



Department
of Health

Training Webinar for CANS-NY Assessors and Assessor Supervisors

The 1.9 Release Fair Hearing/State Review Node in the HCBS/LOC

October 2020



NEW YORK STATE | **Department of Health**
Fair Hearing/State Review Node the HCBS/LOC

Objectives/Activities

- **Overview of the HCBS/LOC Assessment**
 - Reviewing a completed assessment
 - Sharing the assessment outcomes with the family
- **Communicating the Fair Hearing Request Process**
 - Reviewing the Notice of Determination (NOD)
 - Determining the Continuation of Services
 - Sharing information with the Assessor Supervisor
- **Completing and Fair Hearing Request in the HCBS/LOC**
 - Adding a fair hearing request
 - Updating the decision
 - Sign and finalizing the fair hearing request
- **Changes to the Interface**
 - Sign/finalize node
 - HCBS/LOC Reports



NEW YORK STATE | **Department of Health**
Fair Hearing/State Review Node the HCBS/LOC

The Assessment Outcomes – Eligibility Status

Catherine Jones

+ Add
Refresh
x Delete
Check Missing

← →
🕒

Catherine Jones

- Identification Info
- Assessments**
 - 11/15/2020 HCBS/LOC Elig 0-5
 - Reference Date
 - Target Pop Selection
 - Link to CANS-NY
 - Intake/Demographics
 - HCBS/LOC Eligibility 0-5**
 - Serious Emotional Disturbance
 - Medically Fragile**
 - ~~Dev Disability & Foster Care~~
 - ~~Dev Disability & Med Frag~~
 - Sign/Finalize
 - Assessment Outcomes**
 - Fair Hearing/State Review

Summary

All outcomes must be finalized. Signing and finalizing the outcomes is required to start the one-year HCBS Eligibility period for all determinations, including negative results that are appealed.

HCBS/LOC Eligibility	Yes eligible ▼
Serious Emotional Disturbance	Yes ▼
Medically Fragile	Not selected ▼
Developmental Disability & Foster Care	Not Selected ▼
Developmental Disability & Medically Fragile	Not Selected ▼

Outcomes Finalization

Assessor Name	Andrew King
Date of Signature	11/15/2020

The Assessment Outcomes determine the eligibility status for HCBS.

The Assessment Outcomes – Eligibility Status

Michael Dangle

+ Add
Refresh
x Delete
Check Missing

←
→
🕒

Michael Dangle

- Identification Info
- Assessments
 - 10/30/2020 HCBS/LOC Elig 0-5
 - Reference Date
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 - Link to CANS-NY
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 - Sign/Finalize
 - Assessment Outcomes
 - Fair Hearing/State Review

Summary

All outcomes must be finalized. Signing and finalizing the outcomes is required to start the one-year HCBS Eligibility period for all determinations, including negative results that are appealed.

HCBS/LOC Eligibility	No, not eligible ▼
Serious Emotional Disturbance	No ▼
Medically Fragile	Not selected ▼
Developmental Disability & Foster Care	Not Selected ▼
Developmental Disability & Medically Fragile	Not Selected ▼

Outcomes Finalization

Assessor Name	Andrew King
Date of Signature	10/30/2020

The eligibility status is reviewed with the child and family.

Reviewing the Eligibility Status



If the family feels that the child has been wrongfully denied admission into an HCBS Waiver or has been dis-enrolled without just cause; they have the right to appeal that decision.

Discussing Options for An Fair Hearing Request



The Care Manager discusses the family's options for appealing the decision.

Currently Receiving HCBS



Determine from the family if they wish to continue with services the child is already participating in.

Not Currently Receiving HCBS



Even a child who is not currently receiving HCBS, the assessor can assist the family with pursuing a fair hearing.

Notice of Decision



Families will receive a Notice of Decision document that outlines the options for requesting a fair hearing .

Notice of Decision

NEW YORK STATE DEPARTMENT OF HEALTH Home and Community Based Services (HCBS)		Notice of Decision for Enrollment or Denial of Enrollment in the New York State 1915(c) Children's Waiver	
Notice Date	11/30/2020	Effective Date	11/30/2020
		CIN Number	AA34532A
Member (child/youth)	Name	Michael Dangle	
	Date of Birth	10/21/2015	
c/o Parent/Guardian/Legally Authorized Representative, if any	Name	Brandyn Waters	
Health Home	Name	ABC Health Home	
	Address	Main St., Albany NY	
	Telephone Number	518-555-1235	
This is to advise you that effective <u>10/30/2020</u> this agency <u>ABC Health Home</u> has:			
	Date	Name of Health Home	
<input type="checkbox"/> Approved your application for Home and Community Based Services (HCBS) through the eligibility criteria of the 1915(c) Children's Waiver			
<input type="checkbox"/> You have been found eligible for the Children's Waiver and access to HCBS services can begin			
<input type="checkbox"/> You have been found eligible for the Children's Waiver however, you have been placed on a waiting list pending an available slot			
<input checked="" type="checkbox"/> Denied your application for Home and Community Based Services (HCBS) through the eligibility criteria of the 1915(c) Children's Waiver			
<input checked="" type="checkbox"/> You do not meet the eligibility criteria necessary for enrollment in the Children's Waiver due to the following reason(s):			
<input checked="" type="checkbox"/> You do not meet the Level of Care criteria of Target, Risk and Functional requirements necessary for enrollment in the waiver			
<input type="checkbox"/> You are over the age of 21			
<input type="checkbox"/> You receive HCBS services from another HCBS system (e.g. OPWDD or MLTC)			
<input type="checkbox"/> You are expected to reside in an inpatient (e.g. Residential Treatment Facility, Nursing Home, Hospital, etc.) setting for 90 days or more			

The Notice of Decision (NOD) is sent to the child within 10 days of the finalized assessment.

Fair Hearing Timeline



Families must request a Fair Hearing with the Office of Temporary Disability Assistance (OTDA) within 60 days of when the HCBS/LOC was signed and finalized.

Communicate with the Assessor Supervisor



The Care Manager shares information about the family's decision for fair hearing and the continuation of services.

Preparing to Enter and Fair Hearing Request



Only the Assessor Supervisor can enter a fair hearing to the signed and finalized HCBS/LOC Assessment.

Review the Assessment and Assessment Outcomes

Michael Dangle

+ Add Refresh x Delete Check Missing

Michael Dangle

- Identification Info
- Assessments
 - 10/30/2020 HCBS/LOC Elig 0-5**
 - Reference Date
 - Target Pop Selection
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 - Intake/Demographics
 - HCBS/LOC Eligibility 0-5
 - Sign/Finalize
 - Assessment Outcomes
 - Fair Hearing/State Review
- Attestations

Assessor Signature Summary

Date/Time	User	Organization
10/30/2020 09:22 AM	taguas	APICHA (HHCMA)

Assessment Creation Summary

Date/Time	User	Organization
10/30/2020 07:15 AM	taguas	APICHA (HHCMA)

Viewing the individual assessment summary for details about a specific assessment.

Review the Assessment and Assessment Outcomes

Michael Dangle

+ Add Refresh x Delete Check Missing

← → 🕒

Michael Dangle

- Identification Info
- [-] Assessments
 - 10/30/2020 HCBS/LOC Elig 0-5
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 - Sign/Finalize
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Summary

All outcomes must be finalized. Signing and finalizing the outcomes is required to start the one-year HCBS Eligibility period for all determinations, including negative results that are appealed.

HCBS/LOC Eligibility	No, not eligible
Serious Emotional Disturbance	No
Medically Fragile	Not selected
Developmental Disability & Foster Care	Not Selected
Developmental Disability & Medically Fragile	Not Selected

Outcomes Finalization

Assessor Name Andrew King

Date of Signature 10/30/2020

It is a best practice view Assessment Outcomes and check the HCBS Eligibility of the assessment.

Adding a Fair Hearing Request

A request for a fair hearing is added at the Fair Hearing/State Review node of the assessment.

Michael Dangle

Identification Info

- Assessments

10/30/2020 HCBS/LOC Elig 0-5

Reference Date

Target Pop Selection

Link to CANS-NY

Intake/Demographics

+ HCBS/LOC Eligibility 0-5

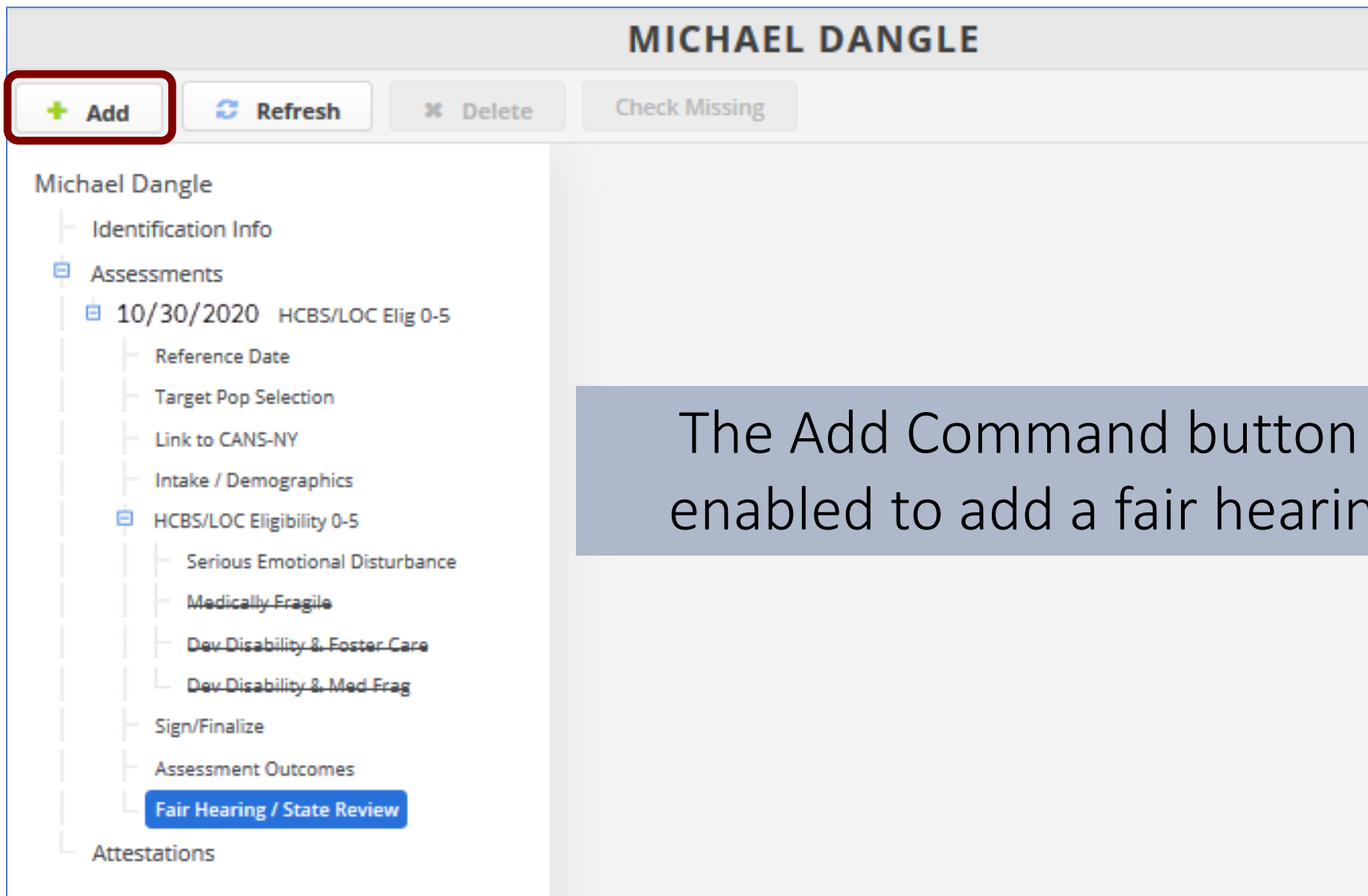
Sign/Finalize

Assessment Outcomes

Fair Hearing/State Review

Attestations

Adding a Fair Hearing Request



The screenshot displays a user interface for a case named "MICHAEL DANGLE". At the top, there are four buttons: "Add" (highlighted with a red box), "Refresh", "Delete", and "Check Missing". Below the buttons is a sidebar menu for "Michael Dangle" with the following items: "Identification Info", "Assessments", "10/30/2020 HCBS/LOC Elig 0-5", "Reference Date", "Target Pop Selection", "Link to CANS-NY", "Intake / Demographics", "HCBS/LOC Eligibility 0-5", "Serious Emotional Disturbance", "Medically Fragile", "Dev Disability & Foster Care", "Dev Disability & Med Frag", "Sign/Finalize", "Assessment Outcomes", and "Fair Hearing / State Review" (highlighted with a blue box). At the bottom of the sidebar is "Attestations". A large grey text box on the right side of the interface contains the text: "The Add Command button is enabled to add a fair hearing."

Adding a Fair Hearing Request

- Type of request
- Continuation of Services
- Decision
- Date of Decision
- Comments

Fair Hearing / State Review

Signing and finalizing the Fair Hearing / State Review does not start the HCBS Eligibility period. Signing and finalizing the Assessment Outcomes is ALWAYS required to start the one year HCBS Eligibility period.

Type No Selection
 Fair Hearing
 State Review

Child requests continuation of services No Selection
 No
 Yes
 Not applicable; not currently receiving services

Decision No Selection
 Denied
 Approved

Date of Decision

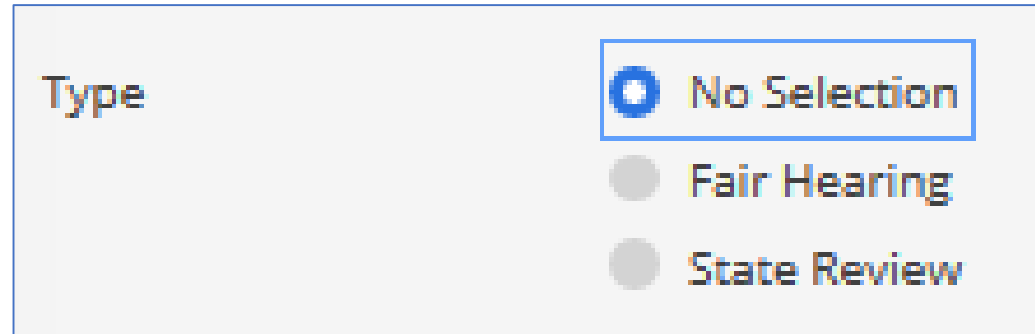
If you alter Fair Hearing or State Review information, you must enter a reason

I attest to the accuracy of this Fair Hearing or State Review information which is based on official documentation entered in the applicant's case record.

Sign/Finalize

Date of Signature

Fair Hearing/State Review Type



The image shows a screenshot of a web form with a label 'Type' on the left. To the right of the label are three radio button options: 'No Selection', 'Fair Hearing', and 'State Review'. The 'No Selection' option is selected, indicated by a blue dot and a blue border around the label. The other two options are unselected, indicated by grey dots.

Type
<input checked="" type="radio"/> No Selection
<input type="radio"/> Fair Hearing
<input type="radio"/> State Review

The request type determines who will review the denial for services within the HCBS/LOC .

- The Fair Hearing is handled by the Office of Temporary and Disability Assistance (OTDA) and is decided by a Judge.
- The State Review is completed by a State agency when there is a complaint about the decision of ineligibility.


Continuation of Services

Child requests continuation of services

- No Selection
- No
- Yes
- Not applicable; not currently receiving services

If the child/youth is currently participating in HCBS, the family can request these services be continued.

Decision Information

Decision	<input checked="" type="radio"/> No Selection <input type="radio"/> Denied <input type="radio"/> Approved
Date of Decision	<input type="text"/> 

The Decision and Decision Date items are used to document the final determination of either the Fair Hearing or State Review.

Comments

If you alter Fair Hearing or State Review information, you must enter a reason

A comment must be made whenever there is a change made to previous selections or if a different care manager/individual changes/completes the Fair Hearing or State Review information.

Sign/Finalize

I attest to the accuracy of this Fair Hearing or State Review information which is based on official documentation entered in the applicant's case record.

Sign/Finalize

The final step is the Sign/Finalize the fair hearing request. Once the request is signed and finalized, it can no longer be edited.

Sign/Finalize

? Fair Hearing / State Review

Signing and finalizing the Fair Hearing / State Review does not start the HCBS Eligibility period. Signing and finalizing the Assessment Outcomes is ALWAYS required to start the one year HCBS Eligibility period.

Type

- No Selection
- Fair Hearing
- State Review


Child requests continuation of services

- No Selection
- No
- Yes
- Not applicable: not currently receiving services

Decision

- No Selection
- Denied
- Approved

Date of Decision


01/15/2021 

If you alter Fair Hearing or State Review information, you must enter a reason

This was completed by the assessor supervisor.

Unsign/Unfinalize

Date of Signature

01/18/2021 03:55 PM 

HCS User ID: *Img20*

Organization Name: *APICHA (HHCMA)*

Once a fair hearing request is signed and finalized it cannot be edited or deleted.

Special Circumstances: UnSign/UnFinalize

Fair Hearing / State Review

Signing and finalizing the Fair Hearing / State Review does not start the HCBS Eligibility period. Signing and finalizing the Assessment Outcomes is ALWAYS required to start the one year HCBS Eligibility period.

Type

- No Selection
- Fair Hearing
- State Review

Child requests continuation of services

- No Selection
- No
- Yes
- Not applicable; not currently receiving services

Decision

- No Selection
- Denied
- Approved

Date of Decision

01/15/2021

If you alter Fair Hearing or State Review information, you must enter a reason

This was completed by the assessor supervisor.

Unsign/Unfinalize

Date of Signature

01/18/2021 03:55 PM

HCS User ID: *Img20*

Organization Name: *APICHA (HHCMA)*

Only an assessor supervisor can
unsign/unfinalize a fair hearing request.

All changes to a fair hearing must be documented.



NEW YORK STATE | **Department of Health**
Fair Hearing/State Review Node the HCBS/LOC

Reports in the HCBS/LOC



Reports within the HCBS/LOC have been updated to reflect the new data items in the assessment.

Reports in the HCBS/LOC

File Home Insert Page Layout Formulas **Data** Review View Developer Help Forms Acrobat Search Share Comments

Get Data From Text/CSV From Web From Table/Range Recent Sources Existing Connections Refresh All Queries & Connections Properties Edit Links Sort Filter Clear Reapply Advanced Text to Columns What-If Analysis Forecast Sheet Group Ungroup Subtotal

AD25

	A	B	C	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD
1	Reporting Period	Last Name	First Name	Asmt Finalized Date	Finalized by Organization	Finalized by User	HH Acuity Score	Outcomes Finalized Date	Selected Population	HCBS/LOC Eligibility	ReAssess Due Month	Current Health Home Name	Current MC Plan Name	Appeal Type	Decision	Date of Decision
19	Ref Date: Jan-2020	Crammer	Gabriel	8/12/2020 11:08	APICHA (F)	Karen Adams (KA123)		8/12/2020 11:09	Serious Er	Yes, eligible	Aug-20	Becker HH				
20	Ref Date: Jan-2020	Trian	David	9/27/2020 21:28	APICHA (F)	Michelle Ross (MR334)		7/4/2020 0:00	Serious Er	Yes, eligible	Jul-21	AAA HH				
21	Ref Date: Jan-2020	Graham	Katie	3/10/2020 10:30	Children's	Karen Adams (KA123)		3/10/2020	Serious Er	No, not eligible	21-Mar	APICA HH				
22	Ref Date: Jan-2020	Dangle	Michael	10/30/2020 0:00	APICHA (F)	Michelle Ross (MR334)		10/30/2020 0:00	Serious Er	No, not eligible	21-Oct	APICA HH		Fair Hearing	Approved	11/15/2020
23	Ref Date: Jan-2020	Jones	Catherine	8/5/2020 14:08	APICHA (F)	Sarah Snow (SS2234)		8/5/2020	Serious Er	Yes, eligible	21-Aug	APICA HH				

CansHcbsAggregate-1601291869381

Ready 100%

CANS-NY and HCBS Report include data from the Fair Hearing/State Review Node.

Changes to the Interface



Sign/Finalize Node updated.

Removal of the Choice to Participate Question

Summary

Signing and finalizing the outcomes is required to start the one year HCBS Eligibility period, if eligible.

HCBS/LOC Eligibility

Serious Emotional Disturbance

Medically Fragile

Developmental Disability & Foster Care

Developmental Disability & Medically Fragile

Choice to Participate in HCBS

If determined eligible, did the child/youth's caregiver or the self-consenting youth choose to participate in HCBS?

If no, why were HCBS services declined?

No Selection
 No. The child/youth's caregiver or self-consenting youth chose NOT to participate in HCBS.
 Yes. The child/youth's caregiver or self-consenting youth chose TO participate in HCBS.

No Selection
 Does not feel HCBS will help them reach their goals.
 Currently receiving community based services that are meeting their needs.
 Residential setting is not considered home and community based, and there are no current plans to transition into a HCBS-compliant setting.

Old Assessment Outcomes Page

1.9 Revised Assessment Outcomes Page

Summary

All outcomes must be finalized. Signing and finalizing the outcomes is required to start the one year HCBS Eligibility period for all determinations, including negative results that are appealed.

HCBS/LOC Eligibility

Serious Emotional Disturbance

Medically Fragile

Developmental Disability & Foster Care

Developmental Disability & Medically Fragile

Outcomes Finalization

Assessor Name

I acknowledge that the outcomes have been reviewed with the applicant. I certify that the outcomes are, to the best of my ability, accurate and complete, with the required documentation.

Sign/Finalize

Trying it Out in the Live System



Support Desk Team and Training Team

UAS-NY Support Desk

via email: uasny@health.ny.gov

Telephone: 518-408-1021

Support Desk

Deb Birdman

Laura D'Orazio

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contact us

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