

# Topic 1: NYS Vision, Mission Goals, Operating Principles for the Children Service and Population Expansion

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[ November 2018]



# Agenda

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- Background and Vision for Redesign
- Principles to Serving Children in Managed Care
- Overview of the Children Medicaid Redesign Program
- Timeline
- Population Served and Excluded
- Health Homes
- Children and Family Treatment and Support Services (CFTSS) (Formerly known as SPA services)
- Home and Community Based Services (HCBS)
- School Based Health Centers (SBHC)

# NYS Medicaid Background

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- Started 2011 under Governor Andrew Cuomo
- Multi-year reform effort designed to address cost and quality issues with New York's Medicaid program.
- One key element has been transitioning all services and populations into Medicaid Managed Care.
- Children's waivers, exempt/excluded services and certain populations will also be transitions due to system complexity.
- Services be made eligible for children under the age of 21 who meet medical necessity.

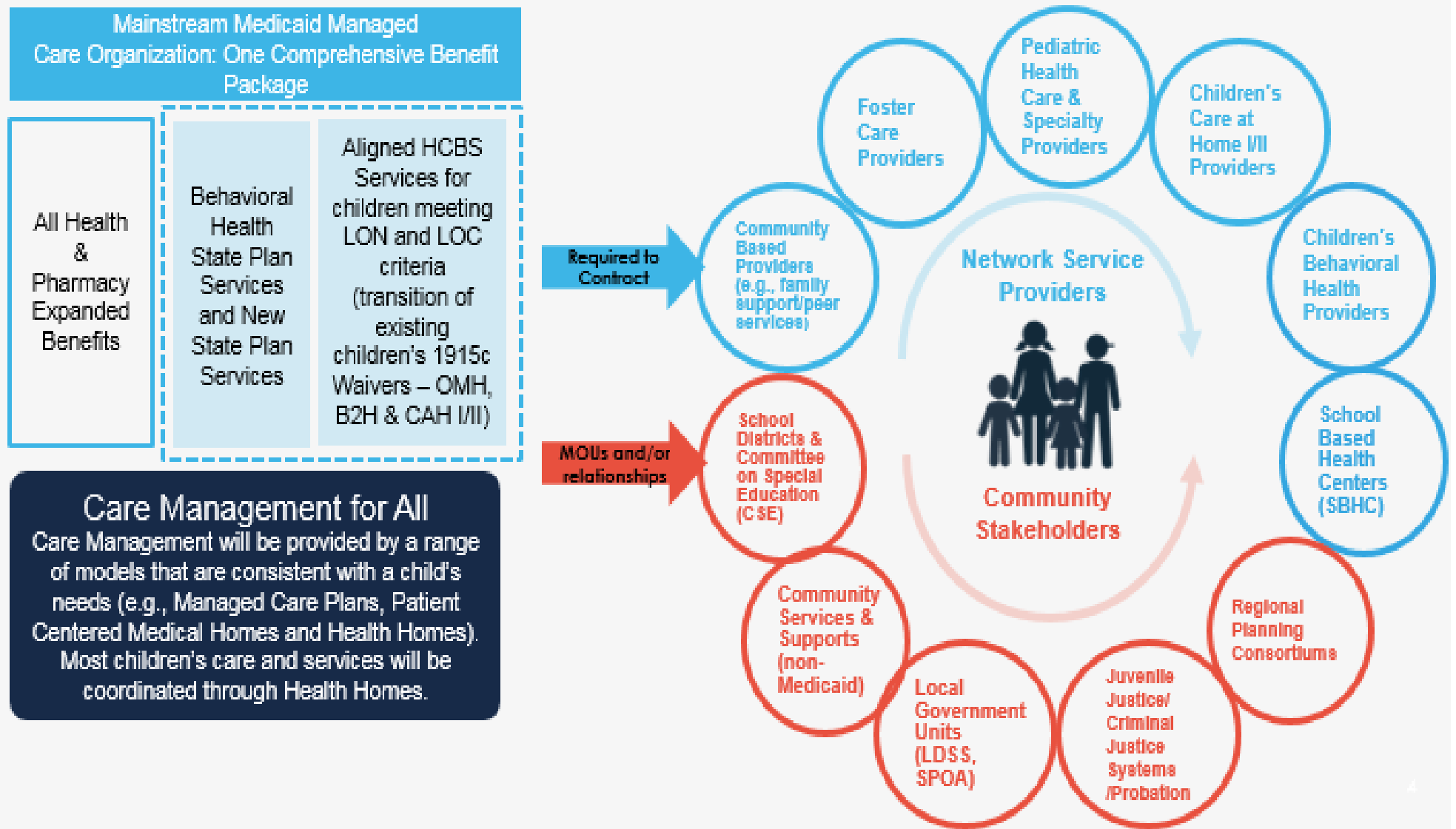
# Triple Aim

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New York Children's Medicaid redesign efforts are consistent with the *Triple Aim*, and the State has developed a comprehensive set of performance measures that will allow the State to track its progress toward achieving these important goals.

1. *Improving the patient experience/satisfaction through improved quality of care, focusing on safety, effectiveness, person-centered care, timeliness, efficiency and equity.*
2. *Improving health by addressing root causes of poor health (e.g., poor nutrition, physical inactivity, and substance use disorders).*
3. *Reducing Medicaid per capita costs.*

# NYS Proposed Model: Children's System



# Principles for Serving Children in Managed Care

- Ensure managed care and care coordination networks **provide comprehensive, integrated physical and behavioral health care** that recognizes the unique needs of children and their families
- Provide care coordination and planning that is **family-and-youth driven**, supports a system of care that builds upon the strengths of the child and family
- Ensure managed care **staff and systems care coordinators are trained** in working with families and children with unique, complex health needs
- Ensure continuity of care and **comprehensive transitional care from service to service** (education, foster care, juvenile justice, child to adult)
- Incorporate a child/family specific **assent/consent process** that recognizes the legal right of a child to seek specific care without parental/guardian consent
- Track clinical and functional outcomes using **standardized pediatric tools** that are validated for the screening and assessing of children
- Adopt child-specific and nationally recognized measures to **monitor quality and outcomes**
- Ensure **smooth transition** from current care management models to Health Home, including transition plan for care management payments

# Overall Goal for the Redesign

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- Get Medicaid enrolled children back on their developmental trajectory.
- Identify needs early and intervene
- Maintain the child at home with support and services
- Maintain the child in the community, in least restrictive settings
- Prevent longer term need for higher end services
- Focus on recovery and building resiliency
- Maintain escalation and longer term need for higher end services
- Maintain accountability for improved outcomes and delivery of quality care.

# Present versus Future

## Today- 2018

- **Some Services in Medicaid Managed Care**
- **Current Behavioral Health State Plan Services Fee-for-Service**
- **Limited Array of HCBS Services (depending on Waiver program) available only to Waiver eligible Children**
- **Care Coordination Under 1915c Waivers and OMH TCM Program**

## Tomorrow- Full Implemented Plan

- **Current Behavioral Health State Plan Services**
- **Health Home Care Coordination – available to significantly expanded population of children**
- **Foster Care Population transitions**
- **Six New State Plan Services (CFTSS)**
- **Expanded array of HCBS Services based target and functional criteria**



# Key Features of the Medicaid Redesign

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Key Features include:

- **Expanding the access to care management** for children with chronic conditions under the Health Home program or for children with lesser needs, through Managed Care plans or other vehicles – a key to integrating care planning and service provision
- **Creating New State Plan Services/CFTSS** will be phased into 2020.
- **Transitioning children’s behavioral health benefits** from fee-for-service to managed care – a key to integrating behavioral health and physical health
- **Providing greater access to an aligned array of Home and Community Based Services**
- Shifting the **voluntary foster care “per diem” population to managed care.**
- As we transition, **ensure continuity of care** for services currently provided to children

# Timeline for Children's Redesign

## January 2019

- Implement 3 of the 6 new State Plan Services/ CFTSS (OLP, PSR, CPTS)
- All 1915(c) Children's Waiver members transition to Health Homes
- Most 1915(c) Waiver Children transition to Managed Care
- B2H Waiver Children enrolled into Managed Care (excludes foster care children)

## April 2019

- New Array of HCBS service in Managed Care Benefit

## July 2019

- Implement Family Peer Supports State Plan Service
- 3-year phase in of LOC eligibility for HCBS begins
- Foster Care population transition to Managed Care
- Behavioral health benefits transition to Managed Care

## January 2020

- Implement remaining 2 State Plan Services into Managed Care Benefit (Youth Peer Support and Training and Crisis Intervention)

# Existing MCO Services and Transitions to MCO

## Current Services

- Physical health & dental care
- Mental health and substance abuse outpatient clinics
- Inpatient health and behavioral health care

## Transitioning Services

- OMH Residential Treatment Facility (RTF)
- Home & Community Based Services (HCBS) under 1915(c) Waivers of OMH, OCFS and DOH
- New State Plan Services (SPA)
- Newly aligned HCBS Array
- OMH SED Designated clinics
- OMH Day Treatment
- OASAS Clinic to Rehabilitation Designation Change
- OASAS Residential Rehab

# Population Impacted Medicaid Redesign Initiative

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- Youth diagnosed with Substance Use Disorders
- Children and youth diagnosed with Serious Emotional Disturbance (SED)
- Children and Youth placed in Foster Care or who have experienced abuse, neglect and maltreatment, and
- Medically fragile children with complex conditions, requiring significant medical or technological health supports

# Excluded from Medicaid Managed Care

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- Children with Third Party Health Insurance
- Children dually insured (Medicaid/Medicare)
- Individuals who become eligible for Medicaid only after spending down a portion of their income, including children in a household of one who are Medically Needy and provisionally eligible
- Youth in the Juvenile Justice System
- Enrollees of Child Health Plus
- Eligible individuals served by Office for People With Developmental Disabilities (OPWDD) – OPWDD Medicaid Redesign is Separate Initiative

# Health Homes

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- In December 2016, Health Home enrollment began for Medicaid children who are meeting Health Home eligibility criteria (two or more chronic conditions, SED, HIV, and Complex Trauma).
- Providers with care management expertise (TCM providers, those that provide care management under Home and Community-Based Services (HCBS) waivers) began working with Health Homes to become Health Home care managers.
- As of February 21, 2017 approximately 20,000 children have been engaged by Health Homes. This includes assignment, outreach and enrollment.
- As of March 1, 2017, 15 of the 16 designated Health Homes to serve children have been authorized to operate.
- The status of the Health Homes designated to serve children as well as their county service areas can be found on the DOH website:  
[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/hh\\_children/index.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/index.htm)

# New Medicaid State Plan Services

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- NAME CHANGE- State Plan Amendment (SPA) = Children and Family Treatment and Support Services (CFTSS)
- There are six (6) services expected to go-live in the next 2 years.
- Services will become part of the Managed Care benefit by their implementation date and made available to all children
- CFTSS will be available fee-for-service for children that are not enrolled in Plans
- Providers need to be designated to provide new the CFTSS and will need to contract with Managed Care Plans.

# Children and Family Treatment and Support Services (CFTSS) Timeline

<b>Children and Family Treatment and Support Services</b>	<b>Effective Implementation Date</b>
Other Licensed Practitioner	January 1, 2019
Psychosocial Rehabilitation	January 1, 2019
Community Psychiatric Treatment and Supports	January 1, 2019
Family Peer Support Services	July 1, 2019
Youth Support and Training	January 1, 2020
Crisis Intervention	January 1, 2020



# Home and Community Based Services (HCBS) Overview

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- Benefit package is available to children who either display a Level of Care (LOC) or a Level of Need (LON) for HCBS Services
- The criteria for both LOC and LON HCBS includes three components applied in this order
  - 1) target population criteria
  - 2) risk factors and
  - 3) functional criteria.

# Level of Care (LOC) Eligibility

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Institutional Level of Care (LOC) target criteria include that the child is under 21 and meets criteria in each of the category:

## 1. Population:

- Serious Emotional Disturbance (SED)
- Medically Fragile Children (MFC)
- Developmental Disability (DD) and Medically Fragile
- Developmental Disability (DD) and in Foster Care.

2. Risk Factors established for each population. Will vary based on population/diagnosis

3. Functional Criteria: algorithm to the Child and Adolescent Needs and Strengths New York (CANS-NY) tool for SED and MFC population

- Goes into effect April 1, 2019

# Level of Need (LON) Eligibility

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Level of Need (LON) based on being at at-risk of institutionalization for children under the age of 21 years and younger.

1. Populations include:

- Serious Emotional Disturbance (SED)
- Abuse/Neglect and Maltreatment or Health Home Complex Trauma (ANMCT)

2. Risk Factors established for each population. Will vary based on population/diagnosis

3. Functional Criteria: determined by applying an LON algorithm to the Child and Adolescent Needs and Strengths New York (CANS-NY) tool.

- Goes into effect 2022

# Home and Community Based Services (HCBS) Services

## HCBS Services:

1. Caregiver Family Supports and Services
2. Pre-Vocational Services
3. Community Advocacy Training and Support
4. Supported Employment
5. Palliative Care (Pain & Symptom Management, Bereavement Services, Massage Therapy, Expressive Therapy)
6. Respite (Planned & Crisis)
7. Habilitation (Day and Community)
8. Accessibility Modifications
9. Adaptive and Assistive Equipment
10. Non-Medical Transportation

## Impact to Redesign:

- 1915c Waiver Programs will be discontinued at the completion of the transition
- Expanded eligibility for HCBS will be phased in beginning in 2019 and will include targeting and functional criteria
- HCBS will be managed in Medicaid Managed Care and Medicaid Fee-for-Service system (for children in Medicaid and excluded from Managed Care)

# Resources

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- *Transforming the Medicaid System Part 1 of 3*. (2017, January 27). Retrieved from <https://www.ctacny.org/childrensystemtransformation>.
- School Based Health Centers (SBHC). (2017, August 24). Retrieved from [https://www.health.ny.gov/facilities/school\\_based\\_health\\_centers/](https://www.health.ny.gov/facilities/school_based_health_centers/)