Children's Medicaid System Transformation and Readiness Review Walkthrough

August 24, 2017

Before We Begin

- Please put your phone on mute.
- Responding to questions today.
- To submit questions:
  - Open the “chat” feature.
  - Notice the “send to” box with the drop-down arrow.
  - Click on the arrow and select the “Laura Salkowe (host)” option.
  - Type and send your questions.
- All questions must be submitted to bho@omh.ny.gov by 5:00 pm on September 1, 2017.

Agenda

- Review of Draft Transition Plan Children's Medicaid System Transformation
- Overview of Plan Readiness Review Process

Review of Draft Transition Plan

Children's Medicaid System Transformation

August 24, 2017

Primary, Most Important Goal of Transition

Ensure that the Transition is Seamless for Children and their Families

- ✓ Continuity of Care of Providers and Services
- ✓ Well informed children, families, providers
- ✓ Access to the State for information and assistance
  - ❖ How can we help?
- ✓ Partnership with providers, plans and stakeholders to make transition seamless

Key Components of Children's Medicaid System Transformation

- ✓ Transition of six 1915(c) waivers to 1115 Waiver authority
  - Office of Mental Health (OMH) Serious Emotional Disturbance (SED) Waiver;
  - Department of Health (DOH) Care at Home (CAH) I/II waiver
  - Office for People with Developmental Disabilities (OPWDD) Care at Home Waiver
  - Office of Children and Families (OCFS) Bridges to Health (B2H) SED, Developmental Disability (DD) and Medically Fragile Waivers
- ✓ Alignment of 1915(c) HCBS under one array of Home and Community Based Services (HCBS) authorized under 1115 Waiver
- ✓ Transition to Health Home Care Management
  - ✓ Current 1915(c) Waiver Providers Transition to Health Home
  - ✓ Care Management provided under 1915(c) Transition to Health Home Care Management

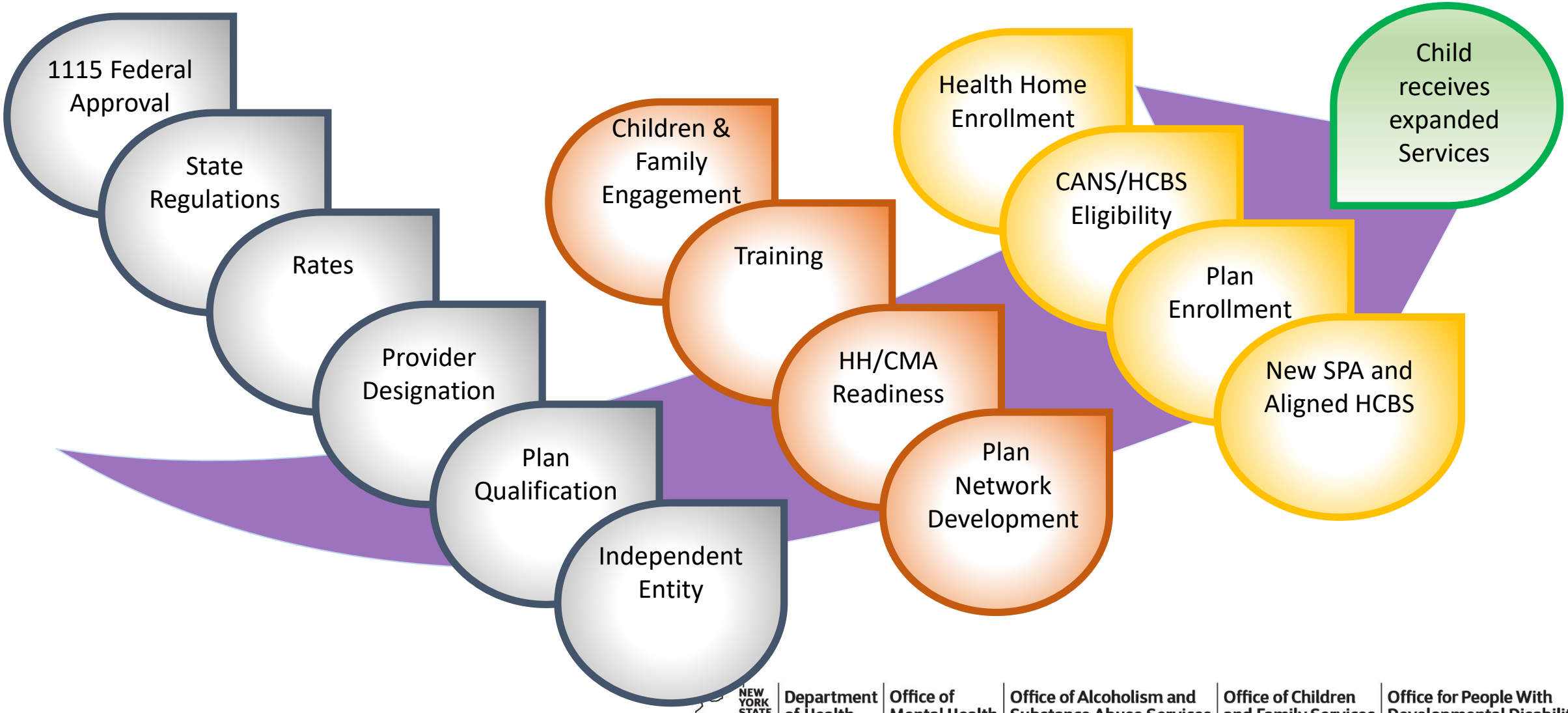
Key Components of Children's Medicaid System Transformation

- ✓ Transition of Behavioral Health Benefits to Managed Care
- ✓ Remove exemption from managed care enrollment for children participating in 1915(c) waivers
- ✓ Transition of Volunteer Foster Care Agency (VFCA) children to Managed Care
- ✓ Expansion of Children's HCBS for Community Eligible and Family of One Level of Need Population 1/1/2019
- ✓ All services available to eligible members through fee-for-service that are exempt or excluded from Managed Care
- ✓ State will hold "101" Refresher Course on Children's Medicaid System Transformation Webinar – to be scheduled in September

Schedule of Key Implementation Dates

New York State Proposed 1115 Waiver Amendment (Effective Date of Waiver Amendment January 1, 2018)	Effective Date
Children's 1115 Waiver	
Health Home Readiness System Activities and Developing Health Home Relationships (Business Associate Agreements with Health Homes, Connectivity to Health Home Systems) for all 1915(c) Waiver Providers transitioning to Health Home	Now thru to 11/1/17
Other Readiness Activities - Trainings, Webinars	Now thru 2019
Six 1915(c) Children Waiver Authority Transitions to 1115 Waiver Authority OMH HCBS Waiver, Bridges to Health (DD, MFC, SED) Care at Home I/II and OPWDD Care at Home)	1/1/18
Interim Transition Period - Preparatory activities for aligned service delivery and transition of care coordination for children/families from 1915(c) Children's Waivers to Health Home for (OMH HCBS Waiver, 3 Bridges to Health (DD, MFC, SED), Care at Home I/II and OPWDD Care at Home)	1/1/18 to 7/1/18
Children's **Behavioral Health, New State Plan Services, Aligned HCBS Benefits Transition to Managed Care** and Exemption from Enrollment in Managed Care will be Removed for Children in the Six 1915(c) Waivers	7/1/18
Complete alignment of Children's HCBS 1915(c) under 1115 (Level of Care)	7/1/18 to 12/31/18
Foster Care Population to Managed Care, Expansion of HCBS and Family of One to Level of Need Population	1/1/19

Children's Medicaid System Transformation



Today's Webinar – Review DRAFT Transition Plan

- ***Draft Transition Plan released for public comment on August 15, 2017***
  - ✓ Based upon request from stakeholders, due date for comments will be extended from August 31, 2017 to ***September 8, 2017***
  - ✓ Please submit comments to BH.Transition@health.ny.gov
  - ✓ Today's Webinar: Review Draft Transition Plan, Questions and Answers
- Objective of Transition Plan is to ensure the transition of children and families to the 1115 is seamless
  - ***Ensure continuity of care – no breaks in services or providers*** – for transitioning children – including those that will transition from 1915(c) waiver, transition to managed care or continue to access services through fee-for-service under the 1115 waiver
- The Transition Plan must also be approved by CMS

Release of Draft Transition Plan for the Children's Medicaid System Transformation

- It is not the intent of the DRAFT Transition Plan to operationalize all of the details of all work flows– rather, the Transition Plan provides a road map for meeting the chief objective of how the State and providers will smoothly transition children to the 1115 waiver while maintaining continuity of care
- When the Transition Plan is finalized and approved, it will be further synthesized and operationalized into step-by-step processes, including work flows, supported by clear guidance, webinars, are access to the State for assistance – State will continue to seek stakeholder input throughout the development of these processes

Readiness Activities Leading Up to January 1, 2018

Readiness activities are now underway and include:

- ✓ 1915(c) Waiver Providers Transitioning to Health Homes – Health Home System Readiness and Health Home Contracting/Business Associate Agreements Webinars Held in August – ***Readiness activities need to be complete by November 1, 2017***
- ✓ Trainings hosted by MCTAC scheduled to begin Fall 2017
  - Schedule of trainings will be distributed by end of August, training topics include:
    - Managed care contracting
    - Medicaid provider enrollment
    - Revenue Cycle Management
    - Managed Care billing and rates, including SPA & HCBS billing processes
    - Utilization management rules
    - HCBS workflow (now under development by State staff for stakeholder review)

Readiness Activities Leading Up to January 1, 2018

- Monthly Health Home and Children's Medicaid System Transformation calls will be held
  - ✓ September 29, 2017
  - ✓ Second Wednesday of every month (October 11, 2017, November 8, 2017, December 13, 2017 – etc.)
  - ✓ Impromptu as needed, requested
  - ✓ Will include question and answer session, topical areas requested by stakeholder in advance of meeting, and other key information supporting a smooth transition
- Provider Designations of newly aligned 1115 HCBS and SPA Services – Designations anticipated to begin November 2017
- Other Readiness Work Underway includes:
  - ✓ Finalizing Medical Necessity Requirements for new SPA services
  - ✓ Finalizing SPA and HCBS Provider Manuals
  - ✓ Developing HCBS work flow – will include stakeholder review and comment

Key Components, Definitions, and Timeframes

- ✓ ***1915(c) Transitioning Children*** – defined in the Draft Transition Plan as children transitioning from one of the six 1915(c) waiver programs to new children's Medicaid State Plan or the newly aligned children's Home and Community Based Services (HCBS) *or* children found eligible through the Interim Transition Process to receive Interim HCBS between January 1, 2018 and June 30, 2018.
    - ***Interim HCBS*** means HCBS previously offered under one of the six 1915(c) waiver programs.
- ✓ ***Interim Transition Process*** – January 1, 2018 and June 30, 2018.
- ✓ ***Begin date to transition 1915(c) Transitioning Children to Health Home*** April 1, 2018

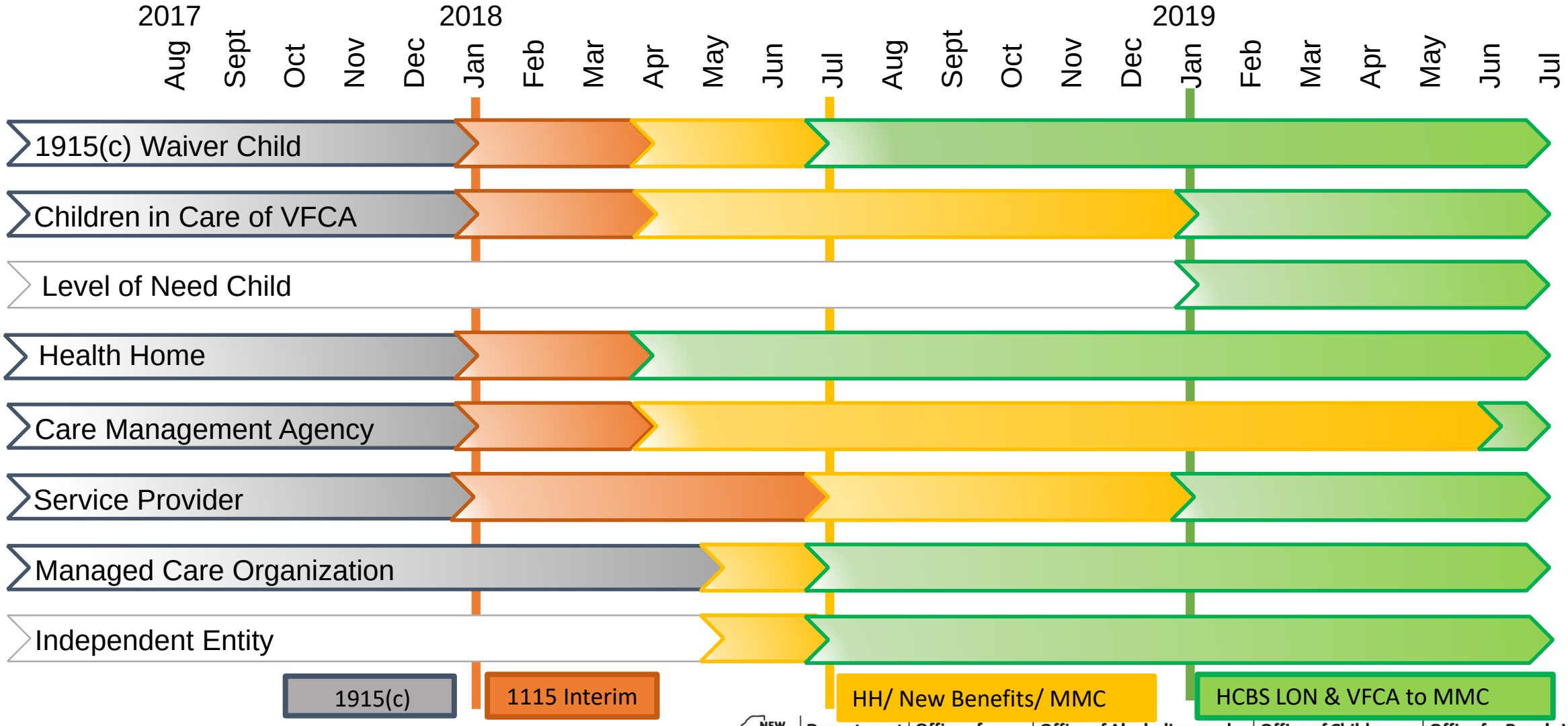
1915(c) Waiver Care Managers Transitioning to Health Home

- To preserve the expertise of existing waiver providers in the Children's Transformation and in Health Homes, all existing care managers providing care management under the six will transition to Health Homes
- ***1915(c) Transitioning Children that will transition to Health Home care management will transition with their current care manager (by choice and with consent)***
- This linkage between care managers and children and families will preserve care manager relationships with the child and their family, continuity of care and help ensure a seamless transition

Health Home Plans of Care and Home and Community Based Services

- Children who are eligible for HCBS are required to have care management and a care plan for their HCBS services
- ***Children who are eligible for HCBS are eligible for Health Home***
- ***Children who are Health Home eligible are NOT automatically eligible for HCBS***
- Health Home care managers develop a single Health Home comprehensive plan of care that includes all services a child needs (health, behavioral health, community and social supports, specialty services etc.)
- The Health Home comprehensive plan of care will be updated or developed to ***include*** HCBS services for children that are eligible for HCBS and enrolled in Health Home – Health Homes will ensure the Health Home care plans meets care plan requirements for HCBS
- There is not a separate HCBS care plan for members enrolled in Health Home
- Enrolling children who are eligible for HCBS in Health Home ensures children receive a comprehensive plan of care that includes ALL the services a child needs

Children's Medicaid System Transition Plan



Interim Transition Process
January 1, 2018 – June 30, 2018

Interim Transition Process from January 1, 2018 to June 30, 2018 – Key Dates

January 1, 2018 – June 30, 2018

- Authority for 1915(c) Waiver Transitions to the 1115 Waiver
- 1915(c)-like processes, structures and services remain in place
- No change to HCBS Service Array (Interim HCBS available)
- No change in LOC Eligibility Criteria or Medicaid eligibility
- All HCBS delivered FFS
- All HCBS billing under new 1115 rate codes using crosswalk from 1915(c) to 1115

March 2018	• Medicaid Managed Care Plan (MMCP) Enrollment notices sent to children and families • 60 day period to choose a MMCP
April 2018	• 1915(c) Care managers meet with families, begin transition to Health Home • Obtain Health Home consents, enroll child in Health Home and conduct CANS-NY assessment • Cross walk existing 1915(c) to new SPA/HCBS in Health Home POC • Health Home POC authorizes Fee-for-Service (FFS) HCBS referrals
May 2018	• Statewide Independent Entity: 1915(c) Transitioning Children that opt out of Health Home will be referred to Independent Entity for development of HCBS plan of care • MMCP member services begin for children that received notice in March
June 2018	• MMCP accepts POCs from Health Home or Independent Entity to begin service planning • Transition of 1915(c) Transitioning Children to Health Home complete • Interim Transition Process is Complete

1915(c) Transitioning Child - Interim Transition Process

Beginning 4/1/18

7/1/18

Current Care Manager* describes Health Home care management benefit and care management requirement for HCBS

→

With consents, child enrolls in Health Home*

→

Health Home develops Comprehensive HH POC, including HCBS**

→

HCBS Service Continues under 1115 either FFS or MMC – Expanded HCBS and SPA Available

Interim HCBS delivered FFS →

* Children who opt out of HH and are HCBS eligible will be served by Independent Entity who will develop HCBS plan of care
**Current 1915(c) Waiver Care Manager Transitioning to Health Home Care Management

Role of Independent Entity

- The State plans to contract with an Independent Entity (IE) to centralize the administration of processes and quality oversight related to children's HCBS processes that are now disparate and not implemented consistently across waivers
- Beginning May 1, 2018 and through the end of the Interim Process (June 30, 2018) the role of the Independent Entity will be limited to accepting referrals of 1915(c) Transitioning Children who are eligible for or in receipt of Interim HCBS and who opt out of Health Home

Consumer Enrollment in Plan

- Exemption for 1915c children sunsets 6/30/18
  - Estimated 1,000 children will be mandated to select a plan
- Consumers without another exemption/exclusion begin receiving enrollment notices 3/15/18 – 60 day choice window
- Enrollment broker to perform at least one additional outreach to families
- Consumers will be auto assigned if no plan is selected
- Plan enrollments will be effective 7/1/18; rosters to plans 6/21/18 – will include identifiers
- Member Service departments must be ready to respond to questions by May 1, 2018

Plan of Care

- Children's HCBS need to be listed on and authorized via a Plan of Care
- HCBS may be included on a Health Home Plan of Care or on an Independent Entity HCBS Plan of Care
- If a child receiving HCBS between April and July 2018 is enrolled in MCO or has made a MCO selection for July 1 ,2018, their HH Plan of Care or the IE POC will be shared with the plan in advance of July 1, 2018
  - For children who have made a plan selection, but are not yet enrolled in plan, the State will require a consent form to share the Plan of Care with the selected MCO prior to the effective date of enrollment
- Plans must be ready to accept POCs from HH or IE no later than June 1, 2018

Billing Procedures

- The state is currently developing a cross-walk of 1915(c) service rate codes, with new children's Medicaid State Plan and aligned children's HCBS rate codes (collectively 1115 rate codes) for billing during the transition period.
- To ensure providers will continue to be reimbursed while the child's new POC is under development and services are transitioned to meet the new State Plan and 1115 Waiver standards, both the fee-for-service system and Medicaid Managed Care Plans will be prepared to accept the 1115 rate codes.
- Plan coverage of new children's SPA and HCBS begins 7/1/18 under these 1115 codes. (state rates for children's SPA/HCBS for at least 24 months)
- Care managers changing from 1915(c) to Health Home receive transitional rate
- The State is working to streamline rate processes as much as possible

1115 Transition
July 1, 2018 – December 31, 2018

On and after July 1, 2018 and Beginning January 1, 2019	

July 2018	• 6 new State Plan services available statewide,
	• 12 newly aligned HCBS available statewide via MMC and FFS for members exempt or excluded from Managed Care
	• New Level of Care (LOC) HCBS Eligibility Determination Criteria is effective
	• HH POCs are updated to reflect new services available as applicable
	• "New to Medicaid" Family of One children are referred to Independent Entity for HCBS eligibility, and if applicable, assisting the family in completing and submitting Medicaid application to local social services district
	• Eligible children referred to Health Home
	  • If child opts out of Health Home, Independent Entity develops HCBS plan of care
	  • MMCO responsible for continuity of care

January 2019	• Level of Need (LON) HCBS eligibility begins • Exclusion from Managed Care ends for children in care of Volunteer Foster Care Agency

New Children 7/1/18 and After

For Children New to Medicaid and in need of HCBS

- Community referrals may be made to the Independent Entity for assistance with eligibility determinations

For Children already enrolled in Health Home – Not currently eligible for HCBS

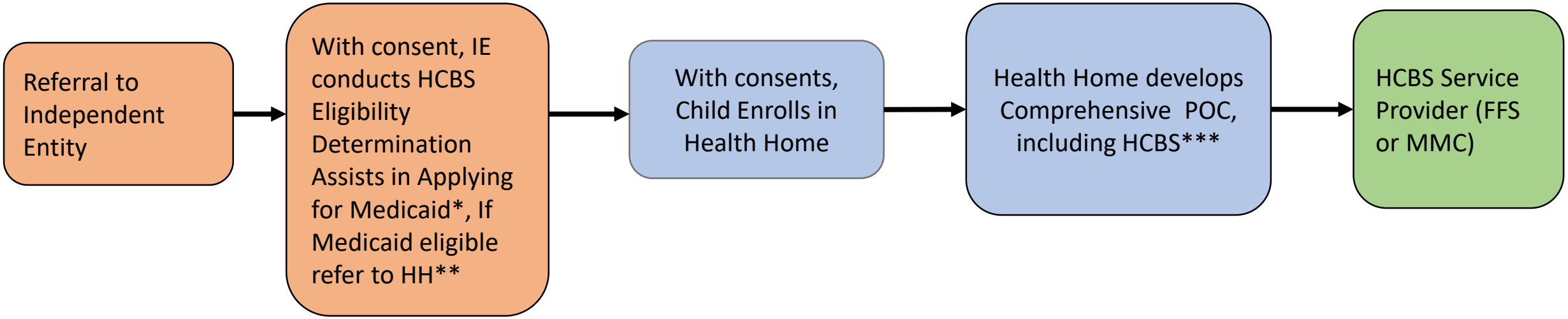
- HH Care Managers can begin discussions with children enrolled in Health Home who appear eligible for children's aligned 1115 HCBS or new children's State Plan services.
- Beginning 7/1/18 – HH Care Managers may determine eligibility for HCBS and expanded services available, update plan of care and refer to new services

For Children enrolled in Medicaid and in need of HCBS

- Community referral may be made to a Health Home – who will determine HH and HCBS eligibility
- Community referral may be made to the Independent Entity – who will determine HH eligibility and/or HCBS eligibility – and will refer to HH as applicable

Child New to Medicaid and HCBS beginning 7/1/18

Beginning 7/1/18

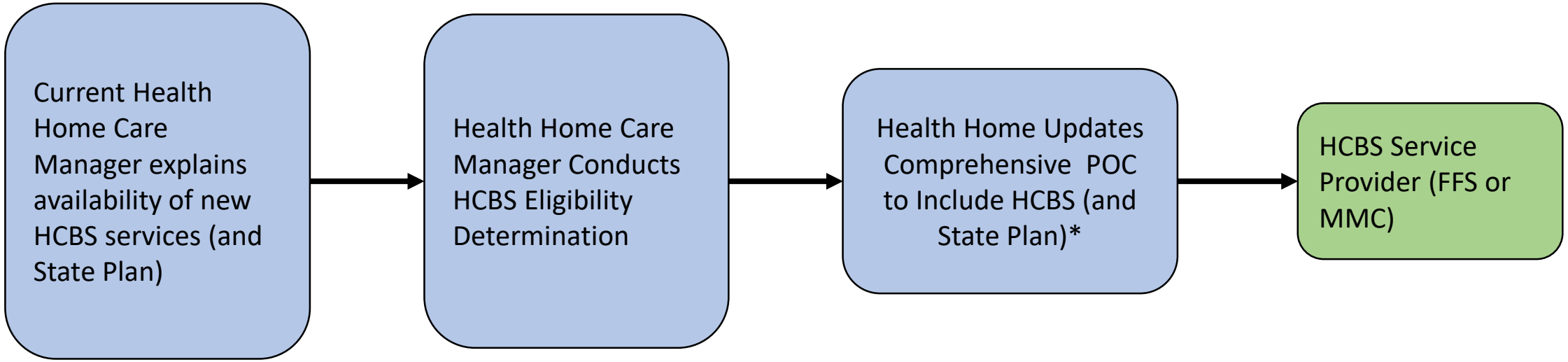


*Medicaid eligibility determined by LDSS or NYSoH

**Children who opt out of HH and are HCBS eligible will be served by Independent Entity who will develop HCBS plan of care
***HCBS Work Flow Under Development (i.e., process to share with Plan for approvals or IE for FFS members)

Health Home Enrolled Child New to HCBS after 7/1/18

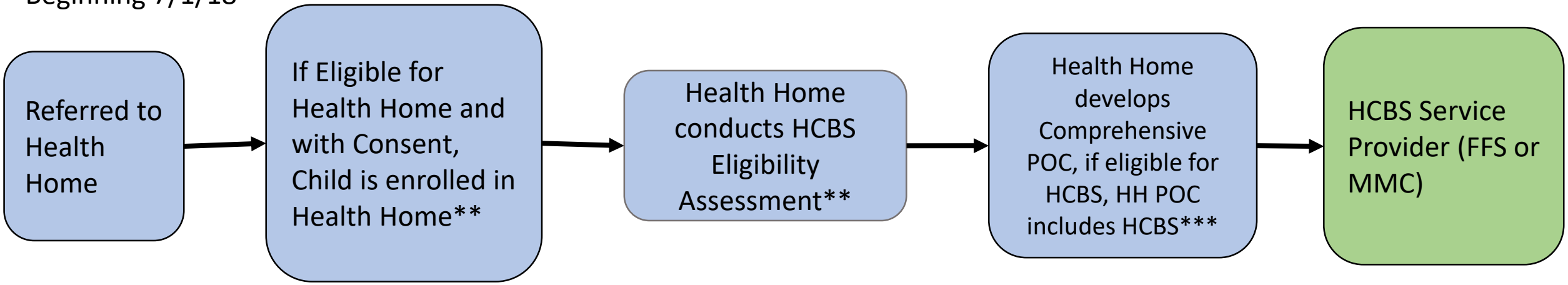
Beginning 7/1/18



*HCBS Work Flow Under Development (i.e., process to share with Plan for approvals or IE for FFS members)

Medicaid Enrolled Child New to HCBS, Not Enrolled In Health Home after 7/1/18 – *Referred to Health Home*

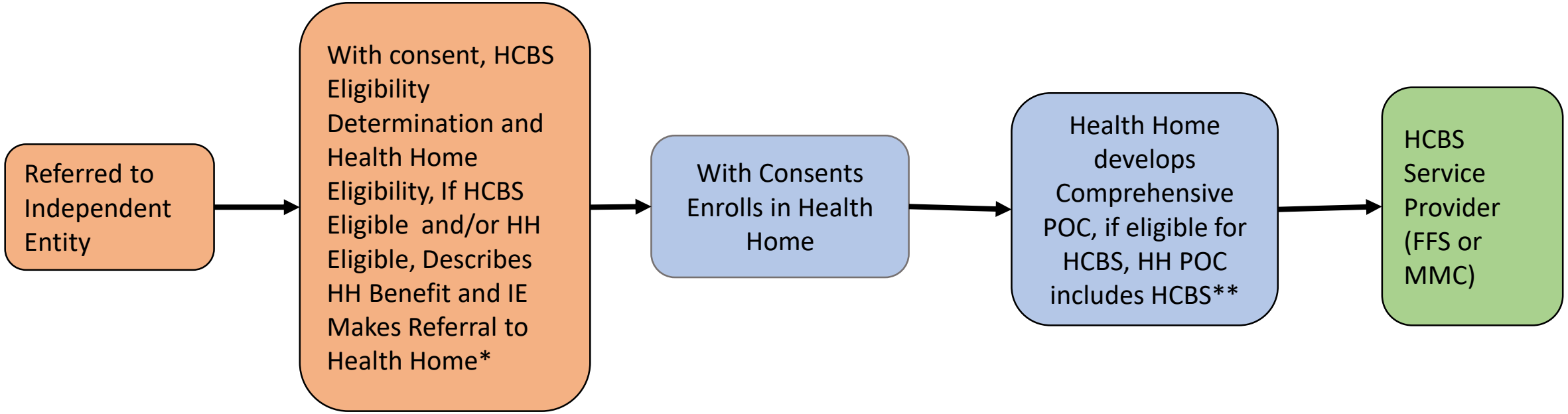
Beginning 7/1/18



*Children who opt out of HH and are eligible for HCBS will be served by Independent Entity who will develop HCBS plan of care
** If child is not HH eligible, Health Home will conduct HCBS Eligibility Assessment, if HCBS eligible the child is enrolled in Health Home
***HCBS Work Flow Under Development (i.e., process to share with Plan for approvals or IE for FFS members)

Medicaid Enrolled Child New to HCBS, Not Enrolled In Health Home after 7/1/18 – *Referred to Independent Entity*

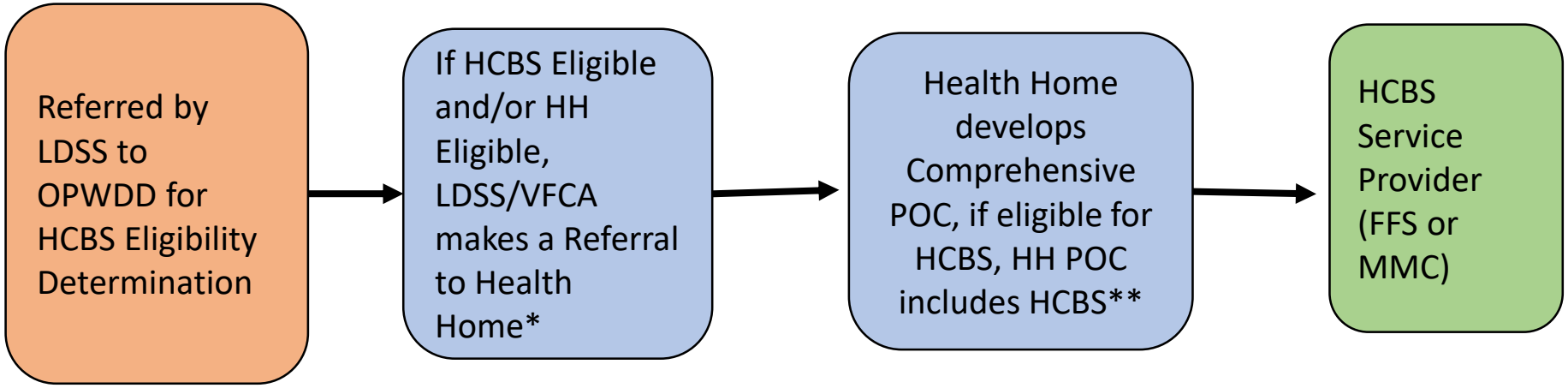
Beginning 7/1/18



*Children who opt out of HH and are HCBS eligible will be served by Independent Entity who will develop HCBS plan of care
**HCBS Work Flow Under Development (i.e., process to share with Plan for approvals or IE for FFS members)

Child in Foster Care who is Developmentally Disabled after 7/1/18

Beginning 7/1/18



*Children who opt out of HH and are HCBS eligible will be served by Independent Entity who will develop HCBS plan of care
**HCBS Work Flow Under Development (i.e., process to share with Plan for approvals or IE for FFS members)

Role of Independent Entity – Beginning July 1, 2018 (Post Interim Transition Process)

- Beginning July 1, 2018, the role of State contracted IE will include:
  - ✓ Assisting children and their families who are not enrolled in Medicaid and eligible for HCBS in applying for Medicaid, and referring children that become eligible for Medicaid to Health Homes
  - ✓ Making referrals to Health Homes, and/or performing HCBS Eligibility Determinations (i.e., does the child meet LOC or LON target population, risk factors, and functional criteria), as appropriate, for children who may need and be eligible for HCBS,
  - ✓ Coordinating with OPWDD for DD eligibility/ICF-IDD Level of Care determinations for children enrolled in Foster Care
  - ✓ Developing HCBS plans of care for children that choose not to enroll in Health Home.

Role of Independent Entity – Beginning July 1, 2018 (Post Interim Transition Process)

- ✓ In carrying out its functions, the IE will ensure it has appropriate consents from the child/family, or legally authorized representative or guardian.
- ✓ For children not enrolled in an MMCP and receiving fee-for-service HCBS, and for LOC and LON Family of One members the IE will work with the State to monitor enrollment, access to HCBS and HCBS plans of care.

  (For children enrolled in MMCP, the MMCP will monitor access to care and maintain the HCBS plan of care)
- ✓ The IE will establish single point of contact relationships with Managed Care Plans, Health Homes and local government units to facilitate referrals and linkages to other services where appropriate.

Medicaid Managed Care Plan Role

Continuity of Care

Access to care

- Aligned HCBS and new children's State Plan services are identical to or enhanced 1915(c) HCBS
- 1915(c) Transitioning Children:
  - ✓ Will remain eligible for HCBS until at least one year after their initial Health Home CANS-NY
  - ✓ Are not required to change Care Management Agency
  - ✓ Will have plan of care that cross-walks 1915(c) services to 1115 or State Plan for continued authorization
- For children transitioning to Medicaid Managed Care 7/1/18:
  - ✓ Services in POC for **HCBS or LTSS**, including provider, continue unchanged for at least 180 days
  - ✓ No prior authorization/UM for new children's SPA for aligned HCBS added to POC in first 180 days
  - ✓ Continue with current provider for BH or Medical Episode of Care for 24 months
- For FFS Children in receipt of HCBS that move to MMC between 7/1/18 and 6/30/20:
  - ✓ Services in POC for HCBS or LTSS continue for 180 days from enrollment
  - ✓ Continue with current provider for BH Episode of Care

Continuity of Care

Contracting/Network

- MMCPs required to offer contracts to:
  - ✓ OMH/OASAS providers with 5 or more under 21 enrollees
  - ✓ Allied providers of OASAS residential programs
  - ✓ Licensed Integrated clinics for full range of services
  - ✓ All licensed school based mental health clinics in plan service area
  - ✓ Designated providers of children's services (former 1915-c providers – for EACH population for EACH service
  - ✓ Children's Health Homes
  - ✓ Providers with high volume of single case agreements

Continuity of Care

Care Coordination/Authorization/Utilization Management

- Plan liaisons for Medically Fragile Children and Foster Care–
  - ✓ plan contact to coordinate access and authorizations with providers and families, including arranging for out of network access
  - ✓ liaisons must be in place by 7/1/18
- Discharge planning, including assessments for HCBS to facilitate return to community setting
- Warm transfers from MMCP to MMCP - Discharge plan upon disenrollment, new MMCP may request information for prospective enrollee
- No UM for 90 days from carve-in on any services under this transition
- No UM for 180 days on additions to HCBS POCs for children's SPA or aligned array of HCBS
- Additional requirements in Plan Qualification Standards for benefit management

Foster Care

- Some requirements in Plan Qualification Standards effective 7/1/18 for enrolled children ROS in direct care of LDSS, such as:
  - ✓Contract with providers who have expertise in serving foster care children
  - ✓Immediate plan welcome letter/ID, replacement services, including pharmacy and DME
  - ✓New PCP for children placed in different county (no disruption in care plan)
  - ✓access to providers for children placed out of plan service area
  - ✓Coordinated enrollment change for long term placement outside of service area
- MMCPs begin readiness for Voluntary Foster Care Agency transition in Fall 2018

1115 Transition
January 1, 2019 and Forward

January 1, 2019 Expansion

- Voluntary Foster Care Agencies (VFCAs) will be licensed to provide State-determined Preventive and Residential Supports and Services (State fee schedule for 24 months)
  - MMCPS to offer contracts to all VFCAs in service area within 6 months of licensure
- Exclusion from mandatory enrollment for children in care of VFCA sunsets 12/31/18
  - State, enrollment broker and VFCA will coordinate enrollment of currently place children for enrollment effective 1/1/19
  - Ongoing process to be developed to keep child in plan or select plan as needed for newly placed children
- Level of Need population expansion begins 1/1/19

Monitoring Access to Care

- MMCPs responsible for ensuring POC development consistent with person-centered principles and federal rules
- Children's SPA provided in accordance with EPSDT
- HCBS must be authorized in accordance with POC
- If member opts out of Health Home
  - Enrollees appropriately access care as included in POC
  - POC is updated as necessary
  - Enrollees in receipt of HCBS reassessed by IE at least annually

Next Steps

- Comments on Transition Plan Due September 8, 2017 to BH.Transition@health.ny.gov
- State will hold another Webinar to Review Changes to Finalized Transition Plan
- Finalize Rate Crosswalks
- Develop draft materials to help waivers providers, Health Homes and other stakeholders communicate to children and families
- Submit Transition Plan to CMS for approval

Children's Health and Behavioral Health System Transformation: Plan Readiness Review Process

August 24, 2017

Overview and Background

- The Plan Qualifications document was released on July 31, 2017, including a review tool for plans to submit responses to the document.
- Document was developed by an interagency team including representation from the Department of Health (DOH), the Office of Mental Health (OMH), the Office of Alcoholism and Substance Abuse Services (OASAS), the Office of Children & Family Services (OCFS), and the Office for People With Developmental Disabilities (OPWDD).
- Consultation and technical assistance provided by Mercer.
- Workgroup used lessons learned from the Request for Qualifications for Adult Behavioral Health Benefit Administration and readiness review process.

Schedule of Key Implementation Dates	
Plan submissions using the Section 4.0 Tool in the Plan Qualification Standards are due to the State	October 31, 2017
NYS provides confirmation of complete submission to each plan	November 15, 2017
NYS posts a list of designated providers of Children's Specialty Services and Plans begin contracting	November/December 2017
Interim Report from State to each plan (summary of results of desk review of submitted written materials) – identifying any areas the Plan needs provide additional information.	January 15, 2017
On-site readiness reviews begin	Early March, 2018
Consumers begin receiving noticing (benefit changes and enrollment notices)	Mid-March, 2018
HH enrollment and POC development	April 1, 2018 through June 30, 2018
Plan Member Services staff begin taking calls related to the Children's System Transformation	May 1, 2018
NYS distributes findings from on-site reviews to MCOs	May 2018
Plan begins to accept Plans of Care	June 2018
Children's Behavioral Health Benefits, New State Plan Services, and Aligned HCBS Transition to Managed Care and Exemption from Enrollment in Managed Care removed for children in the six 1915(c) waivers	July 1 ,2018
Exclusion from enrollment in Medicaid Managed Care for children in the care of a Voluntary Foster Care Agency is removed, and HCBS Level of Need expansion population	January 1, 2019

Areas of Focus

- Readiness review efforts are focused on those areas where changes in Plan operations are required as a result of enrollment of new populations and expansion of covered services for all Medicaid-enrolled children.
- Review will be focused on critical pieces that must be in place prior to go-live. Absence of these items has the potential to cause disruption for service recipients and/or providers. These items have priority in planning and conducting readiness review activities.
- Two components:
  1. Off-site review (desk audit) – includes October 31 response to the Standards and ongoing monitoring
  2. Onsite interviews and operations demonstrations

Readiness Review Priorities

Readiness Priorities

- Sufficient staff have been hired and trained, including any subcontractor/vendor staff.
- Detailed member communication/education plans are developed and implemented.
- The Plan is able to respond to callers requesting referrals and information on the new covered populations and expanded array of benefits and callers in crisis.
- The Plan has a sufficient network of contracted providers.
- Provider contracting and systems updates are completed in order to process and pay new children's health and behavioral health (BH) and home- and community-based services (HCBS) claims upon go-live.
- Training and supports are in place for providers who are new to managed care organization billing and service authorization processes.

Readiness Priorities (cont'd)

- Protocols in place to preserve continuity of care
- Adoption and the ability to offer and track use of clinical practice guidelines for children (i.e., Trauma-Focused Cognitive Behavioral Therapy, Multi-systemic Therapy, etc.)
- Ability to use LOCADTR for determining most appropriate level of care for adolescents with a substance use disorder.
- Ability to conduct medical necessity reviews for the expanded benefits and authorize care, including plans of care for HCBS.
- Information systems are updated to
  - accept, process and pay new children's health and behavioral health (BH) and home- and community-based services (HCBS) claims upon go-live
  - support data-driven approaches to monitor compliance with requirements in the Children's Standards.

Off-Site Review Tool Walkthrough

Off-Site Review Tool

- An Excel file that Plans will use to communicate the names of the specific files submitted.
  - Required information/documents to demonstrate the Plan is "ready" to perform under the terms of the agreement are provided.
  - Includes standardized exhibits that must accompany submission.
  - Is organized by content area from the Requirements and Standards document (organizational capacity, personnel, member services, network, etc.).
- Documents submitted should be formal, nearly final plan documents.
- State reviewers will use the tool to summarize their findings.
- **Do not alter the tool. Plans will be required to resubmit the entire tool if columns, rows, cells, templates, etc. are modified.**

Organizational Capacity

- Readiness depends on:
  - Agreements that have been established with any vendors to manage or administer the expanded BH and Demonstration Benefits and/or HCBS.
  - Development of a Children's advisory committee.
- Primary documents to be reviewed include:
  - Detailed implementation plan.
  - Subcontractor delegation agreement(s), if any, delegating management and/or administration of expanded BH and Demonstration benefits and/or HCBS.
  - Work Plan for developing and implementing an advisory committee for children.

Personnel

- Readiness depends on:
  - Key personnel are qualified, hired and in place.
  - Adequate managerial and support staff are qualified, hired and in place with reasonable progress toward hiring the full complement of staff in time for implementation (Applies to subcontractor staff as well.)
  - Staff are oriented and trained prior to performing work (Applies to subcontractor staff as well).

Personnel

- Primary documents to be reviewed include:
  - Organizational chart(s).
  - Resumes for key and managerial staff.
  - Staffing Plan (Exhibit 1 with monthly updates).
  - Staff training plan (Exhibit 2A).
  - Operational Staff Training Plan and Implementation Tracking Log (Exhibit 2B with monthly updates).

Member Services

- Readiness depends on:
  - Member services staff is fully trained on all policies and procedures (P&Ps) to respond appropriately to calls for information, referral and crisis support that relate to the new covered populations and expanded array of benefits available to children.
  - Prepared to answer calls and inquiries from enrollees beginning May 1st, 2018
  - The Plan is able to respond to callers requesting referrals and information on the new covered populations and expanded array of benefits and callers in crisis.
- Primary documents to be reviewed include:
  - Updated P&Ps.
  - Updated Member Handbook (due date TBD).
  - Detailed member communication/education plans are developed and implemented.

Network

- Readiness depends on:
  - The Plan has a sufficient network of contracted providers.
  - Network capacity able to meet the standards for appointment availability by service type and timeframes for completion of required foster care initial health services.
  - Processes in place to pay at least the Medicaid FFS fee schedule for 24 months for new Early and Periodic Screening, Diagnostic, and Treatment State Plan Amendment services, OASAS certified, and OMH Licensed Ambulatory Programs.
  - Continuity of care processes in place for children to remain with their provider for a continuous episode of care up to 24 months and to remain with their current Health Home provider.
  - New providers are oriented and trained.

Network

- Primary documents to be reviewed include:
  - Updated P&Ps.
  - Signed Attestation (Exhibit 3).
  - Network Contracting Status Report* (Exhibit 4 with monthly updates).
  - Updated Provider Manual with checklist (Exhibit 5).
  - Provider training plan with checklist (Exhibit 6).

(*A sample of provider contracts selected from the Network Contracting Status report will be requested in March/April 2018 and reviewed for compliance with applicable requirements.)

Utilization Management

- Readiness depends on:
  - Demonstrating ability to identify children who should be referred to Health Home or HCBS.
  - Demonstrating ability to conduct UM for medically fragile children.
  - All UM staff, including peer reviewers, being trained and able to respond appropriately to service authorization requests related to the expanded array of benefits.
  - Inter-rater reliability testing is complete.
- Primary documents to be reviewed include:
  - UM P&Ps.
  - Updated or new level of care guidelines for the children's expanded benefits.

Clinical Management

- Readiness depends on:
  - Established protocols to monitor that physical health and BH care needs for children are identified and treatment recommendations are implemented.
  - Ability to facilitate appropriate sharing of clinical information.
  - Enhancements to the pharmacy management program to support specialized policies for BH providers, primary care providers, and other specialty provider types treating children.
  - Effective processes for care coordination and care management for HCBS members, including collaboration with Health Homes.
  - Adoption and dissemination of clinical practice guidelines for children.
- Primary documents to be reviewed include:
  - P&Ps.
  - Formal Plan document such as UM Plan.

Cross System

- Readiness depends on:
  - Processes to support continuity of care for Transition Age Youth.
  - Development and implementation of a strong communication and notification process to assist with:
    - The transition and enrollment of children into and out of foster care and/or the Plan; and
    - Monitoring access to appropriate care and treatment.
- Primary documents to be reviewed include:
  - P&Ps.
  - Narrative of the Plan's secure IT system for communication per an agreement with OCFS/Local Departments of Social Services/Voluntary Foster Care Agency or work plan if new system needs to be developed.

Quality Management and Reporting

- Readiness depends on:
  - Expansion of existing QM and UM committees and BH QM and UM sub-committees to reflect the new benefits and populations.
  - Ability to separately track, trend and report BH complaints, grievances, appeals, denials and other quality metrics for children.
  - Processes are in place for tracking utilization metrics for children.
- Primary documents to be reviewed include:
  - Updated QM, UM Plans.
  - P&Ps.
  - Draft report to demonstrate separate reporting for children.

Claims, Information Systems and Website

- Readiness depends on Plan capability to:
  - Systems updates are completed in order to accept, process and pay new children's health and behavioral health (BH) and home- and community-based services (HCBS) claims upon go-live.
  - Support both hardcopy and electronic submission of claims and encounters for all claims types.
  - Support additional populations, services and provider types.
  - Track and pay Health Homes to administer care management for children enrolled in Health Homes.
  - Receive HIPAA 278 authorizations and have an automated process for handling UM-related requests.

Claims, Information Systems and Website

- Readiness depends on Plan capability (cont'd):
  - Ability to capture, store and update provider, service authorization, grievance/appeals and HCBS data.
  - Ability to generate reports, including HCBS assurances/sub-assurances reports.
  - Updated website content to include new required content.
- Primary documents to be reviewed include:
  - Narrative descriptions with detailed project work plans for system updates.
  - Draft reports for HCBS reporting.

Financial Management

- Readiness depends on the Plan's ability to address medical and administrative expenditures specific to new BH, SPA, and HCBS benefits and new populations, including separate reporting for all categories of aid.
- Primary documents to be reviewed include:
  - Financial P&Ps.
  - Financial documents and reports.
  - Project plan for updating chart of accounts and integrating new services into the reporting structure.

Submission of Evidence

Evidence Submission Process

- Plans will upload information/documents for the off-site review to Mercer's secure, web-based Connect site.
- Naming conventions for all files must follow instructions as specified in the review tool.
- Each Plan is asked to identify a point-of-contact for access to Connect and email their email address to: Barbara.Anger@mercer.com.
  - The link to the secure site will be provided along with a separate ID and password when access is set up for the point-of-contact.
  - This is a NEW Connect Site!

Evidence Submission Process: Naming Documents

- Each document should be labeled with the following naming convention for the electronic document and reference each file's name at the top of the document (when open):
  - Your Plan Name.
  - The document name as listed in Column E. Abbreviations are acceptable but should be intuitive.
  - The version number, anticipating that multiple versions of a document may be shared.

Document Name used in Tool (Column E)	File Name
DOH Approval Letter	**Plan Name_DOH ApprovalLtr1.pdf**

- Certain documents (e.g., P&Ps) may apply to more than one standard. Instead of submitting the same document more than once in a folder, reference the same document name in the tool with the relevant page number(s) for the particular standard being addressed.
- For items that require monthly updates, upload an updated version to the corresponding month folder in the appropriate category folder. Monthly updates are due on the 30th of each month.
- If the document applies to more than one folder, attach it in each relevant folder. For example, if a member services P&P is submitted in response to standards in both the Members Services and QM folders, attach once in each folder.

Connect

- Using the Readiness Review Connect site, please submit:
  - The completed off-site review tool with completed exhibits/templates; and
  - An electronic copy of all documents you listed in the tool.

  Note: If any document is PDF please ensure the "search" and "find" function is allowed.
- Process:
  - Log into the Connect site with the user name provided and your password.
  - Double click on your Plan folder and then double click on the folder for which you are uploading documents (Network, Member Services, Personnel, etc.).
  - From the menu of options, click on "Add File".
  - Browse to the location of the file you wish to upload.

Connect (cont'd)

- If you are uploading multiple files, you can check the box to "Upload, then add another".
- Click "OK".
- Your uploaded document should appear in the folder.
- When you have completed uploading your documents, log out.

Connect Site (Demo)

Next Steps

- Webinar slides will be distributed following today's call.
- Questions due by September 1, 2017.
- Applicants Conference will be held on September 15th, 2017
- Responses to questions received will be distributed in the form of FAQs.