COORDINATED BEHAVIORAL CARE

CBC MONTHLY BULLETIN

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NOVEL COVID – 19

CBC IS COMMITTED TO PROVIDING UP TO DATE INFORMATION AND RESOURCES ON COVID-19. PLEASE VISIT THE CBC WEBSITE FOR A DIRECTORY OF REFERENCES

Resources can be also be found here:

- NYC DOHMH has a dedicated page with information about the disease.
- DOHMH information specific to health care professionals can be found here
- NYSDOH Updates on Novel Coronavirus (COVID-19) or call: 1-888-364-3065
- NYSDOH 2020 Medicaid Updates:
- Centers for Disease Control and Prevention (CDC)

TELEMENTAL HEALTH AND TELEPRACTICE ATTESTATIONS FOR OMH AND OASAS PROVIDERS DURING THE COVID-19 EMERGENCY

Guidance from the Office of Mental Health (OMH) and Office of Addiction Support and Services (OASAS) regarding the use of telehealth services during the COVID-19 emergency was released on Wednesday March 11th. Guidance on the following is available by clicking each link.

- NYS OASAS guideline for regulatory relief for telepractice services
- NYS OASAS self-attestation form for providers
- NYS OMH guideline for use of telemental health for people affected by disaster emergency
- NYS OMH self-attestation form for providers

POSTPONED

INNOVATIONS CONFERENCE 2020

After careful consideration, and based on recent guidance and reports from the World Health Organization (WHO), CDC and DOH, CBC has postponed its Innovations Conference, previously scheduled for March 11th.

The CBC executive team determined that assembling hundreds of providers was not a tenable option.

We are hard at work with NYU to find an alternative date and will communicate this upon identifying a new date.

Thank you for your understanding and ongoing support of CBC and the CBC network. Please remain safe and healthy!

CARE COORDINATION SERVICES

OFFICE OF INSPECTOR (OIG) AUDIT

NYS OIG successfully completed an on-site audit in February to determine if Health Home (HH) claims complied with federal and state requirements. OIG requested 17 charts across 7 care management agencies (CMAs); 7 charts for adult members in outreach only and 10 for adult members enrolled within CBC HH for a specified timeframe (2016-2018). OIG auditors confirmed that former OMH legacy providers/direct billers may have been contacted by the OIG for a similar audit-site visit. If your agency received a letter from OIG, please e-mail cbcqpm@cbcare.org for further support.

UNITED HEALTHCARE (UHC) ENROLLMENT OPTIMIZATION INCENTIVE PLAN

CBC will be participating in a new Enrollment Optimization Incentive Plan (EOIP) for UHC. CBC CMAs with Health and Recovery Plan (HARP)-enrolled UHC members will receive a 10% increase to their per member per month (PMPM) rate as part of the incentive program, beginning retroactively from September of last year. An additional incentive percentage increase may be added for newly enrolled HARP members if certain HH and Home and Community-Based Services (HCBS) milestones are reached. Please note outreach payment will be deducted for any newly enrolled UHC HARP members once the incentive

payment is reconciled with claims and officially approved. The HH CMAs will receive a monthly report to collect information regarding benchmark completion. For questions, please email CBCHealthHome@cbcare.org.

HEALTH AND RECOVERY PLAN (HARP) ON THE NEW YORK STATE OF HEALTH (NYSOH)

As a reminder, Medicaid recipients who meet the modified adjusted gross income (MAGI) criteria (and are not otherwise excluded from being enrolled on the NYSOH marketplace) must now recertify their Medicaid enrollment online through the NYSOH. Members can receive in-person enrollment assistance from an NYSOH enrollment navigator. Members who do not recertify will be disenrolled from Medicaid. MCTAC has posted training tools for Case Managers to assist HARP members in this process.

The Clinical Summary in PSYCKES now includes a message indicating if a member will need to recertify through the NYSOH. A list of clients who need to recertify through the NYSOH within the next month, and recertifications that are past due are also available in PSYCKES. To obtain your agency's list, go to the PSYCKES Recipient Search tab, and under "Characteristics," select the "Population" drop-down for clients transitioning to the NYSOH from the Welfare Management System. Please call NY Medicaid Choice at 1-855-789-4277 to determine if a member will be required to recertify through the NYSOH.

NYS HEALTH HOME CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS-NY) IN-PERSON TRAINING REQUIREMENT

All HH Care Managers (CMs) must have completed an in-person CANS-NY training by May 31, 2020.

- HH CMs complete in-person CANS-NY general training
- Having completed general training, HH supervisors must also complete the CANS-NY supervisor training

Newly hired HH CMs and supervisors must be CANS-NY certified within three months of hire—which can be completed on-line. In-person general training for CMs and supervisors must occur within six months of hire, while supervisors have eight months post-hire/promotion to complete the supervisor training.

As a reminder, all HH Serving Children (HHSC) CMs and supervisors must be certified in the CANS-NY annually to complete CANS-NY and HCBS/Level Of Care (LOC) Eligibility Determination.

Training dates and times can be found here. Full guidance can be found here.

HCBS INFRASTRUCTURE PROGRAM

February marks the beginning of the HCBS Infrastructure program's fourth quarter. However, CBC IPA has received a no-cost program extension through October 31, 2020 for all three HCBS contracts (Emblem, Empire and Healthfirst). This additional period will provide the participating agencies an opportunity to continue to meet existing contractual metrics, deliver ongoing workforce development and implement improvements to workflows for connection to HCBS.

In the past month, the network received its second Healthfirst Recovery Coordination Agency (RCA) client list for outreach through July. The network continues to boost its cohort of RCA clients that are assessed and connected to HCBS by targeting relevant clinics and housing sites and working closely with program directors at respective agencies.

BTQ

Effective Thursday, March 12th, as part of the MAPP v3.3 go-live, new members without consent to enroll will not be able to be enrolled in MAPP. This is a critical change. As part of this go-live, there will also be minor changes to the Children's Billing Questionnaire and the Adult HML Assessment.

For details regarding all MAPP v3.3 changes, see this Department Of Health (DOH) webinar: MAPP Health Home Tracking System Release 3.3 System Changes & Enhancements.

If you have any questions, please contact the BTQ Help Desk.

QUALITY PERFORMANCE MANAGEMENT (QPM) & COMPLIANCE

CBC IPA QUALITY OVERSIGHT/CLINICAL INTEGRATION COMMITTEE (QOCIC) MEETING

In February, the QOCIC, in collaboration with the IPA Children's Committee, completed two Children/Adolescent focused Target Tracks—workflows that operationalize and monitor the IPA High Priority Measures. The two measures completed were "Use of First-Line Psychosocial Care for Children and Adolescents on Anti-Psychotics (APP)" and "Metabolic Monitoring for Children and Adolescents on Anti-Psychotic Medications (APM)." March's meeting will focus on review and discussion of the first iteration of a CBC IPA Dashboard capturing 11 HEDIS High Priority Measures from PSYCKES. In April, the QOCIC and Children's Committee will reconvene to review remaining measures focused solely on children and adolescents.

ADULT HOME PLUS (AH+) CLOSURE FORM

CBC implemented the Adult Home Plus (AH+) Closure Form (formerly titled the Incident Follow-Up Form) in July 2019 as an Incident Review Committee (IRC) recommendation to enhance effective communication between DOH and AH+ CMAs. The incident reporting process and form were discussed at a focus group with AH+ care coordinators and supervisors on February 24th. The eight representatives from five AH+ CMAs in attendance reported the form keep their documentation consistent and concise. Since implementation of the new form, the average number of follow-up emails/questions from DOH to the AH+ CMAs has decreased by 65%. The attendees requested in-person trainings on the incident reporting process and the Incident Closure Form. CBC will inform DOH of the network's feedback and adjustments made to the reporting process.

CBC HH CMA QUARTERLY PERFORMANCE REPORTS

The CBC HH CMA Quarterly Performance Reports for Q4 2019 were distributed to CMAs on February 14th. The reports are part of CBC's ongoing efforts to track performance against established benchmarks and to identify future performance improvement activities. The Q4 report findings will be discussed at the April 1st QMT/CQMT meeting from 9:30-11:30am at WellLife Network, and will be the focus of a learning collaborative in 2020.

TECHNOLOGY

NETWORK PROGRAMS AND SERVICES GEO-MAP (NPSG) UPDATES

The NPSG project continues, and we are pleased to announce that WellLife is the first agency to fully complete the process! We thank all our agencies for participating in this in-depth look at the programs and services they provide that will ultimately serve to power the CBC-IPA Geo Map and the Data Analytic Business Intelligence (DABI) venture that we are working on in partnership with Arcadia.

INNOVATIVE PROGRAMS

STATEN ISLAND COMMUNITY AT-RISK ENGAGEMENT SERVICES (SI CARES) CASE CONFERENCE FORUM

SI CARES Health Coaches met in February for a case conference forum which celebrated their work over the past four years and shared the significant positive impact their work has had on the lives of people living with chronic health conditions. The forum also focused on the future of SI CARES.

Despite DSRIP funding ending in March, CBC has committed to extending the program, with modified workflows, for an additional six months as its works with our network agencies to secure sustainable funding for this important preventive case management model.

BHCC PROGRAM INNOVATION AND SUSTAINABILITY PROJECT

CBC was awarded OASAS SOR grant funding to enhance continuity of care for substance use treatment services across the network.

As part of the award, one deliverable was to determine the current state of MAT and/or MAT readiness in our outpatient system of care. To create the CBC MAT Readiness Assessment Checklist, we pulled from various existing surveys and extensive lit review, to get a comprehensive understanding of the current state of SUD/OUD and MAT services as well as some of the potential barriers or challenges to offering MAT in your settings. To date, 13 agencies have completed the survey.

An additional part of this grant is implementation of Project ECHO model. The University of New Mexico developed this innovative approach, in which an expert from a medical practice or method connects with learners through video conferencing so their expertise can be shared with a wider audience. The Training Institute has employed the Project ECHO format to ensure mental health providers are able to understand and pursue Medication-Assisted Treatment (MAT) for Opioid Use Disorder (OUD). Be on the lookout for the launch of Project ECHO in April 2020!

IN THE NEWS...

NY DSRIP WAIVER EXTENSION

On February 24th, Governor Andrew Cuomo announced that New York will be unable to renew its Delivery System Reform Incentive Payment (DSRIP) waiver after receiving a formal rejection letter from Center for Medicare & Medicaid Services (CMS). CMS justified the rejection on the grounds that the original program was intended to be a one-time investment which would be subsequently sustained through "ongoing reimbursement mechanisms and/or state and local initiatives."

MEDICAID REDESIGN TEAM II

Governor Cuomo announced the establishment of the MRT II and its membership, with the goal of developing a comprehensive set of recommendations to build on the successful strategy of the original MRT while identifying changes to the State's Medicaid program that will generate $2.5 billion in recurring savings within the upcoming FY 2021 State budget.

Governor Cuomo announced that New York State Medicaid Director Donna Frescatore would serve as the MRT II's Executive Director, and Division of Budget Director Robert Mujica will serve as a non-voting member. The members of the Team are as follows:

- Co-chair: Michael Dowling, President and CEO of Northwell Health
- Co-chair: Dennis Rivera, Former Chair of SEIU Healthcare
- Dr. Steven Corwin, President and CEO, New York Presbyterian
- Thomas Quatroche, PhD, President and CEO, Erie County Medical Center
- LaRay Brown, CEO of One Brooklyn Health
- Mario Cilento, President of New York State AFL-CIO
- Christopher Del Vecchio, President and CEO of MVP Health Care
- Pat Wang, President and CEO of Healthfirst
- Emma DeVito, President and CEO of VillageCare
- Wade Norwood, CEO of Common Ground Health
- Steven Bellone, County Executive, Suffolk County
- T.K. Small, Director of Policy at Concepts of Independence
- Donna Colonna, CEO, Services for the UnderServed (S:US)
- Todd Scheuermann, Secretary of Finance, NYS Senate
- Blake Washington, Secretary of Ways and Means, NYS Assembly
- Paul Francis, Deputy Secretary for Health and Human Services, Governor's Office
- Dr. Howard Zucker, Commissioner of Health
- Dr. Ann Sullivan, Commissioner for the Office of Mental Health
- Arlene González-Sánchez, Commissioner of the Office of Addiction Services and Supports
- Dr. Theodore Kastner, Commissioner of the Office for People With Developmental Disabilities
- Robert Megna, Senior Vice Chancellor and COO, SUNY

The initial meeting of the Second Medicaid Redesign Team (MRT II) was held in early February in Albany; outlining an overview of the current New York State Medicaid budget, discussed successful strategies in MRT I, and provided the areas of focus for MRT II. Additionally, the Department had announced that it is accepting Medicaid cost-saving proposals from the public, which CBC (as well as many of other stakeholder groups) submitted.

Another MRT II meeting was held on March 4th in New York City, during which public feedback and policy proposals were reviewed. The Long-Term Care Workgroup also presented proposals and recommendations to the MRT II at this meeting. The MRT II will finalize recommendations by mid-March.

A webcast of the meeting can be viewed here and the presentation slides are available here.

NYC DOHMH OFFERS FREE CMEs

City Health Information (CHI) clinical bulletins provide evidence-based information for health care providers in NYC. The latest issue offers CMEs with the latest issue, Providing Comprehensive Care to Older Adults.

CENTERS OFFER AN ALTERNATIVE TO ER

NYC is opening a center in East Harlem to provide an emergency department alternative for people that require mental health services. Project Renewal will operate the facility, which will provide services ranging from counseling to medically supervised withdrawal. Samaritan Daytop Village will operate a second center, set to open in the Bronx in the coming months. Read more here.

MEDICARE RIGHTS CENTER

Medicare Rights Center is part of the Community Health Access to Addiction and Mental Health Care Project (CHAMP) program. This toolkit explains Medicare's coverage of behavioral health, including mental health care and addiction recovery services. It also includes a chart about Part D opioid safety measures.

CRIMINAL HISTORY RECORD CHECKS (CHRC)

Providers subject to CHRC can now consult a guidance document, outlining requirements and best practices.

NEW HOUSING DEVELOPMENTS IN THE BRONX

Community Access is pursuing further developments for affordable housing on Bruckner Blvd. in the Bronx. The facility is a 215-unit affordable housing development—the largest, to date, for the agency.

Community Access has also broke ground on a 245-unit development on River Ave. The project will include a farm, focused on healthful food and nutrition for residents.

HOUSING RESOURCES GUIDE DEVELOPED BY NEW YORK ACADEMY OF MEDICINE (NYAM)

NYAM has developed a resource guide, What Housing Resources Exist for My Patients? A Guide for NYC Healthcare Providers. This guide was released to give providers a resource for helping clients access safe, well-maintained housing.

OASAS COVERAGE AND UTILIZATION CHANGES

OASAS recently assembled forums of service providers and managed care plans to discuss the expansion of the prohibition on prior authorization and concurrent review for inpatient and residential substance use treatment to the first 28 days of treatment, and to the first four weeks or 28 visits for outpatient substance use treatment. Providers are now expected to consult with the plan by the 14th day of treatment and to use OASAS-approved tools to determine the appropriate level of care. Further information is available here.

INTEGRATION IN PRACTICE: A CLOSER LOOK AT PHYSICAL HEALTH INTEGRATION MODEL

Studies have shown that people with mental illness are more prone to common preventable diseases and yet have less access to preventive care. To address these problems, the National Council for Behavioral Health presented a new framework for integrating behavioral health and primary care services. **The Physical Health Integration Model**—also called the "continuum framework"—is a visual roadmap that improves health organizations ability to self-assess, decide on realistic goals given available resources and prioritize improvement initiatives. A pilot evaluation study is underway to assess this new framework. For more information visit Substance Abuse and Mental Health Services Administration (SAMHSA). You may also e-mail integration@thenationalcouncil.org for questions regarding this project.

TRAINING

The CBC Training Department continues to flourish, having served over 700 participants since the fall of 2019. This quarter, the department has conducted its trainings for Person-Centered Care/Crisis De-escalation, Coping Skills, Self-Care and Building Effective Relationships with Clients. This quarter, Service Program for Older People (SPOP) completed a training on Identifying Mental Illness in Older Adults. The Q2 Training Calendar will be published in March.

HH TRAININGS

Conflict-Free Case Management VOH (1 hour)

Session: Friday, March 27th | 10am-11am

Register here

This training reviews federal guidance principles to maintain conflict-free case management for children enrolled in the HHSC Program, effective February 2020. All HHSC providers are required to attend; adult providers are welcome to join. Register here and reference DOH's conflict-free case management policy.

NYS OFFICE OF MENTAL HEALTH (OMH) BULLETIN

NYS Office of Mental Health Commissioner Ann T. Sullivan, MD released a bulletin on February 18, 2020, entitled, "Information on safe transitions for suicidal patients from inpatient to outpatient care."

The bulletin includes crucial information on recommendations for transitions of care for suicidal patients. Of note were Recommendations of Outpatient Care, which are included from the Commissioner's bulletin below:

Prior to Discharge from Inpatient Setting:

1. Work with inpatient care team to ensure a seamless transition, such as exchange of documentations, strategies to address barriers for attending outpatient care, and procedures for following up with the patient during the transitional phase and if initial appointment is missed.
2. Connect with patient and care team before inpatient discharge to build relationship and increase engagement with outpatient services through peer specialists. Telephone or video conference can be used if in-person meeting is not possible.

After Discharge from Inpatient Setting:

3. Narrow the transition gap by working with the patient to schedule a clinical intake appointment with a provider trained in suicide care, ideally within 24 hours of hospital discharge. Establish a triage system by analyzing data on referral patterns outcome review of outpatient treatment referrals.
4. Maintain good communication with the inpatient provider conveying that the initial appointment was attended. If the intake appointment was missed, work with the inpatient provider to contact the patient. Train staff on protocols when a patient is unresponsive to outreach efforts and policies for initiating emergency welfare checks.

The bulletin also provides resources for suicide care transition:

- The Action Alliance: Suicide Care Transitions
- NYS OMH: Suicide Prevention
- Suicide Prevention Center of New York