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THE DSRIP IMPLEMENTATION PLAN

ALL-PPS WORKSHOP

JANUARY 16, 2015

Agenda for today's workshop:

10:30 – 10:45	Welcome and introduction
10:45 – 11:15	Conceptual overview of the implementation plan <i>Jason Helgerson (NYS DOH)</i>
11:15 – 12:00	Ongoing reporting and the DSRIP payment process <i>Matt Sorrentino and Joe Weber (PCG)</i>
12:00 – 12:45	LUNCH
12:45 – 1:15	Q&A on quarterly reports and the DSRIP payment process <i>Matt Sorrentino and Sean Huse (PCG)</i>
1:15 – 2:00	Regulatory flexibility and integration of care guidance <i>Greg Allen (NYS DOH) and Lisa Ullman (OPCHSM)</i>
2:00 – 2:30	Next steps in the implementation plan process <i>Jason Helgerson (NYS DOH)</i>
2:30 – 3:00	Open Q&A session <i>Jason Helgerson (NYS DOH)</i>





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CONCEPTUAL OVERVIEW OF THE IMPLEMENTATION PLAN

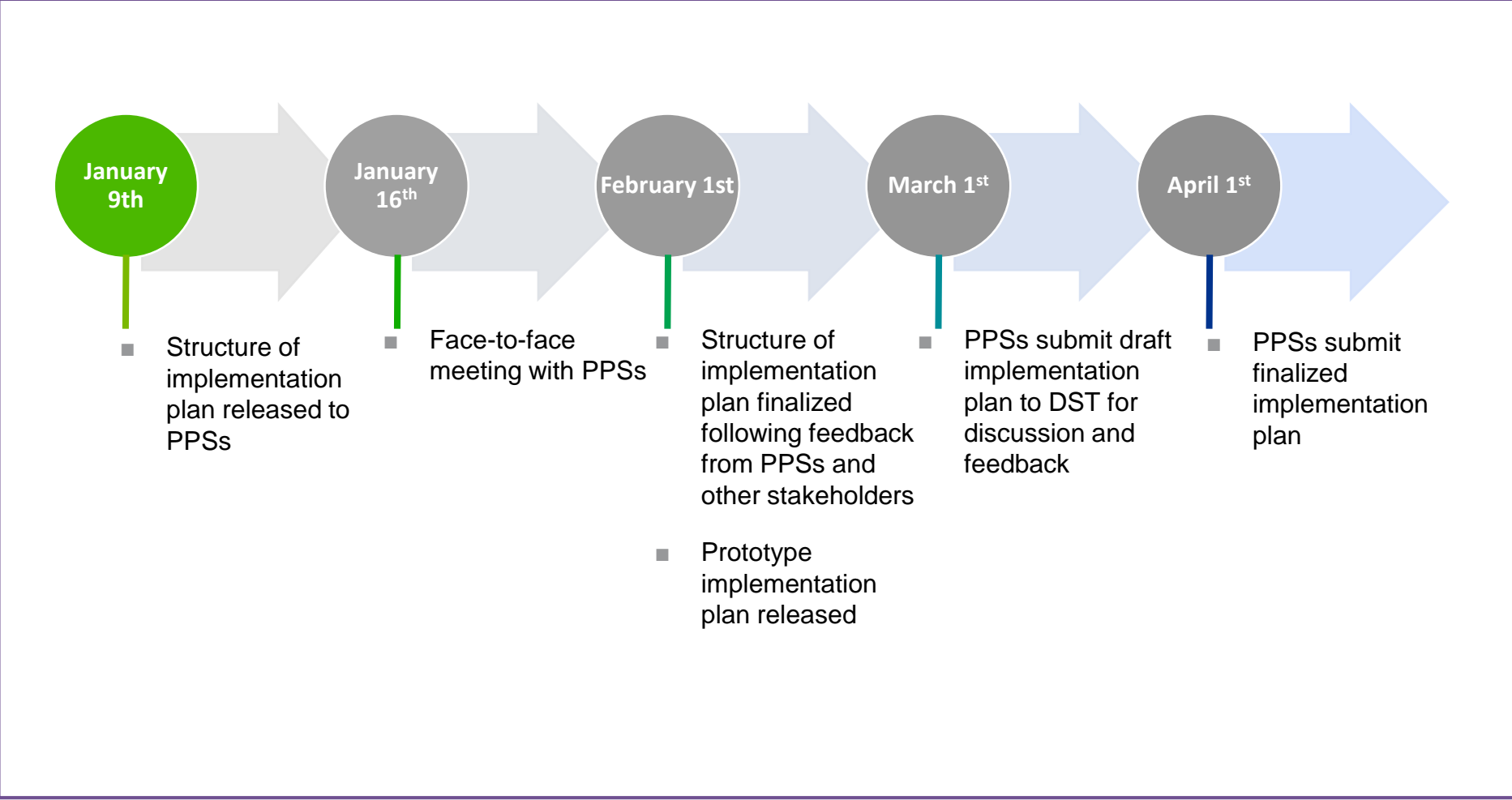
Jason Helgerson

State Medicaid Director, Deputy Commissioner

New York State Department of Health

Conceptual Overview of the Implementation Plan

Implementation Plan timeline



Conceptual Overview of the Implementation Plan Process

The role of the implementation plan

The implementation plan process will:

- 1** Define the structure and content for the quarterly reports
- 2** Collect the baseline information that the IA will need for ongoing monitoring and scoring of Domain 1 measures
- 3** Set out key milestones in each organizational area to give DOH and the IA insight into the implementation timelines of various initiatives across PPSs

Conceptual Overview of the Implementation Plan Process

The role of the implementation plan

1 Defining the structure for the quarterly reports:

- PPSs' quarterly reports will represent an update on each aspect of the implementation plan
- Certain aspects will be directly linked to the award of DSRIP funds (e.g. progress against patient engagement speed commitments).
- Other aspects are designed for qualitative insight and to provide basis for discussion regarding process and challenges with DOH and other state units.

Conceptual Overview of the Implementation Plan Process

The role of the implementation plan

2 Collecting the baseline information that the Independent Assessor will need for ongoing monitoring and scoring of Domain 1 process measures

- This suite of information will include some project-specific measures (e.g. speed of patient engagement) and some organizational measures (e.g. workforce impact numbers)
- This relates to Domain 1 process measures – *Domain 1 Funding is significant, representing approximately 40% of all payments across the waiver*
- Progress against outcome measures will also be captured and monitored in the MAPP tool, separately from the implementation plan and quarterly reports.

Conceptual Overview of the Implementation Plan Process

The role of the implementation plan

3 Setting out key milestones in each organizational area

- The implementation plan template will prescribe high-level headings. PPSs will then set out the work steps under each of these that are specific to that PPS
- Progress against these milestones and key steps will be tracked through the quarterly reports but these steps are not individually linked to process payments
- These key steps and milestones effectively represent an 'Executive Summary' of the more extensive implementation planning PPSs will undertake for each project



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ACHIEVEMENT VALUES, ONGOING REPORTING REQUIREMENTS, & HOW THEY CORRESPOND TO DSRIP PAYMENTS

Matt Sorrentino & Joe Weber

Public Consulting Group



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Overview on Earning DSRIP Payments



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Earning DSRIP Payments

- Providers will receive DSRIP payments based on the successful achievement of the following:
 - ✓ Meeting Domain 1 Process Milestones and Metrics;
 - ✓ Successfully Completing Pay for Reporting (P4R) requirements; and
 - ✓ Meeting Pay for Performance (P4P) targets for defined metrics.
- Domain 1 Process Milestones and Metrics were outlined in the DSRIP Project Plan and will be introduced in more detail through the operator-assisted call.
- P4R and P4P Milestones have been defined for each Domain and DSRIP project.
 - Attachment J and the Metric Specification Guide have more information on the specific P4R and P4P milestones.
 - More information and training will be provided on how payments will be earned in regards to P4R and P4P requirements and metrics.
- The focus of this presentation is centered on Domain 1 Process Milestones and Metrics and providing information on how Domain 1 Process measures translate to DSRIP payments, as calculated through Achievement Values (AVs).



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Introduction to Achievement Values



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Introduction to Achievement Values

- Each DSRIP project will be evaluated for performance by the Independent Assessor (IA) by examining each Domain 1 measure and/or milestone.
 - Each process measure and milestone will be evaluated on whether the target or milestone was “achieved” or “not achieved”, which will be expressed as an Achievement Value (AV).
 - AV **1** = “meeting or achieving” the process measure or milestone.
 - AV **0** = “not meeting or achieving” the process measure or milestone.
- The IA will be complete the evaluation process of Domain 1 process measures and milestones across every DSRIP project.



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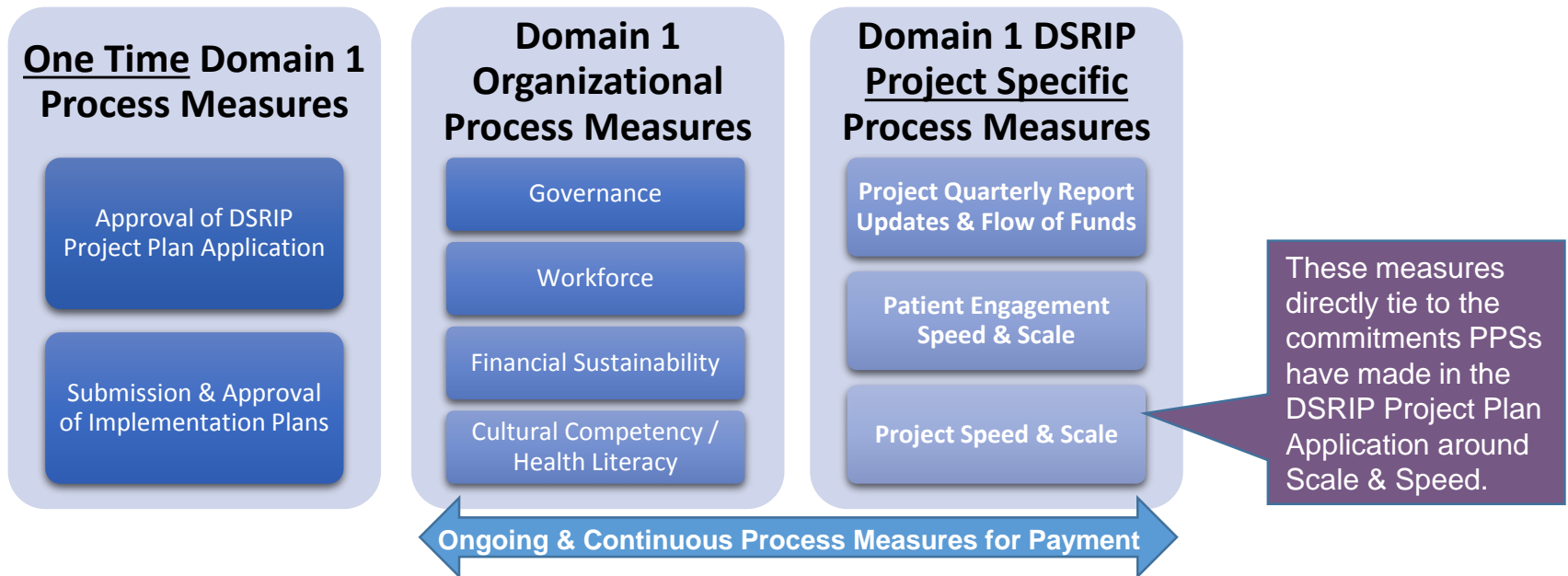
Domain 1 Process Measures & Milestones with Assigned Achievement Values



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Overview of Domain 1 Process Measures

- Domain 1 Process Measures that will be evaluated for AV and therefore equate to DSRIP payments can be categorized into the following three categories:



Overview of Domain 1 Process Measures

- Domain 1 Organizational Specific Process Measures will have multiple metrics, as shown in the example below for Workforce, that will be evaluated to determine if the PPS has met the process measure to receive the Achievement Value.



The PPS will need to meet the requirements in each of these three areas in order to receive the AV of 1 for Workforce in each payment period.

The table outlines the Domain 1 Process Measures for an example DSRIP project and identifies the corresponding Process Measures that will be evaluated for AV purposes.

Process Measure Type	One-Time/ Ongoing	DY1 Pmt1	DY1 Pmt2	DY1 Pmt3	DY2 Pmt1	DY2 Pmt2
Project Plan Application Approval	One-time	1	N/A	N/A	N/A	N/A
Organizational Process Measures						
Governance						
Implementation Plan	One-time	N/A	1	N/A	N/A	N/A
Quarterly Progress Reports	Ongoing	N/A	N/A	1	1	1
Workforce						
Implementation Plan	One-time	N/A	1	N/A	N/A	N/A
Quarterly Progress Reports	Ongoing	N/A	N/A	1	1	1
Cultural Competency/Health Literacy						
Implementation Plan	One-time	N/A	1	N/A	N/A	N/A
Quarterly Progress Reports	Ongoing	N/A	N/A	1	1	1
Financial Sustainability						
Implementation Plan	One-time	N/A	1	N/A	N/A	N/A
Quarterly Progress Reports	Ongoing	N/A	N/A	1	1	1
DSRIP Project Specific Process Measures						
Implementation Plan	Ongoing	N/A	1	N/A	N/A	N/A
Quarterly Progress Reports & Project Budget & Flow of Funds	Ongoing	N/A	N/A	1	1	1
Patient Engagement Speed	Ongoing	N/A	N/A	1	1	1
Project Implementation Speed	Ongoing	N/A	N/A	1	1	1
Achievement Value Potential by DY		1	5	7	7	7

Please note, the AVs established for DY2 will be the same Domain 1 Process Measures for DY3 and DY4.

Blue circles represent one time achievement values, such as the submission of the implementation plan & Project Plan approval.

Overview of Domain 1 Process Measures

- Each of the Domain 1 Process Measures and Reporting Requirements will be articulated in the Implementation Plan.
 - The Implementation Plan serves as the backbone of the required Quarterly progress reports on all components of the Implementation Plan.
 - Each of the above mentioned Domain 1 Process Measures include various components that will be discussed in detail through the operator-assisted call to ensure PPSs have a clear understanding of the reporting requirements.
- Organizational components and their corresponding AVs will be applied to all DSRIP projects, similar to the scoring of the DSRIP Project Plan.
- In addition to the submission of the Implementation Plan, PPSs will be required to submit additional information as needed to verify and validate that Domain 1 process measures and milestones have been actually achieved.
 - The details of these supporting documents will be covered in a subsequent training and/or information session in advance of the submission requirements.

Overview of Domain 1 Process Measures

- For Domain 2 and Domain 3 projects, a PPS will have a maximum Achievement Value Potential of 7 for each period from DY 1, Payment 3 through DY 4, Payment 2.
 - The maximum Achievement Value Potential is inclusive of the 4 Organizational Process Measures and the 3 DSRIP Project Specific Process Measures.
- For Domain 4 projects, a PPS will have a maximum Achievement Value Potential of 5 for each period from DY 1, Payment 3 through DY 4, Payment 2.
 - Domain 4 projects do not include measures for Patient Engagement and Project Implementation Speed.
 - The maximum Achievement Value Potential is inclusive of the 4 Organizational Process Measures and the DSRIP Project Specific Process Measure for Quarterly Progress Reports and Project Budget & Flow of Funds.



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Overview of Project Valuation to DSRIP Payments



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Earning DSRIP Payments

- The following example illustrates the total valuation for a PPS that has chosen to implement 10 projects and has approval to implement the 11th project, Project 2.d.i.
- The total DSRIP funding for a PPS will be determined based upon final attribution, the final valuation benchmark, and the DSIP Project Plan Application score as determined by the DSRIP Independent Assessor (IA) and validated by the DSRIP Project Approval and Oversight Panel (PAOP).
 - Please note that the values included for determining the total DSRIP funding in this example are for illustrative purposes only and do not reflect actual attribution, valuation benchmark or DSRIP Project Plan Application score data.

Earning DSRIP Payments

Projects	Index Score	Maximum Index Score	Project Index Score	Valuation Benchmark	Project PMPM	PPS Attribution Total	DSRIP Project Plan Application Score	# of DSRIP Months	Maximum Project Value
2.a.i	56	60	0.93	\$2.00	\$1.87	250,000	0.95	60	\$26,600,000
2.a.iii	46	60	0.77	\$2.00	\$1.53	250,000	0.88	60	\$20,240,000
2.b.iii	43	60	0.72	\$2.00	\$1.43	250,000	0.92	60	\$19,780,000
2.b.iv	43	60	0.72	\$2.00	\$1.43	250,000	0.81	60	\$17,415,000
3.a.i	39	60	0.65	\$2.00	\$1.30	250,000	0.94	60	\$18,330,000
3.a.ii	37	60	0.62	\$2.00	\$1.23	250,000	0.82	60	\$15,170,000
3.b.i	30	60	0.50	\$2.00	\$1.00	250,000	0.98	60	\$14,700,000
3.c.i	30	60	0.50	\$2.00	\$1.00	250,000	0.81	60	\$12,150,000
4.a.iii	20	60	0.33	\$2.00	\$0.67	250,000	0.83	60	\$ 8,300,000
4.b.ii	17	60	0.28	\$2.00	\$0.57	250,000	0.80	60	\$ 6,800,000
2.d.i	56	60	0.93	\$2.00	\$1.87	125,000	0.87	60	\$12,180,000
Total DSRIP Project Valuation									\$171,665,000

****This PPS can earn \$171,665,000 in DSRIP Funding across the five year demonstration period.***

Earning DSRIP Payments

- Based on the DSRIP Valuation illustrated in the previous table, the PPS can earn \$171,665,000 in DSRIP Funding over the five year demonstration period.
- Domain 1 Funding is significant, representing approximately 39% of all payments across the waiver.
 - Of the total \$171.6M DSRIP funds, \$66M in DSRIP funds can be earned by successful achievement of Domain 1 Process measures and milestones.
 - Domain 1 Funding ends after DY4, therefore there will be no DSRIP payments associated with Domain 1 Process Measures for DY5.

Funding Break Down	DY 1	DY 2	DY 3	DY 4	DY 5	Total
DSRIP Annual Funding %	15.84%	16.88%	27.29%	24.16%	15.84%	100%
DSRIP Annual Funding	\$27,183,721	\$28,968,912	\$46,846,367	\$41,482,279	\$27,183,721	\$171,655,000
Domain 1 Funding %	80%	60%	40%	20%	0%	39%
Domain 1 Funding Amounts	\$21,746,977	\$17,381,347	\$18,738,547	\$8,296,456	\$0	\$66,163,327

****Please note, DSRIP payments are not distributed evenly from year to year. Payment % distributions are articulated in the Standard Terms and Conditions (STCs) of the waiver.***

Earning DSRIP Payments

- As illustrated in the table exhibiting the calculation of the total DSRIP Funding, Project 3.a.i has a value of \$18.3M out of the total \$171.6M in DSRIP Funding.
 - The funding for a single project is apportioned over the five year demonstration period in accordance with the Standard Terms & Conditions of the waiver.
 - Domain 1 Funding associated for Project 3.a.i accounts for \$7M of the total \$18.3M in DSRIP Funding for this project.

Funding Break Down	DY 1	DY 2	DY 3	DY 4	DY 5	Total
DSRIP Annual Funding %	15.84%	16.88%	27.29%	24.16%	15.84%	100%
DSRIP Annual Funding	\$2,902,616	\$3,093,235	\$5,002,149	\$4,429,384	\$2,902,616	\$18,330,000
Domain 1 Funding %	80%	60%	40%	20%	0%	39%
Domain 1 Funding Amounts	\$2,322,093	\$1,855,941	\$2,000,860	\$885,877	\$0	\$7,064,770

Earning DSRIP Payments

- DSRIP payments associated with Domain 1 funding are made at regular intervals as dictated in the Standard Terms & Conditions of the waiver.
 - There will be three payments made in DY 1 with two payments made in all subsequent years.
 - DY 1 payments associated with Project 3.a.i would be broken out as follows:

Payment Break Down	DY 1 – Payment 1	DY 1 – Payment 2	DY 1 – Payment 3
Total Domain 1 Funding – DY 1	\$2,322,093	\$2,322,093	\$2,322,093
Domain 1 Payment Allocation	50%	25%	25%
Maximum Domain 1 Payment	\$1,161,046	\$580,523	\$580,523



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An Example of How Achievement Values Equate to Payments



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Tying it All Together

- As outlined throughout, the PPS will be evaluated on whether an achievement value was earned across each Domain 1 Process Measure, both those specific to DSRIP projects and those pertaining to the Organizational components of the PPS.
- A total achievement value (TAV) will be calculated for each DSRIP project.
- The resulting Percentage Achievement Value will dictate how much Domain 1 Funding is earned by a PPS for each DSRIP project.
 - How Achievement Values will be evaluated will be explained in detail to PPSs prior to the submission of the Implementation Plan.

Process Measure Type	DY1 Payment 3
Project Plan Application Approval	N/A
Organizational Process Measures	
Governance	
Implementation Plan	N/A
Quarterly Progress Reports	1
Workforce	
Implementation Plan	N/A
Quarterly Progress Reports	1
Cultural Competency/Health Literacy	
Implementation Plan	N/A
Quarterly Progress Reports	1
Financial Sustainability	
Implementation Plan	N/A
Quarterly Progress Reports	1
DSRIP Project Specific Process Measures	
Implementation Plan*	N/A
Quarterly Progress Reports & Project Budget & Flow of Funds	1
Patient Engagement Speed	0
Project Implementation Speed	1
Total Achievement Value Earned by PPS	6
Percentage Achievement Value (6/7)	85.71%
Domain 1 Funding for Project 3.a.i	\$580,523
Domain 1 Funding Achieved for Project 3.a.i.	\$497,591

There was a maximum of \$580,523 in Domain 1 funding available for Project 3.a.i for the DY1, Q3/Q4 payment period

In this example the PPS earned **6 out of 7** AVs or a Percentage Achievement Value of 85.71%, resulting in the award of \$497,591 in Domain 1 Funding for Project 3.a.i.

Questions & Answers





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BREAK FOR LUNCH



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***ACHIEVEMENT VALUES, ONGOING REPORTING
REQUIREMENTS, & HOW THEY CORRESPOND TO
DSRIP PAYMENTS:***

Q&A

Public Consulting Group



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REGULATORY FLEXIBILITY AND INTEGRATION OF CARE GUIDANCE

Greg Allen

*Director of the Division of Program Development and Management
New York State Department of Health*

Jennifer Treacy and Lisa Ullman

Office of Primary Care & Health Systems Management



Overview

- Background on regulatory waivers under DSRIP and framework for review.
- Builds on previously issued Guidance Document.
- Overview of review process.
- Identify most common requests.



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***BACKGROUND
REGULATORY WAIVER
AUTHORITY***



Regulatory waiver authority

PHL § 2807(20)(e) and (21)(e) authorize the waiver of regulatory requirements for DSRIP projects and capital projects that are associated with DSRIP projects by:

- the Department of Health (DOH),
- the Office of Mental Health (OMH),
- the Office of Alcoholism and Substance Abuse Services (OASAS), and
- the Office for People With Developmental Disabilities (OPWDD)

A waiver may be issued:

- as necessary to allow applicants to avoid duplication of requirements and to allow the efficient implementation of the proposed projects;
- only if the waiver would not jeopardize patient safety; and
- only for the life of the project.



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REGULATORY WAIVER PROCESS



Waiver requests

Over 500 waiver requests received in the project applications that were included in the DSRIP Project Plan application and will required submission of information which included:

- the regulation for which a waiver is being requested;
- the components of the Project Plan affected by the regulation;
- the reason the waiver is needed, including an explanation of how a waiver will assist in implementation of the Project Plan and reaching better health outcomes; and
- an explanation as to why the waiver would not negatively impact patient safety.



Waiver review categories

- Waiver not needed-clarification that activity is already currently permitted
- Approved
- Approved with Contingencies
- More information needed or re-submission into an approval model needed
- Waiver not feasible-state statute or federal prohibition
- Denied-due to patient safety protection

Regulatory waiver information will be posted online, refined and expanded on an ongoing basis as regulatory waivers are received and reviewed.



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AREAS OF GUIDANCE



Certificate of need

DSRIP project plan application approval = DOH approval for the following:

- Need methodology
- Financial feasibility
- Change in capacity, beds, equipment, services
 - Downsizing
 - Adding
 - Relocation
 - Process for notification to DOH
- No additional DOH approval needed



Construction standards

- DOH regulations require health care facilities to be maintained in compliance with the National Fire Protection Association Life and Safety Code, the Facility Guidelines Institute's (FGI) Guidelines for Design and Construction of Hospitals and Outpatient Facilities, the FGI's Guidelines for Design and Construction of Residential Health, Care, and Support Facilities and DOH-specific rules for the design of facilities.
- Need methodology and financial feasibility waived.
- Pre-opening surveys will still be required, critical patient safety issue and there are certain types of facilities required federally.
- Any DSRIP related pre-opening surveys, expedited process.



Revenue sharing

- Waiver will be issued to allow DSRIP incentive payments to be distributed to providers in the PPS
- Fee splitting is not permitted with the revenue generated from the billing of services



Admission, Transfer and Discharge

- DOH will likely waive regulations that could serve as obstacles to the management of patients within a PPS under its approved Project Plan, to the extent consistent with federal requirements and assuming medical appropriateness, including:
 - 10 NYCRR § 400.9 (governing transfer and affiliation agreements);
 - 10 NYCRR §§ 400.11 and 700.3 (governing assessment of long term care patients)
 - 10 NYCRR § 405.9(f)(7) (prohibiting hospital from transferring or discharging patients based on source of payment). Waiver not needed provided transfer decisions are clinically based and do not consider source of payment. Provider should implement a PPS approved protocol for care transitions and care pathways.



Home visits

- DOH will likely waive 10 NYCRR § 401.2(b), which provides that an operator may use an operating certificate only for the designated site of operation. This would allow individuals with chronic illnesses to be visited at home by practitioners employed by general hospital outpatient departments and diagnostic and treatment centers.
- However, to permit Medicaid reimbursement for such services, DOH will amend 10 NYCRR §§ 86-4.9, 86-8.14 and 401.2, and submit to CMS an amendment to New York's Medicaid State Plan.



Waiver tracking & reporting

- The agencies have established a process to track waivers by provider and facility to ensure that surveyors are aware of approved waivers.
- If the survey team determines that the provider has failed to comply with any conditions under which a waiver was granted, the waiver is subject to revocation and the provider could be subject to citations for the underlying regulatory standards and would need to implement corrective action plan.



Next steps:

- We will be requesting list of providers in PPS for which each regulatory waiver is requested
- We will be notifying PPS of waiver approvals, disapprovals, etc by 2/6

DRAFT Integration of Primary Care and Behavioral Health Services

The standards that follow are draft. The listed standards are the additional requirements to achieve integrated licensure status.

Domain 3: Clinical Improvement Projects

Project 3.a.i: Integration of primary care and behavioral health services

Objective: Integration of mental health and substance use disorder services with primary care to ensure coordination of care for both services

Rationale: Integration of behavioral health and primary care services can serve 1) to identify behavioral health diagnoses early, allowing rapid treatment, 2) to ensure treatments for medical and behavioral health conditions are compatible and do not cause adverse effects, and 3) to de-stigmatize treatment for behavioral health diagnoses. Care for all conditions is delivered under one roof by known health care providers

Existing Options for Integrating Behavioral Health and Primary Care Services

- Providers can be licensed or certified by more than one state agency (DOH, OMH or OASAS)
- Providers that are licensed or certified by more than one state agency are able to add services for which they are licensed or certified at one of their other sites through an expedited process without having to obtain a license or certification for the additional site (10 NYCRR Part 404; 14 NYCRR Part 599-1 and 14 NYCRR Part 825, which went into effect on January 1, 2015).
- Providers licensed by OMH or certified by OASAS are able to integrate mental health and substance use disorder services pursuant to requirements of the two state agencies.
- Providers may integrate services under existing Licensure Thresholds.

Current Licensure Thresholds

Licensure Thresholds apply to outpatient providers:

- licensed under PHL Article 28 as a diagnostic and treatment center, extension clinics or general hospital outpatient programs (a distinct part or unit within a general hospital through which outpatient services, other than hospital-based ambulatory surgery services are provided)
- licensed under MHL Article 31 as clinic treatment programs
- licensed under MHL Article 32 to provide substance use disorder outpatient services

Current Licensure Thresholds

- An outpatient provider licensed under PHL Article 28 that has more than 2,000 total visits per year must be licensed under Article 31 of the Mental Hygiene Law (MHL) by OMH if it has **more than 10,000 annual visits** for mental health services or **more than 30 percent of its total annual visits** are for mental health services.
- An outpatient provider licensed by OMH to provide outpatient mental health services or certified by OASAS under MHL Article 32 to provide outpatient substance use disorder services must obtain licensure by DOH if **more than 5 percent of total annual visits** are for primary care services or if any visits are for dental services.

Revised Licensure Thresholds

- In order to facilitate implementation of Project 3.a.i, the agencies will raise the Licensure Thresholds.
- Revised Licensure Thresholds will permit outpatient providers that are part of a DSRIP project to integrate primary care and behavioral health services under a single license or certification.
- In order to help ensure quality care and patient safety, providers will be expected to follow a model based on the integrated outpatient services regulations -- 10 NYCRR Part 404, 14 NYCRR Part 599-1 and 14 NYCRR Part 825.
- When a provider's volume of services approaches the threshold limits, the provider must integrate services by either seeking a second license or adding services through the integrated outpatient services regulations.

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DSRIP Integrated Services Licensure Thresholds Model

Providers Licensed by DOH Integrating Mental Health Services

- 10 NYCRR 404.4(f), which defines “integrated care services.”
- 10 NYCRR 404.6(b), which provides the governing board’s oversight responsibilities with respect to the provider integrating services.
- 10 NYCRR 404.7(c)(1), (c)(2), (e) and (f), which requires treatment planning for any patient receiving behavioral health services from an integrated services provider and articulates the scope, standards and documentation requirements for such treatment plans.
- 10 NYCRR 404.8(a), (b), (c), (d), (e), (g) and (i), which identifies minimum policies and procedures for integrated services providers.

Providers Licensed by DOH Integrating Mental Health Services (cont.)

- 10 NYCRR 404.9(b)(2)(i), (b)(2)(ii)(b), (b)(2)(iii), which identifies the minimum services required of providers that will be integrating mental health care services.
- 10 NYCRR 404.10(c)(1)(iv) and (c)(1)(vii), which provide general facility requirements for individual and group sessions and maintenance of records and confidentiality of all patient information.
- 10 NYCRR 404.11(a)(2)(i) and (a)(2)(ii), which requires providers integrating mental health services to comply with quality assurance requirements under 14 NYCRR Part 599.
- 10 NYCRR 404.13(a) and (d)(11), which requires that a record be maintained for every individual admitted to and treated by a provider integrating services and be able to accept consent forms, if applicable.

Providers Licensed by DOH Integrating Substance Use Disorder Services

- 10 NYCRR 404.4(f), which defines “integrated care services.”
- 10 NYCRR 404.6(b), which provides the governing board’s oversight responsibilities with respect to the provider integrating services.
- 10 NYCRR 404.7(c)(1), (c)(2), (e) and (f), which requires treatment planning for any patient receiving behavioral health services from an integrated services provider and articulates the scope, standards and documentation requirements for such treatment plans.
- 10 NYCRR 404.8(a), (b), (c), (d), (e), (g) and (i), which identifies minimum policies and procedures for integrated services providers.

Providers Licensed by DOH Integrating Substance Use Disorder Services (cont.)

- 10 NYCRR 404.9(c)(4) and (c)(5), which identifies the minimum services required of providers that will be integrating mental health care services.
- 10 NYCRR 404.10(c)(1)(iv) and (c)(1)(vii), which provide general facility requirements for individual and group sessions and maintenance of records and confidentiality of all patient information.
- 10 NYCRR 404.11(a)(2)(i) and (a)(2)(ii), which requires providers integrating mental health services to comply with quality assurance requirements under 14 NYCRR Part 599.
- 10 NYCRR 404.12(c)(2), which provides staffing requirements for providers offering substance use disorder services.
- 10 NYCRR 404.13(a), (d)(2)(iii) and (d)(11), which requires that a record be maintained for every individual admitted to and treated by a provider integrating services and be able to accept consent forms, if applicable.

Providers Licensed by OMH or OASAS Integrating Primary Care Services

- 14 NYCRR 599-1.4(f) and (j) or 14 NYCRR 825.4(f) and (j), which defines “integrated care services” and “primary care services.”
- 14 NYCRR 599-1.6(b) or 14 NYCRR 825.6(b), which provides the governing board’s oversight responsibilities with respect to the integrated services provider.
- 14 NYCRR 599-1.8(d), (e), (f), (g), (i), (j), (k), (l), (m) and (n) or 14 NYCRR 825.8(d), (e), (f), (g), (i), (j), (k), (l), (m) and (n), which identifies minimum policies and procedures for integrated services providers.
- 14 NYCRR 599-1.9(a) or 14 NYCRR 825.9(a), which identifies the minimum services required of providers that will be integrating primary care services.

Providers Licensed by OMH or OASAS Integrating Primary Care Services (cont.)

- 14 NYCRR 599-1.10 or 14 NYCRR 825.10, which provide minimum physical plant requirements for facilities integrating services.
- 14 NYCRR 599-1.11(a)(1) or 14 NYCRR 825.11(a)(1), which requires providers integrating primary care services to ensure the development and implementation of a written quality assurance program.
- 14 NYCRR 599-1.12(a), (b) and (c)(1) or 14 NYCRR 825.12(a), (b) and (c)(1), which provides staffing requirements.
- 14 NYCRR 599-1.13(c), (d)(1), (d)(2)(i), (d)(10), (d)(11), (e) and (f) or 825.13(c), (d)(1), (d)(2)(i), (d)(10), (d)(11), (e) and (f), which requires that a record be maintained for every individual admitted to and treated by a provider integrating services. Additional requirements include designated record keeping staff, record retention and minimum content fields specific to each model. Confidentiality of records is assured via patient consents and disclosures compliant with state and federal law.

Providers Licensed by OMH or OASAS Integrating Mental Health and Substance Use Disorder Services

- 14 NYCRR 599-1.4(f) or 14 NYCRR 825.4(f), which defines “integrated care services.”
- 14 NYCRR 599-1.6(b) or 14 NYCRR 825.6(b), which provides the governing board’s oversight responsibilities with respect to the integrated services provider.
- 14 NYCRR 599-1.8(c), (d), (e), (g), and (i) or 14 NYCRR 825.8(c), (d), (e), (g), and (i), which identify minimum policies and procedures for integrated services providers.
- 14 NYCRR 599-1.9(b) or (c) or 14 NYCRR 825.9(b) or (c), which identifies the minimum services required of providers that will be integrating primary care services.

Providers Licensed by OMH or OASAS Integrating Mental Health and Substance Use Disorder Services (cont.)

- 14 NYCRR 599-1.12(c)(2), which provides staffing requirements for OMH licensed providers integrating substance use disorder services.
- 14 NYCRR 599-1.13(a) and (d)(11) or 825.13(a), (d)(2)(iii) and (d)(11), which requires that a record be maintained for every individual admitted to and treated by a provider integrating services and be able to accept consent forms, if applicable.

Next Steps

- We will be requesting a list of providers in a PPS participating in a 3.a.i project.
- By February 6, 2015, the DSRIP Integrated Services Licensure Thresholds Model will be finalized.



**Department
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**Medicaid
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NEXT STEPS IN THE IMPLEMENTATION PLAN PROCESS

Jason Helgerson

State Medicaid Director, Deputy Commissioner

New York State Department of Health

Next steps and the process for developing the implementation plan

Between now and 1st April

1 Developing your implementation plans

- Operator-assisted call 1/26 – more practical discussion of implementation plan
- Key agencies can provide, or be consulted for, subject-specific support on implementation and project planning
 - *OMH, OPH, OASAS, OPWDD, Local Depts of Health & Mental Hygiene*
- The MIX provides a platform for peer-to-peer discussion and expert input
 - *1,000 active users engaged in a discussion about the future of Medicaid in NYS;*
 - *A state-wide discussion on DSRIP projects; and a tool to collaborate within networks*

Next steps and the process for developing the implementation plan

Between now and 1st April

2 Finalizing and submitting your implementation plans

- The DST will develop a template once the structure & content of the implementation plan have been finalized
- The DST will develop a prototype implementation plan
- The submission on April 1st will use the DST template. Ultimately, implementation plans will be loaded onto the MAPP tool (where all future quarterly reports will be submitted) but the exact timing and process for this are still to be confirmed



Next steps and the process for developing the implementation plan

Upcoming communications

- Medicaid Enrollment for new corporations
- OMIG
 - *Attestation Audit*
 - *Compliance Program*
- Contract preparation
- Prequalification status filing

Information & learning exchanges

- PPS IT session January 21st
 - *Data and technology capabilities offered through MAPP and SHIN-NY*
 - *Other considerations to make sound IT investments*
 - *Registration through e-announcement – limited to PPS and RHIO representation*
- DST will continue to develop webinars – We need your feedback on topics





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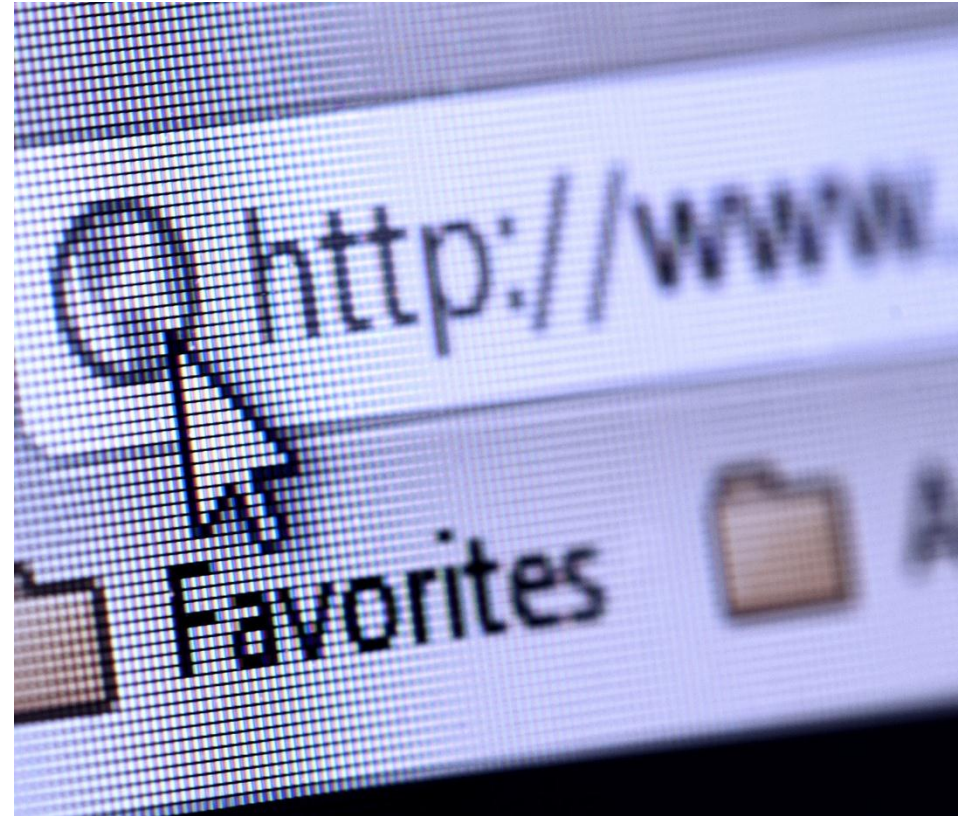
**Medicaid
Redesign Team**

OPEN Q&A ON THE IMPLEMENTATION PLAN

Thank You!

DSRIP e-mail:

dsrip@health.ny.gov



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