

## Behavioral Health (BH) High-Risk Eligibility Criteria

### Overview

New York State (NYS) uses the BH high-risk eligibility criteria to identify individuals enrolled in Medicaid managed care eligible to:

- enroll in a Health and Recovery Plan (HARP), and/or
- access specialty BH services arrays: Community Oriented Recovery and Empowerment (CORE) Services and Adult Behavioral Health Home and Community Based Services (BH HCBS), when enrolled in an eligible Medicaid managed care plan type.

Individuals in Medicaid managed care mainstream plans are eligible to enroll in a HARP if they meet the BH high-risk eligibility criteria. HARPs are Medicaid health insurance plans for individuals with complex behavioral health needs. HARPs provide enhanced care coordination, and cover CORE Services and BH HCBS for enrollees.

Individuals meeting the BH high-risk eligibility criteria are eligible for CORE services if enrolled in a HARP, HIV Special Needs Plan (SNP), or Medicaid Advantage Plus (MAP) Plan. For more information on CORE Services refer to [Community Oriented Recovery and Empowerment \(CORE\) Overview \(ny.gov\)](#).

Individuals meeting the BH high-risk criteria enrolled in a HARP or HIV SNP can access BH HCBS, if found eligible through the NYS Eligibility Assessment. For more information, please refer to [Home and Community Based Services \(HCBS\) Overview \(ny.gov\)](#).

NYS automatically identifies individuals meeting the BH high-risk eligibility criteria through bi-monthly Medicaid data reviews consisting of enrollment and clinical/risk factor criteria, described below. Individuals meeting the criteria have an RRE H9 code added to their eMedNY/ePACES file. There is currently no process to approve eligibility for anyone not identified through these data reviews.

### Eligibility Criteria

- Age 21 and older
- Enrolled in qualifying Medicaid managed care plan

#### AND

- Not participating or enrolled in an Office of People with Developmental Disabilities Waiver program
- Not covered by a Traumatic Brain Injury Waiver
- Not covered by a Nursing Home Transition and Diversion Waiver

## Clinical Criteria/Risk Factors

Anyone meeting the enrollment criteria described above with any one of the following:

- A court order for behavioral health treatment (commonly referred to as an Assisted Outpatient Treatment, or AOT order) within the past five (5) years
- A discharge from a correctional facility with a history of BH treatment within the past four (4) years
- Supplemental Security Income (SSI) and a Serious Mental Illness who has received a State licensed or funded mental health service within the past year
- A Serious Mental Illness diagnosis and one of the following:
  - Office of Mental Health (OMH) funded housing for the mentally ill within the past three (3) years
  - Thirty (30) or more days of inpatient psychiatric services within the past three (3) years
  - Three (3) or more psychiatric admissions within the past three (3) years
  - Discharge from an OMH psychiatric center after an inpatient stay greater than sixty (60) days within the past year
  - A transitional age youth service in the past year (e.g., residential treatment facility, Home and Community-Based Services)
  - Three (3) separate months with any paid claims for any of the following services within the past year:
    - Assertive Community Treatment (ACT)
    - Personal Recovery Oriented Services (PROS)
- Three (3) paid claims for any of the following services within the past year:
  - Adult BH HCBS
  - CORE Services
- Two (2) or more services in a substance use disorder detoxification program within the past year
- An inpatient stay with a substance use disorder primary diagnosis within the past year
- Two (2) or more inpatient admissions with substance use disorder primary diagnosis within the past year
- Two (2) or more inpatient admissions with a substance use disorder related medical diagnosis and a secondary substance use disorder diagnosis within the past year
- Two (2) or more emergency department visits with a substance use disorder primary diagnosis within the past year
- An OASAS inpatient rehabilitation stay with a substance use disorder primary or secondary diagnosis within the past year
- Transitional Age Youth receiving Rehabilitation Services for Youth in the past year