General Session: Integrated Care Coordination in New York's Behavioral Health System: DOH Updates

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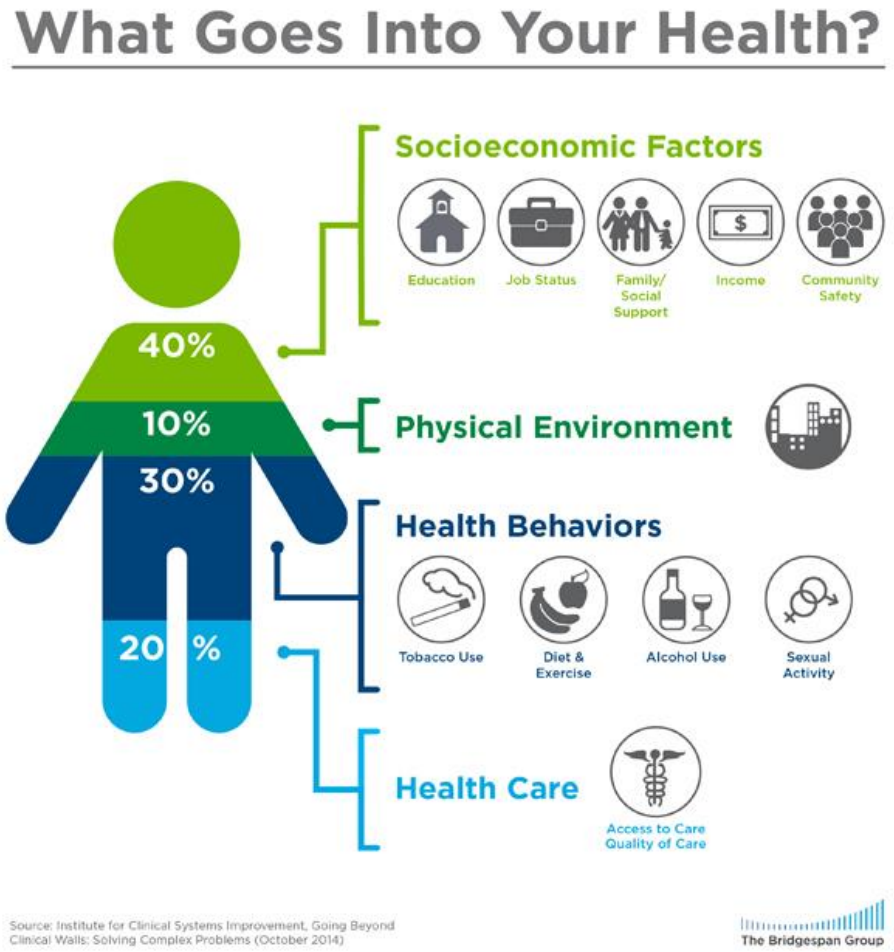
New York State Office of Health Insurance Programs, Division of Program Development and Management

November 2023

Health Home Program

PHYSICAL | BEHAVIORAL | SOCIAL

The Health Home Program has the largest state-wide infrastructure aimed at addressing the three pillars of whole person health.

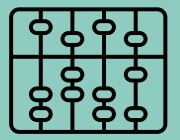


NEW YORK STATE | Department of Health

Care Managers are the GLUE that connects all the dots!

Budget

Original Budget Proposal	**Time-Limited Enrollment** $30 M in FY 23-24 , $79M in FY24-25 9- and 12-month graduation for low and medium members with a 3-month step down period. Exceptions allowed.
Implementation Flexibility	**A More Thoughtful Approach** There is no uniform member profile. Graduation should depend on member needs and members in the “low” rate are often complex. CM Coalition, HH Coalition, iHealth collaborated to propose a better way.
Opportunities	**A Stronger Program** Use this as an opportunity to reduce clarify enrollment criteria and develop a more consistent approach to assessing when members are prepared for discharge which will reduce long term administrative burden, and foster high-performance.



Initial Appropriateness

“The Front Door”

- Standardizes determination, recording, and reporting of an existing policy requirement across all Health Homes
- Provides comprehensive (and more objective) set categories of appropriateness
- Created in collaboration with the HH Coalition, Care Management Coalition, and iHealth

- ✓ 1 (sometimes 2) field to compete
- ✓ Build into EHRs
- ✓ Add to record at or shortly after enrollment
- ✓ Improved decision-making regarding member enrollment

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Continued Eligibility for Services (CES) Tool

"How long should a member stay enrolled?"

- Stratifies members into three buckets:
  - Recommend Continued Services
  - Recommend Disenrollment
  - More Information Needed
- As objective as possible
- Created in collaboration with the HH Coalition, Care Management Coalition, and iHealth

- ✓ Short screening
- ✓ Conducted at one year of enrollment and every 6 months thereafter
- ✓ Supports Care Managers in making difficult decisions

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	DOH CES Tool	Initial Appropriateness
HHSA CMAs	YES – excludes HH+ and AH+ Eligible members	YES
HHSC CMAs	NO	YES
Frequency	At 12 months, and every 6 months thereafter	Within 30 days of signed consent, and upon creation of any new subsequent segment
What does it consist of?	Medicaid, Dx, Significant Risk, Additional Risk, Engagement = RECOMMENDATION	Significant Risk
When does it start	11/1/23	12/1/23
Is there a billing block?	Not yet	Starting 2/1/24
Who does it?	CM (with supervisory review), CMA Supervisor or QA Staff	Whoever completes eligibility screening at enrollments; data entry can be by whomever creates segments

Designation

- Updated redesignation audit tool
- DOH has revised the Health Home designation policy to include a section on **de-designation.**
  - Repeated unaddressed issues; multiple EOPs
  - 6-month provisional designation
  - Every budget season Health Homes are vulnerable.
    - There are misconceptions about the value of HH CM
- When Care Managers feel supported it's an indication of overall Health Home quality.
  - The one element of the redesignation that is most highly correlated with overall Health Home performance is **Care Manager satisfaction**.

Plan of Care

Upload into the MAPP/HHTS system

- Meet federal oversight expectations
- Improved communication on member needs among HHs, CMAs, MCOs, DOH
- Reduction in administrative burden

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Other Potential Opportunities to Strengthen the HH Program

Potential Admin Burden Reduction under discussion

- Waive the need to get eligibility documentation if the member was disenrolled 6 months ago or less and is re-enrolling
- Waive Initial Comprehensive Assessment requirements if disenrolled and then re-enrolled in same HH/CMA within 6 months
- Use previous POC if disenrolled and then re-enrolled in same HH/CMA within 6 months...(would still require review/update/signature)
- Consider reducing length of initial Comprehensive Assessment and/or Annual Reassessments
- Reduce length and/or frequency of HMLs

The less time CMs spend on administrative tasks, the more time they can spend with members.

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Criminal Justice Waiver

In-reach Medicaid services for incarcerated individuals prior to release:

Updates

- Pulled CJ out of the NYHER waiver.
- California Waiver
- CMS SMDL
  - Reinvestment
  - Length of time
  - Populations
  - Services
  - IT interoperability

Services

- CM and discharge planning,
- peer services,
- MAT
- 30 day fill
- Potential clinical consultation
- Potential clinical services
- Potential DME/DMS

Population

- 83% need SUD treatment 40% have a mental illness
- 9-10x the rate of Hepatitis C,
- 8-9x the rate of HIV

** Looking at HH Eligible, TBI/CTE, juvenile, maternal, medically complex.

Structure

- Stakeholder meetings
  - People with lived experience
- Potential Phases
  - State Prisons
  - Rikers Island
  - Other local and county jails

***performance metrics, stakeholder buy-in, data/systems issues

An Evolving Landscape

- **NYHER HRSNs**
  - CBO focused
  - Care Management for certain Social Care Needs (SCNs)
  - No wrong door for initial Screening
    - Workforce
    - Closed loop Care Coordination

- **Community Health Workers**
  - Health promotion, advocacy, navigation, and education; patient outreach and follow up, and care coordination.
  - Services recommended by a physician or other health care practitioner.
  - Education/training requirements
  - HH/CMA potentially providers of CHW services

General Session: Integrated Care Coordination in New York's Behavioral Health System: DOH Updates Children's Services

Alison Conneally, MS, RDN, CDN
Assistant Director, Bureau of Specialized Services for Children

New York State Office of Health Insurance Programs, Division of Program Development and Management

November 2023

Agenda

- ✓Welcome and Introductions
- ✓Electronic HCBS Referral & Authorization Portal Updates
- ✓Children's Waiver Amendment Updates
- ✓CANS 2.0 Launch
- ✓Questions/Contact Information

Electronic HCBS Referral & Authorization Portal Updates

HCBS Process Becoming Electronic

Current Process

- Health Home Care Manager (HHCM) or Children & Youth Evaluation Services (C-YES) completes a paper referral form to submit to the HCBS provider for services.
- HCBS provider completes an Authorization and CM Notification form to the Medicaid Managed Care Plans (MMCPs) for approval of the Frequency/Scope/Duration (F/S/D) of services. Once approved, the HCBS provider then notifies the HHCM of the F/S/D.
- If HCBS providers and Care Management Agencies are connected to multiple care management agencies and MMCPs, then this can be very time consuming as every entity has their own process for submitting information.
- Additionally, HHCMs and C-YES have no timely information from HCBS providers accepting or waitlisting their referred children or what they are requesting on the Authorization Form.

Overview of the Electronic Referral Portal

DOH continues to work with Plans, Providers, and HH/care managers to **update the HCBS Referral Form and referral process**.

- The implementation of the electronic HCBS Referral Portal within IRAMS is tentatively slated for December 2023.
- HHCM/C-YES will be required to make all referrals for HCBS through the Referral Portal within IRAMS once the electronic functionality is live.
- HCBS Providers will see referrals in real time and be able to respond.
- Based upon feedback from HCBS providers, Medicaid Managed Care Plans (MMCPs), and Care Managers, the Children's HCBS Referral and HCBS Authorization and CM Notification Forms have been updated to give more information to HCBS providers and MMCPs to be able to make decisions without requesting a lot of additional information.

Authorization Form in IRAMS

Key Components

The revised form **will be completed in HCBS Referral Portal** by HCBS Providers.

Parts of the Form will be **auto populated** by the Child's Record from the Referral

Once the form is completed for the first time, **the information will be saved into the system and auto-populated into any future forms.**

Once completed in the Referral Portal, the Authorization Form **will need to be downloaded by the HCBS provider and submitted to the MMCP** through whatever mechanisms for submission are in place today (i.e., email, MMCP portal, etc.)

The MMCP will **continue to issue authorization determinations** as they do currently.

Eventually, the Referral Portal will include functionality for the provider to electronically submit the Form and allow MMCPs to issue authorization within the system.

Children's Waiver Amendment Updates

Children's Waiver Amendment Updates with Proposed 11/1/23 Implementation Date

**Please note that this Waiver Amendment is currently awaiting CMS approval.*

Cost of Living Adjustment (COLA)

- Allows for the continuation of rate increases for HCBS implemented during the Public Health Emergency (PHE) and allows for annual COLA increases to rates, subject to State budget requirements.

Group Respite Rate Revision

- Clarifies service descriptions to indicate the size of allowable groups for the currently established Group Respite and establishes a new rate for Group Respite involving two children/youth.

Palliative Care Qualification Adjustment

- Removes references to “life threatening”, “terminal” and “end of life” in Palliative Care service definitions, except for Palliative Care Counseling and Support Services.
- The references to Bereavement Counseling and Support Services after the passing of a child and End-of-Life per episode payments will remain in the Counseling and Support Services.

Other Waiver Amendment Updates

Rural Rates

- Allowances for higher rates for HCBS provided in rural areas.

Vehicle Modifications (VMod)

- Includes driver modifications within the VMod service definition.

C-SPOA to Conduct HCBS Eligibility Determinations

- Children's Single Point of Access (C-SPOA) become eligible to conduct HCBS eligibility determinations.

PROPOSED Effective November 1, 2023 HCBS Waiver Application Draft NY.019.06.01

CANS-NY 2.0 Launch

CANS 2.0 Launch

HCBS 2.0 will be launched in November 2023

- Based on analysis of seven years of child-specific data, CANS-NY 2.0 will be launching in the Uniform Assessment System (UAS). This update streamlines items, eliminate items, renamed items, and adjusted the order/domain of items, so similar items that would be discussed with a family are together.
- Web-based booster trainings detailing the comparison of the CANS-NY and CANS-NY 2.0 for both ages 0-5 and ages 6-21 will be available. Booster trainings and other UAS required trainings will be available to care managers for over a month before impacting access to the UAS.
- CANS-NY annual recertification process and timing for care managers will NOT change. When CM's annual recertification is coming due, the new training and certification will be reflective of the CANS-NY 2.0 changes.
- PRAED Office Hours will be available every Wednesday from 12 - 1 PM.
- Data is currently being analyzed to update the algorithms for the HCBS CANS; this will not be part of the current CANS 2.0 roll-out in November.

Further information can be found at:
https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/docs/cans-ny_launch_2.pdf

NEW YORK STATE | Department of Health

Contact Us:

All Children's Waiver HCBS questions and concerns, should be directed to the NYS Department of Health at BH.Transition@health.ny.gov mailbox or **(518) 473-5569**

For questions about HH, reach out to healthhomes@health.ny.gov

HHCMs and HH CMs should first talk to their Lead Health Home regarding questions and issues they may have.

New York State Department of Health Complaint Line at managedcarecomplaint@health.ny.gov or **1-800-206-8125**

NEW YORK STATE | Office of Mental Health

General Session: Integrated Care Coordination in New York's Behavioral Health System

Stacey Hale, Director Bureau of Adult Rehab Services, Treatment and Care Coordination

October 30, 2023

Investments and Policy Changes

- Comprehensive expansion of outpatient and community-based services, including employment supports
- Additional mental health services for school-aged children
- Increased operational capacity for inpatient programs
- Improved processes and systems accountability for evaluation, admission and discharge from inpatient and emergency programs
- 3,500 new housing units for individuals with mental illness
- Expanded insurance coverage for mental health services
- Strengthening of the mental health workforce

Themes Across the Mental Health System

Access – responsive to needs, preferences, culturally competent, including peers

Integration- SUD, IDD, MH, Physical Health

Supporting social determinant needs- Housing, food, employment, education

Building and Supporting the **workforce**

NEW YORK STATE | Office of Mental Health

Expand Outpatient & Community-Based Services

Across New York State, too many people struggle to find the mental health services they need, where they need them. The new plan includes a dramatic expansion of community-based mental health services, including:

- **12 new Comprehensive Psychiatric Emergency Programs (CPEPs)**, providing hospital-level crisis care across the State. This will increase the number of CPEPs in NYS to 34.
- **42 additional Assertive Community Treatment (ACT)** teams to provide mobile, high intensity services for people who need them the most, with 22 new teams in New York City and 20 in the rest of the state. This will bring the number of ACT teams in the State to 186.
- **26 new Certified Community Behavioral Health Clinics (CCBHC)** to provide walk-in, immediate integrated mental health and substance use disorder services for New Yorkers of all ages and insurance statuses. This will triple the number of CCBHCs in the State from 13 to 39, which will serve approximately 200,000 New Yorkers.

Expand Outpatient & Community-Based Services

- **8 new Safe Options Support (SOS)** teams to provide outreach and connection to services for individuals who are homeless, with 5 new teams in New York City and 3 in the rest of the state.
- **20 expanded-capacity Article 31 mental health clinics**, which often serve as a front-door to mental health services in communities across the state.
- **Expanded Health Home Plus** care management to assist individuals in accessing services.
- **Expansion of the Intensive and Sustained Engagement Treatment (INSET)** program, which is a model based on national best practices of peer support services.
- **Fully fund Individual Placement and Supports (IPS)** model of supported employment.
  - Expansion of IPS workforce training and technical assistance.
  - Outreach to specific populations for linkage to IPS, such as individuals who have experienced trauma, discrimination, or criminal justice involvement.

Improve Admissions and Discharge Planning and Establish Greater Systemic Accountability

- **Create 50 new Critical Time Intervention teams** to provide wrap-around services for people leaving the hospital – support ranging from housing to job support.
- **Improve hospital admission and discharge processes** using evidence-based methods and tools.
- Ensure emergency departments and inpatient hospital providers have the **tools and services they need so that immediate wraparound services** are available to people with a higher need for support.
- Create a system where outpatient programs provide **immediate and ongoing appointments** for people with a higher need for support during the discharge process.

Create 3,500 New Housing Units

Housing is the cornerstone of recovery for individuals with mental illness. This plan will expand New York's mental health housing by targeted investments in key programs, including:

- **500 new community residence-single room occupancy** units to provide housing and intensive services for people at risk of homelessness.
- **900 new transitional step-down units** to help people transitioning from various levels of care to community-based living.
- **600 new licensed apartment units** to serve people who need an intermediate level of services to be able to live in the community.
- **1,500 new supportive housing units** split between scattered-site rental units that can be opened quickly and new construction or renovated facilities over the next five years.

Other Areas of Focus

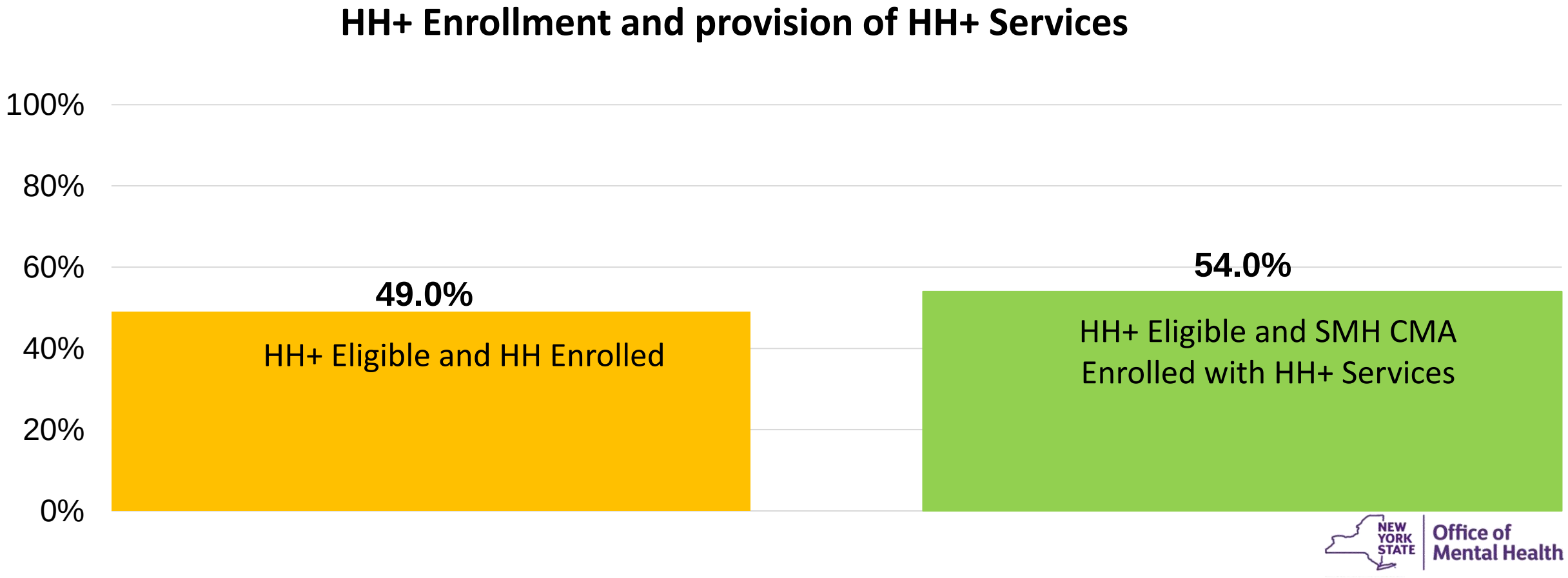
- PROS Redesign
- Increasing CORE participation
- ACT NYS Fidelity Tool
- Employment Services
    - Individual Placement and Support (IPS)
    - Supported Employment
- Integrated Outpatient Services

SMH CM – HH+

For 2023: A Shift in Quality Improvement Focus

- Over the last two years, CMAs have made incredible improvements in providing HH+ services to eligible members
- This year, we want to focus our quality improvement efforts in the area of high intensity care transitions after a hospital visit
- This is an area HHs and CMAs are already addressing, and one that is also a statewide focus right now
  - SOTS focus on creating a continuum to prevent acute crises + high intensity services after ED/Inpatient visit to avoid further crises
  - Development of new or enhanced supports = 988, Crisis Stabilization programs, Critical Time Intervention (CTI) and additional ACT
- SMH CMAs play a critical role here in providing high intensity care transitions supports after an ED or Inpatient visit
  - Can we strengthen those systems even more?

Why? Because HH+ Works for Care Transitions



Additional OMH 2023 Focus: Getting You Better Data

- Currently working on HH/CMA-level care transitions data
- Dashboards showing performance metrics available to providers
- Homelessness data into PSYCKES
  - In Alerts and Care Coordination sections in Clinical Summary
  - In Characteristics section in Recipient Search
  - Based on NYC shelter data and Medicaid Z codes
  - For NYC: Shelter name, program type, placement/exit dates
  - CMAs can review to determine HH+ eligibility and for supporting documentation
  - To watch a webinar on homelessness data in PSYCKES, click here.