



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 Health and Behavioral Health MRT Subcommittee

Monthly Webinar

November 14, 2017

Agenda

- Medical Necessity Criteria and Utilization Management guidelines update
- Standards of Care
- Provider designation update
- Transition Plan update
- Plan qualification update
- Upcoming technical assistance and training



Children's SPA Medical Necessity Criteria and Utilization Review

- The children's SPA requires that
 - An initial assessment be conducted prior to developing a treatment plan¹
 - The treatment plan be approved by the Department of Health or its designee
- For children receiving services FFS, DOH will delegate approval of the treatment plan to the service provider, subject to State audit/review
- For children receiving services through Medicaid managed care, DOH will delegate approval of the treatment plan to the MMCP

¹Treatment plan in this context indicates the clinical or functional information needed to evaluate medical necessity for the service.

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Medical Necessity Criteria

- MNC is required for all Medicaid State Plan services
- MNC describes clinical requirements for admissions, continued stay, and discharge criteria for services
- Medical Necessity is defined in New York law as “medically necessary medical, dental, and remedial care, services and supplies” in the Medicaid program as those “necessary to prevent, diagnose, correct, or cure conditions in the person that cause acute suffering, endanger life, result in the illness or infirmity, interfere with such person’s capacity for normal activity, or threaten some significant handicap and which are furnished an eligible person in accordance with state law” (N.Y. Soc. Serv. Law, Section 365-a).
- The determination of whether a service is medically necessary for an individual child must be made on a case-by-case basis, taking into account the particular needs of the child.



SPA Medical Necessity Criteria

- Released on 10/13/17
- The medical necessity criteria guidelines provide a framework for development of appropriate treatment plans
- Plans will utilize guidelines to develop their Medical Necessity Criteria (MNC) policies and procedures for review and approval of provider treatment plans.
 - Plans' MNC may not be more restrictive than the guidelines proposed by NYS
- Link to MNC:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2017-10-13_child_utilize_mgmt_guide.pdf

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Utilization Management Guidelines for SPA Services

- Released 10/13/17 – MMCPs will develop UM policies and procedures for approval of SPA services in accordance with these guidelines
- Services already in managed care for adults 21 and over will have the same UM guidelines for individuals under 21
- New SPA services:
 - Crisis Intervention: No UM will be applied
 - The remaining 5 new SPA services (OLP, CPST, PSR, FPSS, and YPST) will require authorization after the initial provider assessment.
 - The initial authorization must be inclusive of at least 30 service visits, and the MCO will review services at reasonable intervals thereafter (as determined by the MMCO and consistent with the child's treatment plan and/or Health Home plan of care)
- The State envisions a collaborative partnership between the Plans and providers to have discussions about the care of the child and appropriate services to meet their unique needs
- Link to UM guidelines:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/2017-10_utilize_mgmt_guide.htm



Standards of Care for New State Plan Services

- The State is developing Standards of Care for the new children's State Plan services
- The Standards of Care represent a core set of clinical and quality standards that should be incorporated by all SPA provider agencies serving children, and adolescents and their families as the basic operating framework within which care is provided
- May serve as guiding principles for the development of provider agency policies
- The Standards of Care will be incorporated into the SPA manual, currently in draft
- Once the SPA manual is finalized, the State will release the Standards of Care for stakeholder feedback

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HCBS Utilization Management Guidelines

- The State is developing UM guidelines that includes admissions, continued stay, and discharge criteria for Children's Aligned HCBS
- Additionally, the State is continuing to develop the HCBS workflow



Transition Plan Updates

- State has updated Draft Transition Plan to reflect stakeholder comments
- Final Draft Transition Plan will be submitted to CMS for their approval this week
 - Based on preliminary discussions with CMS we have significantly simplified the transition plan by eliminating the interim transition period from January 1, 2018 to June 30, 2018 – avoids a two step process with rate codes in moving from 1915(c) to 1115 authority – transition to Health Home for children already enrolled in waivers will still begin on April 1, 2018
- Webinar on Final Draft Transition Plan will be held on Friday, December 1, 2017
- State will issue an FAQ with stakeholder questions will be issued shortly after



Provider Designation Update

- To ensure continuity of care and provide a path for providers that now provide HCBS services to begin contracting discussions with the Plans the State will be preliminarily notifying providers they will meet the criteria to provide HCBS services they currently provide to the populations they now serve
- The State expects to release these letters next week
- The Plans will be provided a list of Preliminarily Notified Providers, including Agency name, Service, service area and population that can be served
- In early December, the State will be providing additional information outlining the process for providers that want to provide HCBS/Six SPA services to a population they do not currently serve to obtain any additional licensure, certification or agreement process that may be required
- Formal designations will be provided when all necessary approvals are in place
- The Provider Designation process will remain an open and ongoing process
- Providers who have applied for designation were strongly encouraged to attend the MCTAC contracting fairs scheduled this month
 - Contracting fairs provide an opportunity for providers and MCOs to meet and exchange information
 - Presentation on “lessons learned” on contracting from the adult behavioral health transition to managed care included



Update on Plan Standards and Requirements

Children's Health and Behavioral Health Medicaid Managed Care Organization Qualification Timeline	Date
Submission from Plans Due To NYS	October 31, 2017
Utilization Management and Clinical Management Submissions Due	December 1, 2017
NYS Confirms Receipt of Submission from MMCOs	November 15, 2017
Interim Report Issued to Plans	Mid-January 2018
Conduct Onsite Readiness Reviews	March-April 2018
MMCOs will begin claims testing with providers	April 2018
State Distributes Findings from Onsite Readiness Review to MMCOs	May 2018
MCOs member service staff begin responding to questions related to the expanded children's benefits and provider network participation	May 2018
MMCOs Begin to Manage the Children's Benefit Statewide	July 1, 2018



Upcoming Technical Assistance and Training

MCTAC trainings

- Provider contracting fairs
 - November 16, 2017 – Rochester
 - Previous held fairs include November 6, 2017 – Albany, and November 8, 2017 – NYC)
- Revenue cycle management
 - December 6, 2017 – Rochester
 - December 12, 2017 – Albany
 - December 15, 2017 – NYC
- In-depth service specific training, rates, billing manual, utilization management, HCBS workflow, etc. – TBD

More information from MCTAC to follow – <http://www.ctacny.org/>



Upcoming Technical Assistance and Training (continued)

State Partner Led Trainings

- Monthly Children's Medicaid Transformation Webinars – Subsequent Monthly Webinars - Second Wednesday of every month from 3-5 pm
 - Last meeting November 9, 2017
 - Next meeting December 13, 2017
- Consumer and family education – more information to come



Upcoming MRT Subcommittee Meetings

- Next quarterly in-person meeting – New York City
 - December 5, 2017 – Value-Based Payment for children’s services & First 1,000 Days



Questions?



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Resources to Keep Informed

DOH Transition Mail Log
BH.Transition@health.ny.gov

DOH BH Transition Webpage
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/

Health Home Bureau Mail Log
https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action

OMH Managed Care Mail Log
BHO@omh.ny.gov

Children's Designation Mail Log
OMH-Childrens-Designation@omh.ny.gov

Subscribe to DOH Health Home listserv
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm

Subscribe to children's managed care listserv
<http://www.omh.ny.gov/omhweb/childservice/>



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