

Health Home Implementation Webinars

Session #40– July 9, 2014

Program Updates



Agenda

- Children's Health Home Update
- Behavioral Health Transition Update
- Medicaid Analytic Performance Portal (MAPP)
- Adult Home SCM Conversion to Health Homes
- ACT Transition to Health Homes
- General Q and A

Enrolling Children in Health Homes

- The Department of Health in partnership with OCFS, OMH and OASAS, has released a draft application to expand and tailor the Health Home model to serve children.
- Stakeholders have until July 30 to submit comments on the draft application and a letter of interest (not mandatory). The formal application period will begin on August 29; applications are due by September 30.
- Additional information (including meeting materials, the draft application and other resources will be posted on the Health Home website at:
- http://www.health.ny.gov/health_care/medicaid//program/medicaid_health_homes/health_homes_and_children.htm

Schedule of Key Dates

Schedule for Enrolling Children in Health Homes	Due Date
Draft Health Home Application to Serve Children Released	June 30, 2014
Due Date to Submit Comments on Draft Health Home Application to Serve Children	July 30, 2014
Due Date to Submit Letter of Interest	July 30, 2014
Final Health Home Application to Serve Children Released	August 29, 2014
Due Date to Submit Health Home Application to Serve Children	September 30, 2014
Review and Approval of Health Home Applications to Serve Children by the State	October 1, 2014 to November 15, 2014
Begin Enrolling Children in Health Homes Phase-In based on Application Approvals and Network Readiness	January 2015
Behavioral Health Services and other Children's Populations Transition to Managed Care http://www.health.ny.gov/health_care/medicaid/redesign/care_management_for_all.htm	January 2016

Behavioral Health Transition

What's Been Going On (Refresher)

- Governor's/MRT initiative to transition all behavioral health FFS State Plan Services and Home and Community Based Services (HCBS) to Medicaid Managed Care
- Establish new Medicaid Managed Care (MMC) product for adults with significant mental health and SUD treatment needs called a Health And Recovery Plan (HARP)

What's New

- Final Evaluations being done for Request for Qualification responses from MMC Plans.
- MMC Plans have responded to the State's RFQ demonstrating that they have the expertise to administer full continuum of mental health/SUD services for adults, either in the MMC Plan, in partnership with a BHO, or by establishing a HARP

HARP Eligible population – Mental Health

Minimum Qualifications:

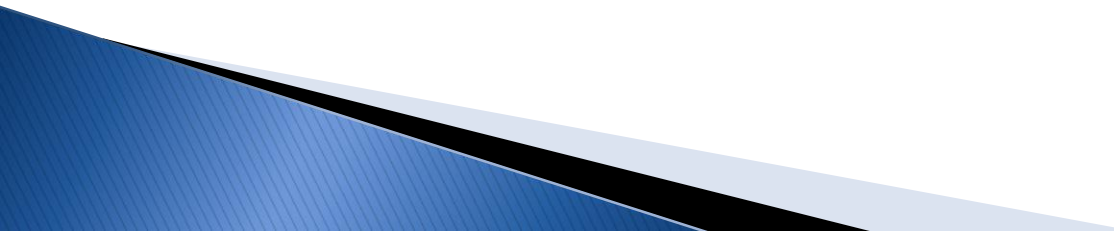
- ▶ Medicaid Enrolled
- ▶ Initially, over 20 years of age as of 2011 (Qualifying service use prior to 21st birthday is considered in qualification.)
 - Could add individuals 18-21 based on functional assessment and diagnosis e.g., first episode psychosis
- ▶ Non Medicare enrolled ("dual enrollee") in the 2009-2011 period
- ▶ Not eligible for OPWDD managed care
- ▶ SMI diagnosis

HARP Eligible population – Mental Health (cont'd)

Other Criteria for Eligibility

- ▶ SSI or SSI/MA only and at least one "organized" mental health Medicaid fee-for-service or Medicaid managed care service in 2011.
- ▶ SSI individuals who did not meet the qualifications and non-SSI individuals who met the "Minimum HARP Qualifications" if they met one of the following qualifications:
 - Received three or more claims for ACT, TCM, PROS, or PMHP services in any of the 2009-2011 years
 - Received more than 30 days of psych inpatient services in any of the last 3 years
 - Had three or more psychiatric inpatient admissions in the three years 2009 through 2011 with at least one admission in 2011
 - Were discharged from an OMH PC after an inpatient stay greater than 60 days in last year
 - Had a current or expired AOT ("Assisted Outpatient Treatment") order in 2008-2011
 - Were discharged from NYS Department of Corrections with a history of inpatient or outpatient treatment through OMH's Central NY Psych Center in 2008-2011
 - Were residents in OMH funded Housing for persons with serious mental illness in any of the 2009-2011 years

HARP Eligible Population-Substance Use Disorder

- ▶ 2 or more detoxification admissions (inpatient/outpatient) within 12 months (CY 2011)
 - ▶ 1 inpatient rehabilitation admission within 12 months (CY 2011)
 - ▶ 2 or more inpatient hospital admissions with primary substance use diagnosis or with SUD related DRG and a secondary substance use diagnosis within 12 months (CY 2011)
 - ▶ 2 or more emergency department visits with primary substance use diagnosis or primary non-substance use/related secondary substance use diagnosis within 12 months (CY 2011)
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Future HARP Eligibility

Future pathways to HARP enrollment

- Individual identified based on functional/clinical assessment
- Individual identified by the Local Governmental Unit (LGU), Health Home, MMC Plan (Individuals would still need to be functionally assessed)
- Periodic review of historical Medicaid utilization

Behavioral Health Transition and Health Home

▶ Key Dates

- BH Transition for Adults in NYC—January 1, 2015
- BH Transition for Adults ROS—July 1, 2015
- BH Transition Children—January 1, 2016

▶ BH and Health Home (it's all connected)

- HH & HARP eligible Adults will receive Health Home Care Coordination
- HH eligible Children will receive HH Care Coordination
- BH Providers serving children will be afforded the opportunity to become part of a HH network, prior to the January 1, 2016 transition

Behavioral Health Transition and Health Home

- ▶ As of late May 2014, the Health Home Assignment files for both Health Homes and MCPs now include a Yes/No indicator to identify HARP members. The Y/N indicators assist the HHs and MCPs in prioritizing HARP assignments downstream.
- ▶ A majority of HARP members are MCP members. MCPs are in the process of reviewing the assignment files and determining the final HH assignment for HARP members. As MCPs submit the final Health Home assignment to the Health Home Tracking System, the Health Homes will then see the new HARP members in their assignment file.

Behavioral Health Transition and Health Home

- ▶ A value of Y in the new HARP Eligible field indicates that the member is HARP eligible and that the member **should be prioritized for downstream assignment.**
- ▶ A value of N indicates that the member was not identified as HARP eligible. The goal of releasing HARP eligible individuals through the Health Home Tracking System assignment process is to ensure that HARP eligible members are enrolled in the Health Home program as soon as possible.

Medicaid Analytics Performance Portal

MAPP is:

- ▶ A performance management system that will provide tools to the Health Home network to support providing care management for the Health Home population.
- ▶ A PORTAL to support Health Homes and DSRIP performance management technology needs
- ▶ The MAPP Portal is in the requirements gathering and development phase.

Medicaid Analytics Performance Portal

- ▶ It is expected that the Health Home Tracking System (HHTS) functionality will be incorporated into MAPP and made available to the Health Home community.
- ▶ Currently the HHTS is available only to Health Homes and Managed Care Plans but MAPP will expand access to include Care Management Agencies.
- ▶ MAPP functionality will be rolled out in Phases. The first Phase of MAPP functionality will be made available to the HH community in Fall 2014

Medicaid Analytics Performance Portal

Coming Soon:

- ▶ MAPP Portal status updates will be made available on the Health Home website.
- ▶ As MAPP Portal use cases are developed, processes will be defined and presented to the Health Home community for feedback.
- ▶ Feedback will be obtained through surveys that will be made available on the HH website.
- ▶ Feedback will be used to define system requirements that will then be incorporated into MAPP.

OMH Adult Home Supportive Case Management Transition to Health Homes

- ▶ Consistent with the Medicaid State Plan Amendment authorizing the implementation of Health Homes, the Office of Mental Health (OMH) has been working with the Department of Health (DOH) to transition OMH's Targeted Case Management (TCM) programs to the Health Home program.
- ▶ The next OMH TCM program to transition to the Health Home program will be Adult Home Supportive Case Management (AH-SCM). AH-SCM programs have been directed that they may convert to Health Home care management beginning July 1, 2014.

OMH Adult Home Supportive Case Management Transition to Health Homes

- ▶ Many agencies operating AH-SCM programs already have other TCM programs that have converted to Health Home Care Management; others may be new to Health Home service model. Agencies operating AH-SCM should reach out to Health Homes for assistance with the transition.
- ▶ Note that while all other requirements (e.g., DEAA's, use of the Health Home Tracking System) are the same, specific AH-SCM billing rules apply. While AH-SCM will bill directly as do other "legacy" programs, there was no legacy rate established for AH-SCM services thus AH-SCM will bill Health Home rates.
- ▶ Guidance on the conversion is posted on the OMH Website at http://www.omh.ny.gov/omhweb/adults/health_homes/ahscm-guidance-bronx-richmond-ros-july-2-2014.pdf

OMH Assertive Community Treatment (ACT) Transition to Health Homes

- ▶ OMH and DOH held a joint Statewide call with ACT teams in mid-June to get a status update on the transition. A meeting is scheduled with New York City ACT Teams on July 14th.
- ▶ One outstanding issue had been the requirement for ACT teams to submit files for upload into the Health Home CMART.
- ▶ Based on the fact that ACT is not a TCM program (team service delivery, established requirements for contacts, etc.) ACT teams will not be required to complete CMART data entry. ACT teams will continue to populate the OMH CAIRS system with member-level data.

Useful Contact Information

- Visit the Health Home website:
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
- Get updates from the Health Homes listserv. To subscribe send an email to: listserv@listserv.health.state.ny.us (In the body of the message, type SUBSCRIBE HHOMES-L YourFirstName YourLastName)
- To email Health Homes, visit the Health Home Website and click on the tab “Email Health Homes”
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/
- Call the Health Home Provider Support Line: 518-473-5569