Children’s Health & Behavioral Health MRT Subcommittee

February 28, 2017
11:00-12:30
Webinar
Agenda

• Welcome & Introductions
• Implementation of Children’s MRT Redesign
• 2017-18 Executive Budget
• Readiness Resources
• Children’s 1115 Waiver Amendment
• New SPA Services and HCBS and Designation Application
• Plan Qualification Standards
• 1915c Waiver Updates
• Children’s Health Homes Update
• Other Resources
Implementation of Children’s MRT Redesign

- State remains committed to moving forward with Children’s Design
- Anticipated timeline for implementation of full design runs through January 2019 including VFCA transition in January 2019
- Depending on timeframes for acquiring necessary approvals (SPAs and 1115 Waiver), the dates may need to be modified accordingly
- We will continue to move forward with finalizing design documents and as much implementation work as is efficient given uncertain timeframes
- The submission of the 1115 waiver is pending review of incoming Federal Administration priorities and processes
- Two SPAs have been submitted to CMS to implement six new SPA services – approval of SPAs and 1115 Waiver continue to be linked, SPAs posted to the DOH Website
2017-18 Executive Budget

- Executive Budget includes language to authorize and implement a specialized licensed for voluntary foster care agencies that provide medical services to children enrolled in foster care (Part N of the ELFA Bill)
  - Facilitates the ability of Managed Care Plans to contract with VFCAs consistent with the State’s Corporate Practice of Medicine Requirements
- Executive Budget continues to include resources for Children’s MRT Design ($40 million in 2017-18 and $90 million in 2018-19), Health Homes and Children’s Managed Care Readiness Resources
Readiness Resources

Committed Funding $7,083,400

Chapin Hall Sole Source Contract – for the maintenance of on-line training and certification on the CANS-NY tool ($288,400 Gross)

CANS Institute Awardee – the awardee (soon to be announced) will provide additional training, education and technical assistance statewide to care managers using the CANS-NY tools. The awardee will create a network of supervisors to ensure that implementation of the assessment tool in relation to service planning is consistent statewide. The awardee will collect and analyze data and work in collaboration with the State to propose any future revisions to the assessment tool. ($1 Million annually for 5 years)

MCTAC Contract Addendum – to support the work of CASA-Columbia in providing technical assistance to NYS OASAS adolescent substance use providers, in preparation for the transition to managed care. ($300,000 Gross)

Health Information Technology (HIT) Grants – to support providers to address technology needs in preparation for the transition to managed care ($1,495,000 gross)
Readiness Resources (cont.)

Future Funding - Proposed commitments will be prioritized in concert with implementation timelines

SPA/HCBS Initial Implementation – funding to set initial enhanced service rates (pending CMS approval) during capacity building for designated providers, accounting for lower productivity of service volume.

RTF Pilot – Funding to facilitate the transition of inpatient capacity to community based alternatives. Funding will allow RTF programs to retool in order to shift from residential to community-based programming.

Family and Youth Peer Capacity Building – will fund training and credentialing/certification costs to grow the peer infrastructure statewide, for designated providers.

Provider Training – funding to develop on-line training modules for training required/recommended for designated SPA and HCBS providers.
Children’s Draft 1115 Waiver Amendment

The Draft Children’s 1115 Waiver Amendment is currently in a public comment period and is available online at

- Feedback submissions are due to BH.Transition@health.ny.gov by March 15, 2017.

Rescheduled MCTAC 1115 Overview Webinar

*Tomorrow* - March 1, 2017 1:30-3:00PM – **Opportunity to Ask Questions**


Slides for this presentation are available now at [http://www.ctacny.org/sites/default/files/trainings-pdf/Children%27s%201115%20Webinar%20Slides%2013_2017.pdf](http://www.ctacny.org/sites/default/files/trainings-pdf/Children%27s%201115%20Webinar%20Slides%2013_2017.pdf)

A recording of the webinar will be available shortly following the presentation.
State Plan Amendments for New SPA Services and Provider Manuals

• The proposed State Plan Amendments for the Children’s OLP and Rehabilitative Services are available at http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm


Designation of SPA and HCBS Providers

An OMH User ID will be required to complete the application
- Release of step-by-step instructions sent out on 10/25 explaining how to begin this process, for providers that do not have an OMH user ID
- Instructions are located on Children’s Transformation Website

Children’s SPA/HCBS Provider Designation Application
- The Designation Application was released on December 19, 2016 and is available online
- Designation Application Walkthrough Webinar available online
  http://ctacny.org/training/childrens-spa-and-hcbs-provider-designation-review
- The Designation Application occurs on a rolling basis
- The initial deadline for Application submissions is April 1, 2017
Designation of SPA and HCBS Providers (cont.)

- Companion regulations needed to implement the new SPA and HCBS array of services are under development.

- Applicants must meet provider qualifications as specified within the SPA and/or HCBS Provider Manuals.

- Applicants must be in good standing as determined by the Department of Health (DOH), Office of Alcoholism Substance Abuse Services (OASAS), Office of Children and Family Services (OCFS), and/or Office of Mental Health (OMH).

- Applicants must be a Medicaid enrolled provider prior to service delivery of SPA and/or HCBS.

- Applicants must adhere to the standards as described in the SPA Provider Manual and the HCBS Provider Manual, including all future revisions and updates.
Designation of SPA and HCBS Providers (cont.)

- Applicants must provide satisfactory responses within the designation application and sign an attestation statement prior to submitting the completed application.

- Sole practitioners are not eligible to be designated as a SPA or HCBS provider; must be employed by a qualifying child-serving agency or agency with children’s behavioral health and health experience that is licensed, certified, or designated, and/or approved by OMH, OASAS, OCFS, or DOH.

- Applicants may be subject to additional licensure/certification/authorization requirements based on responses within the application.

- Provider Designation will occur through the joint State agency review process

- Additional guidance on Provider Medicaid enrollment details will be forthcoming

- Additional training specific to service delivery, billing, and other implementation details will be forthcoming
Children’s MCO Requirements and Standards Released for Stakeholder Comment

✓ On February 1, 2017 State released:
  • Draft of Medicaid MCO Children’s System Transition Requirements and Standards for Stakeholder Feedback
  • Data Book for Children’s BH and HCBS Populations
  • Documents are posted at: http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/mco_qual_processes.htm
    • Comments are due April 5, 2017 to BHO@omh.ny.gov – cite section and subsection to which comment refers
  • State will review comments and release Final Standards and Requirements in June 2017

✓ The Standards and Requirements document reflects implementation dates that are reflected in the draft 1115 Waiver.
  • Depending on timing of necessary federal approvals, dates will be adjusted accordingly, and will ensure there sufficient time for Plans to respond to Final Standards and Requirements, conduct readiness reviews, and begin implementation with necessary approvals in place
Children’s Plan Qualification Standards Structure

NYS will review the following areas to determine MCO organizational and administrative readiness:

3.1 Organizational Capacity
3.2 Contract Personnel
3.3 Member Services
3.4 Service Delivery Network
3.5-3.7 Network Contract, Monitoring, and Training Requirements
3.8 Utilization Management
3.9 Clinical Management
3.10 Cross System Collaboration
3.11 Quality Management
3.12 Reporting and Performance Measurement
3.14 Claims
3.15 Information Systems and Website Capabilities
3.16 Financial Management
## Upcoming Milestones

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<thead>
<tr>
<th>Milestone</th>
<th>Anticipated Date</th>
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<tr>
<td>Deadline to submit feedback on 1115 MRT Waiver Amendment</td>
<td>March 15, 2017</td>
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<tr>
<td>SPA and HCBS Provider Designation Applications due</td>
<td>Beginning April 1, 2017</td>
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<tr>
<td>Deadline for submission of feedback on Children’s System Transition Requirements and Standards for MMCOs</td>
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<tr>
<td>Release of Final Children’s System Transition Requirements and Standards for MMCOs</td>
<td>June 2017</td>
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1915c Waiver Updates

NYS existing 1915c Waivers included in the children's Medicaid Redesign:

- DOH Care at Home
- OCFS Bridges to Health
- OMH HCBS Waiver

All are on temporary extensions awaiting approvals from CMS.

To facilitate CMS approvals and the planned transition of the 1915c Waivers to Health Homes and the 1115 Waiver, NYS has been working with CMS to address outstanding issues.
**1915c Waiver Updates (cont.)**

What has been agreed upon between NYS and CMS is:

- Conflict Free Case Management (CFCM) is permissible when Health Home Mare Management provides the coordination for members receiving HCBS under the 1115 waiver.
- Until the 1915c waivers transition to the 1115 waiver and Health Home care management, the CFCM standard can apply under the 1915c waivers.
- The development of interim rates for each Waiver until the transition, with an agreed upon plan for cost reporting, reconciliation of rates to costs, and an independently conducted time and motion study of care coordination services.

CMS has committed to working towards final approvals of the Waivers in preparation for the implementation of the children's Medicaid Redesign.
Health Home for Children Launched December 8, 2016!

As of February 21, 2017 - 19,086 children have been engaged by Health Homes

- Assignment 7,823
- Outreach 5,393
- Enrollment 5,870

- Assignment: Have been assigned to a HH, care manager, or Plan, but the child is not in outreach and is not enrolled

- Outreach: Child/legal representative working with a care manager, consent to enroll has not been signed

- Enrollment: Consent has been signed, child is enrolled
Health Home Assignment, Outreach and Enrollment Data for Members under 21

Children's Health Home Assignments, Enrollments, and Outreach

- Assignment
- Enrolled
- Outreach
Children’s Health Home Update

• Launch of Children’s Health Home Program is progressing smoothly
  ✓ As of March 1, 2017, there will be one Health Home continuing readiness activities – the other 15 have been authorized to begin enrollment
  ✓ State continues to work with a few Managed Care Plans to finalize Administrative Service Agreements (ASAs) with some Children’s Health Homes
  ✓ Transition of OMH TCM progressing smoothly – there are a handful of providers continuing to transition to Health Home
    ✓ Letter will be sent to TCM providers requiring they provide data regarding the status of the transition of children to Health Home
  ✓ State is continuing to work on performance measures for presentation to Health Homes and stakeholders
    • State is analyzing early assignment flow data, including time in outreach and assignment and will be reaching out to individual Health Homes
    • State is working to post enrollment data by Children’s Health Homes to the Website (available in dashboards for HHs, care managers, and Plans )
Children’s Health Home Update

• State, with MCTAC and Complex Trauma Workgroup of NCTSN, is now providing in person training session on determining Complex Trauma Eligibility for HH – the process developed in consultation with Health Home Complex Trauma Workgroup

• Health Home Plus for Children
  ✓ Eligibility Criteria: OMH and DOH have convened a workgroup to develop a recommendation of clinical characteristics for children with Serious Emotional Disturbance and High Health Home Acuity
  ✓ The workgroup has met three times – last meeting was Monday February 27, 2017 – workgroup will report recommendations for stakeholder review and feedback
RESOURCES TO STAY INFORMED:

OMH Managed Care Mail Log

OMH-Managed-Care@omh.ny.gov

Subscribe to children’s managed care listserv
http://www.omh.ny.gov/omhweb/childservice/

Subscribe to DOH Health Home listserv
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm

Health Home Bureau Mail Log (BML)
https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action