NYS Coalition for Children’s Mental Health Services:Children’s Health Home Draft RFA Input

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Overview & Summary of Provisions

Principles

* Right of child to seek treatment without parental consent/assent
* Nationally recognized measures to monitor quality & outcomes
* Definition of Family
* Explanation of Family-Driven

Care Manager Criteria

* Knowledgeable of child serving system
* Know how to advocate/plan according to child's developmental needs
* Voluntary FC agencies care managers can provide care mgt for kids in FC and, if HH contracts for non-FC kids
* If FC agency doesn't want to provide HH care mgt HH, HH can contract
* Understand special ed,

Overview and Summary of Provisions

Network Inclusion

- OASAS, OMH, OCFS, Child Welfare, Foster Care, LDSS, LGU, SPOA, Voluntary FC Agencies, Pediatric HIV/AIDs, JJ system, Education System, TAY vocation, educ, employment, housing

Regional approach

- 49 Adult Health Homes primarily serving individuals county-wide, with county-specific networks
- Regional Child-serving Health Homes, with regional service networks

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Eligibility to Submit Application

* Existing HHs
* Medicaid providers that intend to build networks to predominately serve kids
* Must meet infrastructure standards
* Must tailor HH (State Plan Service definition) to meet the unique needs of kids
* Existing HHs must show ability to comply with kid-specific req'mts @ application

Application Review Process

* Multi-state agency and NYC
* Check comprehensiveness
* Multi-system provider network
* Care managers with child-serving experience
* Ability to tailor 6-core services to kids

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Expanded Eligibility

- 2 Chronic Conditions (Asthma, Diabetes, Medically Fragile, Obesity)
- One Single Qualifying Condition (HIV/AIDS or SED)
- Trauma & At-risk for another Chronic Condition (experienced trauma and considered at-risk for another chronic condition if they have one or more functional limitation)* CMS approval

Eligibility + Appropriateness

- Once eligible, kids need to be deemed appropriate if :
  - At-risk of inpatient; out of home plcmt
  - Inadequate housing/family supports
  - Inadequate connectivity to healthcare
  - Non-adherence to treatment/med mgt
  - Recent release (jail/psych inpatient)

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Transition of Existing CC Service

* Existing OMH TCM programs will transition Jan 1 2015
* Other care coordination programs will transition Jan 1 2016 (HCBW, B2H, Care At Home)
* Legacy rates for TCM through 2017
* Legacy rates for ICC, HCI, CAH through ?

Specialty Populations

* Foster Care youth will require boundary setting between HH and case manager
* Early Intervention has care coord as a mandated service so HH care manager will have to coordinate EI services within overall care mgt plan

Overview & Summary of Provisions

Functional Assessment

* CANS-NY with new algorithm
* Standard, uniform assessment instrument; unclear if mandated at start
* Care mgrs can use other decision assistive tools

High-fidelity Wraparound Care Mgt

* Under consideration
* 1% of the 234,000 kids – is that capped or an estimate?
* HFW would have 1:10 ratio and be characterized by frequent intensive care mgr engagement, plus, family support partner
* NEED DETAILED criteria for wrap eligibility

Overview & Summary of Provisions

HH Payments

- Tiered rates – probably 3 tiers; payment tied to case load; lower caseload = higher rate; higher caseload = lower rate)
- One Outreach rate

HH Assignment

- Assignment via Medicaid claims data
- Referral from community sources
- Other suggestions?

Overview & Summary of Provisions

Consent

* Adjust HH Patient Information Sharing Consent Forms for Kids

Phase-In Based on HH Readiness

* DOH may identify regions or populations that will go first based on readiness

Input/Opinions Needed

* 1. Which nationally recognized measures should be used to monitor quality & outcomes?
* 2. Is the definition of family complete? (primary care-giving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive or self-created unit of people residing together; performing duties of parenthood/caregiving for the child. Birth parents, siblings and others (relatives, grandparents, guardians, foster parents with significant attachment to the individual but who live outside the home are included in the definition)
* 3. Is the explanation of family-driven sufficient? (family and child/youth driven, where the expertise of the family/caregiver is considered primary and decisions regarding goals and priorities are set by the family/caregiver. Delivering family & child/youth driven care mgt requires a unique skill set on the part of Health Homes & care managers, recognizing that it is not just the child, but the entire family/caregiver unit that is engaged in service planning & delivery

Input/Opinions Needed

* 4. Do you have specific care manager credentials, qualifications that you prefer? ("knowledgeable, familiar" with child caring system are not qualifications)
* 5. Some training is mentioned (school personnel trained in HH function). Additional CANS-NY training already recommended; What other training needs to be developed for HH care coords? How can we train the unique skill set needed to ensure family & child/youth driven care mgt is standard?
* 6. Is the regional, rather than county-specific, kids' HH approach right? Why or why not? How many HHs should serve kids?
* 7. What are some additional referral methods we should

Input/Opinions Needed

- 8. Does the expanded eligibility criteria sufficiently capture all the Medicaid-eligible kids who require care coordination?
- 9. Are the appropriateness measures sufficient or too restrictive?
- 10.Are there distinct appropriateness measures for High-fidelity Wrap that should “deem” kids eligible for Wrap? What criteria should be used for HFW eligibility? Considering complex MH, plus multi-system involvement.
- 11. Transition; Phase-in: RFA supports legacy rates, but not clear ICC and HCI legacy rates go 2 years out (2017 mentioned) –
- 12. Do we support phase-in by readiness or region if we are already leaving out HCBW, B2H and CAH kids? Can

Input/Opinions Needed

- 13. Do we ideas on distinguishing FC case work and EI care coord from HH case mgt? Role of Children's HH & existing HHs regarding Transition Age Youth? Multiple kids & family members in HH?
- 14. Comments on CANS-NY as a mandated instrument? Mandate once trained, vetted and ready for algorithm to determine acuity (Jan 1, 2016)
- 15. Do we make specific rate payment recommendations? (3-tiers, case-load limits, outreach rate)
- 16. Do we have specific HH Patient Info Sharing Consent form modifications?
- 17. IF State-only $$$ is available for non-Medicaid TCM – do we blend or recommend expansion/new contracts in another