The Children's MRT Behavioral Health Subcommittee Meeting will begin shortly –

All participants have been put on listen-only mode.

Questions may be directed to the Panel by typing questions or comments in the chat box at the top of your screen.

Children's Managed Care Design Update

Children's MRT Behavioral Health Subcommittee
Albany, NY

Agenda

Welcome and Introductions

Adult Managed Care Implementation Update

Children's Project Workplan Update

Q&PME Final Recommendations

Health Home Update

Foster Care Transition Updates

Follow Up Discussion on ECMH/Clinical issues Webinar

Constituents Feedback

Children's Leadership Team

- Donna Bradbury, Associate Commissioner, Division Of Integrated Community Services For Children & Families, NYSOMH
- Lana I. Earle, Deputy Director, Division of Program Development and Management, Office of Health Insurance Programs, NYS DOH
- Steve Hanson, Associate Commissioner, NYS OASAS
- Laura Velez, Deputy Commissioner, Child Welfare & Community Services, NYS OCFS

Adult Managed Care Implementation Update

Adult Managed Care Implementation Update

March, 2015 - Anticipated CMS approval

April 1, 2015 – NYC Implementation: HARP Passive Enrollment Letters Distributed

July 1, 2015 – NYC Enrollment Begins: Opt Out Period Ends & Enrollment Broker Sends Final HARP Rosters to MCOs (MCOs Begin to Manage and Pay for BH Services)

October 1, 2015 – Rest of State (ROS) Implementation: HARP Passive Enrollment Letters Distributed

January 1, 2016 – ROS Enrollment Begins: Opt Out Period Ends & Enrollment Broker Sends Final HARP Rosters to MCOs (MCOs Begin to Manage and Pay for BH Services)

Children's Project Workplan Update

Children's 1115 Amendment Draft

- Adult Design conversations with CMS
- CMS Negotiations with Other States
- Conflict Free Case Management clarification
- HCBS Eligibility Determination Process
- Intersection with Children's Health Home development
- Medicaid Eligibility Transitions

Children's Design Update – Medicaid State Plan Amendment

- Draft of State Plan Amendment
- SPA Service Manual Development
- Provider Enrollment & Coding Specifications

SPA Provider Types

- OMH licensed day treatment providers
- OMH licensed Article 31 clinics
- Not-for-profit entities that operate unlicensed OMH programs
- OMH and OASAS outpatient providers
- OASAS inpatient settings
- OASAS licensed Article 32 clinics
- OASAS detox facilities
- OASAS residential facilities
- OCFS licensed voluntary foster care agencies

CANS-NY Development

- Two tools for Birth-5 and 6-21 age groups
- Two algorithm scales – 1) HCBS eligibility for LON/LOC and 2) Health Home Acuity Levels (High, Medium or Low - HML)
- Eligibility Screen & Brief CANS-NY
- Pilot Testing of CANS-NY and Algorithms
- Automation within Uniform Assessment System (UAS) and connection to Medicaid Analytic Performance Portal (MAPP)

Other Design Updates

- Project Workplan Development
- HCBS and Health Home Provider Background Screening
- Model Contract Edits & Additions
- Crisis Services Program Design
- Mercer/NY Data Project
- Training Development – MCTAC, CTAC, Children's Summit

Quality and Performance Measurement Recommendations


QARR
CANS Analysis
Surveys
PIPs and FCS
Kids Quality Plan
Ongoing Monitoring
Waiver Measures
Complaint Monitoring
Network Monitoring

QARR

- Existing Measures

- Measures under development as part of the adult transition
  - SUD continuity of care
  - MH readmissions and outpatient engagement
  - SUD medication assisted treatment
  - SBIRT screening

QARR

Potential new measures discussed by the Quality workgroup:

- Screening for Clinical Depression and Follow-Up Plan: the percentage of Medicaid enrollees age 12 and older screened for clinical depression using a standardized depression screening tool and, if positive, a follow-up plan is documented on the date of the positive screen.
- Child and Adolescent Major Depressive Disorder, Suicide Risk Assessment: the percentage of patient visits for those patients aged 6 through 17 years with a diagnosis of major depressive disorder and assessed for suicide risk.
- Early Childhood Screening: the percentage of children ages one, two and three years who had a social-emotional screening performed.
- Psychotropic medication measures from PSYCKES. Look at data for each of the five classes of psychotropic medication (i.e., Stimulants, Anti-depressants, Antipsychotics, Mood stabilizers and Antianxiety agents)
    a) Youth Younger than Six Years Old on Psychotropics
    b) Youth on Higher than Recommended Dose of Psychotropic Medication or
    c) Psychotropic polypharmacy in youth (three or more psychotropic medications)

Subgroup Analysis for Performance Measures

Proposed subgroups include:

- Foster care
- LOC and LON for foster care, medically fragile, developmentally disabled, SED, and SUD populations
- Age groups
- Racial/ethnic subgroups

Proposed Ongoing Monitoring

- Transition Phase Medicaid Outcome Metrics
  - Quarterly reports
  - Metrics related to discharge events and metrics related to outpatient care
- Transition Phase Medicaid Utilization Metrics
  - Monthly reports
- Case record reviews
- Other data sources

Surveys

- CAHPS Survey – currently done every other year
- Other survey possibilities
  - BH Specific Survey
  - Provider Survey – transition into managed care, evidence based practices (frequency and fidelity).
  - Foster Care Survey
  - Survey of LON/LOC Population
  - Medically Fragile Survey

CANS-NY

- Monitor completion and timeliness of CANS-NY instrument
- Use of this data for performance/outcome measurement will be explored in the future

Other Monitoring

- Performance Improvement Projects and Focused Clinical Studies
  - Plans already do these. Topics are currently under discussion.
- Complaint Monitoring
- Network Monitoring
  - Enhancements to these reports are being explored.
- Waiver Measures

Update: Health Home for Children

Anticipated Schedule of Activities for Expanding Health Homes to Better Serve Children	Due Date
Draft Health Home Application to Serve Children Released	June 30, 2014 - Completed
Due Date to Submit Comments on Draft Health Home Application to Serve Children	July 30, 2014 - Completed
Due Date to Submit Letter of Interest	July 30, 2014 - Completed
Final Health Home Application to Serve Children Released	***November 3, 2014 - Completed***
Due Date to Submit Health Home Application to Serve Children	*March 2, 2015*
Review and Approval of Health Home Applications to Serve Children by the State	March 2, 2015 to June 15, 2015
HH and Network Partner Readiness Activities	June 15, 2015 to September 30, 2015
State Webinars, Training and Other Readiness Activities	Through September 30, 2015
Begin Phasing in the Enrollment of Children in Health Homes	***October 2015***
Children's Behavioral Health Services and other Children's Populations Transition to Managed Care	January 2016

Tailoring Health Homes to Better Serve Children

- CMS State Plan Approval to Tailor Health Homes to Serve Children
  - ✓ Amend eligibility criteria to include trauma
  - ✓ Use CANS-NY (modifications under development) to determine acuity and Health Home Rates
  - ✓ Establish Legacy rates for TCM and Waiver Programs
- In September 2014, State had initial discussions with CMS and submitted informal, draft SPA
- In November 2014, the State discussed Health Home model for children with Substance Abuse and Mental Health Services Administration (SAMHSA)
- Discussions were positive and supportive
- Next Steps (target date for completion March 1, 2015):
  - ✓ Respond to CMS questions (mostly technical)
  - ✓ Submit formal HH SPA for approval

2015-16 Executive Budget Resources and Phase-In Approach to Enrollment

- Executive Budget includes Global Cap resources for the enrollment of children into Health Homes
  - ✓ $45 million in 2015-16
  - ✓ $90 million in 2016-17
- State Anticipates it will begin to phase-in the enrollment of children in Health Homes October 1, 2015
- Phase-in approach under development and preliminarily includes:
  - OMH TCM Program will be transitioned to Health Home October 1, 2015
  - Pilot (October 2015-June 2016) for High Fidelity Wrap (HFW) Model in Health Homes under development and anticipated to be conducted under a SAMHSA grant to the New York State Success Initiative
    - Waiver Programs (B2H, OMH SED, CAH I,II: January 2016)
    - Early Intervention (Likely in 2016 - Requires separate CMS SPA approvals under EI State Plan – likely will follow the adoption of the Health Home Children's SPA)

Phase-In Approach to Enrollment

- Other factors that could impact approach to phase-in process:
  - ✓Timing of Health Home Designations
  - ✓"Readiness" of Health Homes designated to serve children
  - ✓Approach to the development of Assignment Lists
    - Progress has been made towards finalizing SED definition and projected estimates of number of children potentially eligible for Health Homes
  - ✓Approach to referrals

Developing Children's Health Home Rates

- Rate Development
  - High Medium and Low + High Fidelity Wrap Rates will be established
  - Case loads for the rates anticipated to range from 1:40 Low, 1:20 Medium, 1:12 High
- High Fidelity Wrap pilot 1:10 case load
  - Objective: determine the critical components and needed resources for statewide HFW implementation and replication
  - NYS Success Initiative Proposal to SAMHSA
  - 2-3 Health Homes sites (~50 children per site)
  - Highest need children from Health Home high acuity
  - Grant funds to support: rate differential, flexible service dollars and training/mentoring
- Lower caseloads requiring more intensive level of care management activity
- Modified CANS-NY will be used to developed algorithms to determine High, Medium and Low intensity levels, High CANS-NY Algorithm = High Health Home PMPM Rates
    - CANS-NY modifications and HCBS and HH rate algorithms now under development
    - Finalizing projected number of children potentially eligible for Health Home

DRAFT Heath Home Consent Forms for Children

- Program and Legal Staff from State Agencies (OCFS, OMH, OASAS, DOH, AI, SED) have been working for several months to review consent procedures for various children's populations and develop draft Health Home children's consent forms for Health Home enrollment and the sharing of patient information

- Premises and considerations for developing procedures for consent and sharing of information for children and Health Homes:

  - ✓ Under current laws and regulations, parental consent, with only limited exceptions, is required for children to be enrolled in Health Home

    - The Public Health Law defines Health Home care management as a health service, and as such requires the consent of a parent, guardian or legally authorized representative to enroll minors in a Health Home and authorize information sharing among the minors' providers.

    - Exception: A minor who is married, pregnant, or a parent can consent to enrollment into a Health Home and provide authorization to have their health information shared (the current consent form DOH 5055 would be used in these circumstances)

DRAFT Heath Home Consent Forms for Children

- ✓ Minors may consent to receive certain Health Care services (***other than Health Home services***), including:
  - Family Planning
  - Emergency Contraception
  - Abortion
  - Sexually Transmitted Infection Testing and Treatment
  - HIV Testing
  - Prenatal Care, Labor/Delivery
  - Chemical Dependency
  - Drug and Alcohol Treatment
  - Sexual Assault Services
    - Mental Health Services: if you are over the age of twelve, your clinician may consult with you prior to releasing information
  - A minor who consented to receive these services or treatment can also consent to the sharing of information regarding those services or treatment

- ✓ The rules regarding providing consent and access to educational records and Individualized Education Plans are addressed.

DRAFT Heath Home Consent Forms for Children

- Draft consent forms posted to DOH Health Home website comments are Welcome!
  - Comments are Welcome submit to: hhsc@health.ny.gov and in subject line of email please enter: Children's Consent Procedures

- January 21, 2015 – State Agencies had a conference call with about 8 Health Homes that indicated a specific interest in participating in discussions regarding Health Home consent for children

- Next discussion scheduled for February 9, 2015, other participants are welcome

Foster Care Transition Updates

Foster Care changes related to Managed Care

- OCFS Foster Care Managed Care Advisory Group
- Voluntary Foster Care Agencies Medicaid Per Diem rate is anticipated to shift to a “residual” rate to include agency operational needs:
    - Nurses
    - Mental Health Milieu Staff
    - Administration Components
- MCO PMPM for children in foster care
- MCO Contract Language
- Child Welfare and Health Home Roles and Responsibilities

Roles and Responsibilities related to Eligibility, Enrollment & Ongoing Service Provision

- Voluntary Agency Health Home Care Coordinator, through a Treatment Plan, will manage State Plan Services as well as the HCBS Benefits

- Treatment Plans must complement the FASP

- Roles and responsibilities of entities being determined of: VAs, LDSS, Health Homes, MCOs, and others

Managed Care Readiness Activities for Voluntary Foster Care Agencies

- The 2014-15 Budget included resources of $5 million in 2014-15 and $15 million in 2015-16
  - ✓ 2015-16 Executive Budget includes amendment to authorizing statute to make available the $15 million included in last year's budget

- DOH and OCFS have been working with team of consultants on several readiness activities

  - Approximately $1.5-$2.0 million of resources will be used to:
    - ✓ Perform a data collection and time and motion study to collect cost and utilization data to inform the development of managed care premiums for foster care children (through June 2015)
    - ✓ Provide technical assistance training and webinars to help foster care agencies operate in a managed care environment and provide to provide be Health Home care managers to foster care children in their/LDSS care and custody (March through May 2015)
    - ✓ Develop a managed care readiness survey to be completed by VFC to assist them in identifying managed care and Health Home readiness needs

  - Balance of readiness funds, approximately $18 million, would be distributed following enactment of 2015-16 Budget, through an Application/contract process

- This week, Voluntary Foster Care Agencies will receive a letter providing additional detail on the items described above

Follow Up Discussion on ECMH/Clinical issues Webinar

Proposed New Medicaid State Plan Services

Draft – taken from discussion 1/23/15 MRT Webinar

Stakeholder Recommendations	Crisis Intervention	CPST	FPSS	YPST	Other Licensed Providers	Psychosocial Rehabilitation
Screening for children with standardized tool (e.g., ASQ-SE) that encompasses a strong social-emotional component. Allow screening for parent depression under child's Medicaid.					x	
Early Childhood mental health treatment should aim to strengthen the adult-child relationship		X	X		x	
Preventative MH services to empower parents/caregivers to promote children's social-emotional well-being and growth.		X	X		x	
Adequate training for clinicians in EBP programs.		X			x	
Support for clinics in community-based engagement strategies		X			x	x
Development of integrated adult and child clinic models for complex families (family-based treatment)		X	X	X	x	x
Over reliance on Emergency Departments (ER) used as MH Safety Net	X	X			x	x

Proposed HCBS Benefits (Partial)

Draft – taken from 1/23/15 MRT Webinar

Stakeholder Recommendations	Care Coordination	Family/Caregiver Supports & Services	Crisis & Planned Respite	Community Advocacy and Support
Early Childhood mental health treatment should aim to strengthen the adult-child relationship		X		
Preventative MH services to empower parents/caregivers to promote children's social-emotional well-being and growth.		X	X	
Care coordination strengthened in key areas to address children's mental health needs.	X			
Adequate training for clinicians in EBP programs.				X
Support for clinics in community-based engagement strategies	X	x		X
Development of integrated adult and child clinic models for complex families (family-based treatment)		X		

NEW YORK STATE OF OPPORTUNITY. | Medicaid Redesign Team | Department of Health | Office of Mental Health | Office of Alcoholism and Substance Abuse Services | Office of Children and Family Services

Parking Lot

- Increase access to Partial Hospital programs.
- Develop Intensive Outpatient Program (not current a Medicaid benefit)
- Address the lack of fiscal viability of Continuing Day Treatment
- Address workforce and fiscal issues limiting access to child psychiatry (clinic modes increasingly rely on per diem staffing)

Discussion

Feedback from Stakeholders

- Standing Agenda Item for 2015 meetings (30 Minutes)
- Concerns and questions from MRT member constituents
- Assessment of knowledge gap
- Identification of communication needs

QUESTIONS?

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