



**Department
of Health**

**Office of
Health Insurance
Programs**

CAH I/II Waiver Specifics

November 15th, 2017

November 2017

Care at Home I/II Waiver Application

- Submitted November 2013
 - Centers for Medicare and Medicaid Services (CMS) requires renewals on 5 year cycle
 - Under review by CMS for almost 4 years.
 - March 17 2014 HCBS regulations formally implemented public comment protocols, since waiver application submitted prior to that date, NYSDOH was not required to offer a comment period
- Changes in current application occurred at the direction of CMS through the Request for Additional Information (RAI) process

Goals of today's meeting is to review:

- Criteria for participant eligibility
- Level of care assessment and technical amendment
- Plan of care schedule
- Initial CAH I/II enrollment packets
- Information about the forthcoming program manual
- CAH I/II services and limits

Criteria for Participant Eligibility

- Be a resident of NYS
- Be under the age of 18
- Be unmarried
- Be determined to be physically disabled according to the Social Security Administration (SSA) definition of disabilities for children
- Require the level of care (LOC) provided in a Skilled Nursing Facility (SNF) or hospital
- Capable of being cared for in the community if provided with case management services
- Be a recipient of Medicaid when parents' income/resources are counted **OR** be ineligible for Medicaid due to parents' excess income/resources and apply for Medicaid benefits as a family of one
- Have identified living arrangements
- Complete and submit an application

Currently serving 1420 Children

CAH I/II LOC Assessment: The UAS

- The Pediatric Uniform Assessment System (UAS-NY) is used to evaluate LOC
 - Pediatric 0-3 or Pediatric 4-17
 - Requires an RN to complete the assessment
 - RN must be trained through the Health Commerce System (HCS)
- LDSS/HRA CAH I/II Coordinator will need UAS role provisioned HCS access and training to attest to CAH I/II records in the system
- On September 7, 2017 and November 8, 2017, Medicaid Managed Care (MMC) Plans were informed that the MMC Plans will be required to use the Pediatric UAS-NY for determining level of care (SNF or Hospital) for CAH I/II eligibility and annual reassessment. This notice provided a copy of the UAS-NY Organization Implementation Guide for Community Assessment and Pediatric Assessments.

CAH I/II LOC Assessment: The UAS Cont.

- Prior to conducting an assessment, HCS should be checked to see if a Pediatric UAS-NY has been completed
 - For new CAH I/II waiver applicants,
 - If a UAS-NY was conducted within 90 days of the completed CAH I/II Waiver Application and LOC is 5 or greater:
 - A new UAS-NY is not required.
 - Once enrolled, next UAS-NY is due 1 year from the most recent UAS-NY

Example:

- Completed application received by LDSS on April 1, 2017.
- HCS shows Pediatric UAS-NY was completed on February 17, 2017 with a LOC score of 5 or greater
- Next UAS-NY due in 1 year on February 17, 2018.

CAH I/II LOC Assessment: The UAS Cont.

- For existing participants, LOC assessment is required annually or when there is a significant change in the child's condition.
 - If a Pediatric UAS-NY was conducted within 90 days of reassessment due date and LOC is 5 or greater:
 - Next reassessment is due 1 year from the most recent UAS-NY

Example:

- Reassessment is due October 1, 2017
- HCS shows Pediatric UAS-NY was completed on July 1, 2017 with a LOC score of 5 or greater, so
- Next UAS-NY due in 1 year on July 1, 2018

CAH I/II LOC Assessment: PPRI

- When you may use a Pediatric Patient Review Instrument (PPRI):
 - children residing in SNF or Hospital; or
 - If UAS-NY cannot be secured in time and waiver services are necessary in order to ensure the health and safety of the child
- **NOTE:** If PPRI used, the Pediatric UAS-NY must be completed within 90 days of waiver enrollment or the completed PPRI and verified by the LDSS/HRA

CAH I/II LOC Assessment: Technical Amendment

- In order to expand access to the available assessors:
 - NYSDOH is preparing a technical amendment for submission to CMS
 - Upon approval, will allow the CANS-NY as an alternate LOC assessment
- All other eligibility criteria remain the same

Health Commerce Account (HCS)/UAS Roles and Assignment

- The LDSS/HRA CAH I/II Coordinators are responsible:
 - To maintain accurate CAH I/II enrollments in the appropriate records
 - To have a HCS account with a UAS 15 role provisioned to that account
 - To take the required training in order to access the CAH I/II records
 - To attest to the CAH I/II records in the UAS-NY so that they are on the County case list so that the RN assessor can finalize a CAH assessment

Program/Plan Enrollment in the UAS-NY



Understanding When to Add an Entry to the Enrollment Node

Not every organization preparing and finalizing an assessment will create an entry in the Enrollment node. Use the table below as a *guide* to determine if your organization will create an entry in the Enrollment node.

Program/Plan	Operated By	Who Creates Program/Plan Entry?
PCSP (Personal Care Services Program)	Local District of Social Services	Local District of Social Services
CDPAP (Consumer Directed Personal Assistance Program)		
CAH (Care at Home) I/II Waiver Program		
TBI (Traumatic Brain Injury) Waiver Program	Regional Resource Development Center (RRDC)	RRDC
NHTD (Nursing Home Transition and Diversion) Waiver Program		
ADHC (Adult Day Health Care)	Provider Agency, per issued operating certificate	Admitting Provider Agency
ALP (Assisted Living Program)		
MLTC (Managed Long Term Care) <ul style="list-style-type: none"> • <u>MAP</u> – Medicaid Advantage Program • PACE – Program of all Inclusive Care for the Elderly • PCP – Partial Capitation Plan 		

CAH I/II Plan of Care

The Plan of Care (POC) should be a collaborative effort between the LDSS CAH I/II Coordinator, the Case Manager, the assessing nurse, the child's primary care physician, the child, the family, and other people involved in the child's care.

CAH I/II Plan of Care Cont.

- The POC consists of the following documents:
 - Home Assessment Abstract (HAA), Form LDSS-3139;
 - Level of Care assessment tool as designated by NYSDOH
 - Physician Orders (renewed every 60 days)
 - Service Plan
 - Budget
- POC must support that the child's needs can be met through CAH I/II waiver services (case management, home and/or vehicle modification, and/or palliative services), and other medically necessary MA State Plan services.
- POC must be forwarded to the LDSS CAH I/II Coordinator for review and approval.

Home Assessment Abstract

- Identifies the child's environmental, medical, habilitation, and social needs
- Completed at a minimum by a registered nurse licensed by the New York State Department of Education.
- Should include a visit to the institution where the child is residing (if applicable) and the child's home.
- Must identify all informal caregivers, their availability, and an adequate backup plan should they be unexpectedly unavailable.

CAH I/II Plan of Care Update

- New POC must be submitted and approved within 1 year of the currently approved POC
 - Must include, at a minimum, the same forms as the original POC
 - Parent/guardian must review and sign the new plan
 - Must be submitted to LDSS/HRA CAH I/II Coordinator at least 30 days before the end of the currently approved plan period
- Care team must review the POC at least every 6 months
- Additionally, the LOC assessment and POC should be updated if there is a change in the child's condition or needs.

Plan of Care Review

- The Plan of Care requires renewal annually, but must be reviewed every six months.
 - Six Month Review should include:
 - Confirmation of up-to-date level of care assessment,
 - A Review of participant's needs to ensure they are being met by the current Service Plan,
 - Verification that Home Assessment Abstract is current and correct,
 - Verify that physician orders have been renewed as required every 60 days,
 - Identification of current goals and an evaluation of those goals to determine if they remain appropriate.

Service Plan Review, Cont.

Other events that may trigger a Service Plan review include:

- A change in services or service providers is needed or requested;
- There are significant changes (improvement or decline) in the participant's physical, cognitive, or behavioral status;
- A new provider is approved for the CAH I/II waiver and the participant could benefit from the newly available service;
- The expected outcomes of the services are either realized or need to be altered.

Initial CAH I/II enrollment packet

- Application Cover Sheet - completed by LDSS/HRA
- Application Form signed and dated by parent/guardian
- Choice of Care form
- Proof of age
- Proof of physical disability - SSI letter or DSS-639- determined physically disabled in accordance to Social Security Administration criteria
- Proof of Medicaid Ineligibility/Eligibility
- Level of Care – require the level of care of a Skilled Nursing Facility or Hospital
- Home Assessment Abstract
- Case Management Selection form
- Physician orders - must be renewed every 60 days
- Budget
- Case Management Plan of Services/Service Plan

Aging Out of CAH I/II

- Effective on their 18th birthday, a child participating in the CAH I/II waiver is no longer eligible.
- LDSS/HRA CAH I/II Coordinator and the CAH I/II Case Manager must begin the transition process no later than one year prior to the child's 18th birthday.
 - Transition plan must include:
 - Completion of outstanding Home/Vehicle Modifications
 - Assistance with SSI application (if appropriate)
 - Appropriate post-waiver services
- Process must involve the child and family.

Transfer Between Counties

- CAH I/II eligibility is statewide, and as such is transferrable between counties
- When a CAH I/II child's family is planning a move out-of-county:
 - Sending county is responsible for notifying receiving county of transfer using the email template previously provided to all counties.
 - NYSDOH must be included on the communication at cah@health.ny.gov.

Transfer From CAH I/II to CAH IV

- If a child is eligible for the OPWDD CAH IV waiver and the family wishes to transfer:
 - CAH I/II Case Manager must notify LDSS/HRA and DDSO in writing that a transfer has been requested.
 - The child will be assessed by the OPWDD DDSO CAH IV Coordinator to determine if the child is eligible for CAH IV.
 - If eligible, the child's application will be sent for review and approval.
 - Once approved, OPWDD and NYSDOH must coordinate the enrollment date and the discontinue date.

Transfer From CAH IV to CAH I/II

- If a child/family wishes to transfer from the OPWDD CAH IV waiver to the NYSDOH CAH I/II waiver:
 - The CAH IV Case Manager must forward a written transition plan to the DDSO CAH IV Coordinator
 - OPWDD CAH IV Case Manager must send the child's application to the LDSS/HRA for review and approval
 - If approved, NYSDOH will send an enrollment letter with the CAH I/II effective date, which must be coordinated with the OPWDD CAH IV discontinue date.

Major Changes to the CAH I/II Waiver

- Amends case management waiver service description to include new prohibition of sole proprietor providers
- Adds a credential requirement for NYS Masters in Social Work licensure for Family Palliative Care Education (training) service providers.
- Case management services through the CAH I/II waiver is compliant with Conflict of Interest standards
 - Case management providers may not provide any other waiver service
 - Caseload limits are now included for case management services
- Pain and symptom management services are no longer available through CAH I/II waiver
 - Service was a duplicate of available State Plan services
 - CAH I/II waiver may not duplicate State Plan services

Services Covered Under CAH I/II Waiver

- Case Management
- Bereavement Services
- Family Palliative Care Education (Training)
- Expressive Therapies
- Massage Therapy
- Home and Vehicle Modification

Case Management

Case Management – Service Specifications

- Child can have only one Case Manager/Management Agency at a time
- Case Managers must:
 - Ensure that necessary assessments are completed for development of the plan of care (updated at minimum annually, and reviewed every 6 months)
 - Work to secure necessary MD orders – renewal every 60 days
 - Maintain regular contact with LDSS/HRA CAH I/II Coordinator
 - Have a monthly face-to-face visit with the child
 - Identify CAH I/II waiver and State plan services needed to meet the child's needs
 - Address service delivery issues
- Case Managers may not provide other direct waiver services to the child
- Case Managers may not act as advocates in the fair hearing process

Case Management – Service Specifications, Cont.

- Case Managers must, at a minimum, have **monthly face-to-face contact** with the child.
 - Face-to-face meetings **may not** be used purely for social/recreational purposes
 - Face-to-face meeting in the child's home **must occur every 6 months** (minimum)
 - Face-to-face meetings and home visits should be used by the CAH I/II Case Manager to assess, identify issues and deliver case management activities and interventions
- Recommended that case manager accompany assessing nurse on home visits
- Should meet as frequently as needed based on child's needs and circumstances

Case Management – Service Limits

- Reimbursed using existing 15 minute units
 - CAH I (requires a skilled nursing facility level of care) – Rate Code **2301**
 - CAH II (requires a hospital level of care) – Rate code **2302**
- Unless indicated in child's Plan of Care and authorized by LDSS, the service is limited to:
 - 120 hours annually,
 - not to exceed 10 hours monthly
- Caseload size limits effective 10/1/17:
 - 30 individuals per Case Manager
 - The caseload limit is inclusive of any individual that the case manager renders case management services to, and is not limited to those individuals receiving services under this waiver.

Case Management – Qualifications

- Self-employed individuals **may not** provide case management services
- Required education and experience:
 - 2 years experience in activities as outlined in CAH I/II waiver application, including, but not limited to:
 - Performance of assessments
 - Development of Service Plans – (provide a copy of diploma & evidence of practicum with case management experience)
 - Voluntary or part-time experience (related to the above) that can be verified will be accepted on a prorated basis
 - Must provide a copy of resume highlighting relevant experience in application
 - Possible substitutions for above requirement may be found in the approved CAH I/II waiver application.

Case Management – Verification

- Frequency of Verification:
 - Verification of Case Management Agency is conducted prior to signing NYSDOH provider agreement, and thereafter, according to applicable policy of NYSDOH
- Entity Responsible for Verification:
 - Case Management Agency will verify staff qualification
 - NYSDOH will verify Case Management Agency's qualifications

Case Manager Roles and Responsibilities

- The CAH I/II Case Manager is responsible for:
 - Case Management Screening and Intake
 - Case Management Intake Assessment
 - Case Management Planning and Coordination
 - Implementation of the Service Plan
 - Crisis Intervention
 - Monitoring and Follow-up
 - Discharge Planning
 - Developing and Submitting Reports to NYSDOH

Bereavement Services

Bereavement Services – Service Specifications

- Services are available to waiver participants along with their families/guardian to help them cope with grief related to the challenges of the end of life experience
- Services may be provided to unpaid caregivers
- Counseling must be initiated and billed while child is participating in CAH I/II waiver
- Service is provided in the child's home

Note: Individuals who are paid to support the child may **not** receive this service

Bereavement Services – Service Specifications Cont.

- State Plan services must be exhausted or determined not sufficient to meet the needs of the child
 - Service Plan must indicate why CAH I/II bereavement services are necessary for the child and family
 - Must **not duplicate** other available State Plan services
- Bereavement Counselor **must** ensure a Physician Order for Bereavement Services is obtained prior to providing services
 - Physician Order must be renewed every 60 days

Bereavement Services – Service Limits

- Billed in 30 minute increments - Rate Code **2334**
- Not to exceed:
 - 5 hours daily
 - 120 hours annually
- Must be initiated prior to death of the child
- Each visit must be documented and maintained in the child's file and available upon request
- Provider must be:
 - Certified Home Health Agency (CHHA) or Hospice Agency

Bereavement Services – Qualifications

- Provider must employ a Bereavement Counselor who meets the following qualifications:
 - Clinical Social Worker (LCSW) currently licensed in NYS pursuant to NYS Education Law, Article 154, Social Work, preferably having 3 years clinical pediatric and 1 year clinical end of life experience; or
 - Psychologist currently licensed in NYS pursuant to NYS Education Law, Article 153, Psychology, preferably having 3 years clinical pediatric and 1 year clinical end of life care experience; or

Bereavement Services – Qualifications Cont.

- Mental Health Counselor currently licensed in NYS, pursuant to NYS Education Law, Article 163, Mental Health Practitioners, Section 8402, Mental Health Counseling, preferably having 3 years clinical pediatric and 1 year clinical end of life care experience; **and must**
 - Demonstrate ongoing proficiency in principles of end of life care through participation and successful completion of education and training, the curriculum must include instruction in communication with children and families, grief and bereavement process, and end of life care

Bereavement Services – Provider Verification

- Frequency of Verification:
 - Verification of CHHA/Hospice is conducted prior to signing NYSDOH provider agreement, and thereafter, according to the applicable policy of NYSDOH
 - CHHA/Hospice Agency must verify licensure and/or certification of employees upon hire and annually thereafter
- Entity Responsible for Verification:
 - NYSDOH will verify Medicaid enrollment for each provider type
 - The CHHA/Hospice is responsible for verifying that individual employees maintain Licensure, certification, and meet all training requirements

Family Palliative Care Education (Training)

Family Palliative Care Education (Training) – Service Specifications

- Providers address the physical, psychological and spiritual issues associated with the waiver participant's end of life conditions
- Palliative Care providers are **not** permitted to provide other direct waiver services to the participant and this service **does not** duplicate other services available through the NY Medicaid State Plan
- The Family Palliative Care Trainer must ensure a Physician Order for Family Palliative Care Education services is obtained prior to providing services
 - Physician order must be renewed every 60 days
- Documentation for each visit must be maintained in participant's child's file and available upon request
- **Note:** This service is available only to the child and uncompensated care and support providers to the participant in areas specified in the Service Plan.
 - Individuals employed to support the child may **not** receive this service

Family Palliative Care Education (Training) – Service Limits

- Services will be reimbursed in 30 minute increments- Rate code **2332**
- Not to exceed:
 - 5 hours per day
 - 8 hours monthly,
 - 100 hours annually
- Provider must be:
 - Certified Home Health Agency (CHHA) or Hospice Agency

Family Palliative Care Education (Training) – Provider Qualifications

- Provider must employ a Family Palliative Care Trainer who meets the following qualifications:
 - Registered Professional Nurse currently licensed and registered pursuant to provisions of the NYS Education Law, Article 139, Nursing; or
 - Medical Social Worker having a Master's degree in Social Work and currently licensed in NYS pursuant to NYS Education Law, Article 154, Social Work; **and**
 - **Must** demonstrate ongoing proficiency in the principles of end of life care through participation and successful completion of education and training, curriculum must include instruction in communication with children and families, grief and bereavement process, and end of life care
 - Preferably having at least 3 years clinical pediatric care and 1 year clinical end of life care experience

Family Palliative Care Education (Training) – Verification

- Frequency of Verification:
 - Verification of CHHA/Hospice Agency is conducted prior to signing NYSDOH provider agreement, and thereafter, according to applicable policy of NYSDOH
 - CHHA/Hospice Agency must verify licensure and/or certification of employees upon hire and annually thereafter
- Entity Responsible for Verification:
 - NYSDOH will verify Medicaid enrollment for each provider type
 - CHHA/Hospice Agency is responsible for verifying individual employees maintain necessary licensure, certification, and meet all training requirements

Expressive Therapies

Expressive Therapies – Service Specifications

- Expressive therapy is provided in the child's home – not in an institutional setting
- Expressive Therapy includes **Play, Art, and Music Therapy**
- Documentation for each visit must be maintained in the child's file and available upon request
- Palliative Care providers **cannot provide** other direct waiver services to the child
- Service **cannot duplicate** other services available through NY Medicaid State Plan
- It is the responsibility of the Expressive Therapist to ensure a physician order for Expressive Therapy is obtained prior to providing services, and
 - Physician Order must be renewed every 60 days

Expressive Therapies – Service Limits

- Billed in 30 minute increments- **Rate Code 2336**
- Not to exceed:
 - 1 hour per week
 - 5 hours per month

Provider Must be:

- Certified Home Health Agency (CHHA) or Hospice Agency

Expressive Therapies – Qualifications

- Provider must employ, or ensure access to, Expressive Therapists who meet the following qualifications:
 - Child Life Specialist, currently certified through Child Life Council; or
 - Creative Arts Therapist, currently licensed in NYS pursuant to NYS Education Law, Article 163, Mental Health Practitioners; or
 - Music Therapist with a Bachelor's degree in Music Therapy from a program recognized by the NYS education Department, registered with a nationally recognized organization for Music Therapy Professionals; **and**
 - **must** demonstrate ongoing proficiency in the principles of end of life care through participation and successful completion of education and training. Curriculum must include instruction in communication with children and families, grief and bereavement process, and end of life care.
 - Preferably have 3 years clinical pediatric and 1 year end of life care experience

Expressive Therapies – Verification

- Frequency of Verification:
 - Verification of CHHA/Hospice Agency is conducted prior to signing the NYSDOH provider agreement, and thereafter, according to the applicable policy of NYSDOH
 - CHHA/Hospice Agency must verify licensure and/or certification of employees upon hire and annually thereafter
- Entity Responsible for Verification:
 - NYSDOH will verify Medicaid enrollment for each provider type
 - The CHHA/Hospice is responsible for verifying that individual employees maintain necessary licensure, certification, and meet all training requirements.

Massage Therapy

Massage Therapy – Service Specification

- Massage therapy may be provided in the home of participant child/family or therapeutic or medical office available through the Hospice or CHHA
 - Massage therapy may **not** be provided in an institutional setting
- Service provided in accordance with child's Plan of Care by NYS licensed massage therapists
 - Assessment needed to determine specific therapeutic massage activities to be used and the need for continued therapy
 - This service **does not** duplicate other services available through the NY Medicaid State Plan
- Palliative Care providers are **not** permitted to provide other direct waiver services to the participant
- It is the responsibility of the Massage Therapist to ensure a Physician Order for Massage Therapy is obtained prior to providing services, and the order is renewed every 60 days
- Provider must be:
 - Certified Home Health Agency (CHHA) or Hospice Agency

Massage Therapy – Provider Qualifications

- Provider must employ, or ensure access to, a Massage Therapist who meets the following qualifications:
 - Massage Therapist currently licensed and registered in NYS pursuant to NYS Education Law, Article 155, Massage Therapy, preferably having end of life care experience; **and must**
 - Demonstrate ongoing proficiency in the principles of end of life care through participation and successful completion of education and training, the curriculum of which includes instruction in communication with children and families, grief and bereavement process, and end of life care

Massage Therapy – Provider Verification

- Frequency of Verification:
 - Verification of CHHA/Hospice Agency is conducted prior to signing NYSDOH provider agreement, and thereafter, according to the applicable policy of NYSDOH
 - CHHA/Hospice Agency must verify licensure and/or certification of employees upon hire and annually thereafter
- Entity Responsible for Verification:
 - NYSDOH will verify Medicaid enrollment for each provider type
 - The CHHA/Hospice is responsible for verifying individual employees maintain necessary licensure, certification, and meet all training requirements

Massage Therapy – Limits

- Reimbursed in 30 minute increments
- Not to exceed:
 - 1 hour per week
 - 5 hours per month
- Documentation for each visit must be maintained in the participant's file and available upon request

Home and Vehicle Modifications

Home and Vehicle Modification- Service Specifications

- LDSS/HRA secures a local contractor and/or evaluator qualified to complete the required work.
- In the case of vehicle modifications, the evaluators and modifiers are approved by the NYS Education Department's Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR).
- Activities of the evaluator/contractor include, but are not limited to:
 - Determining the need for the service,
 - Determining the safety of the proposed modification,
 - The modification's expected benefit to the child, and
 - The most cost effective approach to fulfill the child's need.

Home and Vehicle Modification – Service Specifications Cont.

- This service does **not** duplicate other services available through the NY Medicaid State Plan
- All services require prior authorization by LDSS/HRA in conjunction with NYSDOH

Home and Vehicle Modifications – Evaluator Qualifications

- LDSS/HRA must secure an evaluator who meets the following qualifications:
 - Must be familiar with the home adaptation and vehicle modification policies permitted in the CAH I/II program manual, which is forthcoming.
 - Must be able to clearly describe in writing, and by design, the proposed home adaptation and vehicle modification.
 - Must comply with the New York State Building Code, Current Accessibility Standards, and the Federal Accessibility Guidelines found in the Fair Housing Amendment Act.
 - Must have demonstrated expertise in assistive technology and specific adaptive equipment appropriate for the child's needs.
 - Must have adequate design/drafting skills.
 - Must be able to complete all components of an On-Site Evaluation

Home and Vehicle Modification- Contractor Specifications

- Contractors performing any adaptation for a child in CAH program is required to:
 - Be bonded;
 - Maintain adequate and appropriate licensure;
 - Must be able to clearly describe in writing, and by design, the proposed home adaptation and vehicle modification;
 - Obtain any and all permits required by the state and local municipality codes for the modification; and
 - Agree that before final payment is made the contractor must show that the local municipal branch of government that issued initial permit has inspected the work

Home and Vehicle Modification- Provider Verification

- Frequency of Verification:
 - Provider qualifications are verified at beginning of the home modification contract by the LDSS/HRA and/or at the beginning of vehicle modification contract by ACCES-VR
- Entity Responsible for Verification:
 - The ACCES-VR agency verifies the credential of vehicle modification providers pursuant to NYS Fire Prevention and Billing Codes.

Home and Vehicle Modification – General Specifications

- LDSS/HRA is provider of record for billing purposes
- Services are only billed to Medicaid once contract work is verified as complete and amount billed is equal to contract value
- Home modifications are limited to individual or family owned or controlled homes
- Vehicles to be modified cannot be leased
- Medicaid **is not** responsible for maintenance, repairs and/or removal of modifications
- **PROJECT COST BELOW \$1,000:** the LDSS/HRA may select contractor (taking steps necessary to ensure reasonable pricing) and obtain a written bid from the selected contractor, which includes all terms and conditions of the project.
- **PROJECT COST \$1,000 OR ABOVE:** Standard provisions of NYS Finance Law and procurement policies must be followed and need to acquire at least 3 bids **or** the LDSS may waive requirement at its discretion, e.g. geographical limitations, documenting the reasons in the case record
- No Bid should be accepted from a company or contractor with defined ties to the family benefitting from the work

Home and Vehicle Modification – Limitations

- **Excluded** from this benefit are:
 - Adaptations or improvements to the home that are of general utility, including items installed in the home but can be removed without structurally changing the home,
 - Modifications or improvements that are not of direct medical or remedial benefit to child,
 - Modifications that add to total square footage of home
 - Pools and hot tubs, and associated modifications for entering or exiting pool or hot tub
 - Medical supplies, equipment and appliances covered under state plan MA services
- Cost Limit of:
 - \$25,000 per 5 year period for Home Modifications
 - \$25,000 per 5 year period for Vehicle Modifications
 - Includes the cost of the evaluation of the home or vehicle modification

General Service Specifications

- Criminal history and/or background investigations are required
- State maintains an abuse registry and requires screening of individuals through this registry
- Home and community-based services under CAH I/II waiver are not provided in facilities subject to §1616(e) of the Act
- State does not make payment to legally responsible individuals for furnishing personal care or similar services
- State does not make payment to relative/legal guardians for furnishing waiver services
- Each visit made by a service provider must be documented and maintained in the child's file and available upon request

Quarterly reports

- Quarterly reporting forms will be updated to reflect the changes in the approved CMS waiver application and will be forthcoming.
- LDSS/HRA and Case Management Quarterly reports are due on the last day of the month following the end of the quarterly reporting period:
 - January 1st through March 31st (due by last business day of April)
 - April 1st through June 30th (due by last business day of July)
 - July 1st through September 30th (due by last business day of October)
 - October 1st through December 31st (due by last business day of January)

Care at Home I/II Manual/Forms

- A draft CAH I/II Manual is ready for release for public comment.
- CAH I/II forms have been revised to reflect the changes in the currently approved application and will be released for public comment with the manual.

Record Keeping

- Records are required both for clinical reasons and documentation of the expenditures of Medicaid funds.
- Maintain records in a secured environment when not in use.
- Prevent exposure of information when records are in use.
- Identifying all information transmitted from one location to another as “confidential” in appropriate secured manner.
- Obtain prior authorization from the appropriate supervisory staff before records are taken outside the agency, and return records within 1 business day.
- Properly inform applicants/participants of record collection procedures, access utilization and dissemination of information.
- Specify procedures related to employee access to information
- Specify the disciplinary actions for violations
- Records must be available upon audit.

CMS approved CAH I/II Waiver Application

Link to application online:

http://www.health.ny.gov/facilities/long_term_care/docs/2017-04-01_-_2017-12-31_care_at_home.pdf

Please direct all questions to:

CAH@health.ny.gov