



**Office of  
Mental Health**

# **OMH HCBS Waiver Updates**

Children's Mental Health Staff Development Training Forum

December 1-2, 2015

Division of Integrated Community Services for Children and Families

NYS Office of Mental Health



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Summary Review

# **HCBS WAIVER CHANGES**

# Summary – HCBS Waiver Changes

- I. Required Fiscal and Programmatic Changes
- II. Program Modifications Implemented
- III. Program Modifications Pending
- IV. Regulatory Compliance Efforts
- V. Enhanced Oversight and Monitoring
- VI. Increased Reporting and Documentation



# I. Required Fiscal and Program Changes

- Standard Rate Methodology
  - Unbundling
- Standard Service Definitions
  - Pre-Vocational Services and Supported Employment; Respite
- Person-Centered Planning (Role of Care Coordinators)
  - Only provide CC; whole health; child/youth guided and family driven



## II. Program Modifications Implemented

- Removal of federal participation payment in Flex Funds
  - Solely State Funded
- Procurement required for allocation of new slots in increments of 12 or more
  - Open competitive process for any willing and qualified providers



# III. Program Modifications Pending

In application – Awaiting Approval

- Expansion of the allowable age of enrollment from up to the age of 18 to up to 21 years old
- Addition of three new services: Youth Peer Advocate, Pre-Vocational Services, and Supported Employment



## IV. Regulatory Compliance Efforts

- Conflict of Interest Requirements (HCBS Rule)
  - Complete separation of CC from direct service
- OHCDS Structure
  - Allow Provider Enrollment in Medicaid/Direct Billing
- Submission of 1915(b)(4) Application
  - Maintain current slot allocation and ICC Agency structure



# V. Enhanced Oversight and Monitoring

- Revisions to Site Visit Protocols and Case Record Reviews
  - Consistency in documentation and service provision
- Stricter Fiscal Integrity
  - Waiver to be on OMIG schedule for program audit and review
- OMH Tracking of Programmatic Trends and Deficiencies
  - Provide ongoing technical assistance and support





# VI. Increased Reporting and Documentation

- Reporting of Critical Serious Incidents
  - Guidance on completion of follow-up in NIMRS
- Revisions to Consolidated Fiscal Reports (CFR)
  - Report by each individual service
- SPOA Data Collection and Reporting
  - LOC Determinations and Waitlists
- Flex Funds Tracking Documentation
  - Available for review upon request
- Notification of Significant Agency/Program Changes





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**Immediate Areas of Focus**

**HCBS Waiver Future**

# Future of HCBS Waiver

- Moving to Health Homes
  - Integrated Care
  - Focus on Whole Health
  - Collaboration/Coordination with Array of Healthcare Providers
- Moving to Medicaid Managed Care
  - Assuring Quality of Care
  - Demonstrating Outcomes
  - Value Based Payments



# Immediate Areas of Focus

- ❖ Program Revisions
- ❖ Quality Assurance
- ❖ Positive Outcomes



# Area of Focus – Program Revisions

- I. Redefining Individualized Care Coordination
- II. Person-Centered Planning
- III. Re-envisioning Bundled Services: Intensive In-Home and Crisis Response
- IV. Establishing Separation between Care Coordination and Service Provision



# I. Redefining the Role of the ICC

- Specialization and expertise in Care Coordination
- Knowledge and understanding of breadth of health care needs
- Importance overall wellness and promotion of health milestones and visits
- Collaboration with health care providers and coordination of goals and approaches



## II. Person Centered Planning

- Focus on Child/youth engagement and involvement in planning/service provision
- Empowerment, choice, youth-guided, family-driven, individualized
- Skills in motivational interviewing and collaborative care
- Opportunities for youth development and building resilience



## III. Re-envisioning Bundled Services

- Re-conceptualizing the role of the “ICC” in the context of unbundled services
- Ensuring families are not overwhelmed with multiple service providers
- Opportunities to maintain a single “go to” person or structure
- Broader approaches to crisis response





## IV. Separation of CC & Service Provision

- Regardless of CFCM or COI – Care Coordinators *cannot* provide direct HCBS services
- Must develop a new organizational structure to separate CC from service provision
- Includes lines of supervision and administrative oversight
- Assure available agency service array has NO influence on service plan development



# Area of Focus – Quality Assurance

- I. Sustaining Focus on Rehabilitation and Maintenance in the Community
- II. Assuring Alignment and Access to Individualized Service Plan
- III. Ensuring Continuity of Plan with Provision of Services
- IV. Clear Documentation of Services in Accordance with Goals and Anticipated Outcomes



# I. Maintaining Clinical Support Focus

- OMH HCBS Waiver is focused on serving Children with SED
- Assure mental health care needs are met with appropriate treatment(s)
- Ongoing communication and collaboration with mental health treatment providers
- Proactive approaches to avoiding crisis situations and/or decompensation



## II. Assuring Alignment and Access to ISP

- Development of Individualized Service Plans directly address identified needs
- Needs are identified through needs assessment and provided evaluations
- Linkages to services are made based on needs; not what is available
- Frequency and duration aligns with youth/family needs and preferences



# III. Ensuring Continuity of Plan with Services

- Services provided are those identified on the Individualized Service Plan; at the frequency and duration noted
- Any changes in service provision are a result of a revision to the service plan
- Frequency and duration of services may be expected to reduce over time as the child/youth/family improves



## IV. Clear Documentation of Services

- The services provided must align with the definition and description of the service in the guidance document
- Clear documentation of what service is provided, by whom, and for which goal must be noted
- A qualified individual providing multiple services must delineate between services, goals, timeframes, and those served in documentation



# Area of Focus – Positive Outcomes

- I. Explore Areas Measured/Reviewed For Positive Outcomes
- II. Determine Other Ways Positive Outcomes Can Be Documented/Assured
- III. Assure Everyone on Multi-Disciplinary Team are Working Towards Similar Ends
- IV. How Can Outcomes be Shown, Promoted, and Best Practices Noted



# I. Explore Areas Measured for Outcomes

What measures are used by the agency to measure outcomes?

- CAIRS; CANS
- Number or Duration of hospitalizations
- Incidence of Crisis Services Provided Over Time
- Length of Stay in Program
- Reasons for Discharge
  - Completion of Goals
  - Hospitalization
  - RTFs, CRs, Other Residential Placements
  - Juvenile Justice Involvement





## II. Other Ways to Document Outcomes

- Other data measures not collected in CAIRS/CANS
- Additional satisfaction/feedback surveys
- Involvement in prosocial and/or extracurricular activities
- Promotion of personal abilities or opportunities for creative expressions



### III. Multi-Disciplinary Teams Working Together

- Are Waiver goals supporting clinical treatment goals?
- Does the CC work closely with treatment providers to identify improvements or declines?
- Do the program goals support and align with the IEP plan and/or ACCES-VR services?
- Are the team members aligning goals with common outcomes; working towards same ends?



## IV. Showing and Promoting Outcomes

- Can you speak to the benefits and outcomes of your HCBS Waiver program?
- How can you show and demonstrate your outcomes?
- What documentation can you provide to show your outcomes and the positive impact of your services?
- How would you be able to convince others that the services are effective and lead to improvements for children and families?



# Timeline and Next Steps

- Anticipate sharing draft/proposed fee schedule on December Waiver Webinar
- Continuing Discussions with CMS on transition of new rates and COI Compliance activities
- Taking into consideration new timeline for TCM conversion to Health Home (9.2016)
- Plan to continue ongoing communication via Webinars through 2016 – Dates to be available/ distributed soon





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**Questions?**

# Ongoing Questions

- For any questions you may have, please send them to the OMH HCBS Waiver Unit Email Inbox at:  
[DCFS@omh.ny.gov](mailto:DCFS@omh.ny.gov)
- For more immediate questions, you can contact the Division number at 518-474-8394 and Jane Manor will direct your call appropriately.

