



May 15, 2018

Dear Chief Executive Officer/Health Plan Administrator:

On July 31, 2017, New York State (NYS) released the Medicaid Managed Care Organization Children's System Transformation Requirements and Standards outlining responsibilities of the Medicaid Managed Care Plan (MMCP) related to the management of the expanded Medicaid-covered services for Medicaid Managed Care enrolled children with special needs. NYS Agency partners conducted a review of initial responses to these standards and in January 2018 the results of those reviews were aggregated into Interim Findings Reports made available in plan-specific "Off Site Review Tool" folders on the Mercer Connect website.

In February 2018, MMCPs were directed to pause any readiness activity given the delay of the Children's Medicaid System Transformation in the Executive Budget.

NYS modified the timeline for phasing in elements of the Children's Medicaid System Transformation in April 2018. Therefore, NYS is now moving forward with the Children's Readiness Review process and has developed the enclosed Amendment to the Medicaid Managed Care Organization Children's System Transformation Requirements and Standards. This document reflects high level timeline changes, a summary of amendments to the Standards, and full revisions of the amended sections of the Standards. This Amendment supersedes any corresponding information in the July 31, 2017 version. All other Standards remain unchanged.

MMCPs will be required to submit the following to Mercer Connect on June 15, 2018:

1. A completed Offsite Readiness Review tool and accompanying documents addressing outstanding concerns based on the January 2018 Interim Reports with NYS findings.

NOTE: MMCPs must upload their readiness documents into their MMCP specific file folder entitled "second round".

2. The attached attestation stating that approved policies and procedures from the original submission have not changed. Any changes to previously approved policies and procedures must be resubmitted identifying what has been added, changed, or modified related to the corresponding Standard.

MMCPs may submit any questions to the BHO Mailbox: BHO@omh.ny.gov.

Thank you for your continued collaboration as NYS transforms the children's Medicaid health system to a managed care environment.



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Attachment A: Timeline Changes

Children’s Proposed Medicaid Redesign Timeline Subject to the Availability of Global Cap Resources in Excess of Budget Restoration Subject to timely CMS and other State Approvals	Anticipated Start
<ul style="list-style-type: none"> • Implement three of six new State Plan services statewide (Other Licensed Practitioner, Psychosocial Rehabilitation, Community Psychiatric Treatment and Supports) • All children’s 1915(c) waivers transition to Health Home (begins in October 2018) • End exemption from mandatory managed care enrollment for children who formerly received 1915(c) Waiver services who are not also in foster care • Added to the Medicaid Managed Care Benefit Package: <ul style="list-style-type: none"> • Three new State Plan services • New array of aligned children’s HCBS • Family Peer Support Services, Youth Peer Support and Training and Crisis Intervention for HCBS eligible children only 	1/1/19
<ul style="list-style-type: none"> • Three Year Phase-in of expansions of Level of Care (LOC) eligibility for HCBS Begins (within limits of Global Spending Cap) • Remove exclusion from mandatory managed care enrollment for children in the care of Voluntary Foster Care Agencies • Remove exemption from mandatory managed care enrollment for children in receipt of HCBS who are also placed in foster care • Current State Plan behavioral health benefits for children under 21 added to Medicaid Managed Care Benefit Package • Family Peer Support Services (new State Plan service) added to Medicaid Managed Care Benefit Package 	7/1/19
<ul style="list-style-type: none"> • Youth Peer Support and Training and Crisis Intervention (New State Plan Services) added to the Medicaid Managed Care Benefit Package 	1/1/20
<ul style="list-style-type: none"> • Level of Need (LON) Eligibility for HCBS Begins 	After full phase in of LOC eligibility



Attachment B: Readiness Timeline

MMCP Readiness Milestones for January 1, 2019 Implementation	Date
State releases Amendment to Children’s Standards document and Attestation	May 15, 2018
Second round of submissions due to State (Based on January 2018 Interim Report)	June 15, 2018
State releases Network Contracting Status Report template and MMCP begin contracting with providers	June 15, 2018
MMCPs submit Network Contracting (Exhibit 4)	Beginning July 15, 2018 and monthly thereafter
NY Medicaid Choice mails enrollment announcement notices	September 15, 2018
Onsite readiness reviews	September 2018 - October 2018
Claims testing begins	October 1, 2018
MMCP member services begin accepting calls related to this transition	November 1, 2018
MMCP begin accepting Plans of Care (POC)	December 1, 2018
<p>Aligned children’s HCBS are carved into the MMCP benefit</p> <p>Enrollment exemption removed for children in receipt of aligned children’s HCBS (formerly 1915c waiver services) except children who are also placed in foster care</p>	January 1, 2019



Attachment C: Summary of Amendments

Standards Section Reference	Language from July 31, 2017 Standards	New Language
1.3	Table 2 (refer to July 31, 2017 standards)	Table 2- updated to reflect a 1/1/19 implementation
3.4	<p>Table 5 (refer to July 31, 2017 standards)</p> <p>Plans are obligated to have a sufficient network of designated SPA and HCBS providers qualified to meet the needs of members in the subpopulations enrolling in MMC under this transition (e.g., Medically Fragile, SUD, MH, Foster Care, DD).</p>	<p>Table 5- updated to reflect changes in network standards</p> <p>Plans will no longer be required to meet minimum network standards by populations for State Plan services or HCBS. Some VFCAs will continue to specialize in foster care populations only for new State Plan services. The State will clearly indicate which providers are VFCAs serving only the foster care population on the supplied Network Contracting Report Exhibit 4.</p>
3.5.A.iii	<p>iii. NYS-designated providers of Children’s Specialty Services, within the Plan’s service area. As the State analyzes capacity based on provider designation process, the State may require the MCOs to contract with additional providers designated to provide the HCBS/ SPA services within in an area.</p>	<p>iii. Modified: <u>All</u> NYS-designated providers of Children’s Specialty Services, within the Plan’s service area, who were formerly a provider of services for the 1915(c) waivers listed below.</p>



Attachment D: Amendment to the Medicaid Managed Care Organization Children’s System Transformation Requirements and Standards

1.3 Transforming the Children’s Service Delivery System

Overview

There are three categories of services that are being carved into the Medicaid Managed Care benefit package:

- Six new State Plan EPSDT Services
- 12 Home and Community Based Services for children
- Behavioral health services

Dates for inclusion in the Medicaid Managed Care benefit package are listed in the chart below.

Medicaid State Plan and Demonstration Benefits for all Medicaid Managed Care Populations under 21 Included in the Children’s System Transformation

Services	Delivery System Prior to 1/1/19	MMCP Benefit Package
Assertive Community Treatment (minimum age is 18 for medical necessity for this adult-oriented service)	FFS	7/1/19
CFCO State Plan Services for children meeting aligned children’s HCBS eligibility criteria ¹	N/A	1/1/19

¹ Beginning 1/1/19, eligibility for CFCO benefits will become available to children who are eligible for Medicaid solely because of receipt of HCBS (i.e., Family of One children who meet institutional admission criteria and receive HCBS). These children are not eligible for CFCO under the State Plan but will be eligible for identical benefits under the 1115 Demonstration Waiver Amendment.



Services	Delivery System Prior to 1/1/19	MMCP Benefit Package
Children’s Crisis Intervention (Former 1915(c) waiver service, transitioning to State Plan EPSDT Benefit)	FFS	1/1/19-12/31/19 Demonstration service for children eligible for aligned children’s HCBS 1/1/20 New State Plan service for Children
Children’s Day Treatment	FFS	TBD
Comprehensive psychiatric emergency program (CPEP) including Extended Observation Bed	FFS (Current MMC Benefit for individuals age 21 and over)	7/1/19
Continuing day treatment (minimum age is 18 for medical necessity for this adult-oriented service)	FFS	7/1/19
Community Psychiatric Support and Treatment (CPST) ²	N/A (New State Plan service)	1/1/19
Crisis Intervention Demonstration Service	MMC Demonstration Benefit for all ages	Current MMC Demonstration Benefit for all ages
Family Peer Support Services	FFS/1915(c) Children’s waiver service	1/1/19-6/30/19 Demonstration service for children eligible for aligned children’s HCBS 7/1/19 - State Plan service for Children
Health Home Care Management	FFS	1/1/19
Inpatient psychiatric services	Current MMC Benefit	Current MMC Benefit

² NYS is exploring the use of EBPs. Pending CMS approval, these services will be billed through CPST and/or OLP, see below, depending upon provider qualifications. Additional guidance will be issued regarding provider designation as well as the rate structure for EBPs.



Services	Delivery System Prior to 1/1/19	MMCP Benefit Package
Licensed Behavioral Health Practitioner (NP-LBHP) Service	MMC Demonstration Benefit for all ages	Current MMC Demonstration Benefit for all ages
OMH and OASAS Licensed outpatient clinic services	Current MMC Benefit	Current MMC Benefit
Medically Managed detoxification (hospital based)	Current MMC Benefit	Current MMC Benefit
Medically supervised inpatient detoxification	Current MMC Benefit	Current MMC Benefit
Medically supervised outpatient withdrawal	Current MMC Benefit	Current MMC Benefit
OASAS Inpatient Rehabilitation Services	Current MMC Benefit	Current MMC Benefit
OASAS opioid treatment program (OTP) services ³	FFS	7/1/19
OASAS Outpatient and Residential Addiction services	MMC Demonstration Benefit for all ages	Current MMC Demonstration Benefit for all ages
OASAS Outpatient Rehabilitation Programs ⁴	FFS	7/1/19
OASAS Outpatient Services ⁵	FFS	7/1/19
OMH State Operated Inpatient	FFS	TBD
Other Licensed Practitioner (OLP)	N/A (New State Plan service)	1/1/19
Partial hospitalization	FFS	7/1/19
Personalized Recovery Oriented Services (minimum age is 18 for medical necessity for this adult oriented service)	FFS	7/1/19

³ For OASAS hospital based programs

⁴ For OASAS hospital based programs

⁵ For OASAS hospital based programs



Services	Delivery System Prior to 1/1/19	MMCP Benefit Package
Psychosocial Rehabilitation (PSR)	N/A (New State Plan service)	1/1/19
Rehabilitation Services for residents of community residences	FFS	TBD
Residential Rehabilitation Services for Youth (RRSY)	FFS	TBD
Residential Supports and Services (New Early and Periodic Screening, Diagnostic and Treatment [EPSDT] Prevention, formerly known as foster care Medicaid Per Diem)	OCFS Foster Care	7/1/19
Residential Treatment Facility (RTF)	FFS	TBD
Teaching Family Home	FFS	TBD
Youth Peer Support and Training	FFS/1915(c) Children's Waiver service	1/1/19-12/31/19 Demonstration service for children eligible for aligned children's HCBS 1/1/20 State Plan service



3.4 Service Delivery Network Requirements/Access to Care

Table 5. Minimum Network Standards by Service Type

Modified Table 5: Plans must contract with a sufficient number of NYS-designated providers of Children’s Specialty Services, within the Plan’s service area to meet network standards outlined in Table 5. In many areas, the minimum standards below will not be adequate to meet the Plan’s members’ need for access. Where minimum network standards in Table 5 are not adequate to meet the Plan’s members’ need for access and/or to meet appointment access standards in Table 6, the Plan shall be required to exceed the minimum network standards in Table 5. The State reserves the right to modify the minimum network standards. Regions are aligned with RPCs regions. Refer to Attachment F: Network Development in rural Counties for additional information.

NOTE: Plans will no longer be required to meet minimum network standards by populations for State Plan services or HCBS. Some VFCAs will continue to specialize in foster care populations only for new State Plan services. The State will clearly indicate which providers are VFCAs serving only the foster care population on the supplied Network Contracting Report Exhibit 4.

Service	Urban Counties	Rural Counties
Outpatient Clinic — licensed to serve children and adolescents as well as adults (mental health)	The higher of 50% of all licensed clinics or minimum of 2 per county	The higher of 50% of all licensed clinics or minimum of 2 per county
Outpatient Clinic — licensed to only serve children and adolescents under 21 years old (mental health)	The higher of 50% of all licensed clinics or minimum of 2 per county	The higher of 50% of all licensed clinics or minimum of 2 per county
Outpatient Clinic — with 0–5 specificity reflected on Operating Certificate	All in county	All in region
State Operated Outpatient Programs	All in county	All in region
Article 28 Hospitals — licensed for children only	All in county (if none, then all in contiguous counties)	All in region
Partial Hospitalization serving children	2 per county where available	All in region where available



Service	Urban Counties	Rural Counties
Comprehensive Psychiatric Emergency Program & 9.39 ERs — child specific	All per county	All per region
OASAS opioid treatment program (OTP) services	All per county and for NYC — all in the City	All per region
Inpatient Treatment (SUD)	Minimum of 2 in county where available	Minimum of 2 in region where available
Detoxification (including Inpatient Hospital Detoxification, Inpatient Medically Supervised Detoxification, and Medically Supervised Outpatient Withdrawal)	2 per county	2 per region
Outpatient Clinic (SUD)	The higher of 50% of all licensed clinics or minimum of 2 per county	The higher of 50% of all licensed clinics or minimum of 2 per county
Buprenorphine prescribers	All licensed prescribers serving Medicaid patients	All licensed prescribers serving Medicaid patients
OCFS Licensed VFCAs	TBD	TBD
Children’s Crisis Intervention	All within Plan’s service area	All within Plan’s service area
Community Psychiatric Supports and Treatment (CPST)	The higher of 50% of all programs designated or minimum of 2 per county designated where available	The higher of 50% of all programs designated or minimum of 2 per region designated where available
Other Licensed Practitioner (OLP)	The higher of 50% of all programs designated or minimum of 2 per county designated where available	The higher of 50% of all programs designated or minimum of 2 per region designated where available
Family Peer Support Services	The higher of 50% of all programs designated or minimum of 2 per county designated where available	The higher of 50% of all programs designated or minimum of 2 per region designated where available
Youth Peer Support and Training	The higher of 50% of all programs designated or minimum of 2 per county	The higher of 50% of all programs designated or minimum of 2 per region



Service	Urban Counties	Rural Counties
	designated where available	designated where available
Psychosocial Rehabilitation Services (PSR)	The higher of 50% of all programs designated or minimum of 2 per county designated where available	The higher of 50% of all programs designated or minimum of 2 per region designated where available
Caregiver/Family Supports and Services	The higher of 50% of all programs designated or minimum of 2 per county designated where available	The higher of 50% of all programs designated or minimum of 2 per region designated where available
Habilitation	The higher of 50% of all programs designated or minimum of 2 per county designated where available	The higher of 50% of all programs designated or minimum of 2 per region designated where available
Respite (Crisis/Planned)	The higher of 50% of all programs designated or minimum of 2 per county designated where available	The higher of 50% of all programs designated or minimum of 2 per region designated where available
Prevocational Services	The higher of 50% of all programs designated or minimum of 2 per county designated where available	The higher of 50% of all programs designated or minimum of 2 per region designated where available
Supported Employment	The higher of 50% of all programs designated or minimum of 2 per county designated where available	The higher of 50% of all programs designated or minimum of 2 per region designated where available
Community Self-Advocacy Training and Support	The higher of 50% of all programs designated or minimum of 2 per county designated where available	The higher of 50% of all programs designated or minimum of 2 per region designated where available
Adaptive and Assistive Equipment	One entity experienced in arranging for assessments and gathering documentation	One entity experienced in arranging for assessments and gathering documentation



Service	Urban Counties	Rural Counties
	to support provision of adaptive and assistive equipment for Medicaid eligible children	to support provision of adaptive and assistive equipment for Medicaid eligible children
Accessibility Modifications	One entity experienced in arranging for assessments and gathering documentation to support provision of accessibility modifications for Medicaid eligible children	One entity experienced in arranging for assessments and gathering documentation to support provision of accessibility modifications for Medicaid eligible children
Palliative Care	The higher of 50% of all programs or minimum of 2 per county where available	The higher of 50% of all programs or minimum of 2 per region where available



3.5 Network Contracting Requirements

- A. The Plan is required to contract with the providers listed below, using State approved contracts. In the event a required provider refuses to contract with the Plan, the Plan must notify the State and must demonstrate a good faith effort to negotiate a contractual arrangement with the provider. The State will require the Plan to submit a Network Contracting Status Report in a format to be provided.
 - i. OMH and OASAS licensed or certified providers who serve five or more of the Plan's members who are under 21 years old, as identified by NYS. The Plan shall contract with these providers for at least the first 24 months of operation so long as quality of care is monitored and maintained consistent with 42 CFR 438.230(b)(4) and OASAS or OMH regulations.
 - ii. All licensed school-based mental health clinics within the Plan's service area.
 - iii. **Modified 3.5Aiii-** All NYS-designated providers of Children's Specialty Services, within the Plan's service area, who were formerly a provider of services for the 1915(c) waivers listed below. The former children's waivers include:
 - a. Office of Mental Health (OMH) Serious Emotional Disturbance (SED) waiver #NY.0296.
 - b. Department of Health (DOH) Care At Home (CAH) I/II waiver #NY.4125.
 - c. Office for People With Developmental Disabilities (OPWDD) Care At Home (CAH) waiver #NY.40176
 - d. Office of Children and Families (OCFS) Bridges to Health (B2H) SED waiver #NY.0469.
 - e. OCFS B2H Developmental Disability (DD) waiver #NY.0470.
 - f. OCFS B2H Medically Fragile waiver #NY.0471.
 - iv. Health Homes serving children in the Plan's service area. The Plan's network must include a sufficient number of Health Homes serving children to serve all child enrollees eligible for Health Home services.
 - v. NYS-determined Essential Community Behavioral Health providers for children as defined in this document, so long as quality of care is monitored and maintained consistent with 42 CFR 438.230(b)(4).



Attachment E: Attestation

Children’s Health and Behavioral Health Benefit Administration **Attestation: MCO Children’s Readiness Review Materials**

I, _____, the Chief Executive Officer of

_____, hereby attest under penalty of
(Name of the Medicaid Managed Care Plan)
perjury to the following:

Documentation or information submitted for review on October 31, 2017, and found by New York State reviewers to meet the standard demonstrating MMCP readiness for implementation of the Children's System Transition on January 1, 2019 have not changed, except where such documentation has been changed, the amended language has been highlighted/redlined in updated documentation submitted to the State at the time of this attestation.

Chief Executive Officer

Date

Notary Seal and Signature