

# Children's Waiver Renewal Stakeholder Feedback Review

For HCBS Providers, Health Home Care Managers, MRT & Advocates,  
C-YES, Managed Care Plans, and Consumers

# Agenda

- ✓ 1915(c) Children's Waiver Feedback Overview
  - Feedback Process
  - Feedback Methods
  - Review Process
- ✓ 1915(c) Children's Waiver Feedback Themes
  - Positive Feedback
  - Workforce
  - Rates and Reimbursement
  - Documentation & Communication
  - Access to Services & Waitlists
  - Technology Infrastructure
  - Managed Care & Billing
  - Service Delivery
  - Population Needs
- ✓ Next Steps

# 1915(c) Children's Waiver Feedback Overview

December 2021

# Feedback Process



## Collect Responses & Organize Feedback

We collected information from stakeholders via information sessions, survey, and solicited feedback via letters and emails. We aggregated the information and then sorted for similarities, focused on feedback that is relevant specifically to the waiver, and then categorized the feedback into meaningful buckets.



## Assess Feedback

Based on information gathered we determined whether and how to address the in the Waiver. We built out a plan to communicate to the stakeholders.



## Acknowledge & Enhance

Given the vast number of responses we consolidated feedback into 9 categories and will provide written responses to all feedback at category level in a comprehensive FAQ document. We are also holding this webinar as part of our public response to the feedback.

# Feedback Methods

227

## 1915(c) Children's Waiver Feedback Survey

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We received **227 responses** spanning 65 topics from operational and administrative feedback to service delivery, and workforce. We had survey responses from all targeted subgroups (HCBS Providers, HH & Care Management Agencies, Parents/Guardians, MRT Committee Members & Advocates, etc.)

14

## Emails & Letters

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We received **9 letters** and **5 emails** detailing feedback from groups, individuals, and more.

7

## Stakeholder Sessions

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We held **7 stakeholder sessions** with robust comment and diverse attendance of over **700 individuals**.

# Review Process & Locating the FAQ

- The feedback has been organized into nine (9) themes.
- DOH will provide an overview of the feedback and how the state will address the comments/suggestions as part of the 1915c Waiver or other means.
- More detailed information will be available in the written FAQ, which will be posted on the DOH website.

## 1915(c) Children's Waiver and 1115 Waiver Amendments

As part of the Children's Medicaid System Redesign, the 1915(c) Children's Waiver and 1115 Demonstration Waiver work together to offer an array of services to provide the right support and intervene, focus on recovery and building resilience, prevent escalation and need for higher-end services, maintain accountability for improved outcomes and delivery of quality care.

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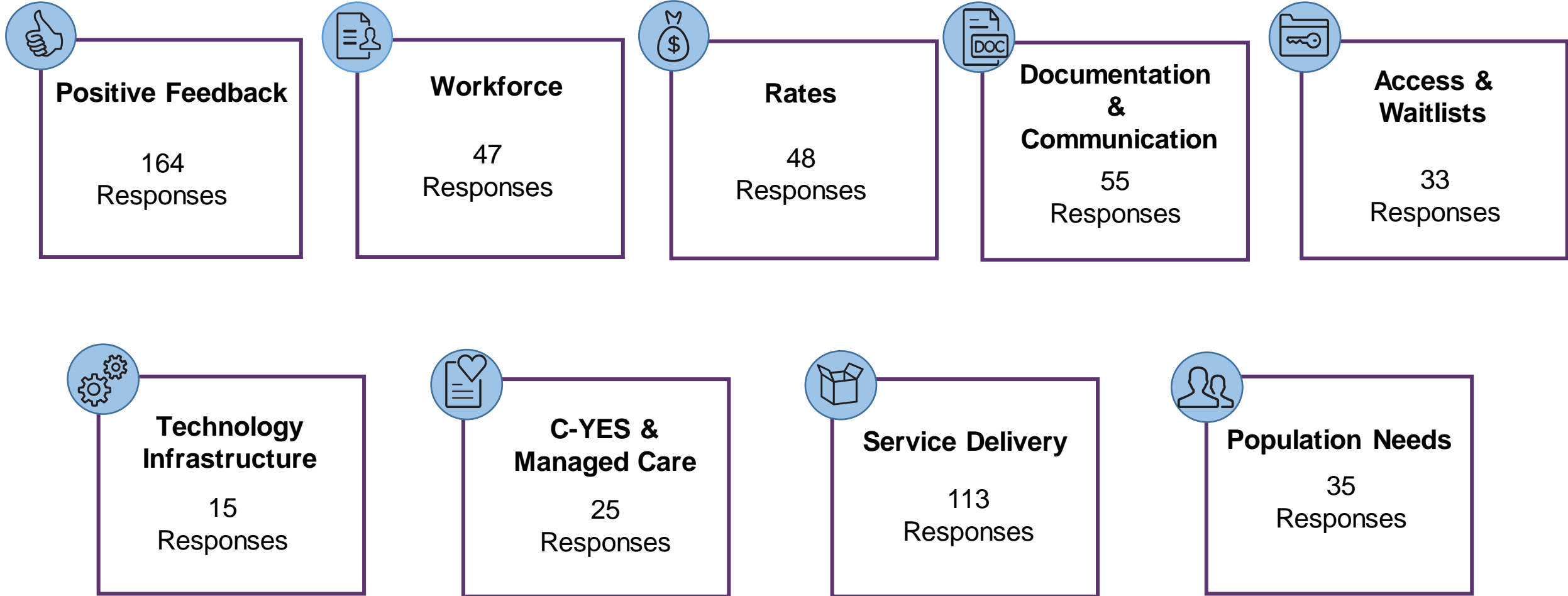


<a href="#">Overview of 1915c Children's Waiver and 1115 Waiver</a>	<a href="#">Renewal - Children's Waiver Update for April 1, 2022</a>	<a href="#">Information for Children/Youth and Families</a>	<a href="#">Children's HCBS Waiver Provider Guidance, Policies, &amp; Webinars</a>
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# 1915(c) Children's Waiver Feedback Themes

December 2021

# Feedback Themes





# Positive Feedback

*"This program is helping my 10-year-old son to be a part of the community."*

*"My child is doing much better academically."*

*"My child is doing much better with friends."*

# 92%

(95 out of the 103)

Of parents/guardians who took the survey provided positive feedback

*"My child gained more respect among peers."*

*"My child is more happy and confident since they started getting services."*

*"My child is not anxious anymore."*

- o HH/CMA
- ‡ HCBS Provider
- Δ C-YES/MMCP
- ◇ Consumer

- The option of telehealth has been a support and beneficial for services. ‡
- The single referral form is good and helpful. o
- Remote services have worked well. ◇ ‡

# Workforce

## Feedback

### Lack of Qualified Practitioners

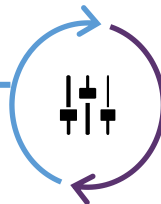
There are workforce issues due to lack of qualified practitioners because of insufficient rates and high caseloads ○ ‡

### Qualifications Are Too High

Qualifications for providers of service delivery are too high. This was reported seven times.\* ○ ‡

### Workload

Care Managers workloads are too demanding (partially because the documentation requirements are onerous) ○ Δ ‡



## Solutions/Recommendations

### Lack of Practitioners

NYS will provide temporary rate enhancements using funding available under the American Rescue Plan Act. NYS is also reviewing provider cost reports to determine whether permanent changes to HCBS rates are warranted.

### Qualifications

While the qualifications have already been lowered for several services, the State will examine all service qualifications requirements and will consider substituting “Years of Experience” for degree credentials, if appropriate

### Workload

NYS Health Home program is collaborating with the Health Home Coalition, lead Health Homes, CMAs, and service providers to examine workload and administrative burden. A number of changes are in process to address these concerns.

○ HH/CMA  
‡ HCBS Provider  
Δ C-YES/ MMCP  
◇ Consumer



# Other Workforce Feedback

- “Trainings should be offered for line staff and supervisors on understanding changes that are made for service provision.”
- “DOH should require, as part of the new HHCM onboarding training, that they meet with the local LGU/C-SPOA for improved collaboration.”
- “The process for signing up for Medicaid and the children's waver should be explained to hospital staff, especially at children's hospitals.”
- “It is helpful when we have monthly Stakeholder meetings that all parties are involved to discuss barriers and concerns i.e., MCO, HH/CMA, and HCBS providers.”
- “Recommend having specific population stakeholder meetings to discuss specific issues, concerns, and workflow for those populations.”
- “Lack of communication between HHCM agencies and HCBS providers; HHCM workload is already overwhelming and it's difficult to get information regarding members and their services from HCBS providers.”

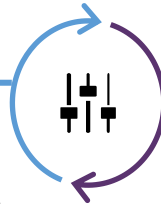
*Note: The feedback above is not exhaustive. More feedback related to Workforce is in the FAQ.*

# Rates and Reimbursement

- HH/CMA
- ‡ HCBS Provider
- △ C-YES/MMCP
- ◇ Consumer



## Feedback



### Current rates

Rates are not sustainable; i.e.: Respite is one of the highest valued service, but the rate of reimbursement is not commensurate ○ ‡ △ ◇

### Administrative duties

Administrative duties should have rates associated with the work ○ ‡

### Utilization

The utilization estimates are not accurate and due to the rates, many agencies utilize per diem or PT providers who provides services as a second job, making care coordination and training compliance very difficult. ○ ‡ (also mentioned by MRT & Advocates)

## Solutions/Recommendations

### Rate Adjustment

NYS will provide temporary rate enhancements using funding available under the American Rescue Plan Act. NYS is also reviewing provider cost reports to determine whether permanent changes to HCBS rates are warranted. A Rural areas rate adjustment is also being examined.

### Administrative Rates

Administrative work is included in the rates, and the State is reviewing rate methodology and sustainability.

### Utilization Adjustment

The State is reviewing utilization estimates and evaluating the assumptions used to establish the current rates. NYS is also reviewing provider cost reports to determine whether permanent changes to HCBS rates are warranted.

# Other Rate Feedback

- “There should be some sort of compensation for CMAs for the extra work involved in HCBS determinations.”
- “Children who are high acuity and enrolled in HCBS and/or EI should have a higher rate for HHCM services given the additional requirements placed on those Care Managers.”
- “HHCM and HCBS rates should include collaboration necessary between the providers.”
- “Develop public benchmarks that show utilization data and an honest reflection of active providers, not de-designated providers who are no longer planning to provide the services.”
- “There should be more opportunity for case consult with the care managers to provide quality care. This should be built into reimbursement so that it is encouraged more as it will lead to better results.”
- “Rates need to support manageable caseloads and salaries that will allow for staff retention.”

*Note: The feedback above is not exhaustive. More feedback related to Rates is in the FAQ.*

# Documentation & Communication

- HH/CMA
- ‡ HCBS Provider
- △ C-YES/MMCP
- ◇ Consumer



## Feedback

### Documentation needs

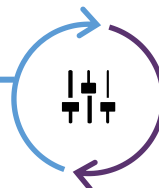
Documentation needs are time-consuming and overwhelming for families; In rural areas, the limitations on telehealth and increases on signature requirements can be challenging ○ ‡ ◇

### LPHA Attestation

There is confusion with how to fill out the LPHA Attestation and some do not understand the need for the Attestation. Professionals need to be educated how to complete the form. ○

### Communication

There is a lack of communication between all agencies. When referrals are sent, multiple emails are sent before a response is received. There is also lack of understanding of each agency's role ○ ‡ △ ◇



## Solutions/Recommendations

### Documentation needs

The State has already begun to work with the Health Homes, Managed Care Plans, and providers to determine opportunities to streamline paperwork and reduce duplication. Some changes are already in process. Please continue to share concrete examples via established workgroups.

### LPHA Attestation

The State has made several adjustments regarding the LPHA form and is examining additional changes.

### Communication

The State will be establishing collaborative meetings with a variety of stakeholders to examine the HCBS workflow and develop communication pathways. The State will work with HCBS providers to understand their referral processes. Additionally, NYS has been working on an IT solution to track waitlists and streamline the referral process.

# Other Documentation & Communication Feedback

- “Consider electronic sharing of the POC via HCS with health plans, streamlining more timely access.”
- “Eliminate the Children's HCBS Authorization and Care Manager Notification Form.”
- “The paperwork honestly isn't difficult and is streamlined as much as possible.”
- “There is also a disconnect between the DDROs and the HHs for HCBS LOC management.”
- “Lack or no contact with regards to service delivery, assignments and overall communication with the families. Lack or no communication with families, between agencies and programs.”
- “The feedback MMCP are getting is that HH can't provide an update on how the members are doing in the services because they are not getting any updates from the HCBS providers. Lack of communication from HCBS providers, if referrals are accepted and how service delivery is going.”

*Note: The feedback above is not exhaustive. More feedback related to Documentation & Communication is in the FAQ.*

# Access & Waitlist Feedback

- HH/CMA
- ‡ HCBS Provider
- △ C-YES/MMCP
- ◇ Consumer



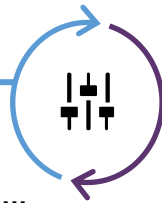
## Feedback

### HCBS Waitlists

Waitlist creating a barrier for our High Needs families accessing the needed services. Waitlists for HCB Services can be 8+ months in some areas ○ ‡ △ ◇

### Designated Providers

Care Managers do not always find it easy to figure out what services each agency provides. As well as, as the lack of providers providing services. ○ ‡



## Solutions/Recommendations

### Waitlists for HCBS

NYS will provide temporary rate enhancements and other funding to address the workforce needs using funding available under the American Rescue Plan Act and is examining permanent rate adjustments. The state will be scheduling meetings with HCBS providers to determine other effective ways to prioritize high need children/youth.

### Designated Providers

The [HCBS/CFTSS Map](#) on the DOH website allows people to find Providers based on location, needed services, and population served. The HCBS capacity tracker currently under development may also assist with identifying providers with capacity.



# Other Access & Waitlist Feedback

- “SPOA Coordinators used to be involved in the service coordination for children and families from the beginning and were a point of contact for the family.”
- “We have received several requests from families interested in Caregiver/Family Support Services. We've applied for a designation, and it continues to be delayed.”
- “DOH should explore whether it makes sense to remove certain waiver services from the Children’s Waiver array that have been essentially non-existent due to capacity.”
- “Some kids are on the waitlist with no services and when asking for assistance everyone’s response is there are no providers - although I've personally witnessed kids with new referrals receive providers within a month. There is no organization among the providers nor the services.”
- “At times, more than one agency is unknowingly providing CFTSS / HCBS services to the same child as referrals came from 2 different sources.”

*Note: The feedback above is not exhaustive. More feedback related to Access & Waitlists is in the FAQ.*

# Technology Infrastructure

○ HH/CMA  
 ‡ HCBS Provider  
 Δ C-YES/MMCP  
 ◇ Consumer



## Feedback

### Central Database

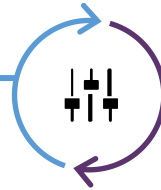
There needs to be a central database of all agencies/enrolled kids/referred kids/etc. ‡

### Telehealth

Telehealth services have been a benefit to the waiver, but it also isn't equally accessible in rural areas ○ ‡ ◇

### Client Portal

Create a client portal for telehealth ○



## Solutions/Recommendations

### Central Database

The State is building the HCBS Capacity Tracker (HIPAA Compliant) to address some of these concerns and develop communication pathways.

### Telehealth

The State is looking into implementing sustainable policies to allow telehealth practices, where appropriate, after the Public Health Emergency.

### Client Portal

The State is taking this under advisement and will engage with appropriate stakeholders for further discussion

# Other Technology Infrastructure Feedback

- “Recommend that text and email not be allowed for core service delivery (billing requirements).”
- “Telehealth is a helpful solution but should not replace the face-to-face interactions.”
- “Need for the IT vendor platforms to have ample time to configure their systems. “
- “The HCBS LOC process does not take too much time if you link the CANS with the LOC.”
- “Clarify remote monitoring and telehealth requirements within NYS across state agencies and within the HHSC program.”
- “Quarterly telehealth/video-conferencing recommended (possible exception for MF population, possible exception for self-consenters, etc.).”

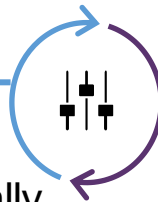
*Note: The feedback above is not exhaustive. More feedback related Technology Infrastructure is in the FAQ.*

# C-YES & Managed Care

- HH/CMA
- ‡ HCBS Provider
- △ C-YES/MMCP
- ◇ Consumer



## Feedback



## Solutions/Recommendations

### Managed Care

Issues with Managed Care involvement, specifically with billing delays; timely reimbursement; service denials; lack of understanding of population served ‡ (also mentioned by MRT & Advocates)

### C-YES Processes

C-YES is not processing requests in a timely manner (often taking 3 months or more) and families who selected this alternative have found a cumbersome, bureaucratic barrier to accessing care ○ ‡ (also mentioned by MRT & Advocates)

### Managed Care

If these issues cannot be resolved by work directly with managed care plans, providers should report these issues to the DOH Managed Care Division at **1-800-206-8125 OR** [managedcarecomplaint@health.ny.gov](mailto:managedcarecomplaint@health.ny.gov).

### C-YES Processes

The State has been examining C-YES processes to understanding where issues arise. Improvements to workflow and education materials have occurred over the last year. The State receives and reviews data regularly regarding C-YES processes. Delays can occur when families reschedule meetings or are unable to provide the necessary documentation. The State encourages families and providers to report issues to the Managed Care compliant line above or to

[NYSDOH.BCS.Behavioral.Health.Complaints@health.ny.gov](mailto:NYSDOH.BCS.Behavioral.Health.Complaints@health.ny.gov).

# Other C-YES and Managed Care Feedback

- “Some improvements have been seen recently with C-YES, though many families still experience delays.”
- “C-YES delays create barriers to approvals and is not a source of referrals at all. This is an expensive part of the new design that is underperforming.”
- “Managed Care enrollment was a mistake. Eliminate managed care involvement.”
- “The transition to managed care created new administrative complexities, even as providers were dealing with a high volume of reimbursement claim denials.”

*Note: The feedback above is not exhaustive. More feedback related C-YES and Managed Care is in the FAQ.*

# Service Delivery

○ HH/CMA  
 ‡ HCBS Provider  
 Δ C-YES/MMCP  
 ◇ Consumer



## Feedback

### Face-to-face

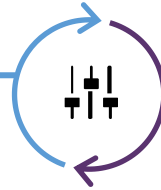
Get rid of face-to-face requirements ○ ‡

### Respite

Expand Respite to include Medical Respite and do not limit hours ○ ‡

### Service Delivery

The quality-of-service delivery expected is impossible given the caseload size and documentation requirements ○



## Solutions/Recommendations

### Face-to-face

There are Federal requirements within HH and HCBS regarding face-to-face requirements. The State is looking into implementing sustainable policies to allow telehealth practices, where appropriate.

### Respite

The State is examining the development of a Medical Respite service in the Waiver. Additionally, providers have been involved in discussions with the State regarding the needs of the children/youth they serve. HCBS limits on utilization are soft limits that can be exceeded when medically necessary.

### Service Delivery

The State is continuously working to reduce paperwork and streamline processes.

# Other Service Delivery Feedback

- “Implement CFCO services for children accessing waiver for EMOD/VMOD/AT only.”
- “Recommend that for the first three months of enrollment, face-to-face be required to facilitate engagement and relationship (post-covid).”
- “People should be able to self-refer with the final approval coming from their MCO.”
- “Provide additional definition to the EMOD/VMOD evaluation process and requirements. Develop a statewide network of evaluators to be utilized (May be addressed by transitioning from LDSS to HH).”
- “It was stated that DOH is looking to expand Respite for the Medically Fragile population, we strongly believe that respite needs to be expanded for all HCBS eligible children.”

*Note: The feedback above is not exhaustive. More feedback related Service Delivery is in the FAQ.*

# Population Needs Feedback

○ HH/CMA  
 ‡ HCBS Provider  
 Δ C-YES MMCP  
 ◇ Consumer



## Feedback

### Health Home Plus

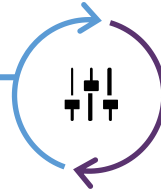
Consider implementation of a specialty Health Home Plus model that better addresses the needs of Medically Fragile and Severe Emotional Disturbance populations ‡ (also mentioned by MRT & Advocates)

### Expedited Approval

Children identified under the DD/MF or DD/FC Target Populations should have an expedited approval process by the DDROs ○

### Waiver Services

There are few Waiver services appropriate for Medically Fragile children/youth ○



## Solutions/Recommendations

### Specialize Care Management

The State is evaluating types of care management (High Fidelity Wrap, which is already being utilized) without segregating populations or introducing a completely different care management model.

### Expedited Approval

There are Federal and OPWDD requirements regarding eligibility. The State is will discuss options with OPWDD regarding this suggestion.

### Waiver Services

The State has been working with providers who serve medically fragile children to develop services and ensuring appropriate qualification level to meet the needs of the population.



# Other Population Needs Feedback

- “There should be no acuity levels, all the children have to meet the criteria to get in HH so they should all have the same required services/rates. Med & High is the same exact work/requirement but different rate.”
- “Services have nearly no ability to support parents of MFC in a meaningful way.”
- “Care coordination services are detached from the HCBS provider and not the right level of mental health expertise for the children and families eligible due to their SED needs.”
- “DOH should create a specialty Care Management model for Medically Fragile population, with a reshaping of the administration, policies and documentation requirements more appropriate to the medically fragile and those who support them.”
- “Children being released from higher levels of care such as RTF, CPEP, State Psych Facilities should be assessed for HCBS with the only proof of eligibility needed being the discharge paperwork with applicable diagnosis.”

*Note: The feedback above is not exhaustive. More feedback related Population Needs is in the FAQ.*

# Next Steps

- Continue in-depth discussions with providers regarding specific services for the Children's Waiver:
  - Transitional Care Coordination and Services
  - Medical Respite
  - Oversight of EMOD/VMOD/AT
- Additionally, NYS will be scheduling a variety of stakeholder meetings in 2022
  - Population specific
  - Regular cross system of providers, HH, MMCPs, State, etc. meetings
  - Topic specific with the appropriate stakeholders
- Tracking and addressing all the stakeholder feedback shared for the renewal of the Waiver and that is outlined in the FAQ.

# Next Steps (cont.)

## Children's Waiver Renewal:

- The Renewal for the period April 1, 2022 must be submitted to CMS by December 31, 2021
- There will be limited changes to the Children's Waiver within the Renewal to allow time to assess the impact of American Rescue Plan Act funding on provider operations and access to services

## American Rescue Plan Act Funding:

- Temporary Rate increases retroactive to April 1, 2021 through September 30, 2022 pending CMS approval
- Additional funding to address workforce challenges and infrastructure needs pending CMS approval

## Children's Waiver Amendment:

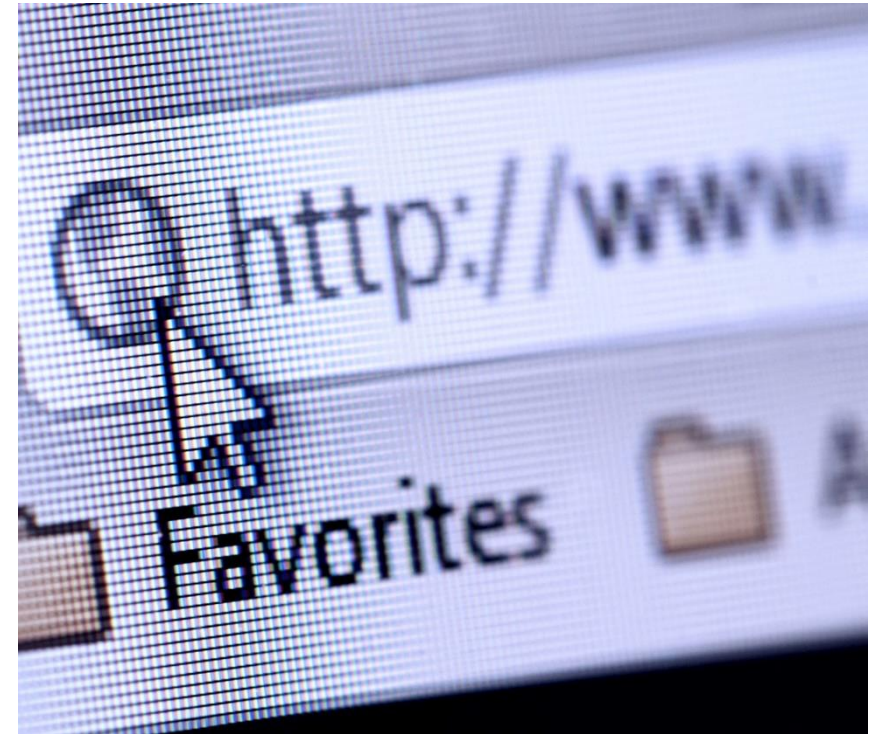
- Population specific changes to design
- New services or changes to services
- Permanent Rate Adjustments

# Appendix

December 2021

# Resources and Questions

- HHCMS and HH CMAs should first talk with their Lead Health Home regarding questions and issues they may have
- Questions, comments or feedback on Health Homes Serving Children to: [hhsc@health.ny.gov](mailto:hhsc@health.ny.gov) or contact the Health Home Program at the Department of Health at 518.473.5569
- Specific Questions/Comments regarding Transition services [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov)
- Subscribe to the HH Listserv [http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/listserv.htm](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm)



# NYSDOH Website

Find guidance, policies, forms, webinars, and more on the NYS DOH 1915c Children's Waiver webpage located at, [https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/1115\\_waiver\\_amend.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm)

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# Department of Health Complaints

- Enrollees and providers may file a complaint regarding managed care plans to DOH
  - 1-800-206-8125
  - [managedcarecomplaint@health.ny.gov](mailto:managedcarecomplaint@health.ny.gov)
- When filing:
  - Identify plan and enrollee
  - Provide all documents from/to plan
  - Medical record not necessary
- Issues not within DOH jurisdiction may be referred
- DOH is unable to arbitrate or resolve contractual disputes in the absence of a specific governing law
- File Prompt Pay complaints with Department of Financial Services:  
<https://www.dfs.ny.gov/insurance/provlhow.htm>

# Referral Form Instructions



- The Children and Youth Evaluation Service (C-YES) accepts referrals from individuals and providers including a parent, wider family member, doctor, therapist, school guidance counselor, CBOs and others:
- Individuals and families should call C-YES so that we can send you a Referral Form and a pre-paid return envelope in the mail right away! You can mail back the form in the envelope at no cost to you. Call C-YES at 1-833-333-CYES (1-833-333-2937). TTY: 1-888-329-1541
- Providers and Organizations with secure email protocols can download the Referral Form below. Return the form to: [CYESREFERRAL@MAXIMUS.COM](mailto:CYESREFERRAL@MAXIMUS.COM). Be sure to include the child/youth's name and contact information.
- [C-YES Referral Form](#)