

## Adult BH HCBS Transition to CORE Services

### OVERVIEW

On October 19<sup>th</sup>, the New York State Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) released the following documents related to the implementation of the Community Oriented Recovery and Empowerment (CORE) service array:

- CORE Operations Manual for Designated Providers ([here](#))
- Policy Regarding Provider Transition to CORE Services and Provisional/Full Designation ([here](#))
- CORE Benefit and Billing Guidance ([here](#))
- CORE LPHA Memo and Recommendation Form ([here](#))
- CORE Services Initiation Notification Template ([here](#))
- CORE Services Fee Schedule ([here](#))

Additional guidance, including CORE Staff Training and Incident Reporting and Management Guidance, will be available in the coming weeks.

OMH and OASAS also announced that implementation of the CORE services will take place on February 1, 2022. A summary of the policies around the transition follows.

### TRANSITION

On October 5<sup>th</sup>, the State received approval from the Centers for Medicare and Medicaid Services (CMS) to transition a subset of the current adult Behavioral Health Home and Community-Based Services (BH HCBS) to the new CORE service array.

CORE services will be available to all Health and Recovery Plan (HARP) and HIV Special Needs Plan (SNP) meeting HARP eligibility criteria. Medicaid Advantage Plus (MAP) members meeting HARP eligibility criteria will be eligible for CORE services when specialty behavioral health benefits are carved into the MAP benefit package or when CORE services are implemented, whichever is later; the carve-in is currently scheduled for January 1, 2023.

Unlike the adult BH HCBS services, CORE services do not require an independent eligibility assessment or Level of Service Determination. Instead, CORE services may be provided to any eligible beneficiary upon recommendation by a Licensed Practitioner of the Healing Arts (LPHA).

After this transition, the services that belong to the BH HCBS service package will operate as follows, with 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>

BH HCBS	Services Post-Transition to CORE
Empowerment Services – Peer Supports	<b>Empowerment Services – Peer Supports</b>
Family Support and Training	<b>Family Support and Training</b>
Short-Term Crisis Respite Intensive Crisis Respite	Merged into Crisis Intervention Benefit Crisis Residence services (available to all Medicaid Managed Care recipients)
Education Support Services Prevocational Services Transitional Employment Intensive Supported Employment Ongoing Support Employment Habilitation Non-Medical Transportation	Continuing in BH HCBS (for eligible HARP and HIV SNP members) until further notice

A Provider Travel Supplement is also available for staff travel costs directly related to CORE Service provision, when services are being provided off-site.

The CMS approval letter is available [here](#). On October 1<sup>st</sup>, OMH and the Office of Addiction Services and Supports (OASAS) held a joint webinar outlining the transition to CORE services. The presentation is available [here](#).

## PROVIDER DESIGNATION

CORE services will be jointly overseen and monitored by OMH and OASAS. Providers will be designated by both agencies and will be assigned to either OMH or OASAS as their host agency.

Providers who are currently designated for BH HCBS CPST, PSR, FST, and Peer Support will receive provisional designation for CORE services to ensure continuity of care. Provisional designation letters will be sent to providers by January 1, 2022 and will be effective from February 1, 2022 through July 31, 2022. To obtain full designation, the provider must complete the CORE Services Provider Attestation (to be released) by July 31, 2022.

Designated providers of all other BH HCBS will continue to be designated and provide services in accordance with the BH HCBS provider manual, service standards, and terms and conditions. If such providers are not also provisionally designated for CORE PSR, they will have the opportunity to apply to add a CORE PSR designation through a special application process.

The State may periodically accept new applications for CORE service providers that meet administrative and service-specific qualifications and criteria, including expertise in serving the target population and an infrastructure to support the delivery of services in community-based settings and through telehealth. However, no

## SERVICE ELIGIBILITY

To be eligible for CORE services, individuals must meet the New York State high-needs behavioral health criteria (i.e., the HARP eligibility algorithm) and be enrolled in either a HARP, HIV SNP, or MAP plan. Specifically, such individuals must have an H-code of H1, H4, or H9, respectively, to be eligible. Individuals with an H9 code who are not enrolled in a MAP plan will not be eligible for CORE.

Other BH HCBS access requirements, including the independent eligibility assessment and federal HCBS settings restrictions, do not apply to CORE services.

CORE will employ a “No Wrong Door” approach, enabling enrollees to be referred to CORE services through multiple sources, including managed care organizations (MCOs), care managers, inpatient and outpatient clinicians, primary care practitioners, family and friends, or provider outreach and education efforts. Health Homes will continue to provide care management and assist individuals to identify needs and access services; however, the HCBS plan of care development and conflict-free care management rules for member referrals will not apply to CORE services.

## LPHA Recommendations

Individuals must receive a recommendation from an LPHA to determine medical necessity for CORE services, which may be made for one or multiple services. There is no standardized assessment process or tool for the recommendation; it should be based on the clinical discretion of the LPHA. LPHAs include physicians, nurse practitioners, registered nurses, and a wide array of licensed BH practitioners.

A full list of LPHAs is available in the [LPHA recommendation form](#). LPHAs should use this standardized form to document the CORE recommendation and keep it on file in the individual’s case record.

Individuals currently eligible for and receiving CPST, PSRT, FST, and/or Peer Support under BH HCBS may continue to receive the same service(s) under CORE without receiving a new LPHA recommendation.

## SERVICE INITIATION

MCOs will extend BH HCBS service authorization for CPST, PSR, FST, and Peer Support that would have expired between February 1, 2022 and May 2, 2022. During this “continuity of care” period, recipients may continue receiving care under existing BH HCBS service definitions and documentation requirements until they transition to the CORE services.

Newly eligible individuals may be referred to and access CORE services starting February 1, 2022. Providers must notify an enrollee’s MCO when CORE services are initiated within three business days after the first date of initiating a new CORE service using the [CORE Services Initiation Template](#). The MCO will then be required to inform the CORE provider of any issues that prevent further service provision within three days, such as duplicative service (discussed further below). If duplicative services are being provided, the MCO should initiate a person-centered discussion with the recipient, providers, and their care manager to determine which services are appropriate.

For new referrals, intake and evaluation sessions must be completed within 30 days of the initial visit or within the first five visits, whichever occurs later. Intake and evaluation services will be billed using the standard CORE service rate codes but will not be considered duplicative of any other service, similar to OMH Clinic pre-admission visits.

Enrollees transitioning from BH HCBS to an equivalent CORE service only need their Individual Service Plan (ISP) updated for CORE services and do not need an intake or evaluation.

MCOs may not conduct prior authorization or concurrent review for CORE services for one year beginning on February 1, 2022. However, they are not required to reimburse CORE providers for services deemed duplicative (after informing the provider). MCOs may also conduct outlier management, for the purposes of enrollee care management and provider education.

## RATES

Rates and rate code combinations will remain the same for CPST, FST, and Peer Support.

The following changes have been made to PSR billing, including:

- The addition of two new PSR rate codes to bill for PSR with an employment or education focus at a slightly enhanced rate; and
- The discontinuation of the PSR per diem rate code.

Additionally, there will be two new rate codes for the Provider Travel Supplement (per-mile or per-trip on public transportation). These will reimburse providers for staff transportation/travel costs directly related to off-site CORE service provision. The Supplement will only be available for one staff member per off-site service, and may not be billed if a CORE service is not provided.

Certain combinations of CORE services and other OMH or OASAS services, including the remaining BH HCBS, are not permissible because they would be considered duplicative. In particular, these include Assertive Community Treatment (ACT) and Personalized Recovery Oriented Services (PROS), which may not be combined with any CORE service. Additionally, Article 31 clinic or Certified Community Behavioral Health Clinic (CCBHC) psychotherapy services should not be combined with CPST. Clinic services may be combined with CPST only for the following purposes:

- Accessing a psychiatric prescriber through the clinic, if the CPST provider is not a prescriber;
- Transitioning from CPST to clinic-based services.

A full list of allowable and unallowable service combinations is outlined on pages 13-14 of the [Billing Guidance](#).

## TIMELINE

Date	Event
October 5, 2021	CMS approval of CORE transition
October 5, 2021 through January 1, 2022	Provisional designation letters sent to BH HCBS providers
January 17, 2022	Deadline for MCO Readiness Attestation
February 1, 2022	Implementation of CORE services (MCOs must have a secure process in place to accept service initiations) Continuity of care period begins
March 1, 2022	Transitioning provider contracts updated
May 2, 2022	End of continuity period and deadline for transition to CORE services
July 31, 2022	Deadline for providers to obtain full designation
August 31, 2022	Deadline for plans to meet CORE network adequacy standards

## QUESTIONS

Questions may be submitted to [Adult-BH-HCBS@omh.ny.gov](mailto:Adult-BH-HCBS@omh.ny.gov) for OMH providers and to [PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov) for OASAS providers.