

Application for

Section 1915(b) (4) Waiver

Fee-for-Service

Selective Contracting Program

June, 2012

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

Facesheet

The **State** of _____ 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 Crisis Services for Individuals with Intellectual and Developmental Disabilities (CSIDD) (List each program name if the waiver authorizes more than one program.).

Type of request. This is:

- 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 _____ years beginning _____ and ending _____.

State Contact: The State contact person for this waiver is _____ and can be reached by telephone at (____) _____, or fax at (____) _____, or e-mail at _____.
(List for each program)

Section A – Waiver Program Description

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).

Response:

A Tribal Notification was sent out on **January, 30, 2025** informing the Tribes of the submission of a **renewal for the** 1915(b)(4) waiver application to allow selective contracting for Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD). No comments were received regarding this waiver action.

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).

Response:

New York requests a waiver **renewal** to selectively contract for Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD), which are Medicaid State Plan Rehabilitative services, directed exclusively toward the treatment of Medicaid eligible individuals with intellectual and/or developmental disabilities (I/DD) having mental health or behavioral health needs. This waiver **renewal** request includes all dual eligible for whom the service is medically necessary. This **renewal** application requests a five-year waiver approval for selective contracting for CSIDD providers who will provide the crisis services outlined in the approved State Plan. The estimated number of enrollees, at a given time, projected to be served through the CSIDD service is approximately **1,650-2,000** individuals.

CSIDD services are rehabilitative short-term targeted services for individuals with I/DD ages six (6) and older who have significant behavioral or mental health needs and meet the Medical Necessity criteria for the service. CSIDD services are personalized, high-intensity, time-limited services recommended for individuals who experience frequent hospitalizations, crisis visits, use mobile emergency services, and are at risk of losing placement and/or services. CSIDD services are short-term tertiary care services, designed to help stabilize an individual within their existing care network, using behavior support professionals to build skills and de-escalate.

Services are delivered by multi-disciplinary teams who provide clinical consultation and treatment and maintain 24/7 service accessibility throughout the entire course of the individual's treatment. Teams include licensed professionals from appropriate behavioral health disciplines who provide clinical consultation and initial assessment within two (2) hours of **receiving the** referral. All elements of the service are conducted by clinical professionals and are under the supervision of licensed Clinical and/or Medical Directors.

Once the individual is stabilized, the CSIDD team will discharge that individual from the team's caseload. All CSIDD services are provided for the direct benefit of the individual, in accordance with the needs and treatment goals identified in their treatment plan and also for assisting in the individual's recovery.

The State Plan approved payment structure is utilized for CSIDD. The payments are based upon a tiered rate schedule, based on the individual's level of need, and the medically necessary level of CSIDD clinical team involvement. All payments to the CSIDD provider are paid through eMedNY, the State's **Medicaid Management Information System (MMIS)**.

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).

Response:

This waiver will allow selective contracting of:

- Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD), which are Medicaid State Plan Rehabilitative services.

A. Statutory Authority

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):
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. ___ **Section 1902(a) (1) - Statewideness**
 - b. ___ **Section 1902(a) (10) (B) - Comparability of Services**
 - c. ___ **Section 1902(a) (23) - Freedom of Choice**
 - d. ___ **Other Sections of 1902 – (please specify)**

B. Delivery System

1. **Reimbursement.** Payment for the selective contracting program is:
the same as stipulated in the State Plan
is different than stipulated in the State Plan (please describe)
2. **Procurement.** The State will select the contractor in the following manner:
Competitive procurement
Open cooperative procurement
Sole source procurement
Other (please describe)

C. Restriction of Freedom of Choice

1. **Provider Limitations.**

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

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)

The CSIDD service is provided statewide. There are five designated service areas comprised of one or more counties. Participants are limited to the CSIDD provider that serves their county of residence.

Region	Counties Served
Region 1	Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates

Region 2	Broome, Chenango, Delaware, Ostego, Tioga, Tompkins, Cayuga, Cortland, Herkimer, Lewis, Madison, Oneida, Onondaga, Oswego, Clinton, Essex, Franklin, Hamilton, Jefferson, St. Lawrence
Region 3	Albany, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington, Orange, Rockland, Sullivan, Westchester, Dutchess, Greene, Putnam, Ulster
Region 4	Bronx, Manhattan, Queens
Region 4	Brooklyn and Staten Island
Region 5	Nassau, Suffolk

2. **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).

Response: 1915(b)(4) Waiver service providers are held to the same standards for reimbursement, quality and utilization as other providers of Medicaid State Plan and waiver services, and the standards are consistent with access, quality and efficient provision of covered care and services.

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
- Section 1931 Adults and Related Populations
- Blind/Disabled Adults and Related Populations
- Blind/Disabled Children and Related Populations
- Aged and Related Populations
- Foster Care Children
- Title XXI CHIP Children
- Other: Individuals otherwise enrolled in the State's 1915(c) OPWDD Comprehensive Waiver not listed above.

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

- Dual Eligibles
- Poverty Level Pregnant Women
- Individuals with other insurance
- 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
- Other (Please define): Individuals without I/DD and significant behavioral or mental health needs who do not meet the medical necessity for the CSIDD services are excluded from this 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)?

Tg ur qpug<CSIDD f guki pcvgf "r tqxf gt *u+o wuv"j cxg'uwhekpvr tqhgukqpcn'uchhpi "q" qr gtcvg"lp"ci kxgp"tgi kqp"cpf "vj g"cdkklv("vq"eqqtf kpcvg"cpgy qtnlqhr tqxf gtu"vq"gpugt"vj g" r tqxkukp"qh'ugt xlegu'hqt "EUKF F "ugt xleg'tgek kgpwO Rtqxf gtu'o wuv"gpugt"vj g"vgeo "kpenf gu rlegpugf "r tqhgukqpcn'ltqo "er r tqr tkvg'dgj cxkqtcn] gcmj "fkuek rkgu'y j q'r tqxf g'erplecn

" consultation and initial contact within two (2) hours of **receiving the** referral. Services will

" be provided to all individuals who meet medical necessity criteria for the service and teams

" will maintain 24/7 service accessibility throughout the entire course of the individual's

" treatment.

" All referrals for CSIDD services will go through OPWDD's regional office points of contact.

" OPWDD will monitor point-in-time reports for timeliness of access to assessments and treatment planning, monitor the demand for services, and evaluate the need for additional providers if needed.

Specifically, OPWDD ensures that:

- The **initial contact** is completed by the Clinical Team Leader or Clinical Team Coordinator under the supervision of the Clinical or Medical Director in a timely manner as outlined above (within two (2) hours of **receiving referral**).
- Treatment planning based on clinical assessments is conducted by the Clinical Team Leader or Clinical Team Coordinator, under the supervision of the Clinical and/or Medical Director in a timely manner, as outlined above, including an individualized clinical crisis plan and treatment plan.
- Timely accessibility of stabilization services including 24/7 service accessibility throughout the entire course of the individual's treatment.

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).

Response: The State monitors access and performance, and requires providers to have sufficient professional staffing to operate in a region. If needed, the State may add additional providers if demand is sufficient.

The State oversees all referrals and monitors access and performance standards to ensure service delivery according to OPWDD policies and standards. This includes the timely completion of assessment and outreach (including intake). The State may require contractors to hire additional staff or the State may select additional contractors in a given region if the demand is sufficient. The State will also monitor referrals for individuals not meeting eligibility criteria or who have other unmet needs. These individuals will be referred for other OPWDD long term supports and services.

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).

Response: To implement Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD), New York State worked with an independent contractor to conduct regionalized analysis of need. Each region has a provider team that varies in size based on the scope of the region and identified demand. To ensure adequate access, New York State will continue to work closely with the CSIDD providers to determine if teams are adequately staffed or if additional providers are needed to meet the needs of the region.

It was estimated that the overall demand for CSIDD services would average between 1,650 and 2,000 individuals at any point in time and the chart below demonstrates that this estimate continues to be accurate at full staffing. It is the goal that all CSIDD provider teams achieve full staffing patterns.

Region	Counties Served	Projected Point in Time Capacity Necessary	Projected Capacity Necessary over a Fiscal Year
Region 1	Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates	145	280
Region 2	Broome, Chenango, Delaware, Otsego, Tioga, Tompkins Cayuga, Cortland, Herkimer, Lewis, Madison, Oneida, Onondaga, Oswego Clinton, Essex, Franklin, Hamilton, Jefferson, St. Lawrence	115	280
Region 3	Albany, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington Orange, Rockland, Sullivan, Westchester, Columbia, Dutchess, Greene, Putnam, Ulster	130	280
Region 4	Bronx, Manhattan, Queens	225	295
Region 4	Brooklyn and Staten Island	0	255
Region 5	Nassau, Suffolk	130	340
	Total projected	745	1,730

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).

Response: Contractors are required to report: 1) utilization data regarding service delivery, 2) assessments and CSIDD **treatment** plan completion, and 3) quality benchmarks include timeliness of intake, training and technical assistance, and successful discharge. OPWDD will track and monitor point-in-time reports for timeliness of beneficiary access as well as ongoing delivery of service elements while the beneficiary is enrolled. OPWDD will monitor demand of the service and evaluate the need to adjust providers in a given region.

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)?

Response:

The utilization standard is that individuals receive medically necessary services in the amount, scope and duration identified on their treatment plan. The review process includes random review of the selected treatment plans. Each selected treatment plan is compared with the assessments and the services billed to Medicaid for the specified time frame. One purpose of this aspect of the review is to determine if services are provided in type, amount and duration as needed and as identified in the treatment plan. If services were not provided as needed and planned, the review team looks for explanation as to why not. If the reason was access to, or availability of, qualified direct service providers, the review team looks for documentation of the steps taken by the CSIDD **provider** to address the problem. If the problem has not been resolved at the time of the review, the CSIDD **provider** must address the issue in its Plan of Correction **Action (POCA)**.

Through regularly occurring point-in-time required reporting, the State monitors the services compared to the treatment plan requirements. The State uses benchmark standards to evaluate a providers' ability to meet set performance measures. Results are monitored for deficiencies. Any deficiencies identified are addressed and monitored to ensure that appropriate remediation is completed.

The State **had intended to** implement satisfaction surveys for CSIDD service recipients and their families, to measure satisfaction with the accessibility and utilization of services once the individual is assigned to a team. **However, this initiative had been delayed due to the Public Health Emergency (PHE). Work groups and discussions with CSIDD provider agencies and the National Center for START services are underway. Once implemented,** the State will review survey feedback to inform the evaluation of the service and provide recommendations for additional need and/or remediations. OPWDD will also utilize documentation and billing standards to monitor and ensure the delivery of all service components as a condition of payment.

The State specifically monitors the stabilization services provided by the CSIDD clinical team compared to the treatment plan. Stabilization includes skills training, medication monitoring, and counseling to assist the individual and family/caregiver with effectively responding to or preventing identified precursors or triggers that would risk their ability to remain in a natural community location. Stabilization also includes assisting the individual and family members, caregivers or other collateral supports with identifying a potential psychiatric or personal crisis; practicing de-escalation skills; developing strategies to build skills and prevent crises; and seeking other supports to restore stability and functioning.

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).

Response: Providers who fall below benchmark utilization standards will be required to submit an action plan for performance improvement. Action plans for performance improvement will be required for any benchmark standard that has been previously noted as a programmatic trend and/or area that continues to lack significant improvement. The State will monitor action plans, provide technical assistance and complete remedial site visits if necessary. If a remedial site visit is warranted, a written summary of the site visit **is** issued, including findings and recommendations.

All monitoring of individual cases will be maintained and completed by the CSIDD provider. If there is an indication of non-compliance or deficiency identified in the level of CSIDD clinical team involvement requirements additional information will be requested and reviewed to evaluate fully.

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.

Response: The State's quality standard is that individuals in the program at least 3 consecutive months will experience the following:

- The rate of hospitalizations and emergency room visits will decrease over time for individuals once they have joined the program (Post-enrollment emergency room and hospitalization rates will drop compared to Pre-enrollment rates)
- Placements will be stabilized through increase caregiver satisfaction (Post-enrollment caregiver satisfaction rates will increase compared to caregiver satisfaction rates at the point of intake)
- Individuals will improve in assessment scores (using the Aberrant Behavior Checklist (ABC) or its equivalent) on all or some of the following items:
 - Hyperactivity/Noncompliance;
 - Irritability/Agitation; and
 - Lethargy/Social Withdrawal

Through regularly occurring point-in-time reporting, the State will monitor contracted providers using benchmarks and performance and programmatic standards.

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

Response: All providers found to have deficiencies will be required to submit an action plan for performance improvement for review and approval by their respective OPWDD Regional Office point of contact and/or Central Office statewide coordinator. Areas found deficient become a particular focus of future review and analysis of compliance. OPWDD will provide technical assistance as necessary to ensure the CSIDD provider comes into compliance and meets required benchmarks. If a provider fails to comply it may be determined that they no longer meet the requirements to be a qualified provider of the service.

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

Response: OPWDD's processes for monitoring the programmatic and performance standards is on-going and comprehensive.

Methods include routine data collection, action plans for performance improvement, remedial site visits, satisfaction surveys, and meeting with providers and regional OPWDD designated staff. OPWDD intends to issue guidance and/or administrative directives to all CSIDD providers to address identified concerns and provide clarification on CSIDD service delivery. The provision of regular technical assistance provides additional opportunities for evaluating compliance.

All providers found to have deficiencies will be required to submit an action plan for performance improvement for review and approval by their respective OPWDD Regional Office point of contact and/or Central Office statewide coordinator. Areas found deficient become a particular focus of future review and analysis of compliance. OPWDD will provide technical assistance as necessary to ensure the CSIDD provider comes into compliance and meets required benchmarks. If a provider fails to comply it may be determined that they no longer meet the requirements to be a qualified provider of the service.

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).

Response: The §1915(b)(4) waiver will ensure that each individual served by the CSIDD team has a treatment plan that is coordinated with any other provider providing services including a health home provider developing a Life Plan. The CSIDD team will work with caregivers to assess the individual and his/her current environment leading to the behavioral health/mental health conditions and symptoms including inpatient hospitalizations, emergency room visits, and potential loss of placement. The CSIDD team will work with the individuals care team to identify all stabilization services to be provided to the consumer. Staff must be employees of the CSIDD or on contract to the CSIDD. Therefore, by identifying the CSIDD as the selective contracting program, coordination of care is assured.

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).

Response: The primary referral sources for CSIDD are:

- OPWDD Health Home Care Manager
- Family Member
- Emergency Department/ Mobile crisis
- Hospital/ ID Center
- Mental Health Practitioner/ Behavior Specialist
- Other (OPWDD, school, medical personnel)

Information about CSIDD providers is available on the OPWDD website. In addition, upon referral the OPWDD Regional Office or CSIDD provider shares detailed information about the service prior to voluntary enrollment.

B. Individuals with Special Needs.

The State has special processes in place for persons with special needs
(Please provide detail).

Response: CSIDD providers must make arrangements or work with the individual's Health Home Care Management entity to provide interpretation, translation or any other service the 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 or other CSIDD providers. CSIDD providers are responsible for promoting and implementing cultural competencies, practices and procedures to ensure that diverse cultures are considered in all aspects of the delivery of the service.

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).

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

Year 1 from: ___/___/___ to ___/___/___

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

Projected pre-waiver cost _____

Projected Waiver cost _____

Difference: _____

Year 2 from: ___/___/___ to ___/___/___

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

Projected pre-waiver cost _____

Projected Waiver cost _____

Difference: _____

Year 3 (if applicable) from: ___/___/___ to ___/___/___

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

Projected pre-waiver cost _____

Projected Waiver cost _____

Difference: _____

Year 4 (if applicable) from: ___/___/___ to ___/___/___

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

Projected pre-waiver cost _____

Projected Waiver cost _____

Difference: _____

Year 5 (if applicable) from: / / to / /
(For renewals, use trend rate from previous year and claims data from the CMS-64)

Projected pre-waiver cost _____
Projected Waiver cost _____
Difference: _____