

NYS Behavioral Health (BH) Home and Community Based Services (BH HCBS) and Community Oriented Recovery and Empowerment (CORE) Services Dashboard Data

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

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) and Community Oriented Recovery and Empowerment (CORE) Services. All data has a unique recipient count, meaning that all Individuals are counted only once. This data is updated monthly.

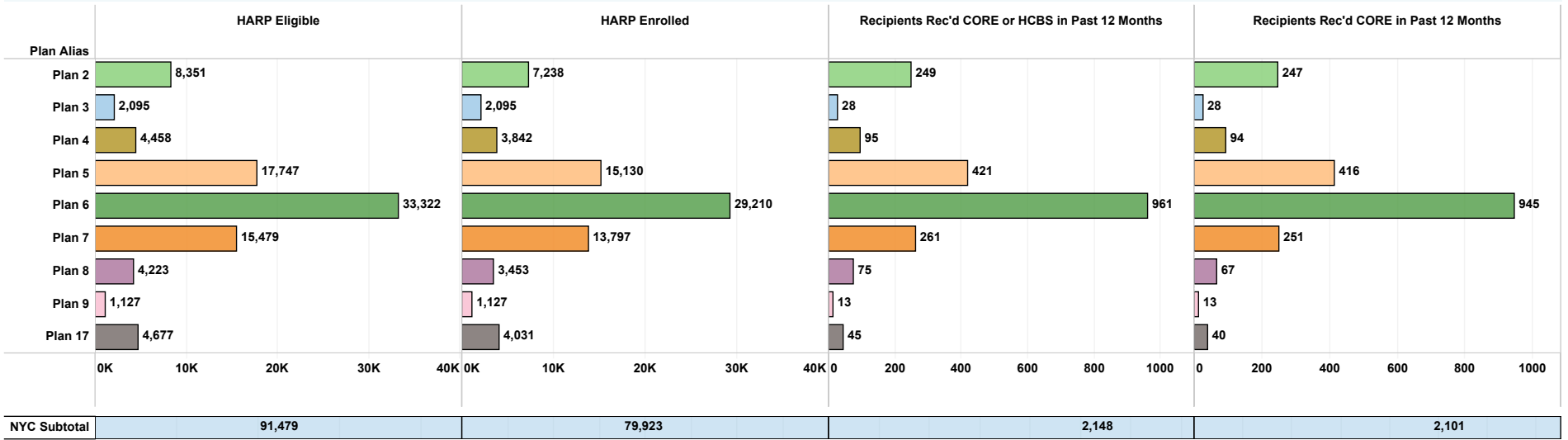
Col. No.	Col. Name	Source	Description	Notes
1	HARP Eligible	Medicaid Data Warehouse (MDW)	Number of individuals by MMCP who are: <ol style="list-style-type: none"> 1. HARP Enrollees (H1) or 2. Mainstream enrollees meeting BH high-risk criteria / HARP eligible (H9) or 3. HIV SNP enrollees meeting BH high-risk criteria/HARP eligible (H4) 	CORE services became available for BH high-risk recipients enrolled in Medicaid Advantage Plus (MAP) plans (H9) on January 1, 2023. MAP data is not included in this update, but a new page will be added to track the MAP cohort and their CORE utilization in future updates.
2	HARP Enrolled	Medicaid Data Warehouse (MDW)	Number of individuals by MMCP who are: <ol style="list-style-type: none"> 1. HARP Enrollees (H1) or 2. HIV SNP enrollees meeting BH high-risk criteria/ HARP eligible (H4) 	Data captures the number of HARP enrollees with HARP or HIV SNP premiums paid to NYS MMCP.
3	Recipients Received CORE or HCBS in Past 12 Months	Medicaid Data Warehouse (MDW)	Number of individuals by MMCP who have received BH HCBS or CORE as determined by having at least one paid BH HCBS or CORE service claims within last 12 months. Individuals with multiple service claims are only counted once.	BH HCBS assessment claims and provider travel supplemental claims are not included in this data set.
4	Recipients Received CORE in Past 12 Months	Medicaid Data Warehouse (MDW)	Number of individuals by MMCP who have received CORE as determined by having at least one paid CORE service claims within last 12 months. Individuals with multiple service claims are only counted once.	Provider travel supplemental claims are not included in this data set.

R/E Code	Description	Notes
H9	<p>BH High-Risk/ HARP Eligible The person has been determined to meet criteria for BH high-risk and/or “categorically eligible” for a HARP in NYS.</p> <p>More information can be found here: BH High-Risk Eligibility Criteria</p>	<p>H9 co-exists with other H codes. H9 definitions differ depending on a member’s MMCP enrollment:</p> <ul style="list-style-type: none"> • Mainstream- It indicates the member is HARP eligible. • HARP- It indicates the member hits the BH High-Risk algorithm. • HIV-SNP- It indicates the member hits the BH High-Risk algorithm • MAP- Member is eligible for CORE Services (as of Jan. 2023)
H1	HARP Enrolled	CORE Services are available to all HARP enrollees.
H2	<p>Eligible for Tier 1 BH HCBS The person has been assessed and determined to be eligible for Tier 1 BH HCBS (employment supports and education support).</p>	<p>The individual must maintain enrollment in a HARP or HIV SNP for BH HCBS eligibility (reflected by H1 or H4).</p> <p>Eligibility assessment-related H-codes (H2, H3, H5, H6) are not required for CORE Services, while they are still required for BH HCBS.</p>
H3	<p>Eligible for Tier 2 BH HCBS The person has been assessed and determined to be eligible for Tier 2 BH HCBS (which includes all Tier 1 services listed under H2, plus habilitation).</p>	<p>The individual must maintain enrollment in a HARP or HIV SNP for BH HCBS eligibility (reflected by H1 or H4).</p> <p>Eligibility assessment-related H-codes (H2, H3, H5, H6) are not required for CORE Services, while they are still required for BH HCBS.</p>
H4	Enrolled in an HIV SNP as BH High-Risk/ HARP Eligible.	<p>If this person is already in an HIV SNP this should be reflected as code H4.</p> <p>CORE Services are available to all BH High-Risk/ HARP eligible HIV-SNP enrollees.</p>
H5	<p>Eligible for Tier 1 BH HCBS The person is enrolled in an HIV SNP and has been assessed and determined eligible for Tier 1 BH HCBS (employment supports and education support).</p>	<p>The individual must maintain enrollment in a HARP or HIV SNP for BH HCBS eligibility (reflected by H1 or H4).</p> <p>Eligibility assessment-related H-codes (H2, H3, H5, H6) are not required for CORE Services, while they are still required for BH HCBS.</p>
H6	<p>Eligible for Tier 2 BH HCBS The person is enrolled in an HIV SNP and has been assessed and determined eligible for Tier 2 BH HCBS (which includes all Tier 1 services listed under H2, plus habilitation).</p>	<p>The individual must maintain enrollment in a HARP or HIV SNP for BH HCBS eligibility (reflected by H1 or H4).</p> <p>Eligibility assessment-related H-codes (H2, H3, H5, H6) are not required for CORE services, while they are still required for BH HCBS.</p>

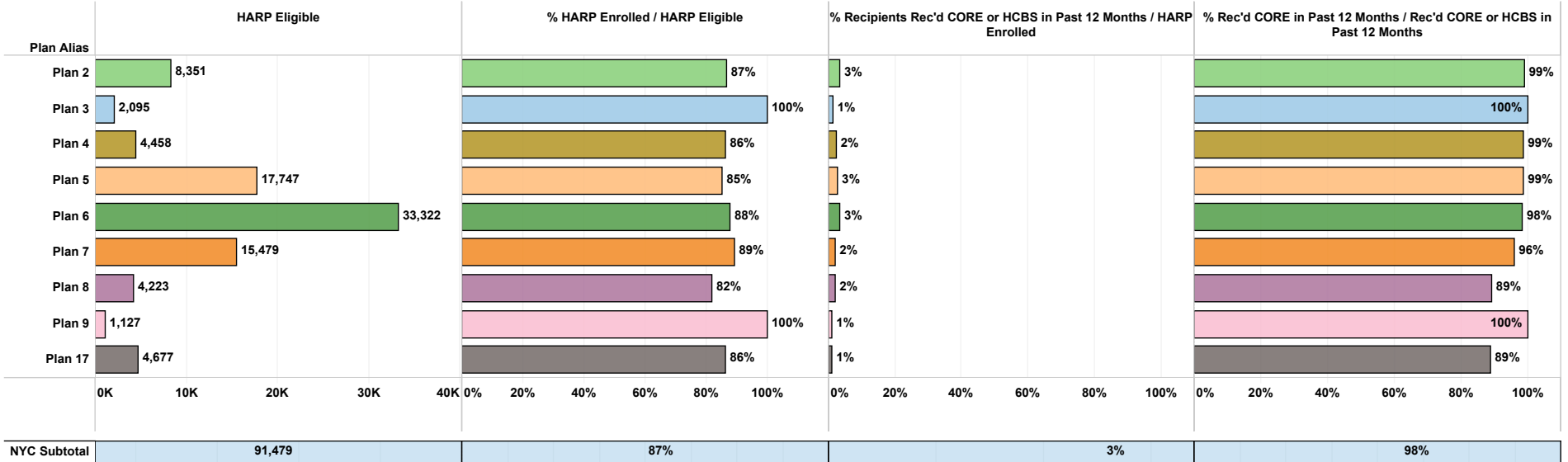
Please Note: H codes function independently from one another. For example, an individual may have a H9 (HARP eligible) code and H1 (HARP enrolled) code concurrently. Presence of one H code does not indicate the individual has other codes needed for BH HCBS eligibility. For example, an individual with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

NYS Medicaid Adult BH HCBS/CORE Access Dashboard, Region: NYC

Source: MDW. Update Date: 4/29/2024. All Metrics in the upper part of this dashboard are **count of unique recipients**.



In Percentage

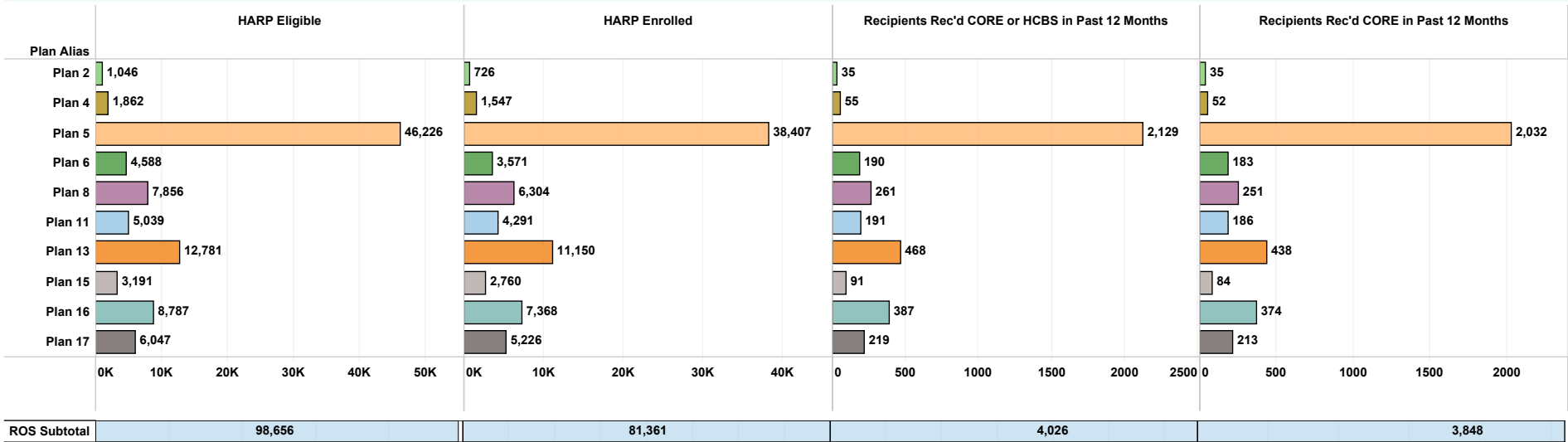


Note(s):

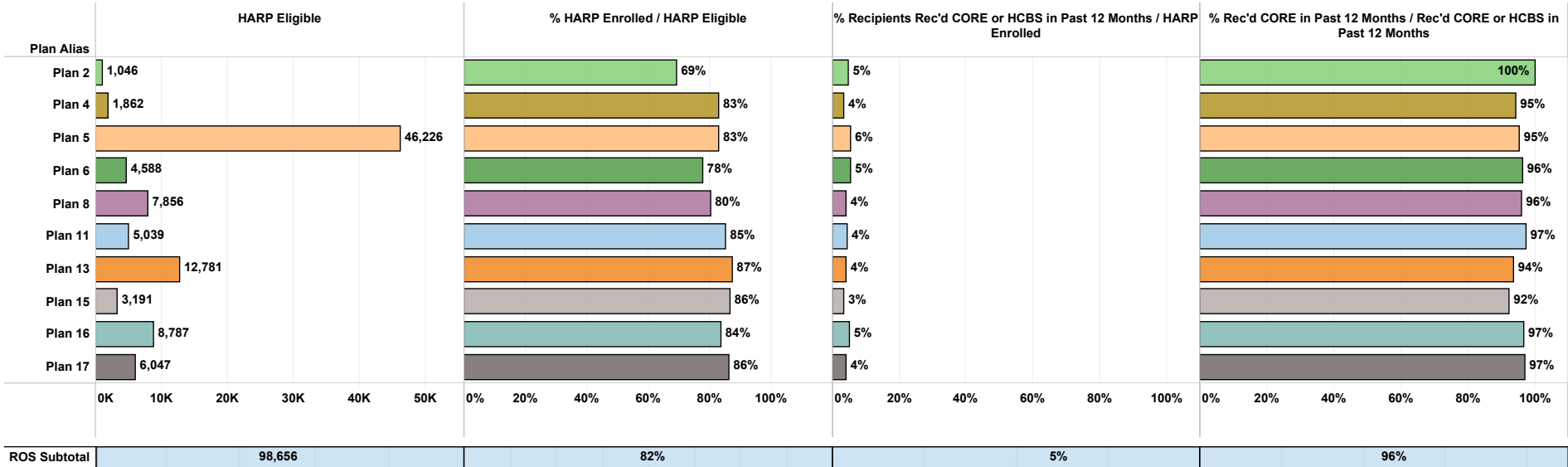
- HCBS reflects the updated service group including education support service, intensive supported employment, on-going supported employment, pre-vocational, habilitation, and transitional employment. CORE service group includes community psychiatric support and treatment, family support and training, peer support, and psychosocial rehab.
- The "Past 12 Months" in Column 3 and 4 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 April 2024 report is January 2023 - December 2023.
- Affinity has been acquired by Molina, thus for the November 2021 (and all subsequent) dashboard Affinity and Molina have been combined.

NYS Medicaid Adult BH HCBS/CORE Access Dashboard, Region: **ROS**

Source: MDW. Update Date: 4/29/2024. All Metrics in the upper part of this dashboard are **count of unique recipients**.



In Percentage



Note(s):

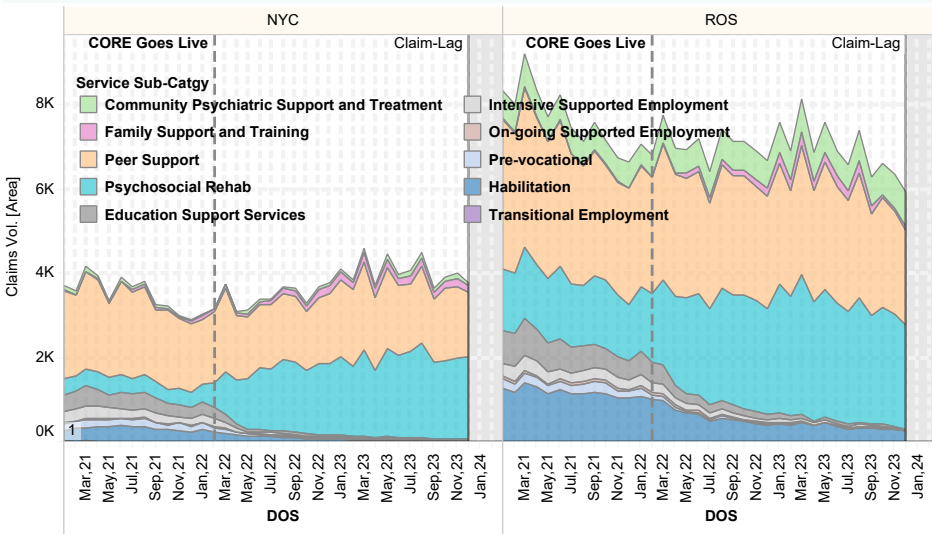
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NYS Medicaid Adult BH HCBS/CORE Service Claims and Encounters Dashboard

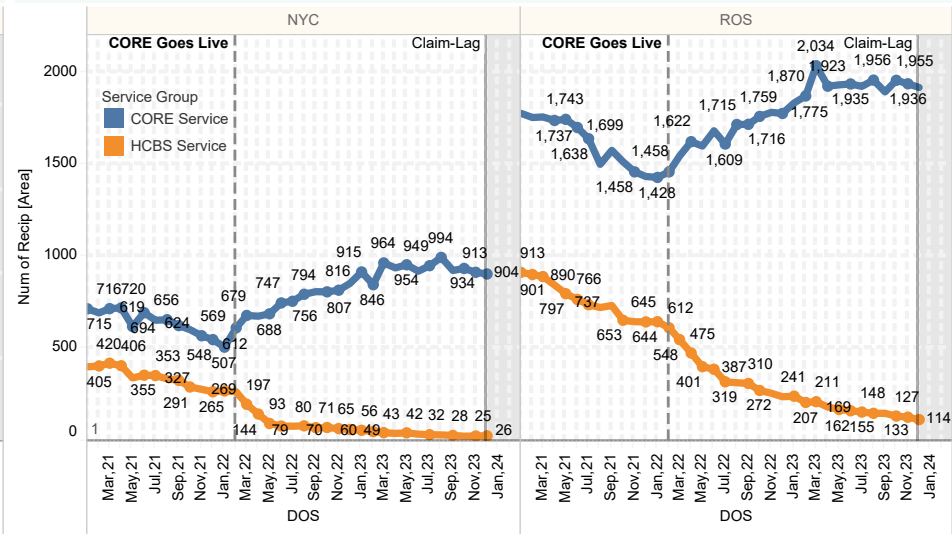
Source: MDW (Encounter), Update Date: 4/29/2024

Service Group	Service Sub-Catgy	Before 2/1/2022			After 2/1/2022			Grand Total		
		N_Claims	N Prov Cleaned	N_Recip	N_Claims	N Prov Cleaned	N_Recip	N_Claims	N Prov Cleaned	N_Recip
CORE Service	Community Psychiatric Support and Treatment	23,705	60	988	19,514	37	1,041	43,219	68	1,791
	Family Support and Training	2,541	52	226	8,037	39	200	10,578	70	394
	Peer Support	171,354	138	6,665	109,544	92	4,527	280,897	151	9,249
	Psychosocial Rehab	67,607	130	2,248	108,799	97	4,393	176,406	148	5,914
	Total	265,207	199	8,727	245,894	124	7,815	511,100	220	13,607
HCBS Service	Education Support Services	39,203	105	2,946	4,940	45	454	44,143	107	3,033
	Habilitation	49,242	127	1,753	13,659	60	496	62,898	130	1,837
	Intensive Supported Employment	19,409	87	1,531	3,086	37	264	22,494	87	1,611
	On-going Supported Employment	2,645	50	225	715	22	48	3,360	52	243
	Pre-vocational	15,234	109	1,207	1,568	36	123	16,802	110	1,245
	Transitional Employment	868	22	110	18	4	5	886	22	110
Total	126,601	186	6,246	23,986	82	1,246	150,583	191	6,469	
Grand Total		391,808	241	12,176	269,880	135	8,283	661,683	264	16,635

Claims Volume Trend



Recipient Served Trend



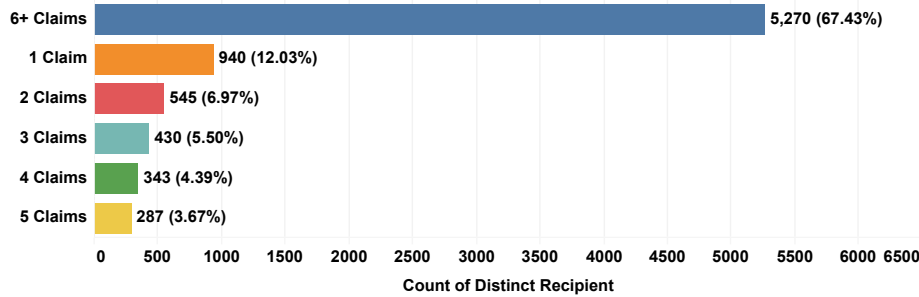
Note(s):
 1. The transition date is February 1st, 2022.
 2. The most recent 4 months (January 2024 - April 2024) claims data are still subject to claim-lag.

NYS Medicaid CORE Service Utilization Density

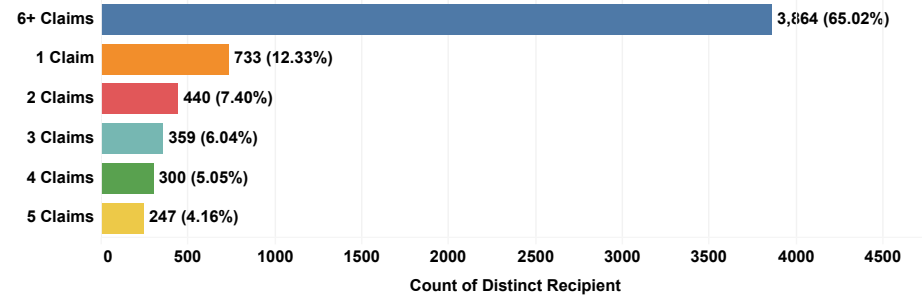
Source: MDW (Encounter), Update Date: 4/29/2024

Count of Distinct CORE Recipient Since CORE Effective Date (2/1/2022) Up to Now	Count of Distinct Recipient with 6+ CORE Claims Since CORE Effective Date (2/1/2022) Up to Now	Count of Distinct CORE Recipient In the Past Year*	Count of Distinct Recipient with 6+ CORE Claims In the Past Year
7,815	5,270	5,943	3,864

Recipient Distribution by Claim Count Since CORE Effective Date (2/1/2022) Up to Now

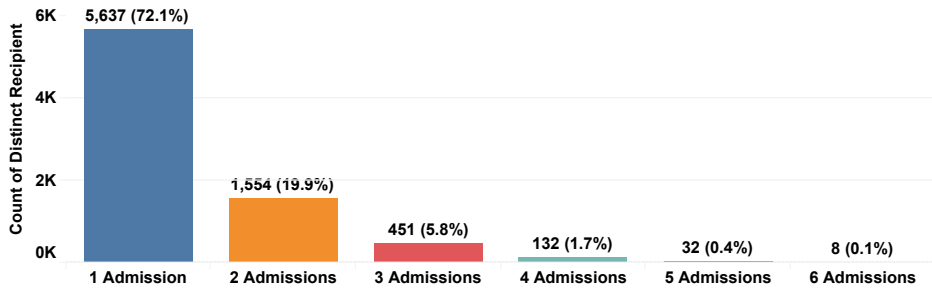


Recipient Distribution by Claim Count In the Past Year

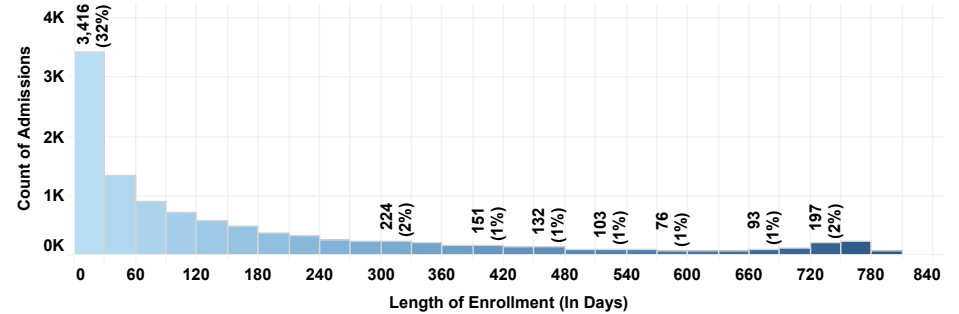


Average Number of Admissions** Per Recipient	Average Length of Enrollment*** Per Admission (In Month)	Average Claims Per Admission
1.4	5.6	23

Recipient Distribution by Admission Count Since CORE Effective Date (2/1/2022) Up to Now



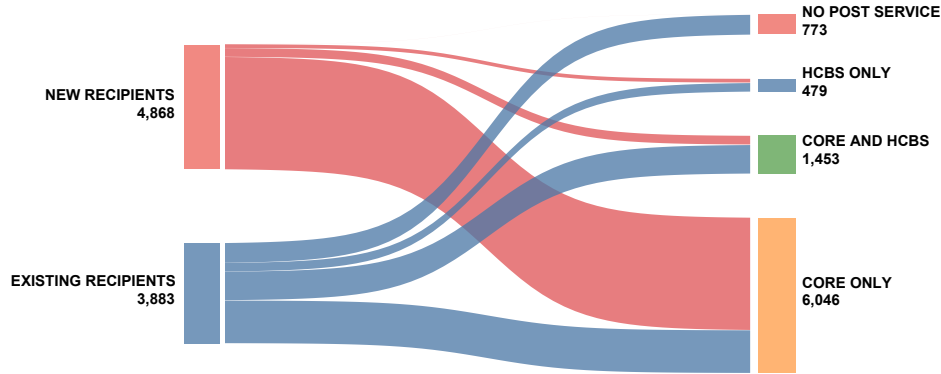
Admission Distribution by Length of Enrollment Since CORE Effective Date (2/1/2022) Up to Now



Notes:
 * The "Past Year" 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).
 ** A CORE admission is defined as a single CORE claim, or a sequence of CORE claims where the gaps between claims do not exceed 60 days. Any CORE service provided after a gap exceeding 60 days from the preceding CORE service is recognized as a new admission.
 *** The length of enrollment represents the duration from the first to the last service day of each admission.

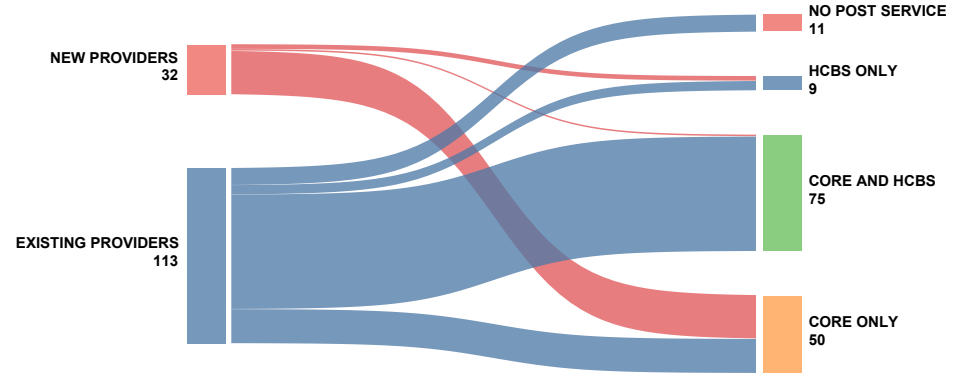
Service Transition of Recipients

(Prior Period: Sep 2021 - Jan 2022 | Post Period: Feb 2022 - Dec 2023)

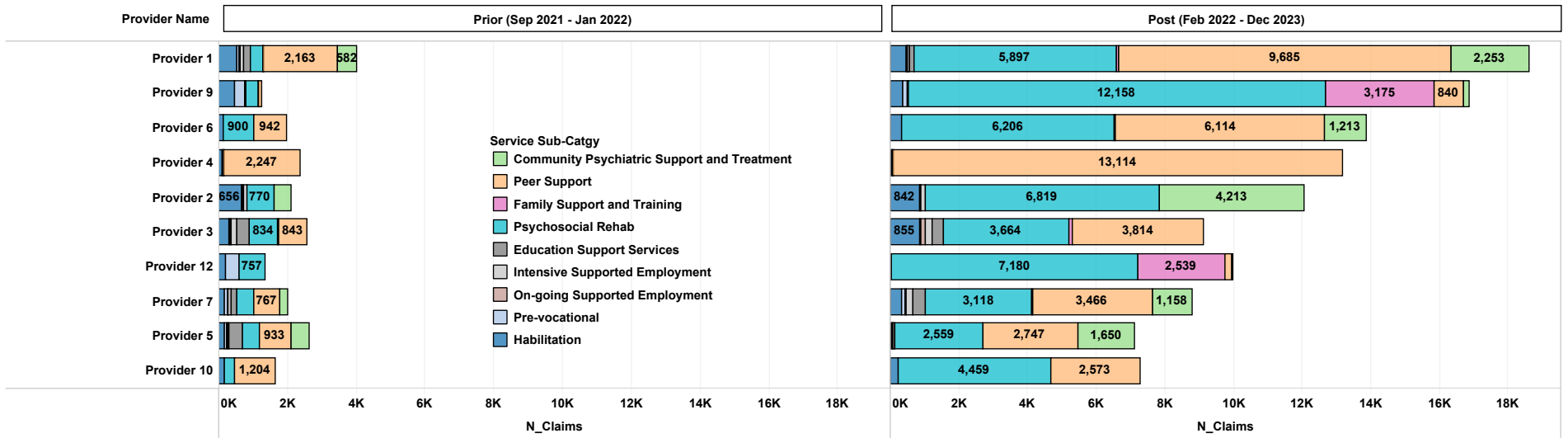


Service Transition of Providers

(Prior Period: Sep 2021 - Jan 2022 | Post Period: Feb 2022 - Dec 2023)



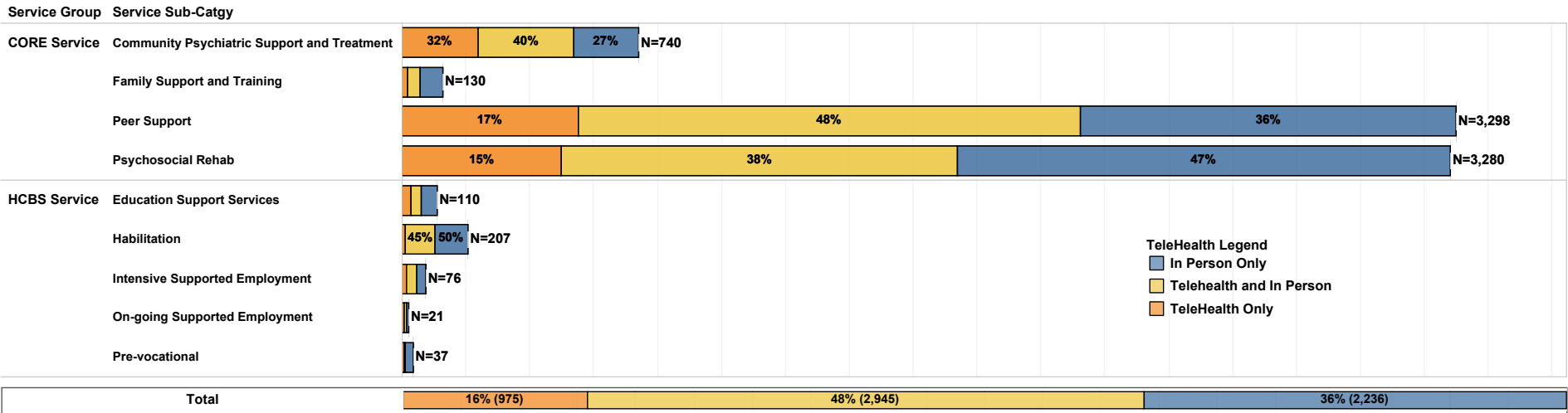
Service Claims of Top CORE/HCBS Providers



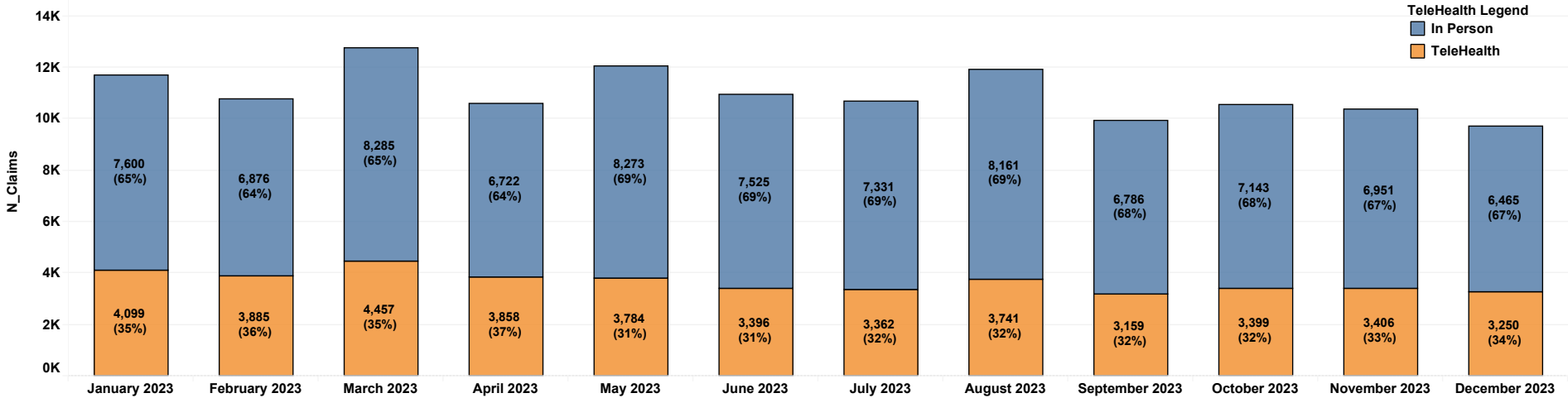
Note(s):
 1. The numbers in the upper left chart indicate count of unique recipients. The numbers in the upper right chart indicate count of unique providers.
 2. The transition date is Feb 1st, 2022.
 3. The most recent 4 months (January 2024 - April 2024) claims data are still subject to claim-lag and excluded in the charts.

CORE/HCBS TeleHealth Utilization Recipient Count

Source: MDW (Encounter); Claims Date Period: January 2023 - December 2023 ; Update Date: 4/29/2024



CORE/HCBS TeleHealth Monthly Trend Claim Count



Note: The most recent 4 months (January 2024 - April 2024) claims data are still subject to claim-lag and excluded in the charts.