



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

State Discussion with Children's Waiver HCBS Providers

February 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

- Annual HCBS Case Reviews
- Follow-Up: proposal to combine *Caregiver Family Supports and Services* with *Community Self-Advocacy Training and Supports*
- HCBS Training: Collaboration with RPCs
- Building HCBS Provider Capacity
- Trainings and Policies
- NEW Incident, Complaint, Grievance System
- Follow-up/Highlights from January meeting
 - Final Rule Reminder

Appendix

- Proposal to combine *Caregiver Family Supports and Services* with *Community Self-Advocacy Training and Supports*



Children's HCBS Case Review

Annual HCBS Case Reviews

- CMS requires annual case reviews for children/youth receiving HCBS
- DOH has contracted with NYSTEC to conducted 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 was delayed. Additionally, due to the delay of this review, the second year's (2020-2021) review will be immediately following this first review (2019-2020).
 - First review will be completed around April 2021 with findings issued in May 2021
- For the 2019-2020 and 2020-2021 waiver year, case reviews will be conducted at the Health Home/C-YES level. Future reviews will be at the member level and with HCBS providers
- HCBS providers may be asked to provide supporting documentation and HCBS claiming will be reviewed to match a member's Plan of Care



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

HCBS Provider Role in HCBS Case Reviews

- The Children's Waiver launched in April 2019
- Part of the requirements of the Children's Waiver - Every three years must review HCBS providers and have a re-designation process
- Re-designation policy will be issued in the months to come as April 2021 to March 2022 is year three of the Children's waiver
 - HCBS Providers will receive a survey/request for documentation
 - HCBS Providers will need to confirm staff have received required training
 - HCBS Providers will need to confirm staff qualification for the services provided
- Health Homes and Care Management agencies will also need to provide information, documentation, and confirmation of training/qualification
- HCBS Final Rule process is already asking HCBS providers for policies and procedures, therefore the State will use this information to meet other Waiver performance / re-designation requirements to not create duplication for providers



**Follow-Up: Proposal to
combine *Caregiver Family
Supports and Services* with
*Community Self-Advocacy
Training and Supports***



Service Combination

- The State appreciates the thoughtful questions, comments, and feedback given to us regarding the service combination previously discussed at the last meeting and through individual provider survey / conversations
- Following the January discussion, the State received feedback from providers that after the discussion and clarification, they support this service combination.
- Many providers were in support of the combination due to add flexibility.
- The State is moving forward with the proposal to combine *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.



Service Combination

- 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 – with a tiered rate structure to allow providers with the higher qualifications to use the higher rate. (See Appendix for Service Combination Details)
 - The State is still investigating the expansion of units for the new combined service, as some providers expressed concern for existing members who may have two HCBS workers providing the two individual services, and the combination would limit/decrease the number units being provided when moving to one worker who can do the complete combined service
- The State appreciates hearing more about other ideas HCBS providers may have regarding the services they provide

Thank you for your feedback!



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HCBS Training: Collaboration with RPCs



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HCBS Providers Sharing Their Expertise

- Previously the State asked for HCBS provider volunteers to assist with training Health Home care managers, C-YES, and other stakeholders about the HCBS
- The State will outreach to these volunteers to assist in developing a power point and set up a time to record the presentation

Ideas for Format and Topics to cover:

1. Name of service and definition
2. Purpose of the service
3. Identify which children/youth would benefit from the service
4. Types of Needs the service can meet (Link need/behaviors to service)
 - a. Examples will be helpful
5. The provider process to deliver the service
6. Typical frequency, scope, and duration for the service
7. Anything else the HCBS provider believes would be helpful



Providers Who Volunteered

- DOH previously asked agencies if they are interested in participating, respondents include:
 - Astor Services for Children and Families
 - CHDFS, Inc.
 - Extraordinary Home Care d/b/a St. Mary's Home Care
 - Herkimer County Chapter, NYSARC Inc.
 - Pathways, Inc.
- Services NOT covered by these providers include:
 - Palliative Care – Massage Therapy
 - Palliative Care – Pain and Symptom Management

Please let DOH know if your agency is interested in providing support



Collaboration with RPCs

- In addition to training webinars, the State is collaborating with RPCs to host a forum – including discussion and networking opportunities (with break-out sessions specific to role, region, and topics)
- Getting the Consumers voice...
 - If possible also have a consumer receiving the service also be part of the service recording to describe how the service impacted the
 - How else could consumers feedback be utilized?
 - If providers have recommendations on consumers who would be interested, please let DOH know
- Additional suggestion to have conversations with HCBS program and CEOs regarding the services; sustainability and how to build capacity. The State will be outreaching to HCBS providers to start a regular dialogue regarding these topics



Building HCBS Provider Capacity



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How to Build Capacity and Services

- The HCBS Access Survey is 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 would like to have a discussion with the appropriate provider contacts – please let us know the name/contact information from your agency.**



Discussion



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Trainings and Policies



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Trainings and Policies

- The State has issued a number of policies and trainings
 - Health Homes and HCBS providers request guidance how to implement the work of the Children's Waiver
 - The State needs to demonstrate compliance to the Waiver and ensure HH, C-YES, and HCBS provider know the Waiver requirements
 - Address workforce turnover
 - Consistency building of the Waiver requirements – with the State's policies and trainings, the HHs, C-YES, HCBS providers, and other stakeholders can reinforce the requirements and build their own trainings and policies
- Would like to hear feedback from HCBS providers about the policies and trainings – what else is need or what else would be helpful



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

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: section specific to Children's Waiver</i>)	Link	Revised 10/7/2019	7/14/2017	Yes	No
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: 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	Link	2/9/2021	4/1/2021	Yes	No
HCBS Provider Grievances and Complaints Policy	Link	2/9/2021	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		TBD	4/1/2021	Yes	Yes
HCBS Provider Designation and Re-designation Policy		TBD	4/1/2021	No	Yes
HCBS Provider De-designation Policy	Link	9/1/2020	9/1/2020	No	Yes
Children's HCBS Enrollment Policy	Link	1/26/2021	4/1/2021	Yes	Yes
Children's HCBS Disenrollment Policy	Link	1/26/2021	4/1/2021	Yes	Yes
HCBS Notice of Decision Policy		TBD	4/1/2021	Yes	Yes
HHSC Transitional Age Youth Policy		TBD	4/1/2021	Yes	No
HCBS Provider Transitional Age Youth Policy		TBD	4/1/2021	No	Yes
Health Home/C-YES Transfer Policy	Link	2/1/2021	2/1/2021	Yes	No



NEW Incident, Complaints, Grievance System



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Incident Management System

- As a requirement within the Children's Waiver; tracking and reporting of all Critical Incidents, Complaints, and Grievances must occur
- The HH, C-YES, and MMCP already have policies and processes in place
- The NEW Incident Management System will take the paper process for HHs and C-YES electronically and we will be adding HCBS providers
- More information and training will be issued regarding the system
- Access through the Health Commerce System (HCS) will be used
- HCBS providers will need to identify 1-3 staff to have access to the system – not all staff should have access
 - Access will be given by the HCBS provider's HCS Coordinator
 - The State will be asking for HCBS providers to provide the staff's information



Follow-up/Highlights from January 2021 Discussion



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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 have a number of 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.**
- 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.
- **HCBS providers must also complete the [Documentation Worksheet](#) by February 26th**
- A sample of providers will also be selected for virtual onsite assessments with 100% survey responses



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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APPENDIX



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**Proposal to combine
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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>



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>	

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.

