

# Children's Medicaid Managed Care and Health Home Update

MCO Policy & Planning Meeting

September 11, 2014

# Agenda

- Panel Introduction
- Previous Presentation Summary
- Design Change
- Children's Managed Care Transition Vision
- Cohort Structure
- Draft Benefit Package
- Clinical & Functional HCBS Assessment
- HCBS Eligibility Process
- Health Homes
- Next Steps

# Children's Leadership Team

- 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

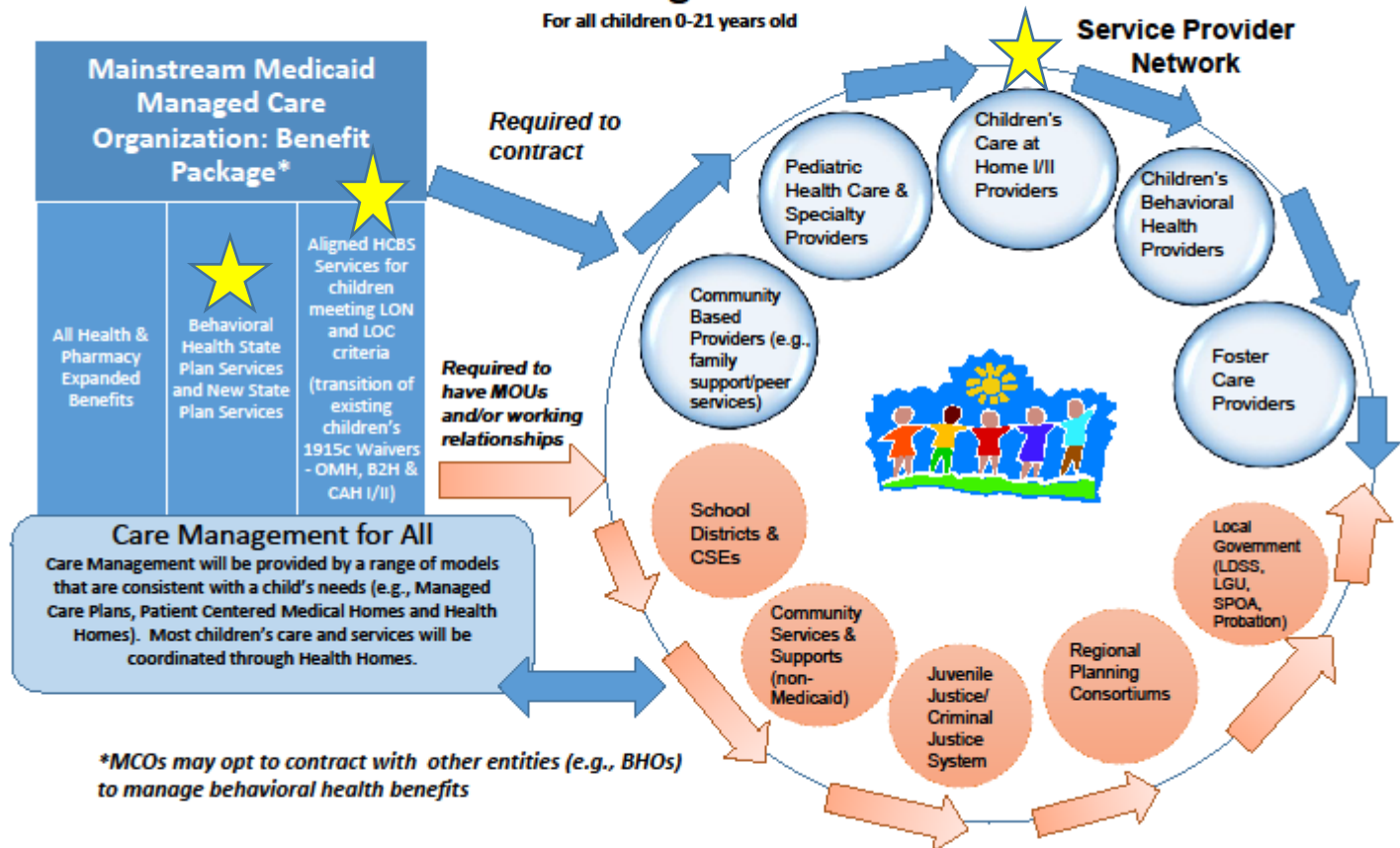
- December 2013: Laying the Foundation – Review of the Children's Services Systems
- February 2014: Children's Behavioral Health MRT Design and Agency Case Examples
- June 2014: Managed Care Design: Population Cohorts and Benefit Package

# Design Change

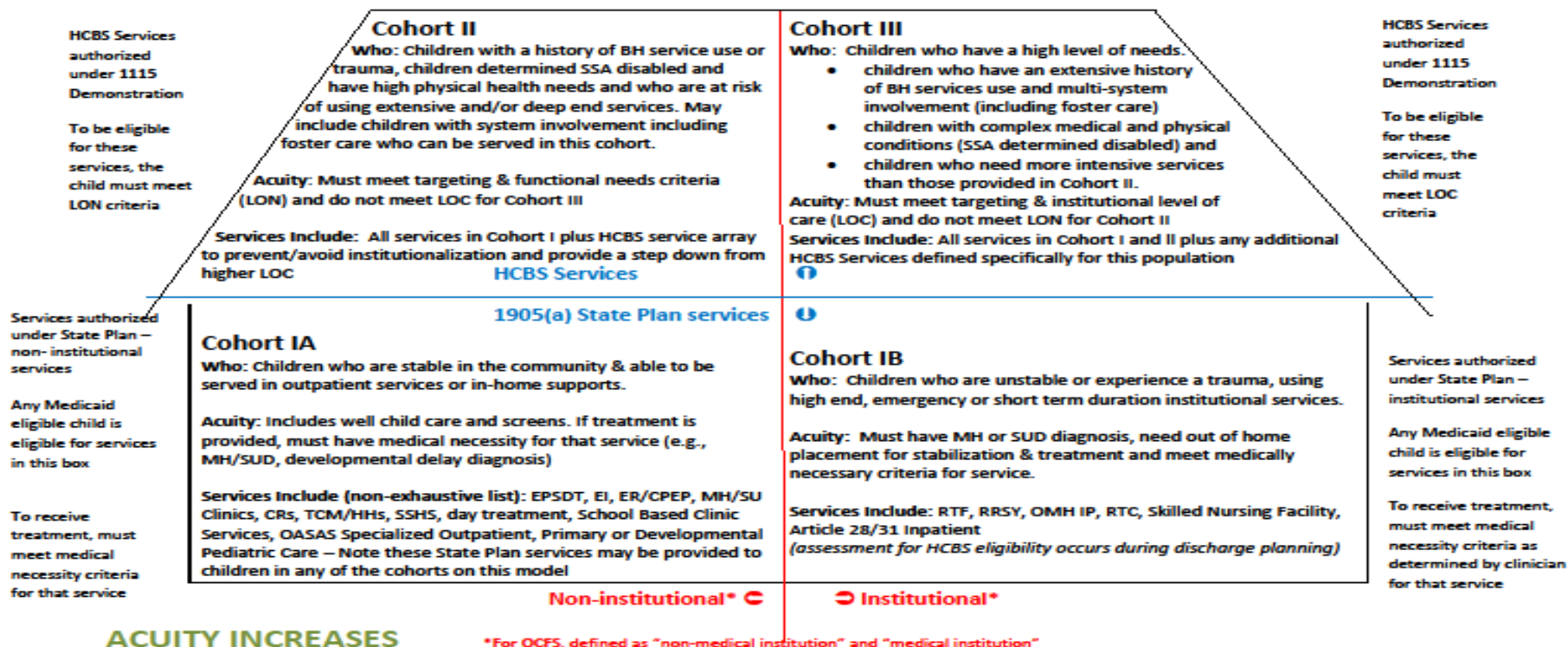
- Care at Home I/II 1915c Waiver
  - Will transition to Medicaid Managed Care in January 2016
  - CAH care management will convert to Health Home in January 2016
  - Align CAH HCBS into the proposed array for managed care transition
  - Align provider qualifications and training requirements with those of proposed HCBS array

# Proposed 2016 Children's Medicaid Managed Care Model

For all children 0-21 years old



## Children's Populations, Services and Acuity Cohorts



# 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



# Proposed HCBS Array

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

# 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 congruent with medical necessity criteria + 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	Medicaid State Plan Services (any services for which they meet medical necessity criteria)

# Clinical Eligibility Criteria for HCBS

- Children from birth to age 21 who have:
  - A Psychiatric Diagnosis from the DSM V or
  - Alcohol or Drug Disorders (291.xx.292.xx.303.xx.305.xx.) or
  - Developmental Disorders (299.xx.315.xx.319.xx.) or
  - Organic Brain Syndrome (290.xx.293.xx.294xx);OR
  - Are Medically Fragile (children who meet SSA disability criteria);OR
  - Have Experienced Physical, Emotional, or Sexual Abuse, Neglect, or Maltreatment;AND
  - Have Extended Impairment in Functioning

# Functional Assessment

- CANS-NY (Child and Adolescent Needs and Strengths) Tool under revision to increase sensitivity to assess all populations under the 1115
- CANS-NY Algorithm under revision to account for differentiation between LON and LOC, in addition to use in assigning Health Home acuity levels and subsequent rate payments

# Eligibility Process for HCBS

- Brief CANS Screen to establish presumptive eligibility for HCBS array for 30 days
- Provisional Plan of Care (POC)
- Medicaid & Plan Enrollment
- Full CANS Assessment
- Plan of Care development
- Final eligibility determination & waiver enrollment

# Next Steps: Managed Care Design

- Finalize Proposed Benefit Package
- Determine Provider Qualifications
- Network Standards & Performance Metrics
- Analysis of Potential Numbers of Children in Cohorts
- Finalize the State Plan Amendment
- Draft the 1115 Amendment

# Update: Application and Schedule for Enrolling Children in Health Homes

- State released draft Application, for review and comment, that includes schedule for enrolling children in Health Home and information regarding:
  - Proposal to expanding eligibility criteria
  - Requirements for expanding Health Home networks to reflect the needs of children
  - Requirements for demonstrating Health Homes can “tailor” delivery of core HH services to serve children
  - Connectivity with programs and systems that impact children (e.g., foster care, education, Early Intervention)
- Comments and letters of interest were due July 30, 2014
- To be responsive to stakeholder comments submitted on the Draft Health Home Application to Serve Children and other considerations, the State has amended the anticipated schedule for enrolling children from January 1, 2015 to July 1, 2015. Revised schedule will provide more time to:
  - Review the large volume of comments submitted by Stakeholders;
  - Consistent with the large number of Letters of Interest submitted, extend the timeframe to review and approve Applications;
  - Work with Centers of Medicare and Medicaid (CMS) to seek State Plan Amendments;
  - Develop and provide informational and training Webinars to Health Homes, care managers, and other systems of care; and
  - Assist with readiness by providing more time between the implementation of other Medicaid Redesign initiatives that will impact Health Homes and other providers (i.e., the shift of the adult behavioral health benefit to managed care and the enrollment of HARP members in Health Home).

## Schedule for Expanding Health Homes to Better Serve Children

Activity	Due Date
Draft Health Home Application to Serve Children Released	June 30, 2014 <b>Completed</b>
Due Date to Submit Comments on Draft Health Home Application to Serve Children	July 30, 2014 <b>Completed</b>
Due Date to Submit Letter of Interest	July 30, 2014 <b>Completed</b>
Final Health Home Application to Serve Children Released	November 1, 2014
State Webinar and Training Activities	November 1, 2014 to June 30, 2015
Submit State Plan Amendment to CMS	November 1, 2014
Due Date to Submit Health Home Application to Serve Children	February 1, 2015
Review and Approval of Health Home Applications to Serve Children by the State	February 1, 2015 to May 1, 2015
HH and Network Partner Readiness Activities	May 1, 2015 to July 1, 2015
Adult Behavioral Health Services Transition to Managed Care HARP Members Enrolled in Health Home	January 2015
<b>Begin Enrolling Children in Health Homes Phase-In based on Application Approvals and Network Readiness</b>	<b>July 2015</b>
Children's Behavioral Health Services and other Children's Populations Transition to Managed Care	January 2016



# Questions?

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