

CFTS Services Jeopardy

Design	Service Settings	Services	Funding	Vocab
Clyde Comstock	Home	OLP	Medicaid	Referral
State Plan Services	School, Pre-K Afterschool	CPST	Global Cap	Recommend
HCBS	Courts, JJ Probation	PSR	Enhanced Rates	Notification
Care Mgt	CW, Preventive Services	CI	Base Rate	Authorize
MMC	Community	FPSS/YPSS	Revisit if Necessary	UM

Final Jeopardy

New Services; New Opportunities



NEW YORK STATE COALITION FOR
CHILDREN'S BEHAVIORAL HEALTH

The
Coalition
for Behavioral Health

How it all Began

- The Medicaid Redesign Team's Behavioral Health Committee recommended forming a Children's Subcommittee because:
- "The children's behavioral health system of care was under-resourced and had insufficient capacity"
- Unlike every other MRT Committee, expanding services was the goal

Kids Redesign Is Reform

- Intervene earlier with more children
- Address children's behavioral health chronic underfunding
- Base eligibility on a combination of clinical and functional status
- Reduce barriers to assessing/evaluating need and accessing services
- Align age eligibility across multiple child-serving systems to include birth-21
- Enhance the array of Medicaid services to improve child's functioning at home, in school and in the community

State Plan Services

- What are the key the difference between a service that is in the state Medicaid benefit plan and one that is provided under a Medicaid Waiver program?

MORE, MORE, MORE

- Almost of service delivery that touches kids' lives has called for access to more behavioral health services –
- Let's hear talk about the unmet needs in some specific settings
- From the family perspective? Pediatricians? Schools? Family Court? Preventive Services? Juvenile justice and probation? Foster care?

Taking the “Best of the Best”

- New York is home to 2 of the earliest 1915c Waiver programs in the country and has been a leader in this “best” practice of serving kids in the least restrictive environment
- What is one aspect of the new CFTS services that gets you really excited?

The Services

- Other Licensed Professional
- Community Psychiatric Supports and Treatment
- Psychosocial Rehabilitation
- Family Peer Support Services
- Youth Peer Support Services
- Crisis Intervention

The Providers

- Providers Designated to deliver mental health services to the general population have been loaded into an interactive tool developed by the Coalition
- The Coalition will complete loading the other categories of designated providers and post the interactive tool on our website shortly.

The Kids

- Provide children who are Medicaid eligible and who live at home or in a community setting and meet medical necessity criteria with flexible, family-driven services where they live, learn and play
- Support Children already receiving Medicaid services but who need additional support to prevent the need for higher levels of care

The Kids Already in Managed Care

Medicaid Children Plan Enrollment, as of Sep 2017	
Row Labels	Sum of Total Enrolled <21
AFFINITY HEALTH PLAN	100,194
AMIDA CARE	176
CDPHP	40,340
CRYSTAL RUN HEALTH PLAN, LLC	410
EXCELLUS BLUECROSS BLUESHIELD	82,762
FIDELIS CARE NEW YORK, INC.	543,740
HEALTHFIRST PHSP, INC.	428,474
HEALTHNOW NEW YORK INC.	12,585
HEALTHPLUS, AN AMERIGROUP COMPANY	167,575
HIP (EMBLEM HEALTH)	61,252
HUDSON HEALTH PLAN	49
INDEPENDENT HEALTH	28,723
METROPLUS HEALTH PLAN	194,333
MVP HEALTH CARE	84,101
MOLINA	16,141
UNITEDHEALTHCARE COMMUNITY PLAN	214,177
VNSNY CHOICE SELECT HEALTH	103
WELLCARE OF NEW YORK	36,671
YOURCARE OPTIONS PLUS	20,575
Grand Total	2,032,381

Case Study – Child Care (Process)

- A 4 year-old-child, family recently experienced homelessness, develops a fear of falling asleep, is not sleeping through the night, exhibits challenging behavior during transitions at his day care program, and is at risk of being “suspended”
- The Day Care teacher refers the child to an agency designated to provide OLP
- OLP who is scheduled to be on-site that week to perform evaluations (no prior auth necessary)
- The OLP completes a diagnostic evaluation of the child and recommends CPST, PSR, & FPSS.
- OLP develops an assessment based treatment plan, documenting medical necessity and notifies MCO prior to the 4th service being delivered

Case Study- Child Care (Services)

- CPST – psychosocial education with the family about the benefits of the child remaining in daycare;
- PSR – to restore the child’s appropriate functioning relating to relaxation, fatigue and sleep – this service will be provided at the day care center at nap time to support and develop coping during times of transition
- FPSS – will support the parents to prevent future homelessness and develop skills that support reducing child’s fears

Case Study – Community Residence

- A 16-year old girl is living in an OMH-licensed Community Residence with a severe anxiety diagnosis. She is refusing to eat prepared foods and will only eat food out of wrappers at both the CR and at home. She is insisting on walking to school, no matter what the weather, to avoid being around “germs” on the bus.
- The CR clinical director recommends a change to the child’s existing treatment plan to have an OLP assess the specific fear-based behaviors
- The OLP assessment recommends adding OLP (Psychotherapy) and PSR (daily living skills) to the treatment plan child is not enrolled in MC so notification is not necessary

Case Study – Community Residence (Services)

- OLP Psychotherapy – can be provided one-on-one with the young women at a location she prefers in the community or in the community residence's therapy room
- PSR- rebuilding daily living skills to restore the child's relationship with healthy eating habits can be provided in the CR kitchen including safe and sanitary food preparation; developing and practicing coping mechanisms related to using public transportation when necessary and appropriate (stormy or extremely hot or cold weather) can be done during the child's morning or afternoon commute to school.

Case Example – SU and Pediatric Integration

- A 12 year old boy is being routinely screened for risk behaviors by his pediatrician. The child reports experimenting with alcohol, leaving the house late at night and being late to school.
- The pediatrician recommends a diagnostic evaluation by an OLP who is being regularly embedded into her practice every Thursday of the month
- The OLP diagnostic evaluation identifies the boy's fear related experimentation to with alcohol binge drinking and that substance use in the home and unpredictable behaviors by the adults in his life as the reasons why he leaves the house at night and is late to school.
- The OLP develops a treatment plan and recommends CPST, PSR, & FPSS and notifies the MCO prior to the 4th service being delivered

SU and Pediatric Case (Services)

- CPST – psychosocial education in the home, and a youth group for resiliency and family interpersonal relationships to restore open communication
- PSR – to build the child’s personal competencies and social skills so she can identify activities other than alcohol-related.
- FPSS – will support the parents to learn avenues to increase communication with all their children, connect with other parents facing the same challenges

Any other Case Examples?

- Child Welfare
- Family Court
- Family Self-Referral
- Raise the Age
- Probation
- School
- Preventive Services

Service Rates

January start-up to access the full 12 months of enhanced rates

	Jan-Jun	July-Dec	Jan 2019 2020?
OLP Eval	\$230.86 upst \$258.91 dnst	\$205.01 upst \$229.91 dnst	\$184.69 upst \$207.13 dnst
CPST Professional	\$112.16 upst \$125.79 dnst	\$99.60 upst \$111.70 dnst	\$89.73 upst \$100.63 dnst
PSR	\$74.78 upst \$83.86 dnst	\$58.10 upst \$65.16 dnst	\$59.82 upst \$67.09 dnst
FPSS as of 7/1/19	\$65.43 upst \$73.38 dnst	\$58.10 upst \$65.16 dnst	\$52.34 upst \$58.70 dnst

To Do List: Oct- Jan 1

- Staffing Up!
- Workforce Shortage makes the struggle to provide the services real
- Can you share your initial thoughts on staffing and what options you may have considered before you settled on the model you plan to implement?

Provider Agency to Do List

- Develop policies and procedures (cross association effort underway on template)
- Finalize Authorization for Services Processes with Plans
- Develop billing processes and Claims test
- Finalize contracts with MCOs
- Estimate capacity and Prioritize Settings