Department of Health | Office of Mental Health | Office of Alcoholism and Substance Abuse Services | Office of Children and Family Services

Children's Health & Behavioral Health MRT Subcommittee

Quarterly Meeting
NYS OASAS Field Office, New York City

June 2, 2016

Agenda

- Welcome & Introductions
- Timeline Update
- Plan Management of Children’s Benefits
- SPA Medical Necessity Criteria
- Network Adequacy Standards
- MCTAC Trainings
- Health Home Update – complex trauma, training calendar
- Project Updates

Children’s Timeline Updates

Children’s Transition Timeline

- While the State is continuing to make good progress on finalizing the details of the design, more time is needed to accomplish the implementation tasks and approvals required to ensure a smooth transition, including:
    - Feedback from CMS on Conflict of Interest and its Impact on Waiver Transition and Overall Children’s Design
    - State Plan and 1115 Waiver CMS Approvals
    - RFQ for Plans (draft and final)
    - Readiness and Training Activities for Plans, Providers, and Stakeholders
    - Designation of SPA and HCBS Providers
    - Work to transition Foster Care population including “residual per diem”
    - Stakeholder Collaboration
    - Assess costs and how to accomplish the design elements within Global Spending Cap
- Six New SPA Services Implemented in Fee-for-Service for FFS members and Managed Care enrolled – State is continuing to work towards January 1, 2017 – but there are pros and cons to implementing these services in advance of the remaining transition – State continuing to assess

Children's Transition Timeline

- NYC/LI - July 2017
  - ✓ SPA services (existing and new) to MMC
  - ✓ Children's Home and Community Based Services to MMC
  - ✓ Children in the care of Voluntary Foster Care Agencies (VFCA) to MMC
  - ✓ Existing Children's 1915(c) Care Coordination to Health Home

- ROS – January 2018
  - ✓ SPA services (existing and new) to MMC
  - ✓ Children's Home and Community Based Services to MMC
  - ✓ Children in the care of Voluntary Foster Care Agencies (VFCA) to MMC
  - ✓ Existing Children's 1915(c) Care Coordination to Health Home

Services for Medicaid Eligible Children

Today - 2016

Tomorrow –Full Managed Care Implementation

- All Medicaid Services available to those enrolled Medicaid Managed Care
- Current Behavioral Health State Plan Services paid Fee-for-Service
- Limited Array of HCBS Services (depending on Waiver program) available only to Waiver eligible Children through Fee-for-Service System
- Care Coordination Under 1915c Waivers and OMH TCM Program through Fee-for-Service System

- Current Behavioral Health State Plan Services in Medicaid Managed Care
- Health Home Care Coordination – available to significantly expanded population of children
- Foster Care Population transitions to Medicaid Managed Care
- Six New State Plan Services created and transition to Medicaid Managed Care
- Expanded array of HCBS Services based on target, risk and functional criteria transitions to Medicaid Managed Care

Major Milestones for SPA Implementation

- Draft SPA Rates Completed – 6/10/16
- Standards of Care & Monitoring Tool Completed – 6/20/16
- State Plan Amendment (SPA) Submission to CMS – 07/01/16
- SPA Provider Designation Application Released – 8/1/16
- Title 18 Regulations Completed – 10/01/16
- SPA Provider Designation Complete – 10/15/16
- SPA Provider Enrollment Process – 12/31/16

Major Milestones for the MMC (1115) Transition

- Release of Request for Information (RFI) – 09/01/16
- HCBS Provider Designation Application Released – 10/01/16
- 1115 Waiver Amendment Submission to CMS – 10/1/16
- Request For Qualification (RFQ) Released to MMC Plans – 10/14/16
- HCBS Provider Designation Complete – 1/13/17

Plan Management of Children’s Benefits

Covered lives for Children by MCO

*** Not a traditional BHO delegation**

Age Under 21 Enrollment by Plan as of Nov. 2015 Sum of Enrollment

Plan Name	BHO or Contracted Partner	MMC	HIV SNP	HARP, LTC, and Medicaid Advantage	Subtotal
Fidelis	None	495,621		3	495,624
Healthfirst	None	419,785		4	419,789
United	Optum	203,139		4	203,143
Metroplus	Beacon	200,843	465		201,308
Amerigroup	None	184,302			184,302
Affinity	Beacon	107,427			107,427
MVP	Beacon	91,306			91,306
Excellus	Centene	87,933			87,933
Emblem	Beacon	84,236			84,236
CDPHP	Community Care*	45,616			45,616
Wellcare	None	35,560			35,560
Independent Health	Beacon	32,171			32,171
YourCare	Beacon	22,284			22,284
Total Care	Beacon	18,937			18,937
HealthNow	Health Integrated	13,555			13,555
Amida Care	Beacon		134		134
VNSNY	Beacon		107	2	109
Subtotal		**2,042,715**	**706**	**13**	**2,043,434**
Other plans				19	19
Enrollment w/o Plan info		NA	NA	NA	16,556
Total		**2,042,715**	**706**	**32**	**2,060,009**

Management of Children's Benefits

- NYS will set RFQ standards and requirements which all Medicaid Managed Care Plans must meet.
- MCOs can choose to manage the benefits directly or contract with a BHO.
- NYS will require Plans that do not meet children's standards to use a BHO to manage these services.

RFQ Standards: Areas in Progress

- Provider Protections continue
- Staffing & Additional Children's Expertise
    - Demonstrated ability to work across child serving systems
- Quality Strategy
- Network Adequacy
    - Ensure robust OMH, OASAS, OCFS, DOH contracting
- Clinical Expertise & UR
- Staff Development
    - Child specific training for staff
- Enhanced Stakeholder Engagement specifically NYS Education System
- Health Home Interface
- Claims Administration & Readiness
- IT Infrastructure
    - Interface to OCFS Connections System

Draft Medical Necessity Criteria for Children’s New SPA Services

Medical Necessity – New York State

“ Medically necessary medical, dental, and remedial care, services, and supplies” …“necessary to prevent, diagnose, correct, or cure conditions in the person that cause acute suffering, endanger life, result in illness or infirmity, interfere with such person's capacity for normal activity, or threaten some significant handicap and which are furnished an eligible person in accordance with state law” (N.Y. Soc. Serv. Law, § 365-a).

Other Licensed Practitioner (OLP)

MEDICAL NECESSITY CRITERIA		
Admission	**Continued Stay**	**Discharge**
1. The service is recommended by licensed practitioners of the healing arts operating within the scope of their practice; AND	1. The Child/Youth is making some progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase their likelihood of meeting his/her goals; OR	1. The child/youth has successfully reached individually/family established service goals for discharge; OR
2. The service is included in the child/youth's Treatment Plan; AND	2. Continuation of the service is needed to prevent loss of functional skills already achieved; AND	2. The child/youth is not making progress on established treatment goals and requires a different level of care or treatment; OR
3. The service is needed to allow the youth to achieve service goals articulated in the treatment plan OR is necessary to ameliorate behavioral health conditions in the community; AND	3. Child/Youth continues to meet Admission Criteria; AND	3. The child/youth and/or family/caregiver(s) no longer needs the intervention as he/she is obtaining a similar benefit through other services and resources; AND
4. Licensed practitioner has to recommend any treatment that: **a.** corrects or ameliorates conditions that are found through an EPSDT screening; OR **b.** addresses the prevention, diagnosis, and treatment of health impairments; the ability to achieve age-appropriate growth and development; and the ability to attain, maintain, or regain functional capacity.	4. Child and/or family continue to be engaged in services; AND	4. The child/youth and/or family/caregiver(s) was involved in the discharge process; OR
	5. An alternative service(s) would not meet the child/youth needs.	5. The and/or family/caregiver(s) is no longer engaged in the services, despite multiple attempts on the part of the provider to apply reasonable engagement strategies

Crisis Intervention (CI)

MEDICAL NECESSITY CRITERIA		
Admission	**Continued Stay**	**Discharge**
1. Because this is under Rehab authority, a Licensed practitioner (of the healing arts operating within the scope of their practice) must "recommend" CI. 72 hours – one crisis episode with required service components (assessment, de-escalation, crisis and safety plan, referral, debrief and follow up) AND	Not applicable	1. The child demonstrates engagement, symptom reduction, stabilization, and restoration, or developing the coping mechanisms to pre-crisis levels of functioning OR
2. The child is experiencing a seriously acute psychological or emotional change, which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved to effectively resolve.		2. The child is not demonstrating symptom reduction and requires a more intensive level of care AND
		3. The Crisis Plan is developed and/or updated AND
		4. Documentation reflects resolution of the crisis which describes the crisis intervention outcome (i.e. referrals for follow-up services or higher level of treatment) AND
		5. 24-hour follow-up has been completed AND
		6. The child/youth and/or family/caregiver were involved in the discharge process.

Community Psychiatric Supports and Treatment (CPST) *Does not include EBPs

MEDICAL NECESSITY CRITERIA		
Admission	**Continued Stay**	**Discharge**
1. The service is recommended by licensed practitioners of the healing arts operating within the scope of their practice; AND	1. The Child/Youth is making some progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the their likelihood of meeting his/her goals; OR	1. The child/youth has successfully reached individually/family established service goals for discharge; OR
2. The service is included in the child/youth's Treatment Plan; AND	2. Continuation of the service is needed to prevent loss of functional skills already achieved; AND	2. The child/youth is not making progress on established treatment goals and requires a different level of care or treatment; OR
3. The service is needed to allow the youth to achieve service goals articulated in the treatment plan OR is necessary to ameliorate behavioral health conditions in the community	3. Child/Youth continues to meet Admission Criteria; AND	3. The child/youth and/or family/caregiver(s) no longer needs the intervention as he/she is obtaining a similar benefit through other services and resources; AND

Community Psychiatric Supports and Treatment (CPST), cont.

MEDICAL NECESSITY CRITERIA		
Admission	**Continued Stay**	**Discharge**
4. The service is needed in order to developing skills or achieving specific outcome(s), such as: a. increasing community tenure/inclusion/participation; b. enhancing personal relationships; c. establishing positive peer support networks; d. increasing independence/productivity; e. developing daily living skills to improve self-management of the effects of psychiatric or emotional symptoms that interfere with daily living; f. effectively responding to or avoiding identified precursors or triggers that result in functional impairments; g. enhancing stability in the home and community for children/youth requiring longer term crisis management; h. the ability to achieve age appropriate growth and development i. increasing or maintaining personal self-sufficiency; and/or j. developing coping strategies and effective functioning in the social environment, including home, work, and school.	4. Child and/or family continue to be engaged in services; AND	4. The child/youth and/or family/caregiver(s) was involved in the discharge process; OR

Community Psychiatric Supports and Treatment (CPST), cont.

MEDICAL NECESSITY CRITERIA		
Admission	**Continued Stay**	**Discharge**
5. Licensed practitioner has to recommend any treatment that: a. corrects or ameliorates conditions that are found through an EPSDT screening; OR b. addresses the prevention, diagnosis, and treatment of health impairments; the ability to achieve age-appropriate growth and development; and the ability to attain, maintain, or regain functional capacity.	5. An alternative service(s) would not meet the child/youth needs	5. The and/or family/caregiver(s) is no longer engaged in the services, despite multiple attempts on the part of the provider to apply reasonable engagement strategies
6. The treatment plan identifies functional and interpersonal deficits and/or environmental barriers associated with the behavioral health needs		

Psychosocial Rehabilitation (PSR)

MEDICAL NECESSITY CRITERIA		
Admission	**Continued Stay**	**Discharge**
1. The service is recommended by licensed practitioners (of the healing arts operating within the scope of their practice; AND	1. The Child/Youth is making some progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase their likelihood of meeting his/her goals; OR	1. The child/youth has successfully reached individually/family established service goals for discharge; OR
2. The service is included in the child/youth's Treatment plan; AND	2. Continuation of the service is needed to prevent loss of functional skills already achieved; AND	2. The child/youth is not making progress on established treatment goals and requires a different level of care or treatment; OR
3. The service is needed to allow the youth to achieve service goals articulated in the treatment plan OR is necessary to ameliorate behavioral health conditions in the community; AND	3. Child/Youth continues to meet Admission Criteria; AND	3. The child/youth and/or family/caregiver(s) no longer needs the intervention as he/she is obtaining a similar benefit through other services and resources; AND
4. The service is needed to meet these goals by restoring, rehabilitating, and/or supporting a child/youth's functional level as much as possible to facilitate integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional interventions; AND	4. Child and/or family continue to be engaged in services; AND	4. The child/youth and/or family/caregiver(s) was involved in the discharge process; OR
5. The treatment plan identifies functional and interpersonal deficits and/or environmental barriers associated with the behavioral health needs.	5. An alternative service(s) would not meet the child/youth needs.	5. The child/youth and/or family/caregiver(s) is no longer engaged in the services, despite multiple attempts on the part of the provider to apply reasonable engagement strategies

Family Peer Support Services (FPSS)

MEDICAL NECESSITY CRITERIA		
Admission	**Continued Stay**	**Discharge**
1. This service is recommended by a licensed practitioner (of the healing arts within the scope of their practice.)AND	1. The family/caregiver is making some progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the family/caregiver's likelihood of meeting their service goals OR	1. The family outcomes have been achieved to help in ameliorating behavioral health conditions in order to give the child the best opportunity in the community OR
2. This service is included in the child/youth's Treatment plan AND	2. There is a reasonable likelihood that continued services for the family will increase the child/youth's success in improving his/her symptoms, functioning and/or ability to remain in home/community AND	2. The family/caregiver has shown progress in their ability to care for their child's overall behavioral health/health needs, connect to their natural supports, engage, and advocate for the child OR
3. The service is needed to allow the family/caregiver to achieve service goals articulated in the treatment plan OR is necessary to ameliorate behavioral health conditions in the community.	3. The family/caregiver continues to meet admission criteria AND	3. Although the family/caregiver's goals have not been met, additional units of service are unlikely to assist them to make further progress towards goals OR
4. This service is needed to achieve specific outcome(s), such as: strengthening the family unit, building skills within the family for the benefit of the child, promoting empowerment within the family, and strengthening overall supports in the child's environment AND	4. The family/caregiver continues to be engaged in services OR	4. Although the family/caregiver's goals have not yet been substantially met, the family/caregiver is unlikely to make further progress in meeting them. OR
5. The family/caregiver is involved in the admission process and helps determine the service goals.	5. An alternative service(s) would not meet the family/caregiver needs.	5. The family/caregiver is no longer engaged in the services, despite multiple attempts on the part of the provider to apply reasonable engagement strategies OR
		6. The family has requested to no longer receive services OR
		7. The family/caregiver no longer needs the intervention as they are obtaining a similar benefit through other services and resources AND
		8. The family/caregiver has been involved in the discharge process.

Youth Peer Support and Training (YPST)

MEDICAL NECESSITY CRITERIA		
Admission	**Continued Stay**	**Discharge**
1. The service is recommended by a licensed practitioner (of the healing arts operating within the scope of their practice.) AND	1. The youth is making some progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the their likelihood of meeting his/her goals OR	1. The youth has substantially reached individual established service goals for discharge.
2. The service is included in the youth's treatment plan AND	2. Continuation of the service is needed to prevent loss of functional skills already achieved AND	2. Although the youth's goals have not yet been met, additional units of service are unlikely to assist him/her to make further progress towards meeting them OR
3. The service is needed to allow the youth to achieve service goals articulated in the treatment plan OR is necessary to ameliorate behavioral health conditions in the community	3. The youth continues to meet admission criteria AND	3. The youth is not making progress on established treatment goals and requires a different level of care or treatment OR
4. The service is needed in order to develop skills or achieving specific outcome(s) such as: enhancing youth's abilities to effectively manage comprehensive health needs, maintaining a recovery oriented lens, strengthening resiliency, self-advocacy, self-efficacy and empowerment, or developing competency to utilize resources and supports in the community and/or transition into adulthood AND	4. The youth continues to be engaged in services OR	4. The youth is no longer engaged in the services, despite multiple attempts on the part of the provider to apply reasonable engagement strategies OR
5. The youth is involved in the admission process and helps determine service goals.	5. An alternative service(s) would not meet the child/youth needs.	5. The youth requests to no longer receive services OR
		6. The youth no longer needs the intervention as he/she is obtaining a similar benefit through other services and resources AND
		7. The youth was involved in the discharge process.

State Guidelines

- New SPA Services Provider Manual
- Plan developed Medical Necessity Criteria for State Approval
- Inpatient, Outpatient and specialty children's SPA Services
- Children's HCBS Provider Manual
- Plan developed UM Criteria for State Approval

Medical Necessity Criteria Discussion

For each service, do the guidelines:

1. Fit the goal of the service (as per SPA Manual service definition)?
2. Clear enough to make and support clinical decisions?
3. Would Providers need more information to clarify the parameters?
4. Are there aspects of the criteria that are confusing?

Draft Network Standards

NYS asked for MRT Feedback on most recent draft standard in February 2016 and brought recommendations back to Network Adequacy workgroup to incorporate.

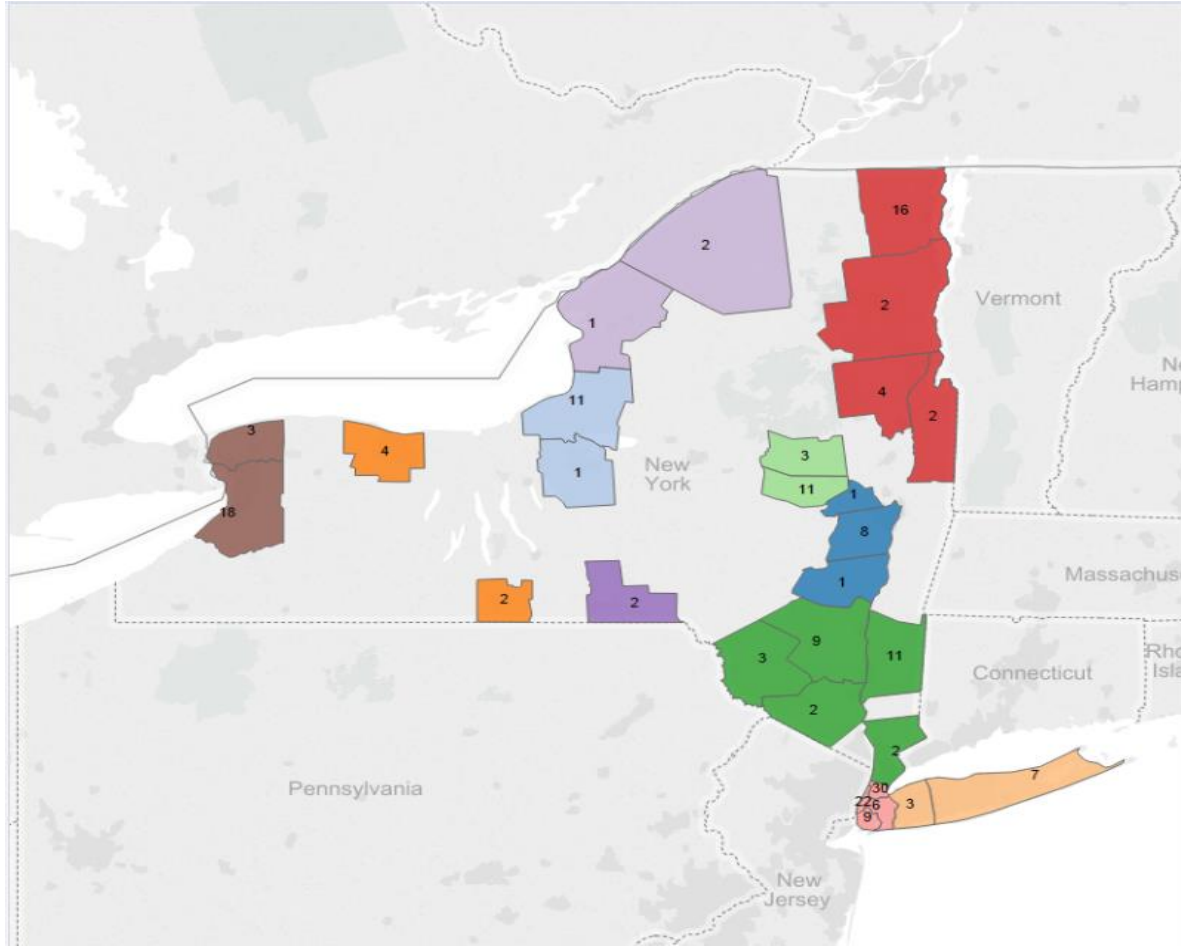
Network Requirement previously read:

Services	Urban	Rural
Outpatient Clinic- licensed to serve children and adolescents	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	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

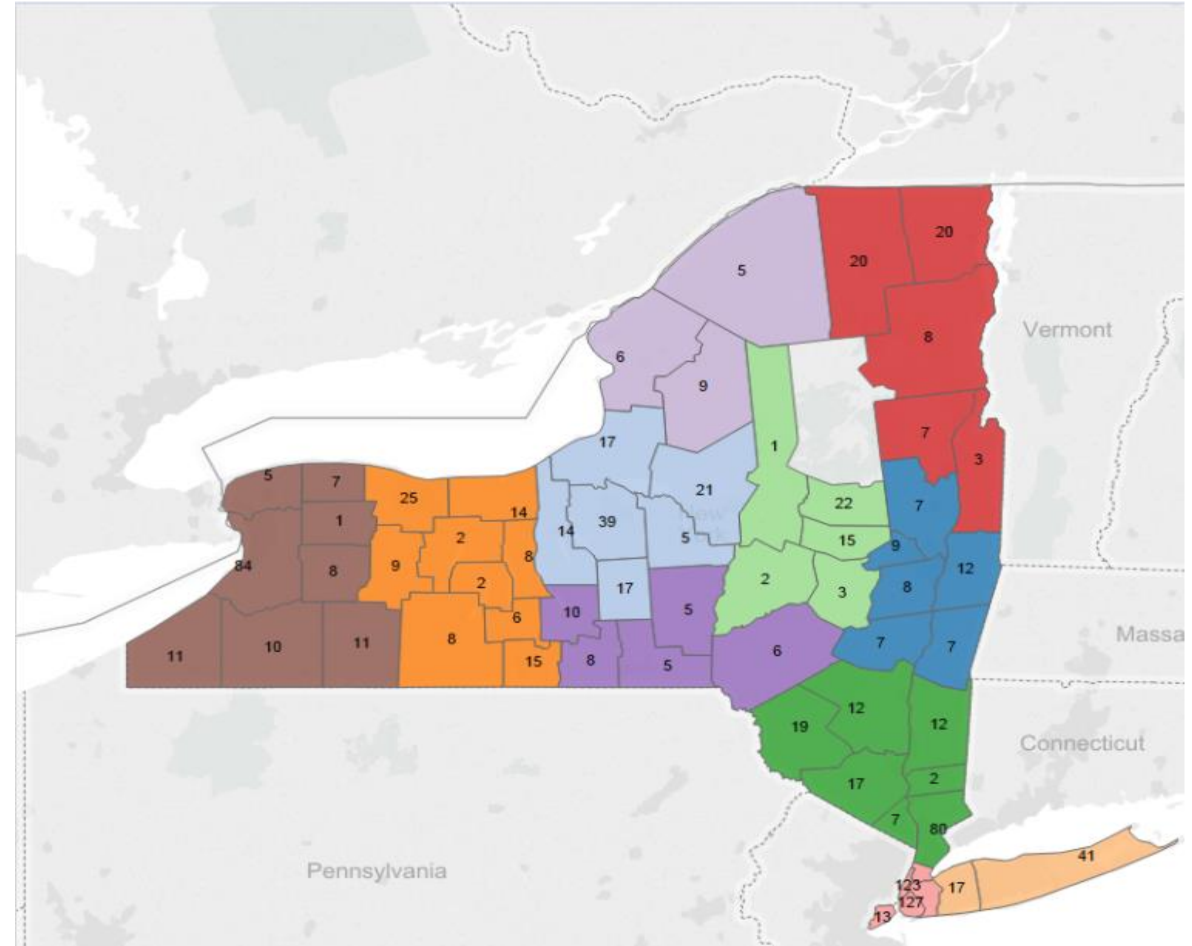
MRT Feedback:

- **That plans be required to contract with any outpatient clinics with C&A expertise**
- **MCOs first be required to contract with any clinic with 0-5 specificity reflected on Operating Certificate. Will this inadvertently squeeze some children's capacity out?**

Clinic Provider Maps



Kids only Clinics



Kids & Adult Clinics

Proposed Network Requirements changed to:

Service	Urban	Rural
Outpatient Clinic – licensed to serve children and adolescents	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	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**

Additional Changes to Draft Standards from MRT Feedback

- **MRT Feedback**
    - “In this section, it is unclear whether timeframes are measured in calendar days or business days. We recommended use of the former.”
- **NYS incorporated into recommendations:**
    - “Business Days” referenced within the document are defined as — Traditional workdays including Monday, Tuesday, Wednesday, Thursday, and Friday. State holidays are excluded and traditional work hours are 8 am–6 pm.
- **MRT Feedback:**
    - Current defining language is insufficient and open to interpretation.
- **NYS incorporated into recommendations:**
    - “Note: In many areas, these minimum standards will not be adequate to meet member’s need for access. Satisfactory systems of care, including Participating Provider networks and referral processes sufficient to ensure that emergency services, including crisis services, can be provided in a timely manner and in the most integrated settings appropriate to meet the Enrollee’s needs.”

2016 Children's Transformation Technical Assistance

Managed Care Technical Assistance Center (MCTAC)

Children's System Transformation Forum Recap

- A series of seven in-person Transformation Forums were held across the State
- This training series had **634** total attendees, representing **628** unique individuals from **188** unique agencies.

Event Attendees

- **156** total OMH providers (1**36** are child-serving agencies; **44.7%** of **304** OMH child serving providers)
- **56** of **420** total OASAS agencies (**12.4%** of all OASAS agencies)
- **54** of **93** OCFS agencies (**58.1%** of all OCFS agencies)
- Overall, feedback was positive and respondents found the forums to be productive.
- A Frequently Asked Question document from the Transformation Forums will be created soon.

Event	Attendees
Long Island (03/21)	72
NYC (03/22)	151
Poughkeepsie (03/31)	51
Albany (04/01)	111
Buffalo (04/12)	111
Elmira (04/13)	39
Syracuse (04/14)	99

Upcoming Trainings: SPA Services

- Each of the six SPA services will be presented in webinar form by State staff for all levels of staff of child-serving OMH, OASAS, DOH and OCFS providers.
  - Thursday, **June 30th at 1-2 PM**: Other Licensed Practitioner
  - Thursday, **July 7th at 1-2 PM**: Psychosocial Rehabilitation
  - Thursday, **July 14th at 1-2 PM**: Family Peer Support Service (FPSS) and Youth Peer Support and Training (YPST)
  - Thursday, **July 21st at 1-2 PM**: Community Psychiatric Supports and Treatment
  - Thursday, **July 28th at 1-2 PM**: Crisis Intervention
- A registration announcement will be sent soon.

Health Home Serving Children - Updates

- Comprehensive Webinar on Readiness and Implementation Activities for Launching Health Homes for Children in October Held on April 7, 2012 - topics discussed:
  - ✓ Timeline of Readiness Activities
  - ✓ Health Home State Plan Amendment (SPA) Updates
  - ✓ Enacted Budget
  - ✓ Update Health Home Contingencies and Readiness Activities
  - ✓ Health Home Eligibility Criteria – SED and Complex Trauma
  - ✓ Prioritizing Enrollment of Children in Health Homes
  - ✓ Standards for Health Homes Serving Children and Stakeholder Feedback
  - ✓ Health Home Consent
  - ✓ Billing Rules and CANS-NY
- Webinar posted at this address http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hhsc_readiness_review.pdf

Overview of Key Updates included in April 7th Webinar

- The State Plan Amendment APPROVED by CMS on April 12, 2016 – Effective October 1, 2016 the SPA authorizes the following:
  - ✓ Use of modified CANS-NY Assessment to determine acuity for determining High, Medium, Low Health Home PMPM
  - ✓ Approval of High, Medium, Low PMPM Rates and Outreach and Assessment Rates
    - At CMS request, rates are approved under the SPA for the period October 1, 2016 to September 30, 2018 to provide opportunity to review rates
    - Will require State to submit amendment to extend/make permanent/modify
  - ✓ Conversion of OMH TCM providers to Health Home, Approval of Rate Reconciliation Process for these Legacy Providers
  - ✓ Referral, rather than assignment list, process for enrollment *(different than adults)*
  - ✓ Approach for Early Intervention (HH Ongoing Service Coordinator)
  - ✓ Modifications to Health Home eligibility criteria for children: Serious Emotional Disturbance (SED) (Health Home definition) and Complex Trauma (CMA/SAMHSA definition) as single qualifying conditions for Health Home eligibility (will be discussed in more detail later in this presentation)
    - State requested Federal Match at 90% for SED and Complex Trauma and new conditions under the Health Home program, CMS authorized 90% for Complex Trauma only
    - To maximize the 8 quarters the State agreed to shift the effective date for enrollment to October 1, 2016 (with September date state would have lost two months of 90% Match)

Complex Trauma - CMS/SAMHSA Definition included in State Plan

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, and
   vi. relationships with others.

CMS/SAMHSA Complex Trauma – Effects and Assessment

Essential Parameters Associated with Complex Trauma:

- Exposure to trauma leads to adverse prolonged effects
- Nature of trauma exposure is interpersonal; occurs in multiplicity and/or recurring traumatic events
- Multiple developmental impairments/diagnoses
- Multiple functional impairments (behavioral indicators of severity)

Screening and Assessment:

- The assessment of complex trauma involves **both** assessing the child's exposure to multiple or recurring traumatic events, as well as the wide-ranging and severe impact of this trauma exposure across domains of development. It is important that mental health providers, family members, and other caregivers become aware of specific questions to ask when seeking the most effective services for these children
- SAMHSA/CMS have provided a variety of documents to the State on Complex Trauma definition and assessment process
  - (CMS/SAMHSA has recommended tools identified by the National Child Traumatic Stress Network http://www.nctsn.org/content/standardized-measures-assess-complex-trauma)
  - http://www.health.ny.gov/health_care/medicaid//program/medicaid_health_homes/health_homes_and_children.htm

Operationalizing SAMHSA Complex Trauma Definition

- A small Work Group of trauma-informed care experts, including providers and clinicians, ACS, LDSS, and LGU has been created to propose recommendations for implementing Complex Trauma definition, including:
  - ✓ Tools to assess complex trauma (NCTSN Website and others)
  - ✓ Who and what training/credentials are needed to determined complex trauma?
  - ✓ Who can administer tools to determine trauma domains (e.g., allow individual screenings to be done by qualified individuals, while charging licensed practitioner to aggregate, synthesize and interpret information to ultimately determine if a child meets the complex trauma definition)
  - ✓ The procedures/approach for verifying and documenting complex trauma
  - ✓ What types of services should be included as part of a Plan of Care for a child that meets HH complex trauma eligibility criteria
- The Work Group's recommendations will be presented, for feedback, to larger stakeholder community on June 8th Webinar
- Consensus stakeholder guidance and processes for implementing complex trauma in children's Health Homes presented to CMS and SAMHSA on June 21st

Key Readiness and Implementation Activities – Systems Work
Medicaid Analytics Performance Portal Health Home Tracking System (MAPP - HHTS)
Uniform Assessment System

The MAPP HHTS (for adults) went live April 20, 2016!!

MAPP Modifications Underway for October Enrollment of Children in Health Homes:

- Children's referral portal, consent
- Billing for children's rates from CANS-NY algorithm and connectivity between MAPP and UAS

Uniform Assessment System (UAS) - CANS-NY will be housed in Uniform Assessment System

✓ Training for access to and use of the MAPP Referral Portal and UAS will occur in the Summer/Fall of 2016

✓ Users will be required to obtain a Health Commerce System (HCS) ID in order to access the MAPP referral portal and UAS

Adopted Budget and Readiness Resources for Health Homes Serving Children

- In letter signed by Medicaid Director to address a variety of concerns raised through the course of Budget dialogue, the Office of Health Insurance Programs (OHIP) at the Department of Health, confirms it will: "Work with Health Homes for Children to help identify and address start-up costs for implementing Health Homes for Children within available global cap resources for the Health Home Program."
- $7.2 million in resources have been identified – this initial set of resources will be targeted to contingently designated Health Homes serving children that have not received Health Home Development Funds (i.e., those not currently serving adults) and to existing Health Homes that have significantly expanded their area of service for the purpose of serving children
- Next steps:
  - Develop a methodology for distributing the funds
  - Determine approach for distributing funds – this is a legal question (e.g., lump sum payments, contractual payments)
  - Determine authorized uses and reporting requirements – will be consistent with HHDF
  - Approach for distributing funds will largely determine the speed at which funds can be distributed

Health Home Serving Children (HHSC) Training Schedule – JUNE and JULY 2016

Schedule of Upcoming Trainings – Health Homes Serving Children	JUNE & JULY 2016
Information on the NYS Child Welfare System and Defining the Collaborative Roles for HH and CMAs	June 1st
Complex Trauma draft proposal review to obtain stakeholder feedback	June 8th
Information regarding OASAS Programs, Services and Addiction for HH and CMAs	June 15th
Health Home Serving Children 101 for OASAS providers	June 21st
CANS-NY - In person training - Albany School of Public Health Auditorium	June 22nd & 23rd
Health Home Serving Children Billing Guidance	June 29th
CANS-NY - In person Training - NYC – 90 Church St	July 12th & 13th
Health Home Serving Children Consent Process	July 13th
Care at Home (CAH) I & II	

Health Home Serving Children (HHSC) Training Schedule – AUGUST 2016

Schedule of Upcoming Trainings – Health Homes Serving Children	AUGUST 2016
Child Welfare interface with Health Home Serving Children - Roles and Responsibilities	August 10th
MAPP Referral Portal	August 17th
CANS-NY In person Training - Rochester Training - Hillside Family of Agencies	August 18th & 19th
Health Home Serving Children outreach, eligibility and appropriateness determination	August 24th
CANS-NY - In person training - NYC – 90 Church St	August 29th & 30th
OMH TCM program transition	August 31st

Health Home Serving Children (HHSC) Training Schedule – SEPTEMBER 2016

Schedule of Upcoming Trainings – Health Homes Serving Children	SEPTEMBER 2016
Health Home Serving Children 101 for Early Intervention Providers	September 6th
Early Intervention Services and System for HH and CMAs	September 7th
MAPP training - MAPP HH User, HH CMA, MAPP for LDSS, LGU, SPOA, DOH and State partner users	Three weeks prior to go live TBD
Health Home Serving Children 101 for HIV and AIDS providers	September 20th
Information and education from the AIDS Institute for HH and CMAs	September 21st
UAS training environment and how to use the system	Available once user has HCS account provisioned roles
UAS 1300 - Using the UAS to conduct CANS assessments	TBD
UAS 1500 - Understanding the CANS assessment	TBD
UAS 1820 - CAPS and SCALES	TBD
UAS 1850 - CANS Assessment Outcomes	

Project Updates

CANS Institute Request For Proposal (RFP)

- 4/22/16 - RFP was released for the Child and Adolescent Needs and Strengths-New York (CANS-NY) Technical Assistance Institute
- 5/13/16 Submission of Written Questions due
- 6/1/16 Responses to the Written questions were posted
- 6/17/16 (4:00 PM EST) - deadline for submission of proposals
- The RFP and corresponding information can be accessed by visiting https://www.health.ny.gov/funding/rfp/16425/index.htm

Children’s Transformation Website

- A website has been created for New York State’s Children's System Transformation. New information will be uploaded to this site as it becomes available.
- Visit the Children’s Managed Care Website at http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/index.htm

Managed Care Readiness Funds

- Advisory Committee Meeting
- Updated Recommendations under Review
- Final Recommendations – June 2016
- Federal Match Strategy – under discussion

RESOURCES TO STAY INFORMED:

OMH Managed Care Mail Log

OMH-Managed-Care@omh.ny.gov

Subscribe to children's managed care listserv

http://www.omh.ny.gov/omhweb/childservice/

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

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

Children's Managed Care Website
http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/index.htm