



Department
of Health

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office of Children
and Family Services

Office for People With
Developmental Disabilities

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 the exemption for enrollment in the six 1915(c) waivers
- ✓ Transition of Volunteer Foster Care Agency (VFCA) children to Managed Care January 1, 2019
- ✓ Expansion of Children's HCBS for Community Eligible and Family of One Level of Need Population January 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

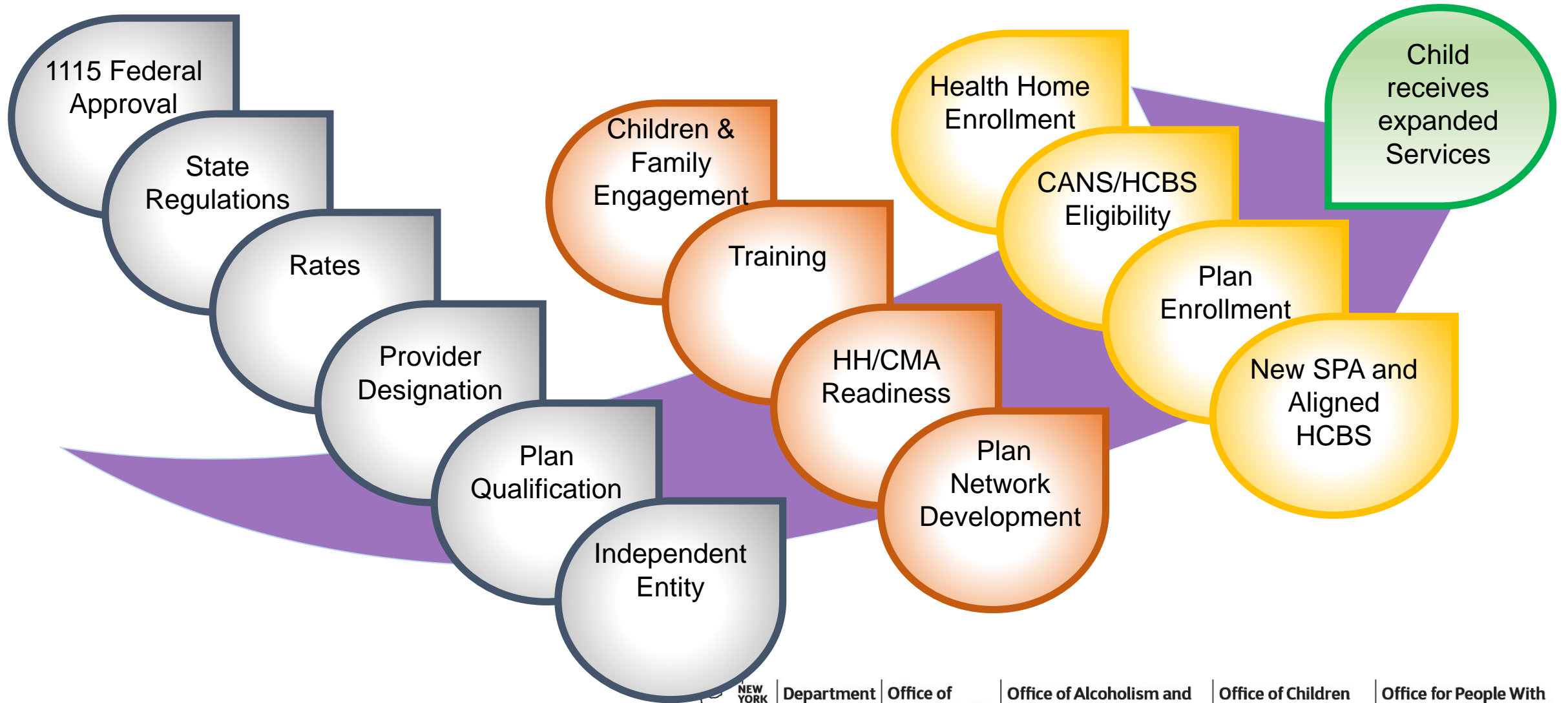


Schedule of Key Implementation Dates

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 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 Waiver 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, and 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



Communicating with Children and Families

- Families will be notified by letter about the administrative change in the services they are receiving (i.e., the 1915(c) Transition to the 1115 Waiver)
- Letter will be in plain language
- Letter will reinforce that all of the services the child is receiving will continue unchanged
- Letter is required to be released at least 30 days prior to the transition - the State will inform providers, ahead of time, when the letter will be sent
- Letter will suggest family discuss changes and their questions with their current case manager and will also provide State contact
- The State will work with waiver providers and stakeholders to ensure they are prepared well in advance when the letter is sent to communicate with families, provide information and address questions
 - State will provide guidance and assistance to providers – how can we help?



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

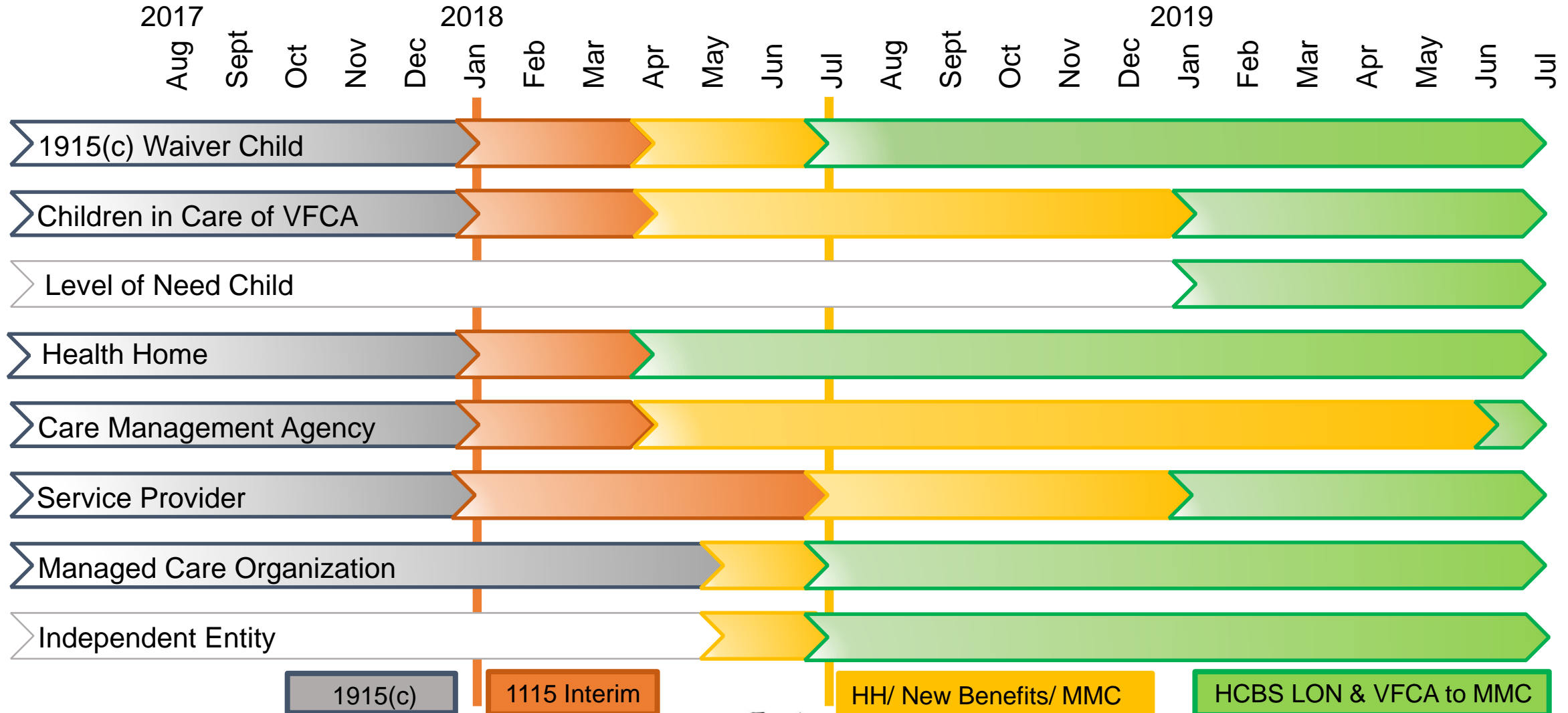


Health Home Plans of Care and Home and Community Based Services

- 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



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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 in the UAS
- 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



Role of Independent Entity – During Interim Process

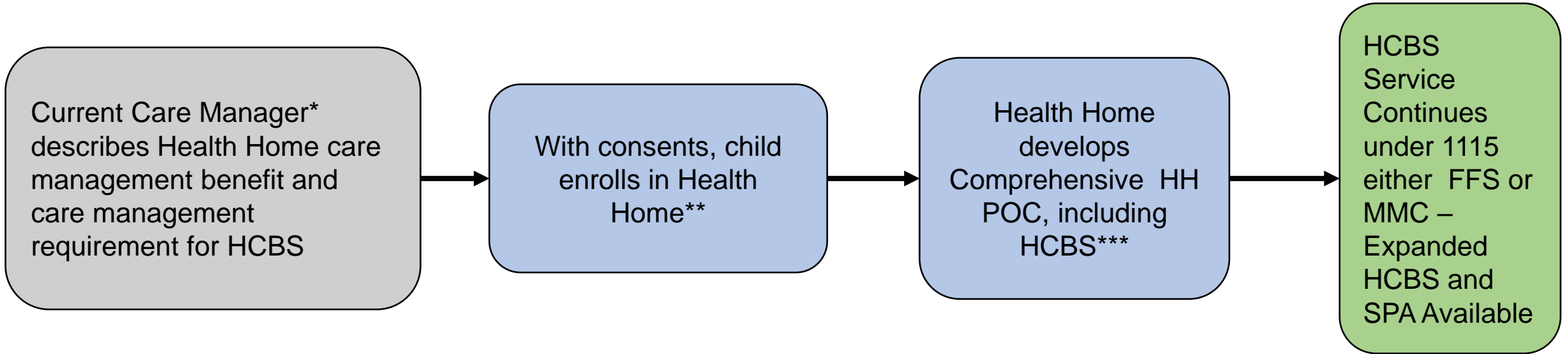
- The State plans to contract with an Independent Entity (IE) to centralize across the State the administration of processes and quality oversight related to children's HCBS processes that are now disparate and not implemented consistently across waivers
- Beginning May 1, 2018 and through the end of 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
 - For Fee-for-Service children that opt out of Health Home – The IE will work with the State to monitor access to care and coordinate with the IE to maintain the HCBS plan of care
 - For children enrolled in MMCP, the MMCP will monitor access to care and maintain the HCBS plan of care



1915(c) Transitioning Child - Interim Transition Process

Beginning 4/1/18

7/1/18



Interim HCBS delivered FFS →

*Current 1915(c) Waiver Care Manager Transitioning to Health Home Care Management

**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)



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



Continuity of Care

1915(c) Transitioning Children:

- ✓ Will remain eligible for HCBS until at least one year after their initial Health Home CANS-NY (first possible date is April 1, 2018)
- ✓ 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



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



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.



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

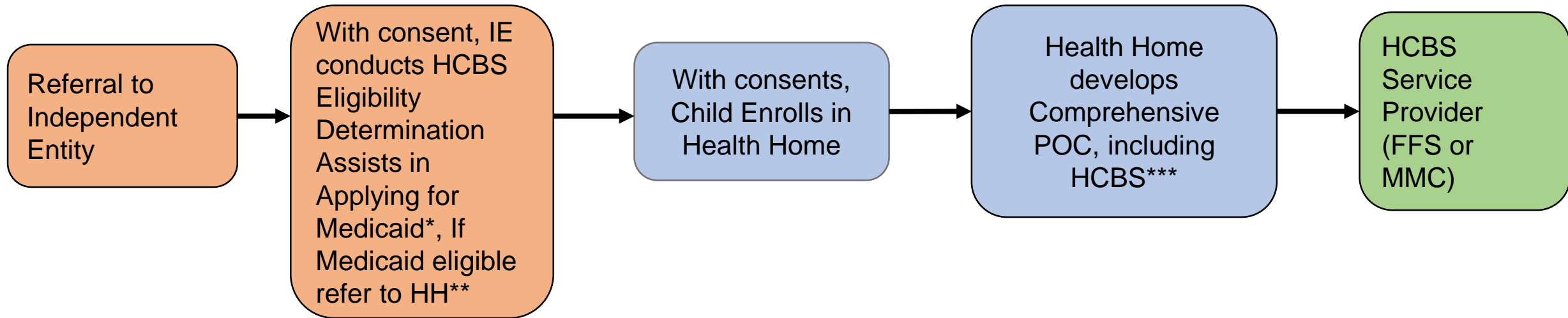
For Children enrolled in Medicaid and in need of HCBS

- 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

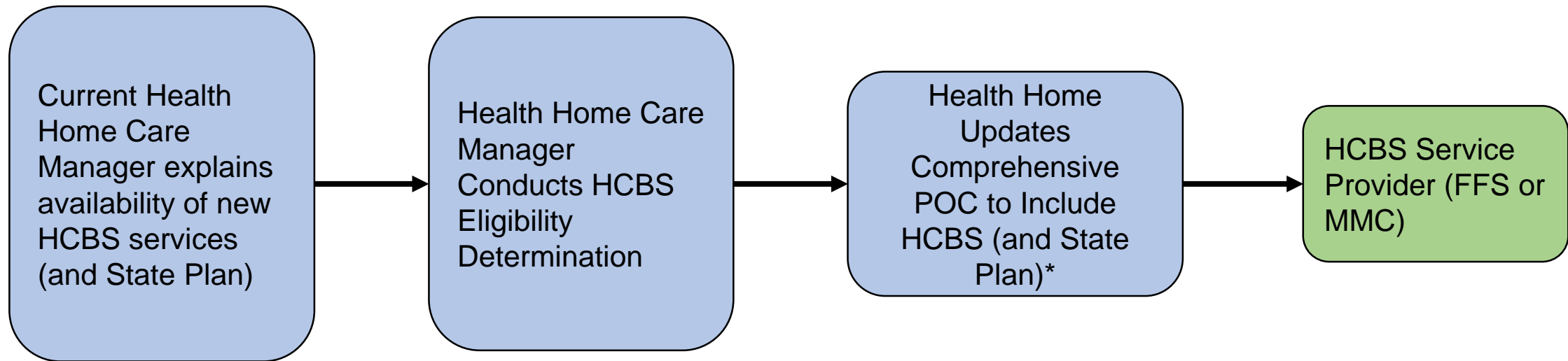


*Medicaid eligibility determined by LDSS or NYSoH

**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

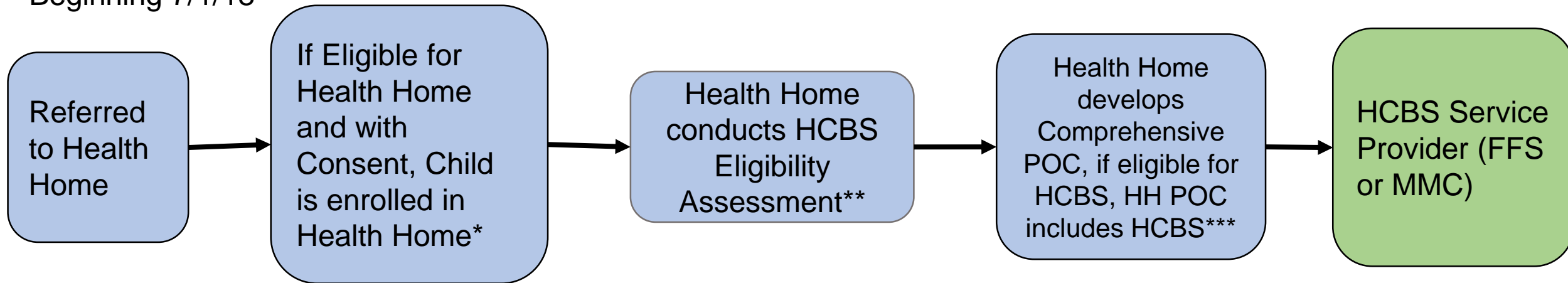


*HCBS Work Flow Under Development (i.e., process to share with Plan for approvals or IE for FFS members)



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

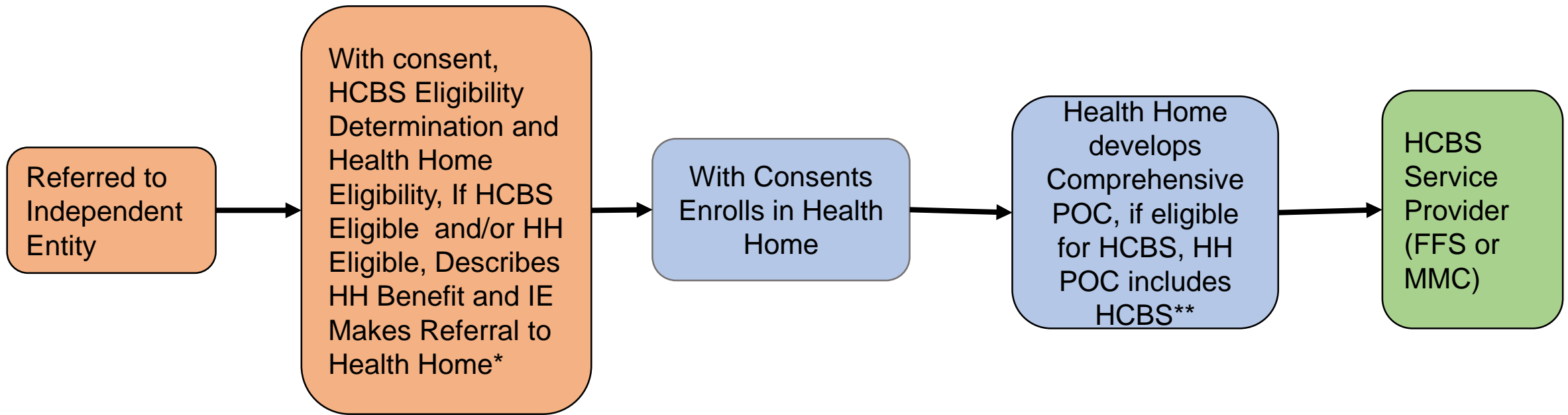
Beginning 7/1/18



*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



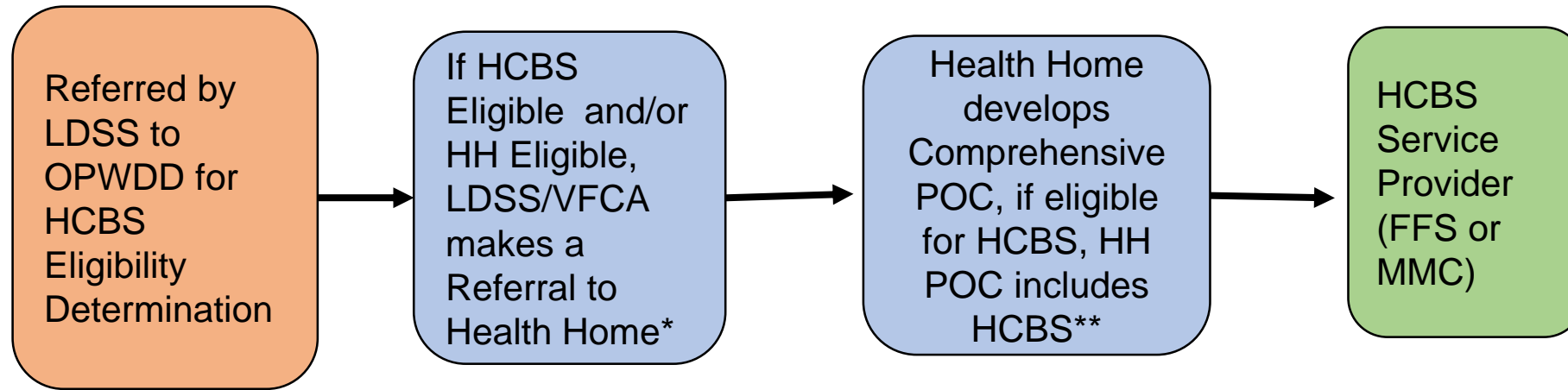
*Children who opt out of HH and are HCBS eligible will be served by Independent Entity who will develop HCBS plan of care

**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)



Continuity of 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 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
- Additional contracting and access requirements in MMCO Requirements and Standards



HCBS Eligibility Determination Criteria



HCBS Eligibility Determination Criteria

- Effective **July 1, 2018**, the State will implement new HCBS Level of Care (LOC) Eligibility Determination criteria.
- The LOC HCBS Eligibility Determination criteria will replace criteria and tools used under the 1915(c) waivers (Note: the 1915(c) tools will continue to be utilized during Interim Transition Process between January 1, 2018 and June 30, 2018 under the 1115 wavier).
- Effective January 1, 2019, the State will implement new HCBS Level of Need (LON) Eligibility Determination criteria

The HCBS Eligibility Determination criteria for both LOC and LON HCBS includes three components applied in the following order:

- 1) Target Population Criteria,
- 2) Risk Factors, and
- 3) Functional Criteria



Target Population Criteria for LOC HCBS Eligibility

Effective July 1, 2018 – LOC HCBS Eligibility Criteria – Under Age 21 – Target Population Criteria

Serious Emotional Disturbance (SED)

Medically Fragile Children (MFC)

Developmental Disability (DD) and Medically Fragile

Developmental Disability (DD) and in Foster Care

*Eligibility for child that received HCBS while in Foster Care continues upon discharge if there is no break in coverage or eligibility



Target Population Criteria for LON HCBS Eligibility

**Effective January 1, 2019 – LON HCBS Eligibility Criteria –
Under Age 21 – Target Population Criteria**

Serious Emotional Disturbance (SED)

Abuse, Neglect, Maltreatment and Health Home Complex Trauma



Health Home Eligibility and HCBS Eligibility

- If you are eligible for HCBS you are eligible for Health Home
- There are some conditions or attributes that make a child eligible for HCBS but those conditions or attributes alone may NOT make a child eligible for Health Home
 - ✓ If you have one of these conditions or attributes you are eligible for HCBS and Health Home, however, after you are no longer eligible for HCBS you are no longer eligible for Health Home (unless you have another condition(s) that make you eligible for Health Home)

If you are eligible for HCBS you are eligible for Health Home
HCBS Eligibility = Health Home Eligibility
Health Home Eligibility *May not Equal* HCBS Eligibility



Health Home Eligibility Criteria Compared to HCBS Eligibility Criteria

Examples Include:

If you are eligible for HCBS you are eligible for Health Home HCBS Eligibility = Health Home Eligibility Health Home Eligibility <i>May not Equal</i> HCBS Eligibility	HCBS Eligible? (if Meet Target Risk and Functional Criteria)	Health Home Eligible Without HCBS Eligibility?
SED: Elimination Disorders	Yes	No
SED: Sleep Wake Disorders	Yes	No
SED: Sexual Dysfunctions	Yes	No
SED: Medication Induced Movement Disorders	Yes	No
SED: Tic Disorder	Yes	No
SED: ADHD with having utilized the following services in the last three years (psychiatric inpatient, RTF, Day Treatment, Community Residence, HCBS Waiver, Targeted Case Management)	Yes	Yes
SED: ADHD without having utilized the following services in the last three years (psychiatric inpatient, RTF, Day Treatment, Community Residence, HCBS Waiver, Targeted Case Management)	Possibly, See SED LOC Risk Factors	No
All other SED Health Home Conditions (see appendix for SED HH Definition)	Yes	Yes
Medically Fragile	Yes	Yes, if have two or more HH chronic conditions or single qualifying HH condition
Complex Trauma (Health Home Definition)	Yes	Yes



Licensed Practitioner of the Healing Arts (LPHA)

- HCBS Eligibility Criteria requires a licensed LPHA, acting within his/her scope of practice under state law, to determine in writing, in the absence of HCBS, the child would be at risk of institutionalization
- Licensed LPHAs include a: Physician, Psychiatrist, Licensed Psychoanalyst, Registered Professional Nurse, Nurse Practitioner, Clinical Nurse Specialist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist, Licensed Mental Health Counselor, Licensed Psychologist, Licensed Master Social Worker (LMSW), Clinical Nurse Specialist, and Physician Assistants.



Level of Care HCBS Eligibility

July 1, 2018



Level of Care (LOC) HCBS Eligibility Determination Criteria: Serious Emotional Disturbance (SED) July 1, 2018

Target Criteria SED	<ol style="list-style-type: none"> 1. Age 0 to 21, and 2. Child has Serious Emotional Disturbance SED is defined to include any one of the following Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses:
	<ul style="list-style-type: none"> • Schizophrenia Spectrum and Other Psychotic Disorders • Bipolar and Related Disorders • Depressive Disorders • Anxiety Disorders • Obsessive-Compulsive and Related Disorders • Trauma – and Stressor – Related Disorders • Feed and Eating Disorders • Disruptive, Impulse-Control and Conduct Disorders • Personality Disorders • Paraphilic Disorders • Gender Dysphoria • Elimination Disorders • Sleep-Wake Disorders • Sexual Dysfunctions • Medication- Induced Movement Disorders • Attention Deficit/Hyperactivity Disorder • Tic Disorder



Level of Care (LOC) HCBS Eligibility Determination Criteria: Serious Emotional Disturbance (SED) July 1, 2018

- Risk Factors SED
- The child meets one of the factors 1-4 and factor 5.
1. The child is currently in an out-of-home placement, including psychiatric hospital, or
 2. The child has been in an out-of-home placement, including psychiatric hospital within the past six months, or
 3. The child has applied for an out-of-home placement, including placement in psychiatric hospital within the past six (6) months, or
 4. The child currently is multi-system involved (i.e., two or more systems) and needs complex services/supports to remain successful in the community

AND

5. A licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of institutionalization (i.e., hospitalization). The LPHA has submitted written clinical documentation to support the determination.

Multi-system involved means two more child systems including: child welfare, juvenile justice, OASAS clinics or residential treatment facilities or institutions, OMH clinics or residential facilities or institutions, OPWDD services or residential facilities or institutions, or having an established IEP through the school district



Level of Care (LOC) HCBS Eligibility Determination Criteria: Serious Emotional Disturbance (SED) July 1, 2018

Functional Criteria SED	Algorithm applied to a subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY)
Financial Criteria SED	<p>If a child is already Medicaid eligible, then a child meeting LOC SED HCBS target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p> <p>If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting LOC SED HCBS target criteria, risk factors, and functional criteria can be considered for Medicaid eligibility under the Family of One financial criteria.</p>



Level of Care (LOC) HCBS Eligibility Determination Criteria: Medically Fragile Child (MFC) Population July 1, 2018

<p>Target Criteria MFC</p>	<p>Age 0 to 21, and The child must have documented physical disability using the following protocols:</p> <ul style="list-style-type: none"> I. Current SSI Certification, or II. LDSS-639 disability certificate, or III. Forms: OHIP 0005, OHIP 0006 and OHIP 0007 completed by appropriate professionals and caregivers to be reviewed and approved by an LPHA
<p>Risk Factors MFC</p>	<p>A licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of institutionalization (i.e., hospitalization or nursing facility). The LPHA has submitted written clinical documentation to support the determination.</p>



Level of Care (LOC) HCBS Eligibility Determination Criteria: Medically Fragile Child (MFC) Population July 1, 2018

Functional Criteria MFC	Algorithm applied to a subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY)
Financial Criteria MFC	<p>If a child is already Medicaid eligible, then a child meeting LOC MFC target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p> <p>If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting LOC MFC target criteria, risk factors, and functional criteria can be considered for Medicaid eligibility under the Family of One financial criteria.</p>



**Level of Care (LOC) HCBS Eligibility Determination Criteria: Developmental Disability and Medically Fragile Child
July 1, 2018**

<p>Target Criteria DD MFC</p>	<ol style="list-style-type: none"> 1. Age 0 to 21, and 2. Child has developmental disability as defined by OPWDD which meets one of the criteria a-c as well as criteria d and e. <ol style="list-style-type: none"> a. is attributable to mental retardation, cerebral palsy, epilepsy, neurological impairment or autism; or b. is attributable to any other condition found to be closely related to mental retardation because such condition results in similar impairment of general intellectual functioning or adaptive behavior with mental retardation or requires treatment and services similar to those required for such children; or c. is attributable to dyslexia resulting from a disability described above; and d. has continued or can be expected to continue indefinitely; and e. constitutes a substantial handicap to such child’s ability to function normally in society.
<p>Risk Factors DD MFC</p>	<p>The child must be Medically fragile as demonstrated by a licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of institutionalization (i.e., hospitalization or nursing facility) The LPHA has submitted written clinical documentation to support the determination</p>
<p>Functional Criteria DD MFC</p>	<p>Algorithm applied to a subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY) or Office for People with Developmental Disabilities (OPWDD) Level of Care using the ICF-IDD LOC eligibility tool</p>
<p>Financial Criteria DD MFC</p>	<p>If a child is already Medicaid eligible, then a child meeting LOC MFC target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p> <p>If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting LOC MFC target criteria, risk factors, and functional criteria can be considered for Medicaid eligibility under the Family of One financial criteria.</p> <p>Note: Children with DD and not meeting these target criteria and risk factors would be served by the OPWDD HCBS delivery system.</p>

HCBS LOC DD MFC and HCBS LOC MFC

- Children who are Medically Fragile with a DD which has not yet been determined by OPWDD may access HCBS services using the CANS-NY to determine LOC functional criteria under the HCBS LOC Medically Fragile Eligibility Determination Criteria
- However, to ensure the child has access to adult HCBS services provided under the OPWDD HCBS Waiver and other State plan clinic services, the child should also subsequently seek an OPWDD for a determination of DD eligibility and ICF-DD LOC – this should occur well before the child's 21st birthday
- As part of providing comprehensive transitional care, Health Home care managers should ensure this referral and determination is made for its MFC DD children



Level of Care (LOC) HCBS Eligibility Determination Criteria: Developmental Disability and Foster Care – July 1, 2018

<p>Target Criteria DD Foster Care</p>	<ol style="list-style-type: none"> 1. Age 0 to 21, and 2. Child has developmental disability as defined by OPWDD which meets one of the criteria a-c as well as criteria d and e. <ol style="list-style-type: none"> a. is attributable to mental retardation, cerebral palsy, epilepsy, neurological impairment or autism; or b. is attributable to any other condition found to be closely related to mental retardation because such condition results in similar impairment of general intellectual functioning or adaptive behavior with mental retardation or requires treatment and services similar to those required for such children; or c. is attributable to dyslexia resulting from a disability described above; and d. has continued or can be expected to continue indefinitely; and e. constitutes a substantial handicap to such child’s ability to function normally in society.
<p>Risk Factors DD Foster Care</p>	<p>The child must meet either criteria 1 or 2</p> <ol style="list-style-type: none"> 1. a current Foster Care (FC) child in the care and custody of Local Departments of Social Services (counties and New York City) (LDSS) or a child in the custody of OCFS Division of Juvenile Justice and Opportunities for Youth (DJJOY) or 2. a FC child who enrolled in HCBS originally while in the care and custody (LDSS) or (DJJOY). Once enrolled, eligibility can continue after the child is discharged from LDSS and OCFS DJJOY custody so long as the child continues to meet targeting, risk and functional criteria (no break in coverage permitted). This risk factor continues Maintenance of Effort for children up through, but not including, their 21st birthday).
<p>Functional Criteria DD Foster Care</p>	<p>Office for People with Developmental Disabilities (OPWDD) Level of Care using the ICF-IDD LOC eligibility tool</p>
<p>Financial Criteria DD Foster Care</p>	<p>If a child is already eligible for Medicaid (e.g., currently in the care and custody of LDSS/DJJOY or was formerly in the care and custody of LDSS/DJJOY and is eligibility under community Medicaid eligibility rules), then a child meeting LOC DD FC target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p> <p>If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting DD target criteria, risk factors (either medically frail or formerly in the care and custody of LDSS/DJJOY), and HCBS LOC functional criteria can be considered for Medicaid eligibility under the Family of One financial criteria.</p> <p>Note: Children with DD and not meeting these target criteria and risk factors would be served by the OPWDD HCBS delivery system.</p>

Level of Need HCBS Eligibility

January 1, 2019



Level of Need (LON) HCBS Eligibility Determination Criteria: Serious Emotional Disturbance (SED) January 1, 2019

Target Criteria SED

1. Age 0 to 21, and
2. Child has Serious Emotional Disturbance SED is defined to include any one of the following Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses:
 - Schizophrenia Spectrum and Other Psychotic Disorders
 - Bipolar and Related Disorders
 - Depressive Disorders
 - Anxiety Disorders
 - Obsessive-Compulsive and Related Disorders
 - Trauma – and Stressor – Related Disorders
 - Feed and Eating Disorders
 - Disruptive, Impulse-Control and Conduct Disorders
 - Personality Disorders
 - Paraphilic Disorders
 - Gender Dysphoria
 - Elimination Disorders
 - Sleep-Wake Disorders
 - Sexual Dysfunctions
 - Medication- Induced Movement Disorders
 - Attention Deficit/Hyperactivity Disorder
 - Tic Disorder

Disqualifying diagnoses and enrollment: A child may not solely have a developmental disorder (299.xx.315.xx.319.xx.) or Organic Brain Syndrome (290.xx. 293.xx. 294.xx.) or Autism Spectrum Disorder (299.00 (F84.0) (unless if co-occurring with SED) and may not be enrolled in OPWDD Waiver.

Risk Factors SED

The child must meet all three of the Factors 1, 2 and 3.

1. The child has a reasonable expectation of benefiting from HCBS, and
2. The child requires HCBS to maintain stability, to improve functioning, to prevent relapse to an acute inpatient level of care and/or to maintain residence in the community, and
3. A licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of treatment in a more restrictive setting. The LPHA has submitted written clinical documentation to support the determination.

Level of Need HCBS Eligibility Determination Criteria: Serious Emotional Disturbance (SED) January 1, 2019

<p>Functional Criteria SED</p>	<p>Algorithm applied to a subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY)</p>
<p>Financial Criteria SED</p>	<p>If a child is already Medicaid eligible, then a child meeting LOC SED HCBS target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p> <p>If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting LOC SED HCBS target criteria, risk factors, and functional criteria can be considered for Medicaid eligibility under the Family of One financial criteria.</p>



Level of Need HCBS Eligibility Determination Criteria: Abuse, Neglect and Maltreatment (ANM) and Health Home Complex Trauma: January 1, 2019

<p>Target Criteria ANM OR HH Complex Trauma</p>	<ol style="list-style-type: none"> 1. Age 0 to 21, and 2. Children who have experienced physical, emotional, or sexual abuse or neglect, or maltreatment and are currently in the custody of LDSS (i.e., in Foster Care) or formerly in the custody of LDSS or 3. Have Complex Trauma (see Appendix) as defined in Health Home and using the Health Home Complex Trauma Assessment and Determination Tools
<p>Risk Factors ANM or HH Complex Trauma</p>	<p>The child must meet the following risk factors (a and (b or c) and d and e):</p> <ol style="list-style-type: none"> a. The child has a reasonable expectation of benefiting from HCBS and either b or c. b. The child requires HCBS to maintain stability, improve functioning, prevent relapse to an acute inpatient level of care and maintain residence in the community or c. The child who, but for the provision of HCBS, would be at risk for a more restrictive setting <p>and</p> <ol style="list-style-type: none"> d. A licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of treatment in a more restrictive setting. The LPHA has submitted written clinical documentation to support the determination; <p>and</p> <ol style="list-style-type: none"> e. And one or more of the following risk factors <ol style="list-style-type: none"> i. Medicaid Community Eligible ii. A former FC child who was enrolled in HCBS originally while in the care and custody of LDSS with no break in eligibility. <p>At-risk of out-of-home placement or more restrictive setting includes RRSY, RTF, RTC, or other congregate care setting such as SUD residential treatment facilities, group residences, or institutions in the OCFS system</p>

Level of Need HCBS Eligibility Determination Criteria: Abuse, Neglect and Maltreatment (ANM) and Health Home Complex Trauma: January 1, 2019

<p>Functional Criteria ANM or HH Complex Trauma</p>	<p>Algorithm applied to a subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY)</p>
<p>Financial Criteria ANM or HH Complex Trauma</p>	<p>If a child is already Medicaid eligible (i.e., either currently in foster care or eligible through community eligibility rules), then a child meeting LON HCBS ANM Complex Trauma target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p> <p>If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting such criteria must be a former foster care child who was enrolled in HCBS originally while in the care and custody of LDSS with no break in HCBS eligibility. If the child continues to meet LON HCBS ANM Complex Trauma target criteria, risk factors, and functional criteria, the child can be considered for Medicaid eligibility under the Family of One financial criteria.</p> <p>Children meeting Health Home complex trauma criteria and risk factors who are not in foster care or were not formerly in foster care when enrolled in HCBS are not eligible for Medicaid under Family of One financial criteria.</p>

Enrolling Children in Medicaid Managed Care Plans (MMCP)



Enrolling Children/Consumers in MMCP

- Exemption for 1915(c) waiver enrollees sunsets June 30, 2018
 - Approximately 1,000 children will be mandated to select a MMCP
- Consumers will begin receiving enrollment notices March 15, 2018
- Consumers will be auto assigned if no plan is selected
- Plan enrollments will be effective July 1, 2018; rosters will be sent to the Plans on June 21, 2018



Examples of Plan Enrollment Scenarios

Terminology

- ✓ Exemption from Managed Care = Individual is exempt from mandatory enrollment in a plan – individual may join a plan but is not required to do so
- ✓ Exclusion/Excluded from Managed Care = Individual is excluded and cannot enroll in a Plan



Examples of Plan Enrollment Scenarios

1915(c) Child with No Other Plan Exemptions or Exclusions

Example 1: Ann is enrolled in the OMH 1915c waiver for children with Serious Emotional Disturbance (SED). Because she is enrolled in a 1915c waiver, she is currently exempt from enrollment in Medicaid Managed Care. She is not exempt or excluded from Medicaid Managed Care enrollment for any other reason. Ann has chosen to receive her Medicaid benefits through the fee-for-service delivery system.

In March 2018, Ann will begin receiving notices prompting her to select a plan. If she does not select a plan by June, 2018, she will be auto-assigned to a plan in her area that offers a network of providers congruent with the services she is in receipt of. Ann's plan enrollment will be effective July 1, 2018.

Example 2: Brian is enrolled in the DOH CAH I/II waiver for medically fragile children. Because of his 1915c enrollment, Brian is exempt from enrollment in Medicaid Managed Care. Brian is not exempt or excluded from enrollment in Medicaid Managed Care for any other reason. Brian chose to receive his Medicaid benefits through the Managed Care delivery system.

Brian will remain enrolled in the plan he selected prior to the Children's System Transformation. Beginning July 1, 2018 Brian's plan will also provide his HCBS and children's behavioral health services.



Examples of Plan Enrollment Scenarios

1915(c) Child with Other Exclusion

Example 3: Chris is enrolled in the OPWDD CAH waiver for children with cooccurring developmental disabilities and medically fragile conditions. Because of his waiver enrollment, Chris is exempt from enrollment in Medicaid Managed Care. Additionally, Chris has comprehensive Third Party health insurance through his mother's employer-sponsored coverage. Because comprehensive third party health insurance is available to Chris, he is excluded from enrollment in Medicaid Managed Care.

Chris is currently receiving his Medicaid benefits through the fee-for-service delivery system and will continue to receive benefits through the fee-for-service delivery system after July 1, 2018.

Example 4: Doug's family income exceeds MAGI levels and Doug has his own income which also exceeds income levels for Family of One budgeting. Because Doug has significant medical needs, he is categorically eligible to "spend down" a portion of his income each month to the Medicaid level. Because Doug is eligible for Medicaid with "spend down," he is excluded from Medicaid Managed Care. Medically Needy persons with spend down are excluded from enrollment in Medicaid Managed Care and receive benefits through the fee-for-service delivery system. Doug will continue to receive services through fee-for-service after July 1, 2018.



Examples of Plan Enrollment Scenarios

1915(c) Child with other Exemption

Example 5: Today, Ed is enrolled in the DOH CAH I/II 1915c waiver. As a Native American, Ed is exempt from enrollment in Medicaid Managed Care. Therefore, after July 1, 2017, Ed still has the option to enroll in Medicaid Managed Care, but is not required to.

Example 6: Today, Frank is enrolled in the OPWDD CAH 1915c waiver and is eligible for Medicaid based on his family's income. He is in treatment for a chronic medical condition with a physician who does not participate in any Medicaid Managed Care plan that serves the area where Frank lives. Frank's family requests a six-month exemption from enrollment in Medicaid Managed Care, to allow time for the physician to contract with a plan. This one-time exemption begins July 1, 2018 and for six months following that date, Frank is not required to enroll in a Medicaid Managed Care plan. After six months, in January 2019, Frank will be asked to select a Medicaid Managed Care plan. If at that time, Frank's needs cannot be met by a participating provider, the plan will be responsible for authorizing out of network services.



Examples of Plan Enrollment Scenarios

Children in Foster Care

Example 7: Hector is in the care of a Voluntary Foster Care Agency, and enrolled in the B2H waiver. Because Hector is in the care of a Voluntary Foster Care Agency, he is currently excluded from Medicaid Managed Care and he will continue to receive his benefits through the fee-for-service delivery system until January 1, 2019. As Hector is not exempt or excluded from MMC enrollment for any other reason, in January, when the VFCA exclusion from enrollment in Medicaid Managed Care is lifted and Hector will be enrolled in a plan.



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



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



Questions and Discussion



Appendix



NEW
YORK
STATE

Department
of Health

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office of Children
and Family Services

Office for People With
Developmental Disabilities

SED Definition for Health Home - SED is a single qualifying chronic condition for Health Home and is defined as a child or adolescent (under the age of 21) that has a designated mental illness diagnosis in the following Diagnostic and Statistical Manual (DSM) categories* as defined by the most recent version of the DSM of Mental Health Disorders **AND** has experienced the following functional limitations due to emotional disturbance over the past 12 months (from the date of assessment) on a continuous or intermittent basis

SED Definition for Health Home - DSM Qualifying Mental Health Categories*

- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma- and Stressor-Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders
- Feeding and Eating Disorders
- Gender Dysphoria
- Disruptive, Impulse-Control, and Conduct Disorders
- Personality Disorders
- Paraphilic Disorders
- ADHD for children who have utilized any of the following services in the past three years:
 - Psychiatric inpatient
 - Residential Treatment Facility
 - Day treatment
 - Community residence
 - Mental Health HCBS & OCFS B2H Waiver
 - OMH Targeted Case Management

*Any diagnosis in these categories can be used when evaluating a child for SED. However, any diagnosis that is secondary to another medical condition is excluded.

Functional Limitations Requirements for SED Definition of Health Home

To meet definition of SED for Health Home the child must have experienced the following functional limitations due to emotional disturbance over the past 12 months (from the date of assessment) on a continuous or intermittent basis. The functional limitations must be **moderate in at least two** of the following areas or **severe in at least one** of the following areas:

- Ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries); or
- Family life (e.g. capacity to live in a family or family like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting); or
- Social relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or
- Self-direction/self-control (e.g. ability to sustain focused attention for a long enough period of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability); or
- Ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).

❖ *Note: the DSM categories include in the definition of SED used to determine Health Home eligibility is different than the SED definition used to determine eligibility for other Medicaid services (e.g., OMH clinic, inpatient, etc.)*



Complex Trauma

This guidance on complex trauma draws upon the domains within the definition of serious emotional disturbance (SED). While there may be similarities in the condition(s) and symptoms that arise in either complex trauma or SED, the therapeutic approaches associated with the same diagnoses may vary significantly when the symptoms arising from traumatic experiences are identified as such. Trauma experts indicate that with complex trauma, the clinical diagnoses may be more severe and typically present as comorbidities or multiple diagnoses.

Definition of Complex Trauma

- a. The term complex trauma incorporates at least:
 - i. Infants/children/or adolescents' exposure to multiple traumatic events, often of an invasive, interpersonal nature, and
 - ii. the wide-ranging, long-term impact of this exposure.
- b. Nature of the traumatic events:
 - i. often is severe and pervasive, such as abuse or profound neglect;
 - ii. usually begins early in life;
 - iii. can be disruptive of the child's development and the formation of a healthy sense of self (with self-regulatory, executive functioning, self-perceptions, etc.);
 - iv. often occur in the context of the child's relationship with a caregiver; and
 - v. can interfere with the child's ability to form a secure attachment bond, which is considered a prerequisite for healthy social-emotional functioning.
- c. Many aspects of a child's healthy physical and mental development rely on this secure attachment, a primary source of safety and stability.
- d. Wide-ranging, long-term adverse effects can include impairments in:
 - i. physiological responses and related neurodevelopment,
 - ii. emotional responses,
 - iii. cognitive processes including the ability to think, learn, and concentrate,
 - iv. impulse control and other self-regulating behavior,
 - v. self-image,
 - vi. relationships with others, and
 - vii. dissociation



Complex Trauma Eligibility Forms and Assessment Tools

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/health_homes_and_children.htm

Including

- NYS State Complex Trauma Fact Sheet
- Complex Trauma Screen (CTES)
- Exposure Assessment (CTEA)
- Referral Cover Sheet



Resources to Keep Informed

DOH Transition Mail Log
BH.Transition@health.ny.gov

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

OMH Managed Care Mail Log
BHO@omh.ny.gov

Children's Designation Mail Log
OMH-Childrens-Designation@omh.ny.gov

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

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

