



Medicaid
Redesign Team

Department
of Health

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office of Children
and Family Services

Children's MRT Health and Behavioral Health Subcommittee

Quarterly Meeting
New York City

Agenda

- Welcome
- MRT Subcommittee – Review of Charge, Protocol and Membership
- Children’s Revised Timeline
- OASAS Service Changes
- Federal Application Update
- New Medicaid State Plan Services
- Risk/Non-Risk Model
- CANS-NY
- Transition Readiness Resources
- Health Home
- Other Project Updates
- Training & Technical Assistance Efforts
- Constituent 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, Treatment Services, NYS OASAS
- Laura Velez, Deputy Commissioner, Child Welfare & Community Services, NYS OCFS

Children's MRT Health and Behavioral Health Subcommittee - Charge

Summary of Charge:

- To advise and participate in the development and design of children's MRT initiatives, including the transition of behavioral health and other services to managed care, the transition of children in foster care to managed care, and the integration of the delivery of Health Home care management model for children in the design
- To provide content and population expertise to State workgroups working on the design of the above noted initiatives
- To disseminate and communicate children's MRT design information to each member's constituents and represent constituents' interests in Subcommittee meetings.



Children's MRT Health and Behavioral Health Subcommittee - Protocols

- **Membership Protocol:** Original members appointed by the Governor's Office will continue to have membership. New members were added as the scope of the design expanded, particularly the broadening of target population. Additional members are recommended to and approved by the Co-Chairs. If the individual representing the member entity cannot attend a meeting, a substitute from the entity may come in their place.
- **In-Person Meeting Attendance:** Quarterly meetings are held in-person of the Subcommittee Members and State representatives, alternating between Albany and New York City. For members unable to attend in person, there will be capability to connect via webinar and audio to engage in meeting dialogue. Public notices of the meetings will be posted on relevant State listservs, offering the opportunity on a first come-first serve basis for others to attend in person.
- **Listen-Only Attendance:** Those non-members attending in-person or listening on the phone will be in listen-only mode during meeting business. Questions will be encouraged via the chat function on the webinar and addressed as time allows.
- **Power Point Presentations and Audio:** Every meeting is recorded. The presentation slides, related materials and audio are posted to the NYSDOH children's managed care website within a week of the meeting.
- **2015 Quarterly Meetings:** February 3 (Albany), April 27 (NYC), July 27 (Albany), October 29 (NYC)



Children's MRT Health and Behavioral Health Subcommittee - Membership

Subcommittee Chairs: Gail Nayowith (Consultant) and Donna Bradbury (Associate Commissioner, Division Of Integrated Community Services For Children & Families, NYSOMH)

Members:

- Euphemia Adams, Families on the Move NYC, Inc.
- David Collins, NYC Administration for Children's Services (NYC ACS)
- Gary Belkin, NYC Department of Health and Mental Health (NYC DOHMH)
- Scott Bloom, NYC Department of Education, NYC DOHMH
- Jeanne Chapple, Behavioral Health, Cayuga Medical Center at Ithaca
- Lauri Cole, NYS Council of Community Behavioral Healthcare
- Clyde Comstock, NYS Coalition for Children's Mental Health Services
- Kevin Connolly, Hope House
- Kathy Coons, Conference of Local Mental Hygiene Directors (CLMHD)
- John Coppola, NYS Association of Alcoholism and Substance Abuse Providers (NYSAAASAP)
- Patti Donohue, Office of Probation and Correctional Alternatives, NYS DCJS
- Wendy Gerring, Comprehensive Healthcare Center and Research & Evaluation, New Alternatives for Children
- Sheila Harrigan, New York Public Welfare Association (NYPWA)
- Jennifer Havens, NYU School of Medicine and Bellevue Hospital Center
- Ellen Josem, Jewish Board of Family & Children's Services
- Danielle Laraque, Department of Pediatrics, Maimonides Medical Center
- Larry Levine, Blythdale Children's Hospital
- Brian Lombrowski, NYC Field Office, NYS OMH
- Margaret Mikol, SKIP (Sick Kids Need Involved People) of New York
- Paige Pierce, Families Together in NYS
- Jim Purcell, Council of Family and Child Caring Agencies
- Kathy Riddle, Outreach Development Corp.
- Jodi Saitowitz, New Alternative for Children
- Phillip Saperia, The Coalition of Behavioral Health Agencies, Inc.
- Glenn Saxe, Child and Adolescent Psychiatry, New York University
- Phyllis Silver, President, Silver Health Strategies
- Edwin F. Simpser, St. Mary's Healthcare System for Children Administration
- Andrea Smyth, NYS Coalition for Children's Mental Health Services
- Lily Tom, NYC DOHMH, Bureau of Children, Youth & Families
- Linda Wagner, County Health Officials of New York State (NYSACHO)
- Elie Ward, MD, Director of Policy & Advocacy, Division II Office, American Academy of Pediatrics



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Revised Children's Health & Behavioral Health Managed Care Timeline

Geographic Phase In

- January 1, 2017 – NYC and Long Island Children's Transition to Managed Care
- July 1, 2017 – Rest of State Children's Transition to Managed Care

Population Phase In for LOC/LON

Children will begin to enroll in Health Homes Designated to Serve Children on October 1, 2015.

- OMH TCM providers and legacy clients will transition on October 1st as well.
- The transition of care coordination services of the six 1915c children's Waivers (OMH SED, DOH CAH I/II, OCFS B2H) to Health Home will also occur in 2017.



Revised Timeline – Other Transitions

- The newly proposed health and behavioral health Medicaid State Plan services will be implemented as soon as possible pending approval from CMS.
- In 2017, currently carved out Medicaid behavioral health services and children in foster care will be moved to Managed Care
- The existing Home and Community Based Services (HCBS) that are in the six 1915c children's Waivers (OMH SED, DOH CAH I/II, OCFS B2H) will be aligned to one array of HCBS benefits, pending CMS approval, and will be moved to Managed Care. As a result of this transition, the 1915c Waivers will be discontinued as separate programs once the transition is complete.



Children's Transition Timelines

- MRT requested a schedule that details the overlapping transitions for OMH SED Waiver, OMH TCM, Health Home to Serve Children and Medicaid Managed Care Transition onto one document
- See separate handout provided to MRT Subcommittee Members today



OASAS Service Changes

- Clinic to Rehabilitation Designation Change - services where kids and families are
- LOCADTR-3 - adolescent version
- Residential Redesign - Medicaid reimbursement
- Access to all SPA services
- Health Home access for eligible youth
- HCBS access for eligible youth
- Family/Peer supports

Federal Application Update

- Medicaid State Plan Amendment (SPA) – draft to CMS by May for discussion, public notice published April 29, final submission to CMS by October for commencement of services as soon as possible
 - SPA Provider Manual in development
- 1115 Waiver Amendment – to CMS by 12/31/15 to establish managed care delivery system for children. Includes all target populations covered in 6 children's 1915c Waivers, carving-in existing children's Medicaid services, new SPA benefits and HCBS benefits
 - HCBS Provider Manual to be developed

Proposed New Medicaid State Plan Services

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



The GOAL is to...

Get children back on their developmental trajectory:

- Identify needs early
- Maintain the child at home with support and services
- Maintain the child in the community, in least restrictive settings
- Prevent longer term need for higher end services

*Focus on
recovery and
building
resilience!*

Crisis Intervention

- 24/7 availability with one hour response time
- Mobile team-based service in the community where crisis is occurring
- For a child and his/her family/caregiver who is experiencing a psychiatric or substance use crisis
- Intended to interrupt and/or ameliorate a crisis experience including an assessment, immediate crisis resolution and de-escalation, development of a safety plan, and referral/follow up to additional supports

Family Peer Support and Youth Peer Advocacy and Training

- Services provided by a certified and trained peer with lived experience
- **Family Peer Support Services** - array of formal and informal services and supports provided to families caring for/raising a child who is experiencing social, emotional, developmental, substance use and/or behavioral challenges
- **Youth Peer Advocacy and Training Services** – services that provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing skill development learned throughout the treatment process

Community Psychiatric Supports and Treatment (CPST)

- Goal-directed supports and solution-focused interventions intended to achieve identified goals or objectives as set forth in the child's plan of care.
- Face to face intervention, which may include collateral contact
- Delivery in the community by **unlicensed** practitioner
- Includes the delivery of authorized Evidence Based Practices

Psychosocial Rehabilitation Services

- Implement interventions outlined on a treatment plan to compensate for or eliminate functional deficits and interpersonal and/or environmental barriers associated with a child/youth's behavioral health needs
- Intent is to restore the fullest possible integration of the individual as an active and productive member of his or her family, community and/or culture with the least amount of ongoing professional intervention
- Delivered by **unlicensed practitioner**, under clinical supervision

Other Licensed Practitioner

- A licensed behavioral health practitioner, licensed in the State of New York to prescribe, diagnose and/or treat individuals with mental illness or substance abuse operating within the scope of practice defined in State law and in any setting permissible under State practice law.
- Will include individuals licensed as: Registered Professional Nurse, Licensed Nurse Practitioner, Licensed Psychologist, Licensed Social worker (LMSW, LCSW), and Licensed Mental Health Counselor

SPA Provider Manual

- Service Definitions
- Allowable Activities
- Modality (e.g., face-to-face individual or group)
- Setting
- Admission/Discharge Criteria (i.e., medical necessity)
- Limitations/Exclusions
- Agency/Staff/Supervisor Qualifications
- Training
- Billing Coding

SPA Provider Manual - additions

- General expectations for Cultural Competency
- Communication of expected trauma informed care
- Designation process for Evidence Based Practices
- General training topics for all new services

Risk/Non-Risk Model

- Existing carved-out State Medicaid services – in Plan capitation and at risk in 2017
- New HCBS benefits - outside Plan capitation rate and non-risk for two years, with government mandated rates in 2017
- New State Plan Medicaid services - in Plan capitation rate and at risk, reflecting costs and utilization as soon as possible pending CMS approval



CANS (Child and Adolescent Needs and Strengths Assessment)

- John Lyons, PhD, author (www.praedfoundation.org) of the CANS
- A multi-purpose tool to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.
- Developed from a communication perspective so as to facilitate the linkage between the assessment process and the design of individualized service plans including the application of evidence-based practices.

CANS Use in New York

- Used in New York for 20 years, predominantly with OMH programs and, more recently, the OCFS Bridges to Health Waiver
- Revisions made in 2014-15 include:
 - Broad array of target populations
 - Separate tools for 0-5 and 6-21 age groups
 - Addition of more modules for the 14 and older youth population (e.g., activities of daily living, sexuality)
 - Make enhancements to better assess medically fragile children
 - Modify the tool to determine functional limitations as provided by SED and Trauma Health Home eligibility criteria
 - Development of HCBS (Level of Care and Level of Need) and Health Home (Low-Medium-High Acuity) Algorithms

CANS-NY Uses in Future

- Determine acuity for Health Home (HH) care management and rate assignment (October 2015)
- Provide information that may help determine if children meet the HH eligibility functional criteria for Serious Emotional Disturbance (SED) and Trauma (October 2015)
- Determine need for Home Community Based Services within Managed Care (2017), including use of a yet to be developed Brief CANS Screen

Current CANS-NY Testing

- CANS-NY testing began in March 2015
- Existing OCFS and OMH CANS data will be used for match to new algorithms
- Databases available to Dr. John Lyons will test the NY algorithms for similar medically fragile and Early Intervention populations in Ontario, Canada and Indiana
- Newly assessed or currently enrolled children working with participating testing providers include OMH TCM, OMH Waiver, LGU/SPOA, OCFS Waiver, CAH I/II Waiver, OASAS providers and providers for medically fragile children
- Chapin Hall of the University of Chicago will be collecting and analyzing the test data

CANS-NY – training and automation

- No cost training and certification will be available on-line starting this summer for those who will be using the CANS-NY in Health Homes
- In-person training sessions to be held Summer-Fall 2015
- CANS-NY automation and temporary data warehouse will be the Medicaid Analytics Performance Portal (MAPP)
- CANS-NY automation and data will eventually be warehoused on the Uniform Assessment System on DOH's Health Commerce System and linked to the MAPP

Children without Medicaid

- Individuals with third party health insurance and dual coverage – excluded from managed care in NYS (lifting of exclusion under discussion)
- Children’s design includes proposal to evaluate LON/LOC eligibility to establish disability and need for HCBS benefits, then follow with determination of Medicaid eligibility without regard to parental income
- Once eligible for Medicaid through LON/LOC eligibility and Medicaid budget methodology, the door is opened to access all Medicaid services for which the child is eligible (e.g., health home, State Plan services, HCBS)
- HCBS benefits will be available in Medicaid Managed Care and in separate, equal system in fee-for-service Medicaid for these “family of one” children who cannot enroll in a Plan



Enacted NYS Budget

- Includes \$45 million in 2015-16 and \$90 million in 2016-17 for the enrollment of children in Health Homes (i.e., PMPM costs)
- Includes technical amendment to provide a total of \$20 million in Managed Care (MC) and Health Home Readiness resources for Foster Care agencies
- Both are in addition to other MC Readiness available for children

Transition Readiness Resources

- \$20 million for children's managed care readiness
- Health Home Development Funds
- \$20 million for MCTAC and HIT support (both adult/kids)
- CTAC support (Children's Summit and other training activities)

Examples of resource needs that have been identified:

- Retooling existing providers to deliver new services
- Capacity building to strengthen Plans' networks
- Credentialing peer advocates
- Training on Evidence Based Practices

CANS-NY Technical Assistance “Institute”

- RFP for release in the Fall
- Awardee(s) to be selected to impact CANS-NY implementation and ongoing operationalization within care management
- State’s goals to provide:
 - Intensive technical assistance on consistent use of the CANS-NY tool
 - Support and mentoring in actively using the information on the CANS-NY tool for person-centered planning and outcome monitoring
 - Supervisory instruction in best practices to support staff in using the CANS-NY tool

April 29 Webinar: Tailoring Health Home Model to Serve Children: Design and Implementation Updates

Webinar will discuss updates on design and implementation activities for October 1, 2015 enrollment of children in Health Homes.

Topics will include:

- Update on Status of State Plan Amendment for tailoring Health Homes to serve children
- Health Home Eligibility Criteria and SED Definition
- Pilot to Integrate High Fidelity Wraparound in Health Home
- Estimates of Medicaid children Eligible for Health Home
- MAPP Overview and MAPP modifications for Children
 - Process for making Referrals and Assignments of children to Health Homes
- Consent for Children Enrollment in Health Home and Information Sharing
- Next steps post Health Home Designations
- Upcoming Training Activities and Calendar

Other Project Updates

- Engagement of a Project Manager from NYSTEC to assist in process
- Participation in Adult Operational Discussions: Plan Model Contract Revisions, Provider Network Directory for Plan reporting, Review of CMS Standard Terms & Conditions, Quality Management Strategy
- HCBS Eligibility Process Finalization
- NYS Development of BIP No Wrong Door process
- Launch of a State/Plan Workgroup on Children's Design

Training & Technical Assistance Efforts

Andrew F. Cleek, Psy.D.

Executive Officer

McSilver Institute for Poverty Policy and Research



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Offerings for Children's Service Providers: MCTAC

- Revenue Cycle Management Overview
- Revenue Cycle Management Learning Communities
- Utilization Management Overview
- Utilization Management Learning Communities
- Outcomes Overview
- Outcomes Learning Communities
- HCBS & Small Provider Infrastructure Development



Offerings for Children's Service Providers: MCTAC

- Business Intelligence Training Series
- Budget Tool
- Cash Flow & Management
- Credentialing
- Contracting
- Strategic Planning
- Business Planning

Offerings for Children's Service Providers: CTAC

- Pre-Summit Webinar
- Children's Summit
- New Children's Services Core Competencies Tool / Workplan Development Webinar
- Leadership Forum

Offerings for Children's Service Providers: CTAC

- OCFS Leadership Forum Webinar Series
- Family Support Leadership Webinar Series
- RTF Leadership Webinar Series
- Understanding Data Series - Creating Baseline/ Importance Webinar Series for RTF Agencies



Pre-Summit Webinar

- Spread the Word!
- May 19, 1:30-3:00 PM
- Required for providers who wish to register for the Summit
- To provide foundation on the children's managed care design before the Summit
- Request completion of Readiness Survey if agency has not already done so



YOU ARE CORDIALLY INVITED TO ATTEND THE NEW YORK STATE CHILDREN'S SUMMIT:

EMBRACING CHANGE TOGETHER:

Partnering for Successful Child & Family Outcomes



SAVE THE DATE

Monday, June 29, 2015	or	Tuesday, June 30, 2015
NYU Kimmel Center 60 Washington Square South New York, NY 10012		Hilton Albany State & Lodge Street Albany, NY 12207



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Feedback from Stakeholders

- Standing Agenda Item for 2015 meetings (30 Minutes)
- Concerns and questions from MRT members' constituents
- Ongoing assessment of knowledge gap
- Ongoing identification of communication needs

Questions?

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