



Department
of Health

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office of Children
and Family Services

Office for People With
Developmental Disabilities

Children's Medicaid Redesign and Transition to Managed Care Updates

April 24, 2018

Today's Agenda

- Timeline and Plan for Proceeding with Children's Medicaid Redesign
- Next Steps, including initial Training Schedule
- New Background Checks, Statewide Central Register Checks, and Mandated Reporter Requirements



Proceeding with the Children’s Medicaid Redesign Under the Enacted Budget

- The State remains committed to implementing the Children’s Medicaid Redesign
- The Enacted Budget includes resources that will:
 - Support the start of Children’s Medicaid Redesign in January 2019
 - Builds foundation to implement other components of the Plan (e.g., moves waivers to Health Home Care Management, begins new HCBS criteria)
 - Provide readiness resources for providers (up to \$13 million, assuming Federal match)
- The State will be working to identify resources in the outer years for implementing the Children’s Redesign that are in excess of those included in the Budget’s Global Spending Cap
- The schedule and implementation are dependent upon timely Federal and State approvals

	SFY 18-19 (1)		SFY 19-20*		SFY 20-21*	
	Gross	State	Gross	State	Gross	State
Enacted Budget Restoration	\$30.0	\$15.0	\$30.0	\$15.0	\$30.0	\$15.0
Cost of Children’s Design	\$30.2	\$15.0	\$111.1	\$54.1	\$137.1	\$65.1

(1) Includes \$13m gross/\$6.5m State Provider Readiness Resources
 Subject to the availability of Global Cap Resources in Excess of Budget Restoration



2018-19 Enacted Budget – Readiness Resources

- In 2018-19, the Enacted Budget includes \$6.5 million of State resources for readiness activities for the Children’s Transition
- The State is working to identify mechanisms to leverage the Federal match to generate as much as \$13 million in readiness resources
- State will pursue a federally matched rate adjustment for Health Homes Primarily Serving Children Only
- Medically Fragile Children resources will be used to address access to private duty nursing

SFY 18-19			
2018-19 Enacted Budget	State Share Resources	Potential Federal Share	Total Resources
OMH/OASAS/Foster Care Providers	\$3.5	\$3.5	\$7.0
Medically Fragile Children (Private Duty Nursing)	\$1.0	\$1.0	\$2.0
Health Homes Primarily Serving Children Only	\$2.0	\$2.0	\$4.0
Total Potential Resources	\$6.5	\$6.5	\$13.0



Changes to Children's Timeline

- The Elements of the Children's Medicaid Redesign remain unchanged
- Changes relate to the timeline of implementing the new and expanded services and have been made to accommodate the availability of resources
- Six SPA services will be implemented over time, with three new services available in January 2019
- Expansion of Level of Care (LOC) Eligibility of Home and Community Based Services will be phased in over three years, within limits of Global Cap Spending
- The new expansion to Level of Need (LON) Home and Community Based Services population will begin following the full phase in of LOC



Overview of Children’s Medicaid Redesign Timeline

Children’s Medicaid Redesign Timeline

Subject to the availability of Global Cap Resources in Excess of Budget Restoration

Subject to timely CMS and other State Approvals

<ul style="list-style-type: none"> • Implement three of Six New State Plan Services (Other Licensed Practitioner, Psychosocial Rehabilitation, Community Psychiatric Treatment and Supports) • All 1915(c) Children’s Waiver Members Transition to Health Home (begins in October 2018) • Most 1915(c) Waiver Children Transition to Managed Care • New State Plan Services and New Array of HCBS in Managed Care Benefit • B2H Waiver Children Discharged from FC to Managed Care 	<p>January 2019</p>
<ul style="list-style-type: none"> • Implement Family Peer Supports State Plan Service • Three Year Phase-in of Level of Care (LOC) eligibility for HCBS Begins (within limits of Global Spending Cap) • Foster Care Population, including B2H Waiver children, transition to Managed Care • Behavioral Health Benefits transition to Managed Care 	<p>July 2019</p>
<ul style="list-style-type: none"> • Implement Remaining New State Plan Services in Managed Care Benefit (Youth Peer Support and Training and Crisis Intervention) 	<p>January 2020</p>

Implementation of New State Plan Services

- Three State Plan Services Implemented on January 1, 2019
 - ✓ Other Licensed Practitioner,
 - ✓ Psychosocial Rehabilitation,
 - ✓ Community Psychiatric Treatment and Supports,
- Family Peer Support State Plan service implemented on July 1, 2019
- Youth Peer Support and Training and Crisis Intervention State Plan service implemented on January 1, 2020
- State Plan services will become part of the Managed Care benefit on their implementation date
- Providers need to be designated to provide new State Plan services and will need to contract with Managed Care Plans. State Plan will be available fee-for-service for children that are not enrolled in Plans
- Provider Designation webinar was held on April 19, 2018 – provides information on designations for both New State Plan Services and HCBS
 - https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2018-04-19_provider_designation_and_authorization.pdf



State Plan Amendments and Rates

- State will amend current State Plans to change the effective dates for six state plan services
- January 1, 2019
 - ✓ Other Licensed Practitioner,
 - ✓ Psychosocial Rehabilitation,
 - ✓ Community Psychiatric Treatment and Supports,
- July 1, 2019
 - ✓ Family Peer Support
- January 1, 2020
 - ✓ Youth Peer Support and Training
 - ✓ Crisis Intervention State Plan
- State has been working with Stakeholders to simplify rate structure for the six new State Plan services
- New rates will be available Mid-May - ensures there is enough time for providers and plans to claims test and contract with Plans



1915(c) Waivers Transition to 1115 Waiver

- The authority for all six 1915(c) children's waivers will transition to 1115 Waiver on January 1, 2019
 - The timing is consistent with State/CMS agreement to transition to the 1115 Waiver and continue conflict free case management standards
 - The six waivers include:
 - ✓ OMH SED
 - ✓ DOH Care at Home (CAH) I/II
 - ✓ OPWDD CAH
 - ✓ OCFS Bridges to Health (B2H) SED
 - ✓ OCFS B2H Developmentally Disabled
 - ✓ OCFS B2H Medically Fragile
- HCBS will be part of Managed Care benefit on January 1, 2019
- OMH SED, DOH CAH and OPWDD Care at Home will transition to managed care on January 1, 2019
- B2H children in foster care will transition to Managed Care on July 1, 2019, i.e., at the same time the VFCA population transitions to managed care
 - Between January 1, 2019 and July 1, 2019, B2H transitioning children will receive HCBS through fee-for-service
 - A child that is in B2H, receiving HCBS services and that is no longer in Foster Care will transition to Managed Care on January 1, 2019 and will receive their HCBS from the plan on January 1, 2019
- Children that are currently receiving Crisis Intervention, Family Peer and Youth Peer services under 1915(c) waivers and that will transition to the 1115 will continue to receive these services under the 1115 authority – this ensures no break in service for these children



1915(c) Waiver Providers will Transition to Health Home Care Management under the 1115 Authority

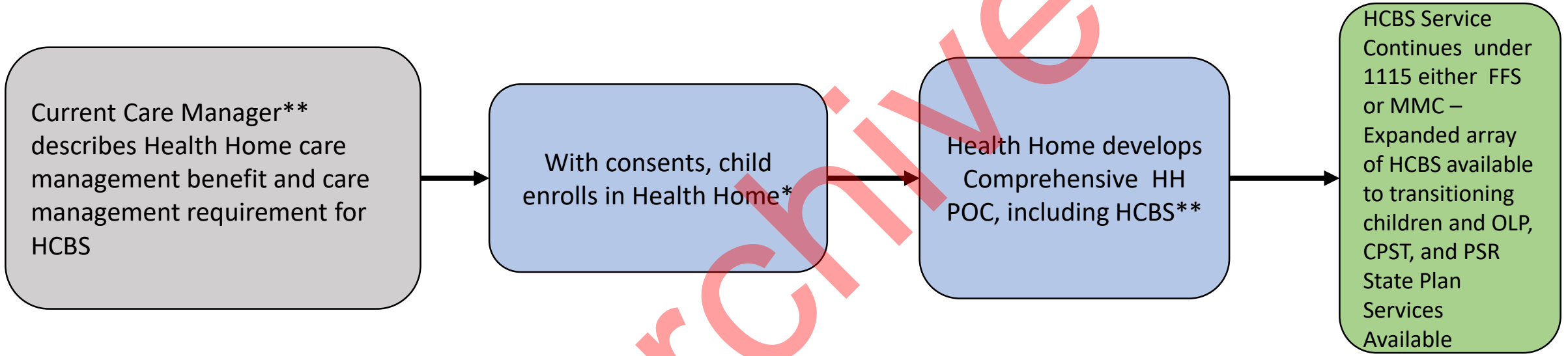
- To preserve the expertise of existing waiver providers in the Children's Transformation and in Health Homes, all existing care managers providing care management under the six waivers will transition to Health Homes
- 1915(c) Transitioning Children that will transition to Health Home care management will transition with their current care manager/agency (by choice and with consent)
- This linkage between care managers and children and families will preserve care manager relationships with the child and their family, continuity of care and help ensure a seamless transition
- ***Work to transition children to Health Home will begin October 2018***
- ***The State will be scheduling in-person, regional transitional meetings with all waiver providers, Health Homes and Plans***
- ***A survey will be sent to 1915c Waiver providers transitioning to Health Home care management to verify proper linkages and system connections are in place and to identify providers that may need TA***



1915(c) Transitioning Child – Transition to Health Home

Beginning 10/1/18

1/1/19



HCBS continues delivered FFS

**Current 1915(c) Waiver Care Manager Transitioning to Health Home Care Management
 *Children who opt out of HH and are HCBS eligible will be served by Independent Entity who will develop HCBS plan of care

HCBS Level of Care Expansion

- Expanding HCBS to any child that meets Level of Care (LOC) eligibility for HCBS will be phased in over three years
- Capacity will expand within the limits of available resources under the Global Spending Cap
- The State is developing process for operationalizing the phase-in of LOC HCBS capacity (i.e., centrally maintained statewide list)
- The expansion of HCBS to the new Level of Need (LON) criteria will begin after the three-year phase in of the LOC criteria



Children's Medicaid Redesign – Managed Care Readiness Milestones

Plan Readiness Milestones	Date
State Led Webinar on Children's Transition for Plan Program and Operational Staff	May 3, 2018
Plans Resubmissions due to State (Based on January 2018 Interim Report)	June 2018
State Releases Network Contracting Status Report	June 2018
Monthly Network/ Recruitment Reporting Begins	July 2018
Onsite Readiness Reviews	September 2018-November 2018
Claims Testing Begins	October/ November 2018
Plan member services ready to take calls to assist transitioning children	November 1, 2018



Children’s Medicaid Redesign – Volunteer Foster Care Agency Milestones

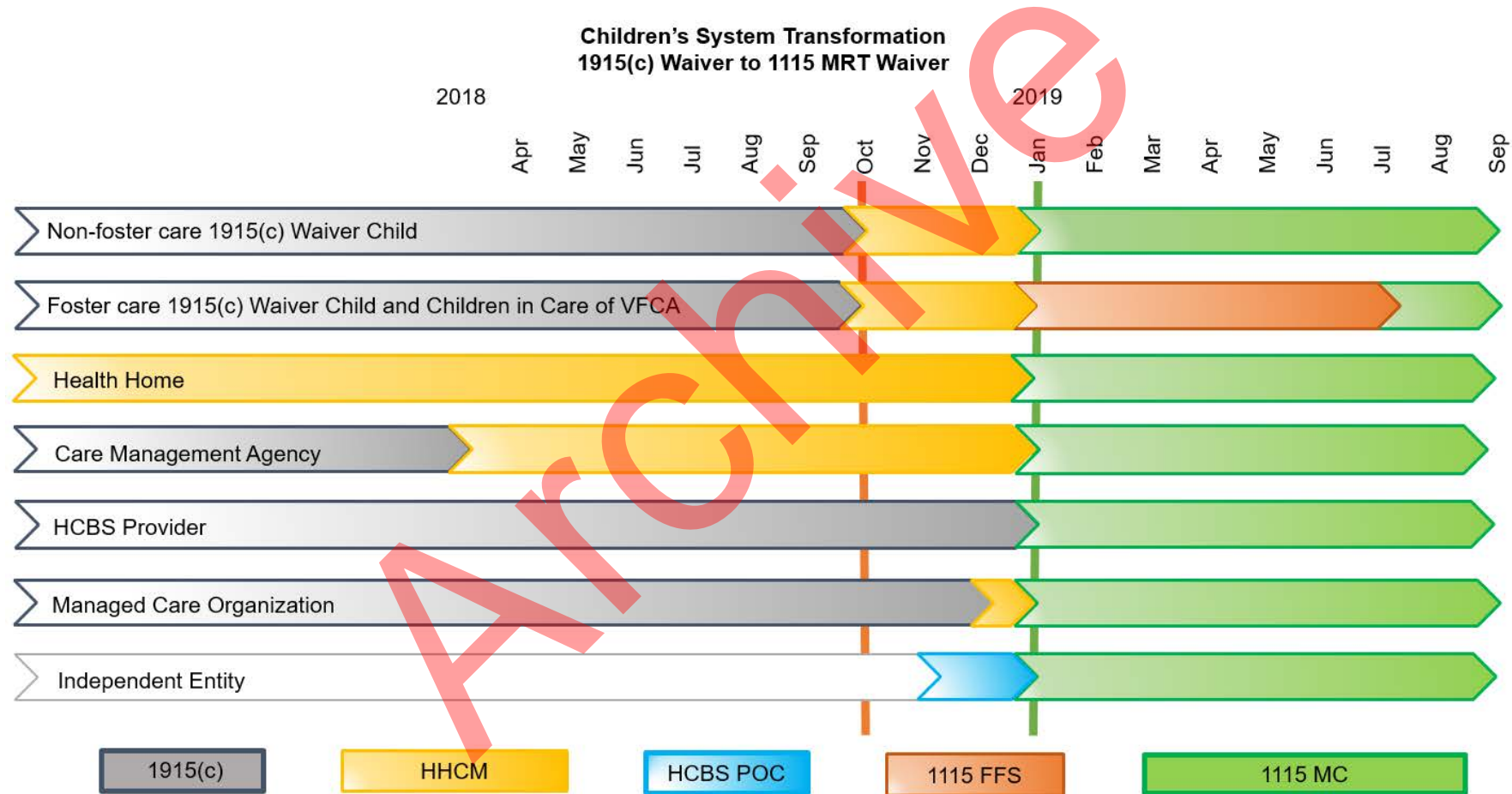
Timeline on Key VFCA Components for July 1, 2019 Transition of VFCA Population to Managed Care

SPA (Related to Residual Per Diem for VFCA)	Target submission to CMS in June 2018 approval by January 1, 2019
State Regulations (Related to Article 29-I Licensure of VFCA)	Target Publication in State Register in June and adoption in October
Final Licensure Guidelines Released	May 2018
VFCA Provider Education and Training on Licensure Application Process	May 1, 2018 to June 30, 2018
Application Released (Electronic Submission)	June 1, 2018
Applications Due	July 31, 2018
Licensure of all VFCAs	November 15, 2018 to December 31, 2018
VFCA contract and claims test with Managed Care Plans	January 1, 2019 to June 30, 2019

Schedule for Provider Training on Licensure Application Process

May 7	Albany
May 8	Lower Hudson
May 9	Lower Hudson
May 10	NYC
May 11	NYC
May 14	Syracuse Region
May 15	Rochester Region
May 16	Buffalo Region

Children's Medicaid System Transition Plan



Next Steps

- Discuss with CMS new timelines and submit updated documents to reflect new timelines – documents will be posted to the State’s website
 - ✓ This week the State will amend and resubmit to CMS the 1115 Waiver and the Transition Plan
 - ✓ State Plan will be amended to reflect new effective dates of the six new State Plan Services (Other Licensed Practitioner, Psychosocial Rehabilitation, Community Psychiatric Treatment and Supports, Family Peer Support, Youth Peer Support and Training and Crisis Intervention)
 - ✓ The current six children’s 1915(c) waivers (OMH SED, three B2H, and CAH DOH and OPWDD) will be amended to extend their authority to December 31, 2018
 - ✓ State Plan Amendment will be submitted for Foster Care – implements “Residual Per Diem” for VFCAs under Managed Care
 - ✓ Regulations to implement Article 29-I Licensure of Volunteer Foster Care Agencies (to allow Managed Care Plans to contract with VFCAs in accordance with corporate practice of medicine)



Next Steps

- The State partners will be working to finalize and update key documents, including SPA manuals, HCBS manual, HCBS work flow (to share for stakeholder input), consumer and family educational materials and notices over the next 3 months
- As indicated in the Provider Designation Webinar, the State expects to issue designation letters by Mid-May
 - Providers should note that the designation process will remain open (i.e., is a rolling process) and will continue beyond mid-May
- In between trainings and webinars, the State will also provide periodic email updates on the status of implementation, upcoming trainings, and other helpful information to be responsive to stakeholders

The State partners are looking forward to working with providers, children and families, Health Homes, Managed Care plans and other stakeholders to move forward with implementing the Children's Design



Children's Health and Behavioral Health Comprehensive Training Plan

- State Partners are in the midst of compiling and prioritizing training needs for the system transformation.
- Trainings will include in-person sessions held regionally throughout the State for current 1915(c) waiver providers that will transition to Health Home care management – will include Health Homes and Plans
- Upcoming meetings to discuss Comprehensive Training Plan:
 - ✓ Mid-May – Provider Trade Associations
 - This meeting will be to discuss structure and organization of Comprehensive Training Plan
 - ✓ Late June – Monthly Stakeholder Training Meeting
 - This meeting will be to discuss current system training needs



New Children's Behavioral Health State Plan Service Trainings

All Day In Person Trainings:

- ✓ Rochester – May 30, 2018
- ✓ Binghamton – May 31, 2018
- ✓ Westchester/Tarrytown – June 1, 2018
- ✓ NYC - June 5, 2018
- ✓ Albany – June 8, 2018



Training Topic for May – July 2018

Provider Designation
Medicaid Managed Care Networking Contracting
Pathways to care: Referrals to SPA services and/or referrals to LBHPs who can recommend SPA services
Medicaid Managed Care 101
HCBS: Service Descriptions, Workflow, Plan of Care, Admin/Billing
SPA: Round 2 Service Descriptions Documentation, Changes to Service Provision and Admin/Billing
OCFS Article 29i Training
Health Home: Transition existing 1915c children to Health Home (Regional Training Sessions)
Health Home: Comprehensive Plan of Care (Regional Training Sessions)
Health Home: HCBS LOC Eligibility Determination (Regional Training Sessions)
LOCATR

*Training topics and dates may change based on identified needs and priority.



Training Topics for August – October 2018

Family and Youth Peer Advocate Training and Credentialing

Health Home: Uniformed Assessment Systems and the CANS-NY

Medicaid Managed Care Billing: Clean Claims/Billing MC Plans

Health Home: Comprehensive Plan of Care (Regional Training Sessions)

Health Home: Transition existing 1915c children to Health Home (Regional Training Sessions)

Health Home: HCBS LOC Eligibility Determination (Regional Training Sessions)

Health Home: Uniformed Assessment Systems and the CANS-NY

Health Home: Standards, MAPP, Care Manager Role

Medicaid Managed Care Billing: Principles of Revenue Cycle Management

Medicaid Managed Care Billing: Rates/Codes

Principles of Utilization Management

*Training topics and dates may change based on identified needs and priority.



New Background Checks, Statewide Central Register Checks, and Mandated Reporter Requirements

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2018-19 Enacted Budget – New Background Checks, Statewide Central Register Checks, and Mandated Reporter Requirements

- The 2018-19 Enacted Budget includes new statutory requirements (Chapter 57 Laws of 2018) related to criminal history record checks, mandatory reporter requirements and Statewide Central Register checks for certain Health Home care managers and children's HCBS providers
- Webinar has been scheduled - two dates are available for the same webinar
- Background Checks, Statewide Central Register Checks, and Mandatory Reporter Requirements
- Here are the links for the Webinars:
 - Wednesday April 25th 2018 from 1-2:30pm
 - <https://register.gotowebinar.com/register/310231993784161539>
 - Thursday, May 17th 2018 from 1-2:30pm
 - <https://register.gotowebinar.com/register/595601440883658754>
 - After registering, you will receive a confirmation email containing information about joining the webinar
- CCO/HH, HHSC and HCBS providers (as of Jan 1, 2019) will obtain email correspondence requesting agency information and a primary contact person for those agencies and organizations that will be conducting background checks and SCR clearances



Overview of New Background Check Requirements for Health Homes

Effective April 1, 2018, the new statute requires:

- Health Homes and those that subcontract with Health Homes (e.g., care management agencies) that provide Health Home care management to:
 - Health Home enrollees under age 21 – includes members enrolled in Health Homes designated to serve children and adults, applies to all employees hired on or after April 1, 2018
 - Individuals enrolled in Health Homes that have a diagnosis of developmental disability as defined in Section 1.03(22) of the New York State Mental Hygiene law, i.e., all members enrolled in designated CCO/HHs that will begin operations on July 1, 2018

To conduct:

- Criminal History Record Checks (CHRC), including finger printing, on prospective employees and
- Statewide Central Register (SCR) Checks on prospective employees.



Overview of New Background Checks for Children's HCBS Providers

Effective April 1, 2018, the new statute requires:

- Providers of Home and Community Based Services (HCBS) to children under 21 years of age authorized under the Children's 1115 Waiver amendment

To conduct:

- Criminal History Record Checks (CHRC), including finger printing, on prospective employees and
 - Statewide Central Register (SCR) Checks on prospective employees
- ✓ ***This provision will not take effect until the 1115 Waiver (requires Federal and State approvals) to provide Children's HCBS is approved and is implemented ("the Children's 1115 Waiver")***
- ✓ ***The current anticipated date of implementation of the Children's HCBS is January 1, 2019***



Overview of New Mandatory Reporter Requirements for Health Homes and Children's HCBS Providers

Effective April 1, 2018 the new statute requires the following entities to be Mandated Reporters of child abuse or maltreatment:

- All employees expected to have regular and substantial contact with children who are employed by Health Homes, or Health Home care management agencies contracting with a Health Home, designated and authorized under Section 365-l of the Social Services Law
 - Mandatory reporter requirements apply to all Health Homes
 - ✓ Health Homes designated to serve adults
 - ✓ Health Homes designated to serve children
 - ✓ Health Homes designated to individuals with intellectual and developmental disabilities – CCO/HHs
- All employees who provide Home and Community Based Services (HCBS) to children under 21 years of age authorized under the Children's 1115 Waiver amendment (anticipated date of implementation January 1, 2019)



Questions



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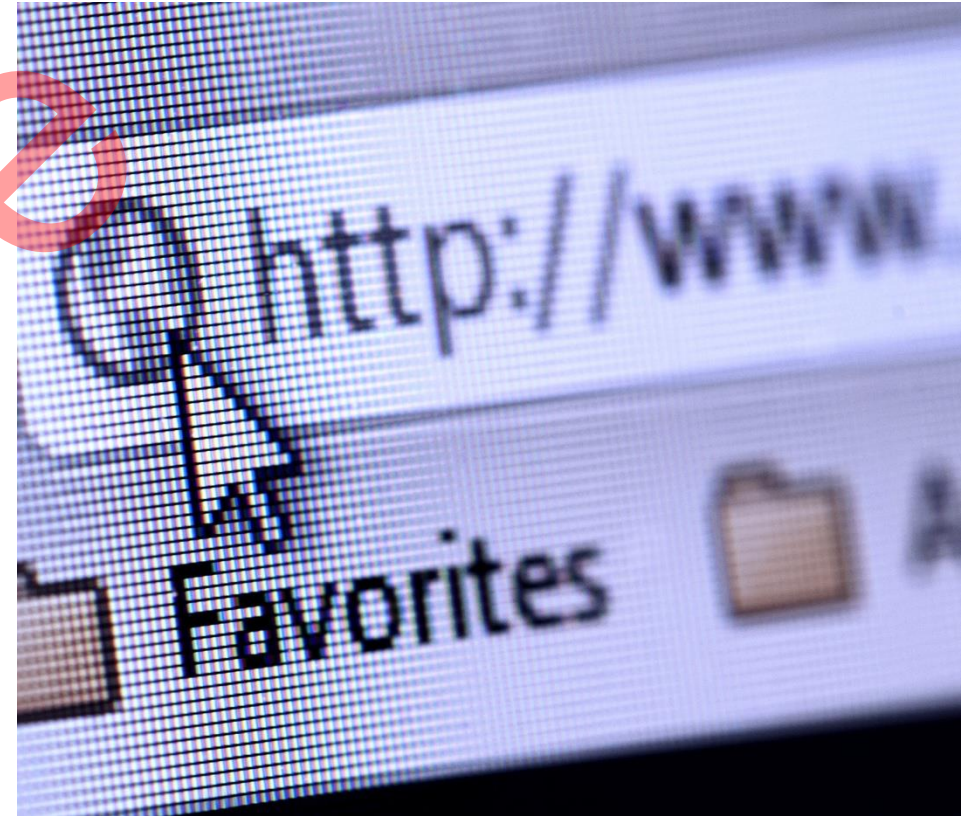
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Updates, Resources, Training Schedule and Questions

- Please send any questions, comments or feedback on Health Homes Serving Children to: hhsc@health.ny.gov or contact the Health Home Program at the Department of Health at 518.473.5569
- Stay current by visiting our website: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/health_homes_and_children.htm
- Subscribe to the HH Listserv http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm



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