Welcome

Steve Hanson
Associate Commissioner
NYS OASAS
Today’s Agenda

• Introduction & Welcome (Steve Hanson)
• Health Home Questions (Steve Hanson)
• Adult Managed Care Planning Update (Linda Kelly)
• CMS HCBS Final Rules (Linda Kelly)
• OCFS Update (Laura Velez)
• OMH Day Treatment Redesign (Donna Bradbury)
• MRT Children’s BHO Work Group Recommendations & Progress Review (Kids Project Management Team)
Health Home Questions

15 MINUTES

• Remaining questions from the morning presentation?
Adult Managed Care Design Update

Linda Kelly
Project Director
Behavioral Health Transition
NYS DOH
NYS Medicaid Behavioral Health Transformation Implementation Timeline

2013
- September: Behavioral Health Databook (HARP & Non-HARP Spend Population)
- October: Distribute Draft RFI for Comments
- November: Post HARP & Non-HARP Rate Ranges
- December: 1115 Waiver & SPA Submission to CMS

2014
- February: Post Final RFQ with Pending Rates
- February - April: RFQ TA Conferences Plan
- February - April: Anticipated CMS Approval of 1115 Waiver
- May: NYC Plan Submission of RFQ
- May - August: NYC Plan Designations
- September - November: NYC Plan Readiness Reviews

2015
- January: Implementation of Behavioral Health Adults in NYC (HARP & Non-HARP)
- July: Implementation of Behavioral Health Adults in Rest-of-State (HARP & Non-HARP)

2016
- January: Implementation of Behavioral Health Children Statewide

*Rest of State (ROS) - Implementation for ROS will take place six months later starting with plan submission of RFQs.

AUGUST 2013
Principles of BH Benefit Design

- Person-Centered Care management
- Integration of physical and behavioral health services
- Recovery oriented services
- Patient/Consumer Choice
- Ensure adequate and comprehensive networks
- Tie payment to outcomes
- Track physical and behavioral health spending separately
- Reinvest savings to improve services for BH populations
- Address the unique needs of children, families & older adults
Behavioral Health for Adults will be Managed by:

✓ Qualified Health Plans meeting rigorous standards (perhaps in partnership with BHO)

✓ Health and Recovery Plans (HARPs) for individuals with significant behavioral health needs
Adult Managed Care
Project Status

- Formal Submission of 1115 BH Waiver Amendment to CMS on December 30, 2013
- NYS’ response to 106 preliminary questions accompanied the amendment
- Draft RFI/RFQ and Data Book released on December 5, 2013 (Adults)
  - Comments due 1/17/14
- Final RFQ scheduled for release February 2014 (Adults)
- Implementation
  - Adults in NYC - January 2015
  - Adults in Rest of State – July 2015
• Provides States more flexibility on how they use Medicaid funds to pay for HCBS
• Meant to ensure that Medicaid’s HCBS Programs provide full access to the benefits of community living and offer services in the most integrated settings
• The rule creates a more outcome oriented definition of HCBS settings
• The rule provides additional guidance to States offering such services under the 1915(i) benefit
• States have opportunity to submit transition plans for existing waivers, to come into compliance
• Rules provide clarity that will guide the managed care design for adults and children
OCFS Updates

• Chapin Hall Data Analysis
• Article VII Budget Initiative
• Foster Care Advisory Group
• Medicaid to 26 for former Foster Care Youth
OMH Day Treatment Redesign

Donna Bradbury
Associate Commissioner
Director, Division of Integrated Community Services for Children and Families, NYS OMH
OMH Day Treatment Redesign

The current Day Treatment model no longer fits the current environment:

– Fiscal viability
– Managed Care
– Changing clinical presentation of the kids we serve
– Least restrictive environment
– Access to general education curriculum
OMH Day Treatment Redesign

• Workgroup Composition: OMH, State Education Department, CSE Chairs, Providers, Youth, Parents and Coalitions/Councils

• Workgroup Charge: To devise a set of recommendations for how mental health and education partnerships can better meet the educational needs of children and youth with social and emotional challenges.

• Self-imposed deadline: Recommendations finalized April 2014
MRT CHILDREN’S BHO WORK GROUP

2011 RECOMMENDATIONS: CURRENT PROGRESS REVIEW
Presenters

Angela Keller, Medicaid Managed Care Transition Consultant, NYS OMH

Mimi Weber, Bureau Director, Child Welfare and Community Services, NYS OCFS

Maria Morris-Groves, Project Director, NY-SAINT Adolescent, Women and Children's Services, Division of Treatment and Practice Innovation, NYS OASAS
MRT Recommendation 1

Core behavioral health standards for children should be met by all public and private health insurance plans

- Adequate networks to ensure access to care
- Clear medical necessity determination criteria
- Basic behavioral health benefits (list was defined by Workgroup)
- Provider network with credentialed/licensed practitioners
- Risk adjusted rate structure and reinvestment of savings
- Accountability for meeting benchmarks for outcomes
MRT Recommendation 1: Meeting all Core Behavioral Health Standards

Adequate networks to ensure access to care

Progress:

• Benefit & Design workgroup will launch in February
• Preliminary small workgroup products lay the foundation for further defining the children’s design
• Network requirements to include primary and specialty pediatric and behavioral health care
• Consideration of evidence based practices to be delivered in flexible, community settings and how to reimburse approved/certified fidelity models
• Development of proposed new State Plan and 1915i-like services underway, incorporating MRT Subcommittee’s feedback given in November
• Consideration of optimal use of EPSDT for early prevention and screening
MRT Recommendation 1: Meeting all Core Behavioral Health Standards

Clear medical necessity determination criteria stated in operational terms. Court ordered BH services and those needed to ensure the safety of children in child welfare & juvenile justice systems should not be subject to these criteria.

Progress:

- Benefit & Design workgroup will launch in February
- Medical Necessity Criteria will be developed in the next quarter once the full proposed benefit package is finalized
- Foster care workgroup to launch in this quarter
MRT Recommendation 1: Meeting all Core Behavioral Health Standards

**Basic Behavioral Health Benefit recommended with specific list of services.**

**Progress:**

- Benefit package design informed by recommended list in addition to all stakeholder input previously gathered.
- Review of existing State Plan, EPSDT, 1915c Waiver services has been completed and potential new 1915i-like services have been drafted.
- Internal agency analysis of non-Medicaid funded services and whether to include in managed care benefit.
What are the challenges for the field about implementing and maintaining fidelity to proprietary evidence-based practices (e.g., Functional Family Therapy, Multi-systemic Therapy, Multidimensional Treatment Foster Care)?
MRT Recommendation 1: Meeting all Core Behavioral Health Standards

Provider network with credentialed/licensed practitioners (except for Youth Peer Support), screened prior to employment, and giving priority to practitioners who demonstrate cultural competence & aptitude for engaging children and their families.

Progress:

• Provider qualifications will be developed once the full proposed benefit package is finalized.
• The goal is to maximize the expertise in the field currently.
MRT Recommendation 1: Meeting all Core Behavioral Health Standards

Risk adjusted rate structure and reinvestment of savings

Progress:

- NY is committed to reinvesting savings into the children’s behavioral health system.
- NY will be utilizing our actuarial consultants in February to examine the options of risk and non-risk rate structure, including considerations of transitions.
MRT Recommendation 1: Meeting all Core Behavioral Health Standards

Accountability for meeting benchmarks for outcomes

Progress:

- The Quality & Performance Management Workgroup will begin to work on the children’s tasks in February.
- Performance Management design will be informed by MRT recommendations in addition to all stakeholder input previously gathered
Children with SED/SUD, Complex Symptoms and Behaviors (and meet a risk assessment threshold) should be served in Specialty Behavioral Health Managed Care for Children with Medicaid.

- Those meeting the above criteria and who also have an IEP or are served in the child welfare or juvenile justice systems would have presumptive eligibility.
MRT Recommendation 2: Service should be delivered within Specialty Behavioral Health Managed Care

**Progress:**

- Decision was made that all children with behavioral health needs will be served in mainstream managed care plans.
- Additional requirements will be added to the MCO model contract to address the unique needs of children and families, thereby raising the bar of delivery of other mainstream managed care benefits.
- Exploration continues regarding the use of high fidelity wraparound for those children with high end needs.
Part of the MRT Workgroup’s recommendation was for specialty behavioral health services to be available for children with IEPs. What are the pros and cons of this, given the need for medical necessity and level of need/care criteria? How does an IEP equate with need for specialized behavioral health services?
MRT Recommendation 3

Behavioral health outcomes to be used by all Plans and Payers
MRT Recommendation 3: Use of Behavioral Health Outcomes

- Outcomes to be measured and used must follow the principles of: meaningful; easy to measure; validated and readily available; and easy to use.

- Recommended outcomes:
  - improvement in symptoms
  - improvement in functional status
  - consumer satisfaction/involvement
  - critical incidents
  - success/failure at transition to less intensive level of care
  - access to service time from referral and at transition from another level of care
  - medication management
  - cross systems communication/case planning, and
  - network adequacy.
MRT Recommendation 3

Progress:

• The Quality & Performance Management Workgroup will begin to work on the children’s specific metrics in February.
• Performance Management design will be informed by MRT recommendations in addition to all stakeholder input previously gathered.
• Technical assistance calls scheduled this month with Pennsylvania and Maryland to examine their models.
NYS’ Next Steps

- February: Final recommendation on package of behavioral health services
- February: Eligibility requirements proposed for all services
- This quarter: Workgroup activities begin: Finance/Data, Quality & Performance Management, Benefits & Design, and Foster Care
- Early March: MRT Webinar to discuss proposed services and eligibility
- April 28: Next MRT Subcommittee meeting in NYC
Closing

Donna Bradbury
Gail Nayowith
Co-Chairs
MRT Children’s Behavioral Health Subcommittee
Other Questions?

Comments?