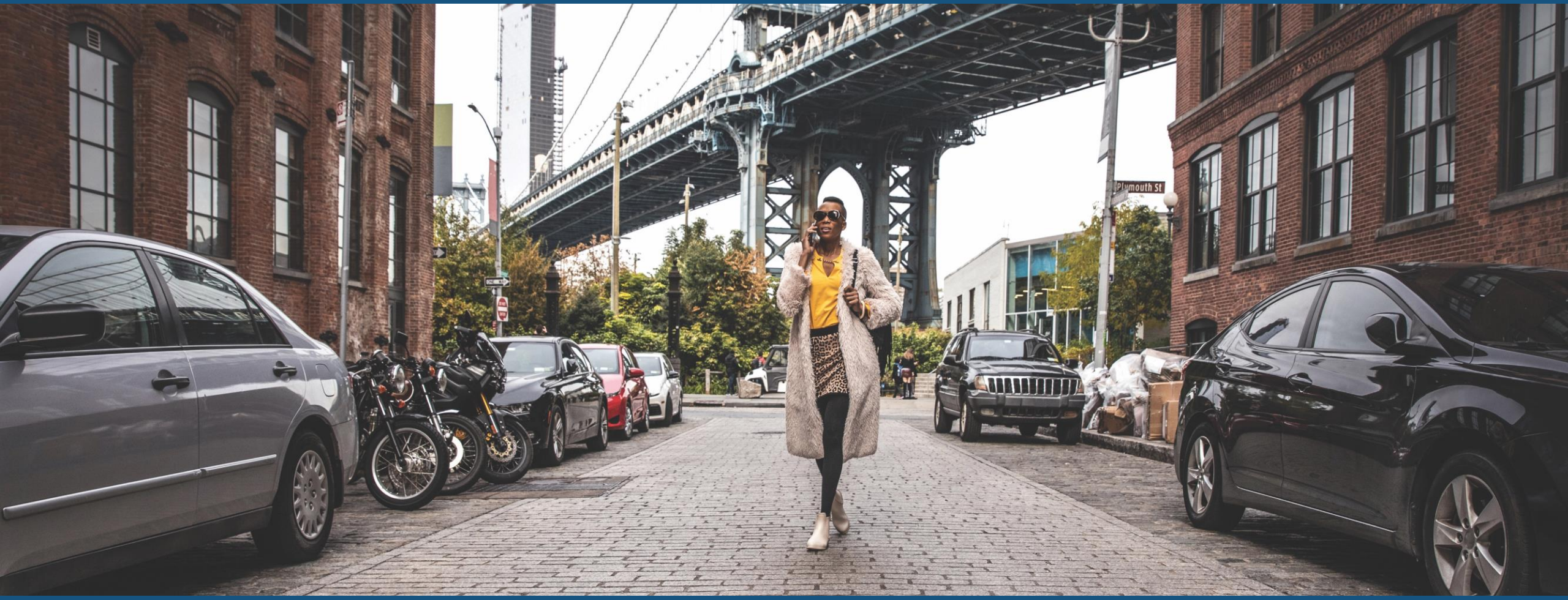
Provider Orientation: Case Management for Healthcare Providers

October 1, 2021



MetroPlusHealth

Agenda

- Overview
- What is Care Management
- Components of Care Planning
- Care Plan Review
- Enrolling Members in Care Management
- Children's Services

Our Behavioral Health Program

As of 10/1/21, MetroPlusHealth will be providing the Behavioral Health services previously delegated to Beacon Health Options.
Services include:

- Provider network development and contracting
- Care management & coordination
- Utilization management
- Customer services & grievance management
- Claims processing & payment
- Quality management

MetroPlusHealth BH includes:

- Health and Recovery Plan (HARP)
- Children's services, including Voluntary Foster Care Agencies
- Behavioral Health services for other MetroPlusHealth Plan lines of business.

The Goals of HARP

- Improve physical health and behavioral health life outcomes.
- Improve social/recovery outcomes including employment.
- Improve member‘s experience of care.
- Reduce rates of unnecessary/inappropriate ER use.
- Reduce need for repeated hospitalization and re-hospitalization.
- Reduction or elimination of duplicative health care services and associated costs.
- Transformation to a more culturally competent community-based, recovery-oriented, person-centered service system.

HARP Team Coordinates Care of MH & PH Services

Mental Health Benefits

- Home and Community Based Services (HCBS) that can be delivered in members home or social setting
- Inpatient and outpatient psychiatric care
- Partial Hospitalization Program (PHP)
- Substance Use Disorder Inpatient Detoxification
- Substance Use Disorder Inpatient Rehabilitation
- Crisis Residence and/or Crisis Respite
- Assertive Community Treatment (ACT)
- Personalized Recovery Oriented Services (PROS)

Physical Health Benefits

- Making PCP (Personal Care Physician) appointments
- Looking up Providers
- DME (Durable Medical Equipment)
- PCS (Personal Care Services)
- Transportation to appointments
- Dental Care
- Vision
- Hospital stays
- Promote Medication Adherence
- Collaborate with providers/vendors
- Assisting with integrated care

Identifying HARP Eligibility Status

- HARP eligibility is based on certain factors, such as past use of behavioral health services in Medicaid.
- HARP eligibility status appears in e-PACES on an individual's file in the restriction/exception code part of the report.
- Individuals can ask their treating providers to look up their eligibility status or they can call New York Medicaid Choice at 1-855-789-4277; TTY users: 1-888-329-1541.
- HARP eligibility and enrollment status is indicated by the use of restriction/exception codes that begin with the letter "H".
- If the individual's e-PACES report has an "H9" code, then the person is HARP eligible but has not yet enrolled in a HARP.

Enrolling Eligible Members into a HARP

- "H9" refers to member that are eligible for HARP based on a number of elements, including their treatment needs and utilization patterns for physical and behavioral health services.
- NYS determines who is eligible for HARP and generates an updated list of H9s every other month. The H9 code can be found
  - In ePaces: in individual's file in the restriction/exception code part of the report
  - In MAPP, Psyckes, and EMEDNY
  - By calling NY Medicaid Choice @ 1-855-789-4277 (TTY users: 1-888-329-1541)
- As HARP enrollment is voluntary, these eligible members can choose to enroll in a HARP at any time. The individual will need to have the following information when contacting NY Medicaid Choice:
  - Medicaid CIN or SNN, full name, DOB, home address & phone number
- H9 members must be 21 or older and be insured by Medicaid only (just like HARP)

Insurance companies, including MetroPlusHealth, are not allowed to directly enroll patient into HARP plans. The process must be initiated by the patient (either alone or with their provider).

HARP Collaboration & Integration

The Integrated Care approach blends the expertise of mental health, substance use, and primary care clinicians along with Health Home providers. We use a model of collaboration which is a team-based intervention designed to improve member care through support, provider decision, and shared clinical care plans that incorporate specific member goals.
HARP Care Managers identify members with high-risk physical and behavioral health conditions in need of Case Management through multiple means:

- MHP Risk algorithm
- Inpatient hospitalization
- Health Risk Assessments
- Referrals from Health Home referrals, Medical and Behavioral Health Provider, Member or Care Giver self-referral, Personal Care Services (PCS), Partnership in Care (PIC)-HIV/SNP, Customer Services & Network Relations.

MetroPlusHealth Behavioral CMs support external providers & Health Homes on a routine basis; offering guidance with appropriate in-network referrals for both physical and behavioral health needs.

Our Care Management Program

- **Case managers coordinate services** to meet the medical, behavioral, psychosocial and functional goals of members helping them attain wellness and autonomy through advocacy, assessment, planning, communication, and education.
- **Case Managers collaborate** with providers, health homes and other case managers around inpatient admissions, discharge planning and gaps of care. Case Managers coordinate the services of physical, substance use disorder and mental health providers to help members attain optimal health outcomes.
- **MetroPlusHealth Case Managers are Social Workers, LMHC's, Nurses (RN) and CASACs** working with members' assigned Health Home and/or Care Management Agency workers, medical professionals, service providers and other community resources.
- Care managers:
  - **Link members to providers and resources**
  - **Identify and reduce the impact of clinical and social determinants of health issues**
  - **Ensure members receive medical, behavioral, and social services** consistent with their plan of care

Components of Care Planning for CM

- **HRA (Health Risk Assessment):** assessment of medical health, behavioral health, long-term services and supports (LTSS), and social needs. Responses help create the individualized care plan (ICP). Includes, functional status, sensory impairment, nutrition, living situation, and major medical diagnoses

- **ICT Meeting**: The interdisciplinary care team (ICT) supports the member to improve health outcomes

- **Individualized Care Plan (ICP):** The ICP is developed with the member and/or the member's caregiver. ICPs include member-specific health care goals, planning for care, and addressing member's needs

- **Care Coordination**: ensures access to plan benefits and continuity of care

Components of Care Planning, Cont.

Care Plans Include:

- Active concerns, conditions, and current medications
- Needs, long and short-term goals and interventions with measurable outcomes, the anticipated timelines, & the person responsible for monitoring outcomes
- Authorized services including frequency and duration of authorization
- Member's preferences and how they will be addressed, taking into consideration the member expectations, characteristics, and daily routines

Care plans may be referred to as Plans of Care (POC), ICP (Individualize Care Plans) or PCSP (person-centered service plans) depending on the member's line of business

Care plans are living, evolving documents and are shared with members and providers

Understanding First Episode Psychosis

First Episode Psychosis (FEP)

MetroPlus BH provides case management for FEP members and will support connection to specialty providers and resources. An abundance of data accumulated over the past two decades supports the value of early intervention with services to help people maximize recovery following a first psychotic episode. Providers (inpatient & outpatient) will assess for and refer members experiencing first episode psychosis to specialty programs such as:

OnTrackNY Providers, trained by The Center for Practice Innovations (CPI) at Columbia Psychiatry/NYS Psychiatric Institute, deliver coordinated, specialty care, for those experiencing FEP, including: "psychiatric treatment, including medication; cognitive-behavioral approaches, including skills training; individual placement and support approach to employment and educational services; integrated treatment for mental health and substance use problems; and family education and support" (CPI website). Each site has the ability to care for up to 35 individuals. Requirements:

1. Ages 16-30
2. Began experiencing psychotic symptoms for more than a week, yet less than 2 years, prior to referral
3. Borderline IQ (70-85)

Currently there are 1-3 OnTrackNY sites in each of our 5 boroughs: https://ontrackny.org/contact
For general information about the OnTrackNY initiative, or for training and consultation, please email ontrack@nyspi.columbia.edu

Enrolling a Member in BH Care Management

To enroll a member in BH care management services:

- **Call the member services phone number, (800) 303-9626**, and request a transfer to BH or HARP Care Manager to assist with enrollment and connection to services

- To refer a member to a Health Home:
  Call (844)-225-4277 to facilitate coordination with a Health Home

Referring HARP Members to Health Homes

- **Harp members should be enrolled in a Health Home.** Health Homes provide the opportunity to receive enhanced integration and coordination of primary, acute, behavioral health, and long-term services for persons with chronic illness.
- Health Homes' Goals:
  - Reduce utilization associated with avoidable inpatient stays
  - Reduce utilization associated with avoidable emergency visits
  - Improve outcomes for persons with mental illness or substance abuse disorders
  - Improve disease-related care for chronic conditions
  - Improve preventive care outcomes
- There are 33 Health Homes in NYS (16 serve children; 17 serve adults only)
- **To refer members to a health home:**
  - Contact the Medicaid Helpline (1-800-541-2831) or the NYS DOH Health Home line (518)-473-5569
  - Contact a lead Health Home (either directly or via the MHP Health Home coordinator)

Coordinating with Health Homes to Promote HCBS Services

- MetroPlusHealth is notified by New York State of a member's eligibility for HARP and eligibility for a Community Assessment.

- The assigned Health Home or CMA (Care Management Agency) worker completes the assessment to determine the level of appropriate need, or eligibility, to have additional services (HCBS) available to them.

- Therefore, all members enrolled in the HARP program will be offered Health Home care management services which will serve as a primary goal of successful HARP participation.

- Members who are hesitant about joining a Health Home will be given the option to enroll within an RCA (Recovery Coordination Agency) and still be given the opportunity to access adult behavioral health HCBS.

HCBS Eligibility & Tiers

Health Home Care Managers (HHCMs) use the NYS Eligibility Assessment to determine if HARP eligible/HIV SNP enrollees are eligible for Adult BH HCBS and, if so, which tier of service they qualify for.

Prior to the assessment, the HHCM must verify current HARP or HIV SNP enrollment through EPACES/EMEDNY.

Tier 1 Services

- Education
- Employment
- Peer Support

Tier 2 Services includes all items from Tier 1, plus

- Habilitation/Residential Supports
- Psychosocial Rehabilitation
- Community Psychiatric Support and Treatment
- Family Support and Training

Note: NYS is in the process of changing the HCBS assessment process and the are rebranding HCBS services as CORE (Community Oriented Recovery & Empowerment) services. The goal is to eliminate the barriers to access and broaden the referral network to promote increased use of the services.

Reference: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/workflow_guidance.htm

Our Children's Special Services (CSS) Program

The CSS team serves children under 21 years old by:

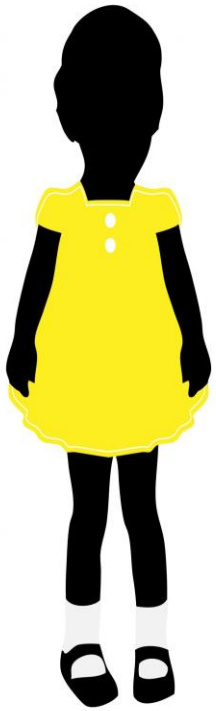
- **Coordinating care** -oversight of utilization and case management to support the complex physical, behavioral, and developmental health needs of members
- **Monitoring plans of care** for children eligible for Home and Community Based Services to anticipate complex needs by collaborating with Health Homes and assessing if services in place are meeting member needs
- **Following up on issues** raised by members/families, Care Management Agencies (CMA), Voluntary Foster Care Agencies (VFCAs), PCPs, specialty providers, homecare agencies, DME providers, pharmacy, and any other collateral contacts to support the complex member's needs
- **Taking a multi-generational approach to care management**. Supporting the caregivers' needs helps to ensure that the child/youth will continue to receive support to remain in the community and engage in their care. Many of the new services in this program are designed to support the member and family to promote better outcomes.
- **Promoting quality care** by facilitating well-child visits, annual dental screenings, metabolic monitoring for members on antipsychotic medications, and many more.

The CSS Department can be reached by calling MetroPlusHealth at 1-800-303-9626

CSS Foster Care Liaison Olanike (Nikki) Oyeyemi can be reached at 212-908-4000

Improving Care for Children

NYS focus on improving health outcomes, managing costs, and providing care management services for Medicaid children and youth under 21 years with complex medical, behavioral, and/or developmental issues makes these services available to MetroPlusHealth members:



- **Child and Family Treatment Supports and Services (CFTSS)**
  Medicaid or SNP members 0-21 have access to 6 CFTSS behavioral health services that members can receive in clinics, home, or in the community
- **Home and Community Based Services (HCBS)**
  For children with complex medical, behavioral, and/or developmental health issues who are at risk for institutional placement and have been determined eligible for waiver services
- **Crisis Residence**
- **Support for Children placed in the care of Voluntary Foster Care Agencies**
  Members will have access to new benefits and care

Identifying & Referring Members for Children's Specialty Services

- **Members 0-21 who have Medicaid or SNP** can be referred for CFTSS services. Members can self-refer, be referred by their PCP or BH provider, or by their case managers
  - The CSS team can coordinate referrals to designated CFTSS providers
  - No authorization is required for CFTSS services

- **Children 0-21 with Medicaid or SNP with complex issues**:
  - To be eligible for Children's HCBS (waiver) services, children must have a physical health, developmental disability, or mental health diagnosis with related needs that place them at risk of hospitalization, institutionalization*, or need to return safely home from a higher level of care
  - Members who do not have Medicaid or SNP but may be eligible for HCBS can be referred to C-YES (Child and Youth Evaluation Services) through Maximus to be evaluated for level of care (LOC) eligibility and Medicaid Family of One coverage. Providers and organizations can download the referral form: https://nymedicaidchoice.com/connecting-children-home-and-community-based-services

*Institutionalization refers to children at risk of being admitted to a higher level of care such as out-of-home residential settings, hospitalization, ICF-I/ID, or nursing facility

Establishing Level of Care (LOC) Eligibility for Children's HCBS

Refer child/family to a Children's HH to have CANS Assessment (Child and Adolescent Needs and Strengths Assessment) **to establish LOC.** When score meets criteria for LOC for HCBS (waiver) services an eligibility code is added to the Medicaid card.

Providers can refer directly to one of 5 NYC Children's HH:

- Collaborative for Children and Families (CCF) https://ccfhh.org/ 212-444-5437
- Coordinated Behavioral Care (CBC) http://www.cbcare.org 646-930-8851 or 866-899-0152
- Bronx Accountable Health Network (BAHN) https://www.montefiore.org/bahn-contact-us 1-855-680-2273
- Northwell Health Home https://www.northwell.edu/about/our-organization/northwell-health-solutions/health-home (888) 680-6501
- Community Care Management Partners (CCMP) http://ccmphealthhome.org/ (888) 682-1377

Refer member to CSS team for support with the process

Process takes time depending on appointment and family availability. Support the family by exploring other services/ resources.
Offer linkage to CFTSS services to provide in home or community support.

Home & Community Based Services (HCBS)

Diagnostic categories for HCBS eligibility:

- Medically Fragile Children (MFC)
- Developmental Disability (DD) and Medically Fragile
- Developmental Disability (DD) and in Foster Care

HCBS services:

- Enable children to remain at home, and/or in the community, therefore avoiding institutional placement
- Safely return a child from a higher level of care back to the community with support services provided where they are most comfortable
- Support children and adolescents as they grow and work toward their goals
- Offer person-centered flexible services to meet the medical, mental health, substance use treatment and/or developmental needs of children/youth

Children's Home & Community Based Services (HCBS)

When a child meets criteria for HCBS, they are eligible for the full range of services that include:

- Caregiver/Family Supports
- Community Self-Advocacy Training and Support
- Community Habilitation
- Day Habilitation
- Prevocational Services
- Supported Employment
- Planned Respite
- Crisis Respite
- Accessibility Modifications
- Environmental Modifications
- Vehicle Modifications
- Adaptive and Assistive Equipment
- Palliative Care
- Non-Medical transportation (FFS)

Additional Supports

- Children/youth in HCBS services are usually enrolled with **Children's Health Homes** to coordinate care and promote health outcomes
- **Health Homes** provide care management to help members/families connect to the services that meet their needs
- Health Home Eligibility for children: 2 chronic conditions or 1 qualifying condition (HIV, Serious Emotional Disorder (SED), Complex Trauma)
- Foster care children receive care coordination from MetroPlusHealth, Voluntary Foster Care Agencies, and community providers. If eligible, children in foster care will also receive HCBS services and care coordination from Children's Health Homes

The additional services that have been transitioned to managed care allow Metro PlusHealth and providers to work together to support children's goals and development as they transition to adulthood.

Support Transition Age Youth (TAY) to shift from receiving services through the children's syste to the adult system

Additional Initiatives

- **Psychotropic Pharmacy Initiative**
  - Medicaid children on multiple psychotropic medications receive telephonic MetroPlus CSS team support to assess needs, review gaps in care, and assist with community linkages including treatment, housing, food insecurity, health coverage for caregivers, and technology/educational issues

- **Children/youth on Blood Clotting Factor Medications**
  - CSS provides care management for members on Blood Clotting Factor
  - **Khalilah McCrimon**, Manager of CSS and Medically Fragile Liaison oversees the care of these complex members

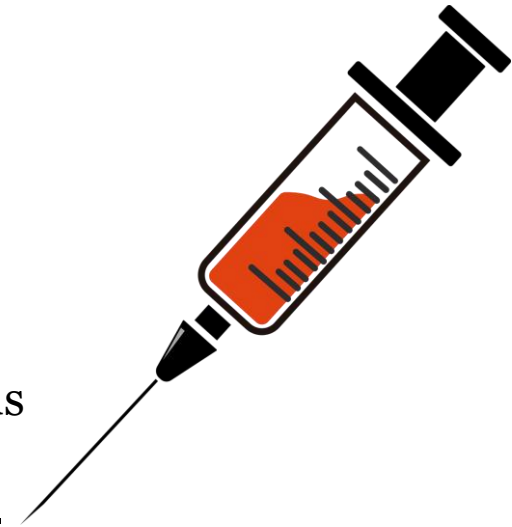
- **Children/youth with Sickle-Cell Anemia**
  - CSS provides care management for these members
  - **Khalilah McCrimon**, Manager of CSS and Medically Fragile Liaison oversees the care of these complex members

Vaccines for Children Program

The NYS Vaccines for Children Program (VFC) supplies selected vaccinations to providers caring for Health Medicaid and CHP members at no cost

Eligible members must be 19 years of age or younger and enrolled in Medicaid and CHP LOB plans.

Providers may order vaccines for Medicaid and CHP members at no cost through the VFC program.



For additional information on the VFC immunization Program or order vaccines for MetroPlus Medicaid CHP members, call:

- New York State Department of Health Bureau of Immunization **518-473-4437**
- New York City Department of Health and Mental Hygiene Immunization Hotline **347-396-2400**
- New York State Vaccines for Children Program **800-KIDSHOT (800-543-7468)**

Handling Member Crisis Calls

Vibrant Emotional Health is MetroPlusHealth's BH crisis vendor (24/7/365) 1-866-728-1885.

Vibrant's phone number is on the back of MetroPlusHealth insurance cards for members to utilize in the event of a mental health emergency. Ex: a member is experiencing suicidal/homicidal ideation or is expressing they have desires to harm themselves or others.

Vibrant will support the member in resolving the immediate crisis. They will then facilitate the member in being connected to their MetroPlusHealth Care Manager for additional support if requested by the member.

Provider Services Is Here to Help You

Behavioral Health Provider Service Representatives are assigned by region and serve as a direct liaison between network providers and MetroPlusHealth. They can be reached at: **Bhproviderservices@metroplus.org**

Region: Brooklyn/ Staten Island

- Marya Abbas, BH Provider Service Representative
  Mobile: 347-852-4446|Email: abbasma@metroplus.org
- Relationship Manager: Sheila Charles
  Mobile: 646-296-4768| Office: 212-908-8469

Region: Manhattan

- Tina Amechand, BH Provider Service Representative
  Mobile: 347-640-2525| Email: amecht@metroplus.org
- Relationship Manager: Kenya McCall
  Mobile: 917-567-1305| Office: 212-908-8681

Provider Services Is Here to Help You, Cont.

Region: Bronx/Westchester

- Madeline Franklin-Herlihy, BH Provider Service Representative
  Mobile: 917-242-0980 | Email: frankhm@metroplus.org
- Relationship Manager: April Fowler
  Mobile: 347-446-5050 | Office: 212-908-3724

Region: Queens/Long Island

- Alexis Medina, BH Provider Service Representative
  Mobile: 646-734-8811 | Email: medina@metroplus.org
- Relationship Manager: Reginald LeGagneur
  Mobile:347-996-6638|Office: 212-908-8805

Conclusion

Thank you for participating in the MetroPlus Health Case Management Provider Orientation.

Please click the link below to attest that you have completed the training
https://www.metroplus.org/provider/behavioral-health/bh-training-registration

For any general queries or concerns please contact bhproviderservices@metroplus.org to connect with a provider service representative.