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State Discussion with Children's Waiver HCBS Providers

April 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

- ✓ 1915(c) Waiver Renewal
 - Temporary Extension
 - MMCP Pass Through Date
 - Bereavement
 - HCBS Billing and Claiming
- ✓ eFMAP Updates
- ✓ Provider and Plan changes
- ✓ Previous Case Reviews
- ✓ Upcoming Case Reviews
- ✓ Providers working collaboratively
- ✓ Feedback regarding supports HCBS providers need (policy/guidance, training, other requests, etc.)
- ✓ Future Meetings & Contact Information



1915(c) Waiver – Announcements and Guidance

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Children's Waiver Renewal

- The Children's Waiver Renewal was submitted to CMS in December 2021 without any substantial changes, except what has already been shared regarding the current amendment pending approval.
- Changes and/or addition of services within the Children's Waiver will be made outside the renewal and will be made within the eFMAP.
- NYS' goal is to implement changes by obtaining the increased funding while evaluating the outcomes.
 - Successful services and any additional changes to the Children's Waiver Renewal will occur in an Amendment during the summer 2022
 - Rate adjustments beyond the September 30, 2022 eFMAP will also be implemented within an Amendment

More information about the Children's Waiver Renewal can be found here:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1915c_waiver_renewal.htm



Children's Waiver Renewal – Temporary Extension

- New York State's request for a temporary 90-day extension for the 1915(c) Children's Waiver has been **approved** by Centers for Medicare & Medicaid Services (CMS).
- The Children's Waiver was currently scheduled to expire on March 31, 2022, and this temporary extension allows the Children's Waiver to continue operating through **June 29, 2022**.
- This temporary extension provides the State with additional time to appropriately address all of CMS' feedback regarding the programmatic, fiscal and quality changes identified in the waiver renewal application.
- The State and CMS will continue to collaborate to ensure that no violations of Section 9817 of the American Rescue Plan Act (ARPA) exist and that the State submits an approvable renewal application.
- An announcement about the temporary extension was shared with HCBS providers and other stakeholders on April 4, 2022.



Notification Pass Through Payments for HCBS

Announcement to Medicaid Managed Care Plans

- New York State (NYS) requires that MMCPs pay government rates (otherwise known as Medicaid fee-for-service rates) for Children's HCBS provided to children/youth enrolled in a MMCP.
- Effective October 1, 2019, the date HCBS were included in the Medicaid Managed Care benefit package, MMCPs were required to pay, at minimum, government rates for 24 months. Due to the Public Health Emergency, NYS extended MMCPs to pay government rates without a specific end date.
- NYS requirement for MMCPs to pay government rates for Children's Home and Community Based Services is effective for dates of service through September 30, 2022.
- Prior to this date, NYS will be in communication with MMCPs if an additional extension will be considered.
- When HCBS is in Managed Care capitation rates, the Plans and Providers can negotiate the rates for HCBS.



Bereavement Services and HH Care Management

Palliative Care – Bereavement Services and Health Home Care Management Policy CW0015

- Policy has been issued and is located on the DOH Waiver Website at:
[Palliative Care - Bereavement Services and Health Home Care Management \(ny.gov\)](https://www.doh.ny.gov/health/care-managers/palliative-care-bereavement-services-and-health-home-care-management)
- Rates have been loaded and can be billed.
- The Department is working with CMS to change the title of the services from Bereavement to Counseling since the service can be provided at various times for the member and their family.
- The Department will begin an outreach to obtain more providers for the Palliative Care services.
 - If your agency is interested, please see the qualification in the [HCBS Manual](#)
 - Certified Home Health Agency (CHHA), Hospice Organization, or Article 28 Clinic **and/or** designated through the NYS Children’s Provider Designation Review Team



HCBS Billing and Claiming Requirements

HCBS/MMCP Reminder Guidance – Effective for Dates of Services on or after April 4, 2022

- MMCP receives an HCBS claim, the Plan MUST verify enrollment by confirming a K1 Recipient Restriction/Exemption (RR/E) code on the child's record.

AND

- MMCP must receive an [Authorization and Care Manager Notification Form](#) from the HCBS provider.
- ❖ Without these two verification points, the MMCP should deny the claim for lack of verification of Children's Waiver eligibility, enrollment, and approved service.
- ❖ The MMCP may also deny the claim if the units billed are not supported by the frequency, scope and duration documented on the *Authorization and Care Manager Notification Form*.



HCBS Billing/Claiming – Verification of K1

- All children/youth who are found eligible and enrolled in the HCBS Children's Waiver must have Recipient Restriction/Exemption (RR/E) K1 code on their Medicaid record.
- It is the responsibility of Children's HCBS providers to verify a child/youth is eligible and enrolled in the 1915(c) Children's Waiver on the date of service, by verifying through eMedNY or ePACES that the member has an active RR/E K1 code on their record.
- Eligibility determinations using RR/E K-codes must be made prior to submitting claims for Children's HCBS to either Medicaid Fee-For-Service (FFS) or MMCPs as outlined.
- If the child does not have a K1 code, the HCBS provider must contact the Health Home Care Manager (HHCM) or C-YES to verify the child's eligibility for HCBS and request that the K code be added.
- The HHCM or C-YES is responsible for ensuring proper Children's Waiver K-codes and will communicate any K-code issues to the NYS DOH Capacity Management.



HCBS Billing/Claiming – Frequency, Scope, & Duration

The HCBS provider determines the focus of the service(s) and must identify and document the frequency, scope, and duration (F/S/D) for each service that will be provided.

- F/S/D must be shared with the Medicaid Managed Care Plans and the Health Home care manager through the [Children's HCBS Authorization and Care Manager Notification Form](#).
- The frequency and duration of service delivery should be tailored to the availability and needs of the child/youth and should consider other appointments or commitments the child/youth may have.
- The HCBS provider must request authorization of HCBS needed beyond the initial 60 days, 96 units or 24 hours and for ongoing authorization at least 14 calendar days prior to the existing HCBS authorization period ending.

More information about the Children's Waiver HCBS Plan of Care Workflow:

[Children's Home and Community Based Services \(HCBS\) Plan of Care \(POC\) Workflow Policy \(ny.gov\)](#)



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HCBS Billing/Claiming – Medical Necessity

- Service utilization in excess of the unit (i.e., annual, daily, dollar amount) limits as outlined in the HCBS Manual and the Children’s HCBS Authorization and Care Manager Notification Form **must** be based on medical necessity.
- Documentation of the medical necessity for extended durations should be submitted to the MMCP as the payer of services.
- Additionally, all medical necessity documentation must be kept on file in the child/youth’s record.



eFMAP Updates

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eFMAP Children's Activities – Retroactive Rate Adjustments

Per the announcement on February 18, 2022, [Changes Regarding Rates for Children's Services](#), 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
<i>Pending additional approval and subject to change</i>		
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 18, 2022	DOH sends attestations to providers for completion
May 16, 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



Provider and Plan Changes

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Transferring Provider Agencies

Question: If a client is receiving services currently from one HCBS provider agency, and the Care Manager wants to transfer just the HCBS services to a different agency, what needs to be done to complete the transfer?

What occurred for the change?

- The HCBS provider and HHCM should have a discussion, and then a discussion with the family (multidisciplinary meeting)
- The family must want the change and must be able to have choice of the new provider
- The HH Plan of Care needs to be updated
- The HHCM needs to refer the member to the new HCBS provider, indicating that there is a current provider
- Once the new HCBS provider accepts the member, there should be a discussion between the two HCBS providers for continuity of care (need family consent to do this); a multidisciplinary team meeting would be beneficial, depending on the circumstances
- Schedule date to officially transfer the member from one HCBS provider to the other
- The new HCBS provider then follows the standard process for new member in service



Changes to Plans or from FFS

Question: If a client moves from one Managed Care Plan to another or from FFS to Managed Care when we have already been providing services, what do we have to do to complete the transfer?

- The HCBS provider must notify the new Managed Care Plan that they have been providing services to the member
 - This could be by a phone call or
 - For a change in Plan – forwarding the previous [Authorization and Care Manager Notification Form](#)
- The new Plan may ask for a new or updated *Authorization and Care Manager Notification form* and other updated information
- Care Manager should be notified of a new Authorization and Care Manager Notification Form and any other changes
- Service Plan and or consents may need to be updated
- Services should continue as indicated



2020-2021 Case Review Findings

April 2022



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General Findings – WY19-20 vs. WY20-21

Waiver Year 2019-2020 and 2020-2021 case review and audit was conducted at the Health Home / C-YES level

- **Performance Measures**

- Health Homes and C-YES demonstrated improvement in many areas evaluated as compared with WY19-20, with some HHs making up to 70% improvements in certain performance measure outcomes.

- **Impact of COVID-19**

- Contributed to a decline in access to a monthly HCBS.
- Lack of HCBS provider availability continues to contribute to delayed access to HCBS during WY20-21.



General Findings – WY19-20 vs. WY20-21

- **Preservation of Historical POCs**

- A recurring theme from WY19-20 was the lack of preservation of historical POCs from the period of review. However, this was only raised as a concern in one exit conference in WY20-21.

- **How Services are Provided**

- Frequency, Scope, and Duration continue not to be defined in the Plans of Care. Communication and collaboration with the HCBS providers is minimal

- **Maintenance of RR/E Codes**

- Remained an identified issue in WY20-21 – both upon enrollment and disenrollment.



New Concerns

- **HCBS LOC Eligibility Redeterminations**

- Redeterminations that were not completed during the WY lacked documentation to indicate if this was due to the barriers faced by COVID-19 and allowable by the Appendix K.
- Ineligible outcomes for HCBS LOC redeterminations did not consistently show inclusion and discussion with the participant/family.

- **Connection to HCBS**

- Participants who were enrolled prior to WY20-21 who have still not been connected to HCBS, as of the end of review period (3/31/2021).

- **Long Timeframes to Receive HCBS in POC**

- Discussion occurred at exit conferences regarding concerns of POCs containing inappropriately long timeframes/target dates for obtaining HCBS for participants.



Upcoming Case Reviews

April 2022



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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.



Providers Working Collaboratively

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Subcontracting and Collaborative Partnerships

- Guidance was issued outlining different arrangements HCBS and CFTSS providers could have with one another
 - Requirements for Service Providers Delivering Children and Family Treatment and Supports Services (CFTSS) and Children's Home and Community Based Services (HCBS) and Working Collaboratively with Providers
- There have been questions regarding what is allowable, who needs to be designated, and how to track services.
- The State is working to update its guidance related to employee/provider lease agreements.
- What are your arrangements and or concerns, so they can be addressed?

Current information on allowable agreements can be found here:

[Requirements for Service Providers Delivering CFTSS and HCBS and Working Collaboratively with Providers.](#)



HCBS Provider Feedback

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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

April 2022



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Future Meetings & Agenda

- Next Scheduled Monthly Meetings:
 - May 18th, 2022, from 1 – 2:30pm
 - June 15th, 2022, from 1 – 2:30pm
 - July 20th, 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 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 mailbox or 518.473.5569

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



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