



CHILDREN'S BEHAVIORAL HEALTH MEDICAID MANAGED CARE DESIGN AND TRANSITION

Children's Mental Health Services Staff Development Training Forum
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Presenter

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Division of Integrated Community Services

for Children & Families

Children's Leadership Team

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Principles of Behavioral Health 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

Children's Behavioral Health Team Themes

Intervening early in the progression of behavioral health disorders is effective and reduces cost.

Accountability for outcomes across all payers is needed for children's behavioral health.

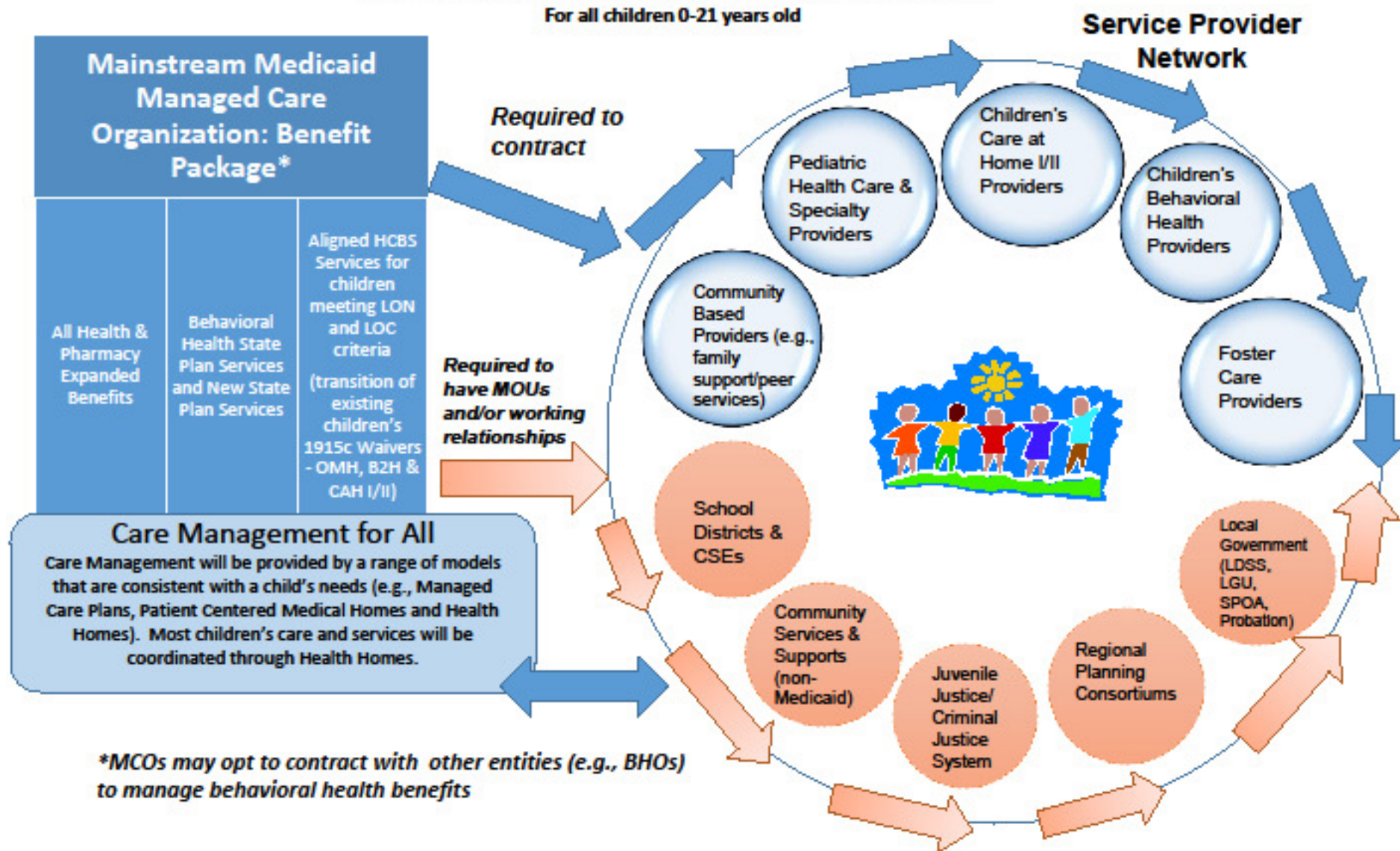
Solutions should address unique needs of children in a unified, integrated approach.

The current behavioral healthcare system for children and their families is underfunded.

Children in other public or private health plans should have access to a reasonable range of behavioral health benefits.

Proposed 2016 Children's Medicaid Managed Care Model

For all children 0-21 years old



How Will We Transition Existing Services to Managed Care?

NYS will file an 1115 Waiver Amendment to transition

- Existing children's Medicaid fee-for-service behavioral health services to Medicaid managed care (e.g., OMH RTF, CR, Day Treatment)
- Foster care children's Medicaid-covered medical and behavioral health benefits to Medicaid managed care
- The target populations covered by the current children's 1915c waivers (OMH SED, OCFS B2H, and DOH Care at Home I/II)
- The services of the six Waivers to managed care, which have been aligned into one array of HCBS benefits

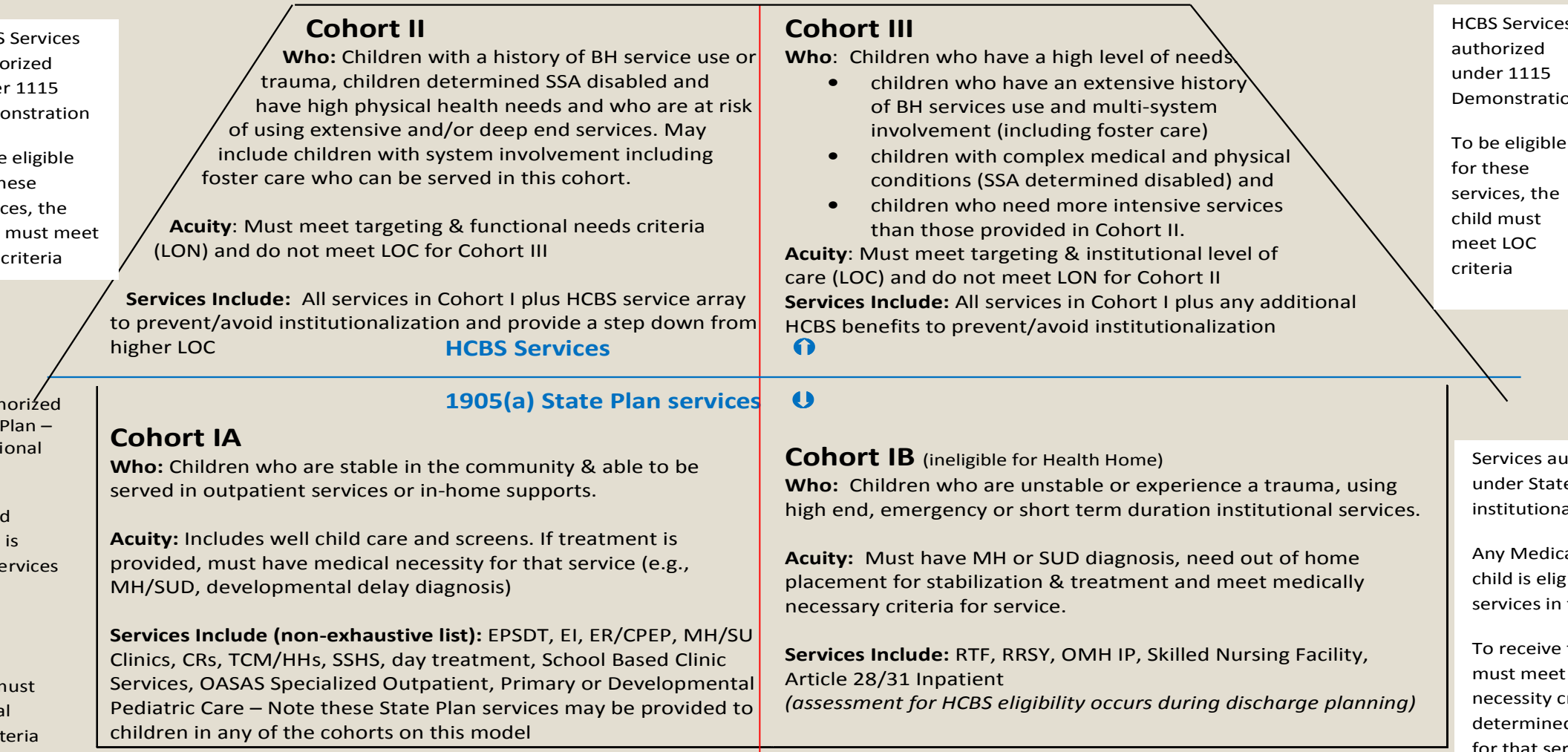
1115 Amendment Provides NYS

- with the Federal authority to move existing services and new services into the Managed Care delivery system
- a way to maintain the existing Level of Care (LOC) criteria and access to HCBS benefits
- with the authorization to offer HCBS benefits to a new population of children who meet Level of Need (LON) criteria
- a way to maintain Medicaid eligibility as a “family of one” for those meeting LOC and expand same to those meeting LON criteria
- with flexibility so that children meeting LON or LOC criteria can receive services in the intensity, duration and frequency to meet their needs and those of their families as they change over time
- the opportunity to utilize the Health Homes as the vehicle to provide care coordination for children meeting LON/LOC

Target Population for HCBS Benefits

- Children and youth younger than 21.
- Children with Serious Emotional Disturbance (SED)
- Children in Foster Care who have SED, are Developmentally Disabled or Medically Fragile, or have experienced trauma
- Children who are physically disabled and require significant medical or technological health supports
- Youth with Substance Use Disorders that cross the above populations
- Children must have clinical diagnosis, financial eligibility and functional need levels consistent with defined criteria for Level of Need or Level of Care

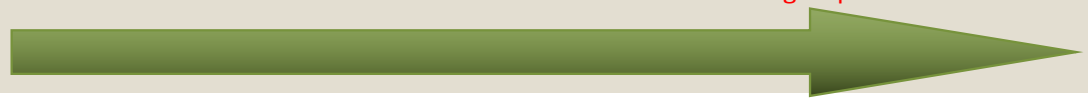
Children's Populations, Services and Acuity Cohorts



Non-institutional* ☺

☹ Institutional*

ACUITY INCREASES



*Children in all foster care settings will undergo a determination for Health Home eligibility. Children in OCFS licensed group residences and institutions will not be eligible for the HCBS Services.

HCBS Services authorized under 1115 Demonstration

To be eligible for these services, the child must meet LOC criteria

Services authorized under State institutional

Any Medical child is eligible services in

To receive must meet necessity determined for that ser

Summary of Cohorts and Benefits

Cohort	Who is Eligible for this Cohort?	Eligible for Which Level of Behavioral Health Benefits?	What Total Array of Services is Available to Them?
Cohort 3	Children who meet “level of <u>care</u> criteria” i.e., qualify for institutional level of care	HCBS Services	Medicaid State Plan +HCBS Services at intensity congruent with LOC
Cohort 2	Children who meet “level of <u>need</u> criteria,” i.e., do not qualify for institutional level of care but need enhanced supports in community	HCBS Services	Medicaid State Plan + HCBS Services at intensity congruent with LON
Cohorts 1 A and B	All children eligible for Medicaid who don't qualify for the HCBS Services (i.e., do not meet LON/LOC criteria)	Medicaid State Plan if they meet medical necessity criteria of the services	Medicaid State Plan Services

New State Plan Services

(proposed for 2016)

- Crisis Intervention
- Community Psychiatric Supports and Treatment (CPST)
- Other Licensed Practitioner
- Psychosocial Rehabilitation Services
- Family Peer Support Services
- Youth Peer Advocacy and Training

Progress on SPA Submission

- SPA draft under discussion with DOH
- Projection of anticipated eligible children underway
- Cost projections of new services to be developed
- Public and tribal notices in the first quarter of 2015
- Anticipate submission to CMS by 3/31/15

HCBS Benefits

(proposed for 2016)

- Care Coordination *(for those ineligible for Health Home or who opt out of Health Home)*
- Skill Building
- Family/Caregiver Support Services
- Crisis Respite
- Planned Respite
- Prevocational Services
- Supported Employment Services
- Community Advocacy and Support
- Non-Medical Transportation
- Day Habilitation
- Adaptive and Assistive Equipment
- Accessibility Modifications
- Palliative Care

Mapping of Services

Existing CAH I/II Waiver Services (through 2015)	Existing OCFS B2H Waiver Services (through 2015)	Existing OMH SED Waiver Services (through 2015)	Newly Aligned HCBS Benefits	New Medicaid State Plan Services (proposed for 2016)
	Immediate Crisis Response Services	Crisis Response Services		Crisis Intervention
	Crisis Avoidance, Management & Training AND Intensive In-Home Services	Intensive In-Home Services		Community Psychiatric Supports & Services
		Family Peer Support Services		Family Peer Support Services
		(proposed) Youth Peer Advocacy and Training		Youth Peer Advocacy and Training
				Other Licensed Practitioners
				Psychosocial Rehabilitation Services
Care Coordination	Health Care Integration	Individualized Care Coordination	HCBS Care Coordination (for those ineligible for Health Home or opt out)	
Respite Care	Skill Building Crisis & Planned Respite	Skill Building Respite Services	Skill Building Crisis & Planned Respite	
	Prevocational Services	(proposed) Prevocational Services	Prevocational Services	
	Family/Caregiver Support Services		Family/Caregiver Support Services	
	Supported Employment	(proposed) Supported Employment	Supported Employment	
	Community Advocacy and Support		Community Advocacy and Support	
	Day Habilitation		Day Habilitation	
	Adaptive and Assistive Equipment		Adaptive and Assistive Equipment	
Home and Vehicle Modifications	Accessibility Modifications		Accessibility Modifications	
Palliative Care Family Education, Pain & Symptom Management, Bereavement Service, Massage Therapy, Expressive Therapy)			Palliative Care (Family Education, Pain & Symptom Management, Bereavement Service, Massage Therapy, Expressive Therapy)	
			Non-Medical Transportation	

Care Coordination via Health Homes

- Children meeting the Health Home criteria will begin enrolling in October 2015
- OMH ICM, SCM and BCM Programs will convert to Health Home beginning in October 2015
- OMH HCBS Waiver, OCFS B2H Waivers and DOH Care at Home I/II Waiver care coordination services (Intensive Care Coordination, Health Care Integration and Case Management) will convert to Health Home beginning in January 2016, pending Federal approval of the transition plan
- Health Home Care Coordinators will be responsible for coordinating all services in the child's plan of care including all HCBS and Medicaid State Plan benefits for children who are eligible

CANS-NY Functional Assessment & Algorithm Revision

- Separate CANS-NY and algorithm for 0-5 year olds (using Wisconsin CANS 0-5 as foundation)
- Revised CANS-NY and algorithm for 6-21 year olds
- Adding modules/questions related to sexual orientation, activities of daily living, independent activities of daily living
- Revision of language in some of the questions for greater sensitivity to early intervention and medically fragile populations
- Utilization of modules from the CANS-Trauma Comprehensive version to assess lifetime trauma exposure and current impact of trauma
- Establishing a scoring in algorithm for children meeting Level of Need criteria
- Reordering of the questions and sections to make it easier for the assessor
- Equating LON score with medium Health Home acuity and LOC score with high Health Home acuity
- Overlay of health home acuity levels to determine rate payment

CANS-NY Process: Tasks to Come

- Development of Brief CANS Screen
- Testing of revised CANS-NY 0-5 and 6-21 versions
- Sample analysis
- Final revision of documents
- Training and certification of workforce

Eligibility & Assessment Process: Broad Steps

- Brief CANS Screen for presumptive eligibility determination & access to HCBS benefits for initial 30 days
- Initial/Provisional Plan of Care, authorizing immediately needed HCBS benefits
- Health Home or HCBS Care Coordination Enrollment
- Medicaid Eligibility Determination: Appropriate System Entries
- Comprehensive CANS-NY Functional Assessment
- Plan of Care Development & Implementation
- Verification/Authorization of HCBS eligibility and enrollment into 1115 Waiver
- Authorization of Plan of Care and Budget
- Service Access Monitoring
- Periodic Reassessment & Plan of Care Review
- Annual LON or LOC Determination

Potential Role of Independent Entity

- Conducting the Brief CANS Screen (can be a phone or in person)
- Determining presumptive eligibility & authorizing access to HCBS benefits; referring for full CANS and Plan of Care development
- Be a point of contact for making referrals to Health Plans and Health Homes
- Redetermining continued HCBS eligibility annually, upon completion of full CANS-NY by Care Coordinator

Care Coordination

- Modifying Initial/Provisional Plan of Care to put in place HCBS benefits for first 30 days
- Completion of full CANS-NY and Plan of Care

Design Milestones in Progress

- Drafting and Submission of 1115 Amendment
- Development of SPA Medical Necessity Criteria/UM-UR Guidelines by Service
- Crisis Services Program Design
- Data Analysis to project LON/LOC penetration and benefit costs
- HCBS Eligibility Flow Decisions
- HCBS Resource Methodology
- Performance Metric Recommendations
- HCBS Training recommendations

Questions

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