

## NYS Behavioral Health (BH) Home and Community Based Services (BH HCBS) Dashboard Data

The below references information found in the Data Table entitled “NYS Medicaid Adult HCBS Access Dashboard.” This data is broken out between NYC and Rest of State Regions and by each Medicaid Managed Care (MMC) Plan.

This data set provides a snapshot of the number of individuals who have completed significant steps toward utilizing NYS Adult Behavioral Health (BH) Home and Community Based Services (HCBS). All data is unique recipient data meaning that all Individuals are counted only once. This data is updated on a monthly basis.

Col. No.	Data Set	Source	Description	Notes
1	HARP Eligible	Medicaid Data Warehouse (MDW)	Number of individuals by MMC Plan with a HARP eligibility code (H code) and enrolled in HARP, HIV/SNP or Mainstream at the time of the data run*	Does not include Individuals who have H code but not enrolled in HARP, HIV/SNP or Mainstream.  *By excluding all other plan types, like LTC, we removed the recipients who will not be enrolled even if they have H code.
2	HARP Enrolled	Medicaid Data Warehouse (MDW)	Number of individuals by MMC Plan who have a HARP eligibility code (H code) and enrolled in HARP or HIV/SNP	Data captures the number of HARP enrollees with HARP premiums paid to NYS Medicaid Managed Care Organizations. Does not include Individuals who remain in the HARP but lost H code.
3	Health Home Enrolled	Medicaid Data Warehouse (MDW)	Number of individuals by MMC Plan with an H code who are both enrolled in a HARP/ HIV/SNP and enrolled in a Health Home (HH). Does not include HARP-enrolled individuals currently being outreached by a HH.	In contrast, Health Home enrollment data from the MAPP dashboard includes HH-enrolled <b>and</b> HH-outreached individuals.
4	HCBS Assessed in Past 12 Months	CMHA/ UAS	Number of individuals by MMC Plan who have a H code and have completed the NYS Eligibility Assessment for Behavioral Health (BH) Home and Community Based Services (BH HCBS) within last 12 months.	BH HCBS assessment data has approximately a one-week lag. While based on claims, this data set captures only the number of individuals who have completed one or more assessments, and not the number of total assessment claims received by the MDW.
5	HCBS Eligible	CMHA/ UAS	Number of individuals by MMC Plan who have completed the assessment within last 12 months and been found eligible for Tier 1 or 2 BH HCBS.	The eligibility rate is persistently around 100%. This element has been moved because of less usefulness.
6	LOSD Requested	As reported by MCOs	Number of members by MMC Plan with level of service determination requests submitted to MCOs	AS OMH is reformatting the templates being used to collect this Data from MCOs, this element is on hold since May 2020.
7	HCBS Auth Requested	As reported by MCOs	Number of members by MMC Plan with authorization requests for HCBS submitted to MCOs	As OMH is reformatting the templates being used to collect this data from MCOs, this element is on hold since May 2020.
8	Recipients Received HCBS in Past 12 Months	Medicaid Data Warehouse (MDW)	Number of individuals by MMC Plan who have received BH HCBS as determined by having at least one paid BH HCBS <b>service claims</b> within last 12 months (without claim-lag). Individuals with multiple service claims are only counted once.	BH HCBS assessment claims and provider travel supplemental claims are <b>not</b> included in this data set. The months that still impacted by claim-lag are excluded. For example, the dashboard updated at May 2020 includes all recipients who has least one service claim during Feb 2019-Jan 2020.

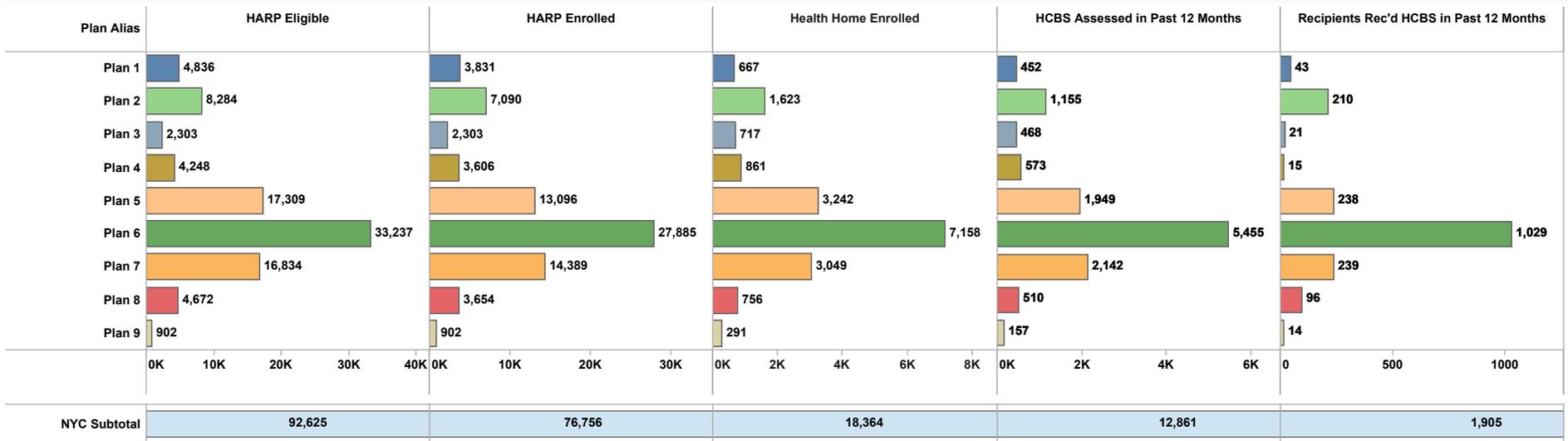
## HARP Restriction / Exemption Codes

R/E Code	Description	Notes
<b>H9</b>	<p><b>HARP Eligible</b> This person has been determined to be “categorically eligible” for a HARP.</p> <p>They will be given the option of enrolling in a HARP, if they are not already enrolled.</p>	<p>At this time there should be no attempt to complete the BH HCBS eligibility assessment.</p> <ul style="list-style-type: none"> <li>• <b>H9 co-exists with other H codes.</b></li> <li>• If this person is already in an <b>HIV SNP</b> this should be reflected as code H4.</li> <li>• If eligible for HIV SNP, they can choose to remain in the HIV SNP or move to a HARP.</li> <li>• Individuals enrolled in a HIV SNP who are HARP eligible (as evidenced by H9 or H4) are eligible to be assessed for BH HCBS eligibility through the UAS system.</li> </ul>
<b>H1</b>	<b>HARP Enrolled</b>	Health Home (HH) should begin the process to determine eligibility for BH HCBS services.
<b>H2</b>	<p><b>Eligible for Tier 1 BH HCBS</b> The person has been assessed and determined to be eligible for <b>Tier 1 BH HCBS</b> (peer supports, employment supports, education supports).</p>	<p>The individual must maintain enrollment in a HARP or HIV SNP for BH HCBS eligibility (reflected by H1 or H4).</p> <p>As authorized by the HARP, referrals should be made by the HHCM to BH HCBS service providers.</p>
<b>H3</b>	<p><b>Eligible for Tier 2 BH HCBS</b> The person has been assessed and determined to be eligible for <b>Tier 2 BH HCBS</b> (which includes all Tier 1 services listed under H2, plus psychosocial rehab, community psychiatric supports and treatment, etc.).</p>	<p>The individual must maintain enrollment in a HARP or HIV SNP for HCBS eligibility (reflected by H1 or H4).</p> <p>As authorized by the HARP, referrals should be made by the HHCM to BH HCBS service providers.</p>
<b>H4</b>	<b>Enrolled in an HIV SNP as HARP eligible.</b>	HH should begin the process to determine eligibility for BH HCBS services.
<b>H5</b>	<p><b>Eligible for Tier 1 BH HCBS</b> The person is enrolled in an HIV SNP and has been assessed and determined eligible for <b>Tier 1 BH HCBS</b> (peer supports, employment supports, education supports).</p>	<p>The individual must maintain enrollment in a HARP or HIVSNP for BH HCBS eligibility (reflected by H1 or H4).</p> <p>As authorized by the HARP referrals should be made by the HHCM to BH HCBS service providers.</p>
<b>H6</b>	<p><b>The person is enrolled in an HIV SNP and has been assessed and determined eligible for Tier 2 BH HCBS</b> (includes all Tier 1 services listed under H2, plus psychosocial rehab, community psychiatric supports and treatment, etc.).</p>	<p>The individual must maintain enrollment in a HARP or HIVSNP for BH HCBS eligibility (reflected by H1 or H4).</p> <p>As authorized by the HARP referrals should be made by the HHCM to BH HCBS service providers.</p>

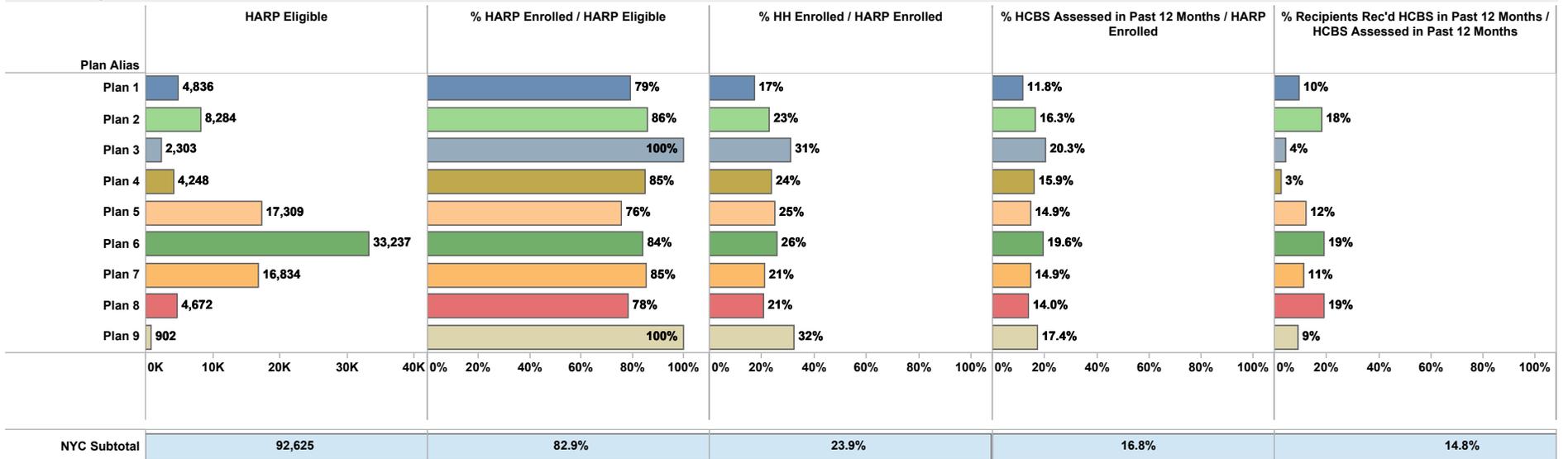
**Please Note:** H codes function independently from one another. For example, an individual may have a H9 (HARP eligible) code and H1 (HARP enrolled) code concurrently. Presence of one H code does not indicate the individual has other codes needed for BH HCBS eligibility. For example, an individual with a tier 2 eligibility H code (H3 or H6) must be HARP enrolled (indicated by a H1 code) or be enrolled in a HIV SNP (indicated by a H4 code) for BH HCBS eligibility.

### NYS Medicaid Adult HCBS Access Dashboard, Region: NYC

Source: MDW, UAS/CMHA & MCOs reported Data. Update Date: 9/22/2020. All Metrics in the upper part of this dashboard are count of unique recipients.



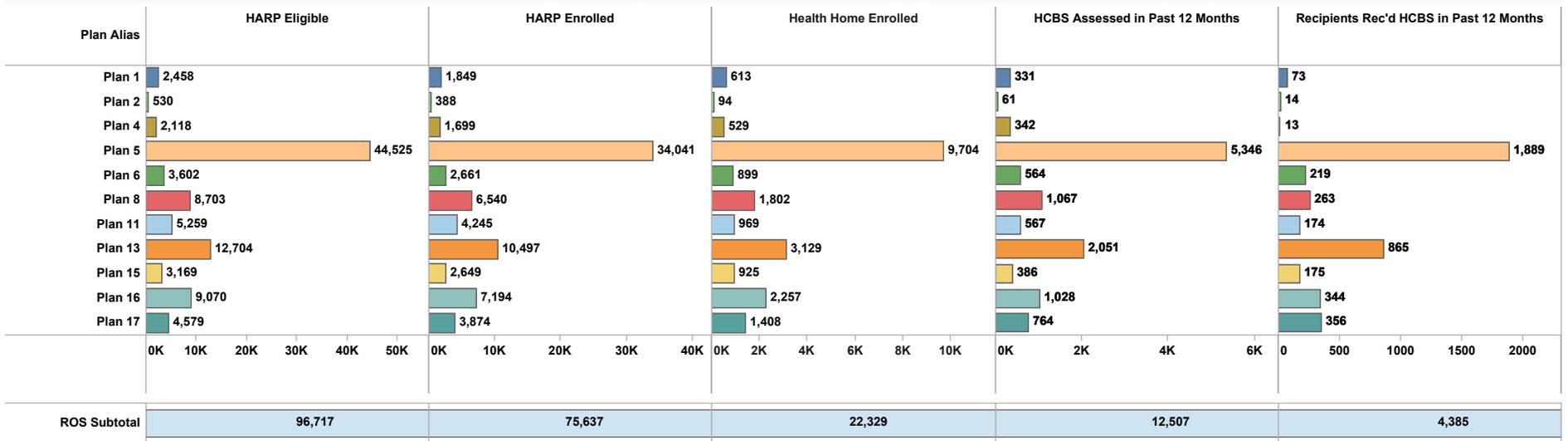
#### In Percentage



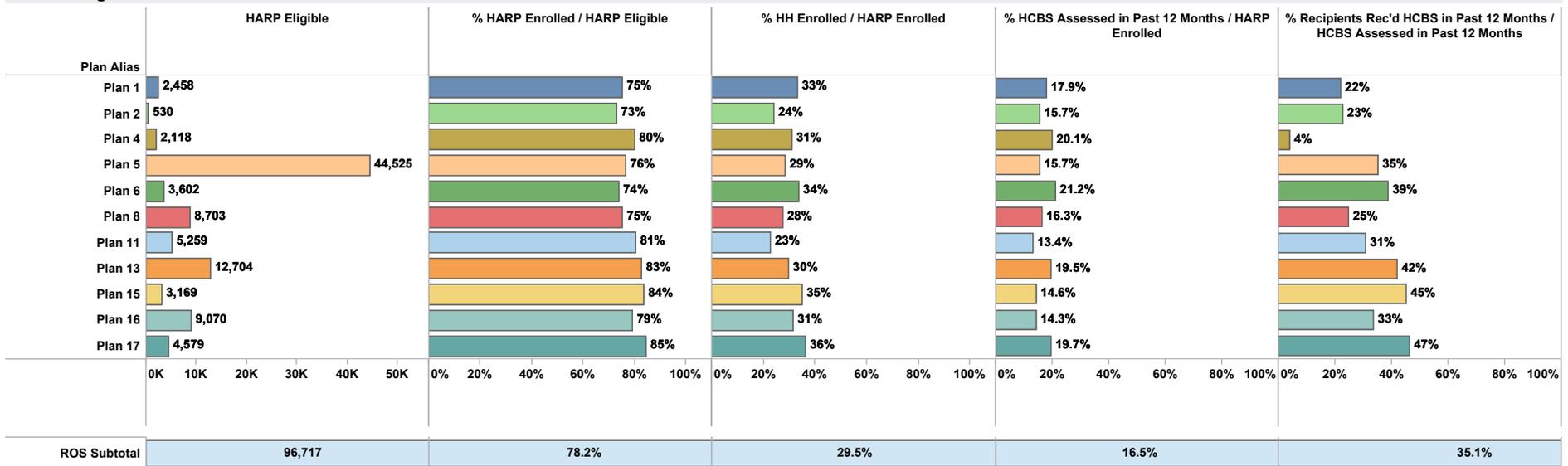
Note(s):  
 1. Column 1, 2, 3, 5 are from MDW/PRDM as of update date in the subtitle; column 4 are from UAS as of update date in the subtitle; State are reformatting the data collected from MCOs for LOSDs and Prior authorizations. These two columns will be added back once it's available.  
 2. The "Past 12 Months" in Column 5 is defined as the 12-month period before the most recent 4 months that are still subject to claim-lag (the most recent 4 months are excluded). For example, the 12-month period for September 2020 report is June 2019-May 2020.

### NYS Medicaid Adult HCBS Access Dashboard, Region: ROS

Source: MDW, UAS/CMHA & MCOs reported Data. Update Date: 9/22/2020. All Metrics in the upper part of this dashboard are **count of unique recipients**.



#### In Percentage



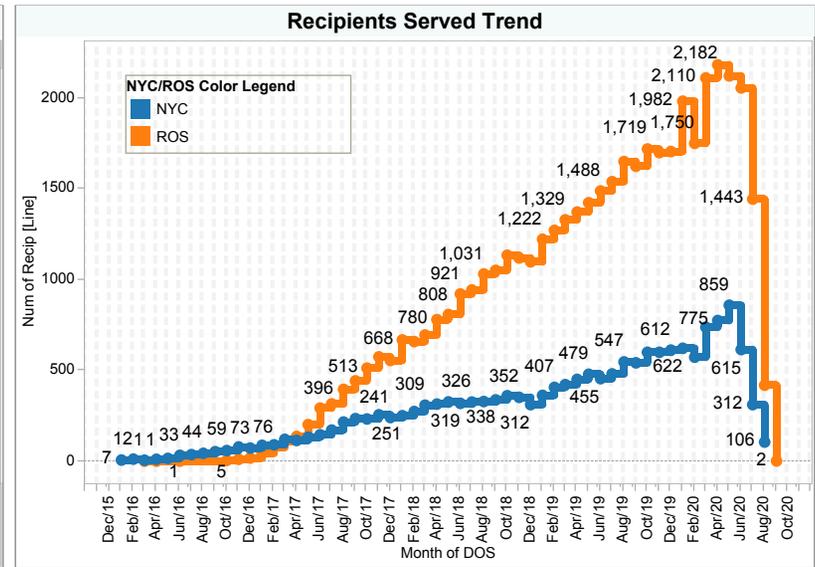
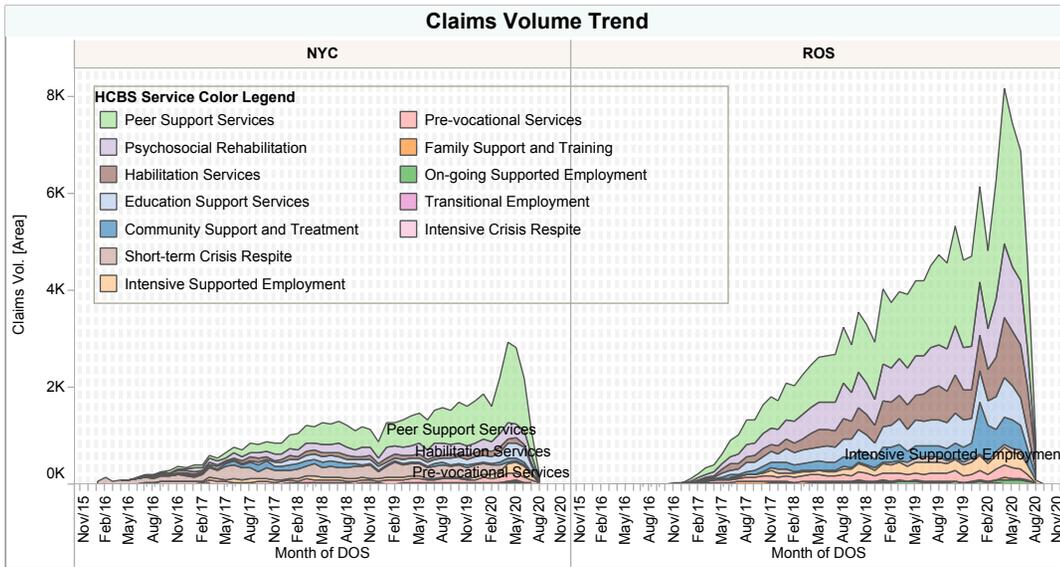
Note(s):

- Column 1, 2, 3, 5 are from MDW/PRDM as of update date in the subtitle; column 4 are from UAS as of update date in the subtitle; State are reformatting the data collected from MCOs for LOSDs and Prior authorizations. These two columns will be added back once it's available.
- The "Past 12 Months" in Column 5 is defined as the 12-month period before the most recent 4 months that are still subject to claim-lag (the most recent 4 months are excluded). For example, the 12-month period for September 2020 report is June 2019-May 2020.

## NYS Medicaid Adult HCBS Service Claims and Encounters Dashboard

Source: MDW (Encounters), Update Date: 9/22/2020

HCBS Service Sub-Catgy	NYC		ROS		Grand Total	
	N Claims/Encounters	Unique Recipients	N Claims/Encounters	Unique Recipients	N Claims/Encounters	Unique Recipients
<b>Total</b>	56,850	3,273	141,016	6,593	197,866	9,866
<b>Peer Support Services</b>	22,440	1,438	52,442	3,209	74,882	4,647
<b>Psychosocial Rehabilitation</b>	7,336	345	27,074	1,299	34,410	1,644
<b>Habilitation Services</b>	3,110	204	18,967	1,087	22,077	1,291
<b>Education Support Services</b>	4,650	580	15,881	1,457	20,531	2,037
<b>Community Support and Treatment</b>	2,743	194	10,201	667	12,944	861
<b>Short-term Crisis Respite</b>	9,747	809	2,171	330	11,918	1,139
<b>Intensive Supported Employment</b>	2,855	323	6,174	657	9,029	980
<b>Pre-vocational Services</b>	3,113	344	5,515	582	8,628	926
<b>Family Support and Training</b>	245	35	1,182	128	1,427	163
<b>On-going Supported Employment</b>	269	40	1,127	89	1,396	129
<b>Transitional Employment</b>	342	40	265	42	607	82
<b>Intensive Crisis Respite</b>			17	10	17	10



Note: The most recent 4 months (May 2020 to August 2020) claims data are still subject to claim-lag.