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Children's Home and Community Based Services (HCBS)

Environmental Modifications, Vehicle Modifications, and Adaptive & Assistive Technology

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

Agenda

- ✓ Introduction
- ✓ Changes/New Information
- ✓ Service Descriptions: EMod, VMod, and AT
- ✓ Step by Step Process
- ✓ Distinction between Fee-For-Service vs. Managed Care Members
- ✓ Payment and Authorizing Process for EMod, VMod, and AT
- ✓ Questions
- ✓ Appendix



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](#)



What's New?

- The Environmental Modifications/Vehicle Modifications/Adaptive and Assistive Technology (EMod/VMod/AT) request process has been incorporated into the Children's HCBS Waiver since April 2019.
- In order to streamline the process and provide needed services to children/youth and families more expeditiously, the State has made some updates to the EMod/VMod/AT request process. These updates will be discussed today and are outlined below:
 - The addition of a [Pre-Project Evaluation Payment Request Form](#)
 - A request for Health Home Care Managers/Children and Youth Evaluation Service (HHCM/C-YES) to notify the State when an EMod/VMod/AT is added to a child's/youth's Plan of Care (POC)
 - A request for bids to be included in the **Service Request Packet**
 - The addition of timelines for documentation submission, documentation review, and payments to vendors
 - Updated [Final Cost Form](#)
 - [Guidance on Environmental Modifications to Support Behaviorally Health Challenged Members](#)
 - Pre-Project Evaluation Guidance



Environmental Modifications (EMods)

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What are Environmental Modifications?

Provide internal and external physical adaptations to the **primary residence of the enrolled child/youth** which, per the child/youth's POC, are identified as necessary to support the health, and safety of the child/youth or that enable the child/youth to function with greater independence in the home and without which the child/youth would require an institutional and/or more restrictive living setting.

- Examples of Environmental Modifications include but are not limited to:
 - Ramps
 - Lifts that require modifications to the home: hydraulic, manual or electric
 - Widened doorways
 - Roll-in showers and/or accessible tubs
 - Cabinet and shelving adaptations
 - Installation of handrails, grab bars
 - Automatic or manual door openers and doorbells
 - Water faucet controls
 - Electrical and plumbing accommodations for new equipment



Vehicle Modifications (VMods)

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What are Vehicle Modifications?

Provide physical adaptations to the primary vehicle of the enrolled child/youth which, per the child/youth's POC, are identified as necessary to support the health, welfare, and safety of the child/youth or that enable the child/youth to function with greater independence.

Examples of VMods include, but are not limited to:

- Adaptive equipment to enable an individual to operate the vehicle, including:
 - Hand controls
 - deep dish steering wheel
 - spinner knobs
 - wheelchair lock downs
 - parking brake extensions
 - foot controls
 - wheelchair lifts (including maintenance contracts)
 - left foot gas pedals

Examples of VMods include, but are not limited to:

- Changes to the structure and internal design of the existing equipment including:
 - Floor cut-outs
 - replacement of a roof with a fiberglass top
 - extension of steering column
 - raised door
 - repositioning of seats
 - wheelchair floor
 - dashboard adaptations



Adaptive and Assistive Technology (AT)

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What is Adaptive and Assistive Technology?

An item, piece of equipment, technology, or product system, whether acquired commercially, modified, or customized; that is used to increase, maintain, or improve the functioning capabilities of the individual, and/or enhance the individual's independence in performing activities of daily living, instrumental activities of daily living, or health related tasks.

- Examples of Adaptive and Assistive Technology includes, but is not limited to:
 - Positioning and mobility supports
 - Communication devices
 - Computer accessibility
 - Home Automation/Domotics
 - Adaptive Recreation Equipment



Durable Medical Equipment (DME)

- The process for obtaining DME is entirely separate from the process of obtaining AT.
- If a DME request is denied, the child/family should pursue all available avenues which may include an appeal or Fair Rights Hearing.
- Items determined to be DME **must** be pursued through the designated DME process.
- Additional DME guidance can be found here: <https://www.emedny.org/ProviderManuals/DME/index.aspx>



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 Emods/Vmods/AT request

- **MMCP Participants**

- The MMCP collaborates with the participant, family, HHCM/C-YES, and other providers to establish the authorization, approval, and payment for the Emods/Vmods/AT request

➤ ***Regardless of the process and what entity is approving, the participant and family has the right to appeal and file a Fair Hearing***



Fee-For-Service Request Process with the LDSS

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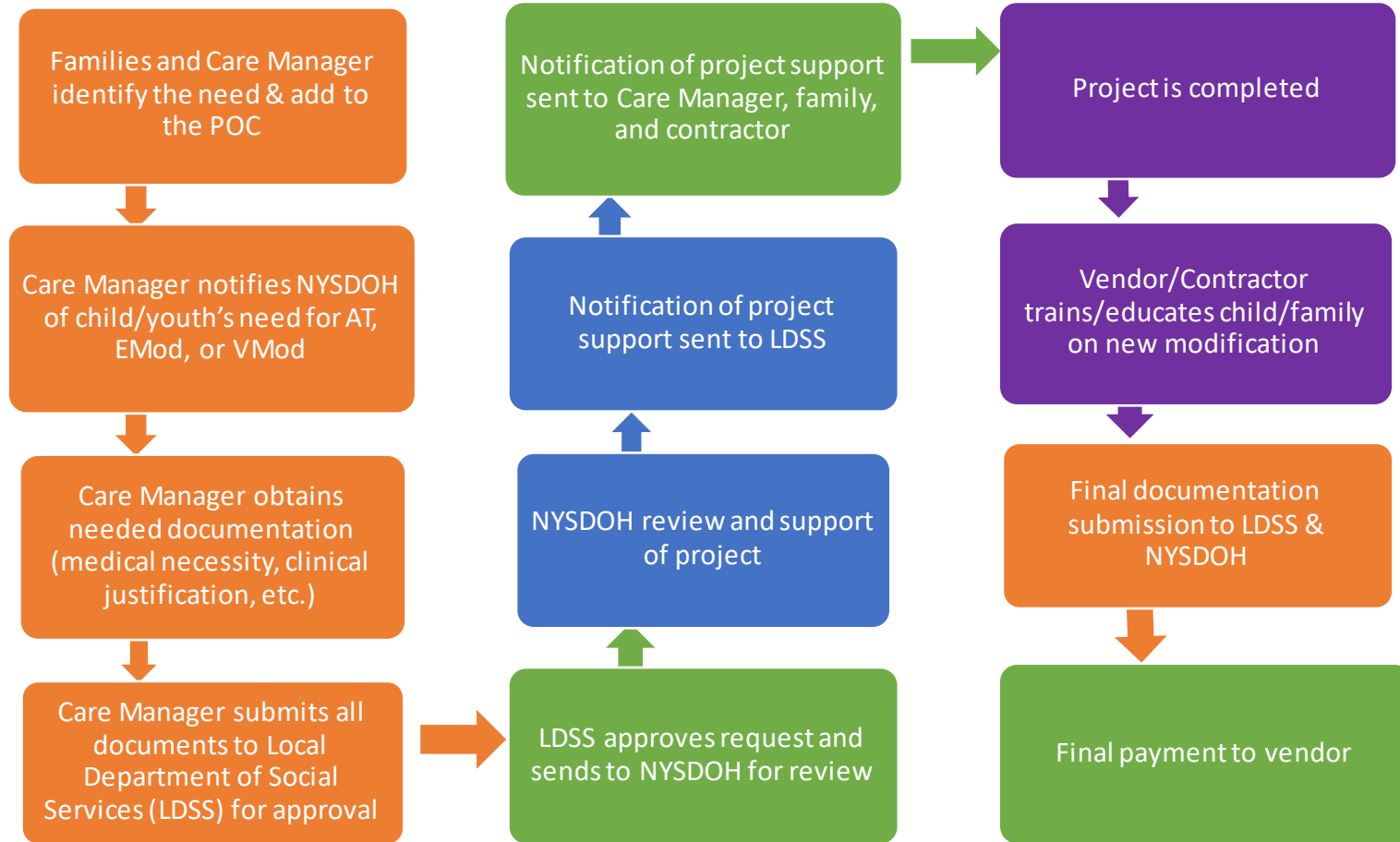
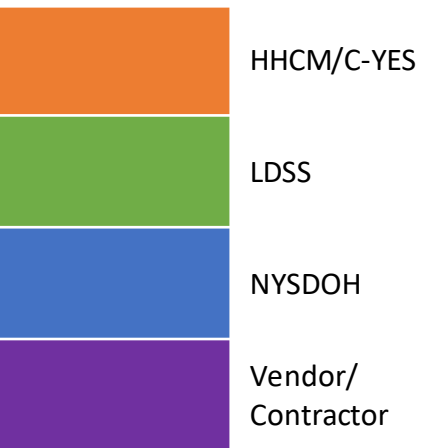
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Request Process Overview- FFS

Primary Responsibility



Assess Need & Gather Documentation by HHCM/C-YES



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 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 the Care Manager/C-YES Coordinator



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



Plan of Care (POC)

- The POC provides an initial justification that the child/youth can benefit from the service/modification/adaptation/technology.
 - This also signifies that there was a team discussion and agreement of the need
- The POC will establish that the service is necessary to assist and enhance the child/youth's independence in performing ADLs, IADLs, and/or health-related tasks and/or will substitute for human assistance.
- The HHCM/C-YES should not only identify the need in the POC but the rationale for that need and how it would impact the child/youth's ADLs, IADLs, tasks, etc.
 - The POC, with this identified need(s), will need to be part of the EMOD, VMOD, and/or AT submission of the **Service Request Packet** to the LDSS or MMCP



Notification to NYSDOH

The HHCM/C-YES will notify NYSDOH of the identified need and the anticipated request for an AT, EMod, and/or VMod within seven (7) business days of adding/updating the POC with the needed AT, EMod, and/or VMod and starting the application process **both FFS and MMCP** enrolled children/youth.

NYSDOH will monitor the requests once there is a notification to ensure timely service delivery and assist HHCM/C-YES with any identified obstacles/barriers to service delivery.

The HHCM/C-YES will send an email 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





Physician's Order

- The initial justification and request for service can be established by obtaining a **Physician's Order**.
- The physician's orders needs to state the child's diagnoses and relate them to the need for the service request.
 - The physician orders need a signature and date by a Doctor of Medicine or Doctor of Osteopathic Medicine
 - Nurse Practitioners, Physical Therapists, or other allied health professions signatures will **not** be accepted

Examples:

- A letter on physician's letterhead stating the need for the service **or**
- A written prescription for the service **or**
- An approved request for home care form such as the M11Q used by HRA
https://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/m_11q.pdf **or**
- Form 4539 https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/10oltc-006att.pdf





Clinical Justification

- The clinical justification provides information on the child's diagnosis in relation to the requested service.
 - It offers justification for the request from a clinical expert
- The clinical justification may not always be necessary for every project.
- The clinical justification must be from the appropriate clinician (e.g., Occupational/Physical Therapist, Driver Rehabilitation Specialist).
- The clinical justification provides a basis to obtain accurate bids from qualified providers.
- If a cost is associated with obtaining a Clinical Justification, this cost should be included in the overall cost for the project and will be paid even if the project is not completed or withdrawn.





Pre-Project Evaluation

- A Project Evaluator determines if the project is structurally feasible for modification and if the proposed project supports the child's identified medical needs.
- Project Evaluators may review the request prior to work being started to ensure that state/local guidelines and regulations are followed and that permits are obtained.
- Some counties have dedicated Project Evaluators contracted with the county LDSS. All counties 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).
- Examples:
 - Installing a lift by the covered front stairs would be the best option for the child to fully access the entryway
 - Determines that removing the bathtub and installing a roll-in shower and accessible toilet will be the most effective option in the bathroom. The door to the bathroom will also need to be modified to make the opening wide enough for the wheelchair to fit through
- HHCM/C-YES should be monitoring the progress of the project and completion.
 - If there are concerns, the HHCM/C-YES should reach out to the LDSS to discuss



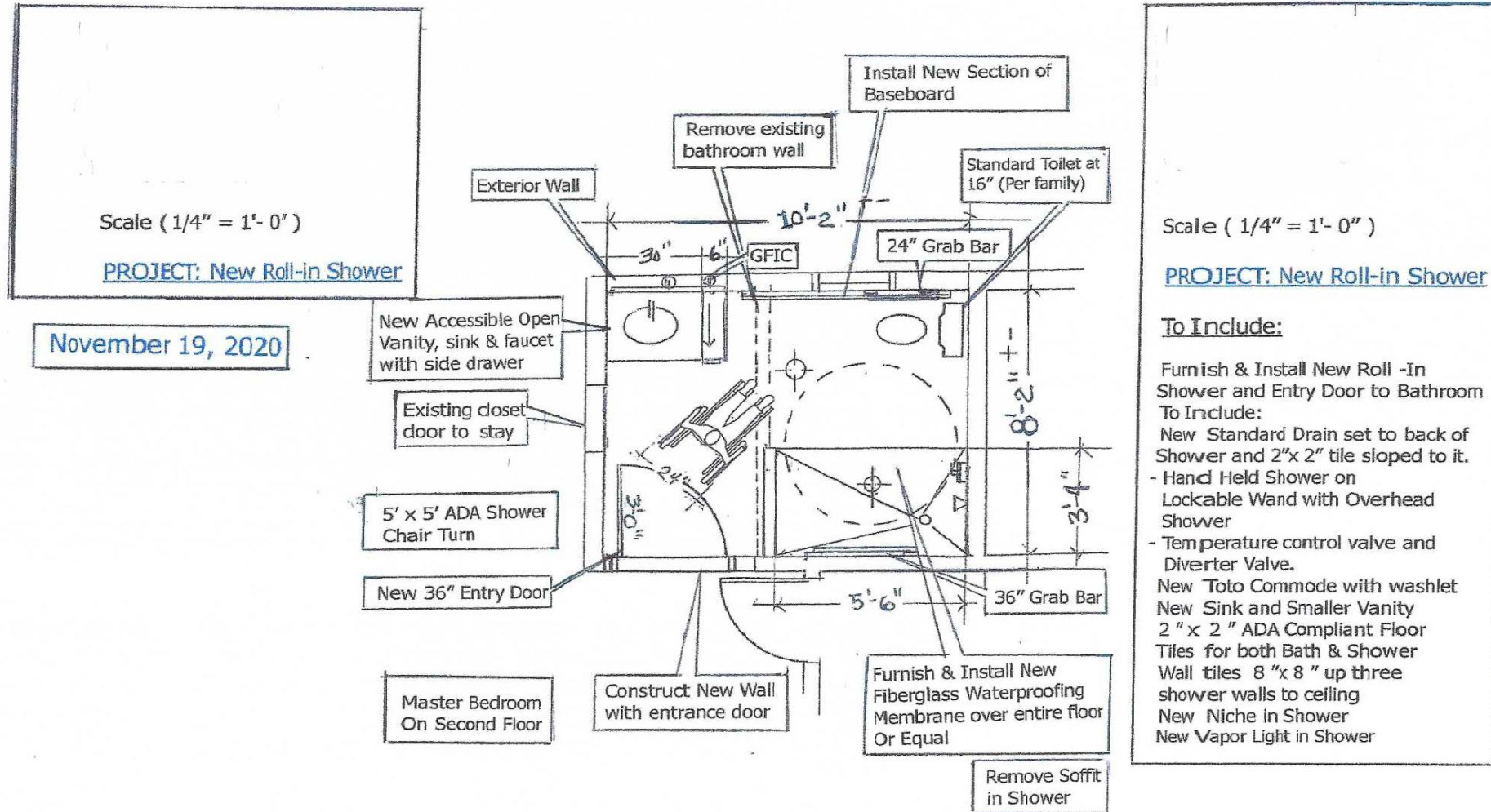


Elements of a Successful Pre-project Evaluation

- a) Name of HCBS youth requesting the EMod/VMod/AT service.
- b) Narrative of the proposed project, including the youth's diagnosis as it relates to the requested EMod/VMod/AT service.
- c) Technical drawings of the proposed modification/equipment in its anticipated environment including measurements.
- d) A task list outlining the necessary steps to complete the project.
- e) The materials that would be needed to complete the project.
- f) Any patch work or finish work necessary to complete the project.
- g) Photos of the project site and/or equipment.
- h) Any electrical, structural, or plumbing considerations related to the project.
- i) Any equipment purchases needed for project completion (i.e. harnesses, sling, vanity, etc.) along with anticipated costs and examples of product options.



Example Scope



Scale (1/4" = 1'- 0")

PROJECT: New Roll-in Shower

To Include:

Furnish & Install New Roll -In Shower and Entry Door to Bathroom

To Include:

- New Standard Drain set to back of Shower and 2"x 2" tile sloped to it.
- Hand Held Shower on Lockable Wand with Overhead Shower
- Temperature control valve and Diverter Valve.
- New Toto Commode with washlet
- New Sink and Smaller Vanity
- 2 " x 2 " ADA Compliant Floor Tiles for both Bath & Shower
- Wall tiles 8 "x 8 " up three shower walls to ceiling
- New Niche in Shower
- New Vapor Light in Shower





Pre-Project Evaluation Payment Request 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 their services **even if the project does not move forward to completion.**
- The Pre-Project Evaluation Payment Request Form, along with the Pre-Project Evaluation or Pre-Project Evaluation Invoice, should be submitted by the HHCM/C-YES to the LDSS within five (5) business days of evaluation completion.





Pre-Project Evaluation Payment Request Form (cont.)

- The LDSS will review the Pre-Project Evaluation Payment Request form within five (5) business days from submission by the HHCM/C-YES.
 - If approved, the LDSS will submit to NYSDOH
- NYSDOH will review the Pre-Project Request form within five (5) business days from submission by LDSS.
 - If all required elements are included, a funding request will be submitted to Office of Temporary and Disability Assistance (OTDA)
- OTDA will release SPV funds to the submitting LDSS during the next check release.
- The LDSS will pay the Pre-Project Evaluator within thirty (30) Business Days of fund receipt.



\$ Explore Potential Payment Source

- Since Medicaid is the payor of last resort, HHCM/C-YES should conduct due diligence in exploring other payment options first (such as private insurance or community resources).
- HHCM/C-YES should show they have determined, to the best of their ability, that Medicaid is the payor of last resort for an EMod or VMod or AT request.
- HHCM/C-YES should look at other possible funding sources for modifications before requesting Medicaid funds.
 - Examples of other funding sources that may be available to a member or their family include private health insurance, grants, other government program funding, or community funds
- HHCM/C-YES may document any attempts they make to secure alternate funding (discussion with family on resources, internet research, phone calls, emails, etc.) in their case notes.
- A signed and dated statement by the care manager that they have made diligent attempts and were unable to find and/or secure alternative payment sources will satisfy this requirement for the EMod, VMod, and AT applications.





Securing Bids

- Securing bids will be a collaborative effort between the family and the HHCM/C-YES Coordinator. The LDSS may assist in obtaining bids, if necessary.
- Bids should be based on the specifications outlined in the approved pre-project evaluation/project scope, project description, and clinical justification (if applicable).
- The contractor 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
- All estimates must identify the costs of each component of the project (e.g. inspections, materials, permits, and labor costs).
- Submit verification that appropriate and adequate insurance coverage is maintained.





Securing Bids

- The HHCM/C-YES must secure 3 bids.
- If 3 bids cannot be secured, the HHCM/C-YES must document their efforts and continue with the process without delay.
- Justification as to why 3 bids cannot be secured should be included in the **Service Request Packet**.
- All evaluations and bids will be included in the **Service Request Packet** submitted to the LDSS for review and approval. **NEW**
- The LDSS will identify the preferred bid.

➤ *Some counties may have established contracts with vendors/contractors. HHCM/C-YES should check with the LDSS to ensure that bids are being obtained from appropriate vendors/contractors.*



The HHCM/C-YES will send a complete *Service Request Packet* to the LDSS

- The **Service Request Packet** must include:
 - A completed **Description and Cost Projection Form**, signed by all necessary parties, including documentation of Medicaid as the payor of last resort
 - **Physician's Orders** for the request
 - **Clinical justification** (if applicable)
 - The child/youth's most recent **POC**
 - **Any necessary evaluations** for the project/technology including a **Pre-Project Evaluation/Scope***
 - **Three bids** for the project/technology or a justification as to why three bids could not be obtained
- When accompanied by a **Pre-Project Evaluation Payment Request Form**, pre-project evaluations may be submitted prior to submission of the **Service Request Packet**.
- With the exception of the **Pre-Project Evaluation Payment Request Form** and the Pre-Project Evaluation, all items in the Service Request Packet should be submitted together.



FFS Authorization

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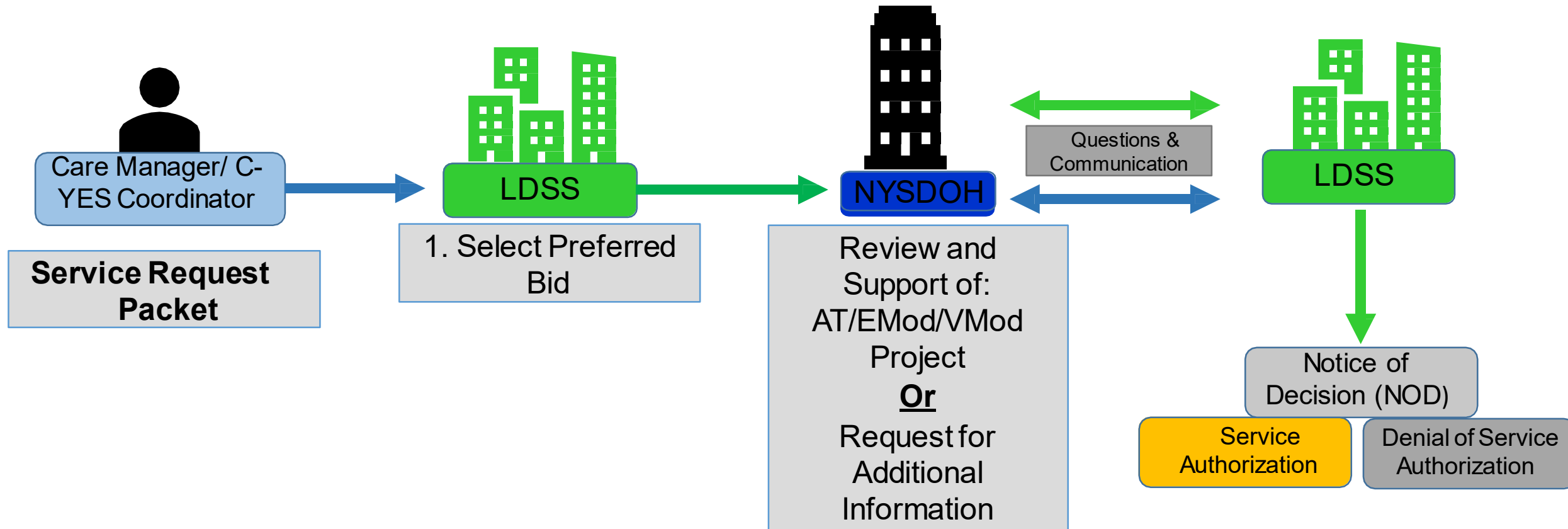
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Authorization Process FFS



Authorization Process FFS

- A complete **Service Request Packet** will be submitted to the LDSS
- The LDSS will date stamp the **Service Request Packet** on receipt. From the date stamped receipt of the **Service Request Packet**, the LDSS will have ten (10) business days to review the submitted packet for completeness of submission.
- A request may be deemed incomplete if it is missing any of the following items:
 - A completed **Description and Cost Projection Form**, signed by all necessary parties, including documentation of Medicaid as the payor of last resort
 - **Physician's Orders** for the request
 - **Clinical justification** (if applicable)
 - The child/youth's most recent **POC**
 - **Any necessary evaluations** for the project/technology including a **Pre-Project Evaluation/Scope***
 - **Three bids** for the project/technology or a justification as to why three bids could not be obtained
- If the above items are missing, then the LDSS **MUST** successfully contact the submitting entity no later than the five (5) business days after receiving the **Service Request Packet** to indicate that the submitted request is incomplete and to explain what is needed.



Authorization Process FFS

- The completed, LDSS approved **Service Request Packet** will be submitted to NYSDOH for review.
- Support determinations are made based on all information available at the time the service is requested. NYSDOH may request additional documentation and information as needed.
- If service request is supported by NYSDOH upon review, within 7 business days of receipt of the service request packet, NYSDOH will issue a letter to the LDSS supporting the project/product and submit the Special Project Vouching (SPV) fund request to the OTDA on behalf of the LDSS for project/product funding.
- If NYSDOH is unable to support the service request packet upon review, the State may also:
 - Issue a Letter of Waiver Noncompliance, or
 - Request additional information from the LDSS



Authorization Process FFS

- Upon receipt of the Letter of Support/Letter of Noncompliance, the LDSS will issue a NOD within **three (3) business days** to the child/family, the HHCM/C-YES, and the provider/contractor.
 - If the NOD is for approval, the selected provider/contractor will be notified, and work can be initiated
 - Any paperwork that is needed to release SPV funds for projects on the county level to vendors be completed



Notice of Decision (NOD)

- A NOD is a written document that notifies the individual of an action being taken by the LDSS, including an explanation of the reasons for the action.
- The form used 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.



Service Delivery

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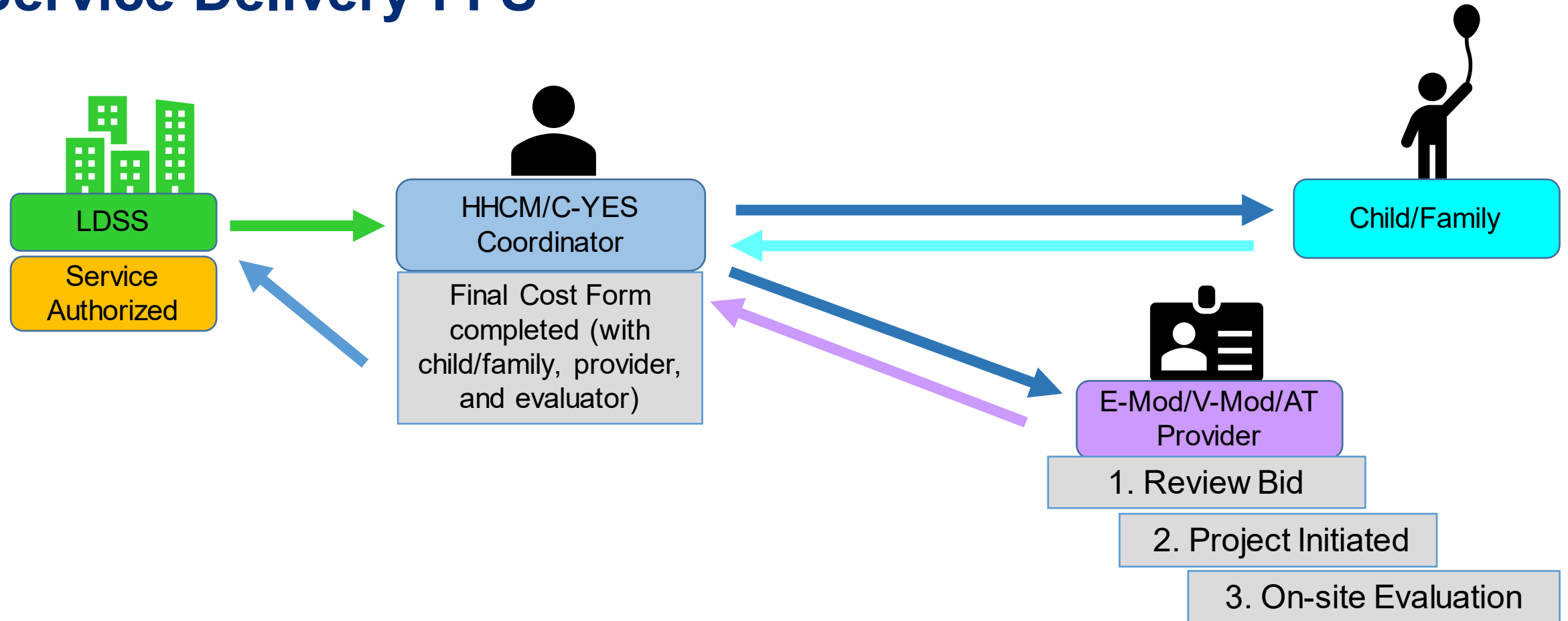
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Service Delivery FFS



Service Delivery

- The HHCM/C-YES works with the family and the selected provider to initiate the project/request, including reviewing the bid and the terms of the project with the provider.
- The provider 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 completed as agreed.
- 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 DOH or risk nonpayment.



Post Project Evaluation

- Once the project is completed, the County may elect to complete a post-project evaluation.
- An evaluation is completed to ensure the work meets the approved pre-project evaluation/scope and state/local regulations and guidelines.
- Often the post-project evaluation is completed by the same company/individual who completed the pre-project evaluation.
- The cost of the post-project evaluation should be included in the total project cost on the **Description and Cost Projection Form** (if known).
- **All** VMod projects require a post-project evaluation.



Completion of the Project

- Upon completion of the project, the HHCM/C-YES will coordinate the post-project evaluation and complete the **Final Cost Form**.
- The HHCM/C-YES will submit the completed **Final Cost Form** to the LDSS along with a final invoice and post-project evaluation (if applicable).
- The form will include a description of the completed service and the final cost.
 - The LDSS must maintain the form in the child/youth's case file and send a copy to NYSDOH
- The LDSS will review the submitted form and validate the completion of the specification of the bid/purchase.
- The HHCM/C-YES will provide feedback to the LDSS regarding the work if there are any questions.



Final Cost Form

- The Final Cost Form, along with final invoices and post-project evaluation (if applicable) will be submitted by the HHCM/C-YES to the LDSS within seven (7) business days of project completion.
- NYSDOH will review the **Final Cost Form** within five (5) business days of receipt.
 - NYSDOH will issue a Letter of Final Cost Acceptance to the LDSS
 - OR**
 - NYSDOH will contact the LDSS with questions or requests for additional information



Payment

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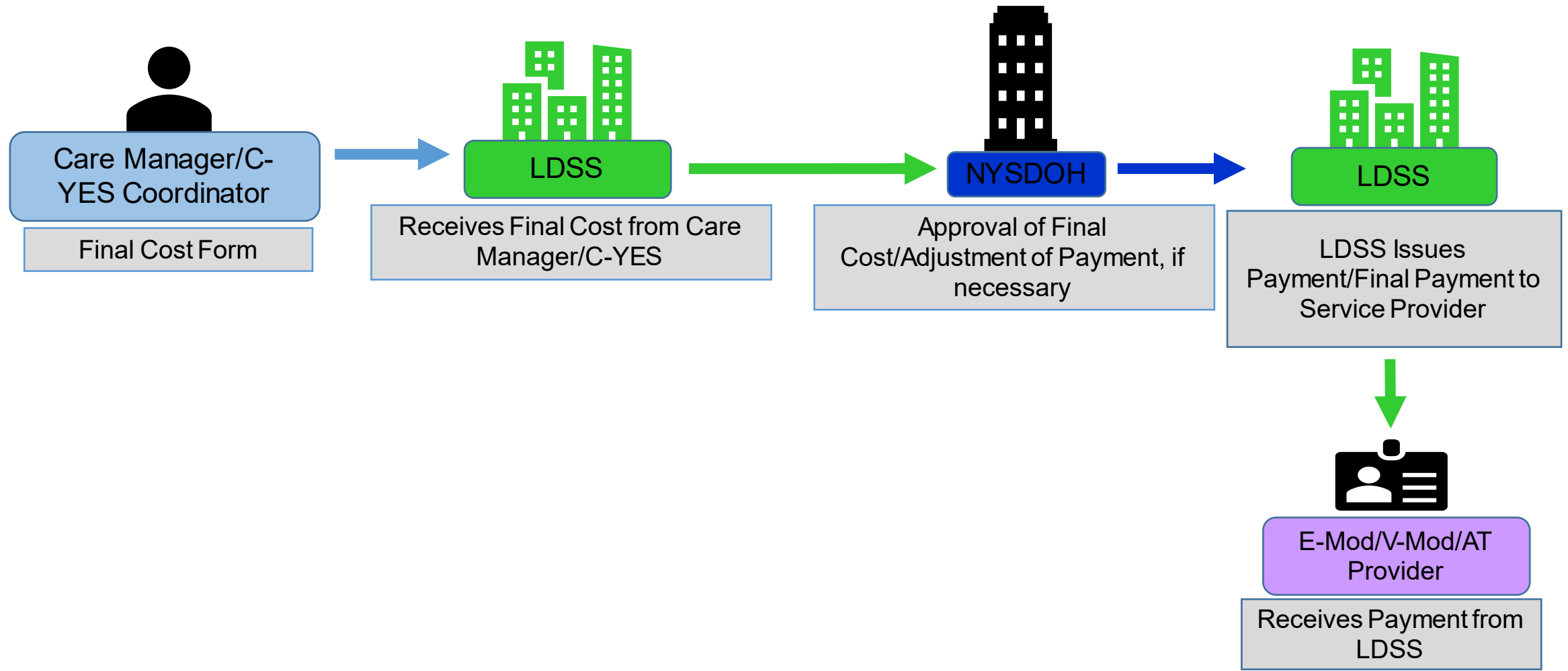
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Payment *FFS Only*



FFS: Special Project Vouchering (SPV) Fund

- LDSS will be able to request funds to cover the full cost of these projects, including assessments/evaluations, to ensure the efficacy of the modification/ purchase.
- To obtain SPV Funding, the LDSS must submit the **Description and Cost Projection Form** to NYSDOH with all supporting documents at the time of the submission of the **Service Request Packet** to NYSDOH.
- Upon approval by NYSDOH, a check will be sent to the County Treasurer at the LDSS.
 - Note that the check will be issued from the OTDA
- Requests will be processed monthly.
- LDSS may distribute the funds as needed.
 - For example, the LDSS could separate payments for assessment/evaluation, initial payment to contractor to cover materials, and a final payment after the project passes inspection and the project is determined completed and safe



FFS: SPV Fund (Continued)

- For the Children's Waiver, the LDSS can use the SPV Fund for upfront distribution of funds.
 - The **Description and Cost Projection Form** will be used to request special project funds for the AT, EMod, or VMod. This form contains everything needed to initiate authorization of requested projects/purchases
 - The **Final Cost Form** will be used to reconcile fund requests with total project/purchase costs



Finalize Project & Payment to Contractor

- If the estimated project cost covers the final project cost, the LDSS payment must be made to all providers/contractors within thirty (30) business days of NYSDOH review and support of the **Final Cost Form**.
- If the final project cost is greater than the estimated project cost, the LDSS will receive SPV funds for outstanding project costs.
 - The LDSS will have thirty (30) business days to issue final payments to providers/contractors after receipt of funds.
 - DOH will send a letter of revision noting the request for overage and SPV fund
 - LDSS receives SPV funds then informs DOH of payment, then DOH sends the letter of closure



Medicaid Managed Care Plan Request Process

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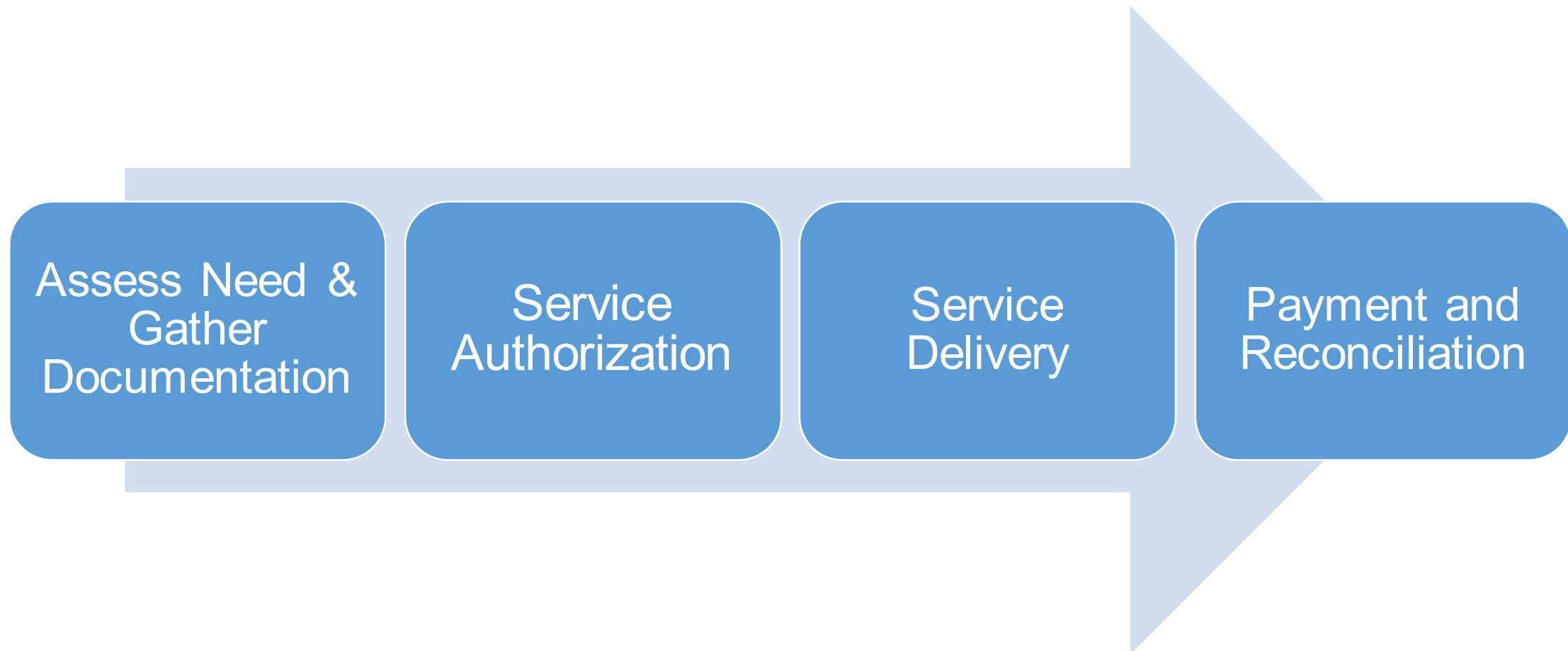
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EMOD, VMOD, and AT Process Overview



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



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



POC

- The POC provides an initial justification that the child/youth can benefit from the service/adaptation/technology.
 - This also signifies that there was a team discussion and agreement of the need
- The POC will establish that the service is necessary to assist and enhance the child/youth's independence in performing ADLs, IADLs, and/or health-related tasks and/or will substitute for human assistance.
- The HHCM/C-YES should not only identify the need in the POC but the rationale for that need and how it would impact the child/youth's ADLs, IADLs, tasks, etc.
 - The POC, with this identified need(s), will need to be part of the EMOD, VMOD, and/or AT submission packet to the LDSS or MMCP



Notification to NYSDOH

The HHCM/C-YES will notify NYSDOH of the identified need and the anticipated request for an AT, EMod, and/or VMod within seven (7) business days of adding/updating the POC with the needed AT, EMod, and/or VMod and starting the application process **both FFS and MMCP** enrolled children/youth.

NYSDOH will monitor the requests once there is a notification to ensure timely service delivery and assist HHCM/C-YES with any identified obstacles/barriers to service delivery.

The HHCM/C-YES will send an email 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 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





Physician's Order

- The initial justification and request for service can be established by obtaining a **Physician's Order**.
- The physician's orders needs to state the child's diagnoses and relate them to the need for the service request.
 - The physician orders need a signature and date by a Doctor of Medicine or Doctor of Osteopathic Medicine.
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- An approved request for home care form such as the M11Q used by HRA
https://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/m_11q.pdf **or**
- Form 4539 https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/10oltc-006att.pdf





Clinical Justification

- The clinical justification provides information on the child's diagnosis in relation to the requested service. It offers justification for the request from a clinical expert.
 - The clinical justification may not always be necessary for every project
- The clinical justification must be from the appropriate clinician (e.g., Occupational/Physical Therapist, Driver Rehabilitation Specialist).
- The clinical justification provides a basis to obtain accurate bids from qualified providers.
- If a cost is associated with obtaining a Clinical Justification, this cost should be included in the overall cost for the project and will be paid even if the project is not completed or withdrawn.



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- HHCM/C-YES should look at other possible funding sources for modifications before requesting Medicaid funds. Examples of other funding sources that may be available to a member or their family include private health insurance, grants, other government program funding, or community funds.
- HHCM/C-YES may document any attempts they make to secure alternate funding (discussion with family on resources, internet research, phone calls, emails, etc.) in their case notes.
- A signed and dated statement by the care manager that they have made diligent attempts and were unable to find and/or secure alternative payment sources will satisfy this requirement for the EMod, VMod, and AT applications.



Submit all Necessary Documents

- The HHCM/C-YES must submit the **Description and Cost Projection Form** requesting the service or device to the MMCP to initiate the authorization process.
- The HHCM/C-YES will also submit supporting documentation, including:
 - Pre-Project Evaluation/Scope,
 - a copy of the Physician's Order,
 - Clinical Justification (if applicable),
 - permission of owner to modify property (if applicable), and
 - The child/youth's POC
- The documentation submitted by the HHCM/C-YES must detail the need and intended purpose of the EMod/VMod/AT to support the request.
- **The HHCM/C-YES is encouraged to contact the child/youth's MMCP for specific application requirements.**



Request Review

- MMCPs will review all documents.
- Please note that MMCPs are NOT required to obtain bids for projects.
- MMCPs may choose to contract with evaluators and providers/contractors or use a bidding process.
- If the project exceeds the \$15,000 annual (calendar year) soft cap, approval from the MMCP's Medical Director is required.
- The \$15,000 annual (calendar year) soft cap may be exceeded if deemed medically necessary.



Request Authorization

- The MMCP will notify the HHCM/C-YES, the individual, and the selected contractor/provider of its determination.
- MMCPs will follow notification requirements in the Managed Care model contracts.

Request Closure

Upon completion of the AT, EMod, or VMod project, the HHCM/C-YES must submit a **Final Cost Form** to the MMCP that includes a description of the completed AT, EMod, or VMod and the final cost.

Frequently Asked Questions

June 2021



Department
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Office of
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Office of Children
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Office for People With
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Frequently Asked Questions

- Projects should not be merged. Each project should be submitted in a separate **Service Request Packet**.
- Children/youth with a medical need for more than one EMod/VMod/AT project can submit more than one **Service Request Packet**.
- Normal maintenance and repairs are not covered under the Children's Waiver, but total repair and replacement may be covered on a case-by-case basis.
- The \$15,000 annual (calendar year) soft cap refers to each service separately.
 - NYSDOH determines for FFS Medicaid members if the annual soft cap may be exceeded for established need
 - If members of MMCP, the Medical Director of the member's plan will determine if the annual soft cap may be exceeded for need
- The Children's Waiver will not fund the purchase of a vehicle.
 - The Waiver may provide funds towards the value of an existing modification in an already modified vehicle (new or used)
 - The vehicle must meet all qualifications under the Waiver and be provided through a certified dealer



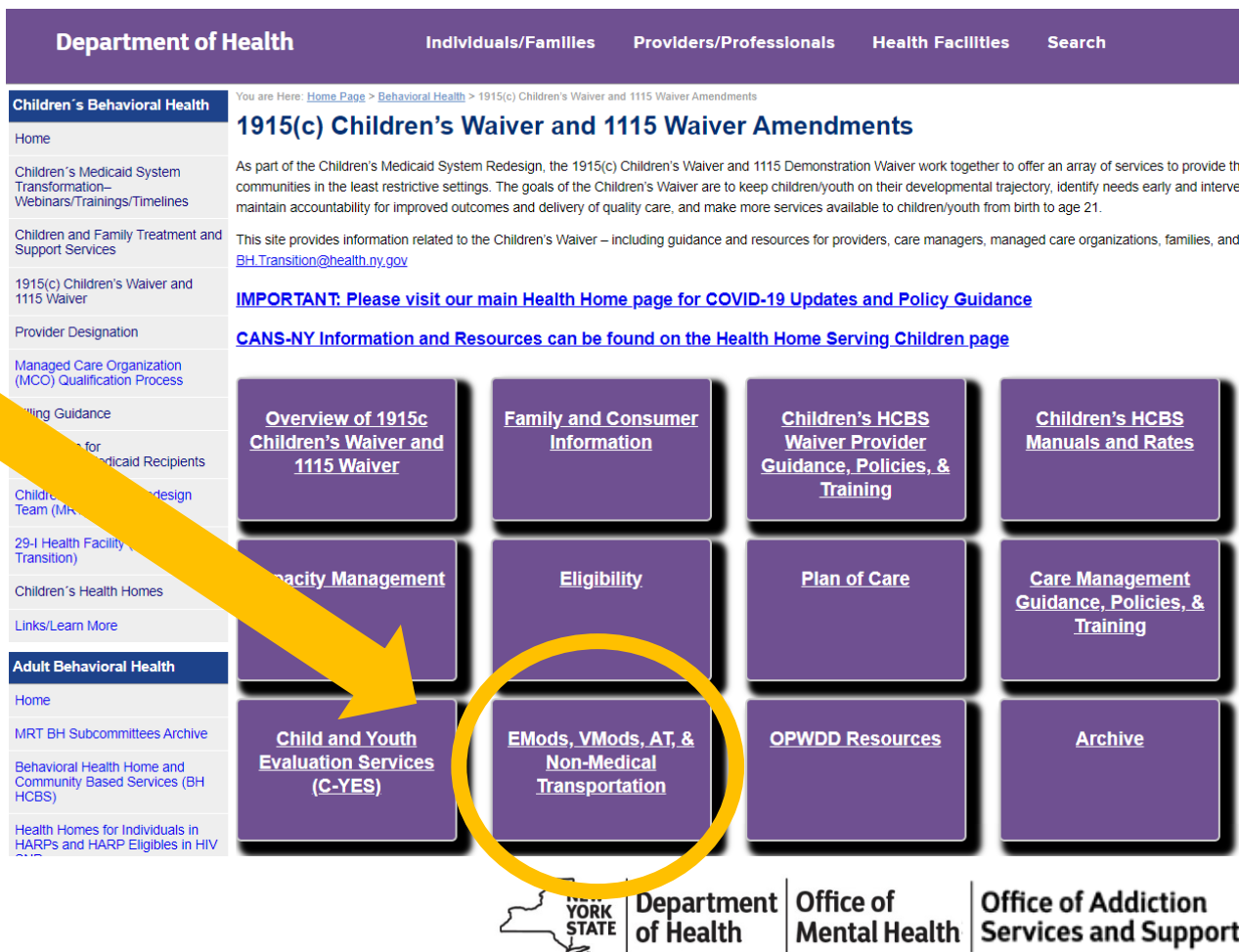
Frequently Asked Questions (cont.)

- The Children's Waiver will not provide funds for the payment of a rental car while a child/family's vehicle is modified.
- Environmental modifications are available at the child/youth's primary residence only.
 - Vacation homes are not eligible for funding under the Children's Wavier



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](#)

NEW YORK STATE 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



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Appendix

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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](#)

