



Department
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Developmental Disabilities

State Discussion with Children's Waiver HCBS Providers

Children's Waiver HCBS Plan of Care Workflow Discussion

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

- Brief Overview of Children's HCBS POC Workflow
 - Share Health Home and Plan Feedback
 - Hear from HCBS Providers

Other Items:

- Upcoming Training, Policies, and Systems
- Children's HCBS Provider De-designation
- Next Steps



Review Children's HCBS POC Workflow



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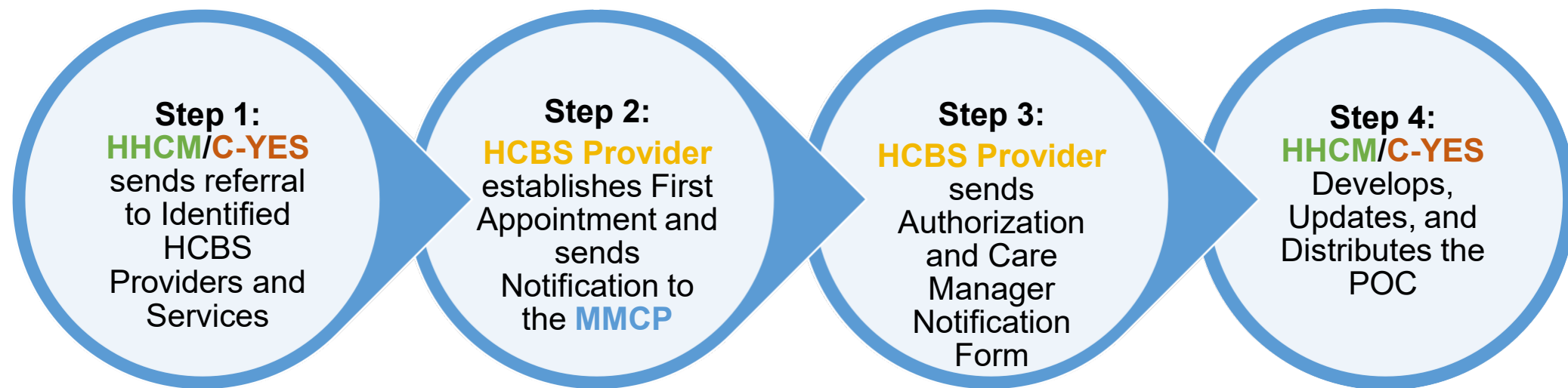
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Steps for Updating/Sharing POC



Step 1: Referral

- **HHCM/C-YES** directly refers the child/youth by utilizing the [Referral for HCBS to HCBS Provider](#) Form after working with the child/family on Plan of Care (POC) development
 - *This form identifies if/when the child/youth was found HCBS eligible and that they have a slot and R/RE: K-code.*
 - *R/RE: K-code should always be verified prior to delivering services monthly by the **HCBS Provider** .*
- The form is used when:
 - There is a request or need to change the HCBS Provider
 - There is a new service request
 - There is a new need identified (such as when updating/reviewing the POC or a significant life event occurs)
- For children/youth enrolled in a MMCP, referrals are made to in-network providers



Step 2: First Appointment and MMCP Notification

- 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** (and if there are any rescheduled or missed appointments)
- Notification to the MMCP must be made *immediately* with the following information:
 - Appointment date
 - Identified services
 - Goal or need to be addressed
- No prior authorization is needed for the first 60 days, 96 units, or 24 hours



Step 3: Authorization/Care Manager Notification Enrolled in MMCP

HCBS Provider conducts service intake/assessment to determine frequency, scope, and duration and develops a Service Plan

Child/youth who are enrolled in MMCP

- **HCBS Provider** submits request for continued service authorization to the **MMCP** using the [Children's HCBS Authorization and Care Manager Notification](#) form
- **MMCP** makes authorization determination per the Model Contract and in accordance with utilization management guidelines and the Plan of Care (POC)
- Once received, the **HCBS Provider** sends the form to **HHCM/C-YES**
- **HHCM/C-YES** receives the form to update the POC with F/S/D

Note: for children/youth who are enrolled in a MMCP but opt-out of HH, the care manager will be the MMCP

Step 3: Authorization/Care Manager Notification When in Fee-for-Service (FFS)

HCBS Provider conducts service intake/assessment to determine frequency, scope, and duration – and develops a Service Plan

Child/youth who are enrolled in FFS

- Regardless of the child/youth being enrolled in FFS, it is still necessary for the **HCBS Provider** to communicate with **HHCM/C-YES** regarding the appropriate information for 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**
- **HHCM/C-YES** receives the form to update the POC with F/S/D

Step 3: Authorization and Care Manager Notification Form

- **Purpose of the form:**
 - Must be utilized regardless of the child/youth being enrolled in a MMCP
 - Notifies the MMCP of the requested HCBS (or continuation request), if enrolled
 - Informs HHCM/C-YES and MMCP (if enrolled) of frequency/scope/duration
 - Informs updates to the POC
- **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
 - permits the provider to claim for the initial period (60 days/96 units/24 hours)
- **Authorization** is a general term that indicates:
 - the MMCP has “opened” the claim window for the child/youth to receive services from the identified provider; or
 - any approval in the MMCP’s systems for the child/youth to receive services



Step 4: POC Development, Updates, & Distribution

POC must be a collaborative work between the family, family-identified supports, **HCBS Providers**, other child-serving systems, and **MMCP** (if enrolled)

Each HCBS child/youth receives, must be listed in the POC with a defined goal and the F/S/D from the **HCBS Provider**

It is the responsibility of the **HHCM/C-YES/MMCP** to maintain the POC and update, as needed, when the F/S/D of services changes, the child/youth's goals change, and/or there is a significant life event

The **HHCM/C-YES/MMCP** must communicate with **HCBS Provider** regularly to understand and know how the services are being provided to the child/youth

The **HHCM/C-YES/MMCP** continually work with the child/youth/family to review the POC and update as appropriate, and ensure the sharing of the updated POC.



Health Home and Plan Barrier Feedback

From Health Homes:

- When referring a child/youth to HCBS provider, not sure if referral is accepted, child/youth are receiving the service, or on waitlist
- The Authorization and Care Manager Notification form is not received and do not know the Frequency, Scope, or Duration of the service to update the POC

From Plans:

- The Authorization and Care Manager Notification form is not received
- Receiving HCBS claims and not sure if the child/youth is receiving the service or if the child is HCBS eligible and enrolled
- Plans of Cares are not updated and sent from the Health Homes with Frequency, Scope, or Duration of the service



Discussion



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Upcoming Training, Policies, and Systems



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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

Upcoming Policies for Children's HCBS Providers

- Designation
- Re-designation
- Background Checks
- Grievances and Complaints*
- Reportable Incidents*
- Documentation Policy
- Waiver Enrollment
- Waiver Disenrollment
- Transitional Age Youth

Target Release Date: November

Effective Date: 1/1/2021

**Including information regarding reporting/monitoring within a soon-to-be-released system*



Children's HCBS Provider De-designation



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Addressing HCBS Access

- The State notified HCBS providers who have not had a claim for the services which they are designated since the inception of the Children's Waiver. The State is working with these providers to de-designate or remove temporarily from the public-facing list of HCBS providers.
- The designation list was updated October 15, 2020 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 will create a Mapping of the designated providers by service and by county to determine the gaps of providers and/or services so referrals can be directed to these providers, when appropriate per the Plan of Care.
- Once the list of designated providers and the mapping is completed, the State will be asking the HHs/CYES to report (timeframe TBD) when HHCMs / CYES staff are encountering waitlist issues or other HCBS provider issues.
- This will assist to identify potential services/providers in particular areas knowing that referrals are available within the county/area to build appropriate capacity.



Next Steps and Questions

Regularly schedule conversations between State and HCBS providers



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



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