

Children's Managed Care Design Update

Children's MRT Behavioral Health Subcommittee
April 28, 2014
12:00 – 3:00 PM
New York City

Call Agenda

- ▶ Welcome & Roll Call (Donna Bradbury)
- ▶ Introduction of Ann Marie Sullivan, Acting Commissioner, NYS OMH
- ▶ Benefit Package Feedback (Angela Keller)
- ▶ Review of Model & Cohorts (Steve Hanson)
- ▶ Alignment of HCBS Services (Meredith Ray-LaBatt)
- ▶ 1115 Authority (Laura Velez)
- ▶ Health Home Update (Lana Earle)
- ▶ Next Steps (Angela Keller)

Recorded Meetings – Reminders

- ▶ Be sure to identify yourself the first time you speak, speak in the direction of the microphone, and use normal loudness for conversational communication. Vary pitch, rate and loudness as you normally would. Speak slowly and precisely.
- ▶ Avoid tapping the desk with fingers or feet or making extraneous noises such as paper shuffling, side conversations, and opening or closing books. Try to minimize such distractions.
- ▶ Do not interrupt other speakers or talk over any speaker. It will be important to take turns.
- ▶ Avoid whispering and having sidebar conversations.
- ▶ At the start and close of the session, be mindful of the status of the microphone. Once it has been activated and until it has been deactivated at the end of the session, all communication is recorded.
- ▶ Avoid unnecessary moving around the room, as the microphones will pick up the sounds of movement.
- ▶ Be aware that the microphone is always on and avoid touching or brushing up against it, creating loud, unpleasant sounds.
- ▶ Please put cell phones on mute or vibrate. If you need to take an incoming call, please leave the room before answering the call.

Introduction of Ann Marie Sullivan, MD

Acting Commissioner, NYS OMH

* Arriving after 12:30 PM

Benefit Package Feedback

(Feedback received from 33 sources)

- ▶ Population specificity needed
- ▶ How will children ineligible for Medicaid be served
- ▶ Number of implementation suggestions made
- ▶ More specificity needed on where services can be delivered, including for those in residential programs

Benefit Package Feedback

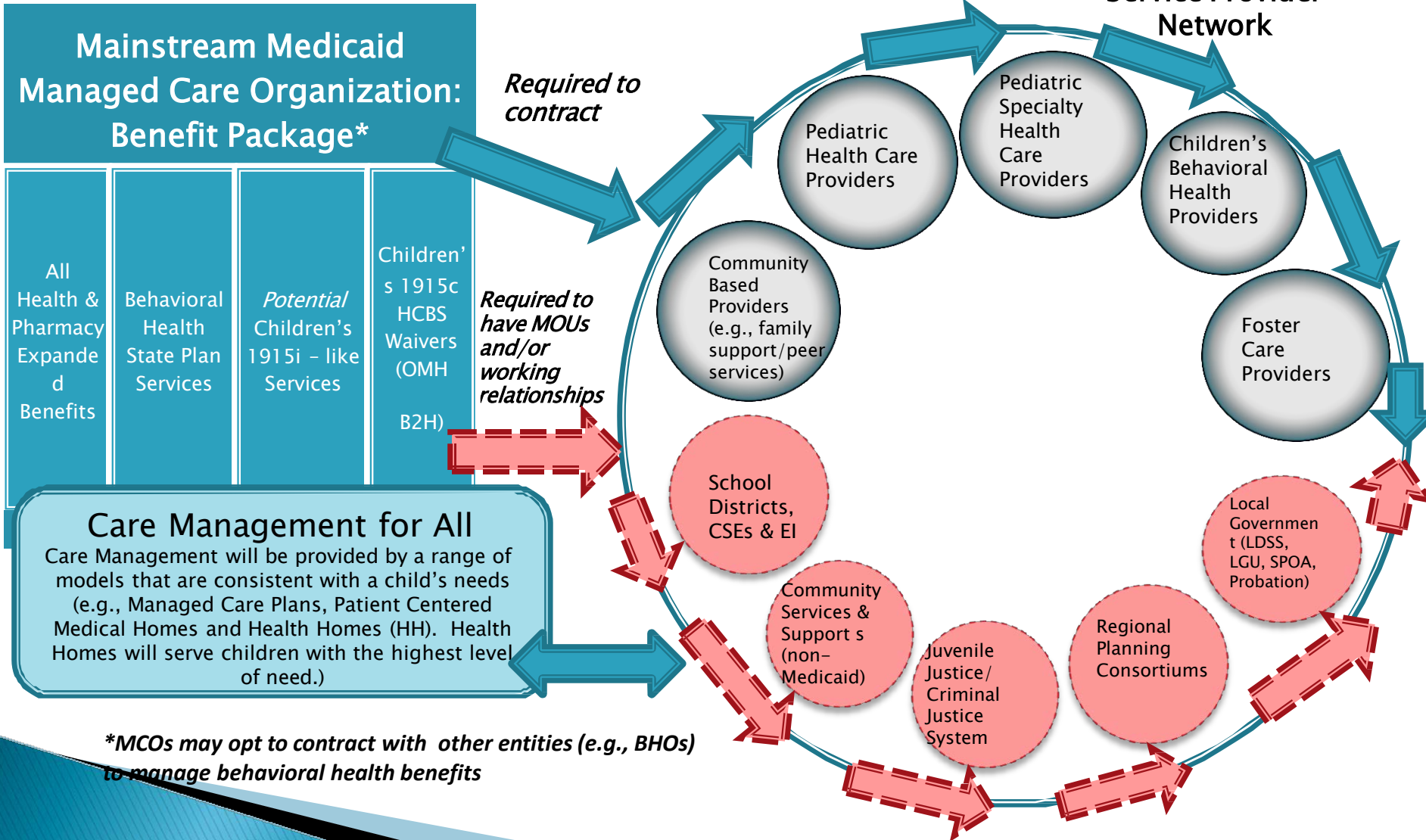
- ▶ Nuances for foster care children expressed
- ▶ Questions on payments and rates, including caseload sizes
- ▶ General Comments on benefit package
- ▶ Comments on specific State Plan and 1915i-like services

Next Steps with Benefit Package

- ▶ Review of feedback by State workgroup
- ▶ Revisions to some service definitions
- ▶ Development of Education Support Services definition
- ▶ Obtain Mercer feedback on revisions
- ▶ Provide a final copy of benefit package to Children's MRT Subcommittee
- ▶ Develop provider and staff qualifications and training requirements for each service

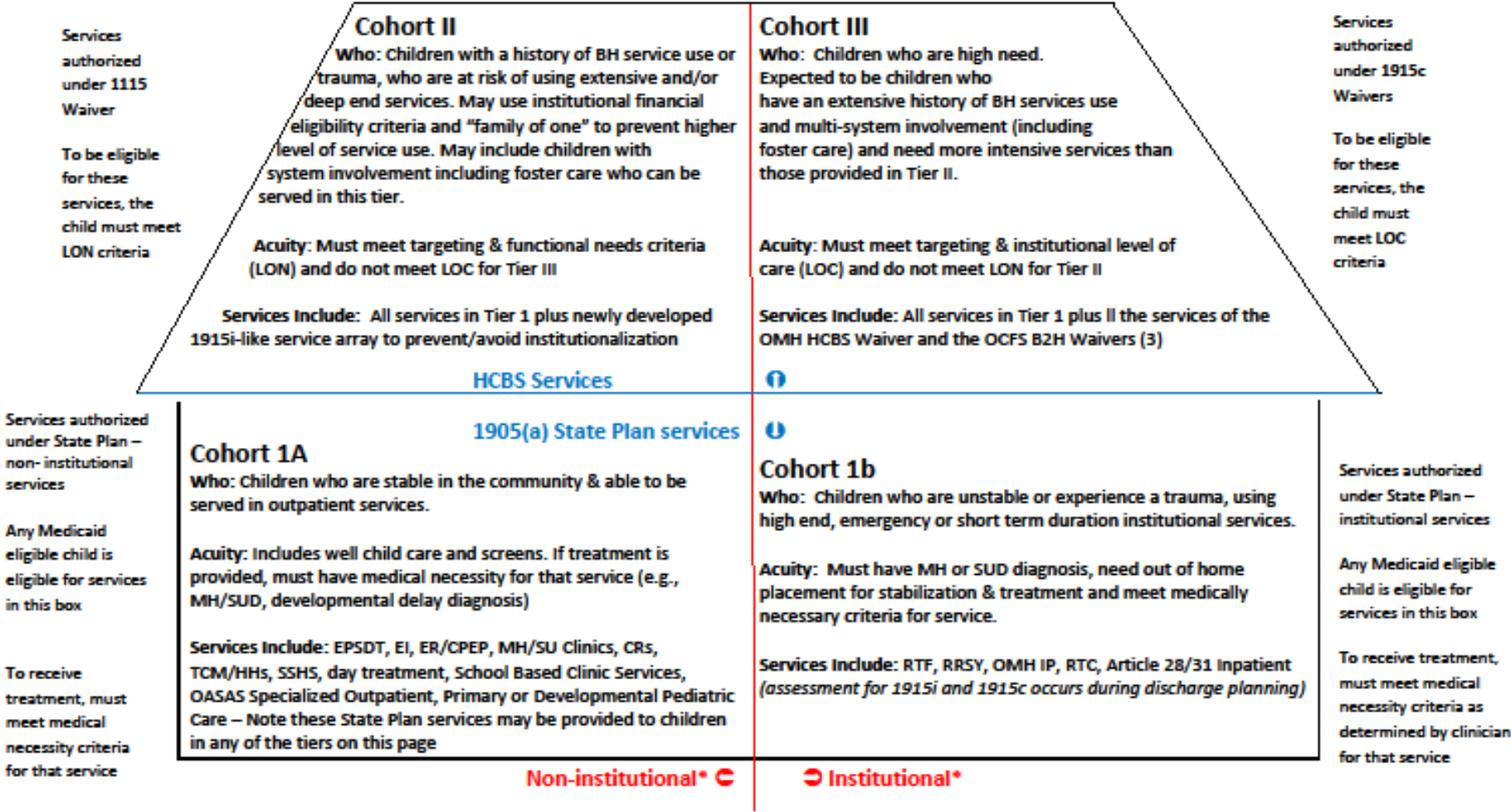
Proposed 2016 Children's Medicaid Managed Care Model

For all children 0-21 years old



**MCOs may opt to contract with other entities (e.g., BHOs) to manage behavioral health benefits*

Children’s Populations, Services and Acuity Cohorts



ACUITY INCREASES

*For OCFS, defined as “non-medical institution” and “medical institution”



Cohort IA

Who are the Children

- ▶ Any child with or eligible for Medicaid, even if eligible via a Waiver deeming as a family of one or foster care children categorically eligible for Medicaid

Cohort IA: Acuity Level of Children

- ▶ Children who are living in the community or community settings
- ▶ Children who are primarily utilizing outpatient services
- ▶ Children who meet the medical necessity criteria for a non-institutional State Plan service

Cohort IA: Proposed New State Plan Services*

(proposed for 2016)

- ▶ Mobile Crisis Intervention
- ▶ Community Psychiatric Supports and Treatment (CPST)
- ▶ Other Licensed Practitioner
- ▶ Family Peer Support Services
- ▶ Youth Peer Advocacy and Training

** Services may also be accessed by Cohort II and III children.*

Goals of Home and Community Based Services

▶ 1915i-like Services

- Prevent movement to higher levels of care
- Provide a transition or step down from higher levels of care
- Offer enhanced array of Medicaid services
- Create capacity for services that did not exist for children who would otherwise be on 1915c Waiver waiting lists
- Improve functioning in community

▶ 1915c Services

- Prevent, avoid or delay (medical) institutionalization
- Return to community
- Improve functioning in community

Cohort II:

Who are the Children

- ▶ OMH: kids in day treatment, kids w/ ER frequency, kids ready to discharge from 1915c/RTF, kids on 1915c waiting list, kids in TCM that are in need of additional supports
- ▶ OASAS: kids with opiate use disorders, eligible for RRSY or residential, kids ready for discharge from RRSY/residential, primary service need in addictions system but likely having co-occurring needs
- ▶ OCFS: kids leaving RTC/B2H; kids in boarding homes (family FC), group residence (<25 beds), group homes (<12 beds), therapeutic homes, or AOBH; kids leaving OCFS facilities; kids returning home; kids receiving Medicaid after adoption or return home
- ▶ State Education: CPSE/CSE population (kids in 853 schools and in residential care), Kids with 504 Plans/IEP if they meet functional limitations
- ▶ Children in multiple systems: JD PINS, probation, kids w Autism Spectrum Disorder

Cohort II: Acuity Level of Children

- ▶ Must meet targeting and functional need criteria (Level of Need - LON)
- ▶ Not be eligible for institutional Level of Care

Cohort III: Who are the Children

- ▶ Children who are high need with extensive history of behavioral health, medical or multi-system use.

Cohort III: Acuity Level of Children

- ▶ Children who meet the institutional Level of Care (i.e., qualify for or at risk of placement in RTF/inpatient, ICF/MR and skilled nursing facilities)

Recent Decisions on the Model

- ▶ Movement of the Family Peer Support Services and Youth Peer Advocacy and Training services from proposed 1915i to proposed State Plan
- ▶ Aligning of the 1915i and 1915c array of services into one list of HCBS services
- ▶ Staff qualifications and training requirements will be aligned from the existing B2H and OMH Waivers
- ▶ HCBS services will be available to children at differing levels of intensity
- ▶ Provider agency qualifications will be developed (e.g., children who are in foster care will receive their HCBS services from appropriate foster care agencies)

Cohort II and III: Proposed HCBS Services

- ▶ Care Coordination
- ▶ Skill Building
- ▶ Family/Caregiver Support Services
- ▶ Crisis Respite
- ▶ Planned Respite
- ▶ Prevocational Services
- ▶ Supported Employment Services
- ▶ Education Support Services
- ▶ Special Needs Community Advocacy and Support
- ▶ Residential Supports
- ▶ Non-Medical Transportation
- ▶ Day Habilitation
- ▶ Adaptive and Assistive Equipment
- ▶ Accessibility Modifications

Summary of Cohorts and Benefits

Cohort	Who is Eligible for this Cohort?	Eligible for Which Level of Behavioral Health Benefits?	What Total Array of Services is Available to Them?
Cohort 3	Children who meet “level of <u>care</u> criteria” i.e., qualify for institutional level of care	HCBS Services	Medicaid State Plan +HCBS Services at intensity congruent with LOC
Cohort 2	Children who meet “level of <u>need</u> criteria,” i.e., do not qualify for institutional level of care but need enhanced supports in community	HCBS Services	Medicaid State Plan + HCBS Services at intensity congruent with LON
Cohorts 1 A and B	All children eligible for Medicaid who don’t qualify for the either the HCBS Services	Medicaid State Plan if they meet medical necessity criteria of the services	Medicaid State Plan Services

New State Plan	New Aligned HCBS Services	Existing OMH HCBS Waiver Services	Existing OCFS B2H Waiver Services
Existing Health Home Care Coordination as defined for children	Care Coordination	Individualized Care Coordination	Health Care Integration
Mobile Crisis Intervention		Crisis Response Services	Immediate Crisis Response Services
Community Psychiatric Supports & Treatment (CPST)		<ul style="list-style-type: none"> Intensive In-Home Services 	<ul style="list-style-type: none"> Crisis Avoidance, Management & Training Intensive In-Home Services
Other Licensed Practitioner			
	Skill Building	Skill Building	Skill Building
Family Peer Support Services	Family/Caregiver Supports & Services	Family Support Services	Family/Caregiver Supports and Services
Youth Peer Advocacy and Training		Youth Peer Advocate Services	
	Crisis Respite	Respite Services	Crisis Respite
	Planned Respite		Planned Respite
	Prevocational Services	Prevocational Services	Prevocational Services
	Supported Employment	Supported Employment	Supported Employment
	Education Support Services		
	Special Needs Community Advocacy and Support		Special Needs Community Advocacy and Support
	Residential Supports		
	Non-Medical Transportation		
	Day Habilitation		Day Habilitation
	Adaptive and Assistive Equipment		Adaptive and Assistive Equipment
	Accessibility Modifications		Accessibility Modifications ₂₁

What Opportunities Do These Changes Present?

- ▶ Retain OMH Peer focused family/peer services built over two decades and the ability to expand those services to youth and families with SUD and in Foster Care
- ▶ Retaining of the B2H Family/Caregiver Support Services
- ▶ Crisis Services will be available as a State Plan Service
- ▶ New array of services for children meeting LON criteria to prevent escalation to highest levels of care and to transition out of the highest levels of care
- ▶ No loss of existing 1915c services
- ▶ Gain of new HCBS services for both OCFS and OMH populations
- ▶ Maintenance of existing provider networks with experience to service children with behavioral health and foster care needs

What Opportunities Do These Changes Present?

- ▶ For OASAS population, access to new HCBS services
- ▶ Growing provider base (current subcontractors under lead Waiver agencies)
- ▶ More choice for families
- ▶ Fewer children on waiting lists
- ▶ Less siloed approach
- ▶ Serving children more effectively – the right services, at the right time, in the right dose

1115 Authority

- ▶ **Goal:** Submit the 1115 Amendment to CMS by December 31, 2014
- ▶ Move the array of HCBS services under the 1115, to be managed within Mainstream Plans
- ▶ Target populations will be detailed in the 1115, to prioritize current 1915c populations

1115 Authority

- ▶ Intensity of HCBS Services will depend on LON or LOC determination
- ▶ We wish to use the existing processes that B2H and OMH HCBS local district/government, providers and families are familiar with in concert with MCOs
- ▶ We will need to detail the interface with MCOs and health homes in 1115 Amendment.

Health Home Update

- ▶ Eligibility Criteria
- ▶ Network Requirements
- ▶ Draft Health Home Application
- ▶ Health Home Application Release

Next Steps

- Data analysis to predict children in each cohort (April–May);
- Provider qualifications for the new services (April–May);
- Plan network adequacy standards (April–May);
- Consideration of high fidelity wraparound as a care coordination model (May);
- LON criteria and assessment tools (May);

Next Steps (continued)

- Training requirements for the new services (May–June);
- Medical necessity criteria for new State Plan services (June);
- Service access requirements (June);
- Financial risk model development (July);
- Plan performance and outcome measures (August); and
- Payment transition plan (Autumn).

Stay Informed

- ▶ Learn about the Latest Developments
 - Sign up for the Children's Managed Care Listserv
<http://www.omh.ny.gov/omhweb/childservice/>
 - Sign up for the Health Home Listserv
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm

Next Meetings Scheduled

- ▶ Mid-June: Conference Call as needed
- ▶ July 28, 12:00–3:00, New York City

Questions?

Send to:

Angela.Keller@omh.ny.gov

Slides will be sent tomorrow
to MRT Subcommittee and
posted on Children's Listserv.

Recorded Webinar will be available shortly on NYS DOH's MRT Website.