.
- The State will consider alternative demonstrations of experience and staffing qualifications for Qualified Plans and HARPS.

Additional Requirements for HARPS

Additional HARP requirements include oversight and monitoring of:

- Health Home services and 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)

Opportunities for Input

- State staff met with Health Home/MCO Sub Work Group on Behavioral Health Integration.
- Sub Work Group indicated there is a need for more detailed information about the State's Behavioral Health Transformation.
- Sub Work Group Chairs will identify a date and venue for a meeting with Health Homes and other Stakeholders.