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State Discussion with Children's Waiver HCBS Providers

January 2021

Purpose

To have an open dialogue between the State and HCBS Providers to communicate issues and concerns

- HCBS providers to have the ability to discuss barriers and be a part of the problem-solving discussion
- The State to have the ability to share upcoming changes, guidance, information, and to obtain feedback directly from the HCBS providers

Agenda

- HCBS Settings Final Rule
- Discussion: proposal to combine *Caregiver Family Supports and Services* with *Community Self-Advocacy Training and Supports*
- Interactive Provider Map - enhancements and feedback
 - HCBS Access Survey
- HCBS POC Workflow and Utilization of the Forms
- HCBS Service Planning

Appendix

- Follow-up/Highlights from December meeting
 - EVV Reminder
 - Issued/Upcoming Policies and Training
 - HCBS 2019-2020 Case Review



HCBS Settings Final Rule

HCBS Settings Final Rule

- As part of the process to confirm compliance with the CMS HCBS Settings Final Rule, designated children's HCBS providers must submit a completed self-assessment survey for each designated site.
- Self-assessment surveys were due **12/31/2020**
- Currently 32 providers have either not completed and submitted a survey or have not completed a survey for **all** designated sites.
- **CMS requires the State to conduct virtual onsite assessments for each provider site if a 100% survey response rate is not achieved.**
- If a designated site serves children/youth in multiple counties, only one survey needs to be completed for that site. For HCBS that are provided in the child/family's home, please indicate in the survey responses (i.e. answering "N/A" to questions as appropriate) and utilizing free-text comments.
- Next Steps: as a follow-up to the self-assessment survey, DOH will be requesting supporting documentation – additional guidance is forthcoming
 - A sample of providers will be selected for virtual onsite assessments with 100% survey responses



Q&A

What would be helpful to obtain 100% survey responses?

What would be the best way to gather required documents from HCBS providers?

Would it be helpful to have a separate webinar on the HCBS Final Rule and the process?



Feedback From Providers

Changes Made to 1915c Children's Waiver

Feedback from HCBS providers and other stakeholders is vital to ensure the best success of the Children's Waiver services.

Two CMS approvals were received in 2020 regarding changes expressed by Providers:

- Revised Service Qualifications for:
 - Respite Service
 - Each of the Palliative Care Services
 - CFTSS
- LPHA
 - Changes to the LPHA form,
 - Expanded License Practitioner list, and
 - Limited for yearly re-assessment
- Clarification of definitions and settings where services can be provided



**Discussion: proposal to
combine *Caregiver Family
Supports and Services* with
*Community Self-Advocacy
Training and Supports***



Discussion: Service Combination

- **Proposal:** The State proposes combining *Caregiver Family Supports and Services* and *Community Self-Advocacy Training and Supports* into one service called “Caregiver Family Supports and Community Advocacy Services” that will allow providers to meet the needs of their families in advocacy, navigating systems, and communicating with providers.
- The new, combined service will incorporate all components of both services and merge the qualifications so that providers meeting the qualifications of either service would be able to deliver the combined service – thus allowing a greater mix of practitioners that can address very specific medical, complex behavioral health, child welfare, developmental disabilities, and substance abuse needs as well as any combination of co-occurring needs.
- The State proposes a tiered rate structure so that providers meeting the higher qualifications would use the higher rate.



Discussion: Service Combination

Current HCBS Qualifications	Proposed HCBS Qualifications
<p>Caregiver Family Supports and Services Minimum: high school diploma or equivalent Preferred: experience working with children/youth</p>	<p>Proposed: Caregiver Family Supports and Community Advocacy Services <u>Individual Staff Qualifications Practitioner Level 1</u> Minimum: High school diploma or equivalent Preferred Qualifications: Experience working with children/youth</p> <p><u>Individual Staff Qualifications Practitioner Level 2</u> Minimum: Bachelor's degree plus two years of related experience OR LPN Preferred: Master's degree in education or a Master's degree in a human services field plus one year of applicable experience OR RN</p>
<p>Community Self-Advocacy Training and Supports Minimum: Bachelor's degree plus two years of related experience Preferred: Master's degree in education or a Master's degree in a human services field plus one year of applicable experience</p>	<p>No changes to CFTSS</p>
<p>CFTSS: Family Peer Supports and Services Family Peer Advocate (FPA) with a high school diploma, demonstrated 'lived experience', and completes requirements for FPA Credential (required training, letters of reference, service experience)</p>	<p>No changes to CFTSS</p>



Discussion: Service Combination

Current Supervisor Qualifications	Proposed Supervisor Qualifications
<p>Caregiver Family Supports and Services Minimum: Bachelor's degree with one year of experience in human services working with children/youth Preferred: Two years' experience in human services working with children/youth</p>	<p>Proposed: Caregiver Family Supports and Community Advocacy Services Minimum: Bachelor's degree with three years of experience in human services working with children/youth OR LPN OR RN Preferred: Master's degree with one year of experience in human services working with children/youth OR RN with two years' experience OR Nurse practitioner OR Clinical Nurse Specialist</p>
<p>Community Self-Advocacy Training and Supports Minimum: Master's degree with one year of experience in human services working with children/youth Preferred: Two years of experience in human services working with children/youth</p>	



Discussion: Service Combination

Rate Code	Rate Description	Upstate hourly	Downstate hourly
Previously Caregiver Family Supports and Services			
8003	Caregiver Family Supports and Community Advocacy Services Individual Practitioner Level 1	96.86	108.62
8004	Caregiver Family Supports and Community Advocacy Services Practitioner Level 1 Grp 2	62.96	70.61
8005	Caregiver Family Supports and Community Advocacy Services Practitioner Level 1 Grp 3	46.81	52.50
Previously Community Self-Advocacy and Supports			
8009	Caregiver Family Supports and Community Advocacy Services Practitioner Level 2 Individual	134.35	150.72
8010	Caregiver Family Supports and Community Advocacy Services Practitioner Level 2 Group 2	87.35	97.97
8011	Caregiver Family Supports and Community Advocacy Services Practitioner Level 2 Group 3	64.96	72.85



Service Combination: Benefits

- **Benefits:** In combining these two services, the State hopes to achieve the following:
 - Expanding the providers available to deliver both services by allowing providers meeting either qualification to deliver both services and automatically designating providers for both services.
 - Reducing the staffing burden on providers by giving more flexibility in the staff qualifications able to deliver the combined service.
 - Allow for clinical practitioners (LPN and RN) to serve children/youth and their families that are medically fragile. Specifically assisting in navigating diagnosis, treatment and education to meet their specific needs.
 - Enhancing care manager capacity to identify services to benefit their members by reducing confusion and giving more flexibility in the services components.
 - Increasing child/family choice – by combining the services, families also have more flexibility to combine the service components in a way that works best for them, families have more choices in providers who deliver the service, limit an additional staff person in their home, and families may find the choice less confusing.



Discussion Provider Comments/Support

- I always had a little difficulty explaining the difference between the two services, as I always felt the provider for Community Advocacy could very easily provide Caregiver Support. The service components have a lot of similarities which I felt could be confusing for families and providers who are referring.
- The combination of services is fantastic, the more we can do this the better across the board.
- The fragmentation of services creates more time, work, and less efficiency at every level of process for these services.
- From marketing, education, referral, billing, to documentation, enrollment, discharge, and what we are able to offer to the family within the scope of the service they are enrolled in.



Discussion Provider Comments/Support

- Functionally it would provide an opportunity for the services that are conducted in the school and community to be related back to the caregiver.
- This enhances communication between the family and the school and community personnel as well as trains the parents to become their own advocate once the services are no longer needed.
- Benefits would include having a greater scope of service to assist the individual/family to a greater degree within one service. This is always helpful to the family's and the providers.
- CFSS and CSATS are the highest utilized services and are often provided in tandem as a means of supporting our families and can have two providers assigned to a single family.



Discussion Provider Comments/Support

- The combination of services would help alleviate the staffing challenges and expand the pool of staff who qualify to provide the specific services. The combination proposal would expand the program's capability of assigning HS level staff to CSAT-like services. Often the service involves similar skills like support and assistance provided in CFSS and does not require a higher degree or training. This will increase the capacity to assign workers based on level of education.
- The two-tiered approach can be used for assigning; when more high-level expertise is required for activities such as IEP advocacy, a Bachelor level worker with experience with the school system can be assigned.
- We agree that it may provide some flexibility in service delivery and will certainly ease the challenge of finding the higher qualified staff.
- The two qualification levels of staff with coinciding rates is very helpful. It would allow us to get the family connected to services whether we had a high school or Bach. level staff available and the matching rate based on their qualifications can help us move towards developing a sustainable program, which has been a struggle so far.



Discussion Provider Comments/Concerns

- Families would experience another change and may feel as though they are losing out.
 - *No services would be lost with this change*
- This will likely decrease child/family choice as agencies may choose providers who meet the higher-level educational qualifications in order to receive the higher rate, as this will improve their revenue. In turn, decreasing the family/caregiver choice to work with someone who has lived experience.
 - *Providers would only be able to claim higher rates for higher level practitioners, as they do today.*
 - *Lived experience is not a current requirement for either service*



Discussion Provider Comments/Concerns

- Even if we combine the services we don't think it will increase the total number of available staff in the field, finding staff at any qualification is very difficult
- The tiered qualifications and rate codes are confusing
 - *Rate codes associated with the proposed tiers is consistent with how the rates are structured today and would not require complex system changes. The codes and rates are staying the same*
- Many parents are looking for staff who share lived experiences to assist them
 - *Providers can continue to hire staff with lived experience as they do today (this is not a requirement now and is not part of the proposal for change)*
 - *Children/youth who meet medical necessity for Family Peer Support Services can receive this service in combination with CFSS and CSATS*
- Providers made an additional recommendation for the State to consider combining *Pre-vocational Services* and *Supported Employment* to better be able to provide a continuum of employment-related services
 - The State is exploring this suggestion



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Interactive Provider Map



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Interactive Provider Designation Map

- Based on feedback received from users, recent enhancements include:
 - Included a description/note to explain the difference between agency physical site address (where pin/agency is located at a precise latitude/longitude) and designated county (influenced by Step 1 filter, large geographic region)
 - Made the map pins a smaller size in an effort to reduce overlapping pins and make it easier to locate provider locations
 - Added ability to export search results in a table format (including contact information)



Interactive Provider Designation Map

Children HCBS & CFTSS Agency Site Map

Step 1: Filter to the county/counties served by agency

- (All)
- Albany
- Allegany
- Bronx
- Broome
- Cattaraugus
- Cayuga

Step 2: Filter between HCBS/CFTSS services

- (All)
- HCBS

Step 3: Filter to the HCBS/CFTSS service(s) the agency is designated to provide

- (All)
- Caregiver Family Support and Services
- Community Habilitation
- Community Self Advocacy Training and Support
- Crisis Respite
- Planned Respite
- Prevocational Services
- Supported Employment

Hover over map pin to see HCBS/CFTSS agency site information. Use filter criteria on left to narrow search.
 County: Albany | Service Type: HCBS | Service: Caregiver Family Support and Services

Site Name Saint Anne Institute Troy Site
Agency Name Saint Anne Institute
Site Address 1801 6th Avenue, 2nd floor, Troy, NY, 12180
Service Caregiver Family Support and Services
Agency Contact Name Theresa Gabriel
Agency Contact Phone (518) 437-6502

* Denotes multiple records, use filters on left to narrow results
 42.7314, -73.6867

Data Source: Children HCBS & CFTSS Ag...
 Dashboard | 9 marks | 1 row by 1 column | SUM of AVG(Lng): -664.0724

HCBS Access Survey

- The designation list has been updated and contains designated HCBS providers who are prepared to **actively** provide services. This will assist HHCM/CYES to know the providers who are serving children and make the referral process easier.
- The State requests HHs/C-YES to report when HHCMs / CYES staff are encountering waitlist issues or other HCBS provider issues via the [HCBS Barriers to Access Survey](#).
- This process will assist to identify potential services/providers in particular areas knowing that referrals are available within the county/area to build appropriate capacity.



How to Build Capacity and Services

- The HCBS Access Survey is already providing the State with feedback about the challenges facing care managers in making HCBS referrals
 - What is the best way for the State to share the information with HCBS providers?
 - What needs to happen to start building capacity, especially in areas and services with waitlist?
 - How would you as a provider consider expanding capacity and/or adding services?
- The State will be reaching out to providers who we hear have a waitlist, to gather more information about the wait times, how many on a waitlist, etc.



HCBS POC Workflow and Utilization of Forms



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HCBS POC Reminders

- **HHCMs/C-YES** directly refer children/youth by utilizing the [Referral for HCBS to HCBS Provider](#) Form after working with the child/family on POC development. This form includes key information HCBS providers need to deliver and bill for children's HCBS.
- It is the responsibility of the HCBS Provider to ensure that the first scheduled appointment is communicated to the HHCM/C-YES and the MMCP, if the child/youth is enrolled, and to provide updates if there are any rescheduled or missed appointments.
 - ***R/RE: K-code can change and should always be verified monthly by the HCBS provider prior to delivering services.***
- Notification to an MMCP allows the MMCP to update care management and claims systems with the information a child/youth is eligible for HCBS and will be accessing services from the identified provider(s). Notification also permits the provider to claim for the initial period (60 days/96 units/24 hours).



HCBS POC Workflow Reminders (cont.)

- For children/youth who are enrolled in MMCP
 - HCBS Provider submits a request for continued service authorization to the MMCP using the [Children's HCBS Authorization and Care Manager Notification](#) form. This form must be provided in advance of when the initial period (60 days/96 units/24 hours) expires to allow for continued service and billing.
 - The MMCP makes an authorization determination per the Model Contract and in accordance with utilization management guidelines and the **POC (provided by the HHCM/C-YES)**.
 - Once received, the HCBS Provider sends the completed form to HHCM/C-YES so that the **HHCM/C-YES** can update the POC with the frequency, scope, and duration.
 - If MMCPs receive HCBS claims that do not have an associated [Children's HCBS Authorization and Care Manager Notification](#) form or if the RRE K-Code cannot be verified, they should pend the claim and communicate with the provider to obtain the form. Failure of the HCBS provider to request continued authorization when required, may result in denied or delayed claims payment.
- For children/youth who are enrolled in FFS
 - It is still necessary for the HCBS Provider to communicate with HHCM/C-YES regarding the appropriate information for frequency, scope, and duration so the POC can be updated.
 - Therefore, the **HCBS Provider** must submit the [Children's HCBS Authorization and Care Manager Notification](#) form to the HHCM/C-YES



Feedback from Providers

- Are the forms being utilized?
- Is there any difficulty in receiving the form back from MMCP?
- Is frequency, Scope, Duration being sent timely, added to the POC, - any challenges?
- Are you receiving the correct information from HHCMs/C-YES when referrals are being made?
Are they using the referral form?



HCBS Service Planning

Question from Providers

Are service assessments required?

- Due to the differences of services, it is up to the provider and the service to be provided to determine what type of assessment or intake to conduct to gain the needed child/youth information to decide if the child/youth's needs can be met by the agency and service.
- The HCBS provider will need to determine frequency, scope, and duration for the service to meet the needs of the child/youth

Is there a need for initial service plan requirement?

- Service Plan is needed once frequency, scope, and duration has been determined.
- The Service Plan should outline
 - The child/youth's need
 - The goal for the service
 - How the service will be provided

Utilize the following guidance: [HCBS Service Plan under the Children's Waiver](#)



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All Children's Waiver HCBS questions and concerns, should be directed to the NYS Department of Health at BH.Transition@health.ny.gov mailbox or 518.473.5569

New York State Department of Health Complaint Line

1-800-206-8125 OR managedcarecomplaint@health.ny.gov



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APPENDIX



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Follow-up/Highlights from December 2020 Discussion



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EVV Reminder: Declaration Forms Past Due

- Children's Waiver HCBS Respite providers must complete an annual Children's Waiver EVV Declaration Form to confirm whether the provider meets the EVV requirement in serving ANY children/youth at any time. If the Respite provider serves one member that meets EVV criteria, then the provider must be EVV system compliant.
- Respite providers that declare that they *do* meet the EVV requirements (as well as all Community Habilitation providers) must implement an EVV system and submit EVV data to the NYS Aggregator effective January 1, 2021.
- The EVV Declaration Forms were originally due **November 18, 2020**. There are still Respite providers who have not submitted Declaration Forms.



Issued/Upcoming Policies and Training



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Policies for Children's HCBS Providers

Policy Title	Link	Posted Date	Effective Date	Applicable to Health Homes	Applicable to HCBS Providers
Children's HCBS Plan of Care (POC) Workflow Policy	Link	9/1/2019	10/1/2019	Yes	Yes
HH POC Policy <i>Note: includes a section specific to Children's Waiver</i>	Link	7/30/2019	10/1/2019	Yes	No
Conflict Free Care Management (CFCM) Policy	Link	Revised 5/1/2020	2/1/2020	Yes	No
HH Reportable Incidents Policies and Procedures <i>Note: includes a section specific to Children's Waiver</i>	Link	Revised 10/7/2019	7/14/2017	Yes	No
HCBS Provider Incident Reporting Policy	Link	12/31/2020	4/1/2021	No	Yes
HHSC Grievances and Complaints Policy			4/1/2021	Yes	No
HCBS Provider Grievances and Complaints Policy			4/1/2021	No	Yes
HH Background Check Requirements	Link	4/1/2018	4/1/2018	Yes	No
HCBS Provider Background Check Policy	Link	12/31/2020	4/1/2021	No	Yes
HCBS Documentation Policy			4/1/2021	Yes	Yes
HCBS Provider Designation and Re-designation Policy			4/1/2021	No	Yes
HCBS Provider De-designation Policy	Link	9/1/2020	9/1/2020	No	Yes
Children's HCBS Enrollment Policy			4/1/2021	Yes	Yes
Children's HCBS Disenrollment Policy			4/1/2021	Yes	Yes
HCBS Notice of Decision Policy			4/1/2021	Yes	Yes
HHSC Transitional Age Youth Policy			4/1/2021	Yes	No
HCBS Provider Transitional Age Youth Policy			4/1/2021	No	Yes

Note: target release date is January 2021 for policies that have not yet been posted to the DOH website



Upcoming HCBS Children’s Waiver Training

HCBS Overview	LOC/ Eligibility Determination	Waiver Enrollment	POC Development	Referral	Maintaining Waiver Enrollment / Service Delivery	Transfer / Disenroll
Children’s Medicaid System Overview Overview	CANS-NY/ Eligibility Assessment	Capacity Management	Plan of Care/Person-Centered Planning Requirements	HCBS POC Workflow and MMCP Authorization	Care Management Requirements	Waiver Disenrollment
Health Home Care Management	NODs and Fair Hearing	Participant Rights and Protections / Conflict Free Care Management	Service Delivery		Service Delivery Requirements	Transferring to Adult Services or OPWDD waiver
HCBS Provider Requirements	Children and Youth Evaluation Services (C-YES) – the Role of the Independent Entity	Conflict Free Care Management				
Medicaid Overview / Medicaid and the Children’s Waiver						
Service Definitions						

Required for only Health Home Care Managers
Required for only HCBS Providers
Required for Both
Optional for Both

Children's HCBS Case Review



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Announcing HCBS Case Reviews

- CMS requires annual case reviews for children/youth receiving HCBS
- DOH has contracted with NYSTEC to conduct HCBS case reviews and audits in conjunction with the NYSDOH children's team and State partners of OCFS, OMH, OPWDD, and OASAS.
- Due to the State of Emergency of COVID-19, the timeline for this first annual review/audit has been delayed and therefore will begin later than future reviews will occur. Additionally, due to the delay of this review, the second year's (2020-2021) review will be immediately following this first review (2019-2020).
- For the 2019-2020 waiver year, case reviews will be conducted at the Health Home/C-YES level – however, HCBS providers may be asked to provide supporting documentation
 - Future reviews will be at the member level and with HCBS providers
- Preliminary performance measures review and fiscal audit began in November 2020 and Case Reviews are scheduled to begin in January 2021



Order of Review by Health Home and C-YES

Care Management Entity	Participant Sample	Ineligible Sample	Total Number of Reviews
Institute for Family Health	0	1	1
Greater Rochester Health Home Network LLC	13	0	13
Encompass Health Home, LLC (Catholic Charities of Broome County)	18	0	18
Children's Health Home of Upstate New York, LLC (CHHUNY)	72	7	79
The Collaborative For Children and Families	48	5	53
Central New York Health Home Network	18	0	18
Children's Health Home of Western New York, dba Oishei Healthy Kids	18	0	18
Coordinated Behavioral Care aka Pathways to Wellness	32	4	36
St. Luke's Mount Sinai	16	0	16
Sun River Health dba Community Health Care Collaborative	26	1	27
Community Care Management Partners Health Home	19	0	19
Niagara Falls Memorial Medical Center HH	1	0	1
Bronx Accountable Healthcare Network	20	1	21
Adirondack Health Institute, Inc.	21	0	21
Children & Youth Evaluation Service (C-YES)	30	2	32
Northwell	17	0	17
St. Mary's Healthcare	0	0	0

