



Tailoring New York's Health Home Model for Children

Eligibility Criteria and Network Requirements

New York State HH State Agency Partners
March 3, 2014

Agenda

- Introductions
- Overview of Today's Discussion
- Federal/CMS Criteria Tailoring Health Homes to Serve Children
 - Kathy Moses – Senior Program Manger
Center for Health Care Strategies
- Review and Discussion of Comments Submitted by the Work Group
 - ✓ Tailoring Health Home Eligibility Criteria to Children
 - ✓ Network Requirements
- Next Steps

CHCS: A non-profit health policy resource center dedicated to improving services for Americans receiving publicly financed care

- Priorities: (1) enhancing access to coverage and services; (2) advancing quality and delivery system reform; (3) integrating care for people with complex needs; and (4) building Medicaid leadership and capacity.
- Provides: technical assistance for stakeholders of publicly financed care, including states, health plans, providers, and consumer groups; and informs federal and state policymakers regarding payment and delivery system improvement.
- CMS Health Home Information Resource Center: Via a contract with CMS, CHCS is the technical assistance provider to states interested in establishing Medicaid health homes

Health Home Basics

- New state plan option created under ACA Section 2703
- Overall goal: improve integration across physical health, behavioral health and long-term services and supports
- Opportunity to pay for “difficult-to-reimburse” services (e.g., care management, care coordination)
- Flexibility for states to develop models that address an array of policy goals
- Significant state interest in evidence-based models to improve outcomes and reduce costs
- States receive an enhanced 90/10 federal match for the first eight fiscal quarters of the health home benefit

Federal Legislation

SEC. 2703. STATE OPTION TO PROVIDE HEALTH HOMES FOR ENROLLEES WITH CHRONIC CONDITIONS.

(a) STATE PLAN AMENDMENT.—Title XIX of the Social Security Act (42 U.S.C. 1396a et seq.), as amended by sections 2201 and 2305, is amended by adding at the end the following new section:

“SEC. 1945. STATE OPTION TO PROVIDE COORDINATED CARE THROUGH A HEALTH HOME FOR INDIVIDUALS WITH CHRONIC CONDITIONS.—

“(a) IN GENERAL.—Notwithstanding section 1902(a)(1) (relating to statewideness), section 1902(a)(10)(B) (relating to comparability), and any other provision of this title for which the Secretary determines it is necessary to waive in order to implement this section, beginning January 1, 2011, a State, at its option as a State plan amendment, may provide for medical assistance under this title to eligible individuals with chronic conditions who select a designated provider (as described under subsection (d)(5)), a team of health care professionals (as described under subsection (h)(6)) operating with such a provider, or a health team (as described under subsection (h)(7)) as the individual’s health home for purposes of providing the individual with health home services.

Federal Authorization: Who is Eligible to Receive Services?



1 Chronic Condition and “At-Risk” for Another

- At-risk criteria must be evidence-based; for example:
 - ✓ Predictive risk score
 - ✓ Documented family history of a verified heritable condition
 - ✓ Diagnosed medical condition with an established co-morbidity to a chronic condition
 - ✓ Verified environmental exposure to an agent or condition known to be causative of a chronic condition
 - ✓ Should show strong evidence in the medical literature that having one of these conditions is strongly associated with high risk of developing another chronic condition (SUD, tobacco use, etc)
- Broad flexibility given to states to identify and define their own at-risk criteria; opportunity to define these criteria to focus in on priority populations

Key Guidance for Developing Health Homes for Children

- States cannot target by age, thus cannot build a Health Home for only children or only adults;
 - ✓ Condition-based eligibility criteria apply to all potential eligibles and cannot be selectively applied by age group
- States may tailor a Health Home approach to meet the specific needs of adults and children by:
 - ✓ Strategically identifying conditions and at-risk criteria for the eligible population;
 - ✓ Developing specific provider standards to meet the needs of eligible population; and
 - ✓ Defining Health Home core services with some detail.

Targeting Health Home Populations

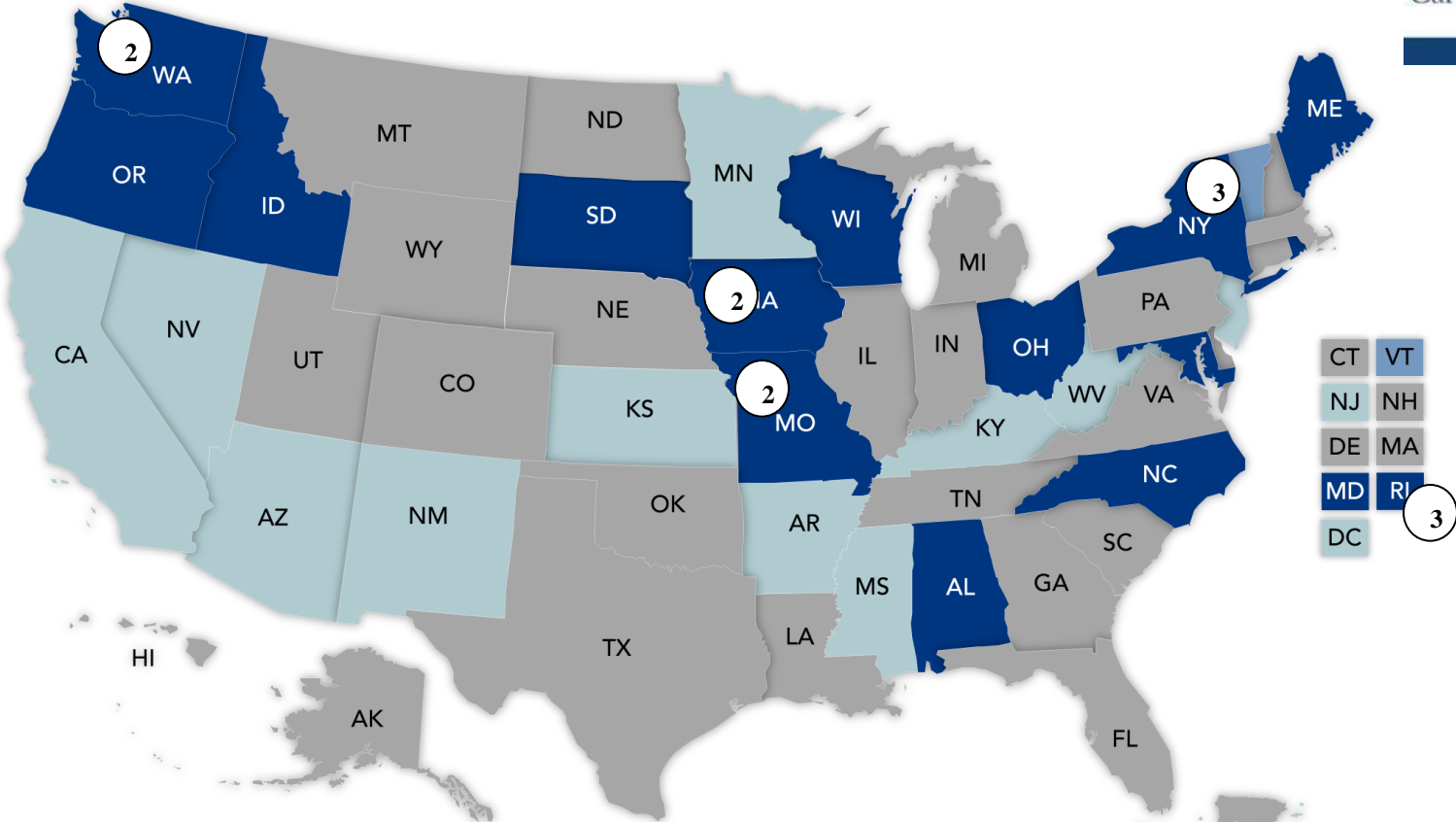
Targeting Do's

- **Chronic condition**
- **Geography**
- **Severity/risk**

Targeting Don'ts

- Age
- Delivery system
- Dual-eligibility status

State Health Home Activity



Approved Health Home State Plan Amendment (SPA) (where # = number of approved SPAs if more than one exists)	Alabama, Idaho, Iowa, Maine, Maryland, Missouri, New York, North Carolina, Ohio, Oregon, Rhode Island, South Dakota, Washington, Wisconsin
Health Home SPA "On the Clock" (officially submitted to CMS)	Iowa (3 rd SPA), Maine (2 nd SPA), Ohio (2 nd SPA), Vermont, Wisconsin (2 nd SPA)
Approved Health Home Planning Request	Alabama, Arizona, Arkansas, California, District of Columbia, Idaho, Kansas, Kentucky, Maine, Maryland, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Carolina, Washington, West Virginia, Wisconsin
No Proposed SPA Submitted to CMS*	Alaska, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Michigan, Montana, Nebraska, New Hampshire, North Dakota, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Wyoming

*Some states may be in the planning phase.

Approved Health Home Models

Primary Care Focus

- Iowa
- Maine
- Missouri
- North Carolina
- Wisconsin

SMI/SED/SUD Focus

- Iowa
- Maryland
- Missouri
- Ohio
- Rhode Island

Broad: Primary Care and SMI/SED

- Alabama
- Idaho
- New York
- Oregon
- South Dakota
- Washington

Models Tailored for Children

- Rhode Island
 - ✓ Focuses on children with special health care needs
 - ✓ Provider qualifications defined around skill set of CEDARR Family Centers
- Oklahoma (in development)
 - ✓ Leverages existing Care Management Entities for children with SED
 - ✓ Includes family and youth/peer support on care team
- New Jersey (in development)
 - ✓ Builds upon existing statewide Children's System of Care
 - ✓ Adds RN to care coordinator team, greater emphasis on primary care integration

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- Download practical resources to improve the quality and cost-effectiveness of Medicaid services
- Subscribe to CHCS e-mail updates to learn about new programs and resources
- Learn about cutting-edge efforts to improve care for Medicaid's highest-need, highest-cost beneficiaries
- Health Home Information Resource Center website:
- <http://www.medicaid.gov/State-Resource-Center/Medicaid-State-Technical-Assistance/Health-Homes-Technical-Assistance/Health-Home-Information-Resource-Center.html>

Work Group Comments on Tailoring Health Home Eligibility Criteria for Children

Overview of Work Group's Comments on HH Eligibility

- Generally, all Work Group comments “rejected” the notion that eligibility criteria be solely based on chronic conditions. Comments were a mix of:
 - ✓ Condition-based criteria
 - ✓ Non-condition based criteria (including “Situational”, “At Risk” and “Level of Care” criteria)
 - Can some of the non-condition based criteria be “converted” to condition-based criteria?
- Work Group identified the following children’s populations to be targeted to served by Health Homes:
 - ✓ Medically Fragile Children
 - ✓ Foster Care
 - ✓ Waiver Programs
 - ✓ Juvenile Justice
 - ✓ Children with complex conditions
- As we review comments consider a potential approach for developing eligibility criteria the State can informally discuss with CMS that identifies (as much as possible) chronic conditions and uses “at risk” notion to try to capture some of the non-conditioned based criteria

Work Group Comments that Identified or Included Chronic Conditions to Determine Eligibility

- Work Group consistently agreed SED should be part of eligibility criteria
 - ✓ Discussion: Should trauma be considered? As a separate condition? As an amendment to the SED Definition?

SED (Federal Waiver Definition): means a child or adolescent has a designated mental illness diagnosis according to the most current DSM of Mental Disorders AND has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis. The functional limitations must be moderate in at least 2 of the following areas or severe in at least one of the following areas:

(i) ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries); or

(ii) family life (e.g. capacity to live in a family or family like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting); or

(iii) social relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or

(iv) self-direction/self-control (e.g. ability to sustain focused attention for a long enough period of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability); or

(v) ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).

Work Group Comments that Identified Condition-Like Eligibility Criteria

Condition-like Criteria	Conditions that May be Used to Represent Condition-Based Criteria / Comments
Include notion of HIV “Exposed”	Clarify/Ensure HIV current criteria includes notion of “exposed at birth”
Special Conditions as Defined by Federal government?	Need clarification of comment
Children deemed eligible for Medicaid due to diagnosis	Need clarification of comment
Children with Complex Needs	Are there conditions behind children with complex needs?
Early Intervention Criteria (for children under age 3)	Includes the following types of conditions: <ul style="list-style-type: none"> ▪ Syndromes ▪ Neuromuscular/musculoskeletal disorders ▪ Central Nervous System Abnormalities ▪ Hearing Vision and Communication Disorders ▪ Psychiatric/Emotional/Behavioral Disorders (

Non Condition-Based (“Level of Care”) Eligibility Criteria Proposed by Work Group

- Children that:
 - ✓ Require care in residential treatment facility (RTF) (Children w/SED)
 - ✓ Are deemed eligible for placement in RTF (Children w/SED)
 - ✓ Require Psychiatric hospital level of care,
 - ✓ Require ICF level of care,
 - ✓ Would otherwise be placed in a facility if did not have to supports to live in community-based setting
 - ✓ Within the last 60 days had, or is projected to have within the next 60 days, an inpatient admission for specialty care at a NICU, PICU or specialty children's hospital

Non Condition-Based (“Level of Care”) Eligibility Criteria Proposed by Work Group

- Children that:
 - ✓ Have had or are projected to have numerous ER visits or one or more inpatient admissions related to the underlying MFC medical condition, where the cause of the visits or admissions is related to serious medical deterioration which goes beyond lack of appropriate primary care.
 - ✓ Children with certain levels of functionality, or limitations
 - Consider use of Assessment tool to determine level or limitation (ACE or CANS, GAF, DLA-20)
 - ✓ Repeatedly use crisis response services and/or emergency room services
- Other comments: Allow children to remain in HH one year after discharge from RTF and exiting Foster Care

Non Condition-Based (“Situational”) Eligibility Criteria Proposed by Work Group

- Children in Foster Care
- Children in Juvenile Justice System
- Unstable family environment, family/parenting risk and strengths, psychiatric or SUD history and/or diagnosis.
- ✓ If parent (birth) guardian or guardian is enrolled in or qualifies for HH child is automatically eligible
 - Discussion: Consider impact on overall enrollment and Health Home appropriateness criteria for child

Non Condition-Based (“At Risk”) Eligibility Criteria Proposed by Work Group

- At risk for 2 or more adverse childhood experiences (ACE) or exposure to traumatic events
 - ✓ Definition of ACE and trauma
- High need, high risk as measure by assessment tool (e.g., CANS)
- At risk or repeated use of out-of-home placement, as defined by a child who has:
 - ✓ Experienced more than 30 days of out-of-home placement prior to age 12 (cumulative placements at RTC, RTF, state inpatient psychiatric hospitals, ATC, Community Residence, OCFS JJ facilities, secure and non-secure detention, OCFS licensed Group Homes, Foster family care or out-of-home residential school placements that were determined through an IEP)

Definitions of HH Eligibility Proposed by Work Group

Medically Fragile Children (Definition from February 2013 MFC Report): An individual who is under 21 years of age and has a chronic debilitating condition or conditions*, who may or may not be hospitalized or institutionalized, and is:

- technologically-dependent for life or health-sustaining functions, and/or
 - requires a complex medication regimen or medical interventions to maintain or to improve their health status, and/or
 - in need of ongoing assessment or intervention to prevent serious deterioration of their health status or medical complications that place their life, health or development at risk.
- ✓ *** Example conditions include:** Bronchopulmonary dysplasia, cerebral palsy, congenital heart disease, microcephaly, and muscular dystrophy (see Attachment C of MFC Report)
- ✓ Other States (information that might be helpful):
- Oregon MFC – MFC unit Clinical Criteria
 - Michigan – Assessment for MFC Children in Foster Care

Definitions for HH Eligibility Proposed by Work Group

- Any child meeting the Children and Youth with Special Health Care Needs (CYSHCN) definition as defined by the Maternal and Child Health Bureau (MCHB) of Federal Health and Human Resources Administration (HRSA) would be eligible for HH
 - ✓ “...those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” Definition considers:
 - Situational criteria is considered
 - Trauma, family disruption, child abuse and child neglect is considered
 - Adverse Childhood Events (ACEs) scores are considered
- Discussion:
 - ✓ Would definition capture all Foster Care children? Waiver Children? Medically Fragile Children?
 - ✓ Can the conditions be defined? Are they different than the chronic conditions included in current HH eligibility definition?
 - ✓ What is the benchmark for what is required by children generally?
 - ✓ How is “at risk” defined

Work Group Comments on Appropriateness Criteria for Health Homes

- Health Home program intended to target high cost / high utilizers of Medicaid services with chronic conditions that require care management to navigate an array of providers and services to improve overall outcomes
- “At Risk” types of eligibility criteria suggested by Work Group might be helpful in developing “appropriateness criteria”
- Add trauma to list of examples of “at risk for adverse event” to appropriateness criteria
- Add enrollment of family member (birth, foster, adoptive) in Health Home
 - ✓ Discussion: should also consider parent’s level of acuity and needs of child

Developing Chronic Condition Based Criteria to Expand HH Eligibility Criteria to Include Children

- Challenge: Develop chronic condition-based criteria around children's populations:
 - ✓ Children in current waiver programs
 - ✓ Foster Care children
 - ✓ Medically Fragile Children
 - ✓ Involvement with Juvenile Justice system
- What are the primary chronic health conditions of these children? Do most of these conditions put the child "at risk" for second or multiple other chronic conditions?
 - ✓ Keep in mind expanded criteria will be applicable to adults
 - ✓ Keep in mind current chronic condition criteria apply to children

Developing Chronic Condition Based Criteria to Expand HH Eligibility Criteria to Include Children

- New Chronic Conditions
 - ✓ Can be single condition for eligibility
 - ✓ Can be added to eligible list of chronic conditions to be part of 2 chronic condition criteria
 - ✓ Can be one chronic condition plus at risk for another
- Single Chronic Condition:
 - ✓ SED (complement to current SMI single chronic condition for HH eligibility)
 - ✓ HIV (current single condition criteria, but clarify would include HIV exposed children)
 - ✓ Others (MFC?)
- Two chronic conditions – MFC?
- Chronic Condition +At Risk
- At Risk: Discuss Foster Care, Juvenile Justice, Determined by Assessment (CANS?)
 - ✓ Example: Trauma + At Risk – in Foster Care

Work Group Comments on Tailoring Health Home Network Requirements to Serve Children

Tailoring Health Home Network for Children

(January 27, 2014 Discussion)

- HH Applicant must Demonstrate Capacity and Ability of Network to:
 - ✓ Meet child specific Health Home qualifications and standards (developed by state team with input from Children's Health Home Work Group and Health Home Managed Care Work Group) and to abide by the principles for serving children and families
 - ✓ Meet the needs of complex populations (e.g., children with chronic conditions, those with SED/SUD, children in the Foster Care and Juvenile Justice systems)
 - ✓ Partner with school districts and the education system
 - ✓ Requirement to partner with and use Foster Care agencies for care management when a child enters Foster Care
- HH care managers are not limited to providers in the HH network and can link members to services outside the HH network

Tailoring Health Home Network for Children

(January 27, 2014 Discussion)

- Generally , the Work Group comments were consistent with the expanded network requirements discussed at January 27, 2104 meeting
 - ✓ Persons and entities that have experience in providing care management for children (i.e., Foster Care agencies, B2H, TCM for Children, HCBS)
 - ✓ Pediatric Health Care Providers and Specialty Providers– Primary Care, Developmental Health, Behavioral Health, Substance Use Disorder Services, HIV/AIDS, Dentists
 - ✓ Volunteer Foster Care Agencies and Foster Care System
 - *Foster Care Agencies provide care management for children in Foster Care*
 - ✓ Youth and Family Peer Supports
 - ✓ Early Intervention (EI)
 - ✓ Education – Preschool Special Education and Committee on Special Education
 - ✓ Juvenile Justice
 - ✓ Waiver Services [1915(c)]
 - ✓ Other ??

Work Group Comments on Who May Apply to Serve Children and the Geographic Areas of Service

- Current Health Homes may apply to expand their Network to serve children
- Other entities may apply to serve as a children's Health Home (i.e., only serve children)
- Health Homes serving children would serve regions (i.e., areas of service that are different than the county-based regions currently serving adults)
- Offer at least two Health Homes in each region and no more than 4 allowed in NYC metro region
 - ✓ General Comment: Ultimately, actual regions will likely depend upon interest of existing HHs in expanding networks and HH partnerships that may form to primarily serve children

Work Group Comments on Types of Providers Identified to be Included in Children's Network

- Ensure that Health Home has a network of providers (behavioral and health providers, primary, and specialty and sub-specialty providers) that has the set of skills, expertise, experience and cultural competence to serve children, including:
 - ✓ Providers with Children and Adolescent Capacity, including:
 - General and Children's Hospitals
 - Private psychiatric hospitals
 - Alcohol Treatment Centers
 - Mobile Crisis Teams
 - Assertive Community Treatment Teams (ACT Teams)
 - School-based Health Centers and School-based Mental Health Clinics
 - OMH licensed Children's Community Residences
 - OMH Home and Community Based Waiver Services Providers
 - OMH licensed Children's Day Treatment Providers

Work Group Comments on Types of Providers Identified to be Included in Children's Network

- ✓ Full array of Pediatric specialty care practices, including those with OMH training for treating youth with mild, moderate behavioral health needs and pediatric respiratory vendors
- ✓ Residential Treatment Facilities
- ✓ Residential Treatment Centers with specialty behavioral health units, Intensive Treatment Units or alcohol and substance use units
- ✓ Crisis/respice providers
- ✓ Article 31 clinics with specialty provider designation
- ✓ Pediatric dental and pediatric orthodontic providers

Work Group Comments on Types of Providers Identified to be Included in Children's Network

✓ Other providers of:

- Youth/peer support groups
- Support groups for Foster parents/education for foster care parents
- Infant and child stimulation programs
- Early childhood education
- Nutritional support through special Supplemental Nutrition Program for women, Infants, and Children (WIC)
- Training for caseworkers

Other Types of Providers Identified by Work Group that are now Included in Existing HH Networks

- Health and Medical
- Behavioral Health
- Community and social support services
- Residential Treatment Centers
- Residential Treatment Facilities
- Residential Treatment Centers with specialty behavioral health units, Intensive Treatment Units or alcohol and substance use units
- Crisis/respice providers
- Article 31 and Article 32 clinics with specialty provider designation
- Diagnostic Treatment Centers
- Dental practices (some may serve children)
- Cultural competency (SPA requirement)
- Residential needs/housing

Work Group Comments Include Existing Child Care Managers in Health Home Networks

- Child Welfare agencies must be provided the opportunity to serve as Downstream Care Management entities for the children and youth in Foster Care who are placed with them
- MH providers employed by Foster Care Agencies
- OMH Children's TCM Providers
- B2H and OMH SED (1915(c))waiver service providers
- Do not mandate B2H, OMH, HCBS or CAH Waivers transition to HHs until behavioral health transition to MC is implemented
 - ✓ Children/Legacy clients of those programs may transition at later date
 - ✓ To facilitate readiness, waiver care managers need to become part of network "at launch" and begin to serve Children that qualify for HH Services

Work Group Proposal to Issue Request for Information

- Work Group Proposal: DOH should issue a Request for Information prior to the Request for Applications to provide an opportunity for stakeholders to give input on the specific requirements for Health Homes serving Children
- Alternative for Discussion: DOH issues a draft Request for Application for Comment
 - ✓ Streamlines administrative process
 - ✓ Encourages discussion and collaboration among children's providers, Health Homes, and Plans

List of Providers Serving Children

- Working with State Agency Partners to develop list
- Consider including list in draft Application
- Will help encourage collaborative discussions between children's providers and existing Health Homes (these discussions should be going on now)

Other Work Group Comments

- Some members of the Work Group also submitted comments on the following topics:
 - ✓ Methods or approaches to care management (care coordination standards and training)
 - ✓ Process for HH assignments and referrals
 - ✓ Consent
 - ✓ Payment Rules
 - ✓ Quality
- These Topics will be discussed at Future Meeting(s)

Next Steps / Feedback and Comments

- Receive additional comments from Work Group and develop proposed eligibility criteria for Work Group Review
 - ✓ State has informal discussions with CMS on proposed criteria
- Draft Children's Health Home Application
 - ✓ Circulate draft Application for review to:
 - Work Group
 - HH/MCO Work Group
 - ✓ Post draft Application for public review and comment
- Other Topics to Be Discussed, Comments may be Submitted
 - ✓ Methods or approaches to care management (care coordination standards and training)
 - ✓ Process for HH assignments and referrals
 - ✓ Incorporate Children's Consent Procedures and Forms in Health Home Model
 - ✓ Discuss Transitional Provisions – Policy and Payment Rules
 - ✓ Tailor Quality Measures for Children

Reference Slides

Existing Eligibility Criteria for Health Homes

Will be Modified for Children

- Person Must be **enrolled in Medicaid** and have:
 - ✓ **Two chronic conditions** or
 - ✓ **One single qualifying condition of**
 - **HIV/AIDS** or
 - **Serious Mental Illness (SMI)**
- **Chronic Conditions** include (but are not limited to)
 - ✓ Alcohol and Substance Abuse
 - ✓ Mental Health Condition
 - ✓ Cardiovascular Disease (e.g., Hypertension)
 - ✓ Metabolic Disease (e.g., Diabetes)
 - ✓ Respiratory Disease (e.g., Asthma)
 - ✓ Obesity BMI >25

- Persons meeting criteria **must be appropriate** for HH Care Management
 - ✓ At risk for adverse event, e.g., death, disability, inpatient or nursing home admission
 - ✓ Inadequate social/family/housing support
 - ✓ Inadequate connectivity with healthcare system
 - ✓ Non-adherence to treatments or difficulty managing medications
 - ✓ Recent release from incarceration or psychiatric hospitalization
 - ✓ Deficits in activities of daily living
 - ✓ Learning or cognition issues

Health Home Chronic Conditions

Major Category: Alcohol and Substance Abuse

- ✓ Alcohol and Liver Disease
- ✓ Chronic Alcohol Abuse
- ✓ Cocaine Abuse
- ✓ Drug Abuse – Cannabis/NOS/NEC
- ✓ Substance Abuse
- ✓ Opioid Abuse
- ✓ Other Significant Drug Abuse

Major Category: Mental Health

- ✓ Bi-Polar Disorder
- ✓ Conduct, Impulse Control, and Other Disruptive Behavior Disorders
- ✓ Dementing Disease
- ✓ Depressive and Other Psychoses
- ✓ Eating Disorder
- ✓ Major Personality Disorders
- ✓ Psychiatric Disease (Except Schizophrenia)
- ✓ Schizophrenia

Health Home Chronic Conditions

Major Category: Cardiovascular Disease

- ✓ Advanced Coronary Artery Disease
- ✓ Cerebrovascular Disease
- ✓ Congestive Heart Failure
- ✓ Hypertension
- ✓ Peripheral Vascular Disease

Major Category: Metabolic Disease

- ✓ Chronic Renal Failure
- ✓ Diabetes

Major Category: Respiratory Disease

- ✓ Asthma
- ✓ Chronic Obstructive Pulmonary Disease

Major Category: Other

Tailoring New York's Health Home Model for Children

Children's Health Home Work Group

- Children's Health Home Work Group
 - ✓ Work Group will develop recommendations (e.g., network requirements, eligibility, transitional payment and policy provisions, consent) to present to Health Home/Managed Care Work Group
 - Members of MRT Children's Behavioral Health Work Group
 - Members of Medically Fragile Children Work Group

Existing and Modified Eligibility Options Target Conditions (2011 Medicaid Data)

Number of
Children

Children that Meet Existing HH Eligibility Criteria

Foster Care (With SMI*, HIV or 2 or more Chronic Conditions)	6,152
Medically Fragile Children (With SMI*, HIV or 2 or more Chronic Conditions)	3,558
Foster Care and Medically Fragile Children (With SMI*, HIV or 2 or more Chronic Conditions)	64
All Other Children (With SMI*, HIV or 2 or more Chronic Conditions)	80,112
Total	89,886

Potential Eligibility Modifications

Foster Care not Eligible under Existing Criteria	27,070
Medically Fragile Children not Eligible under Existing Criteria	8,393
Expanded MH Definition SED-Like	63,344
Foster Care and Medically Fragile Children not Eligible under Existing Criteria	131
Foster Care and SED –Like not Eligible under Existing Criteria	3,459
SED Like and Medically Fragile Children not Eligible under Existing Criteria	173
Foster Care, SED and Medically Fragile Children not Eligible under Existing Criteria	4
ADHD	42,243
Total	144,817
Total Children that Meet Current and Potential Eligibility Modifications	234,703

*SMI: Schizophrenia, Bi-Polar Disorder, Depressive Psychosis

** Expanded MH Definition – Single condition of eating disorder; conduct, impulse control, other disruptive behaviors, major personality disorders, chronic mental health diagnoses, depression, chronic stress and anxiety, post traumatic stress disorder)

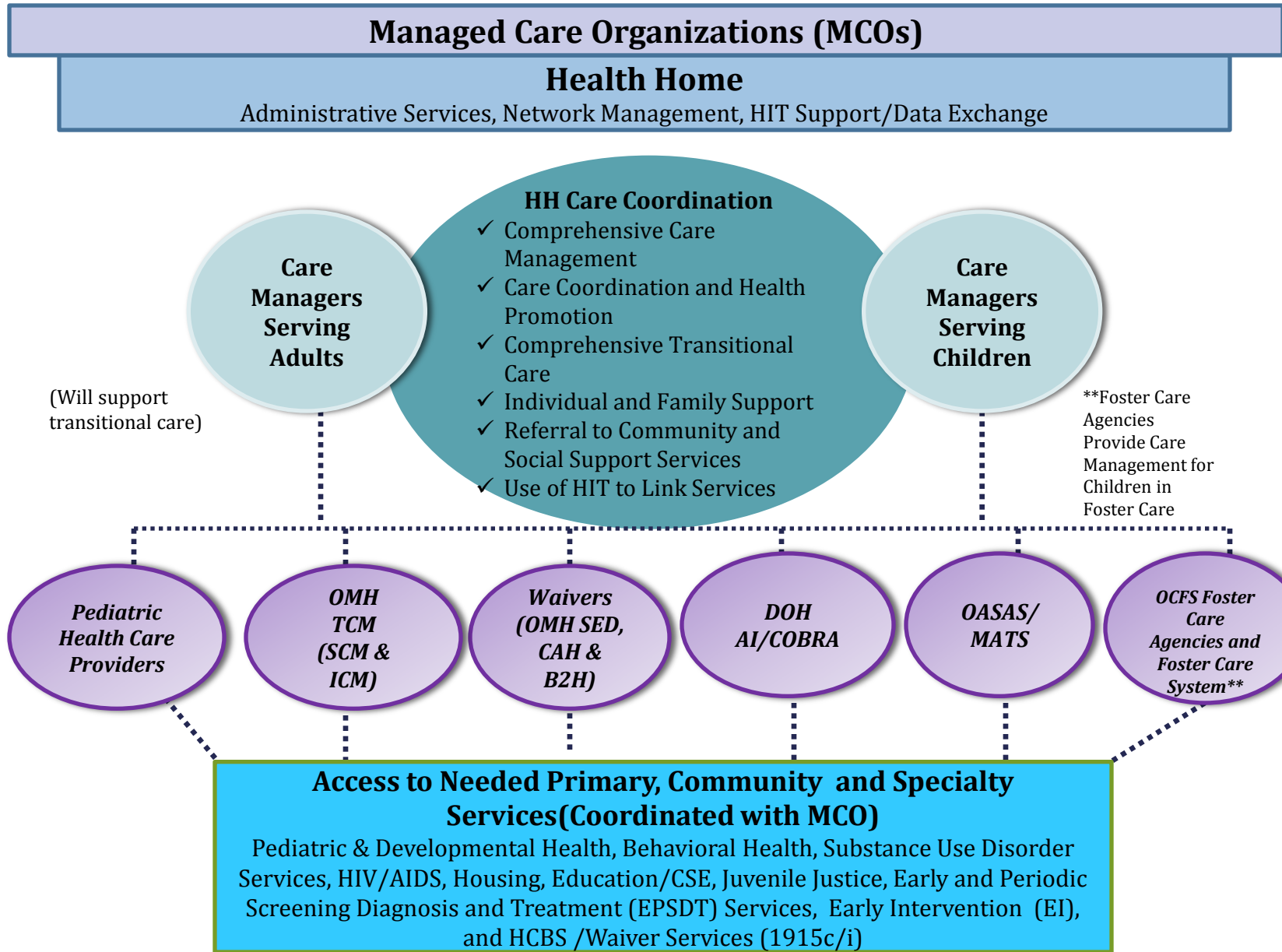
Total Foster Care Children: 36,830

Total Medically Fragile Children: 12, 868

Principles for Serving Children in Health Homes and Managed Care

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

New York State Health Home Model for Children



Note: While leveraging existing Health Homes to serve children is the preferred option, the State may consider authorizing Health Home Models that exclusively serve children.

Anticipated Schedule for Enrolling Children in Health Homes

Review Health Home Children's Model with Stakeholders - MRT Children's Work Group, HH-MCO Work Group	October 2013
Collaborate with Stakeholders to Refine Health Home Model and Develop Health Home Application for Children	November 2013 - March 2014
Applications for Health Homes Serving Children Made Available	April 2014 May 2014
Due Date for Submission of Applications for Health Homes Serving Children	August 2014
Health Home State Agency Team Review and Approval of Applications	October 2014
Develop and Distribute Health Home Assignment /Eligibility Lists for Children	November - December 2014
Begin Enrolling Children in Health Homes	January 2015
Behavioral Health Services for Children in Managed Care	January 2016