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Office of Mental Health
44 Holland Avenue
Albany, New York 12229
www.omh.ny.gov

Vital Access Provider (VAP) Program for freestanding Article 31 Clinics

November 19, 2014



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- VAP Program Overview
- Timeline
- Approval Process and Awards
- Strategic Planner
- Center for Medicare/Medicaid Services (CMS) Role
- Reporting Requirements
- Q & A



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- **Purpose**

- To preserve critical access to Article 31 Mental Health Clinic services

- **Expected Outcomes**

- Preserve geographic access and clinic services for specialty populations
- Financially stabilize at risk Article 31 freestanding clinics and restructure to attain overall fiscal viability
- Improve clinic operations and increase efficiencies including higher productivity and collectability, cross agency consolidation of administrative functions, inter-agency mergers, etc.
- Reduce clinic program costs (e.g., streamline administrative costs, eliminate non-billable activities)
- Improve quality and/or patient outcomes



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- \$60 Million Gross has been allocated for VAP Article 31 Clinic Preservation across the next three years.
- Assumes CMS approval of proposals for Federal Financial Participation.

	Gross
SFY 2014-15	\$30M
SFY 2015-16	\$15M
SFY 2016-17	\$15M



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Three Key Criteria:

- 1. Financial Viability:** for Provider Agency and/or Clinic Program
- 2. Community Service Need:** Limited Geographic Access, Special Populations, Child and Adolescent and Criminal Justice
- 3. Actionable Plan:** to preserve services and achieve fiscal viability



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Fiscal Viability:

- OMH will evaluate fiscal viability need using:
 - Consolidated Fiscal Report (CFR);
 - Audited Financial Statement information; and
 - Medicaid billing.
- OMH's determination will factor in the following:
 - Demonstrated fiscal challenges in the operation of the *provider agency* for the past three (3) years.
 - Demonstrated fiscal challenges in the operation of the *mental health clinic* for the past three (3) years.



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Community Service Need:

- OMH will evaluate community service need using: Medicaid billing; County data book; Patient Characteristic Survey; and Licensing information.
- OMH's determination will factor in the following:
 - Existing service capacity in the counties served by the applicant based on available per capita services.
 - Market share provided by the applicant in each county.
 - Minority and Special populations served by the applicant including minorities measured by race and language, LGBT, Veteran, Homeless, hearing or speech or mobility impaired, and comorbid MH and substance use or developmental disorders.
 - Child & Youth and Criminal Justice populations served by the applicant/agency.



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Actionable Plan:

- The actionable plan must be the primary focus of your VAP mini-bid application.
- OMH will evaluate the VAP mini-bid applications to determine the commitment to institute changes and reasonableness of the plan to attain overall fiscal viability.
- Favorable consideration will be given to proposals which include plans for mergers, cross-agency consolidation of administrative functions, and/or the demonstrated willingness to engage in such activities.



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Allowable VAP Costs

- Incremental costs for staffing and OTPS directly related to VAP action plan
- Costs for contracts to support VAP activities such merger/consolidation, data collection for metrics, billing software, etc.
- Other non-capital costs needed to support the VAP program

Non-Allowable Costs

- Capital related, including rent, depreciation, capital interest, etc.
- No payment of prior debt or obligation.



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- **Article 31 Clinic VAP Project Timeline**

Activity	Date
VAP Announcement Issued to Providers/Advocates	November 6, 2014
Mini-Bid Application Issued to Providers/Advocates	November 14, 2014
Webinar for Providers/Advocates	November 19, 2014
Emergency Regulations Published in State Register	November 19, 2014
Deadline for Questions on Mini-bid Application	November 21, 2014
Q&A's Posted to Website	November 26, 2014
Mini-Bid Responses Due	December 12, 2014
VAP Projects Selected & Providers Notified	January 9, 2015
Complete VAP Application Due	February 11, 2015
State Plan Amendment/Provider Submission of Temporary Medicaid Rate Adjustment Agreement (TMRAA)	February/March 2015
Initial Payment Made	March 2015



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Summary of Next Steps if Selected

- Strategic Planner assigned
- Final VAP Proposal/Budget and Temporary Medicaid Rate Adjustment Application (TMRAA) long form completed
- Full application evaluated/processed
- DOB approval
- CMS approval required for all adjustments
- Payment processed
 - Year One (SFY 14-15)
 - Quarterly Payments



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Strategic Planners:

- OMH will require providers to work with a State assigned strategic planner to help develop, implement and monitor plans
- Strategic planner will:
 - Review and work with provider to finalize VAP proposal and complete the final application (TMRAA) including metrics and final budget
 - Monitor performance, report to OMH and provide support during VAP program duration
 - Review and analyze quarterly reports for progress towards goals
 - Ensure that Provider has worked with CTAC and is part of a PPS
- Costs for Strategic Planners funded by State



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Role of CMS

- **Review and Approve the State Plan Amendment**
 - Federal share of Medicaid cannot be paid before CMS approval



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VAP Implementation Process:

- Long Form Application (TMRAA) Legal Document
 - Agreement between the facility and the Office of Mental Health outlining expectations and responsibilities
- Ongoing payments to facilities will be dependent on achieving the agreed upon metrics
- The Office of Mental Health can terminate agreement.
 - Failure to comply with TMRAA
 - Failure to meet objectives/to achieve required metrics
 - Failure to follow timeline
 - Misuse of funds
 - Failure to submit TMRAA reports quarterly



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Providers Requirements:

- Submission of the Application Long Form (TMRAA) & Attachments A through E
- Submission of Quarterly Reports no later than 15 days after the close of the given quarter
- Includes reporting on metrics developed in the TMRAA and demonstration that they have been achieved



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Providers Requirements (cont.):

- Quarterly Reports – Calendar year basis
 - Filed electronically
 - No later than 15 days after the close of the given quarter
 - Sent to Community Budget and Financial Management (CBFM)
 - Certification of report must be included and signed by the facility's Authorized Signatory



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- How do the documents all relate to one another:
 - Attachment A- Cover Sheet
 - Attachment B – Expenditure Plan – VAP program only
 - Attachment C – Project Timeline
 - Attachment D – Quarterly Narrative Report
 - Attachment E – Metrics Report
 - Recommend completion of B & C simultaneously



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• **OMH Contact Information**

- All questions submitted by 11/21/14.
- Mini- Bids are due by COB 12/12/14.
- Correspondence
- Quarterly Reports

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