

# 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

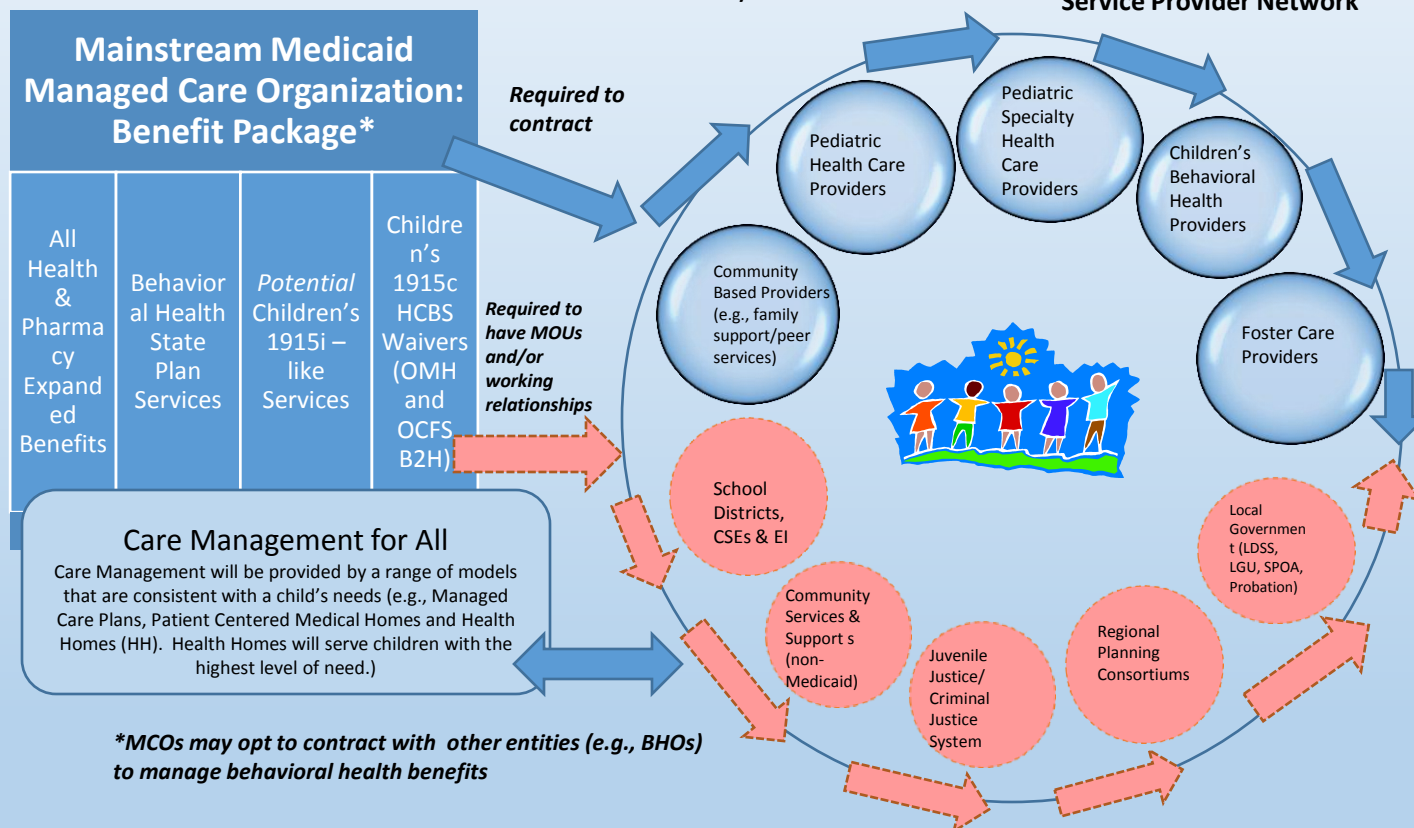
# Children's BH Team Themes

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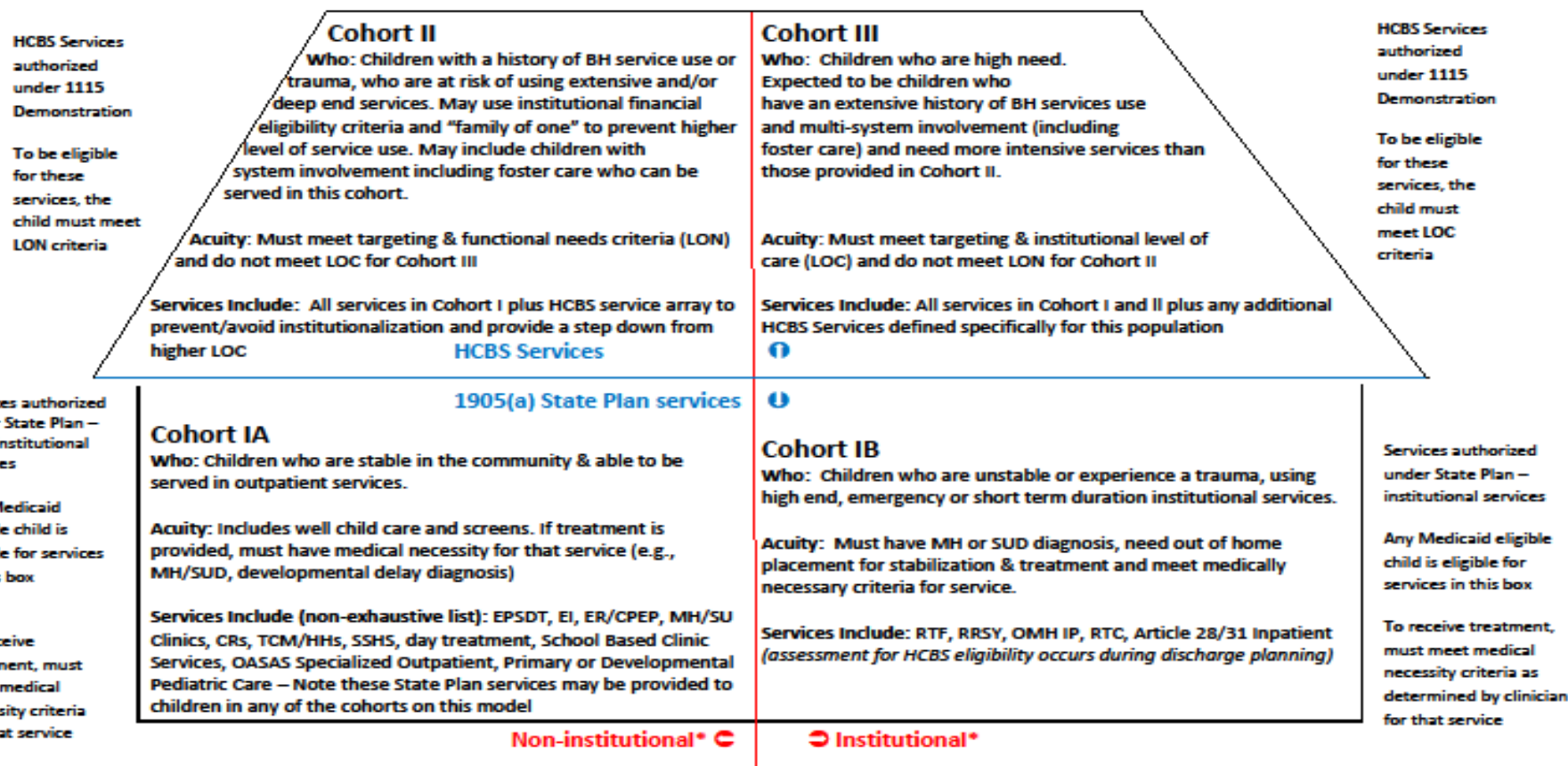
- Intervening early in the progression of behavioral health disorders is effective and reduces cost.
- Accountability for outcomes across all payers is needed for children's behavioral health.
- Solutions should address unique needs of children in a unified, integrated approach.
- The current behavioral 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



## Children's Populations, Services and Acuity Cohorts



**ACUITY INCREASES**

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



# Cohorts 1A 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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