

MRT BEHAVIORAL HEALTH MANAGED CARE UPDATE

MRT Webinar
June 18, 2013

Guiding Principles of Redesign

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- Person centered care management
- Integration of physical and behavioral health services
- Recovery oriented services
- Patient/consumer choice
- Protection of continuity of care
- Ensure adequate and comprehensive networks
- Tie payment to outcomes
- Track physical and behavioral health spending separately
- Reinvest savings to improve services for behavioral health populations
- Address the unique needs of children, families and older adults

Vision for Behavioral Health Managed Care

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Fully integrated treatment where behavioral and physical health are valued equally and patients' recovery goals are supported through a comprehensive and accessible service system

Existing Managed Care Environment

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Current Managed Care Benefit Package is Irrational for Behavioral Health

TANF or Safety Net*

- ☐ Must join a health plan**
- ☐ Health plan covers most acute care services and some behavioral health services
- ☐ Health plan provides inpatient mental health, outpatient mental health, SUD inpatient rehabilitation, detox
- ☐ Continuing day treatment, partial day hospitalization and outpatient chemical dependency are provided through unmanaged fee for service

SSI*

- ☐ Must join a health plan**
- ☐ Health plan covers most acute care services
- ☐ Health plan covers detox services
- ☐ All other behavioral health services are provided in unmanaged fee for service program

*HIV SNP is more inclusive of some behavioral health benefits for both SSI and Non SSI

**Unless otherwise excluded or exempted from enrolling

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Behavioral Health Phase II: Managed Care Program Design

NY's Design for Managed Behavioral Health

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- Behavioral Health will be managed by
 - ▣ Special needs Health and Recovery Plans (HARPs) for individuals with significant behavioral health needs
 - ▣ Mainstream managed care plans
 - Plans may operate services directly only if they meet rigorous standards
 - Plans that do not meet rigorous standards must partner with a BHO which meets standards
 - Plans can partner with BHOs to meet the rigorous standards

Key Requirements for ALL Plans

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- ❑ Individual Plans of care and care coordination must be person-centered and be accountable for both in-plan benefits and non-plan services
 - ▣ e.g., housing, AOT requirements
- ❑ Plans must interface with social service systems to address homelessness, criminal justice, and employment related issues for their members
- ❑ Plans must interface with Local Governmental Units (LGU)
- ❑ Plans must interface with State psychiatric centers to coordinate care for members

Health and Recovery Plans (HARPs)

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- Distinctly qualified, specialized and integrated managed care product for individuals with significant behavioral health needs
 - ▣ Distinct product line
 - ▣ Specialized Plan administration and management appropriate to the populations/services
 - ▣ Enhanced benefit package with specialized medical and social necessity/utilization review approaches for expanded recovery-oriented benefits
 - Reflected in premium
 - ▣ Integrated health and behavioral health services
 - ▣ Additional quality metrics and incentives
 - ▣ Enhanced access and network standards
 - ▣ Enhanced care coordination expectations

Health and Recovery Plans (HARPs)

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- Participants must meet HARP eligibility criteria
 - ▣ Initial eligibility based on historical use
 - ▣ Future eligibility based on:
 - Functional/clinical assessment
 - (e.g., individuals with first episode psychosis)
 - Periodically updated historical utilization
- Open enrollment in HARPS for eligible populations
 - ▣ Other strategies to facilitate enrollment being explored

Health and Recovery Plans (HARPs)

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- Premiums include all Medicaid State Plan services
 - ▣ Physical Health
 - ▣ Behavioral Health
 - ▣ Pharmacy
 - ▣ Long Term Care
 - ▣ Health Home
- Manage new 1115 waiver benefits
 - ▣ Home and Community Based 1915(i) waiver-like services
 - Not currently in State Medicaid Plan
 - Eligibility based on functional needs assessment

Qualified BH Plan vs. Health and Recovery Plan

(Under Development)

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Plan Qualified to Manage Behavioral Health

- ❑ Medicaid eligible
- ❑ Benefit includes all current services
- ❑ Benefit Management specific to public benefit population social needs
- ❑ Organized as benefit within MMC – Enhanced staffing for BH benefit management coordinated with PH benefit management
- ❑ Performance metrics specific to BH outcomes and plan management of Medicaid population and BH and social needs

Health and Recovery Plan (HARP)

- ❑ Eligible based on utilization pattern or functional impairment
- ❑ Benefits include all current and new 1915(i) like
- ❑ Benefit management built around expectations of higher need HARP Patients
- ❑ Organized as a separate product line with a separate medical direction and staff
- ❑ Performance metrics specific to specialized services, higher need population social and medical needs.

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Benefit Package

Behavioral Health Benefit Package

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Behavioral Health State Plan Services (for Adults)

- ❑ Inpatient - SUD and MH
- ❑ Clinic – SUD and MH
- ❑ PROS
- ❑ IPRT
- ❑ ACT
- ❑ CDT
- ❑ Partial Hospitalization
- ❑ CPEP
- ❑ TCM
- ❑ Opioid treatment
- ❑ Outpatient chemical dependence rehabilitation
- ❑ Rehabilitation supports for Community Residences

Enhanced Services for HARP

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Workgroup recommended 1915(i)-like waiver services* — Access based on functional/clinical assessment for targeted populations

- **Services in Support of Participant Direction**
 - Information and Assistance in Support of Participant Direction
 - Financial Management Services
- **Crisis**
 - Crisis Respite
- **Support Services**
 - Community Transition
 - Family Support
 - Advocacy/ Support
 - Training and Counseling for Unpaid Caregivers
- **Empowerment Services**
 - Peer Supports
- **Service Coordination**
- **Rehabilitation**
 - Pre-vocational
 - Transitional Employment
 - Assisted Competitive Employment
 - Supported Employment
 - Supported Education
 - Onsite Rehabilitation
 - Respite
 - Habilitation

* Draft service definitions can be found in appendix 2

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Quality and Performance

Raising Standards for Behavioral Health Care

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- Raise the bar on behavioral health management for all members:
 - ▣ Expertise and experience, network, access, service utilization/ penetration, care coordination
 - ▣ Quality Measures “beyond HEDIS”
 - ▣ Engaging the disengaged
 - ▣ Promoting consumer engagement
- Assure reinvestment of savings in services and supports for people with behavioral health needs
- Ongoing monitoring by the entire behavioral health community
- Incentive payments based on performance
- Minimum Medical Loss Ratio (MLR) requirements

Performance Expectations

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Limited metrics now in place to measure quality/outcomes for MH/SUD services and populations

- Expanded measures for addressing behavioral health in primary care
- Performance standards to be enhanced for MCOs and HARPs
- Measures to be developed for newly managed MH/SUD services. Examples:
 - ▣ Improving behavioral health care including increased access
 - ▣ Follow-up post inpatient/ER
 - ▣ Service engagement
 - ▣ Medication management
 - ▣ Improving physical health
- HARP measures additionally focus on coordination of behavioral health and primary care
 - ▣ Health Home Care Coordination/Engagement indicators
 - ▣ 1915(i)-like services and recovery metrics
 - For example: participation in employment; enrollment in vocational rehab services and education/training; housing status; community tenure; criminal justice involvement; peer service use and improving functional status
- New metrics require data beyond claims and encounters and may need to be phased in

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Plan Qualification

Plan Qualification Process

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- Request for Qualifications (RFQ) for all Plans
- All Plans must demonstrate capacity to meet enhanced standards and manage currently carved-out services
 - ▣ Standards to be detailed in the RFQ
 - ▣ RFQ review will determine whether Plan can qualify (alone or in partnership with a BHO) or must partner with a qualified BHO
- Plans applying to develop HARPs must be qualified via RFQ
 - ▣ HARPs will have to meet some additional program and clinical requirements which will be reflected in the premium
 - ▣ A Plan's HARP must cover all counties that their mainstream Plan operates in

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Next Steps

MRT BHO/HARP PHASE 2 TIMELINE

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MRT Milestone	Adult (NYC)	Adult (Rest of State)	Kids
Finalize program design	Spring 2013	Spring 2013	
Finalize BHO/HARP/MCO managed care contract requirements	Summer 2013	Summer 2013	
Post procurement on website for at least 30 days (per enacted legislation)	Late Summer 2013	Winter 2014	
Select HARPs and Qualify Plans/BHOs for mainstream benefits	Winter 2013	Summer 2014	
Plans fully operational	Spring 2014	Fall 2014	Spring 2015

Next Steps

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- ❑ Continue to facilitate provider readiness
- ❑ Establish network requirements, selection criteria, evaluation/performance measures that meet Legislative requirements
- ❑ Set rates
- ❑ Federal approval
- ❑ Publish RFQ requirements and qualify Plans
- ❑ Implementation
- ❑ Continue development of children's design