



Department
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Mental Health

Office of Addiction
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Office for People With
Developmental Disabilities

Best Practices and Process Reminders for Environmental Modifications, Vehicle Modifications, and Adaptive & Assistive Technology

Children's Home and Community Based Services (HCBS)

For Health Home Care Managers/Child and Youth Evaluation Services (HHCM/C-YES), Evaluators, and Provider/Contractors

Introduction and Housekeeping

Reminders:

- *Information and timelines are current as of the date of the presentation*
- This presentation is not an official document.

For full details please refer to the following:

[EMOD VMOD AT Authorization Policy for Care Managers CYES \(ny.gov\)](#) Policy CW0012

[21 OHIP ADM-01](#)

[Guidelines for Authorizing Adaptive and Assistive Technology](#)

[Guidelines for Authorizing Environmental Modifications](#)

[Guidelines for Authorizing Vehicle Modifications](#)



Examples/Tips for Care Managers: EMod/VMod Process

In discussing Role of Care Managers with pre- and post evaluation processes, we are pleased to welcome:

**Mr. Todd Brickhouse –
Children’s Waiver EMod Evaluator
Serving children and families in the
Long Island/ New York City/Lower Hudson area**

**Ms. Beth Tarduno –
Children’s Waiver VMod Evaluator
Serving children and families in Western NY with in-person
evaluations and statewide with virtual evaluations**

EMod/VMod/AT Best Practices and Process Reminders

In order to streamline the EMod/VMod/AT process to provide essential services to children/youth and their families in a timely fashion, NYSDOH seeks to support HHCM/C-YES, evaluators, providers, and families.

Best practices and process reminders discussed today will include:

- NYSDOH Intent Notification Email required for all LDSS and MMCP members
- Parent/Caregiver Information Sheet Requirement
- Roles in EMod/VMod/AT process – HHCM/C-YES, Evaluators, Contractor/Vendors
- Effective Use of [Pre-Project Evaluation Payment Request Form](#) and process-including Architectural Drawings and other evaluations and assessments used in pre-project determination
- Verification of Medicaid as Payor of Last Resort by Third-Party Health Insurance (TPHI) Denials
- EMod/VMod/AT Bids and Project Provision Requirements, Limitations, and Prohibitions
- Annual soft caps are \$25,000 for EMod and VMod and \$15,000 for AT Requests
- No project bundling, no sales tax payment for projects, and no direct parent reimbursement
- And More...



Service Request Processes for Medicaid Managed Care Plan (MMCP) OR Fee-For-Service (FFS)

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Medicaid Managed Care Plan (MMCP) OR Fee-For-Service (FFS)

- **FFS Participants**

- The County Local Department of Social Services (LDSS) collaborates with the participant, family, and HHCM/C-YES to establish the authorization and payment for the EMod/VMod/AT request
- HHCM/C-YES follows LDSS/NYSDOH Review Process, including sending intent email to NYSDOH and procuring 3 bids

- **MMCP Participants**

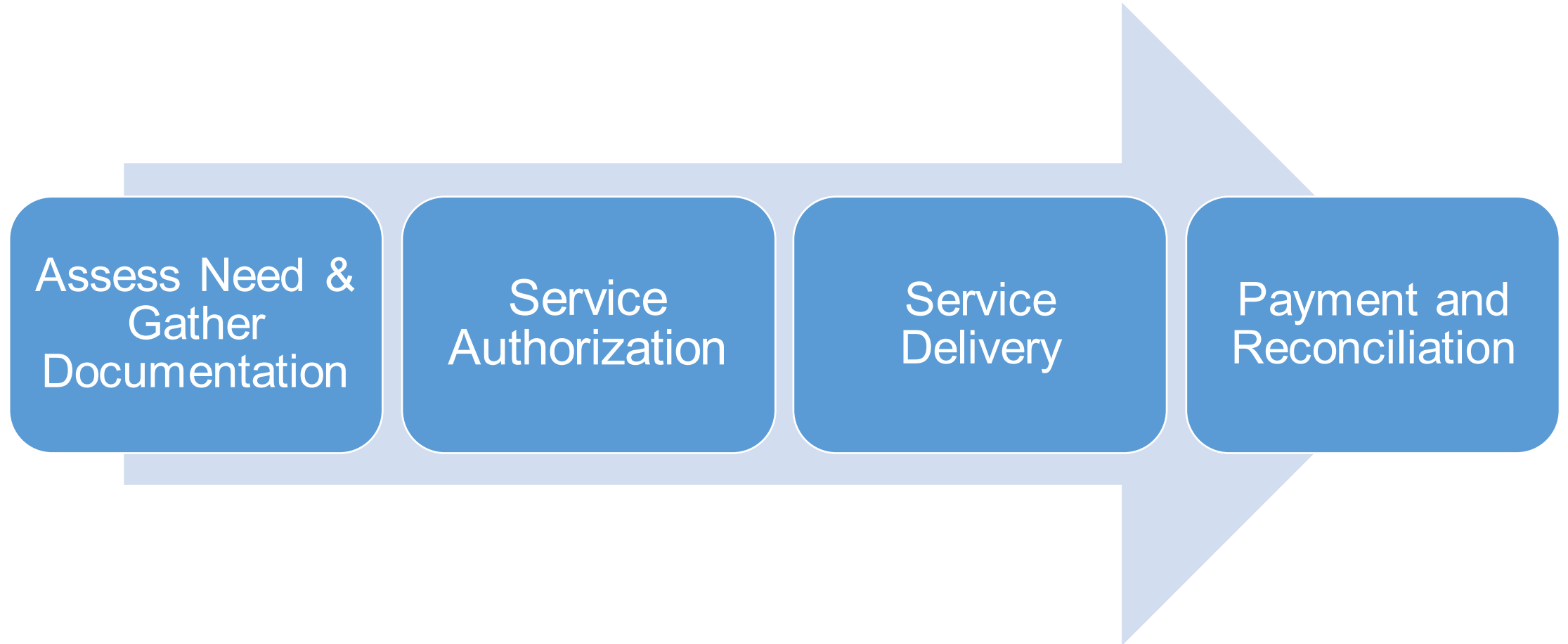
- The MMCP collaborates with the participant, family, HHCM/C-YES, and other providers to establish the authorization, approval, and payment for the EMod/VMod/AT request
- HHCM/C-YES sends intent email to NYSDOH and then follows participant's MMCP's process for EMod/VMod/AT review and provision – **MMCPs are not required to follow bidding process and HHCM/C-YES should collaborate with the MMCP to understand their process**

➤ ***Regardless of the process and what entity is reviewing and providing, the participant and family has the right to appeal and file a Fair Hearing Request at their discretion***

➤ **[EMod, VMod, and AT Authorization Policy for Care Managers/CYES #CW00012](#)**

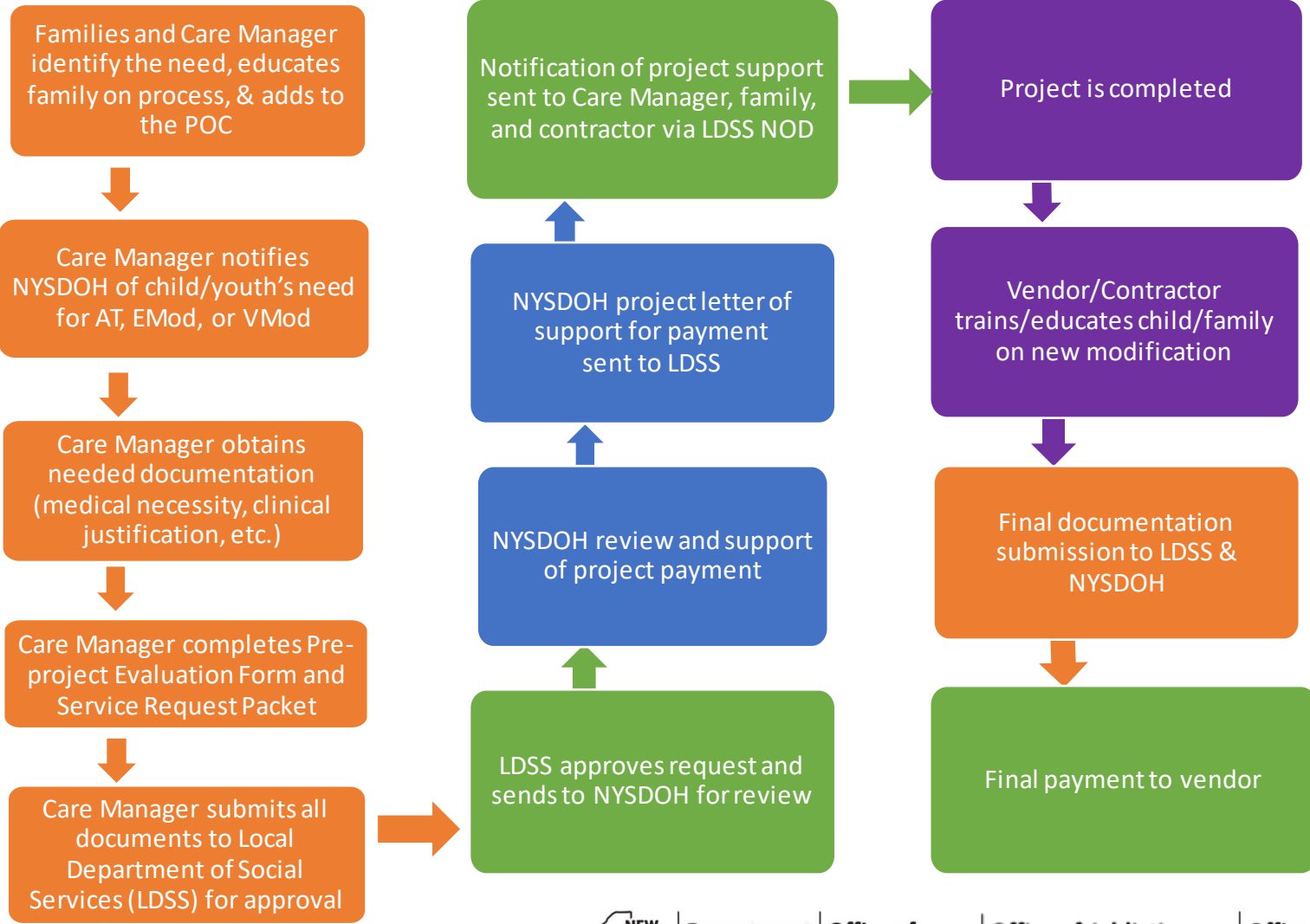
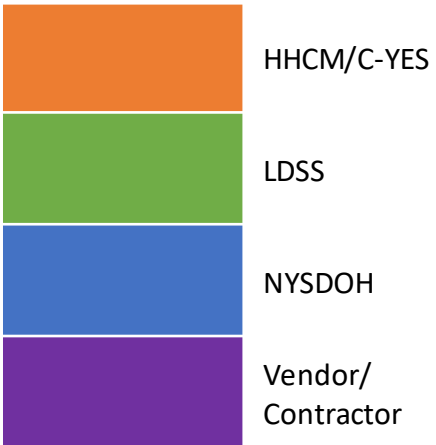
➤ ***The HHCM/CYES will send this notification by email to EModVModAT@health.ny.gov***

MMCP/FFS - EMOD, VMOD, and AT Process Overview



Request Process Overview- FFS

Primary Responsibility



FFS - HHCM/C-YES Assess Need & Gather Documentation



Identify a specific need for E-Mod, V-Mod, or AT services and indicate the need in the child's Plan of Care (POC)



Notification to NYSDOH of intent to request an E-Mod, V-Mod, or AT service



Secure a physician's order/statement supporting the need for service



Secure pre-project evaluation from the appropriate evaluator to determine project scope



Explore potential payment sources including private insurance, community resources, and other local/State/federal programs prior to requesting the Medicaid service



Obtain a clinical justification from appropriate clinician (if applicable)



Collaborate with the family and LDSS to **secure bids**. The LDSS should help wherever possible; however, the ultimate responsibility for obtaining bids lies with HHCM/C-YES



Submit all necessary documentation to the LDSS through the **Service Request Packet**



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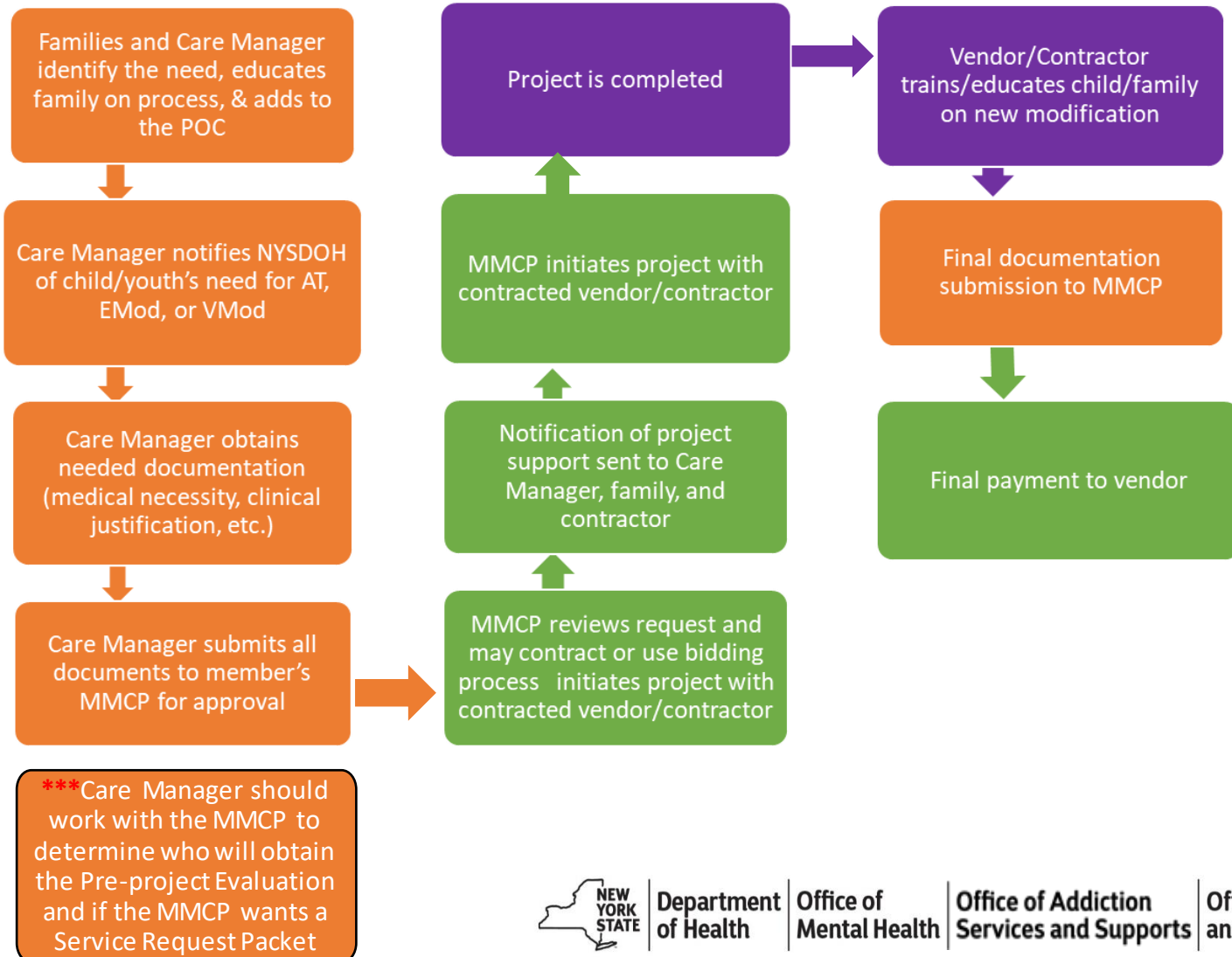
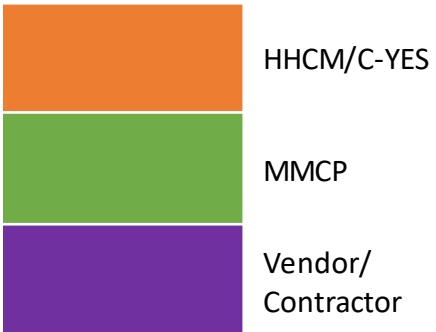
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Request Process Overview- MMCP

Primary Responsibility



MMCP – HHCM-CYES Assess Need & Gather Documentation



Identify a specific need for E-Mod, V-Mod, or AT services and indicate the need in the child's POC



Notification to NYSDOH of intent to request an E-Mod, V-Mod, or AT service



Secure a physician's order/statement supporting the need for service



Secure a pre-project evaluation for project scope and a clinical justification, if applicable (**Care Manager to verify who to obtain)



Explore potential payment sources including private insurance, community resources, and other local/State/federal programs prior to requesting the Medicaid service



Submit all necessary documentation to the MMCP



EMod/VMod/AT Best Practices and Process Reminders

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EMod/VMod/AT Best Practices and Process Reminders – Parent/Caregiver Information Sheets

- HHCM/C-YES **are required** to provide families with the appropriate Parent/Caregiver Info Sheet for each request and educate the parent/member on the general EMod/VMod/AT request process, specific service request requirements, and help set timeframe and process expectations
 - This should be documented in the case record notes
- All three services have Parent/Caregiver Information Sheets available on NYSDOH's [website](#):
 - [Assistive and Adaptive Technology Parent Info Sheet \(ny.gov\)](#)
 - [Environmental Modifications Parent Info Sheet \(ny.gov\)](#)
 - [Vehicle Modifications Parent Info Sheet \(ny.gov\)](#)





EMod/VMod/AT Best Practices and Process Reminders - Email Intent Notification to NYSDOH

- The HHCM/C-YES must send NYSDOH an intent notification email for **all FFS and MMCP enrolled Children's Waiver members** within seven (7) business days of adding/updating the POC with the needed AT, EMod, and/or VMod request
- NYSDOH will monitor the intent request emails to ensure timely service delivery of projects and assist HHCM/C-YES with any identified obstacles/barriers to service delivery.
- The HHCM/C-YES intent notification email should be sent to EModVModAT@health.ny.gov with the following information:
 - Child/youth's name
 - Child/youth's CIN #
 - Type of request: AT, EMod, or VMod
 - The County LDSS/MMCP to which the request will be submitted
 - Brief summary of the request
 - HHCM agency name and HHCM/C-YES contact information
 - For HHCMs, the Lead HH should be cc'd on the email





EMod/VMod/AT Best Practices and Process Reminders - Physician's Order

- The service request is initiated by obtaining a **Physician's Order**.
- The physician's orders needs to state the child's diagnoses directly related to the service request.
 - Physician's Order must be signed and dated by a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) currently treating the member
 - Order may be in the form of letter of medical necessity or prescription with required information and must be dated within the last 12 months
 - Due to project timeframes, if the physician's order is closer to 10-12 months old, a new order maybe needed depending on the timing of gathering other documentation and obtaining the pre-project evaluation
 - Orders provided by Nurse Practitioners, Physician's Assistants, Physical Therapists, or other allied health professions signatures will **NOT** be accepted as Physician's Orders



EMod/VMod/AT Best Practices and Process Reminders – Pre-project Evaluations Role of Care Manager

- For **FFS** members, HHCM/C-YES seeks permission from **LDSS** to pursue a pre-project evaluation
- For **MMCP** members, HHCM/C-YES seeks permission from the **MMCP** to pursue a pre-project evaluation
- HHCM/C-YES sets up and attends pre-project evaluation to help communicate the request and collaborate with evaluator and parent/member to find appropriate support for member's medically identified need
 - Parent/Caregiver Info Sheets should be utilized to ensure that the Parent/Caregiver understands what can and cannot be paid for by the Waiver. Understanding that Parents/Caregivers may want and request additional changes, items, and or materials that cannot be covered
- HHCM/C-YES uses pre-project evaluation payment request (PEPR) process for any architectural drawings, behavioral health reviews, safe passenger evaluations, impartial reviews, clinical justifications, and any other evaluations or assessments that are part of the information necessary for project determination
- PEPR form should be provided to LDSS/MMCP prior to or within 5 days after evaluation date to ensure prompt payment for evaluators
- HHCM/C-YES are responsible for monitoring the progress of the project to completion.
 - If there are concerns, the HHCM/C-YES should reach out to the LDSS/NYSDOH/MMCP to discuss.





EMod/VMod/AT Best Practices and Process Reminders - Pre-Project Evaluation Purpose

- Project Evaluators review the request prior to work being started to ensure that State/local guidelines and regulations are followed and establish if permits may need to be obtained.
- Securing permits is the responsibility of the contractor/provider.
- Due to the local regulations, project type, and/or structural impact of the project, pre-project evaluations may require architectural drawings be provided as part of the pre-project evaluation.
- Some counties have dedicated Project Evaluators contracted with the county LDSS. LDSS are responsible for evaluating the scope of the work, feasibility (local code, specifics of the project, for example pitch of a ramp), pre-evaluation and post evaluation (completion of the work).
 - [Pre-Project Evaluation Guidance \(ny.gov\)](#)
 - [Attachment A Sample Pre-Project Evaluation \(ny.gov\)](#)
 - Link to Architectural Drawings Guidance Coming Soon (See Appendix)





Pre-Project Evaluation Payment Request (PEPR) Form

- Whenever possible, the Pre-Project Evaluation Payment Request Form should be completed to ensure that Evaluators receive payment for their services without having to await payment until the successful completion of the EMod, VMod, and/or AT.
 - Project evaluators must receive payment for services rendered, even if the project is withdrawn, isn't feasible, or doesn't proceed for any reason.
 - The Pre-project Evaluation Payment Request (PEPR) form should be submitted to LDSS/MMCP by HHCM/C-YES within 5 BD of the evaluation date. The completed form and a copy of an invoice for the evaluation or a copy of the evaluation report with its cost are required for LDSS and NYSDOH to review and process for funding.
 - HHCM/C-YES sends the Pre-project Evaluation Payment Request (PEPR) form at the time of the evaluation and within the suggested timeframes for review and processing, ***not*** with completed Service Request Packet (SRP).
- *Some counties may have established contracts or approval processes which mandate the use of specific evaluators and vendors/contractors. HHCM/C-YES should check with the LDSS to ensure that pre-project evaluations and bids are being obtained from approved evaluators and vendors/contractors.*





EMod/VMod/AT Best Practices and Process Reminders - Clinical Justifications

- The Clinical Justification provides clinical information on the support of the child's identified medical diagnoses and needs for support related to the requested service. It offers justification for the request from a clinical expert.
- A Clinical Justification is **NOT ALWAYS NECESSARY** for service requests
 - AT request typically need a Clinical Justification instead of a Pre-project Evaluation,
 - Therefore, the Clinical Justification may be used for AT requests in place of a pre-project evaluation,
 - ❖ HOWEVER, the Pre-project Evaluation Payment Request (PEPR) Form for payment of the clinical justification can be used as needed to streamline payment for the clinical justification
 - Also used to justify pursuing specific systems/items/modification options where less expensive alternative are available to fulfill medical need or support, however this alternative would not fully meet the member's medical need
 - Clinical Justification must use the appropriate clinician (e.g., Occupational/Physical Therapist, Driver Rehabilitation Specialist, etc.).
 - When possible, the clinician should have an established relationship with the member and be aware of the member's familiarity and/or use of the AT request



EMod/VMod/AT Best Practices and Process Reminders – Multiple Projects, Merging Projects, and Maintenance vs. Replacement

- Children/youth with a medical need for more than one EMod/VMod/AT project may submit more than one Service Request Packet (SRP) simultaneously.
- Projects **cannot** be merged or bundled into one SRP. Each project **MUST** be submitted in a separate complete **Service Request Packet (SRP)**.
- EMod/VMod/AT requests are intended to be a one-time benefit.
- Costs of maintenance and repairs for EMod/VMod/AT requests are **not** covered under the Children's Waiver.
- Environmental modifications are available at the child/youth's primary residence **only**
 - Vacation/Relative's/Babysitter's homes are not eligible for funding under the Children's Waiver



EMod/VMod/AT Best Practices and Process Reminders – Annual Soft Caps

- Currently, the \$25,000 annual (calendar year) soft cap for EMods/VMods and \$15,000 soft cap for AT refers to each service separately
 - NYSDOH determines for FFS Medicaid members if the annual soft cap may be exceeded for established medical need
 - For MMCP members, the Medical Director of the member's plan will determine if the annual soft cap may be exceeded for medical need
 - Annual soft cap amounts may be overridden in support of the member's identified medical need on a case-by-case basis



§ EMod/VMod/AT Best Practices and Process Reminders - Verifying Medicaid as Payor of Last Resort

- Since Medicaid is the payor of last resort for EMod/VMod/AT projects, HHCM/C-YES must exercise due diligence in eliminating alternative payment options first, including but not limited to:
 - Third Party Insurance (TPHI), public and private grants, other government program funding (DME, MIF), or community funds
 - For any participant with TPHI, the HHCM/C-YES **MUST** provide a letter of denial with the Service Request Packet (SRP) **OR** a copy of the Explanation of Benefits (EOB) showing request is not covered under the participant's plan may serve as verification of Medicaid as Payor of Last Resort
- HHCM/C-YES should document all attempts made to secure alternate funding (discussion with family on resources, internet research, phone calls, emails, etc.) in their case notes
- If a HHCM/C-YES is unable to find alternate funding resources, a signed and dated statement that diligent attempts were made and no alternative payment sources were available, along with a letter of denial from any applicable TPHI, will satisfy this verification requirement for filing with service request packets (SRP)



EMod/VMod/AT Best Practices and Process Reminders- **Bids**

- For MMCP members - HHCM/C-YES should understand if the MMCP will want 3 bids and or if the MMCP has their own vendors/contractors
- For FFS members – HHCM/C-YES should know if the specific LDSS has specific vendors/contractors that are able to fulfill these bids based upon contracting and other LDSS requirements
- The secure bids must outline how it will meet the total approved Pre-project Evaluator’s outlined scope
- Three bids are required for all projects over \$1,000 and at least one bid for projects under \$1,000
 - If less than the required number of bids **can’t** be secured in a timely fashion, HHCM/C-YES needs to submit written justification of good faith efforts to secure bids and request review of available bids
- No bids with sales tax will be accepted – Bids should be revised without sales tax
- Bids must be itemized to show costs and may not be bundled. If a contractor is bidding on multiple projects, each project requires an itemized bid.



EMod/VMod/AT Best Practices and Process Reminders - Service Delivery

- The HHCM/C-YES works with the family and the selected contractor/vendor to initiate the project/request, including identifying and communicating any barriers to project start-up
- The contractor/vendor will be responsible for the coordination of the project and will provide detailed information regarding expenditures, compliance requirements, and project timelines
- The HHCM/C-YES will ensure that the work is provided as agreed. HHCM/C-YES communicates any proposed changes in scope to LDSS/NYSDOH/MMCP to obtain **prior approval** as changes may not be covered
- Any additional costs incurred as a result of project completion and/or changes to the approved scope of project will require **prior approval** by LDSS/NYSDOH/MMCP with supporting documentation of the need for the revision or risk non-payment



EMod/VMod/AT Best Practices and Process Reminders - Notice of Decision (NOD)

- A NOD is a written document that notifies the individual of an action being taken by the LDSS/MMCP, including an explanation of the reasons for the action
- The form used for the LDSS is the [Notice of Decision to Authorize or Deny Assistive and Adaptive Technology, Environmental Modification, and Vehicle Modification](#)
- All NODs are subject to Fair Hearing when requested. This process is explained to the Waiver participant/family via their HHCM/C-YES
- The family/member and the HHCM/C-YES, as well as the contractor/vendor, if identified, receives EMod/VMod/AT Notice of Decision (NOD) from LDSS/MMCP regarding determination of proposed project
- HHCM/C-YES provides education and assistance to family/member in the event the family/member wishes to file a Fair Rights Hearing



EMod/VMod/AT Best Practices and Process Reminders - Post Evaluations

- Post evaluations are **REQUIRED** for VMods and must be completed prior to the family/member taking delivery of the modified vehicle
- Post evaluations are **RECOMMENDED** for EMods but at the discretion of the LDSS/MMCP
 - **HOWEVER**, if a post evaluation is not completed for an EMod, and the EMod requires repair or revision to be completed per scope and/or safe for intended use, the cost of repair or revision will be the responsibility of the LDSS/MMCP
- The Children's Waiver cannot fund repairs or revisions of EMods when such repairs or revisions would have been noted at the post evaluation, if one had been conducted
- The LDSS/MMCPs will not reimburse for repairs or revisions that result from scope deviations that were not submitted for LDSS/NYSDOH/MMCP prior approval
- The HHCM/C-YES will ensure that the work is provided as agreed and utilize the Pre and Post Evaluators expertise to assist with the work product review
- Any additional costs incurred as a result of project completion and/or changes to the approved scope of project will require supporting documentation and prior approval by LDSS/NYSDOH/MMCP or risk non-payment



EMod/VMod/AT Best Practices and Process Reminders - Final Cost Form

- Final Cost form should be initiated by HHCM/C-YES to all parties to obtain required signatures and supporting documentation.
- HHCM/C-YES submits completed Final Cost form with copies of all associated project invoices and copy of post evaluation to LDSS/MMCP within 7 Business Days (BD) of project completion
- LDSS/NYSDOH or MMCP will review the completed Final Cost Form and supporting documentation for project closure



EMod/VMod/AT Best Practices and Process Reminders – Parent's/Caregiver's Role, Rights, and Responsibilities

- Parents/Caregivers must be given the Parent/Caregiver Information Sheet from HHCM/C-YES when the service is added to the Plan of Care and prior to project initiation.
- HHCM/C-YES uses the Parent/Caregiver Information Sheet to educate parents/caregivers regarding the general EMod/VMod/AT process, specific service request process, and expected timeframes. HHCM/C-YES educate parents/caregivers on the EMod/VMod/AT process, so families can be aware of expected project results and process flow and reduce frustration and surprises
- Parent/Caregiver communicates their needs and collaborates with evaluator and HHCM/C-YES to find appropriate support for the member's medically identified need
- Parent/Caregiver may file for Fair Rights Hearing at their discretion
- Parent/Caregiver must be made aware by HHCM/C-YES that any project scope changes **MUST** be communicated by the parent/caregiver to HHCM/C-YES to notify LDSS/MMCP to obtain prior approval.
 - Parents may not change the approved scope, or they risk paying for cost of changes they approve
 - There is no direct reimbursement to parent/member of costs incurred – Reimbursement may be provided to provider/contractor/vendors **only**.



Specifics Regarding Adaptive and Assistive Technology (AT)

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AT Best Practices and Process Reminders – Parent/Caregiver Role in AT

- Parent/Caregivers should assist with identifying current treating clinicians appropriate to provide clinical justification for the needed AT
- Parent/Caregivers should provide information to clinician as to how item(s) may support the member in their home and community, especially if the member has experience using the requested item
- Parent/Caregivers may receive item customization and training on the AT item's use from the vendor/provider as needed as part of the providing the AT request.
 - Any required customization and training fees or costs are considered part of the total project cost



AT Best Practices and Process Reminders – *Durable Medical Equipment (DME)*

- AT requests must be determined to be classified as AT and **NOT** DME to be available under the Children's Waiver
- Items determined to be DME **MUST** be pursued through the designated DME process. All DME requests are reviewed by Bureau of Medical Review
 - Denied DME requests **MAY NOT** be pursued as AT requests under Children's Waiver
- If a DME request is denied, the family/member should work with the HHCM/C-YES to pursue all available avenues to conclusion, including but not limited to any appeals process or Fair Rights Hearing
- Additional DME guidance can be found here:
<https://www.emedny.org/ProviderManuals/DME/index.aspx>



AT Best Practices and Process Reminders –

AT Bids

- AT bids are often limited to one or two manufacturers who provide unique products to support specific medical needs
- AT may be provided through medical supply companies or direct invoicing as determined by the LDSS internal procurement policies or MMCP processes



Specifics Regarding Environmental Modifications (EMods)

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EMod Best Practices and Process Reminders - Parent/Caregiver Role in EMods

- Parent/Caregiver may not change or authorize changes to approved project scope.
 - Any cost of changes or revisions to project scope approved by parents/caregivers may be at risk for non-reimbursement from the Children's Waiver
- Parent/Caregivers may request materials above contractor grade for their EMod project.
 - Any costs for labor and materials above contractor grade installation will be paid by the family.
 - These costs and any additional payments should be negotiated separately with the contractor/vendor.



EMod Best Practices and Process Reminders-

EMod Pre- and Post Project Evaluations

- Pre-project evaluations are required for every project unless prior approval is given by NYSDOH/MMCP to proceed without an approved scope
- Post-project evaluations for EMods are **highly recommended** to ensure safe and complete installation of the EMod per the approved scope and for its intended use
- If a post-project evaluation is not secured for a project, any additional costs, repairs, or changes required for the safety and use of modification or service request will not be reimbursed by Children's Waiver and will be the responsibility of the LDSS/MMCP or Parent/Caregiver, depending on the circumstances
- HHCM/C-YES should be present for project evaluations and contractor/vendor visits for bid development whenever possible to ensure the family/member's needs, all proposed project elements, and Waiver requirements are fully communicated between family and evaluator or contractor/provider for bids





EMod Best Practices and Process Reminders – Securing EMod Bids

- Bids must be based on the specifications outlined in the approved pre-project evaluation/project scope, project description, and clinical justification (if applicable)
- Any bids submitted that do not fully meet the approved scope will be rejected. A contractor/provider may not decline to fulfill the project scope and proceed to bid review
- The contractor/provider must follow Waiver requirements
- In addition, contractor/providers must adhere to the following requirements when preparing a bid:
 - Base the bid on contractor grade materials
 - Stipulate that all work will comply with applicable building and zoning codes
 - Obtain the local municipality's permit to perform the adaptation
 - Provide verification that the work has been inspected by the local municipal branch of government that issued the initial permit



EMod Evaluator Prospective on Best Practices From Todd Brickhouse



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Specifics Regarding Vehicle Modifications (VMods)

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VMod Best Practices and Process Reminders-

Parent/Caregiver Role in VMods

- The Children's Waiver allows new vehicle modifications and purchase of pre-modified vehicles
- Parents/Caregivers **MUST NOT** purchase, finance, or place any financial hold on a pre-modified vehicle, or new vehicle to be modified, prior to vehicle modification service request being approved for funding
- Only value or cost of modifications may be reimbursed- Purchase of the vehicle itself is not reimbursable
- There is no direct reimbursement to parents/caregivers/members of costs incurred – Reimbursement may be provided to contractor/vendors **only**.



VMod Best Practices and Process Reminders –

VMod

- For pre-modified vehicles, the vehicle modifications must meet the member's needs “as is”.
- The pre-modified vehicle's installed modifications must include all required modifications as indicated in the VMod scope.
 - No new modifications will be added to the vehicle. If a pre-modified vehicle requires any additional modifications, these modifications must be provided and paid for by the parent/caregiver/member
- Consumer-to-consumer VMod sales, sales from non-NMEDA certified dealerships, and purchases without prior approval **will not** be reimbursed
- Rental costs, during modification or while awaiting delivery of modified vehicle, **are not** available for reimbursement under the Children's Waiver
- VMod Post Evaluations **are required**. VMod Post Evaluations must be provided and successfully meet the approved scope requirements prior to delivery/release to the parent/caregiver/member for use





VMod Best Practices and Process Reminders – Securing VMod Bids

- Bids must include itemization of vehicle modifications to be provided or on the pre-modified vehicle for comparison with Safe Passenger/Safe Driver requirements
- Vehicle invoices with value of modifications on pre-modified vehicle or to be provided on new vehicles may serve as bids. Vehicles **MUST NOT** be purchased to be reviewed for bids
- Only NMEDA certified dealerships may provide VMod bids: [Wheelchair Accessible Vehicles | Adaptive Vans & Cars For Sale | NMEDA](#)



VMod Evaluator Prospective on Best Practices

From Beth Tarduno



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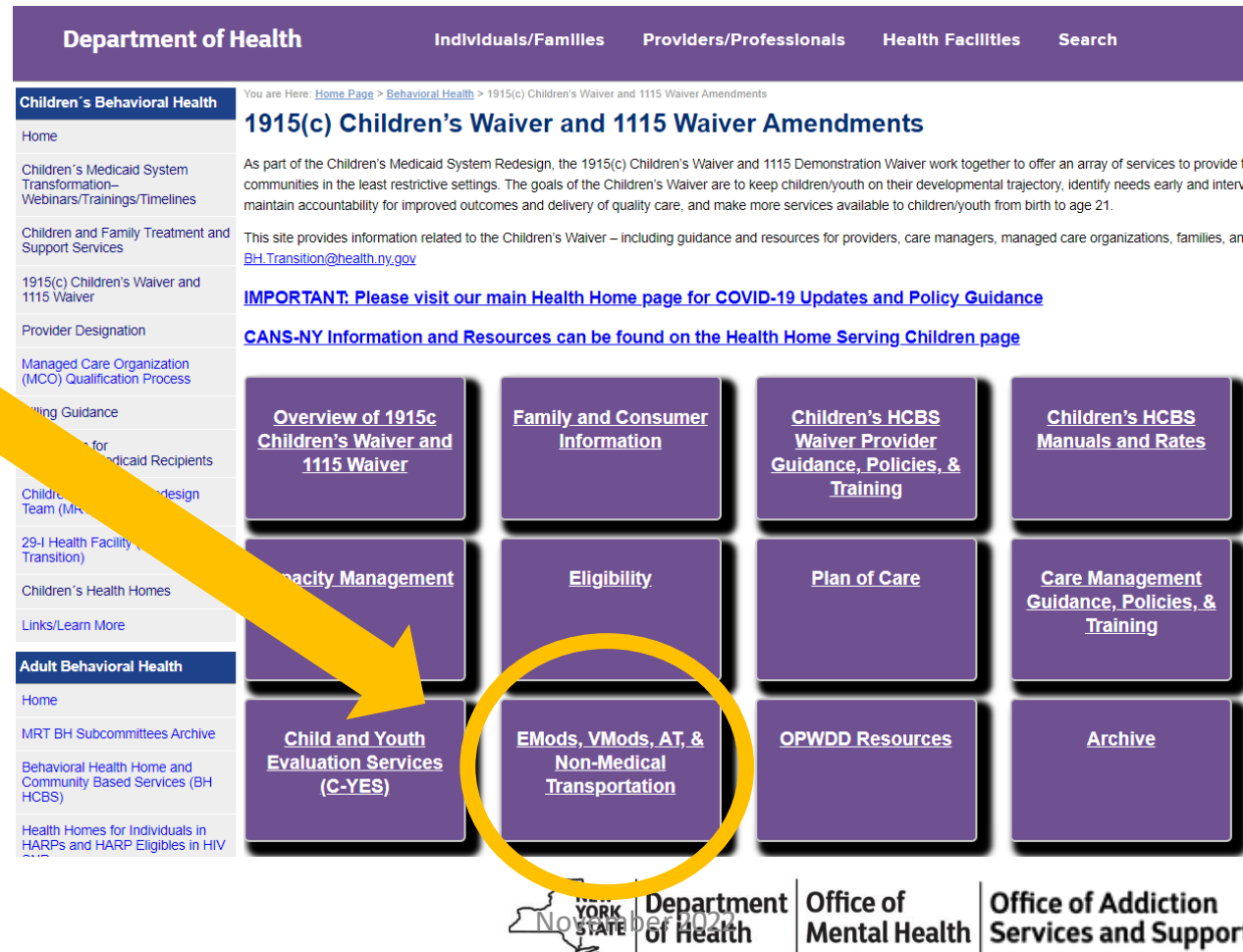
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NYS DOH Website

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



Department of Health Individuals/Families Providers/Professionals Health Facilities Search

Children's Behavioral Health You are Here: [Home Page](#) > [Behavioral Health](#) > 1915(c) Children's Waiver and 1115 Waiver Amendments

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 communities in the least restrictive settings. The goals of the Children's Waiver are to keep children/youth on their developmental trajectory, identify needs early and intervene to maintain accountability for improved outcomes and delivery of quality care, and make more services available to children/youth from birth to age 21.

This site provides information related to the Children's Waiver – including guidance and resources for providers, care managers, managed care organizations, families, and BH.Transition@health.ny.gov

IMPORTANT: Please visit our main Health Home page for COVID-19 Updates and Policy Guidance

CANS-NY Information and Resources can be found on the Health Home Serving Children page

Overview of 1915c Children's Waiver and 1115 Waiver	Family and Consumer Information	Children's HCBS Waiver Provider Guidance, Policies, & Training	Children's HCBS Manuals and Rates
Capacity Management	Eligibility	Plan of Care	Care Management Guidance, Policies, & Training
Child and Youth Evaluation Services (C-YES)	EMods, VMods, AT, & Non-Medical Transportation	OPWDD Resources	Archive

Adult Behavioral Health

Home

MRT BH Subcommittees Archive

Behavioral Health Home and Community Based Services (BH HCBS)

Health Homes for Individuals in HARP and HARP Eligibles in HIV

Department of Health Office of Mental Health Office of Addiction Services and Supports Office of Children and Family Services Office for People With Developmental Disabilities

Appendix

November 2022



Department
of Health

Office of
Mental Health

Office of Addiction
Services and Supports

Office of Children
and Family Services

Office for People With
Developmental Disabilities

Resources and Questions

- Questions regarding EMods, VMods, and AT can be directed to EModVModAT@health.ny.gov
- Questions, comments or feedback on Health Homes Serving Children to: 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
- Subscribe to the HH Listserv http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm



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
- 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. Be sure to include the child/youth's name and contact information.
- [C-YES Referral Form](#)

Example Scope

