



**Department  
of Health**

**Office of  
Health Insurance  
Programs**

# 1915c HCBS Care At Home I & II Waiver

Waiver approved effective April 1, 2017

The waiver will transition via the 1115 authority on January 1, 2018

# Agenda

- Criteria for Participant Eligibility
- Level of Care Assessment
- Initial CAH I/II Enrollment Packets
- **CAH I & II Services**
  - Case Management Services
  - Palliative Care Services
    - Family Palliative Care Education (Training)
    - Bereavement Services
    - Massage Therapy
    - Expressive Therapies (Play, Art, Music)
  - Home and Vehicle Modifications
  - ***\*Removed: Pain & Symptom Management and Respite Services***

# Agenda continued

- **Quarterly Reports**
- **Consolidated Fiscal Report (CFR)** - should the CAH I/II waiver not transition to the 1115 waiver effective January 1, 2018, providers will be required to file an annual CFR to the State
- **Frequently Asked Questions**

# Care At Home I/II Serves Children

## **Criteria for Participant eligibility:**

- Between 0 – 17 years of age (transition should occur prior to the 18<sup>th</sup> birthday)
- Unmarried
- Physical disability determination by the Social Security Administration (SSA) or Local District Social Services (LDSS) Disability Review Team using SSA criteria for physical impairment
- Require the level of care provided in nursing facility or hospital
- Capable of being cared for in the community if provided with case management services

Currently serving 1,450 participants

# Level of Care Assessment

The **Uniform Assessment System** (UAS-NY), (**Pediatric 0-3 or the Pediatric 4-17**) is used Statewide to evaluate level of care (skilled nursing facility-SNF or Hospital)

- Must be completed by individuals who have successfully completed training in the use of the UAS-NY
- The CAH Coordinator, in conjunction with the case manager, is responsible for assuring the timely completion of the **initial** and **annual** Level of Care assessments by qualified assessors
- An assessment must be completed prior to every annual service plan or when there is a significant change in the participant's medical condition. The LDSS CAH Coordinator can request adjustments to the plan of care at any time that the child's needs are not being met
- The Pediatric Patient Review Instrument (PPRI) assessment will be used for children residing in a Skilled Nursing Facility or Hospital, or if a UAS-NY cannot be secured in a timely manner and waiver services are necessary to ensure health and safety of the child. If the PPRI is used, the child must be assessed within 90 days of waiver enrollment, utilizing the UAS-NY pediatric tool

# 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
- Proof of Medicaid eligibility
- Level of Care - Skilled Nursing Facility or Hospital
- Home Assessment Abstract
- Case Management Selection form
- Physician orders - must be renewed every 60 days
- Monthly budget
- Case Management Plan of Services

# CAH I/II Services

## Available services:

- Case Management
- Palliative care services
  - Bereavement Services
  - Expressive Therapies
  - Massage Therapy
  - Family Palliative Education (Training)
- Home and Vehicle Modifications

## Services removed to avoid duplication of State Plan services:

- Pain and Symptom Management
- Respite services

# CAH I/II Services

## Case Management:

- Services include but are not limited to: assisting children and families with access to Medicaid State Plan and other community based services; develop and implement a plan of care that meets the needs of the participant; assures that services are provided in a cost effective manner; and maximizes private health insurance for covered services
- Early Intervention (EI) Coordination Services or Medicaid Service Coordination must be terminated prior to a child receiving CAH I/II Case Management
- Case managers are not permitted to provide other direct waiver services to the participant

## **Case Management continued:**

- Effective October 1, 2017 - A maximum caseload size of no more than 30 individuals per case manager. This 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 services are limited to 120 hours annually, not to exceed 10 hours monthly, unless otherwise indicated in the participant's plan of care and authorized by the LDSS/HRA
- At a minimum, the case manager will maintain monthly face-to-face contact with the child. Case managers are expected to meet face-to-face with all individuals on their caseloads as frequently as needed based upon each person's individual needs and circumstances. However, there must be at least one face-to-face meeting provided each month
- Sole Proprietors are prohibited from providing Case Management services

# CAH I/II Case Management Billing

- Statewide rates for case management: \$22.73 for 15 minutes
- CAH I (requires a Skilled Nursing Facility level of care) – Rate Code **2301**
- CAH II (requires a hospital level of care) – Rate code **2302**
- Travel costs have been built into the payment rate pursuant to the 2015 rate increase
- Effective October 1, 2017, caseload size limit of no more than 30 individuals per case manager, which is inclusive of any individual that the case manager renders case management services to
- Services are limited to 120 hours annually, not to exceed 10 hours monthly, unless otherwise indicated in the participant's plan of care and authorized by the LDSS/HRA
- Must have monthly face-to-face contact with the participant and family

# CAH I/II Palliative Care Services Billing

## ***Family Palliative Care Education (Training):***

- Statewide rate: \$40.00 for 30 minutes - Rate code **2332**
- Services limited to 100 hours annually, eight (8) hours monthly, not to exceed five (5) hours per day
- Change in credentialing – from Master of Social Work (MSW) to NYS Licensed Master Social Worker (LMSW)

## ***Bereavement Services:***

- Statewide rate: \$40.00 for 30 minutes - Rate Code **2334**
- Services limited to 120 hours annually, not to exceed five (5) hours daily

# CAH I/II Palliative Care Services Billing cont'd

## ***Massage Therapy:***

- Statewide rate: \$40.00 for 30 minutes - Rate Code **2335**
- Service limited to five (5) hours per month, not to exceed one (1) hour per week

## ***Expressive Therapies (includes Play, Art, and Music Therapy):***

- Statewide rate: \$40.00 for 30 minutes - Rate Code **2336**
- Services limited to five (5) hours per month, not to exceed one (1) hour per week

# Home and Vehicle Modifications

## Included but not limited to:

- Installation of structural ramps
- Grab bars
- Wheelchair or ceiling lifts
- Widening of doorways
- Bathroom accessibility
- Electrical and plumbing
- Stair lifts

## Excluded:

- Adaptations or improvements that are of general utility
- Items that are installed into the home but can be removed without structurally changing the home
- Modifications or improvements that are not of direct remedial benefit to the child
- Those that add square footage to the home
- Pools and hot tubs and associated modifications for entering or exiting the pool or hot tub
- Medical supplies, equipment and appliances that are provided by Medicaid State Plan services
- Elevators

Not to exceed \$25,000 for home and \$25,000 for vehicle modifications per five (5) year period

# Quarterly reports

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

# Cost Reporting

- The Consolidated Fiscal Report (CFR) is a standardized report which captures financial information for budgets, quarterly and/or mid-year claims, and annual costs.
- The year-end cost report is used to set rates and analyze the appropriateness of fees and contracts.
- Cost Reporting activities will begin January 1, 2018 should the waiver program not transition to 1115 authority
- Training will be provided to assist providers in submitting their cost reports

The CMS approved CAH I/II Waiver Application  
can be found here:

[http://www.health.ny.gov/facilities/long\\_term\\_care/  
docs/2017-04-01\\_-\\_2017-12-  
31\\_care\\_at\\_home.pdf](http://www.health.ny.gov/facilities/long_term_care/docs/2017-04-01_-_2017-12-31_care_at_home.pdf)

**All Questions are to be directed to:**

**[CAH@health.ny.gov](mailto:CAH@health.ny.gov)**

**Frequently Asked Questions (FAQs) will be posted at a later date**