



**Department  
of Health**

**Office of  
Mental Health**

**Office of Alcoholism and  
Substance Abuse Services**

**Office of Children  
and Family Services**

# **Children's Health and Behavioral Health Redesign**

March 1, 2017

# Agenda

- Children's Medicaid Redesign Team (MRT): General Information
- Overview and Summary of Draft *1115 MRT Waiver Amendment*
  - Research Goals for Children
  - Delivery System
  - Eligibility
  - Benefits
  - Payment
- Resources
- Questions and Closing Remarks



# Children's MRT Redesign – Updates

- State remains committed to moving forward with Children's Design
- Anticipated timeline for implementation of full design runs through January 2019 including VFCA transition in January 2019
- Depending on timeframes for acquiring necessary approvals (SPAs and 1115 Waiver), the dates may need to be modified accordingly
- We will continue to move forward with finalizing design documents and as much implementation work as is efficient given uncertain timeframes
- The submission of the 1115 waiver is pending review of incoming Federal Administration priorities and processes
- Two SPAs have been submitted to CMS to implement six new SPA services – approval of SPAs and 1115 Waiver continue to be linked, SPAs posted to the DOH Website



# Status of Children's MRT Redesign

- Draft 1115 document available for review and posted to the DOH Website
  - Stakeholder comments due March 15, 2017 to [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov)
- Children's SPA and HCBS Provider Designation Application released on December 21, 2016
  - Webinar held January 9<sup>th</sup> – <http://ctacny.org/training/childrens-spa-and-hcbs-provider-designation-review>
  - Due date to submit applications has been extended to April 1, 2017
  - Companion regulations needed to implement the new SPA and HCBS array of services are under development.



# Upcoming Milestones

Milestone	Anticipated Date
Deadline to submit feedback on <i>1115 MRT Waiver Amendment</i>	March 15, 2017
SPA and HCBS <i>Provider Designation Applications</i> due	April 1, 2017
Deadline for submission of feedback on <i>Children’s System Transition Requirements and Standards for MMCOs</i>	April 5, 2017
Release of Final <i>Children’s System Transition Requirements and Standards for MMCOs</i>	June 2017



# Summary of Children's System Changes

## Medicaid Services

- Health Homes for Children launched December 2016
- New Addiction State Plan Services
- Six New Children's State Plan Services
- Residential Supports and Services (Foster Care, State Plan)

## Medicaid Managed Care

- Including previously exempted and excluded populations
- Including previously excluded services
- Regional phase-in (Downstate, Upstate, Children in Foster Care [FC])
- SPA services available under *1115 MRT Waiver*

## Children's HCBS in 1115 Waiver

- Transition and align HCBS under *1115 MRT Waiver*
- Health Home care management for HCBS
- Include new HCBS populations



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# Overview and Summary of Draft *1115 MRT Waiver*

March 1, 2017

# Research Goals for Children

The Centers for Medicare & Medicaid Services (CMS) requires states to include evaluation hypotheses to examine the impacts of demonstrations on access, quality of care and costs. An evaluation research plan will be developed and submitted to CMS following the amendment approval.

New York has included research questions for seven program goals:

- **Goal 1**: Improve the health outcomes for HCBS eligible Children/youth under age 21.
- **Goal 2**: Improve timely access to the additional Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefits that address early BH needs and health needs of children/youth for improved health outcomes and long term financial savings.
- **Goal 3**: Increase access to the uniform HCBS benefit package to improve health outcomes.





# Research Goals for Children, cont.

- **Goal 4:** Increase access to HCBS and reduce the number of children being referred to more costly institutional level of care.
- **Goal 5:** Improve access to the integrated Health Home model for all children/youth to improve coordination of care and increase access.
- **Goal 6:** Improve the integration of care for children/youth exempted or excluded from managed care in the Demonstration.
- **Goal 7:** Improve continuity of care for youth who transition into the adult Medicaid services system, to the Health and Recovery Plan from the children's mainstream Medicaid Managed Care benefits.



# Delivery System based on Eligibility Group

Eligibility Group	Delivery System
Children/youth not excluded from enrollment in a Medicaid Managed Care (MMCO) plan or Special Needs Plans (SNPs)	<ul style="list-style-type: none"> <li>• Medicaid Managed Care plan (MMCO)</li> <li>• Health Home Care Management (MMCO will provide care management if the child declines Health Home Care Management)</li> </ul>
Children/youth exempt or excluded from enrollment in a MMCO plan or SNP	<ul style="list-style-type: none"> <li>• Fee-for-service</li> <li>• Health Home Care Management (State Designated Independent Entity will provide care management if individual declines Health Home care management)</li> </ul>

*Note: HCBS Non-Medical Transportation (NMT) is provided by the State's transportation broker for all Medicaid enrollees. For individuals enrolled in a Medicaid Managed Care plan, this service is provided outside of the plan's benefit package.*



# Delivery System Based on Eligibility Group

- Children/youth currently in the Demonstration and enrolled in Medicaid Managed Care will not change delivery systems or providers.
- Children/youth receiving HCBS but not yet eligible for Medicaid Managed Care enrollment will remain in FFS until phased into Medicaid Managed Care.
- The current MMMC and SNP enrollment process will be utilized.



# Delivery System for Care Management Services

Children receiving HCBS will be enrolled in and receive care management from the Health Home program.

- Children that choose not to enroll in Health Home care management and receive HCBS and are enrolled in Medicaid Managed Care will receive HCBS care management from the MMCO.
- Children that choose not to enroll in Health Home care management and receive HCBS and are exempted or excluded from managed care will receive HCBS care management from a State Designated Entity.
- Children eligible for HCBS/Medicaid under Family of One will be assessed by a State Designated Independent Entity under a uniform process to determine HCBS/Medicaid eligibility prior to being enrolled in a Health Home.



# Components of Children's Redesign included in draft *1115 MRT Waiver Amendment*

- Alignment of five Home and Community-Based Services (HCBS) 1915(c) waiver benefit packages for children/youth who meet institutional level of care, and are Medically fragile or have behavioral health (BH) diagnoses, or who are Developmentally Disabled and Foster Care (FC) into a single benefit array.
- Ensure that children/youth with co-morbid conditions receive services according to their assessed needs, not the system in which they receive care.
- Removal of exemptions and exclusions from Medicaid Managed Care enrollment for
  - children/youth in receipt of HCBS
  - children/youth in the custody of a Voluntary Foster Care Agency, and;
  - children/youth in an OASAS residential setting (RRSY).



# Components of Children's Redesign included in draft *1115 MRT Waiver Amendment, cont.*

- Move excluded behavioral health services into the Medicaid Managed Care benefit package.
- Health Home care coordination for all children/youth meeting HCBS eligibility.
- Expand eligibility for HCBS to a new Level of Need population of children/youth at risk of meeting institutional level of care.



# Summary of Draft *1115 MRT Waiver Amendment*

## Benefit Changes

- Incorporate Medicaid State Plan BH services into the Medicaid Managed Care benefit package.
- Provide children's HCBS benefits under the *1115 MRT Waiver Amendment* authority:
  - Include children's HCBS in the Medicaid Managed Care benefit package.
  - Children/youth who are exempt or excluded from Medicaid Managed Care enrollment will receive HCBS and other services through the Fee-for-Service (FFS) delivery system.
  - Expand HCBS benefits to children/youth at risk of institutionalization meeting Level of Need (LON) HCBS eligibility.
  - Expand Medicaid and HCBS benefits to children/youth with waived parental income who meet Level of Need (LON) HCBS eligibility.



# Summary of Draft *1115 MRT Waiver Amend, cont.*

## Alignment of Services

- Provide children's HCBS under the *1115 MRT Waiver Amendment* authority:
  - Transition the five children's Section 1915(c) HCBS waivers to the 1115 MRT Waiver.
    - Office of Mental Health (OMH) Serious Emotional Disturbance (SED) waiver #NY.0296.
    - Department of Health (DOH) Care At Home (CAH) I/II waiver #NY.4125.
    - Office of Children and Families (OCFS) Bridges to Health (B2H) SED waiver #NY.0469.
    - OCFS B2H Developmental Disability (DD) waiver #NY.0470.
    - OCFS B2H Medically Fragile waiver #NY.0471.
  - Align children's HCBS benefits and administration for consistent eligibility processes and benefits across all populations:
    - Provide Health Home care management for children/youth eligible for HCBS.
    - Offer a single HCBS benefit package for children/youth who meet HCBS eligibility.





# Summary of Draft *1115 MRT Waiver Amend, cont.*

## HCBS Eligibility

- To be eligible for children's HCBS under the 1115 Waiver Amendment, a child/youth must meet targeting criteria, risk factors, and functional criteria.
- There will be two levels of HCBS acuity:
  - Institutional Level of Care (LOC) - LOC children/youth have an acuity equal to the admission criteria for hospitals, nursing facilities, or ICF-IDD and were historically eligible under the children's 1915(c) waivers.
  - At-risk of Institutionalization Level of Need (LON) – LON children/youth having functional criteria that places them at-risk of institutionalization. This group will be a new expansion population to be covered under the 1115 Waiver.



# Summary of Draft *1115 MRT Waiver Amend, cont.*

## HCBS Eligibility Populations

- Level of Care (LOC) Populations (meeting institutional admission criteria):
  - Serious Emotional Disturbance (SED)
  - Medically Fragile
  - Children/youth with Developmental Disabilities in Foster Care
- Level of Need (LON) Populations meeting at-risk functional criteria include:
  - Serious Emotional Disturbance (SED)
  - Abuse, Neglect and Maltreatment or Health Home Complex Trauma



# Summary of Draft *1115 Waiver Amend*, cont.

## HCBS Eligibility

To be eligible for HCBS, children/youth need to meet both:

- Medicaid eligibility based on HCBS functional criteria for LOC or LON
- Medicaid financial eligibility
  - Eligibility under regular Medicaid community rules
  - Family income may be waived if a child/youth meets the HCBS LOC or LON eligibility



# Summary of Draft *1115 MRT Waiver Amend, cont.*

## Assessment of Acuity Level

- NYS has developed uniform assessment tools to determine acuity consistently across HCBS populations. These assessments reflect alignment of target criteria, functional deficit, and risk factors for children's HCBS eligibility.
- Health Homes will be responsible for assessing individuals already enrolled in Medicaid
- A State designated Independent Entity will be responsible for assessing children/youth not currently enrolled in Medicaid or in the absence of a Health Home.



# Monitoring Available Resources for LON Expansion Population

- New York will not maintain waiting lists for children's HCBS for children/youth who meet institutional LOC.
- Following mechanisms will be available if the projections of the LON children's population exceed resources available:
  - If the actual LON enrollment exceeds the projection, the State may modify the non-financial needs-based eligibility criteria.
  - Limit the number of LON Family of One children/youth to the total number projected by the New York State Department of Health who can be supported by the State's annual global spending cap.



# Children's HCBS Enrollment CY 2014 & 2022

HCBS Population	Children's actual HCBS Member Months in CY2014	Estimated Children in HCBS CY2014	Proposed annual Children's HCBS Member Months by 2022	Estimated Children in HCBS by 2022
Medicaid Children under Community Eligibility rules meeting LOC	65,064	6,506	147,869	14,787
Medicaid Children under Family of One rules meeting LOC	12,056	1,206	13,815	1,382
Medicaid Children under Community Eligibility rules meeting at-risk HCBS LON	N/A	N/A	131,220	13,122
New Medicaid Children under Family of One rules meeting at-risk HCBS LON	N/A	N/A	36,744	3,674
<b>Total</b>	<b>77,120</b>	<b>7,712</b>	<b>329,648</b>	<b>32,965</b>



# Benefits under *1115 MRT Waiver Amendment*

Service Array	Who is eligible	What changes are requested in the <i>1115 Waiver Amendment</i>
State Plan Services including new EPSDT benefits	<ul style="list-style-type: none"> <li>Medicaid children based on medical necessity</li> </ul>	<ul style="list-style-type: none"> <li>Provision of some behavioral health State Plan benefits through the Medicaid Managed Care benefit package.</li> </ul>
Demonstration Benefits	<ul style="list-style-type: none"> <li>For enrollees in managed care</li> </ul>	<ul style="list-style-type: none"> <li>Outpatient and Residential Addiction</li> <li>Licensed Behavioral Health Practitioner Benefit</li> <li>Crisis intervention Benefit</li> </ul>
Aligned HCBS	<ul style="list-style-type: none"> <li>Any who meet HCBS LOC or LON eligibility</li> </ul>	<ul style="list-style-type: none"> <li>Requesting authority to provide aligned HCBS under the Demonstration.</li> </ul>
Community First Choice Option (CFCO)	<ul style="list-style-type: none"> <li>Medicaid-enrolled children who meet institution LOC criteria (not LON children).</li> </ul>	<ul style="list-style-type: none"> <li>Requesting authority to provide CFCO to children who are Family of One Medicaid-eligible based on HCBS LOC eligibility only.</li> </ul>

Children/youth who are exempt or excluded from Medicaid Managed Care enrollment receive services through the fee-for-service delivery system under the *1115 MRT Waiver*.



# Children's HCBS under *1115 MRT Waiver* *Amendment*

- Care Coordination (Health Home)
- Habilitation
- Caregiver/Family Supports and Services
- Respite
- Prevocational Services
- Supported Employment
- Community Self-Advocacy Training and Support
- Non-Medical Transportation
- Adaptive and Assistive Equipment
- Accessibility Modifications
- Palliative Care
- HCBS Pilot for Customized Goods and Services including Financial Management Services





# Customized Goods and Services Pilot

Customized Goods and Services self-direction pilot will be available to HCBS-eligible children/youth enrollees.

- Customized Goods and Services are defined as items or services that may be purchased by an individual receiving HCBS to help meet their person-centered needs and plan of care goals.
- No more than eight pilot sites phased in over the demonstration.
- Funding shall not exceed \$2,000 annually per participant.
- Participation in the Customized Goods and Services pilot is voluntary, and participants may opt out at any time.
- The State will develop a waiting list for the pilot, if necessary.
- Similar to the adult self-direction pilot.



# Payment

- State Plan services added to the Medicaid Managed Care benefit package will be included in plan capitated rates (at risk).
- Medicaid Managed Care plans are required to pay at least the FFS (a.k.a. government) rate for 24 months (non-risk) for the following services/providers:
  - Essential ambulatory mental health, substance use disorder services/providers including:
    - Office of Alcoholism and Substance Abuse Services (OASAS) clinics (Article 32 certified programs)
    - Office of Mental Health (OMH) Clinics (Ambulatory Article 31 licensed programs).
    - Residential Preventive Services for Youth (in development for residual FC services)
  - New EPSDT State Plan services
  - Children's HCBS
  - CFCO delivered outside the State Plan benefit package
- A fee schedule transition for the Office of Children and Family Services (OCFS) VFCAs for at least 24 months will be developed.
- Care managers transitioning from providing services under a child's 1915(c) waiver to Health Home may receive a transitional rate.



# Public Notice for 1115 MRT Waiver

- The MRT BH Work Group began meeting on June 30, 2011 in New York City and the subcommittee for children's BH was subsequently formed. Since 2014, the Children's MRT Health and BH Subcommittee has met quarterly. Meeting dates and materials can be found at:
  - [http://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health\\_reform.htm](http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health_reform.htm)
- DOH, OASAS, OCFS, and OMH continue to meet regularly with Medicaid Managed Care Plans, Provider Associations, parents, and constituents regarding this important BH Transition.
- Public notice of the proposed amendment was made on September 21, 2016, and the State accepted comment for 30 days. This amendment incorporates changes and suggestions submitted by the public during that process.



# Children's Resources

- The Six New State Plan Services (Children's OLP and Rehab SPAs) can be found at the link below:  
[http://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/proposed\\_spa.htm](http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm)
- Other resources including the Children's SPA and HCBS manuals can be found at the link below:  
<http://ctacny.org/resources>



# Stakeholder Feedback on Children's 1115 Waiver Amendment

- The Children's 1115 Waiver Amendment can be found at the link below:  
[http://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/1115\\_waiver\\_amend.htm](http://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm)
- Please submit feedback by March 15, 2017 to [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov)



## RESOURCES TO STAY INFORMED:

### OMH Managed Care Mail Log

[OMH-Managed-Care@omh.ny.gov](mailto:OMH-Managed-Care@omh.ny.gov)

### Subscribe to children's managed care listserv

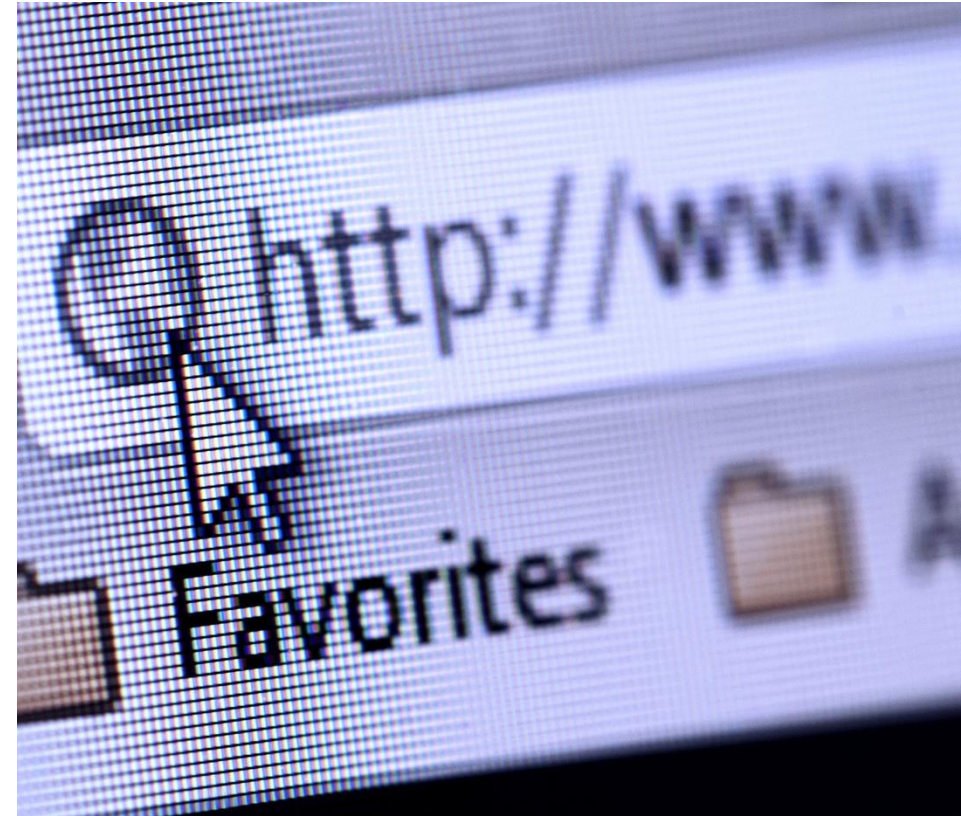
<http://www.omh.ny.gov/omhweb/childservice/>

### Subscribe to DOH Health Home listserv

[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/listserv.htm](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm)

### Health Home Bureau Mail Log (BML)

[https://apps.health.ny.gov/pubdoh/health\\_care/medicaid/program/medicaid\\_health\\_homes/emailHealthHome.action](https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action)



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# Questions & Closing Remarks

