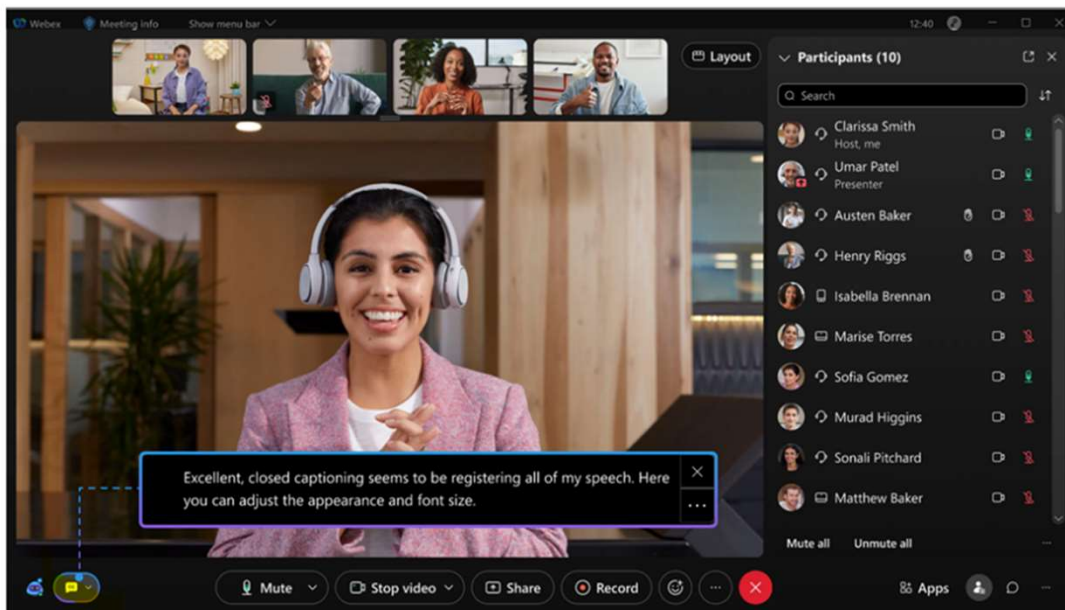


New York State's IMD Transformation Program Waiver Application

Public Hearing, October 26

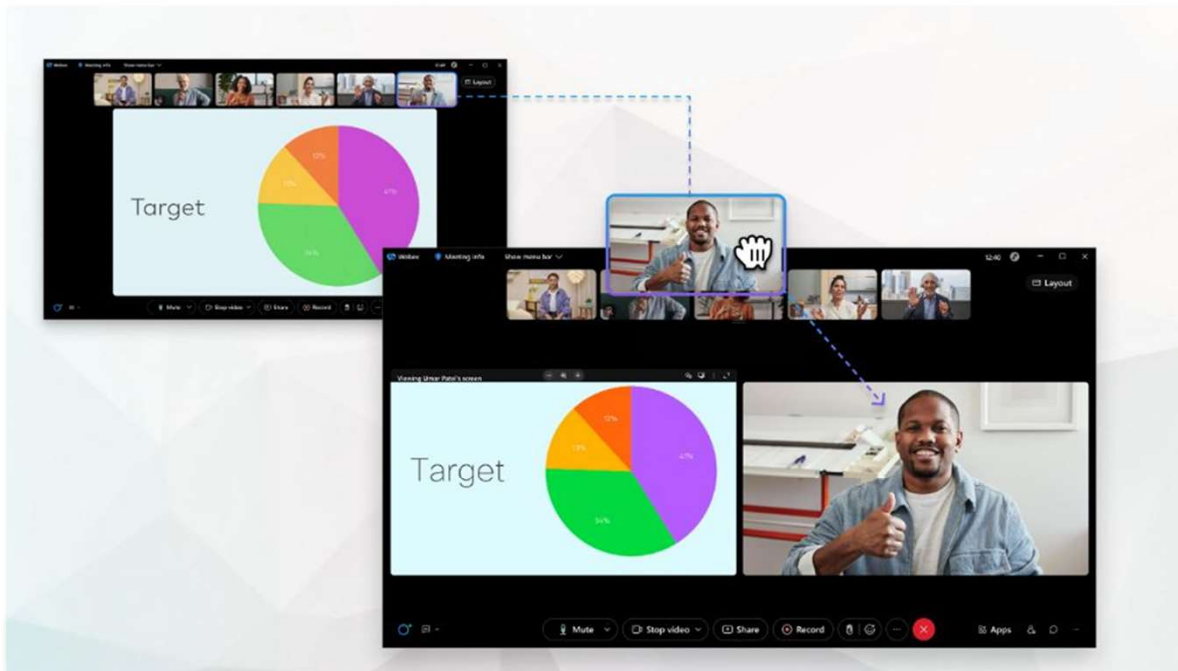
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1. Find the “**cc**” icon in the lower left of the screen.
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To move an American Sign Language (ASL) Interpreter to the WebEx presentation area, or “Stage”:

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Virtual Public Hearing Format

In compliance with social distancing guidelines due to COVID-19 and alignment with approved CMS exceptions to satisfy the public hearing requirements in 42 CFR § 431.408, the State is holding two virtual (rather than in-person) public hearings in connection with this waiver amendment request.

- **Public Hearings** are required for 1115 waiver amendments in order to afford the public the opportunity to provide comments regarding the State's waiver amendment application.
- Comments made during a public hearing may supplant, supplement, or reiterate written comments submitted through alternative comment channels, as described later in this presentation.
- A recording and transcription of this hearing will be available on the MRT Waiver website 3-5 days after the hearing. Language translation is available upon request.

Today's Panelists

Department of Health

Trisha Schell-Guy

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Office of Mental Health

Anita Daniels

Jeremy Darman

Office of Addiction Supports and Services

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Agenda

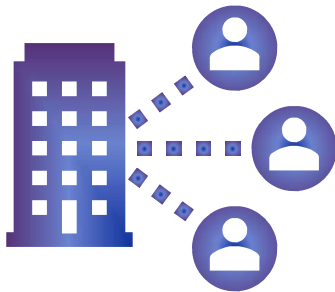
- Background, Purpose, and Objectives
- Program Design
- Financial Data
- Evaluation
- Submission Timeline
- Public Comment

Background, Purpose, and Objectives

Background

Institutions for Mental Disease (IMDs):

- Hospital, nursing facility, or other institutions with more than 16 beds, and
- Primarily engaged in providing diagnosis, treatment, or care of persons with behavioral health diagnosis, including substance use disorders.



Coverage

- Medicaid is the single largest payer of behavioral health services, including mental health and substance use services in the United States.

Exclusion

- When Medicaid was enacted in 1965, services provided in IMDs were excluded from receiving federal financial participation.

Intent

- The original intent of the exclusion was to encourage states to invest in community alternatives to institutional care.

Purpose



INSTITUTIONAL | TRANSITIONAL | COMMUNITY

New York State recognizes that state psychiatric, community-based inpatient and residential behavioral health services are an important aspect of the continuum of care for those in need. In requesting approval for this waiver amendment, New York State seeks to strengthen institutional, transitional, and community-based services so that people receive the most appropriate care in the least restrictive setting possible.

IMD Waiver Amendment Request

- This waiver amendment seeks federal Medicaid matching funds for reimbursement to Institutions for Mental Diseases (IMDs) for short-term inpatient, residential, and other services provided to Medicaid enrolled adults aged 21 to 64 with behavioral health diagnoses, including serious mental illness and substance use disorder.
- In addition, NYS seeks approval to provide a targeted set of in-reach services 30 days prior to discharge for those residents not otherwise eligible for this waiver.

In 2023, NYS will seek federal Medicaid matching funds for facilities serving foster care children, including Qualified Residential Treatment Programs (QRTPs), and other child welfare institutions serving children with Serious Emotional Disturbance (SED).

Waiver Amendment Objectives

TRANSFORM

Change the role of IMDs from long-term care institutions to community-based enhanced service delivery systems



STRENGTHEN

Strengthen care transitions and access to community-based treatment and support services



IMPROVE

Improve physical and behavioral health outcomes



This demonstration will allow the state to promote improved access to community-based behavioral health services and aid in the state's efforts to continue to transform the behavioral health service system.



Department
of Health

Office of
Mental Health

Office of Addiction
Services and Supports

Program Design

One Waiver, Two Programs

Waiver Eligibility

SMI

- State-operated Psychiatric Facilities only
- Retrospective enrollment into the waiver covering a cohort of individuals who have a 30-day average length of stay (ALOS)
- Targeted in-reach services 30 days prior to discharge for residents not achieving a 30-day ALOS

SUD

- All SUD IMDs
- All individuals covered in the waiver prospectively covered
- Total state-wide ALOS of 30-days or less.

Waiver Program: SMI Initiatives

Enhanced Campuses and Supported Communities

Through this waiver, NYS will maximize the ability of state psychiatric facility campuses centrally located in communities with underserved populations to serve as enhanced service delivery systems for community integration and recovery in the community.



- To include transitional housing, employment and education supports, as well as an integrative model of mental health and substance-use disorder services and primary care.
- Communities surrounding the OMH Psychiatric Centers will receive modest investment from federal matching funds realized through the demonstration, promoting local engagement and community tenure.

Waiver Program: SMI Initiatives

Discharge Planning


OMH will conduct a comprehensive assessment of how PCs are currently facilitating the discharge of long stay patients (patients who have been in-patient more than one year) and what supports can be put in place to foster stability in the community.

- Specific programs will be developed to work directly with individuals to facilitate discharge settings and reduce inpatient lengths of stay.
- Contingency planning for crises with family members and/or other community supports is often needed and will be a focus in this demonstration.



Waiver Program: SMI Initiatives

Rapid Response

- Reinvestment of funding realized through the Waiver will allow NYS to strengthen rapid response to individuals and families in crisis.
 - Increase the proportion of patients who are effectively discharged from these facilities within 60 days
 - Focus on applying critical time intervention methodologies including Mobile Integration Teams and programs like Pathway Home
- 
- Prioritize partnerships with community-based not-for-profit providers, Comprehensive Psychiatric Emergency Programs (CPEPs) and Emergency Departments (EDs).
 - Clear performance targets to prevent admissions wherever possible

Waiver Program: SUD Initiatives

Community-Based detoxification, inpatient rehabilitation and residential services

- Improving care and facilitating transitions

Residential Reintegration



- Additional residential reintegration SUD services will be included for Medicaid members with this demonstration.
- Increase the use of community-based and non-hospital residential programs and assure that inpatient hospitalizations are utilized appropriately for situations in which there is a need for safety, stabilization, or acute withdrawal management.

Waiver Program: SUD Initiatives

LOCADTR

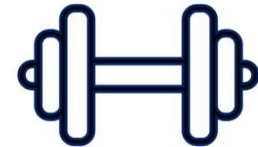


- Level of Care Determination (LOCADTR) is a national placement criteria that determines the appropriate level of care (LOC).
- NYS provides critical access to SUD treatment services, including inpatient and residential SUD treatment in IMDs, as part of a full continuum of treatment services that follow LOCADTR LOCs.
- OASAS regulations and Medicaid policy manuals will be modified to reflect all LOCADTR criteria for residential programs, including requirements for the particular types of services and hours of clinical care and credentials of staff.

Waiver Program: SUD Initiatives

Strengthen the addiction-support continuum of care:

- Expand telehealth access;
- Scale up mobile MAT unit services;
- Broaden the reach of Opioid Treatment Programs;
- Develop peer and clinical outreach services within the outpatient system;
- Implement street outreach programs in collaboration with the AIDS Institute (NYSDOH) to promote harm reduction; and,
- Pursue DEA and SAMHSA approval for each outpatient program to provide methadone as clinically indicated.

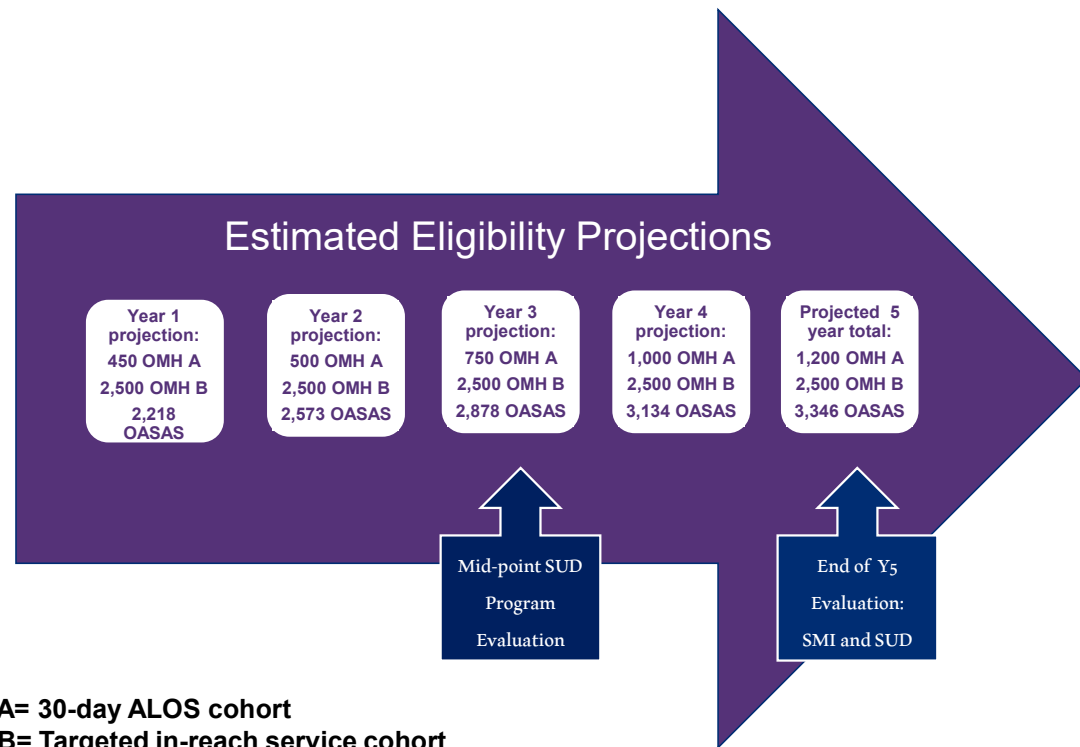


Financial Data

The total cost of this amendment is estimated to be \$268.37 million over five years.

Estimates assume:

- Continued, measured increases in community placement
- Successful placement into these community settings
- Enhanced crisis support resources
- Budget neutral



OMH A= 30-day ALOS cohort
OMH B= Targeted in-reach service cohort

Evaluation

Evaluation Approach

A multi-method, comprehensive statewide evaluation will be conducted by an independent evaluator at the mid-way point for SUD and at the end of the demonstration for both SUD and SMI. The evaluator will:

- Document the impact of the IMD waiver on health care service delivery, quality, health outcomes, and cost effectiveness;
- Examine program components that led to successes or posed particular challenges for implementation and outcomes;
- Assess whether the goals for each program were met.
 - Evaluations will utilize pre- and post-design approaches; mixed effect regression methods to examine individual outcomes over time; and multiple analysis of variance and hypothesis testing to compare population and acuity characteristics.

Timeline

Submission Timeline

Activity	Date
Public Notice posted to State Register/Public Comment Period Begins	October 5
Tribal Comment Period Begins	October 5
Public Hearing 1 & 2	October 26 and 31
Public Comment Period Ends	November 4
Tribal Comment Period Ends	November 10
Incorporate Written and Oral Public Comments and Finalize Amendment	November 10 - 30
Formal Submission of Amendment Application to CMS	December 2022
Target Implementation Date	Spring 2023

Public Comments

Guidelines for Public Comments

- We have a list of pre-registered commenters which will indicate the order in which you will be called on to speak.
- A member of the DOH team will call your name and request that you manually unmute your line so you can speak.
- Comments will be timed; please limit your remarks to five minutes.

Written comments will be accepted through **November 4, 2022**, by email at 1115waivers@health.ny.gov **or** by mail at:

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Waiver Management Unit
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