

Application for

Section 1915(b) (4) Waiver

Fee-for-Service

Selective Contracting Program

June 2012

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September 2019

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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 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 Five years beginning April 1, 2020 and ending March 31, 2025.

State Contact: The State contact person for this waiver is Janet Zachary-Elkind and can be reached by telephone at (518) 473-0919, or fax at (518) 486-2495, or e-mail at janet.zachary-elkind@health.ny.gov. (List for each program) 3

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 October 15, 2019 informing the Tribes of the submission of a new 1915(b)(4) waiver application to allow selective contracting for Crisis Services for Individuals with Intellectual and/or Developmental Disabilities (CSIDD). The draft application was published at the following web site: <https://opwdd.ny.gov/ny-start/home/1915b4>. 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 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 request includes all dual eligible for whom the service is medically necessary. This 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 1,200-2,000 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 2 hours of referral from OPWDD. 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 will be 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 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):

 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. _____ **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 and HCBS waiver
- _____ Is different than stipulated in the State Plan (please describe)

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

- X **Competitive** Procurement
- _____ **Open** cooperative procurement
- _____ **Sole** source procurement
- _____ **Other** (please describe)

C. Restriction of Freedom of Choice

1. **Provider Limitations.**

- X 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, Otsego, 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 Columbia, 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:

- X Section 1931 Children and Related Populations
- X Section 1931 Adults and Related Populations
- X 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 and not listed above

2. **Excluded Populations.** 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)?

Response: CSIDD designated provider(s) must have sufficient professional staffing to operate in a given region and the ability to coordinate a network of providers to ensure the provision of services for CSIDD service recipients. Providers must ensure the team includes licensed professionals from appropriate behavioral health disciplines who provide clinical consultation and initial contact within two (2) hours of referral from OPWDD. 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 will ensure that:

- The assessment 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 referral from OPWDD.)
- 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 will monitor access and performance and will require 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 will oversee all referrals and monitor 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 will 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 the 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: The State worked with an independent contractor to conduct a statewide analysis of need. Each provider team varies in size based on the scope of the region and initial identified demand. To ensure adequate access, the State will work with CSIDD providers to determine if teams are not adequately staffed or if additional providers are needed to meet the needs of beneficiaries.

Based on current census data, an estimated 400,000 (or 2% of the total population) of NYS citizens have Intellectual/developmental disabilities. New York state data indicate that 130,000 or about 1/3 of those citizens with IDD, currently receive OPWDD services. Also, according to NYS data, 37.5% (N=48,000) of the people in the OPWDD also have a psychiatric diagnosis. Based on international prevalence studies and consistent with the state's own experiences, it can be estimated that an additional 82,000 citizens with IDD, not currently in the OPWDD system may also have behavioral health care needs.

New York Medicaid claims data indicates that in 2013 and 2014, 4-5% of individuals (N=4,700) known to OPWDD access emergency room services for psychiatric symptoms annually resulting in a total Medicaid cost of 3 million dollars. With the average cost of an emergency room visit estimated at \$2,100.00 per person, the actual emergency room service cost for those that are known to the OPWDD system (n=4,700) is estimated at \$9.87 million dollars, which is significantly higher than the 3 million dollars that was billed to Medicaid for these services during this time period.

Over the course of 2013-2014, an average of \$33 million dollars, or 30% of expenditures, was spent on emergency (\$3 million) and short-term, tertiary acute care services statewide (\$30 million).

While only a small percentage were hospitalized, 25% of expenditures overall were on inpatient services provided to 1% of the population. Inpatient stays were significantly longer and more costly than would be expected in the general population of mental health service users. In 2017, there were 1,378 individuals with I/DD admitted to the hospital for 31,725 bed days costing \$28 million. Source: https://opwdd.ny.gov/sites/default/files/documents/LI-System_nalysisFinalReport7-30-15.pdf and https://opwdd.ny.gov/sites/default/files/documents/NYC-System-Analysis-Report_0.pdf

It is estimated that the overall demand for CSIDD services will average between 1,650 and 2,000 individuals served at any point in time.

Estimates of Capacity needed

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	306	325
Region 2	Broome, Chenango, Delaware, Otsego, Tioga, Tompkins Cayuga, Cortland, Herkimer, Lewis, Madison, Oneida, Onondaga, Oswego Clinton, Essex, Franklin, Hamilton, Jefferson, St. Lawrence		200
Region 3	Albany, Fulton, Montgomery, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington Orange, Rockland, Sullivan, Westchester Columbia, Dutchess, Greene, Putnam, Ulster	224	350
Region 4	Bronx, Manhattan, Queens	350	500
Region 4	Brooklyn and Staten Island	253	400
Region 5	Nassau, Suffolk	165	350
Total projected		1,298	2,075

- 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 Plan completion, and 3) quality benchmarks that are currently under development and 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.

- 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 consumers 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 to address the problem. If the problem has not been resolved at the time of the review, the CSIDD must address the issue in its Plan of Correction (POC).

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

The State will 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. 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 that are currently under development to monitor and ensure the delivery of all service components as a condition of payment.

The State will specifically monitor the stabilization services to be 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 will be 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.

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.

- 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.

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 an 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: Because of the extensive community engagement that OPWDD conducted prior to developing this program, community partners are eager to refer individuals to this program. The primary referral sources for CSIDD are expected to be:

- 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

 X 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)

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 will be equal to the demand under the Medicaid State Plan. 2,000 individuals are projected to meet medical necessity under the newly approved State Plan and will be served at a cost of approximately \$7,000 each. This is less costly than a single hospitalization. There is no historic Medicaid trend factor for this service.

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

Year 1 from: 10/1/2019 to 9/30/2020

Trend rate from current expenditures (or historical figures): 2.00 %

Projected pre-waiver cost N/A
Projected Waiver cost \$14,526,321
Difference: N/A

Year 2 from: 10/1/2020 to 9/30/2021

Trend rate from current expenditures (or historical figures): 2.00 %

Projected pre-waiver cost N/A
Projected Waiver cost \$14,816,847
Difference: N/A

/
Year 3 (if applicable) from: 10/1/2021 to 9/30/2022

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

Projected pre-waiver cost N/A
Projected Waiver cost \$15,113,184
Difference: N/A

Year 4 (if applicable) from: 10/1/2022 to 9/30/2023

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

Projected pre-waiver cost N/A

Projected Waiver cost \$15,415,448

Difference: N/A

Year 5 (if applicable) from: 10/1/2023 to 12/31/2024

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

Projected pre-waiver cost N/A

Projected Waiver cost \$15,723,757

Difference: N/A