

Q&A from New York State and CTAC/MCTAC Children's System Transformation Forums and Webinar Series: Winter/Spring 2016

The below Q&A includes information discussed during the in-person system transformation events that took place across New York State in the Spring of 2016 as well a web-based three-part overview and introduction series offered earlier in January and February.

More information and materials from these offerings are available here: ctacny.org/systems-transformation.

Please visit faq.ctacny.org for an easily searchable collection of the most frequently asked questions regarding transformation of New York State's Behavioral Health Medicaid system.

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Source Event Questions and Answers

Albany	When will Children's Health Homes go live? The current timeline has Children's Health Homes going live on December 1, 2016.
Albany	There are certain services like respite and wraparound that kids can get now, what are MCOs going to do to make sure those services can continue? Early Intervention services? Respite specifically is going to be in HCBS whether planned or crisis and can be delivered in a variety of different settings. Flexible and wraparound service dollars more generally will continue in some forms; for example, OMH TCM funds to counties that are passed on to providers. State is sorting out how to address kids who are eligible for both Health Homes and Early Intervention.
Albany	Regarding UM, who organizationally is best situated to handle/manage? There isn't one path fits all—depends on an organization's size, how many clients, and how many contracts with MCOs. A recommended approach is to balance centralized vs individual. Consider how well equipped a central staff, social worker or nurse is able to speak to a case just by looking at a chart? On the other side, training 20 people to do UM reduces the amount of time they can spend on other things. Also raises question of supervision.
Albany	What is the designation process for SPA? The designation process is being finalized – more information will be shared as soon as it is available.
Albany	Why exclude Child Health Plus? Child Health Plus is not in Medicaid. These individuals are in managed care, but not Medicaid managed care.
Albany	If an agency offers care coordination through a Health Home, do they contract with MCO? No. MCO contracts with Health Homes, who then subcontract with you.
Albany	Will there be mobile crisis for adults training/TA? Guidance on crisis intervention implementation for adults will be forthcoming from the State in the near future.
Buffalo	Can children be eligible for Medicaid but not Medicaid managed care? How can this information be determined for each child? To determine if a child is Medicaid eligible, consult ePaces or call district. Determination of whether that child can be enrolled in a Plan can be assisted by an Enrollment Broker at the county offices.

- Buffalo** **The Affordable Care Act extended health insurance for young adults under their parent's coverage to 26—how does that fit in to this transformation?**
Under the ACA, Medicaid eligibility was extended for children who are in foster care at the age of 18 and were Medicaid eligible.
- Buffalo** **For CPST, will OASAS providers being able to bill for evidence based practices in the community under this new defined service?**
Yes, we are currently working through designing the provider designation process for EBPs.
- Buffalo** **Could another provider come in and offer new services for Supervised independent living (OCFS licensed for older adolescents) staff who already provide HCBS and SPA?**
Yes, this practice can continue but we will provide guidance in the future with regard to the nuances of conflict free case management and HCBS delivery for youth in Supervised Independent Living Arrangements.
- Buffalo** **Can children's HCBS services be delivered by a health home?**
No. The Health Home's role is to coordinate care, not provide direct services.
- Buffalo** **If a Health Home isn't involved in a child's HCBS determination, who then administers the CANS?**
Anticipate vast majority of HCBS eligible individuals will also be Health Home eligible/enrolled.
- Buffalo** **Different counties have different coverage levels for example on crisis intervention.**
State looking at this and the different elements e.g. mobile crisis services and making them Medicaid billable.
- Buffalo** **When does the state expect to set rates for SPA and HCBS?**
The state is in rate discussions for SPA now, methodology will need to be included in package being sent to CMS for federal approval. HCBS to follow.
- Buffalo** **How is Family Support different in SPA and HCBS?**
For HCBS, what is called "Family Caregiver Support" services do not need to be provided by an individual with lived experience, whereas, in the SPA "Family Peer Support" does.
- Buffalo** **What is the turnaround time for returning not clean claims?**
CSRA will provide the remittance statement with the denial of a claim in about 2 weeks from submission. Depending on reasoning for denial i.e. if it is due to data insufficiency or claiming errors (rejected or denied) the provider must resubmit the corrected claim within 60 days of the remittance notification.
- Buffalo** **How can providers learn more about ePaces (VFCAs do not currently have access)?**
Providers can contact CSRA and ask for regional representative: 800-343-9000
- Elmira** **Does an individual have to be connected to an agency to provide SPA?**
Yes. Must be connected to an agency that is licensed, certified, designated or funded by OMH, OASAS, OCFS or DOH.
- Elmira** **Can a person be in both an adult and children's health home with two care managers?**
No.

- Elmira** **How are Children's SPOA initiatives part of this?**
In a variety of ways—Medicaid analytics performance portal in relation to Health Home. For adults in the Health Home world the state identifies a list of individuals that are eligible for Health Home. This process doesn't exist for kids. The referral concept is for all SPOA's to have access to the Health Home MAPP referral portal including the LDSS and LGUs.
- Elmira** **What's the difference between SPA and HCBS?**
SPA services are available to all children eligible for Medicaid. HCBS is available only to children who meet target, risk and functional criteria. SPA determined by medical necessity and HCBS meeting defined criteria. Medicaid eligible children excluded from managed care will be eligible for SPA services and HCBS under FFS.
- Long Island** **What will happen to the per diems through the Office of Children and Family Services?**
The current Medicaid per diem for children in foster care will be phased out. However, there are discussions about the development of a “Residual per diem” in recognition that there are operations unique to foster care agencies that often aren't covered by Medicaid encounter billing for services alone. NYS is thinking through lots of issues and options as well as value-based payments and how this can apply to different services and levels of care.
- Long Island** **Will there be MCTAC contracting fairs for kids providers?**
Yes, there will be contracting fairs to connect children’s providers with managed care plans. MCTAC expects to offer these approximately six months before the start date of the managed care transitions.
- Long Island** **If children's providers have existing contracts, will we now need new contracts?**
Generally speaking, no, existing contracts can usually work through amendments.
- Long Island** **What about OCFS DSS?**
DOH and OCFS issued guidance in April 2013 regarding the mandatory transition of children in foster care homes directly licensed by the LDSS into Managed Care. This guidance can be found on the DOH website:
https://www.health.ny.gov/health_care/medicaid/redesign/docs/policy_and_proposed_changes_fc.pdf
- Long Island** **When dealing with court-ordered services, how do providers determine what MCOs will pay for?**
Appendix K of Model Contract requires plans to pay for court-ordered services. This applies to the children's system.
- MCTAC.info** **Do children need to be Medicaid eligible to receive SPA services?**
Yes. The six State Plan Amendment (SPA) services will be available to any child eligible for Medicaid who meets relevant medical necessity criteria
- MCTAC.info** **How does New York State define medical necessity?**
Officially, New York law defines “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 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, § 365-a). This definition applies to both the fee-for-service and managed care populations.

- MCTAC.info** **Where can I access the SPA manual?**
The SPA manual is available on the Tools & Resources page of the CTAC/MCTAC website: ctacny.org/tools
- North County** **Does eligibility for children's services end with someone's 21st birthday or through their 21st year?**
Eligibility of children's services continues, if they meet eligibility criteria, until a young person's 21st birthday. At 21, transition to the adult system is necessary if need is present and eligibility criteria is met.
- NYC** **Where does NYS stand with CMS around conflict free case management? Is there potential that this could disrupt the capacity of a foster care agency to be a care manager for children?**
Under the CMS HCBS Rule for 1915c waivers, you cannot have the same agency providing care management also provide HCBS services to the same child. However, CMS has not provided guidance on how the HCBS Rule applies to Health Homes. Therefore, NYS has inquired whether under Health Homes we can adhere to conflict free case management, which allows for agencies to provide both, but with firewalls and mitigation strategies.
- NYC** **For foster care agencies who are interested in providing care management for 18-19 year olds in transition, is there going to be a reapplication process for young adults in transition?**
New York City Administration for Children Services (ACS) has issued a letter to foster care agencies alerting them to the benefit of referring young adults to adult health homes.
- NYC** **What pre-authorization of services is required for transition age youth?**
For OMH, if you're 18 and above you can access the same services as before. There will be no change on service delivery, and the youth can continue with partial hospital and PROS and ACT. In the future under the Children's Medicaid Managed Care transition, transition age youth will also have access to children's services until they are 21. For the Children's design, pre authorization has not been determined yet.
- NYC** **Is there a change in the age level for OMH clinics? In terms of credentialing, are there changes with unlicensed students and trainees in provider programs?**
The off-site age is up to but not including 19. The credentialing of OMH clinics has not changed.
- NYC** **This whole redesign is based on the premise that things are very inefficient. How did NYS compare so poorly to the rest of the country? What are we supposed to be improving on?**
NYS is ranked very low among US states in terms of the cost of healthcare and quality outcomes. This coupled with our extremely high rate of inpatient admissions has prompted a statewide change for healthcare management and utilization. The issue is not with individual providers and agencies but with the larger system. Also, compared to other states, New York has added more services under its Medicaid program which has driven costs higher without the greater level of coordination.
- NYC** **In terms of credentialing and contracting with MCOs, can a foster care agency without an article 28, continue to provide services without getting this license?**
Decisions have not been made. NYS recognizes the unique features of providing medical services for children in foster care, and is exploring options to continue this practice. There are several options on the table to evaluate and figure out which is the most efficient.

- NYC** **How do providers bill commercial plans for children's day treatment? Is there a code for this? When we bill Medicaid, we get denied. What do we do for non-Medicaid kids?**
Some commercial plans do not cover day treatment but may pay for some aspects of day treatment for Non-Medicaid kids.
- NYC** **What about children in foster care with third party health insurance?**
The policy regarding children enrolled in Medicaid who also have Third Party Health Insurance (TPHI) requires health care providers to first bill the Third Party. If the TPHI denies the claim, then Medicaid should be billed. This policy is expected to remain unchanged even in a Medicaid Managed Care environment.
- NYC** **What if I have an Article 31?**
OMH designated clinics are in managed care.
- NYC** **Will there be legacy slots and funds?**
All five waivers will be transitioning into managed care without slot limits. The 1115 authority gives NYS the ability to serve more children than the does the 1915c authority currently.
- NYC** **Will the children's system and approach to HCBS be similar to adult HCBS?**
NYS is still working on the eligibility process for children's HCBS. The adult implementation is helpful reference for gaining information on what has been successful and what needs improvement.
- NYC** **How will the state's children's leadership team and workgroup benefit from the adult implementation of HCBS?**
This children's system team at the state is in constant communication with the adult side to try to streamline the system. The state agency partners are aware of process and access issues. We are still in the development process with the kid's side, so we will use these lessons learned from the adult side.
- NYC** **Can you speak more about family peer support and youth peer support?**
Having a peer help someone navigate services and keep them out of more intensive services is being adopted for the children's transformation. Peers can be especially successful with engagement, trust, and advocacy. NYS is currently training and credentialing family peer advocates to do this work and is in the process of developing a youth peer credential as well.
- NYC** **For the credentialing of the peer advocate, is there a requirement for 1,500 hours of training before they are credentialed?**
There is a provisional credentialing and then you go on to obtain level 2. The hour requirement is not for training but actually working as a peer advocate. We are requiring 1,000 hours not 1,500. The requirements for a family peer and youth peer may vary. The youth peer credential is still under development.
- NYC** **What is happening with kids enrolled in adult health homes?**
If a young person between the ages of 18 and 21 is best served in the adult system, then that's where they should be. If you as the provider and the individual feel they would be better served in the children's system, they can be transitioned there.

- NYC** **Will the Residential Treatment Centers that are funded by the Office of Child and Family Services and the Local Departments of Social Services be carved in like the Residential Treatment Facilities?**
No, Residential Treatment Centers will not be carved in to Managed Care. Residential Treatment Centers are not analogous to Residential Treatment Facilities licensed by OMH.
- NYC** **Will there be a different model contract for kids' services than for adult services?**
No, there will not be a different model contract but additional refinements are likely to be made to fit the unique needs of children and families.
- NYC** **Is New York State suggesting that all kids HCBS providers can and should be accessing ePACES regardless of their experience with billing for Medicaid or their ability to offer clinical/treatment services?**
Yes.
- Poughkeepsie** **Is Medicaid a managed care system already?**
Medicaid for primary care is currently managed care. Behavioral Health is being transitioned and will no longer be carved-out from Medicaid recipient's Managed Care Plans and billed Fee-for-Service.
- Poughkeepsie** **Who is driving authorizations in the new system?**
For individuals in a Health Home and enrolled in Managed Care, Health Home care managers will work with MCOs and providers to create and manage plans of care and services.
- Poughkeepsie** **How do school-based services fit in under a transformed system?**
School Supported Health Services are not anticipated to be transitioned to Managed Care.
- Poughkeepsie** **What is "Other Licensed Practitioner" in the State Plan Amendment service list? Will they be allowed to provide billable services in clinic settings?**
OLP is a reimbursement authority that allows you to have social workers and other non-physician licensed clinicians to provide certain services. It helps to operationalize CPST and allows treatment to occur outside of clinic walls. According to the SPA manual regarding settings: "Services should be offered in the setting best suited for desired outcomes, including home, or other community- based setting in compliance with State practice law, including telemedicine as per New York State requirements." If a service is delivered in a clinic and it is a clinic-defined service, then it will not be billable under the new OLP reimbursement authority.
- Poughkeepsie** **What are examples of services you might need prior approval for?**
For each service, state agencies will make decisions on what will require prior authorization and which will not. When decisions have been made closer to implementation, training will be offered similar to adult side on pre/prior authorization, concurrent review, etc. For Adults, LOCADTR determines level of care for OASAS. For OMH providers, clinic services do not require prior authorization for up to 30 visits which includes psychotherapy and crisis services. PROS, ACT and other more intensives will need prior authorization.
- Poughkeepsie** **The LOCADTR asks if a person needs to be evaluated in hospital for in-patient psych. How will that happen if LOCADTR is being offered outside of a hospital system?**
The idea is medical necessity—if detox or psych is necessary LOCADTR is designed to get that person in a safe situation.
- Poughkeepsie** **When SPA goes live, will children not yet in managed care be eligible?**
With current timeline, anyone who is Medicaid eligible but not yet in managed care will be eligible for SPA services under FFS.

Syracuse	<p>Are all MCOs going to be required to contract with all Health Home agencies?</p> <p>This is not something that the State has mandated, but linkages are currently monitored to ensure access.</p>
Syracuse	<p>Will OMH Community Residences be moving into Managed Care? Why or why not?</p> <p>Kids in CRs are eligible for managed care and services. The Community Residence setting itself is not moving into managed care and will continue to be billed fee-for-service. There are complex rules as to where services can be delivered. Also excluded on the adult side. May be something for state to revisit in the future.</p>
Syracuse	<p>How does the transition impact kids who are placed in VFCA through committee on special education?</p> <p>There are about 800 children placed in Voluntary Foster Care Agencies through the Committee on Special Education and half of them are Medicaid eligible and will be enrolled in Managed Care. That leaves 400 children that the state is still working to figure out the best solution and understand the problem as it impacts providers.</p>
Syracuse	<p>How will rates and processes be impacted?</p> <p>Rates are being established for new SPA services and HCBS services. For first two years of implementation government rates will be required in managed care.</p>
<i>Transforming the Children's Medicaid System Series Pt. 1</i>	<p>Are children placed in Voluntary Foster Care Agencies through local school districts' Committees on Special Education (the CSE population) eligible for Managed Care?</p> <p>Children placed in Voluntary Foster Care Agencies through local school districts' Committees on Special Education (CSE) are not categorically eligible for Medicaid. As such, New York State is still assessing the impact of the Medicaid Redesign on this population, including eligibility for Managed Care.</p>
<i>Transforming the Children's Medicaid System Series Pt. 1</i>	<p>As children who have become Medicaid eligible through spend down are excluded from Managed Care, will they still be able to access Medicaid? How will they access coordinated care?</p> <p>For those who become eligible for Medicaid and are excluded from Managed Care, the services for which they are eligible will be available on a fee-for-service basis.</p>
<i>Transforming the Children's Medicaid System Series Pt. 1</i>	<p>Will kids who were on Medicaid Managed Care before entering the Juvenile Justice system be automatically returned to Medicaid Managed Care after leaving Juvenile Justice?</p> <p>For youth placed in the OCFS Juvenile Justice facilities, the OCFS staff will work with families and youth to assist with Medicaid coverage, as they do today.</p>
<i>Transforming the Children's Medicaid System Series Pt. 1</i>	<p>Will OCFS Juvenile Justice children who are placed into a VFCA be eligible for Managed Care?</p> <p>Yes, youth placed by OCFS at Voluntary Foster Care Agencies are considered to be like the foster care population and will be in Managed Care.</p>
<i>Transforming the Children's Medicaid System Series Pt. 1</i>	<p>How will children with private insurance fit in? Will they have access to these services?</p> <p>For children who meet the Level of Care criteria in the current 1915c waivers and have Medicaid without regard to parental income, the State will maintain the rules for the transition. The state is hopeful that at least two of the six new Medicaid State Plan services will be eligible under the parity legislation to be covered by commercial insurance. More information to be determined.</p>

*Transforming the
Children's
Medicaid System
Series Pt. 1*

Please explain the Juvenile Justice youth rule out. Would a Juvenile Justice youth who currently qualifies for ICM due to a mental health diagnosis and criteria, not be eligible?

The Juvenile Justice population is varied; the issues of Juvenile Justice are addressed by many agencies, including Probation, and Office of Children and Family Services. NYS is working through many elements of how the Medicaid Redesign will affect Juvenile Justice youth, as the target of Medicaid Redesign relates to improved outcomes for the Medicaid population, which may or may not be inclusive of those with Juvenile Justice issues absent another health or behavioral health issue(s). Note: Youth that are placed in OCFS operated juvenile justice facilities will not be placed in managed care, and OCFS facilities are not considered Home and Community Based settings.

*Transforming the
Children's
Medicaid System
Series Pt. 1*

Once the child redesign goes live and Residential Treatment Facilities are impacted will individuals between 18 and 21 be able to be referred to RTF's?

RTFs will transition to Medicaid Managed Care. Children between the ages of 18 and 21 who are not already in RTF will most likely not be referred to RTF as the service of choice for them. The goal is for each person to get the service that is most appropriate for them. If children are already in an RTF setting and are 18-21 years of age, then they will continue to be eligible for that service. More information will be forthcoming as the transition progresses.

*Transforming the
Children's
Medicaid System
Series Pt. 1*

Who will be designated as HCBS providers and what is the process?

The children's HCBS designation will closely resemble the adult designation. Once the provider manual is released (defining the qualifications, the trainings, etc.) there will be an application form that will be filed electronically. The state agencies will then review them and designation will be determined. This process will differ from the adult process because in the children's service system there are already 1915c services and therefore the children's system already has HCBS providers. Current HCBS providers will be grandfathered in to provide whatever services they currently provide under HCBS in the managed care system.

*Transforming the
Children's
Medicaid System
Series Pt. 1*

For Foster Care Children, will services for mental health be billed to the managed care program or will the provider continue to bill the Foster Care agency directly?

NYS is reviewing the health services available to all those in the foster care system (offered by Voluntary Foster Care Agencies as well as community based health providers). The mechanisms for how the services will be delivered and payments will be made is under development at this time; NYS hopes that as many services as possible will be billed to the managed care plans.

*Transforming the
Children's
Medicaid System
Series Pt. 1*

Can you clarify what documentation the foster care providers can request from clinics?

Voluntary Foster Care Agencies should have full access to documentation that the provider has related to the child. The OCFS rule of thumb is that for children in foster care receiving services in the community (outside of the foster care agency) the foster care providers should have full access to information. Voluntary foster care agencies under contract with the Local Departments of Social Services (LDSS)—have legal responsibility just as a parent would have responsibility for a child.

*Transforming the
Children's
Medicaid System
Series Pt. 1*

For children who are in residential treatment foster care or community residence (OMH), will they transition to Fee-for-service Medicaid?

For the Foster Care population, their services will be transitioned into Managed Care, and the Voluntary Foster Care Agencies will continue to play a role in the oversight of the child's health care.

Transforming the Children's Medicaid System Series Pt. 1

What about Children's Day Treatment?

OMH is working to redesign Children's Day Treatment. Hopefully the State will be able to help providers implement the six new State Plan services so that those services can be incorporated into various settings. More information will be forthcoming but hopefully these services will facilitate the more efficient treatment of children.

Transforming the Children's Medicaid System Series Pt. 1

Has complex trauma been officially approved as criteria for Health Home Care Management?

As of early March 2016, this criterion has not been approved by CMS.

Transforming the Children's Medicaid System Series Pt. 1

Has there been a decision regarding the referral process for children (i.e. sending a referral to CSPOA versus directly to the H/H provider)?

There are several past webinars available on the NYS DOH Health Home website that review how referrals for children can be made.

Transforming the Children's Medicaid System Series Pt. 1

How soon will funding trickle out to under-served counties for managed care services (ie. habilitative services) so that care coordinators can refer children to these new eligible services?

Readiness resources for SPA and HCBS services are being discussed by the four state agencies. We hope to announce any funding opportunities as soon as we know how much and what the parameters are.

Transforming the Children's Medicaid System Series Pt. 1

The current CSE rate is based in part on Medicaid foster care RTC rate. Absent that rate, how will the CSE rate be calculated?

Children placed in Voluntary Foster Care Agencies through local school districts Committee's on Special Education (CSE) are not categorically eligible for Medicaid. As such, New York State is still assessing the impact of the Medicaid Redesign on this population, including eligibility for Managed Care.

Transforming the Children's Medicaid System Series Pt. 1

With the continued recognition of the importance of early recognition and identification, what plans exist to provide resources in order to continue to provide screening and follow-up after the Early Recognition Screening Program ends, December?

December?

The state is still finalizing service components in the design and hope to address this specific issue through the design.

Transforming the Children's Medicaid System Series Pt. 1

Who can provide services? What training does a person need to have to supply those services?

Service components and staff qualifications for SPA are available through the manual. For HCBS services, the state hopes to provide more in-depth information soon.

Transforming the Children's Medicaid System Series Pt. 1

Who will be eligible to serve children of abuse as typically identified by Children's Advocacy Centers?

For Health Homes specifically designated to serve children, the foster care population which is eligible for Health Home has its Health Home Care Management performed by Voluntary Foster Agency staff. This relationship was detailed within the Health Home application. Those children served by Child Advocacy Centers, not in foster care, but meeting the Health Home Eligibility Criteria will need to be Medicaid Eligible and appropriate for Health Home Care Management. More information on community referrals can be found on the DOH website at: www.health.ny.gov

Transforming the Children's Medicaid System Series Pt. 1

How can we improve provider capacity, especially in the case of TCM which are currently finding it very difficult to realize services for families and children in a timely manner?

Expanding provider capacity will be a joint endeavor between the State and the Plans as we move into this transformation.

Transforming the Children's Medicaid System Series Pt. 1

Will agencies that have applied to be designated HCBS services for both adult and children, be rejected?

On the OMH website, the adult HCBS with NYC and rest of state designation information is public. There is also contact information if you have questions about or wish to change your designation. Look on the OMH site or under "Tools and Resources" on mctac.org for the appropriate links. There are not yet any designated children's HCBS providers for the Medicaid Managed Care transition.

Transforming the Children's Medicaid System Series Pt. 1

Will providers be able to see a list of those designated for services?

Similar to the adult side, HCBS and SPA designations will be posted publicly as well as given to the relevant Medicaid Managed Care Plans.

Transforming the Children's Medicaid System Series Pt. 1

Is there currently a framework for what the HCBS services will look like for children and are there preliminarily designated providers?

The HCBS services that will be offered for children have been developed from the foundation of the existing 1915(c) waivers. Where there are slight differences between OCFS and OMH, the State is collapsing those service definitions, staff credentialing, etc. A HCBS Provider Manual will be released later this year and will detail what the services are and who can provide them. There was a draft released in 2014 that detailed those services preliminarily.

Transforming the Children's Medicaid System Series Pt. 1

What are the details surrounding children's HCBS subcontractor applications? When will ICC's address the plan for how they will serve children?

Any information related to the OMH SED Waiver will be communicated by OMH staff in the monthly webinars held with providers.

Transforming the Children's Medicaid System Series Pt. 1

Crisis intervention is offered under HCBS and SPA, how do care managers determine which should provide the service?

Crisis Intervention will be one of the new 6 SPA services. SPA services will be available to any eligible Medicaid child.

Transforming the Children's Medicaid System Series Pt. 1

Will HCBS Waiver slots within each county be expanded?

The HCBS services for children will not likely be held to slot limits in the new managed care environment.

Transforming the Children's Medicaid System Series Pt. 1

The adult HCBS start-up funding allocated \$15 million state share for services and capacity development and \$10 million state share for BH HIT. How much state share funding will be available for SPA start up and Kids' HIT readiness?

Readiness resources for the children's transformation have been identified. As the money becomes available, providers will be informed.

Transforming the Children's Medicaid System Series Pt. 1

When will the HCBS manual be released?

The HCBS Provider Manual is under development and will be released later in 2016.

Transforming the Children's Medicaid System Series Pt. 1

Will MCTAC be holding webinars similar to the onsite trainings or will these only be available onsite?

MCTAC will be hosting trainings throughout this year and next that will parallel the trainings offered for the adult system but reflect the unique needs and challenges that redesigning the children's system may include. In terms of what is in-person and what is online, often the high level and implementation focused trainings are done in person (to allow more discussion). Additional technical assistance offerings will be in webinar format, with about 40 minutes of presentation before questions. Stay tuned for MCTAC announcements in the coming months.

Transforming the Children's Medicaid System Series Pt. 1

Will slides and recordings from the trainings and presentations be available?

Yes, on mctac.org/page/events. Generally, slides are posted for all events as are the recordings of all web-based events. Recordings of some in-person events are also available.

Transforming the Children's Medicaid System Series Pt. 2

How will enrolling children in the Early Intervention Program work?

We advise that everyone continue to tune in to Health Home Webinars and communications to obtain updates on how children in the Early Intervention Program will be transitioned.

Transforming the Children's Medicaid System Series Pt. 2

As waiver services move into the managed care umbrella, will a cap remain on the dollars that can be spent on the comparative new services per child? For example, the \$51,600 cap on Bridges to Health services?

The resource limitation methodology for the HCBS benefits is still under development.

Transforming the Children's Medicaid System Series Pt. 2

Are children in OCFS Agency Operated Boarding Homes eligible for Medicaid Managed Care?

Yes, the entire foster care population, including those placed in Agency Operated Boarding Homes, are expected to transition into Medicaid Managed Care in 2017.

Transforming the Children's Medicaid System Series Pt. 2

If an agency provides services to both children and adults and has been approved for adult BH HCBS, do they receive automatic approval for the children's HCBS?

No, the designation process to provide HCBS services to children is a separate and distinct process from the Adult HCBS designation.

Transforming the Children's Medicaid System Series Pt. 2

Does the grandfathering of 1915c service providers refer specifically to provider agencies, or to the individual staff? If a person qualified to provide specific services under a current waiver program, would that person continue to qualify to provide the equivalent service in the future?

Grandfathering of providers refers specifically to the agency designated and approved to provide the individual HCBS benefit.

Transforming the Children's Medicaid System Series Pt. 2

Will an OPWDD agency be able to apply to become an HCBS provider?

Yes, however each agency will need to meet certain parameters to be approved to provide services.

Transforming the Children's Medicaid System Series Pt. 2

Will Medicaid services for kids in foster care group homes move to managed care?

Yes.



*Transforming the
Children's
Medicaid System
Series Pt. 2*

Foster care children in B2H services will not be eligible for Health Home enrollment in Sept 2016. With this program changing in 2017, who will be doing care coordination for these children at that point? Should they then be enrolled in a Health Home?

NYS will be issuing guidance around the transition into Health Home Care Management and children enrolled in current 1915c waivers, including B2H, the OMH Waiver, and Care at Home Waivers. Federal CMS will provide direction to NYS to ensure all rights and responsibilities intrinsic within all waivers are maintained before and during any transition out of existing waivers.

*Transforming the
Children's
Medicaid System
Series Pt. 2*

Will the Voluntary Foster Care Agency automatically be the care managers for CSE placed youth that are Medicaid eligible?

Yes, children placed with a Voluntary Foster Care Agency via the local school district Committee on Special Education who are also Medicaid eligible and meet Health Home eligibility and appropriateness criteria, will have Health Home Care Management provided by the Voluntary Foster Care Agency unless it elects not to do so.

*Transforming the
Children's
Medicaid System
Series Pt. 2*

For HCBS services, what is the anticipated volume of kids who will need these services? Will they have to be assessed by the Health Homes?

The state plans to use the CANS-NY Assessment tool for eligibility of HCBS services. The state anticipates Health Home Care Managers will carry out the majority of these assessments. The anticipated volume of children needing HCBS is under development.

*Transforming the
Children's
Medicaid System
Series Pt. 2*

Have the roles of Health Homes and the Health Home Care Manager been determined?

For children enrolled in Health Homes, the care managers will complete a comprehensive assessment and develop the service plan with the child and their family, including involved service providers. The amount, duration and scope of services will be recommended in the Plan and authorized by the managed care plans. The care manager's role will be to coordinate and monitor access of services.

*Transforming the
Children's
Medicaid System
Series Pt. 2*

What is the difference between habilitative skill building and habilitation?

Habilitation is based on the existing Day Habilitation service from the OCFS B2H waiver and the Habilitative skill building service is based on the skill building service from the OMH HCBS Waiver and OCFS B2H waiver. We are still finalizing the full details of these services.

*Transforming the
Children's
Medicaid System
Series Pt. 2*

How do Care Coordinators from the Health Home model fit with children who are residentially placed?

Children in OMH Community Residences and OMH RTFs are not eligible for Health Home.

For children in foster care placed within OCFS licensed congregate care facilities, all children in foster care are, and will remain, categorically eligible for Medicaid. For the service of Health Home Care Management, they will also need to meet standards for Health Home eligibility and appropriateness.

*Transforming the
Children's
Medicaid System
Series Pt. 2*

How is the state working to ensure the MCOs agree to embrace the new services in HCBS? Why would MCOs approve a broad range of extensive and expensive HCBS for children that mirrors current B2H services?

It is the State's vision that the expanded array of benefits, both in the State Plan and through the 1115 authority, will be a benefit to all Medicaid eligible children so that we can best meet their needs. NYS has had positive outcomes for children involved in the 1915c Waivers and that is why the transformation is being built on the existing foundation of that learning. We do anticipate that we will be partnering with the Plans to increase understanding of how beneficial these services can be for children and families. NYS and the provider community know that provision of HCBS is less expensive than the alternative, an institutional level of care.

Transforming the Children's Medicaid System Series Pt. 2

Will managed care companies be required to contract with all HCBS providers?

The Managed Care Organizations will be required to contract with all designated providers from which 5 or more of their enrolled members are engaged in services.

Transforming the Children's Medicaid System Series Pt. 2

Will children who currently are in OPWDD HCBS become part of this plan amendment?

Children receiving services through the NYS OPWDD are not eligible for the new HCBS services being developed through this Managed Care Redesign; OPWDD is going through its own transition, and information should be sought out through OPWDD directly.

Transforming the Children's Medicaid System Series Pt. 2

When is the RFQ expected to be released?

The anticipated date will be in the Summer of 2016

Transforming the Children's Medicaid System Series Pt. 3

How many readiness assessments has MCTAC received from primarily child-serving agencies?

As of April 2016, MCTAC has received readiness assessments or addendums from 261 child-serving agencies in New York State.

Transforming the Children's Medicaid System Series Pt. 3

Do Medicaid Rates apply to medical services (i.e., provided through an Article 28) or just behavioral health services?

The Medicaid Rates discussed during the webinar refer to the anticipated services affected by the transition. This includes the 6 SPA services and the array of BH HCBS services offered under the 1115 waiver.

Transforming the Children's Medicaid System Series Pt. 3

What consideration will there be for complexity and comorbidity in the capitation formula?

Complexity of co-occurring and chronic conditions for children are being taken into account when determining rates and program design.

Transforming the Children's Medicaid System Series Pt. 3

How do fee-for-service agencies fit into the preparation schedule?

Current providers that bill Medicaid services through the fee-for-service payment system will transition to Managed Care. These providers are a critical part of the preparation schedule.

Transforming the Children's Medicaid System Series Pt. 3

How will the Value Based Payment system work?

There is information on the Department of Health's website regarding DSRIP and the VBP initiative. Visit http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/

Transforming the Children's Medicaid System Series Pt. 3

Will children's Health Home case managers have a capped number of caseloads?

Please refer to the DOH Health Home website for further information.

https://www.health.ny.gov/health_care/medicaid//program/medicaid_health_homes/health_homes_and_children.htm

Transforming the Children's Medicaid System Series Pt. 3

Are Managed Care Organizations ready for providers to begin the contracting process?

The Managed Care Plans will need to respond to a Request for Qualification to ensure they are ready to commence management of the services. The RFQ has not been released to the Plans as of March 2016. Until that process and the designation of providers, Plans will not begin the contracting process. However, providers should be reaching out to develop relationships with Plans in their area.

Transforming the Children's Medicaid System Series Pt. 3

Will care management implementation have different enrollment phases? (ex. Foster Care population, then prevention population, then general population)

The current timeline is as follows:

1. Expanding access to care management for children with chronic conditions under the Health Home program or for children with lesser needs, through Managed Care plans or other vehicles—a key to integrating care planning and service provision: December 2016
2. Creating New State Plan Services: January 2017
3. Transitioning existing children's behavioral health benefits from fee-for-service to managed care—a key to integrating behavioral health and physical health: July 2017/Jan 2018
4. Providing greater access to an aligned array of BH Home and Community Based Services: starting in 2017
5. Shifting the voluntary foster care “per diem” population to managed care: July 2017/Jan 2018

Transforming the Children's Medicaid System Series Pt. 3

Does the state have data on the number of child-serving agencies that do not have contracts with a MCO?

No. However, if an agency delivers a service that is only paid for currently in the fee-for-service payment system, they are not likely to have a contract with a Plan today. Only agencies who deliver outpatient clinic or inpatient services are likely to already have a contract with a Plan.

Transforming the Children's Medicaid System Series Pt. 3

Is there a list of services (beyond the SPA services) that MCOs might be interested in contracting with programs to provide?

The existing children's behavioral health Medicaid services, the new State Plan services and the array of BH HCBS benefits will transition to Managed Care. The Plans will need to contract with a variety of providers in order to meet network adequacy standards for each service.

Transforming the Children's Medicaid System Series Pt. 3

What data points will MCOs be looking for regarding children's physical health?

Managed Care data requirements for children's services have not been decided as of yet.

Transforming the Children's Medicaid System Series Pt. 3

Will the Utilization management process replace the current Continued Stay Requests done via CSPOA?

Specific guidance on utilization review for children's behavioral health services will be issued prior to the transition.

Transforming the Children's Medicaid System Series Pt. 3

How does the MCO Matrix fit a Children's Day Treatment Provider? Is there a list of MCOs that would be interested in getting into a conversation with a Children's Day Treatment Provider?

More information about contracting will be released soon. We do not have a list yet but will reach out to providers when a list is available.

Transforming the Children's Medicaid System Series Pt. 3

The billing/claims tool was done for the adult mental health providers. Is that updated for children's mental health providers now?

The billing guidance for children's behavioral health services has not yet been updated but is under review.