



HCBS Determination for Children Discharging from OMH Residential Treatment Facility or Psychiatric Center

This guidance describes procedures for making 1915(c) Children's Waiver Home and Community Based Services (HCBS) referrals for children prior to or after being discharged from OMH Licensed Residential Treatment Facilities (RTFs) or OMH State Operated Psychiatric Centers Serving Children (State PCs).

When a child/youth enters an RTF or State PC, the Department of Health, in conjunction with OMH, is responsible for (re)determining Medicaid eligibility for the child/youth. When Medicaid eligibility is established, the child/youth is enrolled in Medicaid under District 97. This eligibility continues while the child/youth is in the RTF or State PC and continues **for the month of discharge and one month after** the month of discharge. This extension is to prevent a gap in coverage and allow time for the Local Department of Social Services (LDSS, NYC HRA) to determine continued Medicaid eligibility.

For children/youth who have Medicaid coverage under OMH District 97, upon return to their county of residence post discharge, the LDSS will extend Medicaid coverage beyond the month after discharge, if necessary, to complete a redetermination of Medicaid eligibility. If the child/youth is not otherwise eligible for Medicaid based on household income and/or assets, but is eligible for HCBS, family of one budgeting will be used to determine Medicaid eligibility. A new Medicaid application is not required upon RTF/PC discharge in these situations; however, the local district may require additional information in order to determine the continued eligibility of the child/youth.

Note: Children with SSI Medicaid have uninterrupted Medicaid through a separate automated process. OMH extends SSI Medicaid coverage for 10 days beyond the OMH Medicaid district 97 case closing transaction date, and the SSI Medicaid coverage is transitioned automatically to the discharge District of Fiscal Responsibility (DFR).

When a child/youth enters an RTF or State PC, the OMH Patient Resource Office (PRO) will complete a Medicaid eligibility determination. There are three (3) scenarios to consider when referring for HCBS and Medicaid Eligibility:

1. Child/youth enters the RTF or State PC **with** Medicaid.
2. Child/youth enters the RTF or State PC **without** Medicaid and the OMH PRO determines Medicaid eligibility prior to discharge.
3. Child/youth enters the RTF or State PC **without** Medicaid and is discharged before the OMH PRO determines Medicaid eligibility.

The following outlines the process for connecting children/youth who are being discharged to a Health Home or the Children and Youth Evaluation Service (C-YES) for purposes of an HCBS



Eligibility Determination and access to HCBS in each of the three scenarios listed above when an identified need is established.

Scenario 1: Child/youth enters the RTF or State PC with Medicaid

Children/youth who are enrolled in Medicaid prior to admission to an RTF or State PC and have an identified need for high level services, will be referred to a Health Home for care management services and an HCBS Eligibility Determination before being discharged, when possible. The referral can be made up to 30 days prior to discharge.

- If the child/youth is already connected to Health Home care management agency and or HCBS, a new referral is not needed if the child/youth has been inpatient 90 days or less. Contact with the current Health Home provider is needed

Health Home care managers are permitted to serve a child/youth 30 days prior to discharge to assist with discharge planning, to secure services, and to establish HCBS eligibility. If a child/youth in an RTF or State PC needs HCBS in order to be safely discharged to their home and community, then the HCBS/LOC Eligibility Determination must be completed before discharge. Coordination between the RTF or State PC and the Health Home is necessary to ensure children/youth are safely discharged.

In circumstances when the child/youth is referred to a Health Home after discharge, such as when the child's length of stay is less than 30 days, or when there is a change in the child/youth's discharge plan, the child should be enrolled in a Health Home immediately. The Health Home must complete an HCBS eligibility determination within 30 days of the referral.

Scenario 2: Child/youth enters the RTF or State PC without Medicaid and the OMH Patient Resource Office (PRO) determines Medicaid Eligibility before discharge

Children/youth who are enrolled in Medicaid prior to discharge, will be referred to a Health Home for care management services and an HCBS eligibility determination. Once Medicaid eligibility is established by OMH, the referral can be made up to 30 days prior to discharge.

Once Medicaid is established by OMH, Health Home care managers are permitted to serve a child/youth immediately to assist with discharge planning, to secure services, and to establish HCBS eligibility. If the RTF/State PC unable to make a referral to the Health Home 30 days prior to discharge, the referral should be made immediately with the information regarding the discharge date. Once the referral to Health Home is made (which may occur at the time of discharge), the Health Home will need to work with the child/youth/family and the RTF or State PC to ensure proper documentation and information is obtained to complete the HCBS/LOC Eligibility Determination.

It is imperative that the Health Home care manager remembers that the Medicaid eligibility established by PRO under District 97, continues **only** for the month of discharge and one month



after the month of discharge. The Health Home care manager will need to ensure that HCBS/LOC eligibility is completed prior to Medicaid eligibility ending and the NYS DOH Capacity Management is notified to enter the proper Recipient Restriction K-codes to ensure that if the Local District needs to conduct Family of One budgeting, they will be aware of the HCBS eligibility.

Scenario 3: Child/youth enters the RTF or State PC without Medicaid and the OMH Patient Resource Office (PRO) cannot determine Medicaid Eligibility before discharged

Up to 30 days prior to discharge, but no later than the date of discharge, the RTF or State PC will refer children/youth who are not already enrolled in Medicaid **or** cannot be determined Medicaid eligible under District 97 to C-YES for an HCBS Eligibility Determination and assistance with the Medicaid eligibility application.

Responsibilities of Each Party Involved

To ensure adequate services are available upon discharge and uninterrupted Medicaid coverage for children who may not be otherwise eligible for Medicaid, coordination is essential and the sharing of information critical for a successful transition.

RTFs/State PCs:

1. Determine when a child/youth will be ready for discharge.
2. As soon as possible, up to 30 days prior to discharge, work with the family/caregiver to identify their preferred Health Home or Health Home Care Management Agency and make a direct referral. If Medicaid will not be established prior to discharge, then make a referral to C-YES.
3. At time of referral, indicate Medicaid eligibility status and potential discharge date.
4. When a Health Home/C-YES care manager is assigned, ensure all necessary documentation is provided and forms are complete to facilitate completion of an HCBS Eligibility Determination. (i.e. Diagnosis, Disability, LPHA form, etc.)
5. Continue to work collaboratively with the Health Home/C-YES care manager to ensure a seamless transition to the community and access to needed services.
6. Please note: For children who are being discharged from an RTF or State PC and are in foster care, it is expected that there is enhanced collaboration with the LDSS and the Voluntary Foster Care Agency, if applicable, to ensure access to needed Medicaid services and to promote a safe and stable discharge. For children in foster care, the LDSS will enroll them in Medicaid using the foster care Medicaid rules.

OMH Patient Resource Office (PRO) and LDSS:

1. For children/youth who have been determined Medicaid eligible by the OMH PRO, OMH PRO will transition the OMH Medicaid (District 97) case to the LDSS District of Fiscal Responsibility.



- a. For SSI Medicaid eligible children/youth, PRO will transfer the OMH Medicaid coverage to the new district through the Auto-State Data Exchange (SDX) process.
- b. For all other children/youth:
 - i. PRO will initiate the closing of the child/youth's OMH Medicaid case.
 - ii. PRO will change the child/youth's residence address to their discharge address, and a closing notice will be sent to this the discharge address. The notice will advise that the coverage will be transferred to the new district and will identify the effective date that the OMH Medicaid case will end.
 - iii. PRO will mail a Relocation Referral Form and pertinent case information to the Medicaid Director in the new district of residence.
 - iv. The Relocation Referral Form sent by the PRO will indicate whether the child is enrolled in Waiver services or that a referral has been made.
2. Upon receipt of the Relocation Referral Form, the LDSS District of Fiscal Responsibility (DFR) will establish uninterrupted coverage for the case, transitioning the Medicaid coverage from OMH Medicaid to the county.
3. LDSS District of Fiscal Responsibility (DFR) will issue the appropriate opening notice.
4. DOH will notify the LDSS of the approval for HCBS eligibility and enter the appropriate Recipient Restriction K-code on eMedNY to indicate participation in the Children's Waiver. This will provide necessary information to the LDSS for purposes of redetermining Medicaid eligibility for the child/youth; including the authorization to use Family of One budgeting, if necessary.

C-YES:

1. The RTF or State PC will refer children/youth to C-YES who are not already enrolled in Medicaid **or** cannot be determined Medicaid eligible under District 97 for an HCBS Eligibility Determination and assistance with the Medicaid eligibility.
 - a. The assigned C-YES family support worker will contact the RTF/State PC 48 hours after they are assigned to notify the referring RTF/State PC of the assignment;
 - b. C-YES will gather the necessary information to follow up with the family prior to the discharge of the child/youth, whenever possible;
 - c. C-YES will stay in contact with the RTF/State PC staff who can assist with necessary information and the LPHA form to conduct the HCBS/LOC Eligibility Determination;
 - d. C-YES must also notify the RTF/State PC assigned OMH Patient Resource Office (PRO) when a child is determined eligible for HCBS;
 - e. When developing the person-centered POC and referring to HCBS, C-YES will notify HCBS providers that the child/youth was discharged from the RTC/State PC;



- f. *C-YES must follow their established processes in addition to the steps outlined above.*

Health Home:

1. The RTF or State PC will refer children/youth to Health Home who have Medicaid eligibility prior to entering care or if PROs established OMH District 97 Medicaid eligibility prior to or at discharge for an HCBS Eligibility Determination
 - a. After verifying Medicaid eligibility, the assigned Health Home care manager will contact the RTF/State PC 48 hours after they are assigned to notify the referring RTF/State PC of the assignment;
 - b. Health Home care manager will gather the necessary information to follow up with the family prior to the discharge of the child/youth, whenever possible;
 - c. The Health Home care manager will schedule an appointment to meet with the child/youth, family and RTF/State PC staff to gather the necessary information to conduct the HCBS/LOC Eligibility Determination and complete appropriate consents;
 - d. If the child/youth is determined HCBS eligible, the Health Home care manager will follow the HCBS process to obtain a slot with Capacity Management and issue the appropriate Notice of Decision;
 - e. The Health Home care manager must also notify the RTF/State PC assigned OMH Patient Resource Office (PRO) when a child is determined eligible for HCBS. This notification will be made prior to the child's discharge, wherever possible, and no later than 30 days from the date of the referral.
 - f. When developing the person-centered POC and referring to HCBS, the Health Home care manager will notify HCBS providers that the child/youth is being discharged from the RTC/State PC to ensure the first appointment and services are in place after discharge, whenever possible

*See attached OMH Patient Resource Offices contact list