



Department
of Health

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office of Children
and Family Services

Office for People With
Developmental Disabilities

Children's MRT Subcommittee Quarterly Meeting

June 25, 2018

Today's Agenda

- Updates from CMS
- Status of Readiness Funding
- Updates, Rates and Rebranding of “SPA services” – Children and Family Treatment and Support Services
- Billing Manuals
- Updates Transition of VFCA Population to Managed Care
- Managed Care Plan Readiness Update
- Provider Designation Updates – HCBS and SPA services
- Updates on Scheduling and Planning Trainings
- Background checks, Statewide central register checks, and mandated reporter requirements



Direction from Centers of Medicare and Medicaid (CMS)

- On Thursday, June 21, CMS Leadership conveyed to the State it will be required to take a different approach to obtain CMS approval of the waiver authorities required to implement, as proposed, New York's Children's Medicaid Redesign
- The State is working as quickly as possible with CMS to determine a path to proceed, however, the State will be moving forward as scheduled with implementing the new State Plan services, and the provider readiness funds included in the SFY 18-19 Budget

Implementation of Six New SPA Services

January 1, 2019

- ✓ Other Licensed Practitioner,
- ✓ Psychosocial Rehabilitation,
- ✓ Community Psychiatric Treatment and Supports

July 1, 2019

- ✓ Family Peer Support

January 1, 2020

- ✓ Youth Peer Support and Training
- ✓ Crisis Intervention State Plan



Direction from Centers of Medicare and Medicaid (CMS)

- CMS indicated the current administration's position is that the 1115 Waiver Authority should only be used when an alternative 1915 waiver authority is not available (i.e., the current approach now before CMS which moves six 1915(c) children's waiver authorities to the 1115 waiver is not acceptable)
- CMS said it supports the transition to Managed Care, and is committed to working with the State to identify a waiver authority path to implement the proposed Children's Design, and work to expedite documents and submissions
- Based upon the State's *preliminary* analysis, *which will require CMS conceptual approval*, an acceptable approach could be for the State to seek concurrent 1915(c) Waiver and 1115 Waiver authorities
 - Single consolidated children's 1915(c) waiver authority for aligned HCBS, Health Home care management
 - 1115 waiver authority for moving benefits, including 1915(c) HCBS to managed care, at risk HCBS Level of Need (LON) population and foster care population to managed care, removing the exemption and exclusion for HCBS children from managed care



Preliminary Analysis of Timelines

- The State will need to complete a revised fiscal analysis of 1915(c) and 1115 Waiver concurrent approach – it continues to be the State’s priority to identify resources in excess of \$30 million included in Budget’s Global Cap Spending cap
- Based on its preliminary analysis the State believes the work required to proceed with the 1915(c) and 1115 concurrent waiver approach (*subject to CMS conceptual agreement*) will shift some implementation dates by about three months
 - Work required includes: drafting and submitting a 1915(c) consolidated children’s waiver, revising 1115 waiver/standards terms and conditions, completing cost effectiveness and budget neutrality, and CMS review and approvals



Timeline: Preliminary, Draft, Subject to Change and CMS Conceptual Agreement and Approvals

Draft, Preliminary Timeline*	Current Date	Revised Date
Implement three of Six New State Plan Services (Other Licensed Practitioner, Psychosocial Rehabilitation, Community Psychiatric Treatment and Supports)	January 1, 2019	Unchanged
Transition to Health Home Begins	October 1, 2018	January 1, 2019
1915(c) Children's Consolidated Waiver*, new array of HCBS in Managed Care, remove exemption and exclusion for 1915(c) Consolidated Waiver children from Managed Care	January 1, 2019 (achieved w/1915 to 1115)	April 1, 2019
Implement Family Peer Supports State Plan Service	July 1, 2019	Unchanged
Three year phase in of Level of Care (LOC)	July 1, 2019	Unchanged
Behavioral Health Benefits to Managed Care	July 1, 2019	Unchanged
Foster Care Population to Managed Care	July 1, 2019	Unchanged
Implement Remaining New State Plan Services - Youth Peer Support and Training and Crisis Intervention	January 1, 2020	Unchanged

*Subject to availability of Global Cap Resources and timely CMS and other State Approvals
All Foster Care Children will move to Managed Care in July

Managed Care Plan Readiness Timelines

- Based on preliminary analysis of timeline, we anticipate limited impact on plan readiness schedule; may allow more time for establishing networks and claims testing
- With CMS conceptual approval, will update Plan Qualification and Standards and implementation target dates.
- Plans should continue with readiness activities for staff, policies and systems changes necessary for to implement the Children's transition



Next Steps

- Meet with CMS to receive conceptual approval on the concurrent 1915(c) and 1115 Waiver approach to implement the Children's Design
 - State has requested a meeting for tomorrow
- Proceed with implementation activities and trainings, amend timeframes as required
- Upon conceptual CMS approval:
 - Submit updated documents to reflect new, acceptable approach (State submitted updated documents in April 2018 to reflect enacted budget timelines)
 - Amend timelines and transition plan where required – shift of consolidated waiver to managed care and Health Homes on April 1, 2019
 - Obtain formal CMS approvals of required waiver documents, State transition plan, and State plan amendments



Status of Readiness Funding and Federal Match

- State is pursuing a federally matched rate adjustment for Health Homes Primarily Serving Children Only – requires State Plan Amendment
 - State submitted Public Notice which was published in the State Register on May 23, 2018 State Plan will be submitted to CMS this quarter
- Medically Fragile Children resources will be used to address access to private duty nursing

SFY 18-19			
2018-19 Enacted Budget	State Share Resources	Potential Federal Share	Total Potential Resources
OMH/OASAS/Foster Care Providers	\$3.5	\$3.5	\$7.0
Medically Fragile Children (Private Duty Nursing)	\$1.0	\$1.0	\$2.0
Health Homes Primarily Serving Children Only	\$2.0	\$2.0	\$4.0
Total Potential Resources	\$6.5	\$6.5	\$13.0

- OMH, OASAS, and OCFS will allocate start-up funds and strategic planners for existing deep-end providers of children's services to assist in preparing and managing key system changes required for the transition. In addition, the State will allocate resources to support the development of family support and peer support capacity.



Rebranding Children's "SPA Services"

- The State has re-branded the 6 new State Plan services based on feedback received from stakeholders.
- The purpose of re-branding was to create a name that can be better understood and more easily identified, rather than to use the technical terminology "SPA" or "State Plan" that has little meaning to children and families.
- The services are now being called:

Children and Family Treatment and Support Services



CMS Approvals and Rates for Children and Family Treatment and Support Services

- State will be working with CMS to amend State Plan to reflect new dates for implementation of six new services (OLP, CPST, and PSR – January 1, 2019, Family Peer July 1, 2019, and Youth Peer Support and Training and Crisis Intervention January 2020)
- State is working to develop approach that ensures State plan services that are now HCBS are available to children eligible for HCBS prior to the services transition to State Plan Service
- State has had discussions and has received input from Children's Coalition on revised State Plan rates
- State met with the Children's Coalition regarding the consideration of revisions to specific service rates
- Feedback from the Coalition was submitted and the State is currently in the process of reviewing and determining next steps



Children and Family Treatment and Support Services Manual and Standards of Care

- Children and Family Treatment and Support Services Manual has been revised and final version is available at https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf.
- The Manual includes:
 - ✓ Description of the six new Children and Family Treatment and Support Services
 - ✓ Medical Necessity Criteria for all six services
 - ✓ Utilization Management Guidelines for Children's State Plan and Demonstration Services for Medicaid Managed Care Plans
 - ✓ The Standards of Care for Children and Family Treatment and Support Services— this is a new section that has been added to the manual - the State is seeking stakeholder and feedback
- The Standards of Care represent a core set of clinical and quality standards that should be incorporated by all SPA provider agencies serving children, and adolescents and their families as the basic operating framework within which care is provided
- Stakeholder feedback on the Standards of Care should be sent to OMH-Childrens-Designation@omh.ny.gov by July 13.



New Children and Family Treatment and Support Service Trainings

- All Day In Person Trainings Completed:
 - ✓ Rochester – May 30, 2018
 - ✓ Binghamton – May 31, 2018
 - ✓ Westchester/Tarrytown – June 1, 2018
 - ✓ NYC - June 5, 2018
 - ✓ Albany – June 8, 2018



HCBS Workflow for Stakeholder Comment

- The State held a webinar on Wednesday May 23, 2018 to review draft of HCBS Workflow for stakeholder feedback.
 - Slides can be found at:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2018-05-23_draft_workflow.pdf
 - Stakeholder feedback was due May 30, 2018
- The HCBS Workflow outlines the following:
 - Review of HCBS eligibility process and workflow
 - Timeframes from HCBS eligibility assessment to service provision
 - Roles of the HH, MMCP, and HCBS providers



Home and Community Based Services (HCBS) Trainings

- Part 1 of In-Person Trainings almost complete:
 - ✓ Albany: 6/13
 - ✓ Rochester: 6/19
 - ✓ Binghamton: 6/21
 - ✓ NYC: 6/25
- Register at the following link: registration.nytac.org



Billing Manuals for Children's Services

- State working to release billing manuals ASAP
- The New York State Children's Health and Behavioral Health (BH) Services – Children's Medicaid System Transformation Billing and Coding Manual includes billing and claiming information for new Children and Family Treatment and Support Services and aligned HCBS
- The State has also prepared and will release a transitional billing guidance document to outline billing and claiming information specific to the transition period for implementing all Children and Family Treatment and Support Services and the transition to Health Home
- Dates in both manuals subject to:
 - CMS Approvals (and timing of such approvals)
 - There will be a few TBDs in the manual, changes to the manuals will be additive only



Facilitating Transition to Managed Care for VFCA Providers and Children in Foster Care

- On July 1, 2019, Children in Foster Care, including those in B2H and in Foster Care, will Transition to Managed Care
- To address “Corporate Practice of Medicine” (i.e., plans must contract with licensed providers for the provision of health care services) legislation was enacted in 2017, under Article 29-I of the Public Health Law, to authorize and create a Department of Health (in collaboration with OCFS) license for VFCAs
- License will allow VFCAs to contract with, and bill the Plans for services, including contracting and billing for limited Core Health-Related Services that will be paid for by the “Residual Per Diem” and that will be paid by the Plans to the VFCAs
- The Residual Per Diem will cover Medicaid costs for the Core Limited Health Services now included in the VFCA per diem paid today and that are not otherwise transferrable to the Plan capitated rates, i.e., are not outlined in the MCO contract



Article 29-I Authorizes VFCA to Perform Core Health-Related Services

- Core Health-Related Services, paid for by the Residual Per Diem include:
 - ✓ Skill Building activities
 - ✓ Nursing Supports and Medication Management
 - ✓ Medicaid Treatment Planning and Discharge Planning, including Medical Escorts
 - ✓ Clinical Consultation and Supervision
 - ✓ Managed Care Liaison/Administration
 - ✓ Managed Care Liaisons must maintain a residents' eligibility of public or private health insurance, enrollment in an appropriate health plan and appropriate utilization of available health plan benefits.



Article 29-I Authorizes VFCA to Perform Other Limited Health-Related Services

- VFCAs *may* also provide Other Limited Health Related Services that are consistent with treatment plan and include screening, diagnosis and treatment related to physical health and behavioral health.
- To provide other limited health related services VFCAs must possess all required NYS certifications, designations or licenses
- *These are services the VFCA can contract separately with the Plan (i.e., services outside of the Residual per diem limited core services)*

Other Limited Health Related Services Include:

- ✓ On-going treatment of chronic conditions as specified in treatment plans
- ✓ Diagnosis and treatment related to episodic care for minor ailments, illness or injuries, including sick visits
- ✓ 6 new Children's SPA Services
- ✓ Psychiatric consultation, assessment and treatment
- ✓ Psychotropic medication treatment
- ✓ Developmental screening, testing and treatment
- ✓ Psychological screening, testing and treatment
- ✓ Smoking cessation treatment
- ✓ Alcohol and/or drug screening and intervention



Article 29-I Authorizes VFCA to Perform Other Limited Health-Related Services

- The State will submit a State Plan Amendment to authorize and implement the Residual Per Diem – to manage work load of NY SPA requests, CMS requested we hold submission until after the first quarter
- Draft Residual Per Diem Rates were shared with VFCAs and COFCCA in May
- There will be a four year transition period from current rates to Residual Per Diem Rates
 - State is working to share draft transitional rates with VFCAs – targeting this week
- State is working on developing rate codes for transitional rates and per diem rates



Facilitating Transition to Managed Care for VFCA Providers and Children in Foster Care

- Under authority of Article 29-I DOH and OCFS have:
 - Prepared Regulations for the implementation of Article 29-I VFCA License
 - State is targeting publication in State Register in July and adoption in November
 - Prepared Guidelines implementing the regulation and licensure process
 - Drafts of the guidelines and the regulations were released for VFCA/stakeholder input and comment in December 2017, comments reflected, webinar held on December 14, 2017
 - Developed Application Process
- OCFS and DOH conducted in-person, regional trainings around the License and Application process
- Application will be released on July 1 and applications will be due July 31, 2018



Key Dates for Article 29-I Licensure Regulations, Guidelines and Application Process

Final Licensure Guidelines Released	May 2018
VFCA Provider Education and Training on Licensure Application Process	May 1, 2018 to June 30, 2018
Application Released (Electronic Submission)	July 1, 2018
Applications Due	July 31, 2018
Licensure of all VFCAs	November 15, 2018 to December 31, 2018
VFCA contract and claims test with Managed Care Plans	January 1, 2019 to June 30, 2019



Provider Training on Licensure Application Process – Now Complete

May 7	Albany
May 8	Lower Hudson
May 9	Lower Hudson
May 10	NYC
May 11	NYC
May 14	Syracuse Region
May 15	Rochester Region
May 16	Buffalo Region



Managed Care Plan Readiness

- Webinar held with the Plans on May 3, 2018 ensure Plans have the information they need to move forward with the readiness review process and implementation
- On May 15, 2018, the State provided the following to the Plans:
 - Amendments to the Children's Standards document indicating changes to the Plan Qualification Standards
(https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2018-5-15_amendment_mmco_childrens_system_transformation_standards.pdf)
 - Attestation that MMCPs must submit stating that approved Policies and Procedures (P&Ps) from their original submission have not changed (Any changes to previously approved P&Ps must be resubmitted identifying what has been added, changed, or modified related to the corresponding Standard).
- The first round of resubmissions from MMCPs will be due June 15, 2018.



Monthly Children's Services Carve-in Update for MMCPs

- To help ensure smooth transition and provide forum to directly communicate with the Plans on the Children's Transition, the State has scheduled monthly meetings with MMCPs and Plan Associations to discuss topics related to the Children's Implementation
 - First meeting was held May 24, 2018
 - Next meeting is scheduled for June 28, 2018



MMCP Readiness Milestones for January 1, 2019 Implementation	Date
State released Amendment to Children’s Standards document and Attestation	May 15, 2018
Second round of resubmissions due to State (Based on January 2018 Interim Report)	June 15, 2018
State releases Network Contracting Status Report template and MMCP begin contracting with providers	June 19, 2018
MMCPs submit Network Contracting (Exhibit 4)	Beginning July 15, 2018 and monthly thereafter
Onsite readiness reviews – scheduled via email on Friday June 22, 2018	September 2018 - October 2018
Claims testing begins	October 1, 2018
MMCP member services begin accepting calls related to the transition	November 1, 2018



Provider Designation Processes for Children's HCBS and Children and Family Treatment and Support Services

- Agencies that want to provide the six Children and Family Treatment and Support Services and the Children's HCBS need to apply and be designated by the State.
- The State held a webinar on April 19, 2018 to review the provider designation application process and review the authorization processes for providers who are designated.
- Slides from the webinar can be found at https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2018-04-19_provider_designation_and_authorization.pdf



Designation for Services and Populations

- The State is designating providers for the new **Children and Family Treatment and Support Services** (what we have previously called new State Plan services) for the following populations:
 - General mental health
 - Substance use
 - Foster care
 - If a provider is approved for **ONLY** foster care, that provider can only serve children who are in or have been discharged from foster care.
 - The medically fragile and developmentally disabled populations can receive these services if they meet medical necessity criteria.
- The State is **NOT** designating **HCBS** by population.



Updates on Provider Designation

- The State sent Formal Designation Letters to 153 providers on May 17, 2018
- The designation process will remain open - applications will be reviewed and providers will be designated on a rolling process, and the State will continue to review applications and issue designations.
 - Designations will be issued every 2-4 weeks initially and on a quarterly basis, thereafter.
 - Plans received a list of designated providers in their service area on June 19th via the Network Contracting Status Report/Exhibit 4.
 - A list of the designated providers will also be posted to State websites.



Updates on Provider Designation Process

- Providers who have applied for designation may not have received a letter on May 17, 2018 for one of the following reasons:
 - Their Application was in “open status” and the provider needs to submit the Application for it to be considered final.
 - The State review team is seeking additional information from the Applicant and could not make a final determination by May 17, 2018
 - The Provider Application was recently submitted i.e., after April 2018, and review the State review is underway and has not been completed
- Providers should ensure that their Application has been submitted (through the attestation page of the Application), and that they have responded to any questions received from the State review team.
- Providers can determine which Plans serve their area and find contact information for contracting with these Plans by using the MCTAC MCO Plan Matrix at <https://matrix.ctacny.org/>
- Providers that have questions about the status of their Application should contact the Designation Mailbox at OMH-Childrens-Designation@omh.ny.gov



Provider Designations for Children and Family Treatment and Support Services Summary as of 5/17/18

	Number of Agencies		
	MH Population	SUD Population	Foster Care Population
SPA Services			
Community Psychiatric Support and Treatment (CPST)	69	12	49
Crisis Intervention	14	5	5
Family Peer Support and Services	83	9	35
Other Licensed Practitioner	68	11	49
Psychosocial Rehabilitation (PSR)	84	10	50
Youth Peer Support and Training	65	10	31
Grand Total	108	13	53

NOTE: This contains approvals only and does not include those providers who were “Pending Certification” or “Pending Licensure”. Additional providers will be approved for the Substance Use population or Mental Health population, once they complete the OASAS Certification or OMH licensure process respectively, as described in their designation letter, if applicable.



Children and Family Treatment and Support Services for Mental Health Population as of 5/17/18

SPA Services	Number of Agencies	Number of Sites
Community Psychiatric Support and Treatment (CPST)	69	164
Crisis Intervention	14	32
Family Peer Support and Services	83	176
Other Licensed Practitioner	68	158
Psychosocial Rehabilitation (PSR)	84	195
Youth Peer Support and Training	65	149
Grand Total	108	238

NOTE: This contains approvals only and does not include those providers who were “Pending Licensure”. Additional providers will be approved for the Mental Health population, once they receive an OMH license, if applicable.



Children and Family Treatment and Support Services for Substance Use Population as of 5/17/18

SPA Services	Number of Agencies	Number of Sites
Community Psychiatric Support and Treatment (CPST)	12	22
Crisis Intervention	5	13
Family Peer Support and Services	9	14
Other Licensed Practitioner	11	16
Psychosocial Rehabilitation (PSR)	10	21
Youth Peer Support and Training	10	16
Grand Total	13	24

NOTE: This contains approvals only and does not include those providers who were “Pending Certification”. Additional providers will be approved for the Substance Use population, once they complete the OASAS Certification process as described in their designation letter, if applicable.



Children and Family Treatment and Support Services for Foster Care Population as of 5/17/18

SPA Services	Number of Agencies	Number of Sites
Community Psychiatric Support and Treatment (CPST)	49	153
Crisis Intervention	5	18
Family Peer Support and Services	35	108
Other Licensed Practitioner	49	148
Psychosocial Rehabilitation (PSR)	50	152
Youth Peer Support and Training	31	104
Grand Total	53	172



Provider Designation for HCBS as of 5/17/18

HCBS Services	Number of Agencies	Number of Sites
Caregiver Family Support and Services	104	229
Community Self Advocacy Training and Support	92	196
Crisis Respite	51	142
Habilitation	34	101
Palliative Care	4	7
Planned Respite	81	189
Prevocational Services	85	202
Supported Employment	67	154
Grand Total	123	284



Palliative Care Breakdown by Service Component

Palliative Care Services	Number of Agencies	Number of Sites
Bereavement Services	4	7
Pain and Symptom Management	2	3
Express Therapy	3	6
Massage Therapy	2	3



Planning and Scheduling Training to Support the Children's Transition and New Design

- On May 22, 2018 NYS hosted a meeting of provider trade associations to discuss the State's comprehensive training plan
- In this initial meeting, NYS and Provider Associations:
 - Reviewed the comprehensive training plan and schedule of upcoming trainings
 - Identified additional training needs and approaches
 - Provider Association feedback was due by May 24
- Monthly Advisory Meetings will be held to assess and review training needs
 - Next meeting is June 28
- State has begun key training sessions and continues to work on training schedule



Training Topics

Provider Designation

CANS NY for Health Home Care Managers and Supervisors

Pathways to care: Referrals to SPA services and/or referrals to LBHPs who can recommend SPA services

Medicaid Managed Care 101

HCBS: Service Descriptions, Workflow, Plan of Care, Admin/Billing

SPA: Round 2 Service Descriptions Documentation, Changes to Service Provision and Admin/Billing

OCFS Article 29i Training

Health Home: Transition existing 1915c children to Health Home (Regional Training Sessions)

Health Home: Comprehensive Plan of Care (Regional Training Sessions)

Health Home: HCBS LOC Eligibility Determination (Regional Training Sessions)

LOCATR

Billing, claims, and revenue cycle management



Training Topics

Family and Youth Peer Advocate Training and Credentialing

Health Home: Uniformed Assessment Systems and the CANS-NY

Medicaid Managed Care Billing: Clean Claims/Billing MC Plans

Health Home: Standards, MAPP, Care Manager Role

Medicaid Managed Care Billing: Principles of Revenue Cycle Management

Medicaid Managed Care Billing: Rates/Codes

Principles of Utilization Management

*Training topics and dates may change based on identified needs and priority.



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New Background Checks and Reporting Requirements

- The 2018-19 Enacted Budget includes new statutory requirements (Chapter 57 Laws of 2018) related to criminal history record checks, mandated reporter requirements and Statewide Central Register Database checks for certain Health Home care managers and children's HCBS providers
 - ✓ Webinar held on April 25 and May 17
 - ✓ Webinar Available at https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/background_check_requirements.pdf
 - ✓ State is working to incorporate Webinar information into formal Guidance



Summary of New Background Checks for Health Homes

- Effective April 1, 2018, the new statute requires:
 - Health Homes and those that subcontract with Health Homes (e.g., care management agencies) that provide Health Home care management to:
 - Health Home enrollees under age 21 – includes members enrolled in Health Homes designated to serve children and adults, applies to all employees hired on or after April 1, 2018
 - All members enrolled in designated CCO/HHs that will begin operations on July 1, 2018 (i.e., individuals enrolled in Health Homes that have a diagnosis of developmental disability as defined in Section 1.03(22) of the New York State Mental Hygiene Law)
- To conduct:
 - Criminal History Record Checks (CHRC), including finger printing, on prospective employees and
 - Statewide Central Register (SCR) Checks on prospective employees.



Summary of New Background Checks for Children's HCBS Providers

- The new statute requires:
 - Providers of Home and Community Based Services (HCBS) to children under 21 years of age authorized under the Children's 1115 Waiver amendment
 - To conduct:
 - Criminal History Record Checks (CHRC), including finger printing, on prospective employees and
 - Statewide Central Register (SCR) Checks on prospective employees
- ✓ *This provision will not take effect until the 1115 Waiver (requires Federal and State approvals) to provide Children's HCBS is approved and is implemented ("the Children's 1115 Waiver")*



Summary of New Mandatory Reporter Requirements for Health Homes and Children's HCBS Providers

- Effective April 1, 2018 the new statute requires the following entities to be Mandated Reporters of child abuse or maltreatment:
- All employees expected to have regular and substantial contact with children who are employed by Health Homes, or Health Home care management agencies contracting with a Health Home, designated and authorized under Section 365-l of the Social Services Law
 - Mandatory reporter requirements apply to all Health Homes
 - ✓ Health Homes designated to serve adults
 - ✓ Health Homes designated to serve children
 - ✓ Health Homes designated to individuals with intellectual and developmental disabilities – CCO/HHs
- All employees who provide Home and Community Based Services (HCBS) to children under 21 years of age authorized under the Children's 1115 Waiver amendment (anticipated date of implementation January 1, 2019)



Questions and Discussion



Updates, Resources, Training Schedule, and Questions

- ***Please send any questions to the following mailboxes:***
 - Questions on Health Homes Serving Children to: hhsc@health.ny.gov
 - Questions on the Children's System Transformation to: BH.Transition@health.ny.gov or OMH-Managed-Care@omh.ny.gov
- ***Stay current by visiting the Children's System Transformation website:***
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm



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