OMH News

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

Focusing on Behavioral Health Managed Care

Transitioning to Medicaid Behavioral Health Managed Care

By OMH Division of Managed Care

The New York State Office of Mental Health (OMH) and Office of Alcohol and Substance Abuse Services (OASAS), in collaboration with the Department of Health (DOH), are transitioning Medicaid behavioral healthcare to managed care.

The goal is to create a fully integrated behavioral health and physical health service system that provides comprehensive, accessible, and recovery-oriented services. New York's behavioral health transition to managed care will be implemented in New York City first and then expanded to the rest of the state.

New York State is in the process of qualifying Managed Care Organizations (MCOs) for the New York City implementation. All Medicaid mainstream managed care plans must qualify to manage behavioral health services.

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Selected MCOs will manage care to improve health and functional outcomes for individuals with serious mental illness and/or substance use disorders. For Medicaid managed care members, all Medicaid-funded behavioral health services, with the exception of services in Community Residences, will be part of their benefit package (listed below). Services in Community Residences will move to managed care at a later date.

In addition to the current Medicaid behavioral health services that will be offered by all MCOs, some MCOs have chosen to be qualified as a Health and Recovery Plan or HARP. HARPs are special-needs managed care plans that will have specialized staff with behavioral health expertise. They will offer qualified Medicaid recipients all of the services they can get in a mainstream MCO, plus access to an enhanced benefit package that included Home and Community Based Services (HCBS). See table on the following page for a list of services.

Below is a complete list of services which will be available under Behavioral Health Managed Care:

Adult Behavioral Health State Plan Services

Mental Health Services

-Mental Health Inpatient Rehabilitation
-Mental Health Clinic
-Partial Hospitalization
-Personalized Recovery Oriented Services (PROS)
-Assertive Community Treatment (ACT)
-Community Day Treatment (CDT)
-Comprehensive Psychiatric Emergency Program (CPEP)
-Intensive Psychiatric Rehabilitation Treatment (IPRT)
-Crisis Intervention

Substance Use Disorder Services

-Inpatient Substance Use Disorder Treatment
-Opioid, including Methadone Maintenance Treatment
-Outpatient Clinic
-Detox Services Residential Services

Home and Community Based Services

Rehabilitation

-Pyschosocial Rehabilitation
-Community Psychiatric Support & Treatment

Respite

-Short-Term Crisis Respite
-Intensive Crisis Respite

Individual Employment Support Services

- Prevocational
-Transitional Employment Support
-Intensive Supported Employment
-On-going Supported Employment

Support Services

-Family Support and Training
- Non-Medical Transportation

These services are designed to provide the individual with a specialized supports to remain in the community and assist with recovery. These services are not currently provided by Medicaid. In order to get HCBS, Medicaid recipients will need an assessment. An assessment shows if Medicaid recipients are eligible for HCBS and which services they need. Medicaid recipients in HARPs will have a Health Home Care Manager, who completes the assessment. Care Managers also help people in HARPs make a Plan of Care. The Plan of Care identifies life goals and the services people need and want to help reach their goals.

For additional information regarding the behavioral health transition to managed care, please visit the following links:

- NYS Office of Mental Health (OMH) Office of Consumer Affairs
- Office of Mental Health
- Office of Alcoholism and Substance Abuse Services (OASAS)
- Department of Health (DOH)
    - July 2015 - Special Edition (Behavioral Health) (PDF)
- Home and Community Based Services

One Perspective on the Transition to Medicaid Managed Care

By Glenn Liebman, CEO, Mental Health Association in New York State, Inc.

As we transition to Medicaid Managed Care in behavioral health, there is an appropriate mixture voiced by many of us of both hope and concern.

The hope stems from the fact that many of the services that we have long advocated for in the Community Mental Health System will become an even more integral part of treatment plans. The best treatment plans are those that provide many options. No one recovers with a cookie-cutter plan of care -- people recover with options.

The hope of Medicaid Managed Care is that the Health and Recovery Plans (HARPS) will become the conduit for recovery for many of the 140,000 individuals identified for the HARPS. Within the Mental Health Association in New York State, we have 30 affiliates in 52 counties. Many of these affiliates have been the cornerstone of community services and recovery in their areas. They have worked on the premise that community support is essential to recovery. Many of our members have offered the kinds of Health and Community Based waiver services that will be integral in this new framework for care.

The services around peer engagement, family engagement, crisis services, support education, supported employment, community rehabilitation, and transportation have been in the wheelhouse of the services offered by our members and many of our colleagues. To be able to include under Medicaid those services in a waiver environment could be a very positive thing for the individuals that we serve. So many of the programs we advocate for like Mental Health First Aid, Trauma Based Care, and Wellness Recovery Action Plans (WRAP) should now become embedded in communities throughout New York State because of the HCBS waiver.

For so many years, we have specifically relied on local assistance dollars to keep these services afloat. We have long advocated for these dollars and will continue to do so, but this funding does not keep up with inflation and is very dependent on the vagaries of the economy. To have, in a sense, an additional ‘safety net’ for the non-Medicaid services can serve everyone’s best interest.

There are several concerns as well. We are very concerned that there will not be enough funding and training assistance available to help traditional non-Medicaid providers billing for Medicaid. The State has been helpful in working with providers/advocates to receive technical assistance and financial support. Many of the non-Medicaid providers (and many that bill for services) are embedded in their communities for many years and provide quality services that keep people in the community and out of hospitals. The State and our new health plan partners should continue in any way possible to help insure these agencies remain relevant and funded in this new environment.

There must also be educational opportunities about this transition available in every corner of the state for individuals with psychiatric disabilities and their loved ones. It is the most significant change in behavioral health care in many years. If we are not fulfilling our commitment to public education for every individual, then we are not fulfilling the most important aspect of the transition.

Finally, we can’t forget the workforce. These are the dedicated men and women who are running the programs, dealing with this significant transition, absorbing all the new rules, responding to crisis services, and engaging individuals at the front door of services. They must be compensated fairly for their work. If we do not provide appropriate funding for a quality workforce, then the entire system is at risk.

Consumer Community Education Forum on
Behavioral Health and Medicaid Managed Care

The New York State Office of Mental Health, the Department of Health, the Office of Alcoholism and Substance Abuse Services, and the New York City Department of Health and Mental Hygiene are hosting three community education forums on Behavioral Health and Medicaid Managed Care in New York City in July, August and September.

These public forums are an opportunity for adults using behavioral health services to hear about the changes in Medicaid and behavioral health, to ask questions and to be in dialogue with those in State and city agencies working on the changes. The forums will also provide important updates on New York City's transition to managed behavioral healthcare and how this will impact the services you receive.

Details for the next scheduled forum are below:

Thursday, August 6, 2015
5:30 to 7:30 p.m.
Lincoln Hospital
234 East 149th Street, Bronx, NY

For more information on this forum and to register for the event, visit the OMH website.

Public education forums for people outside of New York City will be scheduled at a later date (outside of New York City, Medicaid Managed Care will manage behavioral health services for adults starting in July 2016).

The Managed Care Technical Assistance Center: Helping Providers Prepare for Behavioral Health Managed Care

By OMH Managed Care Technical Assistance Center

The Managed Care Technical Assistance Center (MCTAC) provides technical assistance to all OMH and OASAS providers in New York State in preparation for the behavioral health system's transition to Medicaid managed care. New York University's McSilver Institute for Poverty Policy and Research leads MCTAC's technical assistance activities, in partnership with a group of leading academic and service-delivery organizations, including: CASAColumbia, Coordinated Care Services, Inc. (CCSI), the Institute for Community Living, Inc. (ICL), and the New York Association of Psychiatric Rehabilitation Services (NYAPRS). MCTAC complements the clinical and business trainings offered by the Community Technical Assistance Center (CTAC) by readapting these areas of technical assistance to specifically address best practices for managed care. Through June 15, 2015, 624 agencies have participated in a MCTAC program, including 233 (55.1%) of OASAS providers and 391 (70.1%) of OMH agencies. This number includes 45+ in-person and online events, which have reached 6,200 total participants.

MCTAC offerings to-date have focused on:

1. A kick-off series in partnership with OMH and OASAS;
2. Provider readiness;
3. Contracting;
4. Business and clinical operations innovation;
5. Revenue cycle management, utilization management, and outcomes;
6. Home and community based services, and
7. Billing.

In each of these domains, MCTAC offers multimodal training opportunities through a combination of in-person and web-based events and the incorporation of interactive tools and intensive learning community opportunities.

MCTAC has combined web-based and in-person training modalities with its readiness assessment, which provides agencies with a concrete benchmarking report. To date, MCTAC has received readiness assessments from 525 unique agencies. Likewise, the summer contracting workshop series has reengaged providers through a team-based contracting exercise that allows participants to identify problematic clauses and provisions in a sample managed-care contract.

MCTAC has extended its reach and scope through interactive online tools: the glossary and managed care language guide and the MCO plan comparison matrix. The MCTAC team created the glossary and language guide in response to providers' need for a resource that defines the many terms associated with managed care. Since its launch, the glossary has received nearly 10,000 page views. The matrix, released in mid-July 2015, is an interactive and comprehensive database of New York State MCO information. It currently provides general and contracting information for approved New York City MCOs, and will soon include rest-of-state information and utilization management, credentialing, and billing information.

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Additionally, MCTAC's website and weekly mailings compile the most up-to-date resources and archived training materials to ensure that providers have the resources necessary to navigate the changing healthcare landscape.

CTAC Co-Director Dr. Andrew Cleek states that "We are thrilled with the positive feedback from providers. We anticipate that as the transition date approaches, we will only continue to broaden our scope of service."

MCTAC will experience significant growth in its reach, training offerings, and resources, with an emphasis on value-based payment models and best billing practices. MCTAC will continue to delve into the aforementioned content areas and expects to serve an even larger portion of OMH and OASAS-licensed agencies.

Behavioral Health Medicaid Managed Care: Grievances and Appeals Process

By OMH Division of Managed Care

Behavioral Health services are being carved into managed care. As result, providers, consumers, and their authorized representatives may now file complaints and appeals with their managed care plans.

Consumer and Provider Complaints

There may be times when a Medicaid consumer or a provider is not satisfied with the care or services that a managed care plan is providing to a consumer. In those situations, consumers and providers may file a formal complaint with the plan, the State, or both.

To file a complaint with a managed care plan:

A provider, a consumer, or a consumer's authorized representative can file a complaint with the plan. A member can send a complaint in writing, via e-mail, or by phone. Specific information about how to file a complaint can be found in the member handbook. The managed care plan will review the complaint and notify the person who made the complaint about the decision.

If the person who made the complaint disagrees with the plan's decision, that person can file a "complaint appeal" with the managed care plan. If the person still disagrees with the plan's decision, he or she can file a complaint with the State.

To file a complaint with the State:

A provider, a consumer, or a consumer's authorized representative can contact the New York State Department of Health (DOH) at any time by phone or in writing.

NYSDOH Managed Care Complaint Line: 1-800-206-8125

Email: managedcarecomplaint@health.ny.gov

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Consumer and Provider Appeals

Consumers and providers have the right to appeal a managed care plan's decision regarding payment or approval of treatment and services.

Prior to the carve-in of behavioral health services, most behavioral health providers did not have the right to file an independent appeal for behavioral health services that were denied to a Medicaid recipient. Under behavioral health managed care, these providers will have an independent right to file an appeal with the managed care plan and an external appeal with NYS Department of Financial Services (DFS).

A full description of the process, instructions and time frame to ask for these appeals is included in the member handbook and provider manual. Enrollee appeal information is also provided when a plan denies coverage for a service.

There are three different types of appeals:

- Internal Appeal: A provider, consumer, or consumer's authorized representative can file an appeal with the plan by calling or writing to the plan. An internal appeal is available in certain circumstances. For example, when a plan denies coverage because it (a) determined that a service was not medically necessary or was not a covered benefit, (b) approved a service, but for less than the amount, duration and scope requested, (c) denied payment for a service, in whole or in part.

- Independent External Appeal: If the plan upholds its denial after the Internal Appeal because a service was not medically necessary, was experimental/investigational, or was out-of-network, a provider, consumer or consumer's authorized representative may be eligible to ask for an External Appeal with the DFS. To find out more about External Appeals or to request an application, contact the managed care plan, call DFS at 1-800-400-8882, or visit the DFS website at www.dfs.ny.gov.

- Fair Hearing: A consumer or authorized representative can ask for a Fair Hearing with the NYS Office of Temporary and Disability Assistance (OTDA). A consumer does not need to file an Internal Appeal or External Appeal before he or she can request a fair hearing. Providers do not have an independent right to ask for a Fair Hearing.
    - In addition to decisions regarding denials of coverage or payment, a Fair Hearing is also available to appeal Medicaid enrollment, disenrollment, and eligibility determinations.
    - To request a fair hearing contact: NYS Office of Temporary and Disability Assistance by phone (1-800-342-3334) or visit the website: www.otda.ny.gov/hearings/

"AID TO CONTINUE": Getting Services During An Appeal

In some cases, a consumer may be able to continue to receive services that are scheduled to end or be reduced while he or she waits for the plan appeal or fair hearing to be decided. To qualify for this, the consumer must request a fair hearing within 10 days from being told that the request for services is denied or by the date the change in services is scheduled to occur.

Public Forums on Behavioral Health Service Agency Integration

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) and the New York State Office of Mental Health (OMH) are hosting a series of fact-finding forums to consider the appropriateness of consolidating the missions of OASAS and OMH into an integrated and unified behavioral health services agency.

OASAS Commissioner Arlene Gonzalez-Sanchez and OMH Commissioner Ann Sullivan, MD, and Paul Samuels, Esq., Chair of the New York State Behavioral Health Services Advisory Council (BHSAC), are jointly chairing the Steering Committee, which will assess its findings on the value of creating an integrated behavioral health services agency to improve service delivery, streamline the transition to Medicaid Managed Care, and enhance the treatment outcomes for people currently receiving behavioral health services in New York State. The Steering Committee is comprised of key OMH and OASAS stakeholders.

The Chairs seek public input into the question of whether a new behavioral health agency should be created and whether the creation would improve the care for populations currently served by both agency funded/licensed programs. Input from stakeholders including providers, consumers, families, local government units (LGUs), trade associations, and state and local legislators is sought and will be considered in making any forthcoming recommendations by the Steering Committee.

The public is invited to attend the following forums to be held this summer:

- **Tuesday, August 18 (3 to 5 p.m.; 5:30 to 7:30 p.m.) – Molloy College, Suffolk Center, 7180 Republic Airport, Farmingdale, NY**
- **Thursday, August 20 (3 to 5 p.m.; 5:30-7:30 p.m.) – Buffalo & Erie County Public Library, The Mason O. Damon Auditorium, 1 Lafayette Square, Buffalo, NY**

Pre-registration is encouraged, because seating is limited. A registration page will be available through the OMH and OASAS websites shortly. Interested parties may also view video of a recorded public forum after the initial meeting on July 13.

In addition to the public forums, comments and recommendations from the public will be accepted via web links that will be posted on both agency websites. All comments will be considered in the deliberations of the Steering Committee. A final report will be issued by December 31, 2015.

If you require any special accommodations to participate in this process, or have questions about the format, you may contact OMH and OASAS representatives.

We Want to Hear from You!

Send us your story ideas, events, pictures and artwork for the chance to be featured in the OMH News.
Mail to: Public Information Office, NYS Office of Mental Health-
44 Holland Avenue, Albany, NY 12229 or you can email us.

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