

## Transition of HARP Behavioral Health HCBS

### OVERVIEW

On June 17<sup>th</sup>, the New York State Department of Health (DOH) issued a public notice in the State Register (available [here](#), page 77) of its intention to transition the current Adult Behavioral Health Home and Community Based Services (BH HCBS) to a new service array called Behavioral Health Adult Rehabilitation Services. DOH’s goal was to simplify this service array by consolidating and eliminating certain services and to increase utilization by removing administrative requirements that have resulted in lower-than-expected service utilization, including:

- Eliminating the need for an independent assessment of BH HCBS eligibility;
- Removing setting restrictions on service areas; and
- Making Behavioral Health Adult Rehabilitation Services available to all Health and Recovery Plan (HARP) members and HARP-eligible HIV Special Needs Plan (SNP) members based on a recommendation from a licensed practitioner of the healing arts (LPHA).

On November 20<sup>th</sup>, the New York State Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) hosted a webinar (available [here](#)) with further information on the upcoming changes to Adult BH HCBS. A summary of currently available information follows.

### CORE SERVICES

OMH and OASAS have jointly submitted an application to the Centers for Medicare and Medicaid Services (CMS) to transition current Adult BH HCBS to the adult rehabilitation services demonstration under the State’s 1115 Medicaid Redesign Team (MRT) Waiver. The new services will be called Community Oriented Recovery & Empowerment (CORE) Services, and will continue to be unique to the HARP benefit package. Health Home care managers will continue to provide care management to HARP enrollees; however, workflows and plans of care specific to HCBS will change. Short-Term and Intensive Crisis Respite Services will transition to Crisis Intervention Services, which are already available to all Medicaid managed care recipients.

The BH HCBS will transition as follows, with new CORE services in **bold**:

| BH HCBS  | Services Post-Transition to CORE   |
|--|--|
| Psychosocial Rehabilitation (PSR)                  | <b>Psychosocial Rehabilitation</b> (including PSR focused on vocational and educational goals) |
| Community Psychiatric Support and Treatment (CPST) | <b>Community Psychiatric Support and Treatment (CPST)</b>                                      |
| Empowerment Services – Peer Supports               | <b>Empowerment Services – Peer Supports</b>  |
| Family Support and Training                        | <b>Family Support and Training</b>   |

| BH HCBS   | Services Post-Transition to CORE  |
|---|---|
| Short-Term Crisis Respite   | Crisis Intervention (available to all Medicaid Managed Care recipients) |
| Intensive Crisis Respite  | Crisis Intervention (available to all Medicaid Managed Care recipients) |
| Education Support Services<br>Prevocational Services<br>Transitional Employment<br>Intensive Supported Employment<br>Ongoing Support Employment | Consolidated under PSR  |
| Habilitation  | Removed   |
| Non-Medical Transportation  | Removed   |

Efforts to decrease administrative burden include:

- The State will remove the New York State Eligibility Assessment to align the service referral process services with that of clinic and other services. A recommendation by a licensed practitioner of the healing arts (LPHA) may be provided at either the provider or referral point.
- Additional federal requirements for the HCBS Plan of Care (POC) will not apply under CORE.
- For Conflict Free Case Management requirements, the State will remove supervisory restrictions for the Assessor and CORE provider, and will remove additional workflow steps including Level of Service Determination and POC approval.

Additionally, DOH and OMH are continuing to work toward a formal Designation or Certification of Specialty Care Management Agencies to serve high need individuals with Serious Mental Illness (SMI).

## CRISIS INTERVENTION

On October 23<sup>rd</sup>, DOH and OMH issued a memo (available [here](#)) to Mainstream Medicaid Managed Care Plans (MMCPs), HIV SNPs, and HARPs regarding Adult BH HCBS short-term crisis respite providers and their authorization to operate OMH Crisis Residence programs. Beginning December 1, 2020, MMCPs, HIV SNPs, and HARPs will begin managing Crisis Residence services, which are a component of the Crisis Intervention demonstration benefit authorized under the 1115 MRT Waiver for adults 21 and over.

OMH is in the process of issuing operating certificates to short-term crisis respite providers to operate Crisis Residence programs. Short-term crisis respite providers already offer similar crisis services to HARP-enrolled individuals. To ensure continuity of care, MMCPs may contract with these providers while they are completing the OMH licensing process for Crisis Residence services and may reimburse them in accordance with the billing guidance [here](#). OMH will provide MMCPs with a comprehensive list of the active Adult BH HCBS short-term crisis respite providers for this purpose.