State Discussion with Children's Waiver HCBS Providers

March 2022

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

- √ eFMAP Updates
- ✓ HCBS Capacity Tracker Updates & Preliminary Data
- ✓ Final Rule Updates
- ✓ HCBS Designation
- ✓ Upcoming Case Reviews
- ✓ Medical Necessity & Frequency, Scope, and Duration Process
- ✓ HCBS Provider Feedback
- ✓ Future Meetings & Contact Information

eFMAP Updates

eFMAP Children's Activities – Spend Plan Updates

- The American Rescue Act for the Public Emergency allows NYS to receive additional funding called "enhanced Federal Medical Assistance Percentages (eFMAP)".
- This additional funding is to enhance services and service delivery to children and families.

Retroactive Rate Enhancements

NYS is increasing service rates retroactively for previously claimed services back to April 1, 2021, and continue funding until September 30, 2022. There is more information on the next slide.

Funding for IT Infrastructure and Workforce

- Separate from the rate increase, funding for workforce investment and IT infrastructure will also be allocated across unique providers (CFTSS, HCBS, 29-I,).
- CFTSS and 29-I rate increase and all line items in the Workforce and IT Infrastructure sections of the Spend Plan are pending CMS approval.
- Payments for IT Infrastructure and Workforce funding will be made through the Medicaid Managed Care Plans (MMCPs) and the approval process of a "Directed Payment".

eFMAP Children's Activities – Retroactive Rate Adjustments

Per the announcement on February 18, 2022, <u>Changes Regarding Rates for Children's Services</u>, the below timeline demonstrates when providers can anticipate receipt of funds for the rate adjustment.

Program	FFS Rate Distribution	MMCP Rate Distribution
Home and Community-Based Services (HCBS)	3/23/2022	3/31/2022
Children and Family Treatment and Support Services (CFTSS)	3/23/2022	4/18/2022
Pending additional approval and subject to change		
Article 29-I Health Facility Core Limited Health Related Services (per diem)	TBD	4/18/2022

eFMAP Kid's Activities – Timeline

The table below is an Approximate Timeline for IT Infrastructure and Workforce funding.

Date	Action	
March 31, 2022	DOH submits Preprint to CMS	
April 1, 2022	DOH sends attestations to providers for completion	
May 1, 2022	Providers complete & return attestation to DOH	
June 1, 2022	DOH sends letters notifying providers of award amounts	
July 1, 2022	DOH sends payment schedule notification to MMCPs and providers & award amounts disbursed	

HCBS Capacity Tracker Updates & Preliminary Data

HCBS Capacity Tracker Requirements

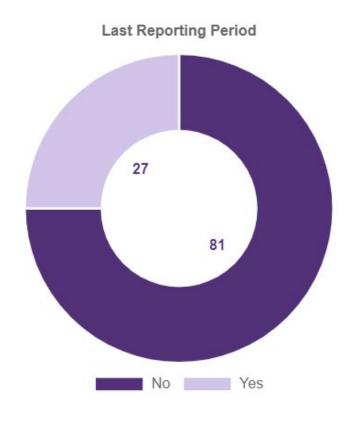
- The HCBS Capacity Tracker went live on January 31st, 2022.
- It's required that HCBS providers report their capacity of HCBS by county, service and waitlist.
 - HCBS Providers will be required to submit a capacity survey and their waitlist information through the Children's Services Capacity Tracker at minimum every three (3) weeks on Friday by 11:59pm
 - Next survey submission is due Friday March 18, 2022
- It is the responsibility of providers to ensure that capacity reports are submitted on time and have internal processes in place for the Children's Services Capacity Tracker.
 - Children's HCBS providers must develop a policy to ensure complete and timely submissions of reporting

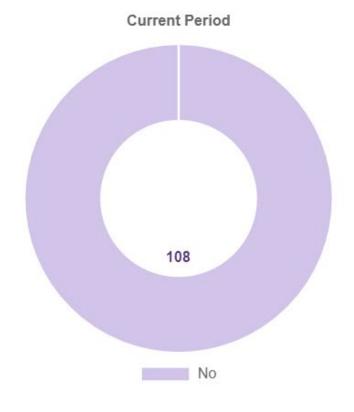
The materials related to the Capacity Tracker can be found here:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/irams.htm

Preliminary Survey Data – Provider Reporting







Preliminary Waitlist Data – Waitlist Submission

Providers who have submitted a waitlist

Providers who have **not** submitted a waitlist

Preliminary Waitlist Data – Waitlist Reasons

The table below shows the top reasons why children/youth are on a waitlist.

Waitlist Reason

Gender specific staff requested

Insufficient staff for service

Scheduling conflict

Service is pending review

Staff not available for location

Preliminary Waitlist Data – By Service

The table below shows the services in order by waitlist need.

HCBS Service

Planned Respite

Community Self Advocacy Training and Support

Caregiver Family Support and Services

Community Habilitation

Psychosocial Rehabilitation (PSR)

Prevocational Services

Community Psychiatric Support and Treatment (CPST)

Family Peer Support and Services

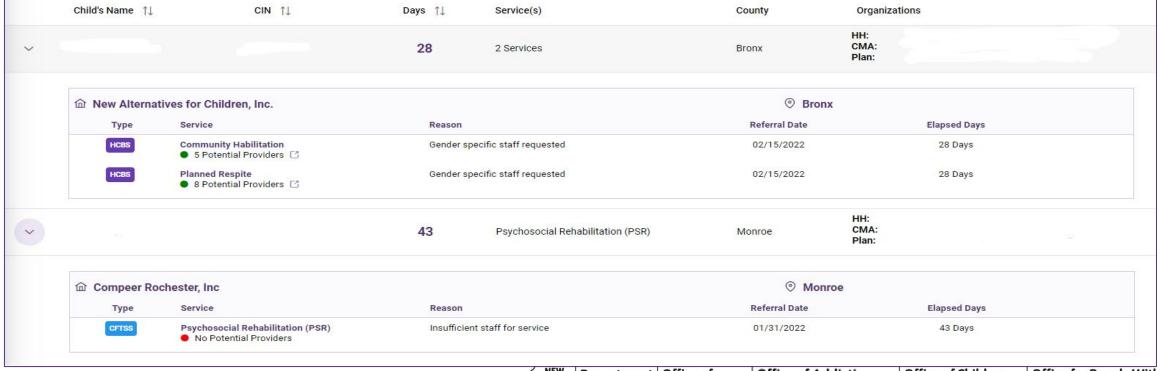
Youth Peer Support and Training

Supported Employment

New System Update

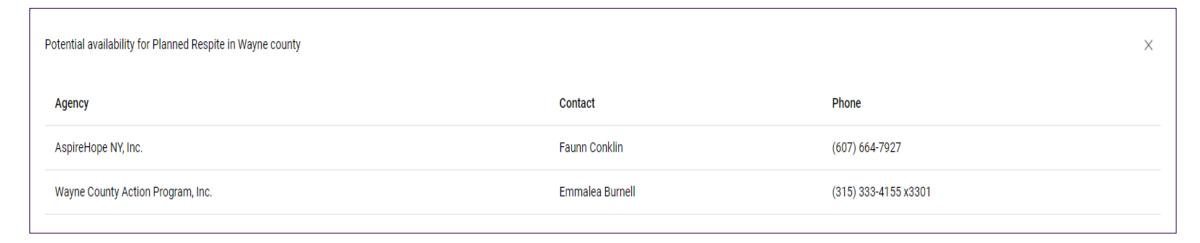
This newly designed feature offers providers the opportunity to see potential availability for services for a child on their waitlist and the *potential* provider available. This is represented by a green dot and the **red** dot represents no *potential* availability.

This new functionality creates the opportunity for providers to recognize any potential errors in their survey reporting. An agency who has a child on their waitlist, and that agency is identified as having potential availability for the same service, this should prompt the agency to check their survey report.



New System Update

This feature provides contact information of providers who have <u>potential</u> availability for the service of the child on the waitlist. The contact information will include the agency and the point of contact for that agency.



Note: If the agency contact information is incorrect, it can be updated by emailing OMH-Childrens-Designation@omh.ny.gov

Reminder: Referrals for HCBS must be completed by the HH/C-YES care managers



Next Steps – Building Capacity

- NYS DOH will extract reports of the Children's Services Survey every three (3) weeks to monitor compliance and to share information with lead Health Homes (HH) and MMCPs.
 - NYS DOH will also evaluate the gaps of services and the waitlist by service and county
- These reports will be shared with current providers to determine the interest to build capacity.
- NYS DOH will work with lead HHs and MMCPs to assist care managers to find other available providers and services for members on a waitlist, as well as to assist with building capacity.
- Information will be shared with HCBS providers and stakeholders to determine the need for the current services within the Children's Waiver and or the need to develop other services.

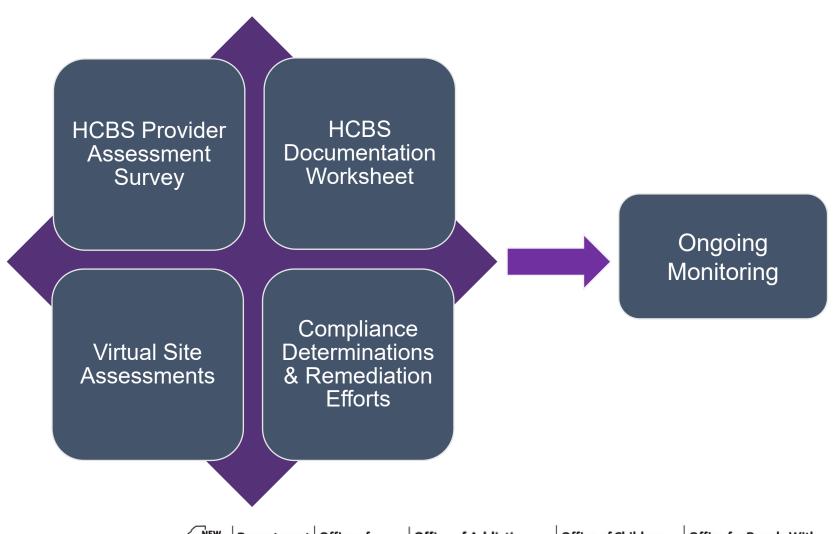
Final Rule Updates

Background on the Final Rule

- The HCBS Settings Final Rule (Final Rule), a federal Medicaid regulation effective March 17, 2014, set new standards to promote community involvement and independence for people who receive Medicaid-funded HCBS.
- These federal standards apply to all HCBS provided through New York's 1915(c) waivers, Community First Choice Option, and the 1115 waiver, which includes Managed Care and Managed Long-Term Care.
- The Rule also set new person-centered planning and conflict of interest requirements.
- Providers must come into compliance by March 17, 2023; after the compliance deadline, the State will continue to assess compliance on an ongoing basis.
- As the State is in the process of renewing the Children's Waiver, it is necessary for the NYS to demonstrate to CMS that providers are meeting the final rule requirements and are being held accountable.

Children's Waiver HCBS Site-Level Assessment

DOH will work with HCBS providers to assess Final Rule compliance for all designated sites.



Children's Waiver Compliance Review Cycle

Since interested organizations can become designated Children's Waiver providers on an ongoing, rolling basis, compliance reviews are conducted in several 'rounds'.

Round 1

- Providers designated April 2019 – October 2020
- DOH has completed all Round 1 reviews and currently issuing findings reports and assessing corrective actions as indicated

Round 2

- Providers designated November 2020 – October 2021
- DOH is currently reviewing 7 providers with 11 designated sites
- Currently awaiting documentation from 1 provider
- Anticipated to conduct onsite review with only 1 provider

Round 3

- Providers designated November 2021 onward
- DOH will issue a formal policy outlining the continued review process for newly designed providers, sites, and or services. As well as the ongoing monitoring activities

Children's Waiver HCBS Compliance Review – **Round 2 Timeline**

Notification of CW HCBS Final Rule Compliance Review ———— January 19 Distribution of self-assessment survey and documentation request —— February 1

Completed surveys and documentation spreadsheets due ——— February 21

Scheduling of virtual Final Rule site reviews ———— March 14

Report summaries, remediation plans, email findings reports —— May 2



HCBS Designation Attestation

Provider Designation Attestation

- As part of the designation process, Children's HCBS Providers completed an attestation in December 2021 to confirm they are familiar with the requirements of the Children's Waiver and that they will adhere to the standards, policies, procedures, and guidance put forth by NYS regarding the HCBS Children's Waiver.
- The attestation and re-designation of providers is required by the Children's Waiver every 3 years.
 - a signed Attestation is required to maintain designation
- DOH has received attestations from all Children's HCBS providers.
- OMH is revamping the Designation Portal (more to come)!

- > Please make sure your agency contact information for where referrals should be received is correct and updated with OMH: OMH-Childrens-Designation@omh.ny.gov
- You can check your information by viewing the public facing map: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/provider_design.htm

Upcoming Case Reviews

Case Reviews

- It is a requirement of 1915(c) HCBS Waivers to conduct an annual audit and case review to report required performance measures to CMS.
- The last two years of the Children's Waiver 2019-2020 and 2020-2021, the reviews and audits were conducted at the HHs and C-YES level.
- For the next annual review 2021-2022, HCBS providers will be included in the case review and audit for reporting along with the HHs and C-YES.
- The reviews will include the following:
 - Whenever possible the same child will be reviewed at the HH/C-YES level and the HCBS provider level to get a 360 view of the child's experience within the waiver
 - Due to the larger volume of the those that will be review, each year will have themes of the review on a rotating basis every 2-3 years to capture all components of the review
 - Some items will be required each year as they must be reported to CMS

Staffing – Qualifications, Training, Onboarding

- It is a requirement within the Children's Waiver to also ensure that all providers and their staff meet the following:
 - Qualifications
 - Meet the qualifications for the services they provide as required within the HCBS manual
 - Training
 - All staff providing HCBS must meet the training requirements (prior to providing services when required)
 - The provider must be able to show documentation that this has occurred, if requested
 - Onboarding
 - Background checks of all staff prior to providing services
 - Medicaid Exclusion review
 - Abuse and Neglect SCR checks of all staff prior to providing services

Staffing – Process to Track and Evaluate

- Due to COVID-19, the annual reporting to CMS was delayed for 2019-2020 and 2020-2021.
- The reporting for staffing requirements was conducted based upon NYS survey that was sent to HCBS providers – unfortunately less than 50% response was received, and NYS failed these performance measures.
- NYS has a corrective action plan from CMS and must determine how to gather the information.
- In the months to come, HCBS providers will receive an individual provider spreadsheet to document each staff person that was serving waiver children in the year 2021-2022 and outline which requirements were met timely.
 - This spreadsheet will be maintained, and providers will need to update each waiver year
 - This may become an automated process in the future
- During the case review process, HCBS personnel records will be randomly sampled to ensure accurate reporting on the spreadsheet.

Medical Necessity & Frequency, Scope, and **Duration Process**

Frequency, Scope, and Duration (F/S/D)

- It is a requirement within the Children's Waiver that F/S/D is outlined within every HCBS provider's service plan and every care manager's plan of care (POC).
- It is incumbent upon the HCBS provider to determine F/S/D for each HCBS being provided for each child being served.
- Additionally, the MMCPs should only be paying for the services rendered by HCBS providers after reviewing the authorization form with F/S/D.
- The 2019-2020 and 2020-2021 case review audit findings showed NYS did not meet the requirements set by CMS regarding F/S/D.

Next Steps

- Guidance will be issued outlining the requirements and impact to payment if F/S/D is not identified by the HCBS provider, authorized by the MMCP, and indicated in the care managers POC.
- NYS DOH is looking to automate this process to assist with streamlining and real time processes of these steps.
 - A workgroup of HCBS providers, MMCPs, and HHs will be convened to develop/review the process



Medical Necessity & Frequency, Scope, and Duration

Medical Necessity

- When a child/youth has a service need that exceeds the "soft" unit (i.e. annual, daily, dollar amount) limit, the utilization of this service must be based on medical necessity.
- Documentation of the medical necessity for extended durations must be kept on file in the child/youth's record.

Frequency, Scope, and Duration

- The HCBS Service Plan determines the focus of the service(s), while also documenting the F/S/D to which each service will be provided.
- The frequency and duration of service delivery should not be dependent upon the availability of the provider, but rather, the availability and needs of the child/youth.

Claiming

- If HCBS providers submit a claim without having all the required information, including medical necessity and F/S/D, the plans will not accept the claim.
- In addition to having the required documentation, the child/youth needs to have the correct RR/E K-codes.
- It is the responsibility of HCBS providers to verify a child/youth has active RR/E K-codes **prior to** providing the service and submitting claims for HCBS to either Medicaid FFS or MMCPs.
- It is the <u>responsibility of MMCPs</u> to verify that members have the appropriate RR/E K-codes **prior to** approving claims for payment.

A guidance memo outlining the billing process will be sent out shortly.

HCBS Provider Feedback

HCBS Provider Feedback

Please provide feedback on the supports that are needed (policy/guidance, training, other requests, etc.).

Feedback can be provided verbally or in the chat.

 If other ideas and feedback come to your mind after this meeting, please reach out to us at the BH.Transition@health.ny.gov mailbox or 518.473.5569

Future Meetings & **Contact Information**

Future Meetings & Agenda

- Monthly Meetings Scheduled:
 - April 13th, 2022 from 1 2:30pm
- Register for all these monthly meetings here: https://attendee.gotowebinar.com/rt/6285227798939622667
- NYS 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 <u>BH.Transition@health.ny.gov</u>.

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

Questions regarding the HCBS Settings Final Rule can be directed to ChildrensWaiverHCBSFinalRule@health.ny.gov

Office for People With