Application
for

Section 1915(b) (4) Waiver
Fee-for-Service
Selective Contracting Program

July 12, 2017

v1.0

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Application for Section 1915(b) (4) Waiver
Fee-for-Service (FFS) Selective Contracting Program

Facesheet

The **State** of New York requests a waiver/amendment under the authority of section 1915(b) of the Act. The Medicaid agency will directly operate the waiver.

The **name of the waiver program** is OMH SED Waiver
(List each program name if the waiver authorizes more than one program.).

Type of request. This is:

X an initial request for new waiver. All sections are filled.

☐ a request to amend an existing waiver, which modifies

☐ Section/Part a renewal request

Section A is:

☐ replaced in full

☐ carried over with no changes

☐ changes noted in **BOLD**.

Section B is:

☐ replaced in full

☐ changes noted in **BOLD**.

Effective Dates: This waiver/renewal/amendment is requested for a period of 5 years beginning 9/1/2017 and ending 12/31/2021. Year 1 is for 4 months. Year 2-5 are for 12 months. This will conform to our dates in the 1915(c).

State Contact: The State contact person for this waiver is Priscilla Smith and can be reached by telephone at (518) 486-5890 or by fax at (518) 473-1764 , or e-mail at priscilla.smith@health.ny.gov.

Part I: Program Overview

Tribal Consultation:

Describe the efforts the State has made to ensure that Federally-recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal (if additional space is needed, please supplement your answer with a Word attachment).

A tribal notification letter was sent on July 10, 2015 informing them of the submission of a new application for 1915(b)(4) waiver to allow selective contracting for the Individualized Care Coordination service provided in the Home and Community Based Services Medicaid Waiver for Children and Adolescent operated by NYS Office of Mental Health. The letter advised them of the opportunity to comment within thirty days.

A comment was received via email on 7/28/15 from the business office manager of the St Regis Mohawk Tribe Health Center regarding clarity on the Individualized Care Coordination (ICC) service: "Was it a name change for a case manager? Is it a new provider type and how would they apply to become an ICC provider?"

A response was written back on 8/11/15 explaining that it was not a new provider type. Currently, there are a certain number of slots allocated to each county in New York State. Based on the number of allocated slots, an ICC Agency is identified to manage all the Waiver Services and that we are only able to accept applications for additional ICC Agencies when there is an increase in slots. The response also informed them that the ICC Agencies sub-contract out for the other waiver services: Family Support Services, Intensive In-Home, Crisis Response, Skill Building and Respite. If they were interested in learning more about this, they could contact their local county department of mental health or the OMH Regional Office.

DOH has since been in contact with the St. Regis Mohawk Tribe. At the request of the Tribe, a meeting was set for January of 2016 to address questions and concerns they have with managed care initiatives and how it will impact the health care delivery of their programs and the effects on the programs' participants. The meeting that took place included multiple State Agency representatives involved in the transition of fee-for-service to managed care, including various Divisions within the Department of Health (DOH). Many of the questions revolved around the plan for the transition and the maintenance of exempt populations and providers from being required to enroll in managed care. These questions were answered by appropriate personnel within DOH and/or there were plans made for follow up conversations between the Tribe and DOH regarding any outstanding issues that arose.

There have been several meetings with the St Regis Mohawk tribe to discuss their concerns. In the summer of 2016 a visit was made to the reservation with multiple state agencies and a meeting was held at the time. Representatives for these meetings included those from DOH, OMH, OPWDD, Managed Care and representatives from the Tribe and the Tribe Legal Counsel. Issues addressed were OPWDD services; conversation also included discussions around Conflict Free Case Management, Managed Care, Eligibility and Community First Choice Option. The last meeting with the tribe was on June 12, 2017. The state remains committed to reaching out to the tribe and working out any further issues as they arise.

Program Description:

Provide a brief description of the proposed selective contracting program or, if this is a request to amend an existing selective contracting waiver, the history of and changes requested to the existing program. Please include the estimated number of enrollees served throughout the waiver (if additional space is needed, please supplement your answer with a Word attachment).

The OMH SED Waiver has approximately 1880 children enrolled throughout the 56 counties and 5 New York City boroughs in New York State. As State funding allows, the HCBS Waiver program can be expanded and new slots are allocated to counties based on need. Slots are allocated in six slot increments, which reflect one full caseload and full-time care coordinator. Due to the size of the Waiver and the large geographic area that is covered statewide, many of our counties are allocated only six slots. In order for an agency to be able to manage the program requirements and to be fiscally viable the county assigns all six slots to one care coordination agency. This agency is referred to as the "Individualized Care Coordination "(ICC) Agency and performs the care coordination functions for the enrolled HCBS Waiver participants as well as oversees delivery of the remaining HCBS Waiver services.

Currently our 1915(c) payment structure is that of an Organized Health Care Delivery System (OHCDS) wherein all of the Medicaid billing is done through the ICC Agency. This includes both services provided by the ICC Agency and any service that may be provided by a Waiver Service Provider (WSP) subcontractor. As per the OHCDS regulations, we must offer WSP the option of whether to opt in or opt out of the OHCDS structure. Therefore, while there are no WSP that bill directly outside of the OHCDS structure, in the future providers will have the option of becoming a direct Medicaid biller for the services that they provide. In order to allow currently subcontracted providers to direct bill for payment, they must be surveyed for whether they will opt in or out of the Organized Health Care Delivery System (OHCDS). For those who respond they would like to opt out, they will need to become a contracted provider with OMH for whichever services they are approved to provide and required to enroll with DOH as a Medicaid Provider. Once enrolled, they can begin to direct bill. This process can begin upon CMS approval of our application.

Therefore, this application is to request approval to allow for selective contracting for our ICC Agencies, who conduct care coordination services for our HCBS enrolled youth, under the fee-for service part of our program when WSP agencies are able to opt out of the OHCDS and direct bill Medicaid. Currently, 11 of the 61 counties/boroughs have at least two ICC agencies and therefore can provide the families with a choice of a care coordination provider, while the others do not. Through this application, we are requesting approval to maintain our current slot allocation structure of having one ICC provider available within a county, for those counties that only have one ICC Agency.

The process to enable providers to direct bill fee-for-service Medicaid outside of the OHCDS will take approximately no less than 6 months. Please see steps and approximate timeline for when each may take to be completed below. *(**Please note**: at the same time, providers will also have the option to apply to be an HCBS provider under Medicaid managed care, which is scheduled to begin 1/1/2018 statewide. This will enable providers to be designated HCBS service providers in managed care. This is a separate and different process than the one required for our OMH 1915c HCBS Waiver)*

TASK	**TIMEFRAME**
Survey ICC agencies to identify which sub-contractors are active and gather contacts	Three weeks
OMH contacts active sub-contractors to give them the option to be a direct Medicaid biller. Answer any questions and provide TA on the process	One month

Work with agencies who choose to be a direct Medicaid biller, to discern and assist them in determining if they need to: (1) apply for an NPI, (2) enroll in the NYS Medicaid program and (3) pay the appropriate fee. Provide copy of the approval letter from OMH to accompany the Medicaid application.	4 to 6 weeks
DOH Provider Enrollment processes the Medicaid application if needed or adds the COS to their existing Medicaid number and notifies Providers.	4 weeks
DOH notifies OMH Waiver Unit electronically when above is completed	One week
OMH Community Budget send out a $0 T-contract to provider	4 to 6 weeks
Rates are submitted to DOH for uploading in eMedNY	Up to 6 weeks

Waiver Services:

Please list all existing State Plan services the State will provide through this selective contracting waiver (if additional space is needed, please supplement your answer with a Word attachment).

The HCBS Services are not within the State Plan. The Individualized Care Coordination service is an HCBS Service.

A. Statutory Authority

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):

_x__ 1915(b) (4) - FFS Selective Contracting program

2. **Sections Waived.** The State requests a waiver of these sections of 1902 of the Social Security Act:

a. _X_ Section 1902(a) (1) - Statewideness
b. ___ Section 1902(a) (10) (B) - Comparability of Services
c. _X_ **Section 1902(a) (23) - Freedom of Choice**
d. ___ Other Sections of 1902 – (please specify)

B. Delivery Systems

1. **Reimbursement.** Payment for the selective contracting program is:

X___ the same as stipulated in the State Plan
_____ **is different than stipulated in the State Plan (please describe)**

2. **Procedure**. The State will select the contractor in the following manner:

__ **Competitive** procurement
__X **Open cooperative procurement**
__ **Sole source** procurement
X__ **Other (please describe)**

OMH has a certain number of slots allocated for the HCBS Waiver statewide, based on funding available in the budget. When funding becomes available, most often through the closing of hospitals and/or children's inpatient beds, new Waiver slots are allocated to counties based on need. Need is determined through multiple sources of data such as county-based waitlists, rates of hospitalizations, and any recent reduction in available children's mental health services.

The county (Local Government Unit, LGU) makes a recommendation as to what agency should receive an increase in slots for allocations of under 12 slots based on being evaluated for the following criteria: the agency must demonstrate:

- previous record of administrative competence;
- history of good interagency relationships locally (with schools, DSS, DMH, Probation, Family Court, etc.);
- current Medicaid certification;
- an expressed willingness to be creative and flexible;
- an expressed willingness to establish "parent-professional" partnerships for a team approach;
- consumer participation in the HCBS Waiver program design and internal evaluation process; and
- experience delivering strength-based, community services to children and families, including positive feedback from participating youth and their families.

Existing ICC Agency providers must also:

- have a record of providing quality Waiver services;
- have a history of adhering to Waiver program requirements, evidenced by site reviews and family satisfaction;
- be in good financial standing as an ICC agency and in subcontracts with Waiver service providers; and
- have a history of providing choice of providers for families in all Waiver services when possible.

If a county is allocated twelve or more slots, the county must follow their procurement guidelines and issue a Request for Service (RFS). Once a new provider is chosen based on their proposal, the county who is receiving these slots will submit a written recommendation to the Office of Mental Heath's Division of Integrated Community Services for Children and Families. This recommendation outlines the procurement process, which provider was chosen, provides a description of how the provider meets the criteria indicated in the guidance, and includes a statement of endorsement by the county. OMH reviews the recommendation to make sure that the agency is administratively competent and has no outstanding financial issues which would impede their ability to perform these functions. A letter is then sent to the county Department of Mental Health stating OMH's approval or disapproval. If approved, the county notifies the provider. If disapproved, the county can make another recommendation and follow the same procedures.

When slots are awarded to a provider, they are specific to the county. Therefore, children may access Waiver slots based on their county of residence and counties only have as many slots as they are allocated. Many of these counties are only allocated 6 slots. If there were more than one provider in these counties they would put at risk fiscally, and impact their capacity to assure quality of care and access to/availability of services.

While new ICC Agencies are only expanded once additional slots become available, any willing and qualified agency can apply to become an HCBS Waiver Service Provider.

C. Restriction of Freedom of Choice

1. **Provider Limitations**.

__X Beneficiaries will be limited to a single provider in their service area.

X Beneficiaries will be given a choice of providers in their service area.

(NOTE: Please indicate the area(s) of the State where the waiver program will be implemented)

Waiver programs are currently operational in all counties throughout NYS except in Oneida County. Currently eleven counties throughout NYS have more than one ICC provider within their county. Any individuals and families within these counties have a choice from which ICC provider they want to receive services. In counties with one ICC Agency, individuals and families will be limited to one choice of care coordination provider. There would be no requirement than any HCBS Wavier enrollee change providers if they opt in or opt out of the OHCDS. The ability of providers to direct bill for payment is an administrative function and would not impact their capacity to continue providing services to the youth.

HCBS Waiver Providers by County

County Code	County	Provider
1	**Albany**	Parsons
2	**Allegany**	Cattaraugus Rehab Center
3	**Broome**	Catholic Charities
4	**Cattaraugus**	Cattaraugus Rehab Center
5	**Cayuga**	Hillside Children's Center Central Liberty Resources
6	**Chautauqua**	Cattaraugus Rehab Center
7	**Chemung**	Pathways
8	**Chenango**	MHA Ulster
9	**Clinton**	Behavioral Health Services North, Inc.
10	**Columbia**	Parsons
11	**Cortland**	Hillside Children's Center Central
12	**Delaware**	MHA Ulster
13	**Dutchess**	Astor Home for Children
14	**Erie**	Child &Family Services, Inc. Mid Erie Counseling
15	**Essex**	Families First
16	**Franklin**	Citizens Advocate (NSBHS)
17	**Fulton**	Parsons
18	**Genesee**	Hillside Children's Center NIGLOW
19	**Greene**	Parsons
20	**Hamilton**	Parsons
21	**Herkimer**	Parsons
22	**Jefferson**	North Country Transitional Living Services, Inc.
23	**Lewis**	North Country Transitional Living Services, Inc.
24	**Livingston**	Hillside Children's Center NIGLOW

25	**Madison**	Hillside Children's Center Central
26	**Monroe**	Hillside Children's Center Monroe St. Joseph's Villa
27	**Montgomery**	Parsons
28	**Nassau**	Family and Children's Association
29	**Niagara**	Hillside Children's Center NIGLOW
31	**Onondaga**	Hillside Children's Center Central Liberty Resources
32	**Ontario**	Pathways
33	**Orange**	Occupations, Inc. (ACCESS)
34	**Orleans**	Hillside Children's Center NIGLOW
35	**Oswego**	Hillside Children's Center Central
36	**Otsego**	MHA Ulster
37	**Putnam**	Green Chimneys
38	**Rensselaer**	Parsons
39	**Rockland**	St. Dominic's Families First
40	**St. Lawrence**	North Country Transitional Living Services, Inc.
41	**Saratoga**	Parsons
42	**Schenectady**	Parsons
43	**Schoharie**	Parsons
44	**Schuyler**	Pathways
45	**Seneca**	Pathways Hillside Children's Center Monroe
46	**Steuben**	Pathways
47	**Suffolk**	Pederson-Krag Family Service League SCO
48	**Sullivan**	MHA Ulster
49	**Tioga**	Pathways
50	**Tompkins**	Pathways
51	**Ulster**	MHA Ulster Parsons
52	**Warren**	Parsons
53	**Washington**	Parsons
54	**Wayne**	Hillside Children's Center Monroe Villa of Hope
55	**Westchester**	MHA Westchester Westchester Jewish Community Ser.

56	**Wyoming**	Hillside Children's Center NIGLOW
57	**Yates**	Pathways
58	**Bronx**	St. Dominic's Families First Jewish Child Care Association
59	**Kings (Brooklyn)**	St. Christopher-Ottilie (SCO) Jewish Child Care Association
60	**NY (Manhattan)**	St. Luke's Roosevelt Hospital
61	**Queens**	SCO Child Center of New York
62	**Richmond (SI)**	Jewish Board of Family & Children's

(Counties in red will have a choice of ICC providers to offer)

State Standards.

Detail any difference between the state standards that will be applied under this waiver and those detailed in the State Plan coverage or reimbursement documents (if additional space is needed, please supplement your answer with a Word attachment).

Currently, the ICC rates include a bundled payment for care coordination, intensive in-home services and crisis response services. As per CMS, OMH is unbundling the rates to require separate provision and billing for each of the three services. Currently all three of these services are provided by the individualized care coordinators (ICC). The unbundling of rates is included in the current 1915(c) application to CMS for the Waiver renewal. Once the rates are unbundled, the ICCs will no longer provide any HCBS services and only provide care coordination. In addition, when unbundled, each of the services will be paid fee-for service.

ICC Agencies will develop subcontracts for Intensive In-Home Services (IIHS) and Crisis Response (CR) (the two Waiver services previously in the bundled ICC Rate) wherever possible. Subcontractors will have the option to opt into or out of the OHCDS structure, being able to bill feefor-service directly if they so choose. In addition, wherever possible, the other HCBS services will be provided by agencies/subcontracted entities not providing the care coordination (ICC Agency). Wherever necessary, ICC Agencies will create firewalls and separate lines of supervision separating care coordination from any/all HCBS services. ICC Agencies will begin to work to expand their subcontracts to increase the array of available HCBS Waiver Service Providers, wherever there are willing and qualified providers, to provide family choice. The Care Coordination and service components will be done by different staff/providers so the proposed client to ICC ratio will be increased from 6:1 to 9:1. The unbundling of rates and services will not impact access to services for participants; however it may change who provides them. Participants will be notified of changes in the structure of the services and who is providing them by the ICC. They also will be offered a choice of provider (using established process and form) to identify who they would like to receive IIHS and CR services from.

The current qualifications for the ICC will also change from: a Master's degree in a recognized field, and two years' experience providing direct services for children with one or more of the following primary diagnoses: mental illness, mental retardation, alcoholism, chemical dependency or substance abuse or a Bachelor's degree in a recognized field and four years' experience providing direct services, or providing linkage to services, for children with one or more of the following primary diagnoses: mental illness, mental retardation, alcoholism, chemical dependency or substance abuse; to a Bachelor's degree with 2 years' experience or a Masters with one year experience to align with the qualifications of Health Home Care Coordinators.

The State established staff qualifications for the ICC service that providers are monitored through site visits and administrative reviews. In addition, each ICC is required to complete a standardized training curriculum, called 14 CARAT, upon employment to assure uniformity in knowledge and application of the service statewide.

Degrees in the fields shown will not be required. We have found these categories to be unnecessarily restrictive when staff also have extensive experience in working with children with SED, and in some cases, also with care management directly. We have also moved away from the required degrees in the fields listed to align ourselves with the Health Home qualifications, which is now the standard in NYS.

D. Populations Affected by Waiver

(May be modified as needed to fit the State's specific circumstances)

1. **Included Populations**. The following populations are included in the waiver:

Section 1931 Children and Related Populations

___X__ Section 1931 Adults and Related Populations

_____ Blind/Disabled Adults and Related

X _____ Populations Blind/Disabled Children and Related

___ Populations Aged and Related Populations

___ Foster Care Children

___ Title XXI CHIP Children

2. **Excluded Populations.** Indicate if any of the following populations are excluded from participating in the waiver:

_____ Dual Eligible

___ Poverty Level Pregnant Women

_____ Individuals with other insurance

___X Individuals residing in a nursing facility or ICF/MR

___ Individuals enrolled in a managed care program

___ Individuals participating in a HCBS Waiver program

___ American Indians/Alaskan Natives

___ Special Needs Children (State Defined). Please provide this definition.

__ Individuals receiving retroactive eligibility

___X **Other (Please define): Children in the DD Waiver**

Part II: Access, Provider Capacity and Utilization Standards

A. Timely Access Standards

Describe the standard that the State will adopt (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has adopted) defining timely Medicaid beneficiary access to the contracted services, *i.e.,* what constitutes timely access to the service?

1. **How does the State measure (or propose to measure) the timeliness of Medicaid beneficiary access to the services covered under the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment)?**

Since HCBS Waiver slots are allocated to counties; referrals for access to Waiver go through the county Single Point of Access (SPOA). The SPOA makes HCBS eligibility Level of Care (LOC) determinations and refers eligible youth to the ICC Agency for enrollment. If there is a slot available in the county, the youth gets immediate access to the HCBS Waiver program through the ICC Agency. If there is no slot available, the youth is placed on a waitlist and monitored by both the

SPOA and the ICC Agency. The counties work closely with ICC Agencies to ensure youth are accessing the Waiver in a timely manner and that children and families receive supports in the interim.

The Office of Mental Health Division of Integrated Children and Families requests point-in-time monthly reports from each county SPOA Coordinator regarding how many slots they are allocated, how many participants are currently enrolled in the waiver program and the number of individuals on their waitlist. Medicaid data is also run quarterly to review claims for all enrolled youth by county.

Waitlist are maintained at the County level are vary greatly statewide. The county monitors the waitlist and the children on it, assuring access to other supports and services until a Waiver slot is available. Priority is needs based and is reevaluated periodically as new children enter the queue or the mental health status of children on the list changes. Access from the list is continually managed based on the specific guidance on priority authorization issued by the State.

2. **Describe the remedies the State has or will put in place in the event that Medicaid beneficiaries are unable to access the contracted service in a timely fashion (if additional space is needed, please supplement your answer with a Word attachment).**

Currently, if there is no available slot and the individual is put on a waitlist for Waiver services, the individual will receive other services based on what is available in the county where they reside, such as Case Management (CM) services or Family Support Services. Individuals on the waitlist are monitored by the SPOA and ICC agency and prioritization is re-evaluated periodically as new children enter the queue or the mental health status of children on the list changes. In addition to meeting all Waiver criteria, the following is weighed in:

Priority 1:

- SPOA and RTF transition coordinator recommends that HCBS Waiver services are needed for a successful transition to a community setting;
- The child is without any services in the community and is in imminent risk of hospitalization if waiver services are not made available
- The child is currently in the hospital and wishes to be diverted to Waiver.

*Priority 2: (***Three** of the following must apply)

- A request from the family/caregiver and PAC Committee for alternative placement in the community rather than RTF or inpatient psychiatric hospital has been made;
- The child is on the RTF wait list;
- The child has utilized multiple intensive alternative community mental health services and requires Waiver services to remain in the community;
- The child requires non-voluntary home tutoring;
- The child is identified as highest need child based on an assessment instrument that identifies the level of need (e.g., Child and Adolescent Needs and Strengths (CANS),;
- Multiple hospitalizations or extended hospital stay has occurred within the past six months;
- Multiple emergency presentations with stabilization alternatives within the past six months has occurred.

Priority 3: (**Three** of the following must apply)

- The child is on the RTF wait list;
- The child has utilized multiple intensive alternative community mental health services and requires Waiver services to remain in the community;
- Multiple services from other system supports are needed (education, family court, juvenile justice, etc.)
- The child is identified as a high need child based on an assessment instrument that identifies the level of need (e.g., CANS)
- Multiple hospitalizations or extended hospital stay within the past year;
- Multiple emergency presentations with stabilization alternatives within the past year.

Priority 4:

- Priority 1,2, and 3 candidates are exhausted
  Counties, through the monitoring by the SPOA, work to ensure that youth are not on the waitlist long and that their needs are being met. If waitlists are an issue for a county, the local governmental unit (LGU) works with the Office of Mental Health to explore opportunities to expand available slots.

Counties are responsible for ensuring children and families receive needed interim services and support, such as TCM or clinic services while they wait for approval of Waiver enrollment.

The pathway to access the HCBS Waiver is through the local Department of Mental Health's CSPOA (Children's Single Point of Access). Through the CSPOA, a large breath of mental health services and supports can be accessed that are funded by a variety of means, such as State Aid or other block grant funds for example. In addition, CSPOAs conduct regular cross-system meetings with children and families in need of services, to work collaboratively with other child-serving systems to help access the services and supports at the time they are needed.

Oneida County has comparable resource through a licensed Children's Assertive Community Treatment program that has been long-standing. Therefore, children from this county have access to similar services as the HCBS Waiver.

Waitlist are maintained at the County level and vary greatly statewide. There are 62 counties in New York State, with 61 HCBS Wavier programs. Waitlists range from approximately 0-6 at any given time, which higher waitlists in more urban counties. The county monitors the waitlist and the children on it, assuring access to other supports and services until a Waiver slot is available

B. Provider Capacity Standards

Describe how the State will ensure (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has ensured) that its selective contracting program provides a sufficient supply of contracted providers to meet Medicaid beneficiaries' needs.

1. **Provide a detailed capacity analysis of the number of providers (e.g., by type, or number of beds for facility-based programs), or vehicles (by type, per contractor for non-emergency transportation programs), needed per location or region to assure sufficient capacity under the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).**

Following submission of the 1915(c) renewal application, and after extensive discussion with CMS and careful evaluation of alternatives, CMS recommended that New York apply for a 1915(b)(4) feefor-service selective contracting waiver as it would address compliance while preserving New York's established service delivery mechanisms. The establishment of the 1915(b)(4) waiver would not impact the manner in which the 1915(c) waiver has operated in the past. There is no change in access and eligibility as detailed in the 1915(c) renewal application or in timely access to needed services and qualified providers.

There is at least one ICC Agency available in each county in New York State, to serve the children and families residing in the county. Each county is allocated a certain number of slots based on need, which is determined based on the review of: population data, historical waitlists, and inpatient hospitalization rates for children and youth. Some counties have only one ICC agency as a result of there being a small number of slots or there being no other available qualified provider. This requires a need for approval of selective contracting in those areas that have one ICC agency and are working under a fee-for-service payment structure. Each of the ICC Agencies, coordinate the many HCBS services provided to their Waiver participants which may be provided by other subcontracted HCBS Wavier provider entities or agencies.

To assure adequate access to all needed services, OMH will work with local government units to determine which areas do not have sufficient supply of providers to meet the needs of the Waiver participants. New service providers will be enrolled in areas throughout NYS where needed, to increase the array of available HCBS Waiver Service Providers, wherever there are willing and qualified providers, to provide family choice. A detailed list of allocated slots per county can be found on the following URL:
http://www.omh.ny.gov/omhweb/guidance/hcbs/pdf/kids-waiver-slots-map-for-2014.pdf

2. **Describe how the State will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting program so that Medicaid beneficiaries have sufficient and timely access throughout the regions affected by the program (if additional space is needed, please supplement your answer with a Word attachment).**

If deficiencies are identified during the site reviews, a Performance Improvement Plan (PIP) must be submitted to the Field Office Coordinator within one month after receiving the written summary of the site visit. Using an OMH approved form; a copy of the agency's plan is forwarded by the Field Coordinator to OMH HCBS Waiver Program with a copy of the Field Coordinator's letter of approval of the plan. The Field Coordinator monitors implementation of the plan and provides technical assistance as needed. OMH assesses the status of these plans and provides technical assistance as necessary. Remedial site visits, in addition to the annual site visits, are conducted as needed.

C. Utilization Standards

Describe the State's utilization standards specific to the selective contracting program.

1. **How will the State (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State) regularly monitor(s) the selective contracting program to determine appropriate Medicaid beneficiary utilization, as defined by the utilization standard described above (if additional space is needed, please supplement your answer with a Word attachment)?**

DOH Waiver Management Unit (WMU) oversight of OMH SED Waiver Service Plan Review:

- DOH selects the statistically valid representative sample annually and provides the sample to OMH Waiver Program Team every January. OMH then completes the ISP review, using the established review tool and timeline agreed upon by both agencies. DOH performs oversight of a review of a statistically valid sample of ISPs completed annually by OMH to ensure the following: OMH uses the agreed upon review tool and the defined performance measures; OMH ISP reviews are accurate, complete, and performed per the agreed upon process; DOH monitors OMH to assure that all individual deficiencies identified by OMH in the ISP review are remediated. DOH and OMH work together to monitor that required systemic remediation activities related to these deficiencies are implemented. Semi-annually, OMH provides a report for DOH that summarizes the ISP Review results and identifies trends observed by each assurance category. This report includes OMH performance measure data as it relates to the ISP review. Findings will be reported in the annual CMS 372 Report.
- Annual DOH service plan ISP Medicaid Claims review (Fiscal review): Annually, DOH will perform the Medicaid billing validation review for a statistically valid sample derived from the larger DOH statistically valid sample of ISPs that DOH provides annually to OMH for review. DOH conducts this review by comparing the Data Mart Claims Detail Report (CDR) billing to ISP documentation for the specified waiver year. DOH tracks and trends identified deficiencies and monitors to assure that appropriate remediation is completed by OMH and reported to DOH (in the agreed upon timeframe) by the end of the following waiver year.
- Annual DOH ISP Inter Rater Reliability (IRR) review: DOH will annually select a percentage of ISPs from the larger DOH statistically valid sample to conduct the IRR reviews. ISPs in the IRR will be reviewed independently by both DOH and OMH. DOH will use the applicable portions of

the OMH review Tool used so that the results can be compared and validated. In addition, deficiencies identified by OMH and/or DOH will be monitored to assure that appropriate remediation is completed.

Another aspect of the site review is to ascertain consumer and family satisfaction with services. As part of the site visit, OMH parent advisors evaluate parent and youth satisfaction through interviews with enrolled participants and family members/caregivers.

2. **Describe the remedies the State has or will put in place in the event that Medicaid beneficiary utilization falls below the utilization standards described above (if additional space is needed, please supplement your answer with a Word attachment).**

After a site visit is conducted, written summaries of the site visits, including citations and recommendations, are provided to each agency with the expectation that for any citations, the respective ICC agencies must develop and submit to OMH a Performance Improvement Plans (PIP) within one month of the site visit. Using an OMH approved form; a copy of the agency's plan is forwarded by the Field Coordinator to OMH HCBS Waiver Program Unit with a copy of the Field Coordinator's letter of approval of the plan. The Field Coordinator monitors implementation of the plan and provides technical assistance as needed. OMH assesses the status of these plans and provides technical assistance as necessary. Remedial site visits, in addition to the annual site visits, are conducted as needed.

A Performance Improvement Plan (PIP) will be required for any item on the site visit tool that has been noted as a programmatic trend and/or areas from past reviews that continue to lack any significant improvement. In addition, areas in which additional staff training is needed may be identified. Remediation will be required for all identified deficiencies during the annual site visit review process and administrative review.

All monitoring of the case record reviews are done through the ICC Agency, which maintains the case record. If there is an indication of non-compliance or deficiency identified for a fee-for-service provider, additional information will be requested and reviewed. The same procedures are followed for citations, requirements for a PIP and remedial visits will apply to fee-for-service providers as it does for OHCDS providers.

Part III: Quality

A. Quality Standards and Contract Monitoring

1. Describe the State's quality measurement standards specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

   a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

      i. Regularly monitor(s) the contracted providers to determine compliance with the State's quality standards for the selective contracting program.

Since this 1915(b)(4) waiver will operate concurrently with the 1915(c), evidence of monitoring is submitted as part of the annual CMS 372 Report; specifically as documentation of the CMS-approved performance measures.

      ii. Take(s) corrective action if there is a failure to comply.

The process for monitoring, including corrective action, is described in #2 below.

2. Describe the State's contract monitoring process specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

   a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

      i. Regularly monitor(s) the contracted providers to determine compliance with the contractual requirements of the selective contracting program.

The NYS Office of Mental Health's process for monitoring the safeguards and standards under the HCBS Waiver is on-going and comprehensive. Monitoring methods include routine data collection and aggregate reports, annual and remedial site visits, corrective action plans, satisfaction surveys, and meetings with providers and regional OMH staff. In response to concerns that are identified by DOH or by OMH field staff, OMH issues policy directives and modifies its on-line guidance document utilized by all providers. The provision of regular technical assistance and training provides additional opportunities for evaluating competency and compliance.

Site visits are conducted annually at each of the 29 ICC agencies by OMH Field Office Coordinators, Parent Advisors, and in some instances, Local Governmental Units (LGU's), and OMH Central Office Waiver staff using a standardized site visit review tool to evaluate a statistically valid sample of case records. The annual site visit review is based on policies and procedures found in the Guidance document and consists of items such as reviewing detailed examination of active and discharged case records, incident reports, family complaints/grievances, family satisfaction, staff qualifications, screening and training, network provider contracts (subcontractors), provision of Waiver services and the provider's Waiver related policies.

DOH Waiver Management Unit (WMU) oversight of OMH SED Waiver Service Plan Review:

- DOH selects the statistically valid representative sample annually and provides the sample to OMH Waiver Program Team every January. OMH then completes the ISP review, using the established review tool and timeline agreed upon by both agencies. DOH performs oversight of a review of a statistically valid sample of ISPs completed annually by OMH to ensure the following: OMH uses the agreed upon review tool and the defined performance measures; OMH ISP reviews are accurate, complete, and performed per the agreed upon process; DOH monitors OMH to assure that all individual deficiencies identified by OMH in the ISP review are remediated. DOH and OMH work together to monitor that required systemic remediation activities related to these deficiencies is implemented. Semi-annually, OMH provides a report for DOH that summarizes the ISP Review results and identifies trends observed by each assurance category. This report includes OMH performance measure data as it relates to the ISP review. Findings will be reported in the annual CMS 372 Report.
- Annual DOH service plan ISP Medicaid Claims review (Fiscal review): Annually, DOH will perform the Medicaid billing validation review for a statistically valid sample derived from the larger DOH statistically valid sample of ISPs that DOH provides annually to OMH for review. DOH conducts this review by comparing the Data Mart Claims Detail Report (CDR) billing to ISP documentation for the specified waiver year. DOH tracks and trends identified deficiencies and monitors to assure that appropriate remediation is completed by OMH and reported to DOH (in the agreed upon timeframe) by the end of the following waiver year.
- Annual DOH ISP Inter Rater Reliability (IRR) review: DOH will annually select a percentage of ISPs from the larger DOH statistically valid sample to conduct the IRR reviews. ISPs in the IRR will be reviewed independently by both DOH and OMH. DOH will use the applicable portions of the OMH review Tool used so that the results can be compared and validated. In addition, deficiencies identified by OMH and/or DOH will be monitored to assure that appropriate remediation is completed.

Another aspect of the site review is to ascertain consumer and family satisfaction with services. As part of the site visit, OMH parent advisors evaluate parent and youth satisfaction through interviews with enrolled participants and family members/caregivers.

Whenever a child is accepted, denied or terminated from the HCBS Waiver program, written notification of the decision is sent to the child and the child's parents/guardians. If the family feels that the decision made is wrong, e.g., they believe that the child has been wrongfully denied admission into the HCBS Waiver or has been dis-enrolled without just cause, they have the right to appeal that decision.

There are two (2) ways to appeal the decision. A family can utilize one or both of these methods:

- Local Conference, i.e., informal meeting with OMH staff; or
- State Fair Hearing before an Administrative Law Judge.

The ***Local Conference*** is a less formal proceeding that provides the opportunity for all parties to discuss the basis for the decision and clear up any misunderstandings and/or misinformation. Sometimes a local conference will produce information that will result in a change in the agency's decision or the parent/guardian's decision to contest a decision. It is hoped that most HCBS Waiver disputes can be resolved through local conferences with the ICC, LGU or other OMH staff. However, in the event that the dispute cannot be resolved in this forum, the family is entitled to ask for a *Fair Hearing*. Requests for a local conference are made through the OMH Operations Support Unit (OSU). Contact information is found on the back of the Notice of Decision.

A ***Fair Hearing*** is presided over and decided by an Administrative Law Judge from the NYS Office of Temporary and Disability Assistance (OTDA). Both sides are entitled to bring representatives (including a lawyer) and/or witnesses who can help explain their position. The claimant (i.e., family) can obtain information from their HCBS Waiver file if needed to prepare/present their position.

The family has sixty (60) days from the notice date on the Notice of Decision to request a Fair Hearing. They can do this by telephone or in writing. The necessary phone numbers and addresses for Fair Hearings offices are listed on the back of the Notice of Decision.

ii. Take(s) corrective action if there is a failure to comply.

Written summaries of the site visits, including citations and recommendations, are provided to each agency with the expectation that for any citations, the respective ICC agencies would develop and submit to OMH Performance Improvement Plans (PIP) within one month of the site visit. All agencies found to have deficiencies are required to submit Performance Improvement Plans (PIP) for approval by their respective OMH Field Office and for review by OMH Central Office Waiver staff. Areas found deficient become a particular focus of future site reviews to ensure PIP's continue to be fully implemented. OMH assesses the status of these plans and provides technical assistance as necessary. Remedial site visits, in addition to the annual site visits, are conducted as needed. No worker can begin delivering HCBS Waiver services without verification that the individual meets all required qualifications for the respective service. During the annual site visits, OMH Field Coordinators also verify that all providers of waiver services meet the required qualifications which include the qualifying education, experience and training requirements. The ICC agencies are responsible for obtaining clearance through State Central Registry, the fingerprinting clearance and maintaining the documentation. This is documented on the site visit tool.

B. Coordination and Continuity of Care Standards

Describe how the State assures that coordination and continuity of care is not negatively impacted by the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

The ICC Agency is the entity that provides care coordination. Therefore, all quality measurement standards outlined above apply to the agencies providing care coordination and assuring continuity of care. The 1915(c) Waiver allows for the application of slot limitations by states. New York State allocates slots based on available State Medicaid funding.

The Local Government Unit (LGU) plays a large role in ensuring access to the HCBS Waiver. They determine HCBS eligibility and work closely with ICC agencies to ensure children and their families receive care coordination and continuity of care is upheld. The selective contracting to ICC Agencies does not impact access and continuity of care.

Part IV: Program Operations

A. Beneficiary Information

Describe how beneficiaries will get information about the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

Information about the selected contracting program for Individualized Care Coordination (ICC) under the OMH HCBS Waiver is available on the OMH website: http://www.omh.ny.gov/omhweb/guidance/hcbs/ . In addition, upon referral to Wavier, the county SPOA shares information regarding the HCBS Wavier program with children and families prior to enrollment. If more than one ICC agency is available in a county, the SPOA offers families a choice of provider. If there is only one ICC agency available in the county, the SPOA informs the family of the option through our "freedom of choice" form, before they choose to participate in the program. Finally, upon enrollment, ICC Agencies orient families to the Waiver and the availability of choice of providers for all HCBS services.

B. Individuals with Special Needs.

___X The State has special processes in place for persons with special needs

(Please provide detail).

Waiver providers (ICCs) must make arrangements to provide interpretation, translation or any other service that a waiver participant may require due to special needs. This may be accomplished through a variety of means, including: employing culturally competent bi-lingual staff, resources from the community (e.g. local colleges), and contracted interpreters. Non-English speaking waiver participants may bring a translator of their choice with them to meetings with waiver providers. However, waiver applicants or participants are not required to bring their own translator, and waiver applicants or participants cannot be denied access to waiver services on the basis of provider's difficulty in obtaining qualified translators.

OMH Bureau of Cultural Competence is responsible for promoting effective changes in policy, procedure, and practices designed to ensure that diverse cultures are considered in all aspects of service delivery within the behavioral health system for New York State. Our objective is to provide guidance and technical assistance to help facilitate compliance with applicable federal and State laws, regulations, standards, and policies. These regulations can be found on the NYS OMH website.

OMH Bureau of Cultural Competence provides a resource list of Interpreter and/or Translator

services for providers and agencies to assist them in acquiring Language Access services that meets the consumer and family needs. This resource list can be found on the NYS OMH website.

Section B – Waiver Cost-Effectiveness & Efficiency

Efficient and economic provision of covered care and services:

1. Provide a description of the State's efficient and economic provision of covered care and services (if additional space is needed, please supplement your answer with a Word attachment).

There are currently no service providers billing Medicaid directly. The projected waiver expenditures listed below are for all services within the OHCDS system. Program codes have been established for service providers to utilize for cost reporting once they decide if they wish to be a direct Medicaid biller.

The Individualized Care Coordination service has been, in the past, reimbursed as part of a Monthly bundled rate. The current 1915 (c) waiver under renewal includes the unbundling of these services therefore there is no way to supply data comparing prior to the introduction of the selective contracting waiver.

In the 1915 (b) (4) waiver request, New York's actual expenditures for the prospective years will not exceed projected expenditures for the prospective years; and actual expenditures for the prospective years for the concurrent 1915 (c) waiver will continue to meet "cost-neutrality" requirements.

2. Project the waiver expenditures for the upcoming waiver period.

Year 1 from: 09 / 01 /2017 to 12 / 31 / 2017

Trend rate from current expenditures (or historical figures): 1.10 %

Projected pre-waiver cost $55,245,733

Projected Waiver cost $30,016,978

Difference: $25,228,755

Year 2 from: 01/01/2018 to 12/31/2018

Trend rate from current expenditures (or historical figures): 1.15 %
(*For renewals, use trend rate from previous year and claims data from the CMS-64*)

Projected pre-waiver cost $172,433,097

Projected Waiver cost $91,839,792

Difference: $80,539,305

1.20 %

Year 3 from: 01/01/2019 to 12/31/2019

Trend rate from current expenditures (or historical figures):

(*For renewals, use trend rate from previous year and claims data from the CMS-64*)

Projected pre-waiver cost	$175,881,776
Projected Waiver cost	$96,721,300
Difference:	$79,160,476

Year 4 from: 01/01/2020 to 12/31/2020 1.25%

Trend rate from current expenditures (or historical figures):

(*For renewals, use trend rate from previous year and claims data from the CM**5** S-64*)

Projected pre-waiver cost	$179,399,548
Projected Waiver cost	$101,631,168
Difference:	$77,768,380

Year 5 from: 01/01/2021 to 12/31/2021

1.25%

(*For renewals, use trend rate from previous year and claims data from the CMS-64*)

Projected pre-waiver cost	$182,987,266
Projected Waiver cost	$102,531,522
Difference:	$ 80,455,744