



**OPEN MINDS**

# New York Health & Human Services Market Profile



# Health & Human Services Market Profile Overview

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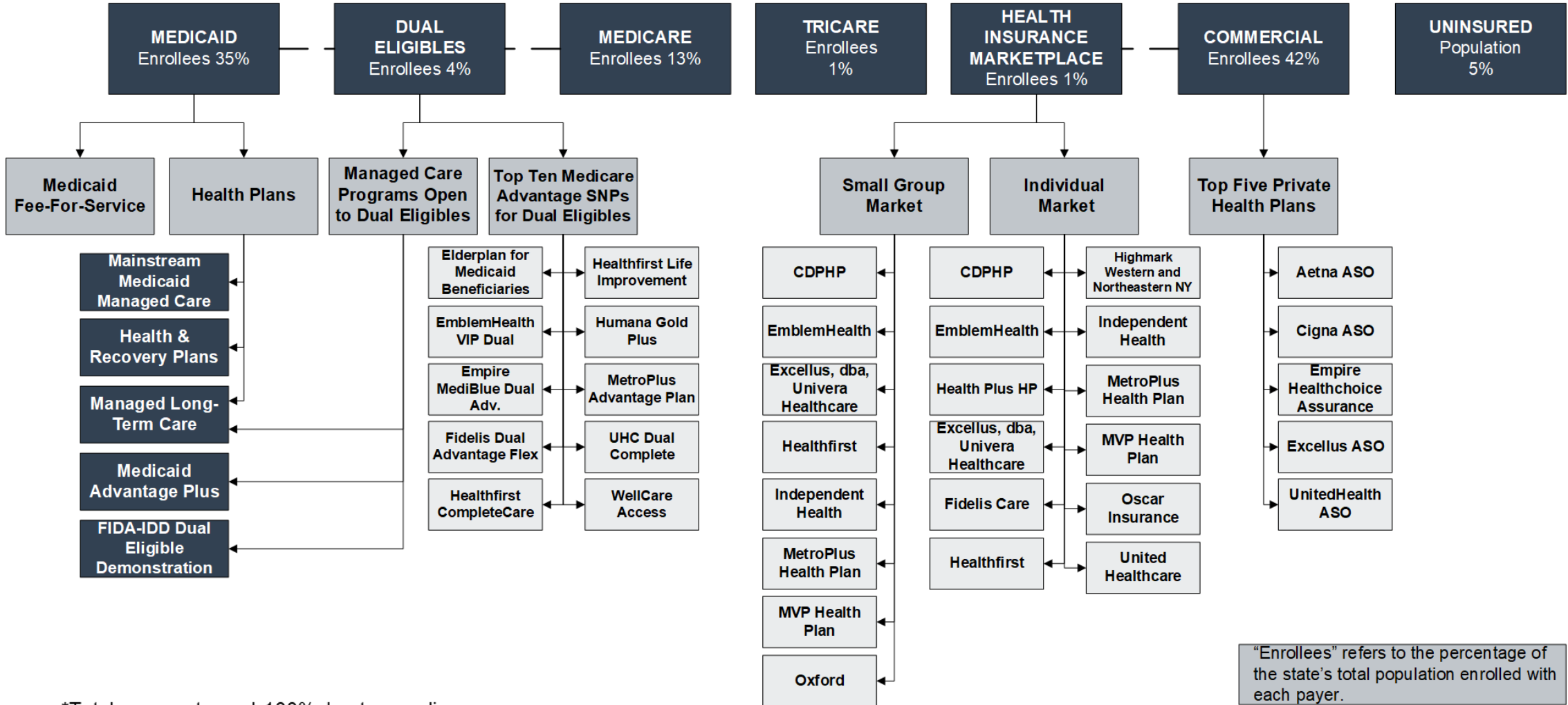
1. *OPEN MINDS* Estimates For The Share Of SMI Consumers By Payer/Plan
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# A. Executive Summary

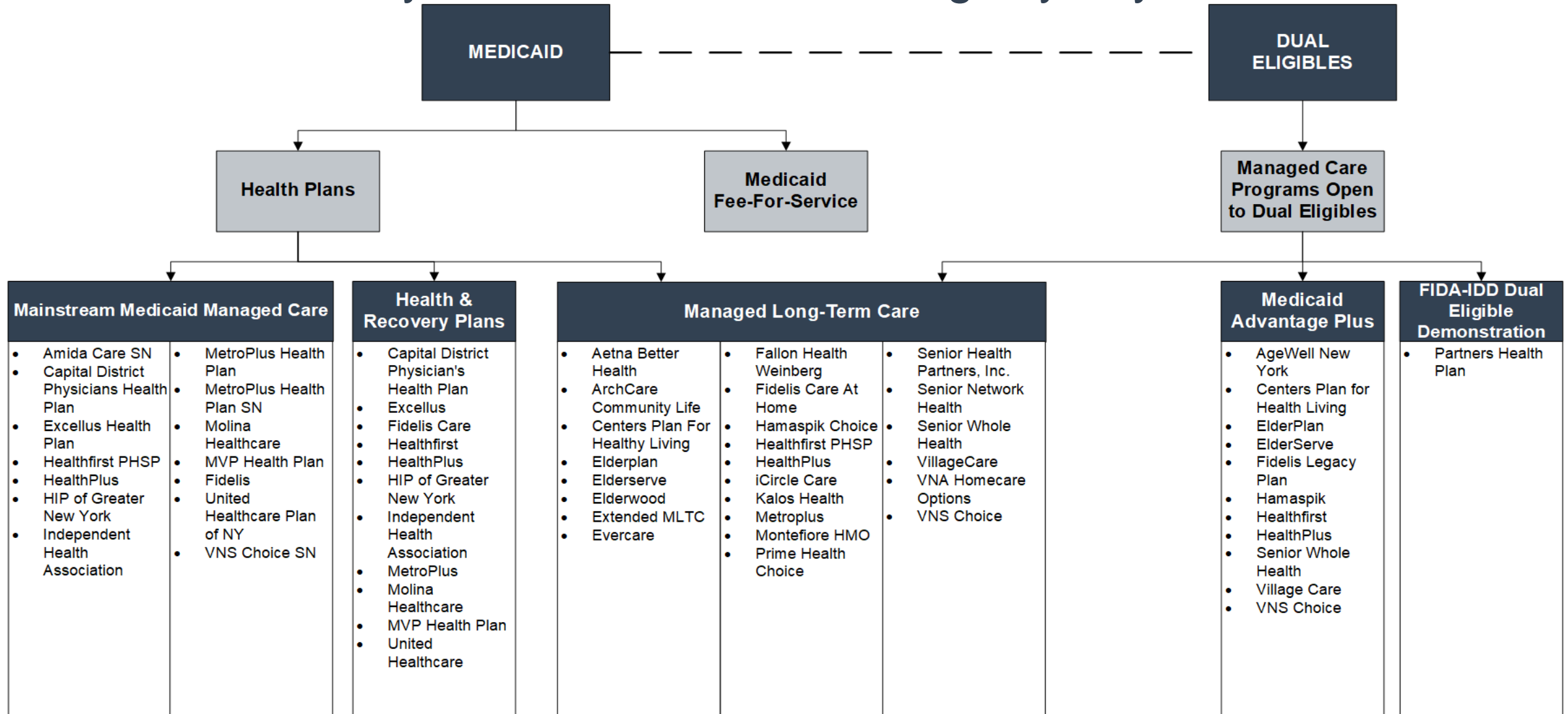
# A.1. New York Physical Health Care Coverage by Payer

Total New York Population- 19,835,913

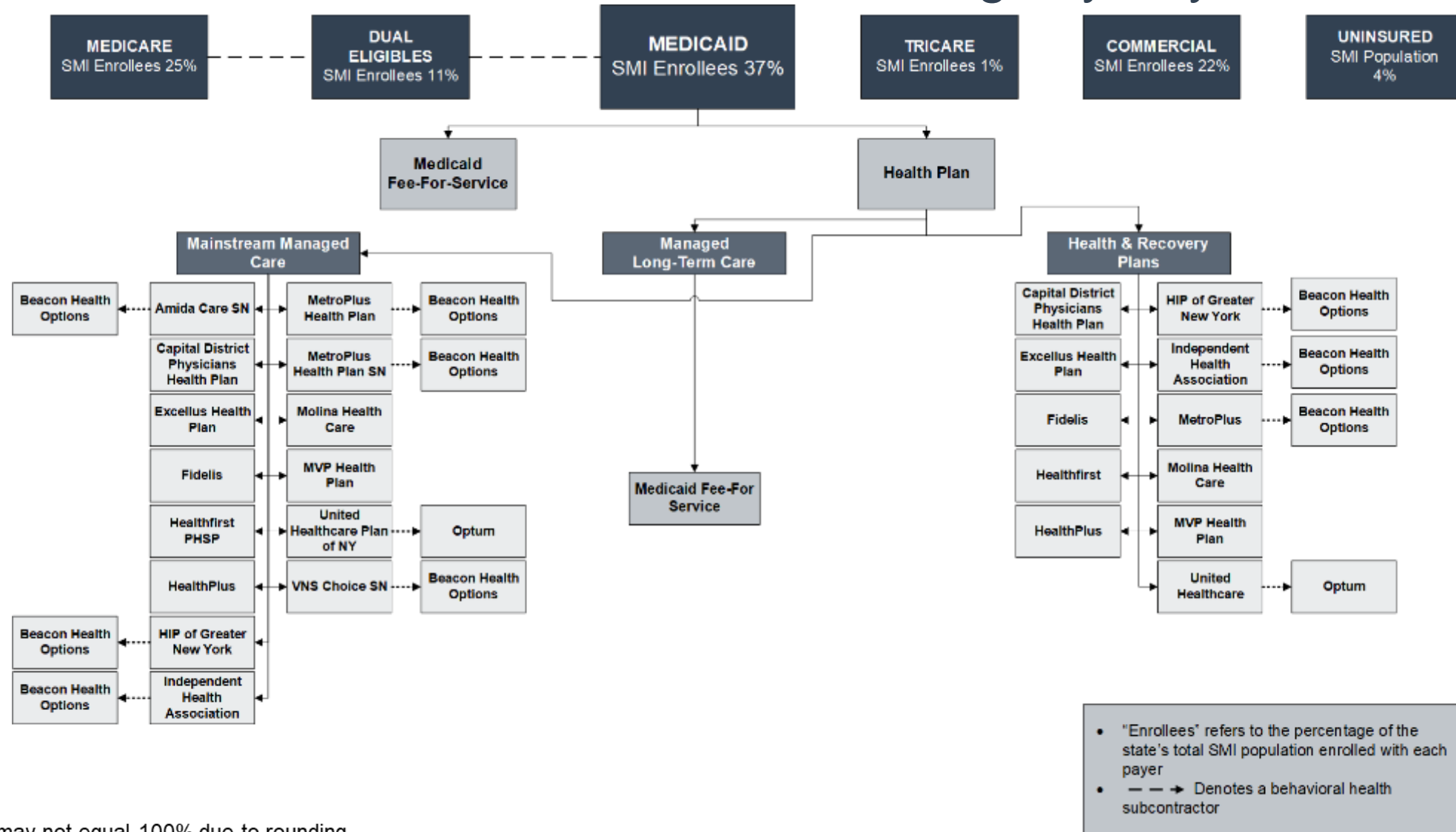
Estimated SMI Population- 1,440,492



# A.1. New York Physical Health Care Coverage by Payer : Medicaid



# A.1. New York Behavioral Health Care Coverage by Payer



\*Totals may not equal 100% due to rounding

## A.2. Health & Human Services Care Coordination Initiatives

Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Yes, specialized health plans provide enhanced care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program	✓	The state currently operates three Medicaid ACOs.
Affordable Care Act (ACA) Model Health Home	✓	Yes, New York has multiple health home programs.
Patient-Centered Medical Home (PCMH)	✓	Yes, New York has two PCMH programs.
Dual Eligible Demonstration	✓	Yes, the state has two dual eligible demonstrations, one for those who need LITSS, and those who do not need LTSS.
Managed Long-Term Services and Supports (MLTSS)	✓	The MLTC program provides LTSS, while other services are delivered through the FFS system.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	New York is a participant in the CCBHC demonstration pilot. The state passed a 1915(b) waiver to continue funding the CCBHC through state funds.

## A.3. Health Care Safety-Net Delivery System

### State Agencies Responsible For Uninsured Citizens & Delivery System Model

#### Physical Health Services

- The New York State Department of Health administers a Basic Health Plan program for individuals under age 64 with incomes between 133% and 200% of the FPL who are not otherwise eligible for Medicaid.

#### Mental Health Services

- The New York State Office of Mental Health provides mental health treatment services to the safety-net population by funding local governing units that are operated by the 57 counties and multi-county units.

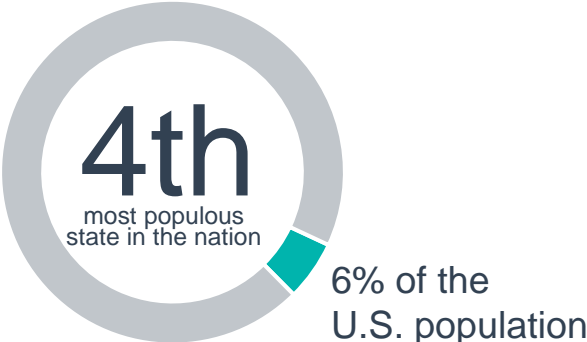
#### Addiction Treatment Services

- The New York State Office of Alcoholism and Substance Abuse Treatment Services provides addiction disorder treatment services to the safety-net population by funding local governing units that are operated by the 57 counties and multi-county units.

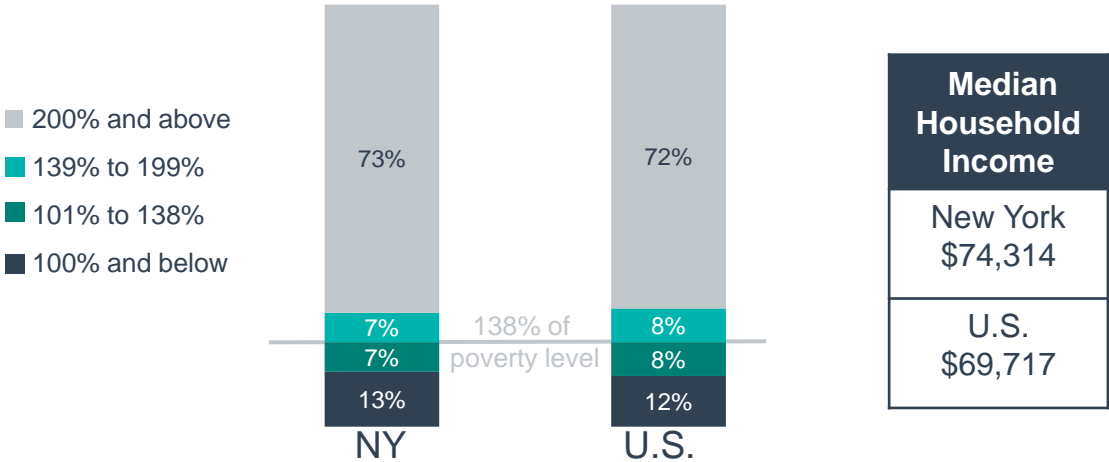
# B. New York Health Financing System Overview

# B.1. Population Demographics

Total New York Population- 19,835,913  
 Estimated SMI Population- 1,440,492



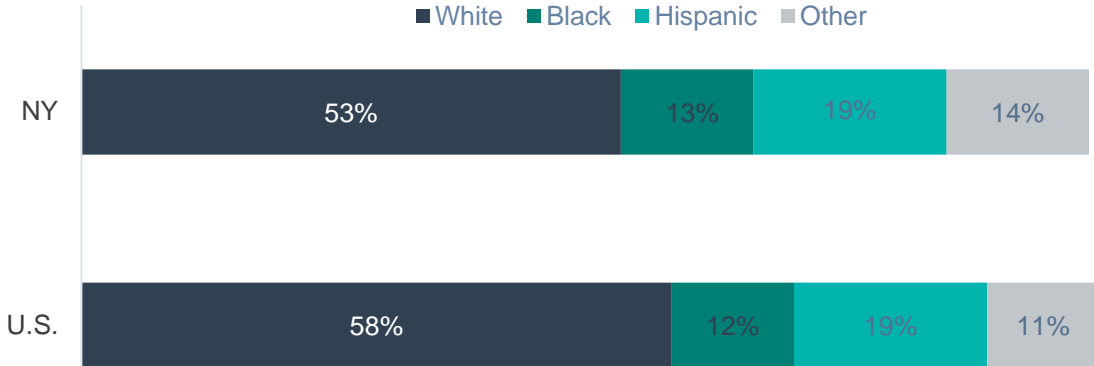
Population Distribution By Income To Poverty Threshold Ratio



Population Distribution By Age

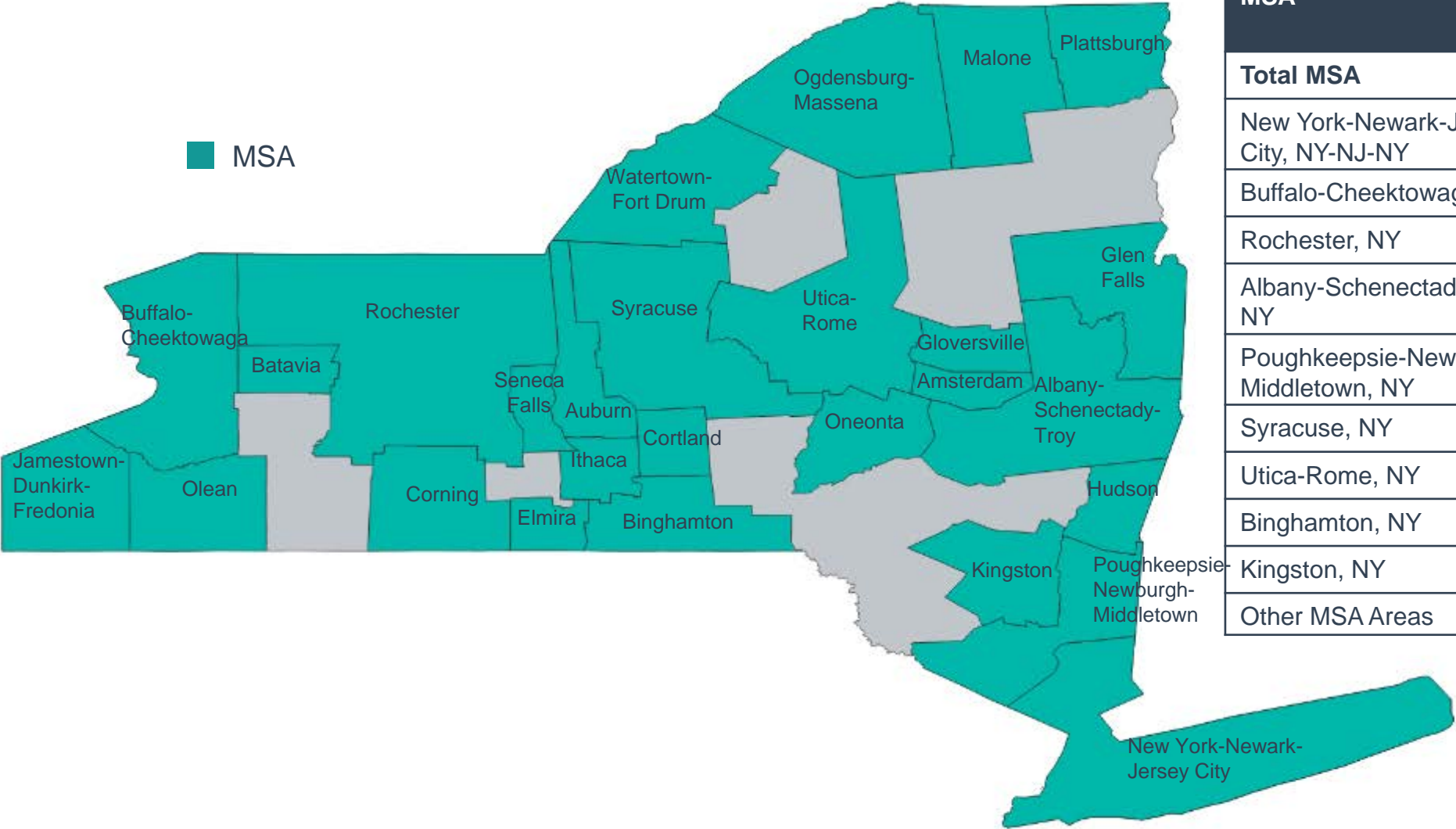


New York & U.S. Racial Composition



\*Totals may not equal 100% due to rounding

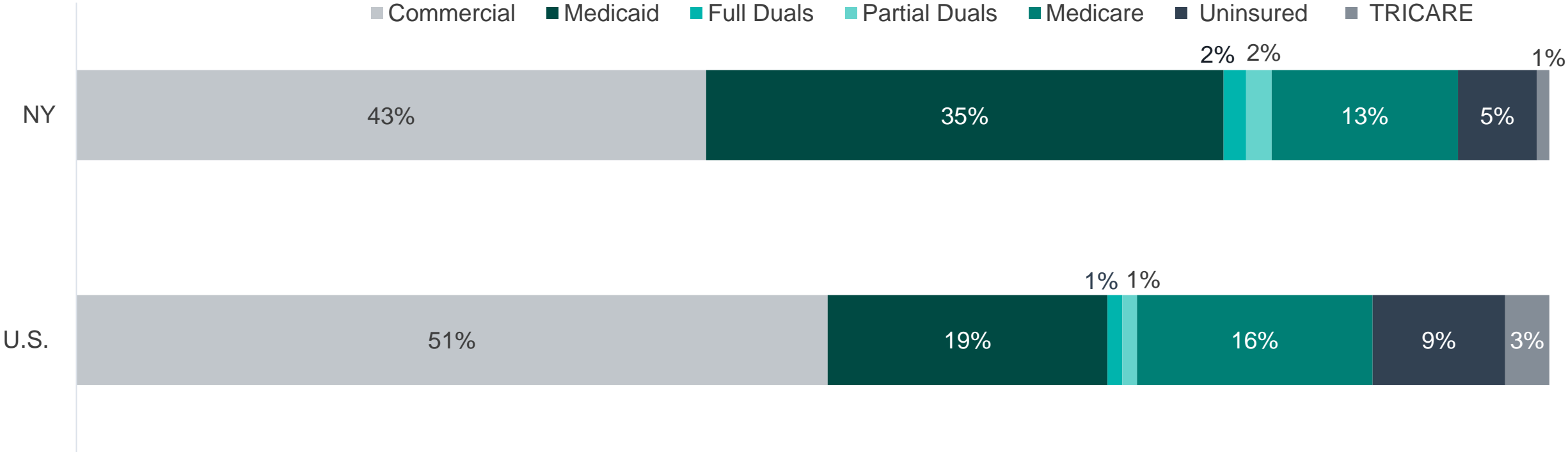
# B.2. Population Centers



Metropolitan Statistical Areas (MSAs)		
MSA	MSA Residents	Percentage*
<b>Total MSA</b>	<b>25,424,429</b>	<b>-</b>
New York-Newark-Jersey City, NY-NJ-NY	19,768,458	99%
Buffalo-Cheektowaga, NY	1,162,336	6%
Rochester, NY	1,084,973	5%
Albany-Schenectady-Troy, NY	899,286	5%
Poughkeepsie-Newburgh-Middletown, NY	701,637	4%
Syracuse, NY	658,281	3%
Utica-Rome, NY	290,211	1%
Binghamton, NY	245,220	1%
Kingston, NY	182,951	<1%
Other MSA Areas	431,076	2%

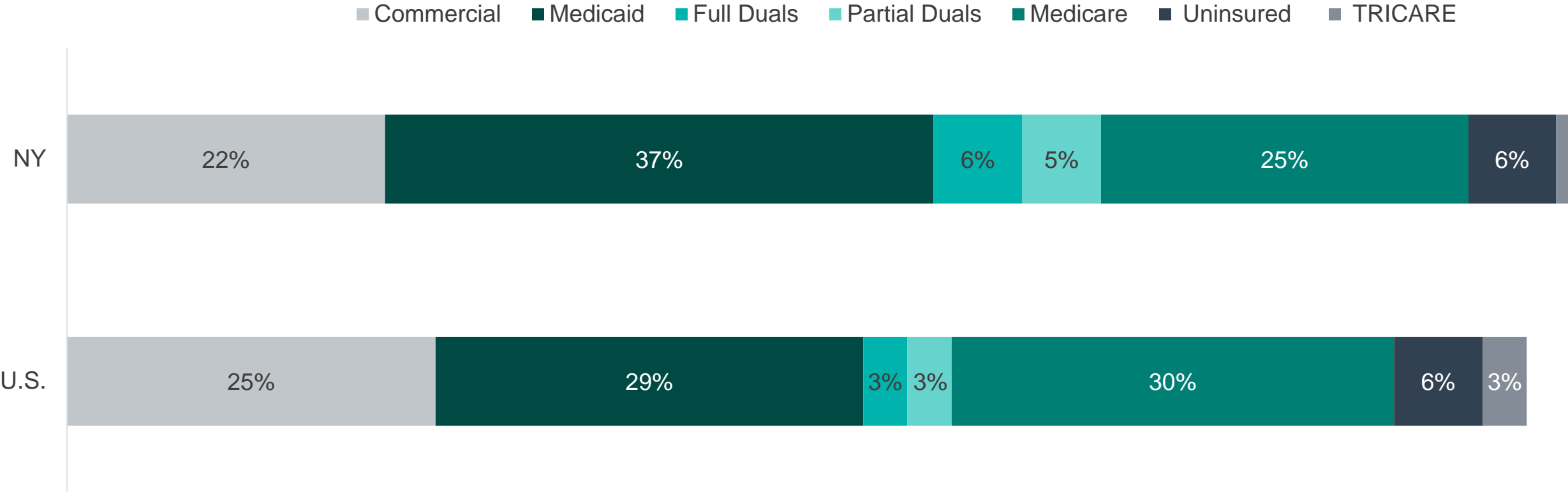
\* Percentages exceed 100% because MSAs often cross state lines.

# B.3. Population Distribution By Payer: National vs. State



\*Totals may not equal 100% due to rounding

# B.3. SMI Population Distribution By Payer: National vs. State



\*Totals may not equal 100% due to rounding

## B.4. Largest New York Payers By Enrollment

Plan Name	Plan Type	Enrollment*
UnitedHealthcare	Commercial Administrative Services Organization (ASO)	3,845,100
Empire HealthChoice Assurance	Commercial	2,861,084
Anthem ASO	Commercial ASO	2,692,916
Medicaid Fee-for-service (FFS)	Medicaid FFS	1,877,352
Fidelis Care	Medicaid – Mainstream Managed Care	1,641,572
Medicare FFS	Medicare	1,552,609
Excellus Health Plan	Commercial	1,218,673
Healthfirst	Medicaid – Mainstream Managed Care	1,159,570
Cigna	Commercial ASO	1,079,718
Aetna	Commercial ASO	707,718

\* Medicaid enrollment as of February 2023; TRICARE as of July 2020; Commercial as of February 2023; Medicare enrollment as of February 2023

## B.4. Largest New York Payers By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment*	Estimated SMI Enrollment
Medicare FFS	Medicare	1,552,609	496,835
Medicaid FFS	Medicaid	1,877,352	161,452
UnitedHealthcare	Commercial ASO	3,845,100	157,649
Fidelis Care	Medicaid – Mainstream Managed Care	1,641,572	141,175
Empire HealthChoice Assurance	Commercial	2,861,084	117,304
Anthem	Commercial ASO	2,692,916	110,410
Healthfirst	Medicaid – Mainstream Managed Care	1,159,570	99,723
Healthfirst	Medicare Advantage	214,423	68,615
Aetna	Medicare Advantage	167,499	53,600
Aetna Medicare Premier Plan	Medicare Advantage	164,723	52,711

\* Medicaid enrollment as of February 2023; TRICARE as of July 2020; Commercial as of February 2023; Medicare enrollment as of February 2023

## B.5. Health Insurance Marketplace

Health Insurance Marketplace	
Health Plan Marketplace Percentage	5%
Type of Marketplace	State
Individual Enrollment Contact	<a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a>
	1-855-355-5777
Small Business Enrollment Contact	<a href="https://nystateofhealth.ny.gov/employer">https://nystateofhealth.ny.gov/employer</a>
	1-855-355-5777

2023 Individual Market Health Plans	
1.	Capital District Physicians Health Plan (CDPHP)
2.	Emblem (Health Insurance Plan of Greater New York)
3.	Excellus Health Plan
4.	Fidelis (New York Quality Health Care Corporation)
5.	Healthfirst PHSP
6.	Health Plus HP
7.	Highmark Western and Northeastern New York
8.	Independent Health Benefits Corporation
9.	Metro Plus Health Plan
10.	MVP Health
11.	Oscar
12.	UnitedHealthcare of New York

2023 Small Group Market Health Plans	
1.	CDPHP
2.	Empire HealthChoice Assurance
3.	Excellus
4.	EmblemHealth
5.	MVP Health Plan
6.	Oscar Insurance Corp
7.	UnitedHealthcare

## B.6. Accountable Care Organizations: Medicare

### REACH ACO Model

1. CareMount Value Partners IPA

### End-Stage Renal Disease

1. Rogosin Kidney Care Alliance
2. The Gotham City ESCO
3. Fresenius Seamless Care of New York

### Medicare Shared Savings

- |  |   |  |
|--|---|--|
| 1. Accountable Care Organization of the North Country, LLC | 16. Crystal Run Healthcare ACO, LLC                 | 31. Primary PartnerCare ACO Independent Practice Association, Inc                |
| 2. Adirondacks ACO, LLC                                    | 17. Empire ACO, LLC                                 | 32. Prime Accountable Care, LLC  |
| 3. Alliance for Integrated Care of New York, LLC           | 18. Empire State Health Partners ACO                | 33. Richmond Quality, LLC  |
| 4. Asian American Accountable Care Organization, LLC       | 19. Family Health ACO                               | 34. Rochester Regional Health ACO Inc  |
| 5. Bassett Accountable Care Partners, LLC                  | 20. Hackensack Physician-Hospital Alliance ACO, LLC | 35. SOMOS Accountable Care Organization LLC                                      |
| 6. Beacon Health Partners, LLC                             | 21. Healthcare Partners of the North Country, LLC   | 36. Stony Brook Medicine Accountable Care Organization, LLC                      |
| 7. Caravan Health ACO 13, LLC                              | 22. Healthier Communities ACO, LLC                  | 37. Taconic ACO  |
| 8. Caravan Health ACO 22, LLC                              | 23. HHC ACO, Inc                                    | 38. The Physician Alliance LLC   |
| 9. Cayuga Area Preferred, Inc                              | 24. Hudson Accountable Care, LLC                    | 39. Total Care ACO, LLC  |
| 10. Chinese Community Accountable Care Organization        | 25. Innovative Health Alliance of New York, LLC     | 40. Trinity Integrated Care, LLC   |
| 11. CHS Physician Partners ACO, LLC                        | 26. New York Medical Partners ACO, LC               | 41. Western Connecticut Health Network Physician Hospital Organization, ACO, Inc |
| 12. CHS Physician Partners ACO II, LLC                     | 27. NewYork Quality Care                            | 42. Westchester Medical Group, PC  |
| 13. CMG ACO, LLC   | 28. North Shore-LIJ MSSP ACO, LLC                   |  |
| 14. ColigoCare, LLC  | 29. Northeast Medical Group ACO LLC                 |  |
| 15. Community Care of Brooklyn IPA, Inc                    | 30. Optimum Independent Practice Association, LLC   |  |

## B.6. Accountable Care Organizations

### Medicaid ACOs

1. Chinese American IPA, Inc
2. Greater Buffalo United Accountable Care Organization
3. Innovative Health Alliance of New York, LLC

### Direct Contracting Model

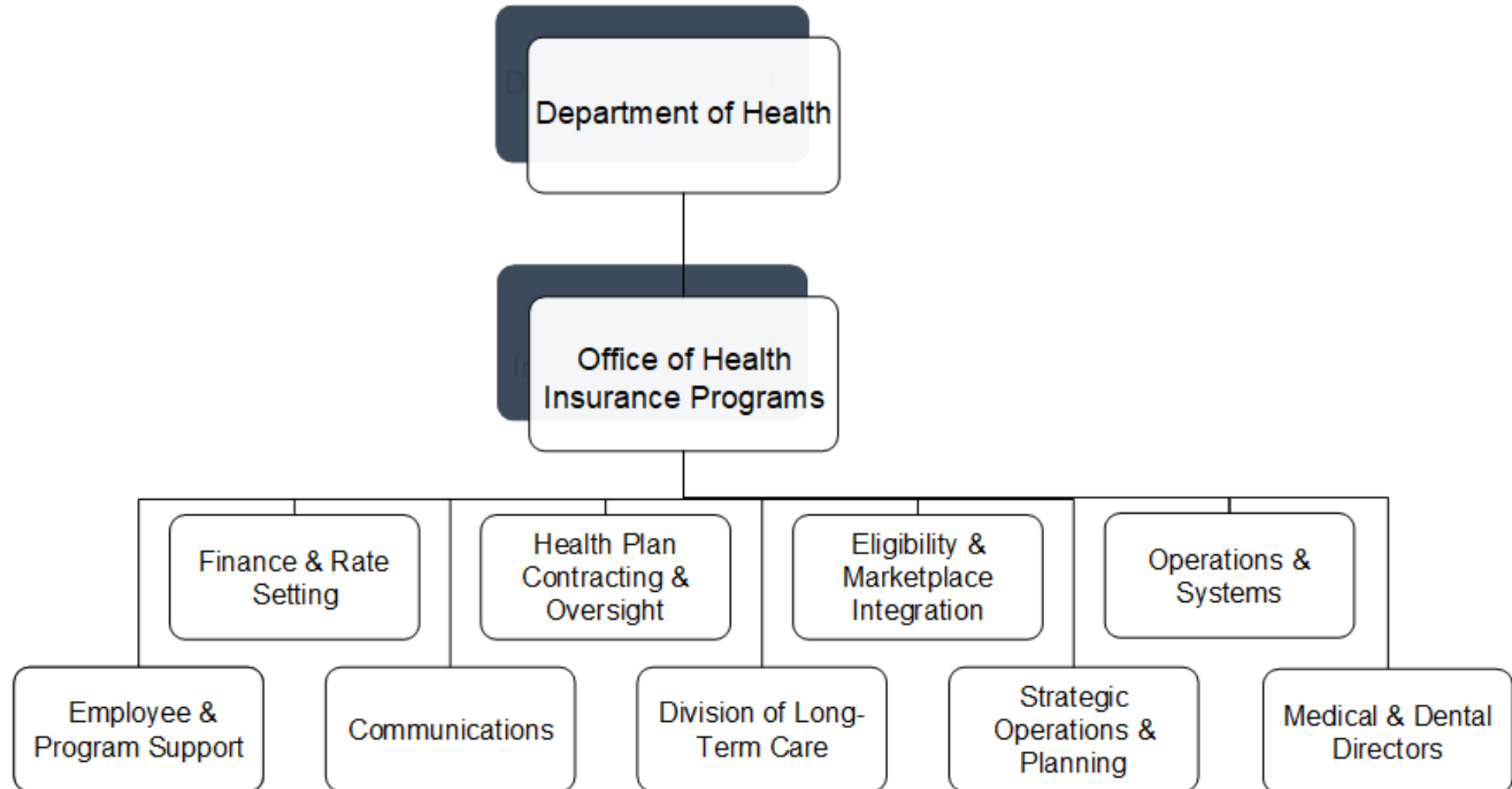
1. Montefiore Accountable Care Organization

### Commercial ACOs

ACO	Commercial Insurer
CareMount ACO	Cigna
Greater Buffalo United ACO	Excellus BlueCross Blue Shield, YourCare Health Plan, UnitedHealthcare
Hackensack Physician-Hospital Alliance ACO, LLC	Aetna, Horizon BCBSNJ
Kaleida Health	BlueCross BlueShield of Western New York
Northeast Medical Group ACO, LLC	Aetna, Cigna
NYUPN Clinically Integrated Network	Aetna, Cigna
Summit Health	Cigna
Weill Cornell Physician Organization	Aetna, Cigna
Westchester Medical Group, PC	Aetna, Cigna, Optum, UnitedHealthcare

# C. Medicaid Administration, Governance & Operations

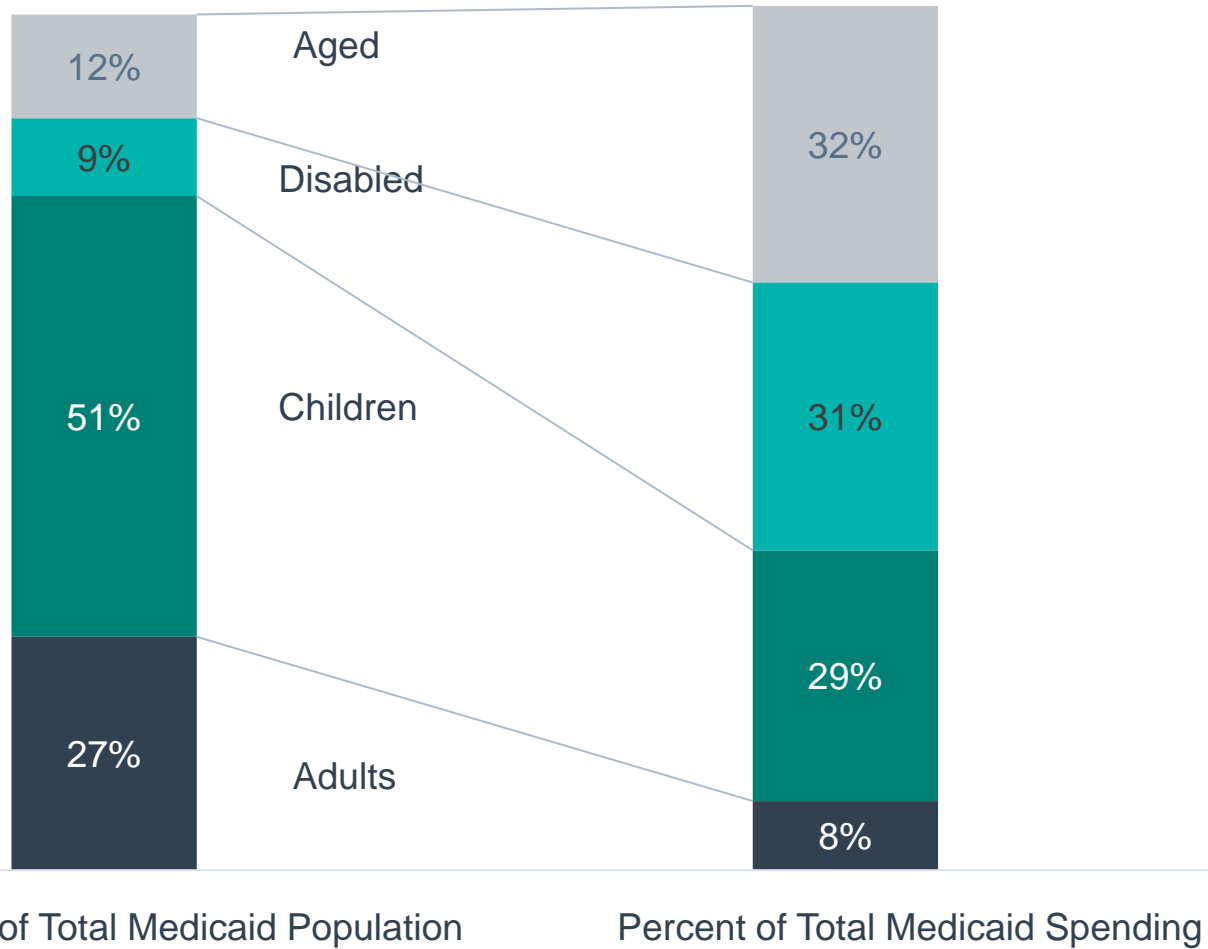
## C.1. Medicaid Governance: Organization Chart



## C.1. Medicaid Governance: Key Leadership

Name	Position	Department	Email
Dr. James McDonald	Acting Commissioner	Department of Health (DOH)	James.mcdonald@health.ny.gov
Megan Baldwin	Acting Executive Deputy Commissioner	DOH, Office Of Health Insurance Programs (OHIP), Medicaid Director	Megan.baldwin@health.ny.gov
Amir Bassiri	Deputy Commissioner, Acting Medicaid Director	DOH, OHIP	Amir.Bassiri@health.ny.gov
Michael Ogborn	Deputy Director, Medicaid	OHIP	michael.ogborn@health.ny.gov
Amanda Lothrop	Medicaid COO	OHIP	Amanda.Lothrop@health.ny.gov
Jonathan Bick	Director	OHIP, Division of Health Plan Contracting and Oversight	jonathan.bick@health.ny.gov
Lisa Sbrana	Director	OHIP, Division of Eligibility and Marketplace Integration	lisa.sbrana@health.ny.gov
Trisha Schell-Guy	Director	OHIP, Division of Program Development and Management	Trisha.Schell.Guy@health.ny.gov
Todd Britton	Director, CIO	OHIP, Division of Operations and Systems	michael.thibdeau@health.ny.gov
Douglas Fisher MD	Medical Director	Division of Medical and Dental Directors	Douglas.fisher@health.ny.gov
Marci Goldstein	Director	Division of Communications	Marci.Goldstein@health.ny.gov

## C.2. Medicaid Program Spending By Eligibility Group



Medicaid Spending Per Enrollee, FY 2020		
	U.S.	NY
All populations	\$8,718	\$11,284
Children	\$3,495	\$3,187
Adults	\$5,461	\$6,426
Expansion adults	\$7,227	\$6,747
Blind and disabled	\$23,123	\$34,256
Aged	\$18,552	\$28,375

Based on FY 2020 data

\*Totals may not equal 100% due to rounding

## C.2. Medicaid Program Spending: Budget

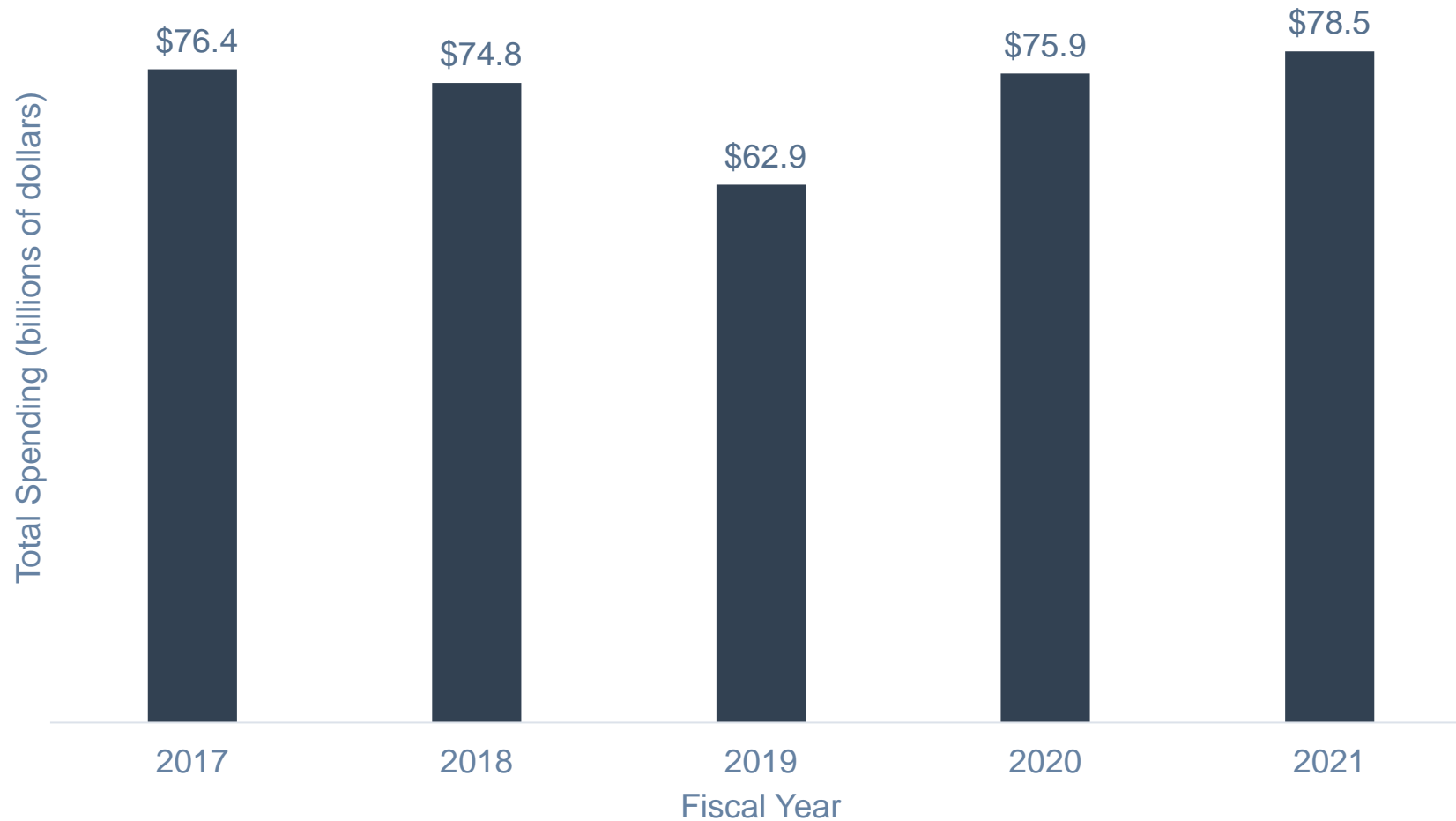
Budget Item	SFY21 Spending	Percent Of Budget
Managed care and premium assistance	\$48,111,000,000	61%
Home- and community-based LTSS	\$8,366,000,000	11%
Institutional LTSS	\$7,690,000,000	10%
Hospital	\$7,678,000,000	10%
Other acute services	\$2,982,000,000	4%
Medicare premiums and coinsurance	\$2,174,000,000	3%
Clinic and health center	\$1,094,000,000	1%
Physician	\$277,000,000	<1%
Other practitioner	\$138,000,000	<1%
Dental	\$17,000,000	<1%
<b>Budget Total: \$78,527,000,000</b>		

\*Drug spending is not included due to reporting a negative amount.

\*Totals may not equal 100% due to rounding

Federal & County Financial Participation	
FY 2023 Federal Medical Assistance Percentage (FMAP)	56.2%
CY 2023 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	Yes

## C.2. Medicaid Program Spending: Change Over Time



## C.3. Medicaid Expansion Status

Medicaid Expansion	
<b>Participating In Expansion</b>	Yes
<b>Date Of Expansion</b>	January 2014
<b>Medicaid Eligibility Income Limit For Able-Bodied Adults</b>	<ul style="list-style-type: none"> <li>• 133% of Federal poverty level (FPL)</li> <li>• Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility.</li> <li>• Individuals with incomes between 133% and 200% of the FPL are covered by the Basic Health Program, called the Essential Plan.</li> </ul>
<b>Legislation Used To Expand Medicaid</b>	Senate Bill S2606D, 2013-2014 Legislative Session
<b>Number Of Individuals Enrolled In The Expansion Group (March 2022)</b>	2,473,659
<b>Number Of Enrollees Newly Eligible Due To Expansion</b>	430,231
<b>Benefits Plan For Expansion Population</b>	The alternative benefit plan is identical to the state plan.

## C.3. Medicaid Expansion Status: Basic Health Program

- The Essential Plan is a statewide health insurance program that covers individuals with no other access to health coverage and income between 133% and 200% of the FPL, as well as lawfully present non-citizens with income between 0% and 200% of the FPL.
  - The Essential Plan is a Basic Health Program (BHP), a new model authorized by the PPACA that provides coverage falling between Medicaid and the health insurance marketplace.
- The state receives a federal BHP payment for each enrollee equal to 95% of the amount of the enrollee's premium tax credit and the cost sharing reductions that would have been provided to purchase marketplace coverage.
- Services are delivered on a capitated basis by 32 health plans that are available by county.
- Individuals who participate in the Essential Plan are responsible for cost sharing.
  - Premiums of \$20 per member per month apply to individuals with income between 150% and 200% of the FPL. There is no deductible. Services are subject to copayments for individuals with income above 100% of the FPL.
  - Individuals with unpaid premiums are given a one-month grace period and are then disenrolled from the program. An individual may re-enroll the following month but will experience a gap in coverage since premiums are paid prospectively.
- The Essential Plan benefit package includes most Medicaid services. Intermediate care facilities, HCBS waiver services, and behavioral health homes are not included.

## C.4. Medicaid Program Benefits

### Federally Mandated Services

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

### New York's Optional Services

1. Podiatry services
2. Optometry services
3. Other practitioner services
4. Private duty nursing
5. Clinic services
6. Dental services
7. Physical and occupational therapy
8. Services for speech, language, and hearing disorders
9. Prescribed drugs
10. Dentures, eyeglasses, and prosthetic devices
11. Diagnostic, screening, and preventive services
12. Rehabilitative services
13. Intermediate care services
14. Services in institutions for mental disease for individuals over age 65
15. Inpatient psychiatric services for individuals under age 22
16. Nursing facility services for individuals under age 22
17. Hospice care
18. Special tuberculosis related services
19. Case management
20. Personal care services

# D. Medicaid Financing & Service Delivery System

## D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics				
Characteristics	Medicaid Fee-For-Service (FFS)	Mainstream Medicaid Managed Care (MMMC)	Health & Recovery Plans (HARP)	Managed Long-Term Care (MLTC) Program
Enrollment (January 2023)	1,877,352	5,617,457	165,676	266,916
SMI Enrollment	<ul style="list-style-type: none"> <li>New York offers individuals with SMI the opportunity to enroll in specially designed HARPs to meet their care needs. Enrollment in HARPs is not mandatory and individuals with SMI are not specifically excluded from other managed care programs.</li> <li>Estimated 24% of SMI population in FFS, 76% in managed care</li> </ul>			
Management	Department of Health	16 health plans	12 health plans	25 health plans
Payment Model	FFS	Capitated rate	Capitated rate	Capitated rate for LTSS and some state plan services: All other services (including mental health) are FFS.
Geographic Service Area	Statewide	Statewide; plans available by county	Statewide; plans available by county	Statewide; plans available by county

**Total Medicaid: 7,927,401 | Total Medicaid With SMI: 681,756**

## D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment		
Total Medicaid population distribution	As of January 2023: 24% in fee-for-service (FFS), 76% in managed care	
SMI population inclusion in managed care	<ul style="list-style-type: none"> <li>• New York offers individuals with SMI the opportunity to enroll in specially designed Health and Recovery Plans (HARP) to meet their care needs. Enrollment in HARP is not mandatory and individuals with SMI are not specifically excluded from other managed care programs.</li> <li>• Estimated 24% of population in FFS, 76% in managed care</li> </ul>	
Dual eligible population inclusion in managed care	<ul style="list-style-type: none"> <li>• Managed care is mandatory for dual eligibles receiving more than 120 days of community-based long-term services and supports (LTSS).</li> <li>• Estimated 63% of population in FFS, 37% in managed care</li> </ul>	
Long-term services and supports (LTSS) inclusion in managed care	<ul style="list-style-type: none"> <li>• LTSS for beneficiaries enrolled in Mainstream Medicaid Managed Care Program (MMMC) and HARP are financed FFS; Managed Long-Term Care (MLTC) beneficiaries are reimbursed through the state health plan.</li> </ul>	
Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state	<ul style="list-style-type: none"> <li>• Mainstream Medicaid Managed Care Program (MMMC) and HARP are included in the health plan's capitation rate.</li> <li>• Managed Long-Term Care (MLTC) is excluded from the health plan's capitation rate and provided FFS by the state.</li> </ul>
Specialty behavioral health	Covered FFS by the state	
Pharmaceuticals	Covered FFS by the state	
Long-term services and supports (LTSS)	Covered FFS by the state	<ul style="list-style-type: none"> <li>• MMMC and HARP are provided FFS by the state.</li> <li>• MLTC is included in the health plan's capitation rate.</li> </ul>

## D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	Yes, specialized health plans provide enhanced care coordination.
Primary Care Case Management (PCCM)		None
Accountable Care Organization (ACO) Program	✓	The state currently operates three Medicaid ACOs.
Affordable Care Act (ACA) Model Health Home	✓	Yes, New York has multiple health home programs.
Patient-Centered Medical Home (PCMH)	✓	Yes, New York has two PCMH programs.
Dual Eligible Demonstration	✓	Yes, the state has two dual eligible demonstrations: one for those who need LTSS, and those who do not need LTSS.
Managed Long-Term Services and Supports (MLTSS)	✓	The MLTC program provides LTSS, while other services are delivered through the FFS system.
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	New York is a participant in the CCBHC demonstration pilot. The state passed a 1915(b) waiver to continue funding the CCBHC through state funds.

# D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers			X
Children			X
Blind and disabled individuals			X
Aged individuals			X
Dual eligibles		Individuals not requiring 120 days or more of community-based LTSS	Individuals requiring 120 days or more of community-based LTSS
Medicaid expansion			X
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Individuals in foster care			X
Other populations	<ol style="list-style-type: none"> <li>1. Individuals eligible through spend down</li> <li>2. Residents of assisted living programs</li> <li>3. Eligible for emergency Medicaid</li> <li>4. Residents of state psychiatric facilities</li> <li>5. Persons with private health insurance</li> <li>6. Infants living with incarcerated mothers</li> <li>7. Less than six months Medicaid eligibility</li> </ol>	<ol style="list-style-type: none"> <li>1. Individuals participating in Office for People With Developmental Disabilities programs</li> <li>2. HCBS waiver participants</li> <li>3. Individuals granted exemption due to special chronic care needs</li> <li>4. Native Americans</li> </ol>	

## D.2. Medicaid FFS Program: Overview

- FFS enrollment as of January 2023 was 1,877,352.

## D.2. Medicaid FFS Program: Behavioral Health Benefits

### FFS Mental Health Benefits

1. Inpatient mental health treatment
2. Clinic treatment services
3. Day treatment
4. Partial hospitalization
5. Community residences
6. Family-based rehabilitation
7. Continuing day treatment
8. Personalized recovery-oriented services
9. Assertive community treatment (ACT)
10. Targeted case management
11. Individual and group supportive counseling
12. Medication administration
13. Medication management and treatment adherence counseling
14. Psychoeducation
15. Youth Peer Support and Training
16. Crisis Intervention

### FFS Addiction Treatment Benefits

1. Medically managed detoxification
2. Medically supervised withdrawal
3. Inpatient rehabilitation
4. Outpatient rehabilitation
5. Screening and brief intervention
6. Assessment
7. Individual and group counseling
8. Opioid treatment programs
9. Medication administration
10. Medication management and monitoring
11. Stabilization and rehabilitation services provided in a residential setting
12. Residential rehabilitation for youth
13. Complex care coordination
14. Peer support

## D.2. Medicaid FFS Program: SMI Population

- As of January 2023, *OPEN MINDS* estimates that 24% of the SMI population was enrolled in FFS.
- New York does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- New York offers individuals with SMI the opportunity to enroll in specially designed HARPs to meet their care needs. Enrollment in HARPs is not mandatory and individuals with SMI are not specifically excluded from other managed care programs.

## D.2. Medicaid FFS Program: Pharmacy Benefit

New York FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	Yes, Magellan.
Responsible For Financing General Pharmacy Benefit	Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Yes, antipsychotics, antidepressants, and anti-anxiety drugs are included on the pharmacy PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, opioid antagonists and opioid dependence agents.
Coverage Of Antipsychotic Injectable Medications	Antipsychotic injectable medications are covered as a pharmacy benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	<ul style="list-style-type: none"> <li>• Step therapy requirements are in place for some drugs and conditions.</li> <li>• Additional clinical criteria, dosage, and safety edits are in place.</li> <li>• Benzodiazepine agents for social anxiety and generalized anxiety disorders are part of the Clinical Drug Review Program and have additional prior authorization requirements.</li> <li>• The state has a prescriber prevail policy.</li> </ul>
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, the state has a Recipient Restriction Program. Individuals may be restricted to one prescriber or one pharmacy.

## D.3. Medicaid Managed Care Program: Overview

- Managed care enrollment as of January 2023 was 5,617,457.
- New York has two major statewide managed care programs.
  - **Mainstream Medicaid Managed Care Program (MMMC):** Full-risk health plans that provide physical and behavioral benefits to families and expansion adults who do not need LTSS. Under the MMMC program, there are two types of specialty plans:
    - **Health and Recovery Plans (HARP):** Full-risk special needs plans that integrate physical health services, behavioral health services, and behavioral health HCBS for persons with SMI and/or a serious addiction diagnosis.
    - **HIV SNP:** Full-risk special needs plans that serve individuals in New York City who have HIV.
  - **Managed Long-Term Care (MLTC):** Capitated health plans that provide limited physical health services and LTSS to individuals needing 120 days or more of HCBS.
- Additionally, the state has a series of programs that serve the elderly and dual eligible population. See [section E](#) for more information.
- Via its section 1115 waiver, the state planned to move 80% to 90% of health plan payments to provider organizations to value-based reimbursement (VBR) methodologies by the end of 2020. The state has not yet announced if they were able to meet this goal. There are three levels of VBR payments, specific definitions vary slightly by plan type:
  - Level 1: Upside-only payments
  - Level 2: Upside and downside risk, models must include one social determinant of health intervention with a non-Medicaid billing social service organization
  - Level 3: Global capitation with a quality component
- As of 2022, New York requires 80% of total MCO expenditure to be captured in at least upside only risk-based agreements (minimum percentage of potential savings at 40% with not shared losses).

## D.3. Medicaid Managed Care Program: Mainstream Medicaid Managed Care Program

- The Mainstream Medicaid Managed Care Program (MMMC) provides Medicaid benefits to most eligible recipients.
- As of January 2023, there were 5,617,457 individuals enrolled in the 16 MMMC health plans representing 54% of the Medicaid managed care population.
- The MMMC health plans may offer special needs plans for individuals with SMI called Health and Recovery Plans (HARPs). See [slide 39](#) for more information.
- Three of the 16 MMMC health plans are special needs plans, serving individuals in New York City who have HIV. The plans serve less than 1% of the MMMC population. These plans include:
  - Amida Care
  - MetroPlus Health Plan Partnership in Care
  - VNS Choice SelectHealth
- Enrollees in the HIV special needs plans may also be eligible to receive the same behavioral health HCBS as persons with SMI enrolled in HARPs. See [slide 47](#) for more information.
- As of May 2022, 80% of payments were required to be level one VBR arrangements and 35% in level 2. Penalties were assessed if health plans do not meet the targets.

## D.3. Medicaid Managed Care Program: MMMC Health Plan Characteristics

Plan	Profit Status	Parent Company	Behavioral Health Subcontractor	Pharmacy Benefit Manager	January 2023 MMMC Enrollment	Share Of MMMC Enrollment
Amida Care SN	Non-profit	None	Beacon Health Options	Express Scripts	8,464	<1%
Capital District Physicians Health Plan (CDPHP)*	Non-profit	None	None	CVS Caremark	115,510	2%
Excellus Health Plan*	Non-profit	Excellus Blue Cross Blue Shield	None	Express Scripts	235,981	4%
Fidelis Care*	For-profit	Centene-WellCare	None	CVS Caremark	1,791,369	32%
Healthfirst PHSP*	Non-profit	Healthfirst	None/University Behavioral Health Associates**	CVS Caremark	1,265,853	23%
HealthPlus* (Empire Blue Cross Blue Shield)	For-profit	Anthem, Inc.	None	Express Scripts	404,042	7%
HealthNow	For-profit	BCBS of Western New York	None	Express Scripts	57,904	<1%
EmblemHealth Enhanced Care Medicaid Managed Care*	Non-profit	EmblemHealth	Beacon Health Options	Express Scripts	167,487	3%
Crystal Run Health Plan	For-profit	Crystal Run Health Plans	None	MedImpact	1,704	<1%
MediSource Medicaid Managed Care	For-profit	Independent Health	None	NYRx	65,545	<1%

## D.3. Medicaid Managed Care Program: MMMC Health Plan Characteristics

Plan	Profit Status	Parent Company	Behavioral Health Subcontractor	Pharmacy Benefit Manager	January 2023 MMMC Enrollment	Share Of MMMC Enrollment
MetroPlus Health Plan*	Non-profit	NYC Health+Hospitals	Beacon Health Options	CVS Caremark	489,192	9%
MetroPlus Health Plan SN	Non-profit	NYC Health+Hospitals	Beacon Health Options	CVS Caremark	4,597	<1%
Molina Health Care*	For-profit	Molina	None	None	312,703	6%
MVP Health Plan*	Non-profit	MVP Health Care	None	CVS Caremark	215,053	4%
UnitedHealthcare Plan of NY*	For-profit	UnitedHealthcare Community Plan	Optum	Optum Rx	370,489	7%
VNS Choice SN	Non-profit	Visiting Nurse Service of New York	Beacon Health Options	None	3,163	<1%
YourCare Option Medicaid Managed Care	Non-profit	Monroe Plan for Medical Care	None	Express Scripts	36,665	<1%

\*Indicates plans that also offer Health and Recovery Plans (HARPs). See [slide 42](#) for HARP enrollment.

\*\* For individuals who choose Montefiore Medical Center, Sound Shore Medical Center, The Mount Vernon Hospital, or Elmhurst hospital as their provider organization of choice, University Behavioral Health Associates manages behavioral health services, for all other individuals, Healthfirst is responsible for behavioral health.

\*\*\*HealthNow delegates utilization management for all services to Amerigroup.

## D.3. Medicaid Managed Care Program: HARP

- New York phased in implementation of special needs plans, called Health and Recovery Plans (HARPs), for persons with SMI or an addiction diagnosis in October 2015. The plans were available statewide by July 2016. At this time, only MMMC plans are eligible to become HARPs.
- As of January 2023, there were 165,676 total enrollees in the 12 available HARP plans, with at least one plan offered in every county.
  - Individuals are identified for the program using a review of behavioral health utilization or a state-approved assessment tool.
  - Individuals may elect to remain in the MMMC program instead of enrolling in a HARP.
- HARPs integrate physical health services, behavioral health services, and behavioral health home- and community-based services (BH-HCBS) for Medicaid enrollees diagnosed with SMI or addiction.
  - BH-HCBS is available in two tiers and is based on member level of need. For a listing of BH-HCBS, see the next slide.
- HARPs provide enhanced, person-centered care management services through health homes. Individuals may opt-out of receiving care management through the health homes.
- In 2019, for MMMC plans, 62% of payments in level one through level three VBR arrangements and 40% in level 2 or higher arrangements.
- As of May 2022, 80% of payments were required to be in level one VBR arrangements and 35% in level 2. Penalties were assessed if health plans did not meet these targets.

## D.3. Medicaid Managed Care Program: HARP Benefits & Enrollment

BH-HCBS
<b>Available to all members regardless of level of need:</b>
<ol style="list-style-type: none"> <li>Intensive crisis respite</li> <li>Short-term crisis respite in a dedicated facility</li> </ol>
<b>Tier 1 (limited to \$10,000 per year):</b>
<ol style="list-style-type: none"> <li>Peer supports</li> <li>Employment supports</li> <li>Education supports</li> </ol>
<b>Tier 2 (limited to \$20,000 per year):</b>
<ol style="list-style-type: none"> <li>Psychosocial rehabilitation</li> <li>Community psychiatric support and treatment</li> <li>Habilitation services</li> <li>Non-medical transportation</li> <li>Family support and training</li> </ol>

HARP	January 2023 Enrollment	Share Of HARP Enrollment
Capital District Physician's Health Plan	5,015	3%
Excellus	12,176	7%
Fidelis Care	55,381	33%
HealthFirst	32,802	20%
HealthPlus	8,025	5%
HIP of Greater New York	5,714	3%
Independent Health Association	2,953	2%
MetroPlus	13,570	8%
Molina Healthcare	10,049	6%
MVP Health Plan	8,065	5%
UnitedHealthcare	10,981	7%
<b>Total Enrollment: 165,676</b>		

## D.3. Medicaid Managed Care Program: Managed Long-Term Care Program

- New York's statewide Managed Long-Term Care (MLTC) program provides LTSS and some health services to individuals who are dual eligible and need 120 days or more of HCBS.
- As of January 2023, 266,916 individuals were enrolled in one of the 24 MLTC partial capitation plans.
  - Non-dual eligibles may voluntarily enroll in MLTC.
  - Approximately 98% of the MLTC population is dually eligible.
- MLTC plan services not included in the capitation are covered FFS by the state. For a list of services, see the next slide.
- As of May 2022, the percent of payments in level 1 VBR arrangements increased to 80% and level 2 arrangements to 15%. A penalty will be applied if the percentages are not met.
- In some documentation, the state includes its PACE, Medicaid Advantage Plus, and dual eligible demonstration programs as part of the MLTC program. More information on those programs is provided in [section E](#).

## D.3. Medicaid Managed Care Program: MLTC Benefits

Services Included In Partial Capitation		Services Covered Fee-For-Service
1. Adult day health care	12. Nutrition	1. Inpatient hospital services
2. Audiology and hearing aids	13. Optometry and eyeglasses	2. Outpatient hospital services
3. Care management	14. Personal care	3. Clinic services
4. Consumer-directed personal assistance	15. Personal emergency response system	4. Mental health treatment
5. Dental services	16. Podiatry	5. Addiction treatment
6. Home health care	17. Private duty nursing	6. Prescription drugs
7. Group setting and home-delivered meals	18. Prosthetics and orthotics	7. Primary and specialty physician services
8. Durable medical equipment	19. Outpatient rehabilitation therapy	8. Emergency transportation
9. Medical social services	20. Respiratory therapy	9. Chronic renal dialysis
10. Non-emergency transportation	21. Social day care	10. Laboratory services
11. Skilled nursing facilities	22. Social and environmental supports	11. X-ray and other radiology services

## D.3. Medicaid Managed Care Program: MLTC Partial Capitation Plan Enrollment

MLTC Plan	Profit Status	Parent Company	January 2023 MLTC Enrollment	Share Of MLTC Enrollment
Aetna Better Health	For-profit	Aetna	5,585	2%
Archcare			6,130	2%
Centers Plan For Healthy Living	For-profit	Centers Plan For Healthy Living	49,023	18%
Elderplan	Non-profit	MJHS Health System	17,169	6%
Elderserve	Non-profit	RiverSpring Health	15,978	6%
Elderwood	For-profit	Post Acute Partners	1,082	<1%
Evercare	Non-profit	N/A	866	<1%
Extended MLTC	For-profit	N/A	5,660	2%
Fallon Health			976	<1%
Fidelis Care At Home	Non-profit	Centene-WellCare	17,329	6%
Hamaspik Choice	Non-profit	N/A	1,940	<1%

## D.3. Medicaid Managed Care Program: MLTC Partial Capitation Plan Enrollment

MLTC Plan	Profit Status	Parent Company	January 2023 MLTC Enrollment	MLTC Enrollment Share
HealthFirst	Non-profit	N/A	9,263	3%
HealthPlus	For-profit	Anthem, Inc.	50,655	19%
iCircle Care	Non-profit	N/A	3,497	1%
Kalos Health	Non-profit	N/A	543	<1%
Metroplus	Non-profit	NYC Health+Hospitals	1,338	<1%
Montefiore HMO	Non-profit	Montefiore Medical Center	1,361	<1%
Prime Health Choice	For-profit	N/A	573	<1%
Senior Network Health	Non-profit	Mohawk Valley Health System	327	<1%
Senior Whole Health	For-profit	Magellan	26,065	10%
VillageCare	Non-profit	VillageCare	16,676	6%
VNA Homecare Options	Non-profit	Nascentia Health	3,728	1%
VNS Choice	Non-profit	Visiting Nurse Service of NY	23,382	9%

## D.3. Medicaid Managed Care Program: Behavioral Health Overview

- MMMC: Nearly all behavioral health and pharmacy benefits are included in the health plan's capitation rate.
  - Behavioral health services for most populations over age 21 were integrated into the health plan contracts in July 2016. Rehabilitation services for residents of community residences were not included in behavioral health integration but will be phased in at a later date.
- HARP: Most behavioral health and pharmacy benefits are included in the health plan's capitation rate.
  - Special BH-HCBS are coordinated and reimbursed by the HARPs, but the HARPs are not at-risk for these services. For a list of services, see [slide 42](#).
  - The state planned to shift these services into the health plan's capitation as early as 2017 but has not done so as of January 2021.
- Managed Long-Term Care (MLTC): All behavioral health benefits are covered by the state on an FFS basis.

## D.3. Medicaid Managed Care Program: Behavioral Health Benefits

### Managed Care Mental Health Benefits

1. Licensed clinic services
2. Outpatient services
3. Day treatment
4. Continuing day treatment
5. Partial hospitalization
6. Case management
7. Personalized recovery-oriented services
8. Intensive psychiatric rehabilitation treatment
9. Assertive community treatment (ACT)
10. Inpatient treatment
11. Crisis intervention

### Managed Care Addiction Treatment Benefits

1. Screening, Brief Intervention, and Referral to Treatment (SBIRT)
2. Medically supervised outpatient withdrawal
3. Outpatient addiction services
4. Residential addiction services
5. Office of Alcoholism and Substance Abuse Services (OASAS) outpatient and opioid treatment program services
6. OASAS outpatient rehabilitation programs
7. Inpatient medically managed and supervised detoxification
8. Inpatient rehabilitation and treatment services

## D.3. Medicaid Managed Care Program: SMI Population

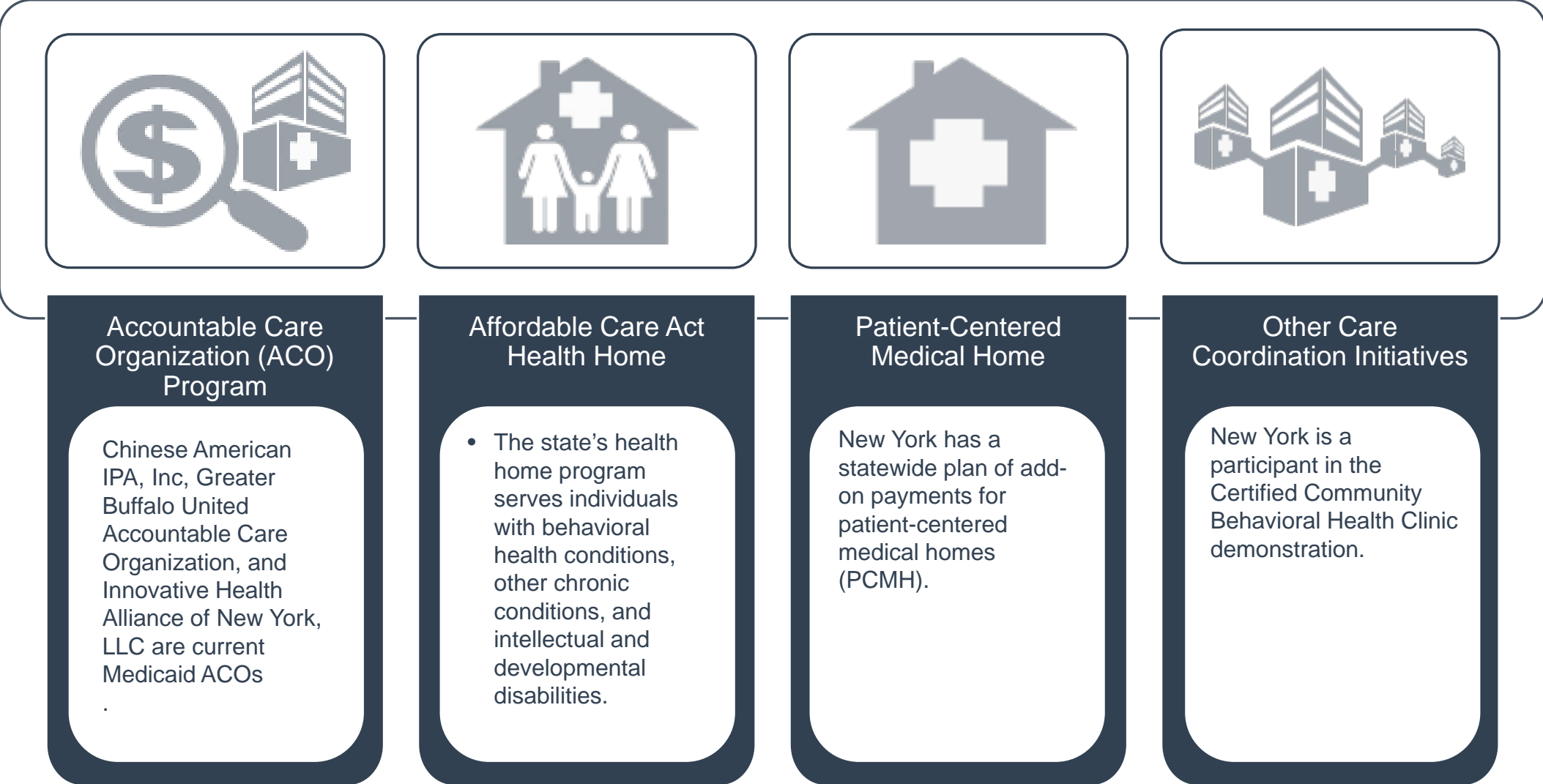
- As of January 2023, *OPEN MINDS* estimates that 76% of the SMI population was enrolled in managed care.
- New York does not specifically preclude individuals with SMI from enrolling in managed care based on a diagnosis of SMI; however, individuals with SMI may be enrolled in FFS based on other criteria.
- New York offers individuals with SMI the opportunity to enroll in specially designed Health and Recovery Plans (HARPs) to meet their care needs. Enrollment in HARPs is not mandatory and individuals with SMI are not specifically excluded from other managed care programs.
- Individuals with SMI also can enroll in health homes for the coordination of care.

## D.3. Medicaid Managed Care Program: Pharmacy Benefit

- Beginning April 1, 2023, all Medicaid members enrolled in Mainstream Managed Care will receive their prescription drugs through NYRx, the Medicaid Pharmacy Program. NYRx allows New York State to pay pharmacies directly for the drugs and supplies of Medicaid members.

New York Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	Health plan
Responsible For Financing Mental Health Pharmacy Benefit	Health plan
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy, Mental Health, and Addiction Treatment Drugs	<ul style="list-style-type: none"> <li>Yes, health plans set their own formularies, subject to approval by the state.</li> <li>Mental health and addiction treatment drugs may be included on the PDL.</li> </ul>
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	<ul style="list-style-type: none"> <li>Health plans set their own utilization restrictions.</li> <li>Atypical antipsychotics and antidepressants are designated as prescriber prevail classes. Contractors may require prior authorization but must accept the prescriber's rationale and judgement for using the drug.</li> <li>Other therapeutic classes using prescriber prevails include anti-retroviral, anti-rejection, seizure, epilepsy, endocrine, hematologic, and immunologic.</li> </ul>
Health Plan Allowed To Implement Pharmacy Lock-In Program	Yes, health plans are required to implement a Recipient Restriction Program, consistent with the parameters set by the state.

# D.4. Medicaid Program: Care Coordination Initiatives



## D.4. Health Home Overview

- New York has two state plan amendments (SPAs) for health homes.
- The first SPA, implemented in 2012, provides health home services to adults with SMI, children with serious emotional disturbance (SED) and complex trauma, and adults with chronic conditions.
- The second SPA, implemented in July 2018, provides health home services to the I/DD population. The I/DD health home program is called Care Coordination Organizations/Health Homes (CCO/HH).
  - The program moves Medicaid Service Coordination and Plan of Care Support Services to the health homes and away from individual provider organizations.
  - The health homes are intended to serve as the basis for implementing specialty health plans for the I/DD population.

## D.4. State Medicaid Health Home Characteristics

New York Health Home Overview	
<b>Target Population</b>	<p>Health homes serve the following populations (including dual eligibles):</p> <ul style="list-style-type: none"> <li>• Adults with SMI</li> <li>• Children with SED or complex trauma</li> <li>• Individuals with two chronic conditions – Individuals with addiction must have another chronic condition to qualify</li> <li>• HIV/AIDS</li> </ul>
<b>Enrollment Model</b>	Automatic enrollment with opt-out or change to another health home
<b>Geographic Service Area</b>	Statewide
<b>Care Delivery Model</b>	<ul style="list-style-type: none"> <li>• Health plans contract with health home provider organizations who, in turn, contract with the care management agencies that actually provide health home services</li> <li>• Multi-disciplinary care management team led by a care manager</li> <li>• Development of a care plan for each enrollee</li> <li>• Provide care management services to HARP enrollees</li> </ul>
<b>Payment Model</b>	<ul style="list-style-type: none"> <li>• Per member per month (PMPM) based on region and case mix for providing at least one of the CMS health home core functions. Rate tables are provided on the <a href="#">following slide</a>.</li> <li>• Health plans submit claims to the state for PMPM payments. The health plans make payments to health home provider organizations who forward payments to downstream care management agencies. Health plans and health home provider organizations may retain a proportional share of the PMPM for performing health home functions.</li> </ul>
<b>Practice Performance &amp; Improvement</b>	<ul style="list-style-type: none"> <li>• Hospital, ER, and SNF admissions rates</li> <li>• NCQA, HEDIS, CMS, AMA, AHRQ, OQPS, and state-specific measures</li> <li>• The state plans to implement value-based reimbursement for health homes in the future.</li> </ul>

## D.4. State Medicaid Health Home PMPM Rate Tables

1. Currently, the state sets the rate for health homes, which are paid through the health plans.
2. If the health plan provides some portion of health home services, it may retain a portion of the rate.
3. Health homes may be added to the health plan's capitation rate in the future.

<b>Adult Population*</b>	<b>Upstate</b>	<b>Downstate</b>
Health Home Plus/Care Management	\$795	\$843.20
Health Home High Risk/Need Care Management	\$363.60	\$386.83
Health Home Care Management	\$202	\$215.13
Health Home Services – Adult Home Transition Fee*	N/A	\$800
Adult Home Assessment and Management Fee*	N/A	\$200

\*Only available in the downstate region to impacted Adult Health class members.

<b>Child Population*</b>	<b>Upstate</b>	<b>Downstate</b>
High	\$757.50	\$806.99
Medium	\$454.50	\$483.79
Low	\$227.25	\$242.40
Assessment	\$186.85	\$186.85

\*Rates as of April 2022

## D.4. State Medicaid Health Home Characteristics – CCO/HH For I/DD

New York CCO/HH Overview	
<b>Target Population</b>	<ul style="list-style-type: none"> <li>Individuals with a major developmental disability and in need of an intermediate care facility (ICF) level of care:               <ul style="list-style-type: none"> <li>Major developmental disability categories include autism, cerebral palsy, epilepsy, familial dysautonomia, intellectual disability, neurological impairment, and Prader-Willi Syndrome</li> </ul> </li> <li>Individuals with a developmental disability not in need of an ICF may enroll in the general health home program if they have another chronic condition.</li> </ul>
<b>Enrollment Model</b>	<ul style="list-style-type: none"> <li>Passive enrollment with the ability to opt-out</li> <li>Individuals who do not enroll will receive care coordination through Basic HCBS Plan Support</li> </ul>
<b>Geographic Service Area</b>	Statewide
<b>Care Delivery Model</b>	<ul style="list-style-type: none"> <li>CCO/HHs are Medicaid enrolled provider organizations that act as lead entities and may provide health home directly or contract with a network of provider organizations to deliver health home services.</li> <li>Currently there are seven CCO/HHs.</li> <li>Uses multi-disciplinary teams led by a dedicated care manager.</li> <li>Provides Delivery of six health home services.</li> <li>Creation of a life plan (formerly an individualized service plan)</li> </ul>
<b>Payment Model</b>	<ul style="list-style-type: none"> <li>The state directly pays the CCO/HHs a per member per month rate based on region, assessment data, and other factors.</li> <li>In the future the state intends to create specialized I/DD health plans that will be responsible for reimbursing health homes.</li> </ul>
<b>Practice Performance &amp; Improvement</b>	<ul style="list-style-type: none"> <li>Provides for a standard set of health home metrics such as reducing avoidable hospital and ER visits, reduced utilization of inpatient hospital stays, etc.</li> <li>Additional quality metrics established, including implementation of Council on Quality Leadership (CQL) Personal Outcome Measures, transitions to more integrated settings, life plan components, etc.</li> </ul>

## D.4. State Medicaid Health Home Characteristics – CCO/HH For I/DD

- The state released a state plan amendment about updating the CCO/HH Rate Methodology but has not yet updated the current rates.
- The tiered rate structure for CCO/HH service is based upon the acuity/functional capability status of the individual, whether the individual lives in a certified residential setting or in their own or family home, is a member of a ‘special group status’ that includes the individual’s status as a Willowbrook class member.

CCO/HH Rates (2022)		
Tier	Upstate	Downstate
Initial Basic	\$781.80	\$781.80
Ongoing Basic	\$260.60	\$260.60
1	\$279.31	\$297.23
2	\$341.50	\$363.63
3	413.17	\$440.57
4	\$528.05	\$562.84

CCO/HHs
<ol style="list-style-type: none"> <li>1. Advance Care Alliance</li> <li>2. Care Design NY</li> <li>3. LifePlan CCO</li> <li>4. Prime Care Coordination</li> <li>5. Person Centered Services</li> <li>6. Southern Tier Connect</li> <li>7. Tri-County Care</li> </ol>

## D.4. Medicaid Program: Patient-Centered Medical Homes

- New York has two major patient-centered medical home programs (PCMH), both of which are based on the NCQA PCMH guidelines.
- PCMH – The state authorizes PMPM payments for the managed care population based on NCQA recognition standards year and level, and per-visit add-on payments for the FFS population.
- NYS PCMH – Based on the National Committee for Quality Assurance (NCQA) guidelines, this model also requires primary care practices to meet New York state-specific guidelines.
  - Free transformation assistance is available to physician-led primary care organizations.
  - The fee for NYS PCMH practice recognition or annual reporting is waived for the first year of participation.
  - Enhanced payments are available.
  - See the next slide for additional information on the NYS specific criteria.

PCMH Add-On Payments			
	2014 Level 3 NCQA PCMH Standards	2017 NCQA PCMH Standards	NYS PCMH Standards
Managed care PMPM	\$7.50	\$7.50	\$7.50
FFS per-visit, institutional	\$29.00	\$29.00	\$29.00
FFS per-visit, professional	\$25.25	\$25.25	\$25.25

## D.4. Medicaid Program: NYS PCMH Criteria

- Practices must meet the 40 NCQA core criteria in addition to meeting the 12 NYS PCMH criteria (below) to be recognized as a NYS PCMH.

NYS-Specific PCMH Criteria	
1	Certified EHR attestation
2	Behavioral health screenings
3	Target population health management on disparities in care – Assessment, goals, and actions and address practice staff health literacy or cultural competencies
4	Two-way electronic certification
5	Continuity of medical record information
6	Comprehensive risk stratification
7	Care plan is integrated and accessible across care settings
8	Specialist referral expectations
9	Behavioral health referral expectations
10	Consumer discharge summaries
11	External electronic exchange of data
12	Value-based contract agreement

## D.4. Medicaid Program Initiatives: Certified Community Behavioral Health Clinics

- In December 2016, New York was one of eight states awarded two-year funding under phase two of Substance Abuse and Mental Health Services Administration’s (SAMHSA) Certified Community Behavioral Health Clinic (CCBHC) program.
- New York certified 13 CCBHCs for the demonstration pilot, which launched in July 2017.
- All CCBHC pilot programs use a prospective payment system and have the option to choose between two payment methods. New York uses the fixed daily rate payment option.
  - Under the fixed daily rate, CCBHCs receive the same fixed payment for all services provided to a Medicaid beneficiary on a given day, regardless of the intensity of services provided.
- CCBHCs are required to coordinate care across the spectrum of health services, including physical health, behavioral health, and social services; and to form partnerships with other organizations, including FQHCs, inpatient psychiatry, detoxification and post-detoxification step-down services, residential programs, and social services provider organizations.
- New York does not include CCBHC services in its managed care program.

CCBHC	Location
BestSelf Behavioral Health Services	Buffalo
Bikur Cholim, Inc.	Monsey
Central Nassau Guidance and Counseling Services	Hicksville
Citizens Advocates Inc. – North Star Behavioral Health Services	Malone
Endeavor Health Services	Cheektowaga
New Horizon Counseling Center	Ozone Park
PROMESA	Bronx
Samaritan Daytop Village	New York City and surrounding areas
Services for the Underserved, Inc.	New York City and surrounding areas
Spectrum Human Services	Orchard Park
Syracuse Behavioral Health	Syracuse
University of Rochester	Rochester
VIP Community Services	Bronx

## D.5. Medicaid Program Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
New York Medicaid Redesign Team (formerly called Partnership Plan)	Authorizes the Mainstream Medicaid Managed Care (MMMC), the Managed Long-Term Care (MLTC), and Health and Recovery Plan (HARP) programs. Also outlines New York's Delivery System Reform Incentive Payment (DSRIP) program.	1115	None	12/07/2016	03/31/2027
New York Certified Community Behavioral Health Clinic	Extends the state's CCBHC demonstration beyond the original ending date.	1915(b4)	None	9/14/2019	9/13/2024
New York CSIDD (NY-13)	Authorizes the state to selectively contract for Crisis Services for individuals with I/DD.	1915(b4)	None	07/01/2020	06/30/2025
New York Tenancy Supports (NY-14)	Home Rehabilitative Services (HRS), to assist an individual eligible with mental health, substance use disorder, HIV/AIDS, chronic homeless as defined by HUD, elderly or behavioral health needs to successfully live in the community.	1915(b4)	Non	11/01/2020	10/31/2025

- There are several amendments to the New York Medicaid Redesign Team waiver awaiting approval from CMS:
  - The state submitted an amendment in August 2017 to transition individuals requiring an ICF/IDD level of care into managed care through special plans designed for the needs of the I/DD population. Enrollment would begin on a voluntary basis, and progress to mandatory enrollment over the course of several years.
  - The state also submitted an amendment in September 2018 to align the MLTC lock-in policy with the Mainstream Managed Care program and to exclude individuals in skilled nursing facilities for more than three months from the MLTC program.
  - As of February 2023, this waiver is still pending approval.

## D.5. Medicaid Program Section 1915(c) HCBS Waivers

- On April 1, 2019, as part of the Children’s Medicaid System Transformation, New York consolidated six 1915 (c) waivers for children under one 1915 (c) waiver, The Children’s Waiver. The state also terminated a 1915 (b) selective contracting waiver. The six consolidated waivers included:
  1. NYS OMH SED Waiver
  2. NY Bridges to Health for Children w/SED
  3. NY Care at Home I/II
  1. NY Bridges to Health for Children w/DD
  2. NYS OPWDD-CAH IV Waiver
  3. NY Bridges to Health for Children who are Medically Fragile
- The waiver consolidation resulted in one expanded set of HCBS services for all children, a single oversight group, a uniform set of rates, and one process for serving families and children.
- Under the new waiver, care coordination is no longer a waiver service and is instead provided through the health home program (see [Section D.4.](#)).
  - Individuals who opt-out of health homes are served by a new administrative entity, Children and Youth Evaluation Services.
- The state is also developing a new state plan service suite for children known as Children and Family Treatment and Support Services (CFTSS). CFTSS already approved in the state plan include other licensed practitioner, psychosocial rehabilitation, community psychiatric treatment and supports. Family peer support services will be implemented in July 2019 and youth peer support and training and crisis intervention will be implemented in January 2020. Children who only received these services through the 1915(c) waiver will lose waiver eligibility.
- Transition of individuals enrolled in 1915(c) TBI and nursing home diversion waivers to managed care was proposed to start March 1, 2023. See [slide D.6.](#) for more information.

## D.5. Medicaid Program Section 1915(c) HCBS Waivers

Waiver Title	Target Population	2022 Enrollment Cap	Operating Unit	Concurrent Management Authority
NYS OPWDD Comprehensive (0238.R06.00)	Individuals of any age with autism or I/DD	101,375	Office for People with Developmental Disabilities	1915(a)
NYS Traumatic Brain Injury Waiver (0269.R04.00)	Individuals ages 18 and above with brain injury	5,132	Division of Long-Term Care (DLTC)	1115 waiver
NY Nursing Home Transition and Diversion Medicaid Waiver (0444.R02.00)	Individuals aged 65 and above and individuals ages 18 to 64 with physical disabilities	3,576	DLTC	1115 waiver
NY Children's Waiver	Individuals ages 0-20 with physical disabilities, intellectual/developmental disabilities, autism, or mental illness	2,402	New York Department of Health	No

## D.6. Medicaid Program New Initiatives: Children and Family Treatment and Support Services (CFTSS)

- The state developed a new state plan service suite for children known as Children and Family Treatment and Support Services (CFTSS).
- Services provided are rehabilitative services under the EPSDT benefit and available to children/youth under the age of 21 who are Medicaid eligible, that meet medical necessity.
- All services can be delivered in the community where the child/youth lives, attends school, and/or engages in services. Proposed services include: Other Licensed Professional (OLP), Crisis Intervention, Community Psychiatric Supports and Treatment (CPST), Psychosocial Rehabilitation Services, Family Peer Support Services, Youth Peer Advocacy and Training.

## D.6. Medicaid Program New Initiatives: Continuum of Mental Health Care

- Governor Kathy Hochul announced details of her comprehensive \$1 billion multi-year plan to overhaul the continuum of mental health care and drastically reduce the number of individuals with unmet mental health needs throughout the state.
- First outlined during the 2023 State of the State last month, the plan aims to dramatically expand access to mental health care, reduce wait times and ensure appropriate levels of care to correct a mental health care system that has suffered from chronic underinvestment.
- The plan aims to increase inpatient psychiatric treatment capacity, boost insurance coverage and dramatically expand outpatient services.
- Investments will create transitional and supportive housing to serve New Yorkers with mental illness; create Systemic accountability for hospital admissions and discharges.
- The plan also includes requirements that hospitals responsibly admit and discharge patients, with new, comprehensive standards for evaluation and increased state-level oversight to ensure that new protocols are being used effectively.
- The Governor will introduce legislation to create a Qualified Mental Health Associate credential, which will provide a career ladder and additional training for mental health paraprofessionals, allowing them to work more independently and improve quality and access to care in OMH funded and licensed settings.
- In addition, Governor Hochul has proposed 2.5 percent cost of living adjustment, marking the second year she has included a COLA in her budget and demonstrating her commitment to increase support for these critical programs and workers.

## D.6. Medicaid Program New Initiatives: Behavioral Health Care Collaborative

- In 2017, BH VBP program funds were awarded to selected networks of Behavioral Health Care Collaboratives (BHCCs). The main goals of the Readiness Program were to:
  - Prepare BH Providers to take part in VBP arrangements
  - Improve the integration of physical and behavioral health
- The selected BHCCs used funds to enhance quality care and improve outcomes. This included clinical and financial integration and the use of community-based recovery support services.
- In 2021, New York State allocated \$20 million in American Rescue Plan Act enhanced Federal Medical Assistance Percentage (eFMAP) funding to BHCCs.
- The eFMAP funding supports the BHCCs (and the Behavioral Health Independent Practice Associations (BH IPAs) resulting from the BHCCs) to:
  - Increase access to behavioral health rehabilitation services
  - Increase integration of behavioral health and physical health
  - Increase implementation of value-based reimbursement strategies
- The state has designated 17 BHCCs for the program. See the [following slide](#).
- A BHCC is a network of provider organizations delivering the entire spectrum of behavioral health services available in a natural service area.
  - Each BHCC will designate a lead agency, which may be a non-hospital community-based organization, a health home, an independent practice association affiliated with a health plan, or a freestanding clinic or diagnostic and treatment center that is a subdivision of an FQHC.
  - BHCC networks will be composed of non-hospital provider organizations, CCBHCs, and peer-run organizations.
  - BHCC affiliates are all partnering organizations necessary for meeting VBP goals, and may include hospitals, physical health provider organizations, and community programs addressing social determinants of health.

## D.6. Medicaid Program New Initiatives: Behavioral Health Care Collaboratives

BHCC	Lead Agency
Advanced Health Network	Family Service League, Inc.
AsOne BHCC	Institute for Community Living
Behavioral Health NYC IPA	Behavioral Health NYC IPA
Capital Behavioral Health Network	The Addictions Care Center of Albany
Central New York BHCC	Helio Health
Coordinated Behavioral Care IPA	Coordinated Behavioral Care IPA
EngageWell IPA	Bailey House, Inc.
Finger Lakes and Southern Tier BHCC	Finger Lakes Area Counseling and Recovery Agency

BHCC	Lead Agency
Integrity Partners for Behavioral Health	Genessee County Department of Mental Health
Lower East Side Service Center BHCC	Lower Eastside Service Center
Mohawk Valley BHCC	The Neighborhood Center
NorthWinds Integrated Health Newtwork	Citizen Advocates, Inc.
Recovery Health Solutions IPA	Recovery Health Solutions IPA
South Central BHCC	Family Counseling Services of Cortland, Inc.
Tug Hill Seaway Valley Region BHCC, Inc.	Children's Home of Jefferson
Value Network LLC IPA	Value Network LLC IPA
Your Health Partners of the Finger Lakes	Catholic Family Center

# E. Dual Eligible Financing & Service Delivery System

## E.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics					
Characteristics	Medicaid Fee-For-Service (FFS)	Managed Long-Term Care	Medicaid Advantage Plans	PACE	FIDA-IDD Demonstration
Enrollment (January 2023)	487,346	258,311	35,601	5,369	5,599
Estimated SMI Enrollment	155,950	82,659	11,392	1,718	1,791
Management	Department of Health	27 health plans	9 health plans	9 non-profit organizations	One health plan
Payment Model	FFS	Partially capitated rate	Separate capitated rates for Medicaid and Medicare	Blended capitated rate	Blended capitated rates for Medicaid and Medicare
Geographic Service Area	Statewide	Statewide, with plans available by county	12 counties, with plans available by county	Selected regions	Nine counties

**Total Dual Eligible Enrollment: 792,226 | Total Dual Eligible Enrollment With SMI: 253,512**

\*Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

## E.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	February 2023 Enrollment	Estimated SMI Enrollment
Healthfirst Life Improvement Plan	Healthfirst Health Plan, Inc	Medicare Advantage D-SNP	148,682	47,578
UnitedHealthcare Dual Complete	UnitedHealthcare	Medicare Advantage D-SNP	129,878	41,561
Fidelis Dual Advantage Flex	Fidelis Care New York	Medicare Advantage D-SNP	44,994	14,398
WellCare Access	WellCare Health Plans, Inc	Medicare Advantage D-SNP	38,509	21,323
Healthfirst CompleteCare	Healthfirst Health Plan, Inc	Medicare Advantage D-SNP	22,819	7,302
EmblemHealth VIP Dual	Health Insurance Plan of Greater New York	Medicare Advantage D-SNP	20,860	6,675
Humana Gold Plus	Humana, Inc	Medicare Advantage D-SNP	17,927	5,737
Aetna Medicare Assure Plan	Aetna, Inc	Medicare Advantage D-SNP	17,321	5,543
Empire MediBlue Health Plus Dual	HealthPlus HP, LLC	Medicare Advantage D-SNP	15,502	4,961
WellCare Dual Access Open	WellCare Dual Access Open	Medicare Advantage D-SNP	12,818	4,422

## E.3. Dual Eligible Medicaid Financing & Delivery System: Overview

- Dual eligible enrollment as of January 2023 was 792,226.
- D-SNP enrollment as of January 2023 was 425,806, SMI enrollment for D-SNP was 435,201.
- Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers long-term service and support (LTSS) and non-physician behavioral health services.
- Dual eligibles who require more than 120 days of community-based long-term care services for a nursing facility level of care are required to enroll in managed care. There are three programs available to this population:
  - **Managed Long-Term Care (MLTC):** LTSS are covered at a capitated rate, while other Medicaid services are provided FFS by the state. See [section D.3](#).
  - **Medicaid Advantage Plus:** A Medicaid plan specially designed for dual eligibles requiring LTSS. The Medicaid Advantage plan must align with the individual's Medicare Advantage plan.
  - **Program of All-Inclusive Care for the Elderly (PACE):** Non-profit organizations provide all Medicaid and Medicare services as well as operate a community center.

## E.3. Dual Eligible Medicaid Financing & Delivery System: Managed Care Enrollment

Medicaid Advantage Plus Enrollment	
Plan	January 2023 Enrollment
AgeWell New York	118
Centers Plan	1,390
ElderPlan	3,151
Fidelis	618
Hamaspik, Inc	633
HealthFirst	23,737
Senior Whole Health	140
Village Care	2,625
VNS Choice Plus	3,189
<b>Total</b>	<b>35,601</b>

## E.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- New York operates two capitated dual eligible demonstration programs, Fully Integrated Duals Advantage (FIDA), and Fully Integrated Duals Advantage-IDD (FIDA-IDD) .
  - The FIDA program launched in January 2015. The program ended on December 31, 2019, and new enrollment ended.
  - The state has transitioned individuals into a MAP program and MAP participating D-SNPS.
- The FIDA-IDD program launched in April 2016 and is set to expire on December 31, 2020. The state has not currently announced a phase-out plan or an extension of the program, and there are still individuals served by the program.
  - As of January 2023, the FIDA-IDD program serves 5,599 individuals.

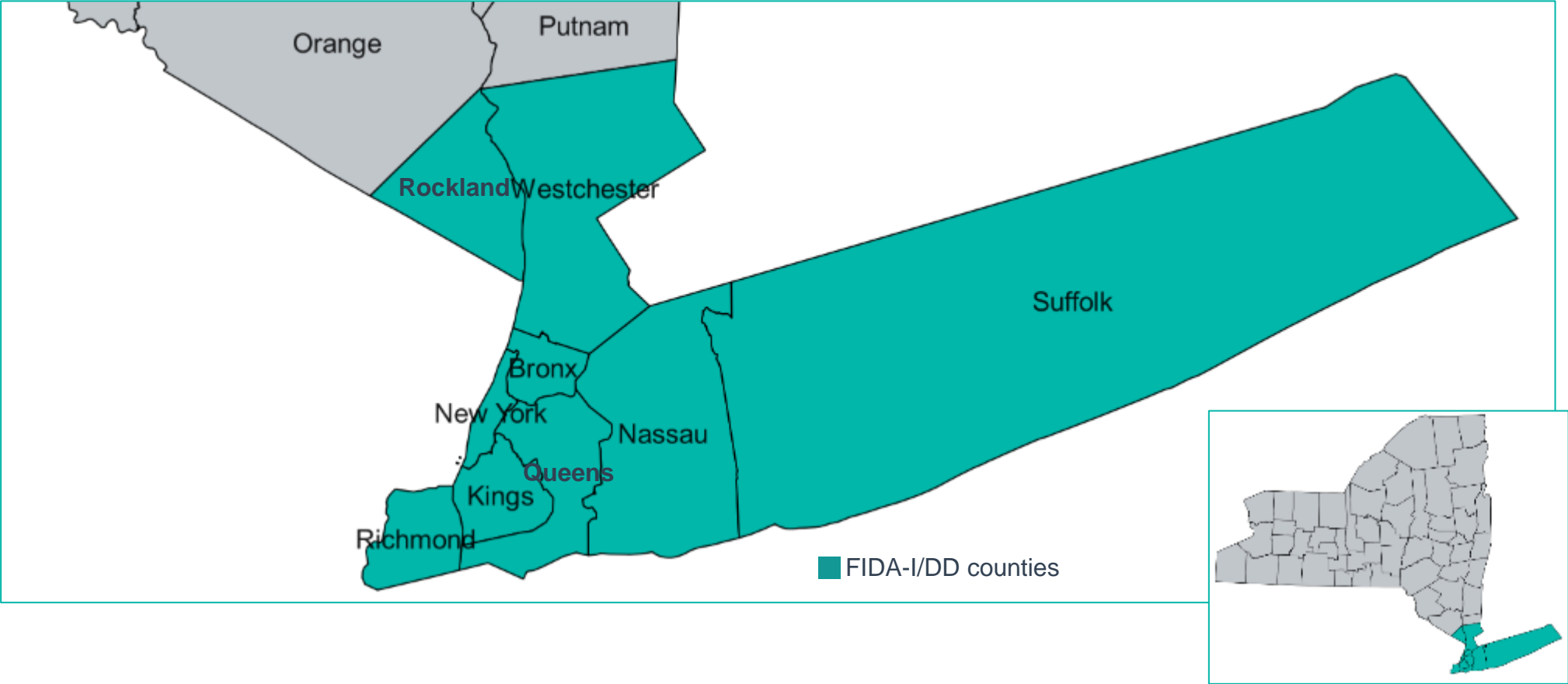
# E.4. Dual Eligible Medicaid Financing & Delivery System: FIDA-I/DD Demonstration

<b>FIDA-I/DD Dual Eligible Demonstration Overview</b>	
<b>Target Population</b>	<p>Full-benefit dual eligibles who are age 21 and older residing in a demonstration county who meet the following criteria:</p> <ol style="list-style-type: none"> <li>1. Eligible for Office of Persons With Developmental Disabilities (OPWDD) services</li> <li>2. Eligible for an ICF/IDD level of care</li> <li>3. Enrolled in the section 1915(c) OPWDD Comprehensive Waiver if receiving waiver services as an alternative to ICF/IDD placement</li> </ol>
<b>Geographic Service Area</b>	New York City, Long Island, Rockland, and Westchester County
<b>Enrollment Model</b>	Opt-in
<b>Care Delivery Model</b>	<ol style="list-style-type: none"> <li>1. Single, at-risk health plan, Partners Health Plan</li> <li>2. Use of an interdisciplinary team model to provide care management and coordination</li> <li>3. Comprehensive service planning assessment provided by a care management team within 30 days of enrollment and annually or as needed thereafter</li> <li>4. Life plan completed within 60 days of assessment</li> </ol>

## E.4. Dual Eligible Medicaid Financing & Delivery System: FIDA-I/DD Demonstration

<b>FIDA-I/DD Dual Eligible Demonstration Overview cont.</b>	
<b>Benefits</b>	<ul style="list-style-type: none"> <li>Physical health, behavioral health, pharmacy, OPWDD waiver, and ICF/IDD services</li> <li>Hospice services are excluded and provided FFS</li> </ul>
<b>Payment Model</b>	<ul style="list-style-type: none"> <li>Separate monthly capitated payments made by CMS to the FIDA plans for Medicare Parts A and B and Medicare Part D components</li> <li>State monthly capitated payments to the FIDA plans for the Medicaid component</li> <li>Quality withhold of 2% in demonstration year two and 3% in demonstration years three and four.</li> </ul>
<b>Practice Performance &amp; Improvement</b>	<ul style="list-style-type: none"> <li>Hospital, ER, and SNF admission rate</li> <li>NCQA, HEDIS, AHRQ, CAHPS, CMS, and state measures</li> </ul>

# E.4. Dual Eligible Medicaid Financing & Delivery System: FIDA & FIDA-I/DD Dual Eligible Demonstration Service Area



# F. Long-Term Services & Supports Financing & Service Delivery System

## F.1. LTSS Financing & Service Delivery System

New York delivers LTSS services through either the Managed Long-Term Care (MLTC) program or Medicaid Advantage Plus, a dual eligible beneficiary program.

<b>LTSS* Medicaid System Characteristics</b>	
<b>Characteristics</b>	<b>Medicaid Managed Care</b>
<b>Enrollment (January 2023)</b>	294,326
<b>Estimated SMI Enrollment</b>	94,184
<b>Management</b>	<ul style="list-style-type: none"><li>• Physical health: 25 Health Plans</li><li>• Behavioral health: 25 Health Plans</li></ul>
<b>Payment Model</b>	<ul style="list-style-type: none"><li>• Physical health: Partial Capitation</li><li>• Behavioral health: Partial Capitation</li></ul>
<b>Geographic Service Area</b>	Statewide

\* Long-Term Services & Supports

# F.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults			X
Disabled children			X
Blind individuals			X
Aged individuals			X
Dual eligibles		Individuals not requiring 120 days or more of community-based LTSS	Individuals requiring 120 days or more of community-based LTSS
Individuals with I/DD	X		
Individuals residing in nursing homes	X		
Individuals residing in ICF/IDD	X		
Other HCBS Recipients		X	
Other populations	<ol style="list-style-type: none"> <li>1. Individuals eligible through spend down</li> <li>2. Residents of assisted living programs</li> <li>3. Eligible for emergency Medicaid</li> <li>4. Residents of state psychiatric facilities</li> <li>5. Persons with private health insurance</li> <li>6. Infants living with incarcerated mothers</li> <li>7. Less than six months Medicaid eligibility</li> </ol>	<ol style="list-style-type: none"> <li>1. Individuals participating in Office for People With Developmental Disabilities programs</li> <li>2. Individuals granted exemption due to special chronic care needs</li> <li>3. Native Americans</li> </ol>	

## F.2. LTSS Medicaid Financing & Delivery System: Overview

- New York delivers LTSS services through either the Managed Long-Term Care (MLTC) program or Medicaid Advantage Plus, a dual eligible beneficiary program.
- As of January 2023, 294,326 individuals were enrolled in one of the 25 MLTC partial capitation plans.
  - Non-dual eligibles may voluntarily enroll in MLTC.
  - Approximately 98% of the MLTC population is dually eligible.
- MLTC plan services not included in the capitation are covered FFS by the state. For a list of services, see the next slide.
- The Department of Health encourages plans to continue to submit VBP arrangements consistent with previous standards.
- The percent of payments in level 1 VBR arrangements increased to 80% and level 2 arrangements to 15%. A penalty will be applied if the percentages are not met.
- In some documentation, the state includes its PACE, Medicaid Advantage Plus, and dual eligible demonstration programs as part of the MLTC program.
- The contract for the MLTC program was renewed in March 2022.

## F.3. Medicaid LTSS Program: Health Plan Characteristics

MLTC Plan	Profit Status	Parent Company	January 2023 MLTC Enrollment	Share Of MLTC Enrollment
Aetna Better Health	For-profit	Aetna	5,585	2%
Archcare	Non-profit	N/A	5,435	2%
Centers Plan For Healthy Living	For-profit	Centers Plan For Healthy Living	49,023	19%
Elderplan	Non-profit	MJHS Health System	17,169	7%
Elderserve	Non-profit	RiverSpring Health	15,978	6%
Elderwood	For-profit	Post Acute Partners	1,082	<1%
Evercare	Non-profit	N/A	866	<1%
Extended MLTC	For-profit	N/A	5,660	2%
Fallon Health	Non-profit	N/A	836	<1%
Fidelis Care At Home	Non-profit	Centene-WellCare	17,329	7%
Hamaspik Choice	Non-profit	N/A	1,940	<1%

## F.3. Medicaid LTSS Program: Health Plan Characteristics

MLTC Plan	Profit Status	Parent Company	January 2023 MLTC Enrollment	MLTC Enrollment Share
HealthFirst	Non-profit	N/A	9,263	4%
HealthPlus	For-profit	Anthem, Inc.	50,655	20%
iCircle Care	Non-profit	N/A	3,497	1%
Kalos Health	Non-profit	N/A	543	<1%
Metroplus	Non-profit	NYC Health+Hospitals	1,338	<1%
Montefiore HMO	Non-profit	Montefiore Medical Center	1,361	<1%
Prime Health Choice	For-profit	N/A	573	<1%
Senior Network Health	Non-profit	Mohawk Valley Health System	327	<1%
Senior Whole Health	For-profit	Magellan	26,065	10%
VillageCare	Non-profit	VillageCare	16,676	6%
VNA Homecare Options	Non-profit	Nascentia Health	3,728	1%
VNS Choice	Non-profit	Visiting Nurse Service of NY	23,382	9%

## F.4. Medicaid LTSS Program: Health Benefits

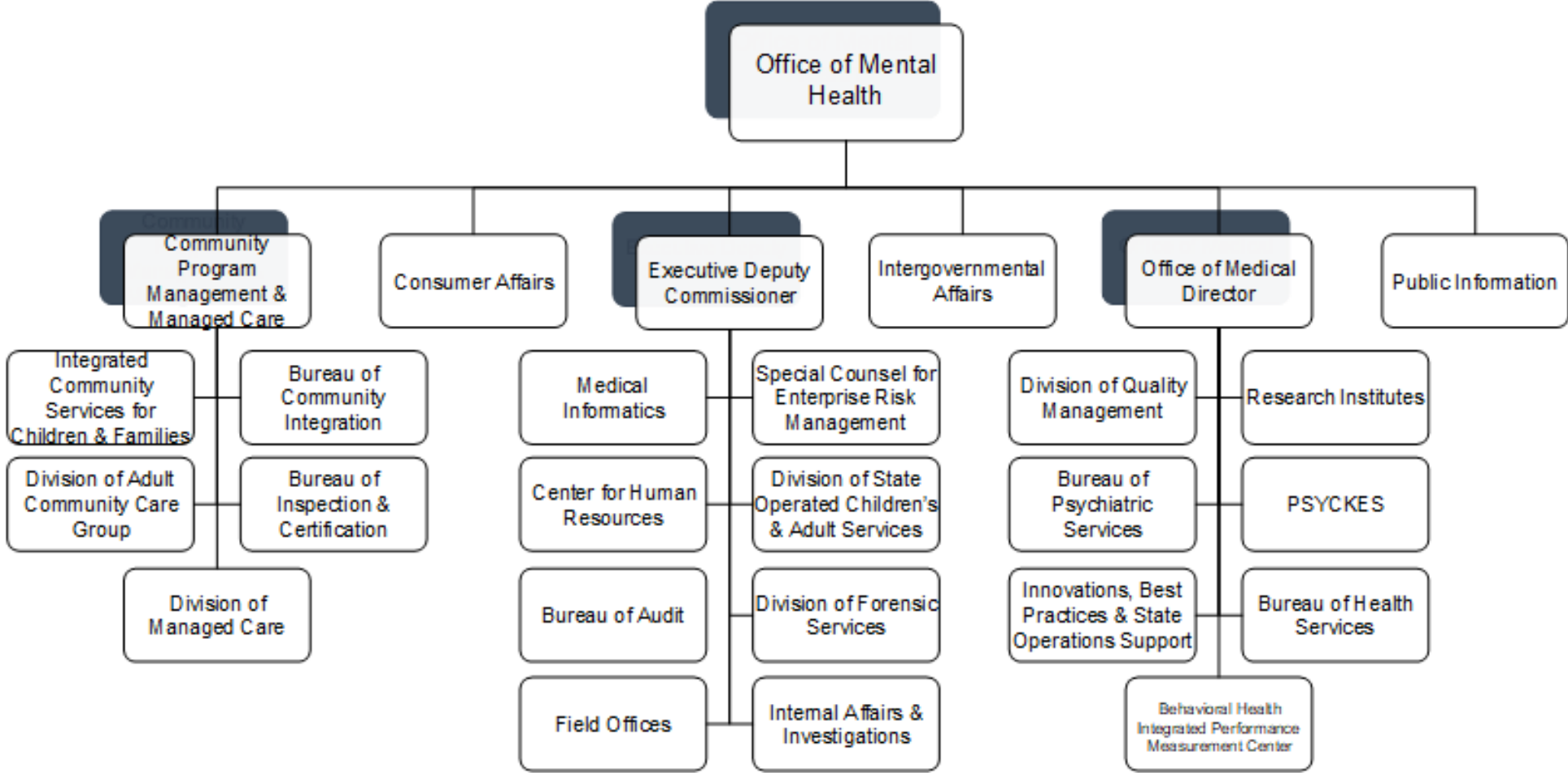
Services Included In Partial Capitation		Services Covered Fee-For-Service	
1. Adult day health care	12. Nutrition	1. Inpatient hospital services	
2. Audiology and hearing aids	13. Optometry and eyeglasses	2. Outpatient hospital services	
3. Care management	14. Personal care	3. Clinic services	
4. Consumer-directed personal assistance	15. Personal emergency response system	4. Mental health treatment	
5. Dental services	16. Podiatry	5. Addiction treatment	
6. Home health care	17. Private duty nursing	6. Prescription drugs	
7. Group setting and home-delivered meals	18. Prosthetics and orthotics	7. Primary and specialty physician services	
8. Durable medical equipment	19. Outpatient rehabilitation therapy	8. Emergency transportation	
9. Medical social services	20. Respiratory therapy	9. Chronic renal dialysis	
10. Non-emergency transportation	21. Social day care	10. Laboratory services	
11. Skilled nursing facilities	22. Social and environmental supports	11. X-ray and other radiology services	

## F.5. LTSS Medicaid Financing & Delivery System: New Initiatives

- The contract for the MLTC program was renewed in March 2022.

# G. State Behavioral Health Administration & Finance System

# G.1. Office Of Mental Health Governance: Organization Chart

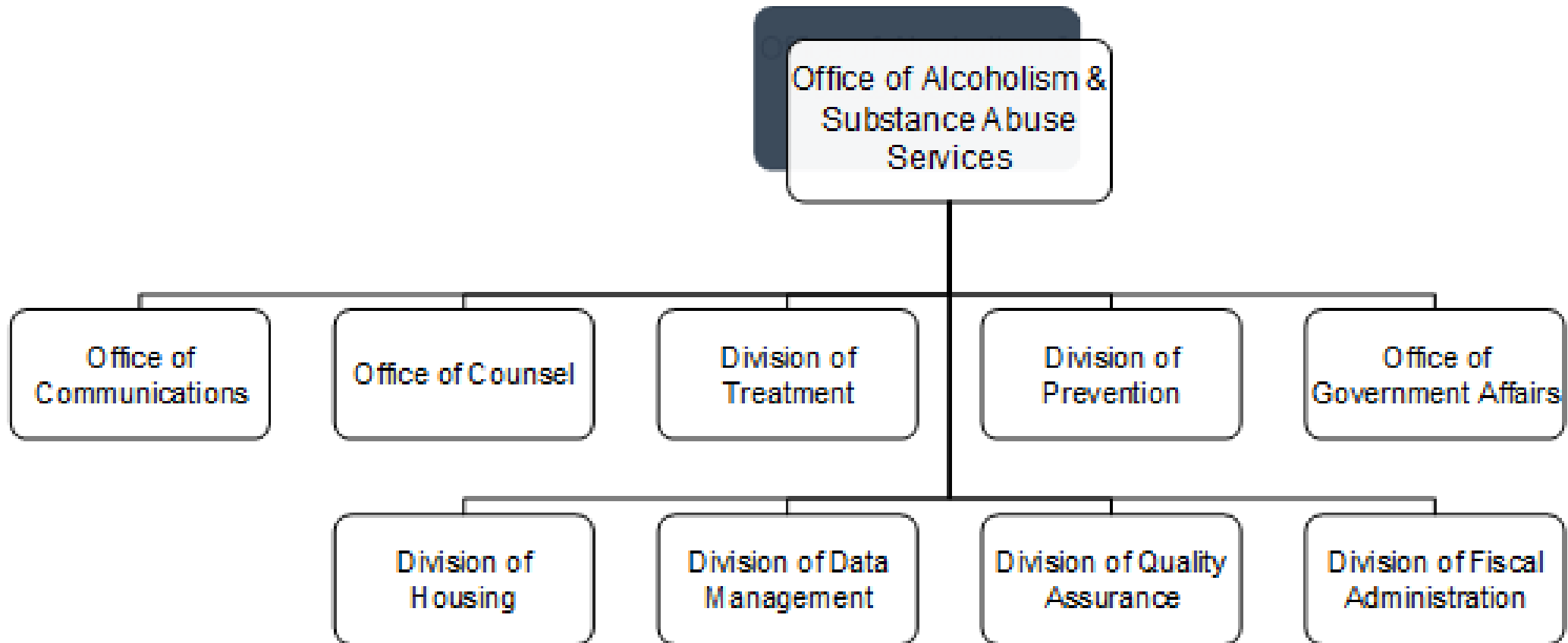


The Office of Mental Health, Office of Substance Addiction Services and Supports, and Office of People with Developmental Disabilities operate as independent agencies under the umbrella of the state Mental Hygiene system.

# G.1. Office Of Mental Health Governance: Key Leadership

Name	Position	Department	Email
Ann Marie T. Sullivan, M.D.	Commissioner	Office of Mental Health	ann.sullivan@omh.ny.gov
Moira Tashijan	Executive Deputy Commissioner	Office of Mental Health	moira.tashijan@omh.ny.gov
Emil Slane	Deputy Commissioner & Chief Financial Officer	Office of Financial Management	emil.slane@omh.ny.gov
Thomas Smith, M.D.	Chief Medical Officer	Office of Medical Director	thomas.myers@omg.ny.gov
Robert Myers	Senior Deputy Commissioner	Community Program Management and Managed Care	robert.myers@omh.ny.gov
Christopher Smith	Associate Commissioner	Division of Adult Community Care Group	christopher.smith@omh.ny.gov
Anita Daniels, MS, RN-BC	Acting Associate Commissioner	Division of State-Operated Services	anita.daniels@omh.ny.gov
Joe Katagiri	Associate Commissioner	Division of Managed Care	joe.katagiri@omg.ny.gov

# G.1. Office of Addiction Services & Supports Governance: Organization Chart



The Office of Mental Health, Office of Addiction Services and Supports, and Office of People with Developmental Disabilities operate as independent agencies under the umbrella of the state Mental Hygiene system.

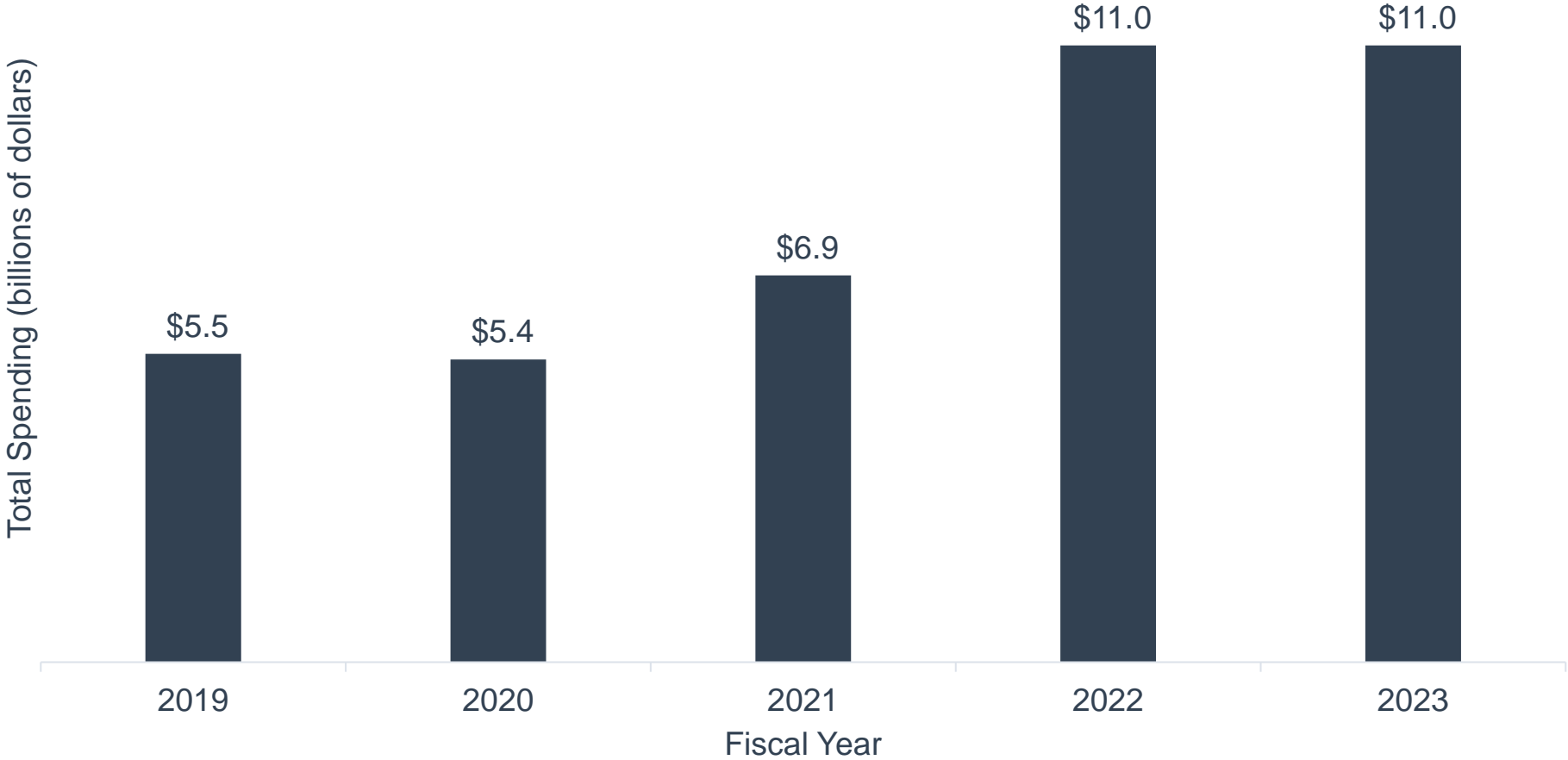
## G.1. Office Of Alcoholism & Substance Abuse Services Governance: Key Leadership

Name	Position	Department	Email
Chinazo Cunningham	Commissioner	Office of Alcoholism and Substance Abuse Services (OASAS)	chinazo.cunningham@oasas.ny.gov
Sean Byrne	Executive Deputy Commissioner	OASAS	sean.byrne@oasas.ny.gov
Patricia Zuber-Wilson	Director	OASAS, Division of Prevention	patricia.zuber-wilson@oasas.ny.gov
Antonette Whyte-Etere	Director	OASAS, Division of Addiction Treatment Centers	Antonette.whyte-eterere@oasas.ny.gov
Pat Lincourt	Director	OASAS, Division of Treatment	pat.lincourt@oasas.ny.gov
Vacant	Director	OASAS, Division of Housing	N/A
Connie Burke	Acting Associate Commissioner	OASAS, Division of Data Management	connie.burke@oasas.ny.gov
Keith McCarthy	Associate Commissioner	OASAS, Division of Quality Assurance	keith.mccarthy@oasas.ny.gov
Kelly Ramsey	Chief of Medical Services	OASAS, Medical Director	kelly.ramsey@oasas.ny.gov

## G.2. Mental Hygiene System: Spending

Budget Item	SFY 2023 Estimate Spending	Percent Of Budget
Office for People with Developmental Disabilities	\$5,305,549,000	48%
Office of Mental Health	\$4,650,407,000	42%
Office of Addiction Services and Supports	\$1,031,823,000	9%
Justice Center for the Protection of People with Special Needs	\$48,763,000	<1%
Developmental Disabilities Planning Council	\$4,200,000	<1%
<b>Budget Total: \$11,040,742,000</b>		

# G.2. Mental Hygiene System: Spending Over Time



## G.3. State Psychiatric Institutions

Institution	Location	Type	Bed Capacity	Funded Beds	Average Daily Census	Service Area
Bronx Psychiatric Center	Bronx	Civil	156	154	155	Bronx County and Greater NYC Region
Buffalo Psychiatric Center	Buffalo	Civil	221	149	149	Cattaraugus, Chautauqua, Erie, and Niagara counties
Capital District Psychiatric Center	Albany	Civil	158	100	95	Albany, Columbia, Greene, Rensselaer, Saratoga, Schoharie, Schenectady, Warren, and Washington counties
Central New York Psychiatric Center	Marcy	Forensic	450	169	148	Albany, Clinton, Columbia, Delaware, Dutchess, Essex, Franklin, Fulton, Greene, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Orange, Otsego, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, St. Lawrence, Sullivan, Ulster, Warren, Washington, and Westchester counties
Creedmoor Psychiatric Center	Queens Village	Civil	480	312	310	Queens County and the Greater NYC Region
Elmira Psychiatric Center	Elmira	Civil	104	47	46	Southern Tier and Finger Lakes regions
Greater Binghamton Health Center	Binghamton	Civil	178	68	49	Broome, Chenango, Delaware, Otsego, Tioga, and Tompkins counties
Hutchings Psychiatric Center	Syracuse	Civil	132	100	73	Cayuga, Cortland, Madison, Onondaga, and Oswego counties
Kingsboro Psychiatric Center	Brooklyn	Civil	254	161	107	Kings County and the Greater NYC Region

## G.3. State Psychiatric Institutions (cont'd)

Institution	Location	Type	Bed Capacity	Funded Beds	Average Daily Census	Service Area
Kirby Psychiatric Center	Wards Island	Forensic	220	218	207	Statewide
Manhattan Psychiatric Center	New York	Civil	476	150	144	New York City
Mid-Hudson Psychiatric Center	New Hampton	Forensic	340	285	257	Statewide
Pilgrim Psychiatric Center	West Brentwood	Civil	771	265	263	Long Island
Rochester Psychiatric Center	Rochester	Civil	222	76	78	Genesee, Livingston, Monroe, Orleans, Wayne, and Wyoming counties
		Forensic	84	84	102	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, and Yates counties
Rockland Psychiatric Center	Orangeburg	Civil	436	337	329	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester counties
St. Lawrence Psychiatric Center	Ogdensburg	Civil	84	38	37	Clinton, Essex, Franklin, Jefferson, Lewis, and St. Lawrence counties
South Beach Psychiatric Center	Staten Island	Civil	280	225	219	Staten Island
Washington Heights	New York	Civil	21	21	17	Upper Manhattan
<b>Total</b>			<b>5,067</b>	<b>2,959</b>	<b>2,785</b>	

## G.4. Behavioral Health Safety-Net Delivery System

- The Office of Mental Health (OMH) and Office of Addiction Services and Supports (OASAS) oversee the delivery of behavioral health services to the safety-net population.
- At the county and multi-county level, 57 Local Government Units (LGUs) are responsible for the development and oversight of a local system of care for persons with mental illness, addiction, or developmental disabilities. Although services for these three populations intersect and are coordinated together at the local level, at the state level, the funding agencies (OMH, OASAS, and the Office for People with Developmental Disabilities) operate independently. Collectively, these organizations fall under the umbrella of “mental hygiene.”
- The LGUs may provide services directly or contract for provision of services. In some counties, the LGU may be the only mental health or addiction provider organization.
- Funding sources for the LGUs include state appropriations, federal aid, Medicaid and other insurance payments, and direct fees.
- Additionally, OASAS operates 12 state-owned addiction treatment centers around the state. The addiction treatment centers provide inpatient addiction treatment services to individuals unable to comply or participate in treatment outside a 24-hour structured program. Fees for services are based on an individual’s ability to pay.

# G.4. Behavioral Health Safety-Net Delivery System: Addiction Treatment Centers

Addiction Treatment Center	Catchment Area
Russell E. Blaisdell	Columbia, Delaware, Dutchess, Greene, Orange, Sullivan, Ulster, Putnam, Rockland, Westchester, and NYC
Bronx	Bronx and rest of NYC
Creedmoor	Queens and rest of NYC
Kingsboro	Kings and rest of NYC
McPike	Albany, Chenango, Columbia, Fulton, Greene, Herkimer, Madison, Montgomery, Oneida, Ostego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington
John L. Norris	Genesee, Livingston, Monroe, Orleans, Wyoming, statewide for deaf and hard of hearing
Charles K. Post	Nassau, Suffolk, and rest of NYC
St. Lawrence	Albany, Clinton, Essex, Franklin, Hamilton, Jefferson, Lewis, Rensselaer, St. Lawrence, Saratoga, Schenectady, Warren, Washington
South Beach	Richmond and rest of NYC
Margaret A. Stutzman	Allegany, Cattaraugus, Chautauqua, Erie, Niagara, statewide for Native Americans
Dick Van Dyke	Broome, Cayuga, Chemung, Cortland, Onondaga, Ontario, Schuyler, Oswego, Seneca, Steuben, Tioga, Tompkins, Wayne, Yates
Richard C. Ward	Columbia, Delaware, Dutchess, Greene, Orange, Sullivan, Ulster, Putnam, Rockland, Westchester

# H. Appendices

## H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.1% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved January 2023 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip">https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip</a>
Medicaid	8.6% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022, January). Results from the 2020 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved January 2023 from <a href="https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip">https://www.samhsa.gov/data/sites/default/files/reports/rpt35323/NSDUHDetailedTabs2020v25/NSDUHDetailedTabs2020v25/2020NSDUHDetTabs01112022.zip</a>
Medicare	16% of persons in the Medicare population, not dually eligible for Medicaid	Centers for Medicare and Medicaid Services. (2021). Medicare-Medicaid Coordination Office Report to Congress. Retrieved January 2023 from <a href="https://www.cms.gov/files/document/reporttocongressmmco.pdf">https://www.cms.gov/files/document/reporttocongressmmco.pdf</a>

## H.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	25% of persons in the Medicare population dually eligible for partial Medicaid benefits	Congressional Budget Office. (2013, June). Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spends, and Evolving Policies. Retrieved January 2023 from <a href="https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf">https://www.cbo.gov/sites/default/files/113th-congress-2013-2014/reports/44308_DualEligibles2.pdf</a>
	30% of persons in the Medicare population dually eligible for full Medicaid benefits	
Other Public	5.6% of persons served by the Veterans Administration health care system or the TRICARE military health system	United States Department of Defense. (2013, May 17). Efficacy and Cost of Case Management Services for TRICARE Behavioral Health Clients with Serious Mental Health Problems. Retrieved January 2023 from <a href="https://www.pdhealth.mil/efficacy-and-cost-case-management-services-tricare-behavioral-health-clients-serious-mental-health-0">https://www.pdhealth.mil/efficacy-and-cost-case-management-services-tricare-behavioral-health-clients-serious-mental-health-0</a>
No Health Care Insurance	5.6% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2017, September 7). Results from the 2016 National Survey on Drug Use and Health: Mental Health Detailed Tables. Retrieved January 2023 from <a href="https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf">https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2016/NSDUH-DetTabs-2016.pdf</a>

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Alternative Benefit Plan</b>	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
<b>Accountable Care Organizations</b>	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
<b>Administrative Services Organization</b>	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
<b>Capitation</b>		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
<b>Carve-out</b>		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
<b>Certified Community Behavioral Health Clinic</b>	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Community Mental Health Center</b>	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(l) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC’s mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
<b>Dual Eligible</b>		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
<b>Federal Poverty Level</b>	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2023, the FPL is \$13,590 for an individual and \$27,750 for a family of four.
<b>Fee-For-Service</b>	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit-by-unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
<b>Health Home</b>		A “whole person” care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program; but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Health Insurance Marketplace</b>	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
<b>Home- &amp; Community-Based Services</b>	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
<b>Institutions For Mental Disease</b>	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals aged 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
<b>Long-Term Services &amp; Supports</b>	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
<b>Managed Care</b>		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Medicaid</b>		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
<b>Medicaid Waiver</b>		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
<b>Medicaid Waiver Section 1115</b>	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
<b>Medicaid Waiver Section 1915(b)</b>	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
<b>Medicaid Waiver Section 1915(c)</b>	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
<b>Medical Home</b>		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
<b>Medicare</b>		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care) but does not cover LTSS or non-physician behavioral health services.
<b>Medicare Advantage</b>	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

## H.2. Glossary Of Terms

Word	Abbreviation	Definition
<b>Primary Care Case Management</b>	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination and is reimbursed fee-for-service for all medical services provided.
<b>Program Of All Inclusive Care For The Elderly</b>	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
<b>Serious Mental Illness</b>	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
<b>Supported Employment</b>		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment and retain that employment.
<b>Supported Housing</b>		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
<b>Value-Based Reimbursement</b>	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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