

**Evaluation Tool for the New York State Behavioral Health Partnership Plan
Demonstration Amendment –**

Demonstration Period:

January 1, 2015 through December 31, 2020

This tool describes the key goals, evaluation questions, measure/variables, activities and data sources related to New York State

Goal: Expand behavioral health care and community-based recovery-oriented services and supports.

Make community-based recovery-oriented services and supports available to a greater number of Medicaid recipients under Medicaid Managed Care.

	Research Questions	Measure/Variable	Data Sources
1	How has enrollment in Health and Recovery Plans (HARP) increased over the length of the demonstration?	Number of beneficiaries enrolled in HARPs, by county and percent change over time.	OHIP Data Mart
2	What are the demographic characteristics of the HARP population? Are they changing over time?	Year to year comparison of demographic composition of HARP beneficiaries, including age, race, gender, risk factors, enrollment, living situation, and diagnoses.	OHIP Data Mart Uniform Assessment System (UAS)
3	What is the functional capacity of the HARP population? Are they changing over time?	Year to year comparison of average statewide HARP beneficiary scores on Activities of Daily Living Measures, Social Connectedness, Employment and Educational Status, Criminal Justice Involvement.	Uniform Assessment System (UAS)
4	Are the individual care plans consistent with the functional and cognitive abilities of the enrollees?	This evaluation question will be included when there is sufficient data available in 2016 to provide accurate measures.	

5	Access to Care: To what extent are enrollees able to receive access to HCBS services?	Number of HARP beneficiaries who receive HCBS services	OHIP Data Mart
6	To what extent has the demonstration improved access to behavioral health HCBS services?	Number of HARP behavioral health programs offering HCBS services Number of HCBS services accessed PMPM	OHIP Data Mart Provider Network Data System (PNDS)
7	To what extent are HARP enrollees satisfied with access to HCBS services?	Percentages of HARP beneficiaries who reported that they had timely access to desired HCBS services Percentages of HARP beneficiaries who reported that they were satisfied with services received	HARP Member Satisfaction Survey
9	Have HARPs been successful in integrating behavioral and physical health services for beneficiaries?	Change in physical health quality outcome measures of HARP beneficiaries against pre-HARP enrollment and compared to status change for all beneficiaries in the mainstream plan	HEDIS; QARR, OHIP Data Mart
10	Has the creation of HARPs and expansion of behavioral health services in mainstream plans impacted quality outcomes?	Evaluation of patient behavioral health outcomes	HEDIS; QARR; OHIP Data Mart
11	Are recovery outcomes improving for persons with behavioral health needs?	Evaluation of patient recovery outcomes as they pertain to HCBS services including, but not limited to employment, education, housing, community/social integration, etc.	HEDIS; QARR; OHIP Data Mart
12	How has the creation of HARPs and expansion of behavioral health services in mainstream plans reduced emergency care, inpatient care, and	Evaluation of data on preventable emergency care, inpatient care and readmissions	HEDIS; QARR; OHIP Data Mart

	readmissions?		
13	Are enrollees' medications (including psychiatric and addiction medications) being managed effectively?	Measure adherence to anti-psychotic medications among individuals with psychotic disorders	HEDIS; QARR; OHIP Data Mart
14	What are the levels of satisfaction with the timeliness (how often services were on time/how often the enrollee was able to see the provider at the scheduled time) and quality of network providers?	Tracking Plan service denials and appeals	Plan reporting
15	To what extent are behavioral health enrollees satisfied with the cultural sensitivity of providers?	Percentages of HARP and mainstream beneficiaries who report that they were satisfied/ dissatisfied with cultural sensitivity of providers	CAHPS and HARP Supplemental Satisfaction Survey
	How has moving BH benefits into qualified mainstream plans allowed for better identification and treatment of BH conditions in primary care settings?	This evaluation question will be included when there is sufficient data available	
16	How has moving BH benefits into qualified mainstream plans allowed for better prevention and early intervention efforts for individuals with BH conditions (for example First Episode Psychosis (FEP))	Number of individuals screened for behavioral health conditions in primary care settings	HEDIS; QARR