Children's Medicaid Managed Care Update

MCO Policy & Planning Meeting
June 12, 2014

Agenda

- Panel Introduction
- Previous Presentation Summary
- Children's Managed Care Transition Vision
- Cohort Structure
- Draft Benefit Package
- Assessment Tool
- Next Steps

Children's Leadership Panel

- Donna Bradbury, Associate Commissioner, Division Of Integrated Community Services For Children & Families, NYSOMH
- Steve Hanson, Associate Commissioner, NYS OASAS
- Laura Velez, Deputy Commissioner, Child Welfare & Community Services, NYS OCFS
- Lana I. Earle, Deputy Director, Division of Program Development and Management, Office of Health Insurance Programs, NYS DOH
- Linda Kelly, Project Director, Behavioral Health Transition, NYS DOH

Children's Team: Previous Presentations

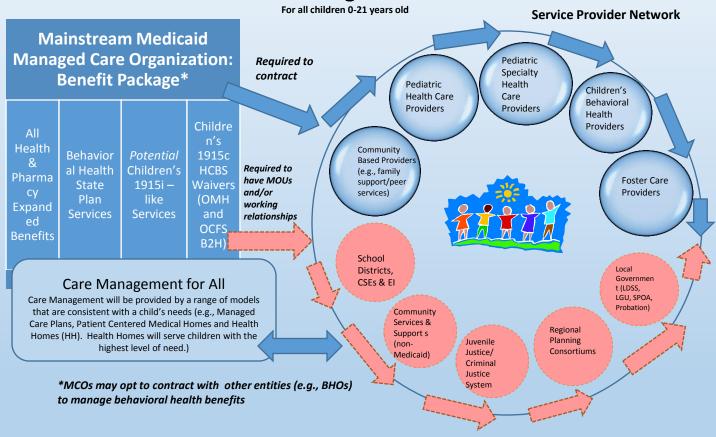
 December 2013: Laying the Foundation – Review of the Children's Services Systems of the NYS Offices of Alcoholism and Substance Abuse Services (OASAS), Children and Family Services (OCFS) and Mental Health (OMH)

 February 2014: Review of Children's Behavioral Health MRT Design and Agency Case Examples

Children's BH 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



Children's Populations, Services and Acuity Cohorts

HCBS Services authorized under 1115 Demonstration

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

Cohort II

Who: Children with a history of BH service use or trauma, who are at risk of using extensive and/or deep end services. May use institutional financial eligibility criteria and "family of one" to prevent higher level of service use. May include children with system involvement including foster care who can be served in this cohort.

Acuity: Must meet targeting & functional needs criteria (LON)
and do not meet LOC for Cohort III

Services Include: All services in Cohort I plus HCBS service array to prevent/avoid institutionalization and provide a step down from higher LOC HCBS Services

Cohort III

Who: Children who are high need.

Expected to be children who
have an extensive history of BH services use
and multi-system involvement (including
foster care) and need more intensive services than
those provided in Cohort II.

Acuity: Must meet targeting & institutional level of care (LOC) and do not meet LON for Cohort II

Services Include: All services in Cohort I and II plus any additional HCBS Services defined specifically for this population HCBS Services authorized under 1115 Demonstration

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

Services authorized under State Plan – non-institutional services

Any Medicaid eligible child is eligible for services in this box

To receive treatment, must meet medical necessity criteria for that service

1905(a) State Plan services

Cohort IA

Who: Children who are stable in the community & able to be served in outpatient services.

Acuity: Includes well child care and screens. If treatment is provided, must have medical necessity for that service (e.g., MH/SUD, developmental delay diagnosis)

Services Include (non-exhaustive list): EPSDT, EI, ER/CPEP, MH/SU Clinics, CRs, TCM/HHs, SSHS, day treatment, School Based Clinic Services, OASAS Specialized Outpatient, Primary or Developmental Pediatric Care – Note these State Plan services may be provided to children in any of the cohorts on this model

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Cohort IB

Who: Children who are unstable or experience a trauma, using high end, emergency or short term duration institutional services.

Acuity: Must have MH or SUD diagnosis, need out of home placement for stabilization & treatment and meet medically necessary criteria for service.

Services Include: RTF, RRSY, OMH IP, RTC, Article 28/31 Inpatient (assessment for HCBS eligibility occurs during discharge planning) Services authorized under State Plan – institutional services

Any Medicaid eligible child is eligible for services in this box

To receive treatment, must meet medical necessity criteria as determined by clinician for that service

Non-institutional* C

Institutional*

ACUITY INCREASES

"For OCFS, defined as "non-medical institution" and "medical institution"

Cohorts IA and 1B

- Any child with or eligible for Medicaid, even if eligible via Waiver deeming as a family of one or foster care children categorically eligible for Medicaid
- May access any Medicaid State Plan service if they meet medical necessity criteria

Proposed New State Plan Services

(proposed for 2016)

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

Goals of Home and Community Based Services

1915i-like Services

- Prevent movement to higher levels of care
- Provide a transition or step down from higher levels of care
- Offer enhanced array of Medicaid services
- Create capacity for services that did not exist for children who would otherwise be on 1915c Waiver waiting lists
- Improve functioning in community

1915c Services

- Prevent, avoid or delay (medical) institutionalization
- Return to community
- Improve functioning in community

Cohort II: Who are the Children

- OMH: kids in day treatment, kids w/ ER frequency, kids ready to discharge from 1915c/RTF, kids on 1915c waiting list, kids in TCM that are in need of additional supports
- OASAS: kids with opiate use disorders, eligible for RRSY or residential, kids ready for discharge from RRSY/residential, primary service need in addictions system but likely having co-occurring needs
- OCFS: kids leaving RTC/B2H; kids in boarding homes (family FC), group residence (<25 beds), group homes (<12 beds), therapeutic homes, or AOBH; kids leaving OCFS facilities; kids returning home; kids receiving Medicaid after adoption or return home
- State Education: CPSE/CSE population (kids in 853 schools and in residential care), Kids with 504 Plans/IEP if they meet functional limitations
- Children in multiple systems: JD PINS, probation, kids w Autism Spectrum Disorder

Cohort II: Acuity Level of Children

 Must meet targeting and functional need criteria (Level of Need – LON)

Not be eligible for institutional Level of Care

Cohort III:

Who are the Children

 Children who are high need with extensive history of behavioral health, medical or multi-system use.

Acuity Level of Children

 Children who meet the institutional Level of Care (i.e., qualify for or at risk of placement in RTF/inpatient, ICF/MR and skilled nursing facilities)

Cohort II and III: Proposed HCBS Services

- Care Coordination (only 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

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 | Medicaid State Plan if they meet medical necessity criteria of the services | Medicaid State Plan Services |

Functional Assessment

- CANS-NY (Child and Adolescent Needs and Strengths)
- Developed by John Lyons, PhD (The Praed Foundation)
- CANS-NY Algorithm scores child's needs and strengths and fit with Level of Need or Level of Care criteria
- Access to HCBS services provided at varying intensity congruent to assessed needs

Next Steps

- Finalize Proposed Benefit Package
- Network Standards & Performance Metrics
- Provider and Staff Qualifications
- Analysis of Potential Numbers of Children in Cohorts
- CANS-NY Algorithm Revision

Questions?

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