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# State Discussion with Children's Waiver HCBS Providers

July 2023

# Purpose

- For the Department of Health (DOH) to share updates, guidance, and policy changes, and obtain feedback from Home and Community Based Service (HCBS) providers.
- Provide an opportunity for HCBS providers to discuss barriers and be a part of the problem-solving discussion.
- Have an open dialogue to communicate issues and concerns.

# Agenda

- ✓ Staff Compliance Tracker
- ✓ Updated HCBS Authorization & Care Manager Notification Form
- ✓ HCBS Referral Portal Update
- ✓ Waiver Amendment
- ✓ Annual HCBS Provider Case Review and Audit
- ✓ Frequently Requested Topics

# Staff Compliance Tracker



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# Overview

The New York State Department of Health (DOH) is required to verify provider qualifications, training, and staffing requirements (i.e.; background checks) annually and report this information to the Centers for Medicare and Medicaid Services (CMS), under the terms of the 1915(c) Children's Waiver.

All HCBS Providers, HHCMs, and C-YES who supplied HCBS or care management to Children's Waiver members are required to report this information to DOH.

Requesting only agencies' **Human Resources/Personnel Staff** be given access to the new "Staff Compliance" section within IRAMS

Individual staff should not be entering their individual information, as HR/Personnel Staff should be confirming compliance to staff Qualifications, Background Checks, and Training and entering the information into the new Staff Compliance Tracker

- If agencies have already provisioned additional staff that are not HR/Personnel staff, please remove these staff from the IRAMS Staff Compliance role



# Staff Compliance Tracker

Beginning for Waiver Year 2022-2023, all agencies are required to verify provider qualifications, training, and staffing requirements (i.e.; background checks) annually and report this information electronically through IRAMS. The IRAMS system launched and availability on June 19, 2023.

## Updated Electronic Staff Compliance Tracker System

- In previous waiver years, a survey monkey and excel spreadsheets were utilized with limited return from agencies or clear information. To streamline and help ease this manual process the Staff Compliance Tracker (Previously Called - Qualification and Training Tracker) was developed in Incident Reporting and Management System (IRAMS).
- DOH requested that HCBS providers, HHCMAAs, and C-YES **connect** their Human Resources/Personnel Staff **only** to the Health Commence System (HCS) and the IRAMS by **June 30, 2023**.
- The new Staff Compliance Tracker will be pre-populated with the previous year's information from agencies who provided the information. Human Resources/Personnel Staff must verify the existing information already populated and enter staffing information that is missing no later than **July 31, 2023**.
- Human Resources/Personnel Staff will be able to access the Staff Compliance throughout the year to keep information current. NYS DOH will share with providers annually the due date to have the Staff Compliance up-to-date for NYS DOH annual reporting to CMS.
- This requirement is part of the HCBS provider designation attestation and can effective re-designation

# HCBS Authorization & Care Manager Notification Form



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# MMCP and CM Authorization Form - Update

The NYS DOH continue to work with various stakeholder groups to update processes and forms.

Several Meetings have occurred with MMCP to update the Authorization Form and to assist Plans to complete authorizations timely

NYS DOH has shared with the HCBS providers the update DRAFT authorization form.

By the end of the year 2023/early 2024, the authorization form is planned to be built into an electronic platform. Utilization and testing of this updated form will inform the electronic version.

NYS DOH plans will also issue to HCBS providers:

- Medical Necessity Guidance, to obtain consistency among Plans and deliver of services by HCBS providers
- Examples of Smart Goals and measurable objectives



# CM and MMCP Authorization Form - Directions

## Children's HCBS Authorization and Care Manager Notification Form

- Instructions: The Children's Waiver Home and Community Based Services (HCBS) Provider must complete this form for Children's Waiver HCBS provided 14 days prior to the initial service period of 24 hours/96 units/60 days expiring or for concurrent/re-authorization. Providers should not wait until this initial service amount/period, or the approved authorized amount has been exhausted before proceeding with this step. Completion of this form is not necessary for the initial service period of 24 hours/96 units/60 days. Submission of this form does not replace the requirement for HCBS providers to notify Medicaid Managed Care Plans (MMCPs) of the first appointment. Services must be provided in accordance with a person-centered Plan of Care (POC), the Children's Waiver, and the Children's HCBS Manual.
- *Clarification that the initial service hours and the first appointment does not need the Authorization form*



# CM and MMCP Authorization Form - Sections

All fields must be completed unless listed as optional or as applicable.

## Section 1 – Completed by HCBS Provider

Child/Youth Information *(Parent/Guardian/Legally authorized representative is abbreviated as P/G/LAR)*

Child Name \_\_\_\_\_ Child DOB \_\_\_\_\_

Youth Phone (required if over 18) \_\_\_\_\_ Youth Email (required if over 18) \_\_\_\_\_

Child Address \_\_\_\_\_

Child Client Identification Number (CIN) \_\_\_\_\_  Check this box if the child is in Foster Care

If checked Name of 29-I Foster Care Agency (if applicable) \_\_\_\_\_

Health Home/C-YES \_\_\_\_\_

### # 1 – Please circle one of the following: Parent/Guardian/Legally Authorized Representative

P/G/LAR Name \_\_\_\_\_ P/G/LAR Email (Optional) \_\_\_\_\_

P/G/LAR Phone \_\_\_\_\_  Check this box if the Child and P/G/LAR live together

P/G/LAR Relationship to Child \_\_\_\_\_  Check this box if siblings are also received HCBS

P/G/LAR Address \_\_\_\_\_

Check this box if this is Local District of Social Services (LDSS) County Representative

County Representative's Name and Email if known: \_\_\_\_\_

### # 2 – Please circle one of the following: Parent/Guardian/Legally Authorized Representative

P/G/LAR Name \_\_\_\_\_ P/G/LAR Email (Optional) \_\_\_\_\_

P/G/LAR Phone \_\_\_\_\_  Check this box if the Child and P/G/LAR live together

P/G/LAR Relationship to Child \_\_\_\_\_

P/G/LAR Address \_\_\_\_\_

Check this box if this is Local District of Social Services (LDSS) County Representative

County Representative's Name and Email if known: \_\_\_\_\_



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# CM and MMCP Authorization Form - Sections

Please indicate how many siblings currently reside in the home: \_\_\_\_\_

Out of the current siblings who reside in the home, how many are receiving HCBS? \_\_\_\_\_

Out of the current siblings who reside in the home, how many are receiving Health Home Care Management? \_\_\_\_\_

Check this box if the child attends school or other educational/vocational program

If applicable, please outline the child's school or educational/vocational program schedule below, including how many hours a week they attend the program in question (i.e., Mon-Fri 8am-1pm, etc.). Please also include other standing appointments, e.g., therapy, medical appointments, OT/PT/ST, CFTSS, PDN/PCA/CDPAS, Hospice, etc.

School/Education:

Regular appointments/programs:

Extracurricular/Community Activities:

Other Programming/Services/Activities:

For extracurricular or community activities, note how many hours a day, week, or month.

Summer Programming schedule:

## Clinical Information

Child Primary ICD-10 Diagnosis \_\_\_\_\_

Child/youth K-Code \_\_\_\_\_

Target Population:  SED  Medically Fragile  DD and Medically Fragile  DD and Foster Care

Date of Expected Discharge from HCBS: \_\_\_\_\_

## Administrative Information (If applicable)

Date of First Appointment \_\_\_\_\_

Date HCBS Provider Notified the Plan of First Appointment \_\_\_\_\_

By checking this box, I attest that the above appointment took place

Note: Notification can occur via email or phone



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# CM and MMCP Authorization Form - Sections

## Requested HCBS, Goals, and Objectives

**Please note the anticipated start date, frequency, scope, duration, and modality of each requested HCBS. Indicate the service date range being requested/included in this notice. Please consider what the member needs to reasonably achieve the objectives listed in the following section. Duration cannot exceed 6 months:**

**Frequency:** Is defined as how often the service will be offered to the child and/or family/caregiver. Services may be delivered on a weekly, biweekly, or monthly basis according to the needs of the child and family. Providers must specify the type of frequency referenced in the "frequency" space provided below (e.g., 2x/week, 4x/month, etc.).

**Scope:** Is defined as the service components and interventions being provided and utilized to address the identified needs of the child and/or family/caregiver. A time allotment for how long each service will be delivered per occurrence should be included in the "scope" space provided below (e.g., 2 hours, 1.5 hours, etc.). The scope of the service should correspond to the abilities of the child and/or family/caregiver and be reflective of the billing unit identified by service. If the scope varies based off the day of the week, please provide relevant context and information in the box below. Additionally, please denote the scope for individual services vs. group services.

**Duration:** Is defined as the length in time that the service will be delivered to the child and/or family/caregiver (i.e., 3 months, 6 months, etc.).

Please select Children's Waiver HCBS being requested/included in this notice:

- |  |   |
|--|---|
| <input type="checkbox"/> Community Habilitation                          | <input type="checkbox"/> Supported Employment   |
| <input type="checkbox"/> Day Habilitation                                | <input type="checkbox"/> Respite Services (Specify below between Planned and/or Crisis)   |
| <input type="checkbox"/> Caregiver/Family Advocacy and Supports Services | <input type="checkbox"/> Palliative Care (Specify below between: Massage Therapy, Counseling and Supports Services, Expressive Therapy, or Pain and Symptom Management) |
| <input type="checkbox"/> Prevocational Services                          |   |

HCBS #1	Start Date (1 <sup>st</sup> service visit)	Start Date for This Authorization Period	Frequency	Scope	Duration	Explanation of variation in schedule (if applicable)	Name of Staff Assigned to Provide Service
Procedure Code(s)							

Modality (Check all that apply):

Individual



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# CM and MMCP Authorization Form - Sections

Each Goal should be written to be measurable or that be demonstrated as achievable by the specific HCBS, as in accordance to the HCBS manual. Each Goal must have at least one specific objective – what will the HCBS provider do or how the HCBS provider work with the member to accomplish the Goal.

<b>Goal 1</b>	
<b>Objective 1:</b>	<b>Provide rationale for the need for the continued/modified service.</b>
<b>For re-authorization:</b> Describe the status of the service goal/objective, including what has been accomplished or what has been worked on. Outline what is still needed to be worked on with this objective.	
<b>Describe any other barriers or obstacles to the member's goals/objectives, and strategies to address these barriers.</b>	
<b>Objective 2:</b>	<b>Provide rationale for the need for the continued/modified service.</b>
<b>For re-authorization:</b> Describe the status of the service goal/objective, including what has been accomplished or what has been worked on. Outline what is still needed to be worked on with this objective.	
<b>Describe any other barriers or obstacles to the member's goals/objectives, and strategies to address these barriers.</b>	
<b>Objective 3:</b>	<b>Provide rationale for the need for the continued/modified service.</b>

Smart Goals and measurable objectives  
Are needed

Examples and guidance is being drafted for HCBS providers

# Referral Portal



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# HCBS Referral Tracker

The NYS DOH continue to work with various stakeholder groups to update processes

Due to the implementation of the Staff Compliance Tracker, this pushed out the development of the electronic HCBS Referral Portal within IRAMS

Meetings with HHs/CMAs and HCBS providers will resume in August

Tentative Launch for September/October 2023



# Amendment



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# Waiver Amendment

The Department of Health proposes to ***amend the 1915(c) Children's Waiver*** for several items

## Proposed Changes

### Rate increase for HCBS

- Will allow for continuation of the 25% and 5.4% rate increases for HCBS implemented during the PHE and Budget.
- Will include allowances for rural rates

### Environmental and Vehicle Modifications and Adaptive and Assistive Technology

- To be paid using a fee-for-service delivery system and to establish and authorize payment for financial management services (FMS) provided to children/youth requiring Adaptive and Assistive Technology, Environmental Modifications, and Vehicle Modifications.
- FMS to be provided by two lead Health Homes instead of Local Department of Social Services
- Amended to include driver modifications within the vehicle modification service definition.

### Respite

- Annual service limit for respite is not to exceed 14-days, 336 hours, or 1,344 cumulative 15-minute units, unless medically necessary.
- Service descriptions will be clarified to indicate the size of allowable groups for the currently established Group Respite and to establish a new rate for Group Respite involving two children/youth.

# Waiver Amendment

## Proposed Changes

### Palliative Care

- Remove references to “life threatening”, “terminal” and “end of life” in Palliative Care service definitions, except for Palliative Care Counseling and Support Services.
- References to Bereavement Counseling and Support Services after the passing of a child and End-of-Life per episode payments will remain in the Counseling and Support Services.

### Professional Qualifications

- Will update the qualifications of professionals permitted to perform HCBS Level of Care evaluations to include Children’s Single Points of Access (SPOAs) through the local county departments of mental health for children/youth meeting Serious Emotional Disturbance (SED) criteria.
- Will adjust palliative care provider qualifications to reduce the years of experience required to serve the medically fragile pediatric populations from three years to one year to improve workforce availability.

Proposed Waiver is posted [here](#)

Public Comment ends August 10, 2023, and comments can be sent to [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov)

# HCBS Annual Case Review



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# Annual Case Review

The Children's Waiver requires annual reporting to CMS regarding Waiver performance measures. Performance Measures are collected in the following ways:

- Claims Data
- Overall Medicaid Population Data
- Case/Record Reviews
- Other system information (MAPP HHTS, Uniform Assessment System, etc.)

## Waiver Year

- 2019-2020 – Case Review and reporting based upon the Health Home and CYES
- 2020-2021 - Case Review and reporting based upon the Health Home and CYES
- 2021-2022 - Case Review and reporting based upon the Health Home, CYES, and HCBS providers
- 2022-2023 - Case Review and reporting based upon the Health Home, CYES, and HCBS providers



# HCBS Provider Schedule

## HCBS Provider Review for 2021-2022

- Information from Providers were delayed
- Review timeline were pushed out
- Summary of Findings and CAPS created numerous questions, provider calls, and CAP denials
- Several providers' CAPS were approved with recommendations indicating the need for more information would be needed for next years CAP, otherwise a denial would occur

## HCBS Provider Review for 2022-2023

- August 2023 - Kick-off Meeting with Providers
- Agency review timeline will be shared; lack of response will impact HCBS provide designation
- August/Sept 2023 – Reviews begin
- Within 2 weeks of the case review being completed, Summary of Findings will be sent
- HCBS providers will have 2 weeks to respond to their CAP
- New CAP template within an excel will be used
  - Piloting with HHs/CYES now



# Frequently Requested Topics



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# Frequently Requested Topics

DOH has received questions on the following topics and would like to provide further clarity for and providers

## FREQUENTLY requested TOPICS

- HCBS Telehealth Flexibilities
  - At this time, the telehealth flexibilities detailed in [Appendix K](#) are in effect until further guidance is released.
  - Effective January 1, 2023, [Respite can no longer be provided via telehealth.](#)
- Attendance of Regularly Scheduled Services
  - Providers need to document in the member's case record instances when the member/families do not attend scheduled HCBS due to summer vacation, attending camp, etc.
  - HCBS must be provided on a monthly basis to continue enrollment in the Children's Waiver (determined by the care manager); services should be resumed as soon as possible after any breaks due to summer vacation, attending camp, etc.
    - 90 days without services or if the member is in an excluded setting, the member must be disenrolled
  - Providers must maintain documentation and contact with the care manager if there are barriers to connecting with the family for long periods of time.

# Future Meetings & Contact Information



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# Future Meetings & Agenda Items

- Next Scheduled Monthly Meetings:
  - *August – meeting will be changed to accommodate Case Review Entrance Webinar*
  - *September 20<sup>th</sup> 1:00 – 2:30 PM*
- Register for **all** these monthly meetings here:  
[Registration \(gotowebinar.com\)](https://gotowebinar.com)
- DOH would like to discuss topics of interest to the HCBS providers and also hear suggestions and ideas for improvement.
- Please submit your agenda requests, suggestions, or questions to  
[BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov).



All Children's Waiver HCBS questions and concerns, should be directed to the NYS Department of Health at [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov) mailbox or (518) 473-5569

Questions regarding the HCBS Settings Final Rule can be directed to [ChildrensWaiverHCBSFinalRule@health.ny.gov](mailto:ChildrensWaiverHCBSFinalRule@health.ny.gov)

New York State Department of Health Complaint Line  
**1-800-206-8125** or [managedcarecomplaint@health.ny.gov](mailto:managedcarecomplaint@health.ny.gov)



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