Health Homes and Health and Recovery Plans (HARPs)

Plugged into Behavioral Health: Health Homes and Beyond
The Coalition of Behavioral Health Agencies, Inc.
Annual Conference – January 24, 2013

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Changing Health Care Landscape from Treating Chronic Conditions

- Resources are Moving into the Community
- Many Players
- Use of Terms
- Care in People’s Homes
- Embrace Community Organizations to Help People Stay Well
Health Homes

• Health Homes Networks
  • Increased Accountability
  • Integrated Care
  • Better Treatment and Recovery Outcomes

• Care Management in Health Homes
  • 23,000 Adult TCM Slots
  • ACT Capacity

• Health Home Networks
  • Why should a provider join a Health Home Network?
  • Why should a consumer join a Health Home?

Why should a provider join a Health Home network?
• To Get Connected to the Future
• Part of an Integrated Care Team
• Access to Referrals
• Electronic Data Sharing
• Outcome Focused and Accountable
• Positioned for Managed Care
  • Health Homes are Organizing Networks Which Will Contract with MC Companies
  • Behavioral Health Providers Bring Vital Services to Networks, e.g., Treatment, Care Management, Rehabilitation and Recovery Services, Skills in Engagement and Motivation, Housing, Employment, Peer Staff.
Health Homes

• Why should a consumer join a Health Home?

  • Integrated Care
  • Help with Navigating the Health Care System
    • Better Access
    • Better Coordination
  • Wellness and Person Centered
    • Skills to Stay Healthy

Why Integration with Care Coordination:
Many Readmissions Involve Behavioral Health

- Patients without MH/SA diagnosis, medical readmission $149M
- Patients with MH/SA diagnosis, medical readmission $395M
- Patients with MH/SA diagnosis, MH/SA readmission $270M
- NYS Medicaid Data 2007
Medicaid Redesign Team, Managed Care, and Behavioral Health

Health and Recovery Plans (HARPS) and Behavioral Health Organizations

Medicaid Redesign Behavioral Health Subcommittee Recommendations

- Managed care approaches using risk-bearing SNPs and/or BHOs should be developed. In NYC, full-benefit SNPs should be developed to include mental health, physical health, and substance abuse populations.

- SNPs/BHOs should be given responsibilities to pay for inpatient care at State psychiatric hospitals and to coordinate discharge planning.

- Advance the core principle that manage care approaches for people with behavioral health care needs should assist enrollees in recovery and in functioning in meaningful life roles.

- Use an 1115 waiver to advance the recommendations outlined in the MRT BH workgroup final recommendations report.
The Current Medicaid Managed Care Environment and Enrollment Provides the Framework

- **SSI Population**
  - Managed Care - Physical Health Benefit
  - Fee-For-Service - Behavioral Health

- **Non-SSI Population**
  - Managed Care - Physical Health Benefit / Limited Behavioral Health (Inpatient and Clinic)
  - Fee-For-Service – Specialty Behavioral Health

- **Medicare/Medicaid**
  - Build from existing 1115 Partnership Plan

Managed Care Models – Options

- **Model options under discussion include:**
  - In NYC, full-benefit integrated SNPs (affiliated with existing plan or freestanding) for high need populations are the preferred option for members with significant behavioral health conditions.
  - In NYC, SNPs will be called:

  **Health and Recovery Plans (HARPs)**
Requirements of HARPs

• HARPs:

• HARPs eligibility criteria and specialized benefits will be developed by DOH, OASAS, OMH and NYC with stakeholder input.

• HARPs will be expected to be fully integrated plans that will manage the entire Medicaid benefit for patients including: physical health, behavioral health, acute care, long term care, and pharmacy.

• HARPs must be able to create an integrated network with an ability to share information among network providers and provide intensive care coordination services, as well as effectively communicate with non-network providers when necessary.

• HARPs must be licensed risk bearing entities in NYS. Can be under the revised mainstream plan license.

• A limited number of HARPs will be selected and preference given to existing plans with robust specialty behavioral health investment including active partnerships with HHs.

• HARPs will be required to contract with Health Homes.
Requirements of HARPs

• People assigned to the HARPs from the mainstream plan will be able to access the Plan’s primary care network and continue with the same primary care provider they had as a mainstream plan enrollee.

Additional Aspects of Design

• With appropriate CMS approvals, plans will be given responsibility to pay for inpatient care at State psychiatric hospitals and coordinate discharge planning. As State PCs are freed up through downsizing and admission diversion, these funds will be reinvested to fund community-based support services.
• The State will pursue CMS approval of “in lieu of” service flexibility.
• 1915i Like Recovery Services
• Coordination of Medicaid capitated services and non-Medicaid services funded outside of capitation:
  • Housing
  • Clubhouses
  • Peer operated services
  • Others to be considered
Raising Standards for Behavioral Health Care

• Raise the bar on requirements:
  • Expertise and experience, network, access, service utilization/penetration, care coordination
  • Quality Measures “beyond HEDIS”
  • Engaging the disengaged
  • Promoting consumer engagement throughout
  • Assuring reinvestment of savings in services and supports for people with BH needs
  • Risk Management

BH Benefit Design-Next Steps

• Ongoing stakeholder input is received through the MRT process and through the BH workgroup.
• Design work has begun in coordination between OMH, OASAS, DOH, and NYC.
• Mercer was engaged as a design and actuarial consultant.
• Periodic opportunities for input from various stakeholders will continue through the planning process
Draft BH Benefit Redesign Proposal - Timeline

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<thead>
<tr>
<th>Date</th>
<th>Task</th>
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<tbody>
<tr>
<td>Spring 2013</td>
<td>Finalize BHO/HARP program design</td>
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<tr>
<td>Summer 2013</td>
<td>Finalize BHO/HARP managed care contract requirements and financing</td>
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<td></td>
<td>Publish procurement documents for minimum 30 days</td>
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<tr>
<td>Fall/Winter 2013</td>
<td>Select HARPs/BHOs</td>
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<tr>
<td>Spring 2014</td>
<td>Begin operation</td>
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