Application for a §1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the State, service delivery system structure, State goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Request for a Renewal to a §1915(c) Home and Community-Based Services Waiver

1. Major Changes

Describe any significant changes to the approved waiver that are being made in this renewal application:
Major changes to the current NHTD waiver requested in this renewal application include: modified projection of Factor C, regarding the number of unduplicated waiver participants; update of cost neutrality factors to reflect current nursing home costs and actual utilization of services during the initial waiver period; amendment of certain quality assurance processes to reflect current practice; addition of RRDC Interim Service Coordination under the current Service Coordination waiver service, to expedite waiver enrollment when appropriate; update of service provider qualifications for Respiratory Therapy, Service Coordination, Home Visits by Medical Personnel, and Community Integration Counseling Services, to reflect New York State laws and/or Medicaid policies and regulations; and clarification/change in cost and utilization limitations for Environmental Modification and Assistive Technology services. In addition, application reflects the recent CMS approved provision allowing certain 1915(c) participants to be enrolled concurrently in the State's 1115 partnership waiver to address the negative impact of Medicaid post eligibility spousal impoverishment rules on a targeted group.

Application for a §1915(c) Home and Community-Based Services Waiver

1. Request Information (1 of 3)

A. The **State** of **New York** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

B. **Program Title** (*optional - this title will be used to locate this waiver in the finder*):
Nursing Home Transition & Diversion Medicaid waiver

C. **Type of Request: renewal**

Requested Approval Period: *(For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)*

○ **3 years** ◉ **5 years**

☐ **Migration Waiver** - this is an existing approved waiver

☑ **Renewal of Waiver:**

Provide the information about the original waiver being renewed

Base Waiver Number: 0444

Amendment Number

(if applicable):

Effective Date: *(mm/dd/yy)*

Waiver Number: NY.0444.R01.00
Draft ID: NY.33.01.00

Renewal Number: 01

D. Type of Waiver *(select only one):*

Regular Waiver

E. Proposed Effective Date: *(mm/dd/yy)*

09/01/10

Approved Effective Date: 09/01/10

1. Request Information (2 of 3)

F. Level(s) of Care. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid State plan (*check each that applies*):

- [ ] **Hospital**

  Select applicable level of care

  - ( ) **Hospital as defined in 42 CFR §440.10**

    If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:

  - ( ) **Inpatient psychiatric facility for individuals age 21 and under as provided in42 CFR §440.160**

- [x] **Nursing Facility**

  Select applicable level of care

  - (•) **Nursing Facility As defined in 42 CFR §440.40 and 42 CFR §440.155**

    If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:

  - ( ) **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140**

- [ ] **Intermediate Care Facility for the Mentally Retarded (ICF/MR) (as defined in 42 CFR §440.150)**

  If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/MR level of care:

1. Request Information (3 of 3)

G. Concurrent Operation with Other Programs. This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

- ( ) **Not applicable**
- (•) **Applicable**

  Check the applicable authority or authorities:

  - [ ] **Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I**
  - [ ] **Waiver(s) authorized under §1915(b) of the Act.**

Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

Specify the §1915(b) authorities under which this program operates *(check each that applies):*

- ☐ **§1915(b)(1) (mandated enrollment to managed care)**
- ☐ **§1915(b)(2) (central broker)**
- ☐ **§1915(b)(3) (employ cost savings to furnish additional services)**
- ☐ **§1915(b)(4) (selective contracting/limit number of providers)**

☐ **A program operated under §1932(a) of the Act.**

Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:

☐ **A program authorized under §1915(i) of the Act.**

☐ **A program authorized under §1915(j) of the Act.**

☑ **A program authorized under §1115 of the Act.**

Specify the program:
CMS approved an amendment to New York State's Medicaid section 1115 demonstration, Partnership Plan (11-W-00114/2) to provide home and community-based services through the Long Term Home Health Care Program waiver to medically needy individuals, who have a community spouse and to whom the spousal impoverishment eligibility and post-eligibility rules under section 1924 of the act are applied. The New York State Medicaid Director received authorization for the Home and Community-Based Services Expansion Program (HCBS Expansion Program) on April 8, 2010 to continue to serve such individuals now enrolled in the Nursing Home Transition and Diversion (NHTD) waiver, as well as, enroll new participants using the same eligibility processes. The HCBS Expansion Program provides home and community-based services identical to those provided under the NHTD waiver.

H. Dual Eligiblity for Medicaid and Medicare.

Check if applicable:

☑ **This waiver provides services for individuals who are eligible for both Medicare and Medicaid.**

2. Brief Waiver Description

Brief Waiver Description. *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.
The Nursing Home Transition and Diversion (NHTD) waiver provides community-based long term care services, as an alternative to institutional care, for seniors and individuals with physical disabilities. Participants must be at least eighteen (18) years old, and require a nursing facility level of care. The goal of the waiver program is to assure access to the least restrictive most community integrated care appropriate.

The NHTD waiver is operated statewide. The New York State Department of Health (NYSDOH), as the Single State Medicaid Agency, administers and provides oversight of the waiver program. The Deputy Commissioner of the Office of Health Insurance Programs (OHIP) is the Director of the Medicaid Program and, in that capacity, is the signatory to the NHTD waiver application. The Deputy Commissioner of the Office of Long Term Care (OLTC) is responsible for policy development and administration of the waiver.

In accordance with sections 201 and 206 of the New York State Public Health Law, sections 363-a, 365, and 366(6-a) of the New York State Social Services Law Sections and the Medicaid (MA) State Plan, Local Departments of Social Services (LDSS) are charged with implementing the MA program, determining applicants' financial eligibility for waiver participation, and authorizing some MA State Plan services.

NYSDOH contracts with qualified not-for-profit agencies for the daily operation of the waiver in nine (9) regions across the State. These agencies serve as Regional Resource Development Centers (RRDC) and employ Regional Resource Development Specialists (RRDS) to enroll participants and service providers, approve participant service plans, organize local outreach and informational efforts, develop regional resources, train service providers, and otherwise administer the NHTD waiver in each respective region. In order to assure the health and welfare of waiver participants, each RRDC

employs a Nurse Evaluator to review and/or assess waiver applicants' level of care, and, as necessary, the need for MA State Plan waiver services.

A Service Coordinator works with the participant to develop and implement a plan for MA State Plan and waiver services, and other resources necessary to enable the participant to transition to the community or to remain in his/her home. Waiver services include service coordination, home and community support services, independent living skills training, environmental modifications and other services provided by NYSDOH approved Medicaid providers. Waiver services are delivered via traditional fee for service methods by waiver providers selected by the participant. It is anticipated that an additional 500 individuals will enroll in the waiver each year as an alternative to institutional care.

3. Components of the Waiver Request

The waiver application consists of the following components. *Note: Item 3-E must be completed.*

A. Waiver Administration and Operation. Appendix A specifies the administrative and operational structure of this waiver.

B. Participant Access and Eligibility. Appendix B specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.

C. Participant Services. Appendix C specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

D. Participant-Centered Service Planning and Delivery. Appendix D specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).

E. Participant-Direction of Services. When the State provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):

- ○ **Yes. This waiver provides participant direction opportunities.** *Appendix E is required.*
- ◉ **No. This waiver does not provide participant direction opportunities.** *Appendix E is not required.*

F. Participant Rights. Appendix F specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.

G. Participant Safeguards. Appendix G describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.

H. Quality Improvement Strategy. Appendix H contains the Quality Improvement Strategy for this waiver.

I. Financial Accountability. Appendix I describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.

J. Cost-Neutrality Demonstration. Appendix J contains the State's demonstration that the waiver is cost-neutral.

4. Waiver(s) Requested

A. Comparability. The State requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid State plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B**.

B. Income and Resources for the Medically Needy. Indicate whether the State requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy *(select one)*:

- ○ **Not Applicable**
- ○ **No**
- ◉ **Yes**

C. Statewideness. Indicate whether the State requests a waiver of the statewideness requirements in §1902(a)(1) of the Act *(select one)*:

- ◉ **No**
- ○ **Yes**

If yes, specify the waiver of statewideness that is requested *(check each that applies)*:

☐ **Geographic Limitation.** A waiver of statewideness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the State.
Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:

☐ **Limited Implementation of Participant-Direction.** A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the State. Participants who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State.
Specify the areas of the State affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:

5. Assurances

In accordance with 42 CFR §441.302, the State provides the following assurances to CMS:

A. Health & Welfare: The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:

1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;

2. Assurance that the standards of any State licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The State assures that these requirements are met on the date that the services are furnished; and,

3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable State standards for board and care facilities as specified in **Appendix C**.

B. Financial Accountability. The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.

C. Evaluation of Need: The State assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.

D. Choice of Alternatives: The State assures that when an individual is determined to be likely to require the level of care

specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:

1. Informed of any feasible alternatives under the waiver; and,

2. Given the choice of either institutional or home and community based waiver services. **Appendix B** specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.

E. Average Per Capita Expenditures: The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.

F. Actual Total Expenditures: The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.

G. Institutionalization Absent Waiver: The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

H. Reporting: The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

I. Habilitation Services. The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

J. Services for Individuals with Chronic Mental Illness. The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the State has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

6. Additional Requirements

Note: Item 6-I must be completed.

A. Service Plan. In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

B. Inpatients. In accordance with 42 CFR §441.301(b)(1) (ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/MR.

C. Room and Board. In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the State that is not a private residence or

(b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.

D. Access to Services. The State does not limit or restrict participant access to waiver services except as provided in **Appendix C**.

E. Free Choice of Provider. In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.

F. FFP Limitation. In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

G. Fair Hearing: The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community- based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.

H. Quality Improvement. The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy specified in **Appendix H**.

I. Public Input. Describe how the State secures public input into the development of the waiver:
NYSDOH provided the following opportunities for public comment with regard to development of the NHTD waiver renewal application:

The NHTD Advisory Group, comprised of representatives of advocacy organizations and community based service providers from across the State, the NYS Public Welfare Association, and State and local governments, met through a series of meetings and conference calls to provide input to the development of the waiver renewal application, and to resolve other ongoing issues related to continuous improvement of the NHTD program. In addition, RRDC staff participated in meetings specifically designed to elicit recommendations for the waiver renewal application.

NYSDOH waiver staff conducted a satisfaction survey of all NHTD participants in August 2009. The response rate to the participant satisfaction survey was 83.6%. In October 2009, the Centers for Medicare and Medicaid Services (CMS) Money Follows the Person (MFP) staff assessed the NYS program on-site. The surveys and site visits offered waiver participants an opportunity to provide feedback on waiver management and/or service improvement.

Pursuant to Presidential Executive Order #13175, NYSDOH provided the State’s eight federally recognized Tribal Governments with written notification of the NHTD waiver renewal application and offered an opportunity for their comment.

NYSDOH is a statutorily required member of the State’s Most Integrated Setting Coordinating Council (MISCC). Established by Chapter 551 of the Laws of 2002, the MISCC is responsible for developing and implementing a comprehensive Statewide plan to ensure that people of all ages with physical, developmental and mental disabilities receive care and services in the most integrated settings appropriate to their individual needs. Member State agencies are responsible for implementation of applicable sections of the plan. Open to the public and broadcast on the State’s website, the MISCC quarterly meetings provide an excellent opportunity to inform

and encourage public input concerning ongoing efforts to rebalance the State's long term care (LTC) Medicaid system. On a regular basis NYSDOH submits an update on the NHTD waiver to the MISCC and elicits comments from members and other stakeholders.

J. **Notice to Tribal Governments**. The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

K. **Limited English Proficient Persons**. The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

7. Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

Last Name:	Maloney
First Name:	Colleen
Title:	Program Director
Agency:	NYSDOH OLTC
Address:	99 washington Avenue
Address 2:	
City:	Albany
State:	**New York**
Zip:	12260
Phone:	(518) 486-6562 **Ext:** ☐ **TTY**
Fax:	(518) 473-2537
E-mail:	cam09@health.state.ny.us

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

Last Name:	
First Name:	
Title:	
Agency:	
Address:	
Address 2:	
City:	
State:	**New York**
Zip:	
Phone:	**Ext:** ☐ **TTY**

Fax:	
E-mail:	

8. Authorizing Signature

This document, together with Appendices A through J, constitutes the State's request for a waiver under §1915(c) of the Social Security Act. The State assures that all materials referenced in this waiver application (including standards, licensure and certification requirements) are ***readily*** available in print or electronic form upon request to CMS through the Medicaid agency or, if applicable, from the operating agency specified in Appendix A. Any proposed changes to the waiver will be submitted by the Medicaid agency to CMS in the form of waiver amendments.
Upon approval by CMS, the waiver application serves as the State's authority to provide home and community-based waiver services to the specified target groups. The State attests that it will abide by all provisions of the approved waiver and will continuously operate the waiver in accordance with the assurances specified in Section 5 and the additional requirements specified in Section 6 of the request.

Signature:	Donna Frescatore
	State Medicaid Director or Designee
Submission Date:	Aug 24, 2010

Last Name:	Frescatore
First Name:	Donna
Title:	Deputy Commissioner, Office of Health Insurance Programs
Agency:	NYSDOH
Address:	Corning Tower, Empire State Plaza, 14th Floor
Address 2:	
City:	Albany
State:	**New York**
Zip:	12237
Phone:	(518) 474-3018
Fax:	(518) 486-6852
E-mail:	DJF04@health.state.ny.us

Attachment #1: Transition Plan

Specify the transition plan for the waiver:

Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):

Appendix A: Waiver Administration and Operation

1. **State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

   The waiver is operated by the State Medicaid agency.

   Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program *(select one)*:

   The Medical Assistance Unit.

   Specify the unit name:

   (Do not complete item A-2)

   Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit.

   Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.
   Office of Long Term Care
   (Complete item A-2-a).

   The waiver is operated by a separate agency of the State that is not a division/unit of the Medicaid agency.

   Specify the division/unit name:

   In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. *(Complete item A-2-b).*

Appendix A: Waiver Administration and Operation

2. **Oversight of Performance.**

   a. **Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency.** When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities:
   The New York State Department of Health (NYSDOH) is designated as the Single State Agency responsible for the administration of the Medicaid (MA) program.

   The Deputy Commissioner of the NYSDOH Office of Health Insurance Programs (OHIP) is the Medicaid Director and, in that capacity, is the signatory of the Nursing Home Transition and Diversion (NHTD) waiver application. The Deputy Commissioner of the NYSDOH Office of Long Term Care (OLTC) is responsible for policy and administration of all long term care programs, including NHTD and other long term care 1915(c) MA waivers.

These two offices, OHIP and OLTC, collaborate in accordance with the recognized NYSDOH organizational structure on the administration of MA long term care programs. However, the State Medicaid Director has final authority with regard to administration of all aspects of the MA program, including waiver programs.

The State Medicaid Director (SMD) maintains ongoing contact with the OLTC Deputy Commissioner. At a minimum, monthly reports, shared with the SMD, note significant program activities such as annual oversight visits and case record review, technical assistance calls and/or potential concerns. Both the SMD and the OLTC Deputy Commissioner participate in weekly Executive Staff meetings where information is shared and issues of concern are discussed. In addition to this routine operational communication, the SMD reviews and approves the annual federal waiver report (372), as well as all formal requests for waiver amendment or renewal.

b. Medicaid Agency Oversight of Operating Agency Performance. When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:

As indicated in section 1 of this appendix, the waiver is not operated by a separate agency of the State. Thus this section does not need to be completed.

Appendix A: Waiver Administration and Operation

3. Use of Contracted Entities. Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

- (●) **Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).**
  Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.:*
  NYSDOH/OLTC contracts with qualified not-for-profit entities in nine (9) regions across the State for the local administration of the waiver program. The contractors, which must demonstrate to NYSDOH their experience providing services and conducting activities for the NHTD target population through a Request for Application process, serve as Regional Resource Development Centers (RRDC). As contractually stipulated, RRDC staff determine applicants' non-financial eligibility for waiver participation, enroll applicants and service providers, organize local outreach and informational efforts, develop regional resources, train waiver service providers for waiver related processes and procedures, and otherwise administer the NHTD waiver in each respective region.
- ( ) **No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).**

Appendix A: Waiver Administration and Operation

4. Role of Local/Regional Non-State Entities. Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*Select One*):

- ( ) **Not applicable**
- (●) **Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions. Check each that applies:
  - [✓] **Local/Regional non-state public agencies** perform waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between the State and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

    Specify the nature of these agencies and complete items A-5 and A-6:

The respective roles and responsibilities of the State and the LDSS are established by sections 201 and 206 of the New York State Public Health Law, sections 363-a, 365 and 366 (6-a) of the New York State Social Services Law, and by the MA State Plan. Each Local Departments of Social Services (LDSS) is responsible to determine Medicaid financial eligibility and furnish medical assistance to all waiver participants, assist with the dissemination of information about the NHTD waiver, and make referrals as appropriate. The role of the State is the development and administration of a medical assistance plan, oversight of the LDSS in the administration of the Medicaid program, and subsequently, the administration of the NHTD waiver. For example, NYS bulletins, General Information System (GIS) messages, and MA Management Administrative Directives (ADM) are issued and updated as needed to provide ongoing guidance regarding MA program administration, including eligibility determination, system management, provider reimbursement, monitoring, and corrective action. No additional memorandum of understanding between the State and an LDSS is necessary.

☑ **Local/Regional non-governmental non-state entities** conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Specify the nature of these entities and complete items A-5 and A-6:

NYSDOH/OLTC, in accordance with New York State Finance law, contracts with not-for-profit entities in nine (9) regions across the State to conduct waiver operational functions and activities.

Appendix A: Waiver Administration and Operation

5. **Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities.** Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:
NYSDOH Office of Long Term Care (OLTC) is responsible for assessing the performance of contracted and/or local/regional non-state entities that conduct waiver operational and administrative functions.

Appendix A: Waiver Administration and Operation

6. **Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:
NYSDOH oversees the operation of the NHTD waiver, and the fulfillment of Regional Resource Development Center contractual obligations in accordance with section 366 (6-a) of the Social Service Law. NYSDOH waiver staff monitor RRDC contractors' administration of the program. RRDC performance is assessed through the following activities: annual retrospective reviews of participant Service Plans (SP), participant Complaint Line calls and other venues for complaints/grievances, RRDC quarterly meetings, required quarterly and annual reports, desk audits, monthly RRDC program guidance conference calls, and annual on-site visits to every RRDC. Specifically:

• NYSDOH waiver staff conduct annual RRDC site visits to assess operational and administrative performance, including retrospective reviews of a random sample of service plans to assure quality performance of these entities. The service plan review is based on a statistically appropriate sample size to allow valid analysis and conclusions to be drawn from the results. Sample size will be set to ensure a ninety five percent confidence level with a margin of error of ± five percent.

• A complaint line specifically for NHTD waiver participants, their families and advocates, is available for registering complaints and concerns. A regular reporting and tracking process is in place to describe types of calls received, and the providers and the regions involved. A waiver participant survey process has also been implemented as another means to track and assess the RRDC performance of waiver functions and activities.

• NYSDOH waiver staff regularly assess RRDC performance through review of required contractor quarterly reports

on provider and participant enrollment activity and other contractual obligations. NYSDOH waiver staff review and analyze the reports and evaluate contractual performance and waiver implementation trends, and may request a financial audit if expenditure discrepancies cannot be resolved or additional concerns are raised.

• NYSDOH waiver staff also meet with RRDC contractors on a quarterly basis, and conduct monthly statewide RRDC conference calls. Conference calls with individual RRDC contractors are conducted as needed. A status report is maintained to track the agreed upon activities, responsible persons, anticipated timeframes, and accomplished outcomes. The document is used as a basis for interim communication with RRDC staff, and discussion at subsequent statewide meetings.

• Annual Regional Forums will be conducted throughout the waiver period to provide an opportunity for NYSDOH waiver staff to meet with waiver participants, families, advocates and providers to gather information regarding how well the waiver is functioning in each region. In addition, NYSDOH waiver staff receive calls from waiver participants, LDSS staff and other stakeholders that contribute to NYSDOH waiver staff's assessment of the RRDC.

• A standard statewide database for waiver services, implemented in Spring 2010, enables NYSDOH waiver staff to evaluate and monitor program activity at the RRDC contractor level. NYSDOH waiver staff will analyze data to identify regional and statewide trends, to evaluate current policy and to identify and implement programmatic changes.

Any RRDC contractor operational deficiency will be addressed in a timely manner, whether informally through direct communication with the contractor or by a formal investigation. In the later situation, NYSDOH waiver staff notify the RRDC Executive Director in writing of the findings, and request a specified corrective action within ten business days.

OLTC waiver staff oversight of contracted entities or local/regional non-state entities includes all relevant functions.

Programmatic review and evaluation, while an ongoing process, is completed annually. For example, on a quarterly basis, contracted entities are required to submit a report to OLTC waiver staff on the status of their waiver related activities. The reports are evaluated in the first instance when received, and annually, to identify trends and recommendations for quality improvement and policy system change. Approved policy/system/program changes are made as needed and within a timeframe appropriate to the initiative.

Reports regarding level of care, service plans, and Serious Reportable Incidents are generated from the Regional Resource Development Center (RRDC) statewide database on a quarterly basis and more often if requested. NYSDOH waiver staff analyze data obtained from these reports to identify regional and statewide trends as part of the ongoing and annual review mentioned above.

Remediation of identified problems or risk factors specific to an RRDC is initiated immediately. Identified needed quality improvements and corrective action steps to address trends and at-risk practices are addressed statewide at RRDC quarterly meetings, and during interim conference calls.

Additionally, OLTC executive staff provide information to the Medicaid Director through monthly Commissioner reports, 372, and various program reporting activities.

Appendix A: Waiver Administration and Operation

7. **Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):
In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

Function	Medicaid Agency	Contracted Entity	Local Non-State Entity
Participant waiver enrollment			

	☑	☑	☐
Waiver enrollment managed against approved limits	☑	☑	☐
Waiver expenditures managed against approved levels	☑	☑	☐
Level of care evaluation	☐	☑	☑
Review of Participant service plans	☑	☑	☐
Prior authorization of waiver services	☑	☑	☐
Utilization management	☑	☑	☐
Qualified provider enrollment	☑	☑	☐
Execution of Medicaid provider agreements	☑	☐	☐
Establishment of a statewide rate methodology	☑	☐	☐
Rules, policies, procedures and information development governing the waiver program	☑	☐	☐
Quality assurance and quality improvement activities	☑	☑	☐

Appendix A: Waiver Administration and Operation

Quality Improvement: Administrative Authority of the Single State Medicaid Agency

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Administrative Authority
The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

i. Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percentage of identified outreach activities included in the RRDC work plan that have been completed and documented in the RRDC Quarterly Report including, but not limited to, informational sessions with nursing home management and residents, meetings with community agencies that serve seniors and/or individuals with physical disabilities.

Data Source (Select one):
Reports to State Medicaid Agency on delegated Administrative functions
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*

☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percentage of Retrospective Record Reviews compliant with the NHTD policies and procedures.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:

	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
The remediation process is initiated when RRDC or NYSDOH waiver staff identifies a lack in the quality of provided services, or any other issue related to administration of NHTD.

In such situations, the standard procedure is for NYSDOH waiver and RRDC staff to discuss the situation and collaboratively develop a plan of corrective action. Implementation and compliance with the plan of correction is monitored by NYSDOH.

Remediation of financial issues begins immediately upon the discovery of any impropriety. NYSDOH waiver staff, and other Department staff as appropriate, immediately initiate remediation of any inappropriate claims processed and reimbursed through eMedNY. Remediation may include voiding payments, assigning penalties and sanctioning providers. In the case of home and vehicle modifications, NYSDOH waiver staff initiate remediation by cancelling payments to home and vehicle contractors.

If the deficiency involves service provider implementation of a plan of correction that does not sufficiently meet program requirements, the provider may be deemed unfit to continue to provide NHTD waiver services. In such a circumstance, NYSDOH waiver staff issue a letter to the provider terminating the NHTD waiver provider status.

Unsatisfactory home and vehicle modification contractors are notified of their disqualification from further service by NYSDOH. In such a circumstance, the RRDC and/or service coordinator help the family find

alternate contractors and craftsmen.

Documentation of remediation activities is accomplished by the following measures: correspondence between NYSDOH waiver staff, the RRDC, participants and their legal guardians, and/or service providers; amended plans of care; findings from retrospective record reviews and reports of follow-up meetings with participants; and the results of NYSDOH annual site visits. All such documents are maintained in the participant's case file, and, as appropriate, by NYSDOH/OLTC.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.

◉ **No**

○ **Yes**

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix B: Participant Access and Eligibility

B-1: Specification of the Waiver Target Group(s)

a. Target Group(s). Under the waiver of Section 1902(a)(10)(B) of the Act, the State limits waiver services to a group or subgroups of individuals. Please see the instruction manual for specifics regarding age limits. *In accordance with 42 CFR §441.301(b)(6), select one waiver target group, check each of the subgroups in the selected target group that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup:*

Target Group	Included	Target SubGroup	Minimum Age	Maximum Age	
				Maximum Age Limit	No Maximum Age Limit
◉ **Aged or Disabled, or Both - General**					
	☑	**Aged**	65		☑
	☑	**Disabled (Physical)**	18	64	
		Disabled (Other)			

Aged or Disabled, or Both - Specific Recognized Subgroups					
		Brain Injury			
		HIV/AIDS			
		Medically Fragile			
		Technology Dependent			
Mental Retardation or Developmental Disability, or Both					
		Autism			
		Developmental Disability			
		Mental Retardation			
Mental Illness					
		Mental Illness			
		Serious Emotional Disturbance			

b. Additional Criteria. The State further specifies its target group(s) as follows:

c. Transition of Individuals Affected by Maximum Age Limitation. When there is a maximum age limit that applies to individuals who may be served in the waiver, describe the transition planning procedures that are undertaken on behalf of participants affected by the age limit *(select one):*

Not applicable. There is no maximum age limit

The following transition planning procedures are employed for participants who will reach the waiver's maximum age limit.

Specify:

Individuals may continue to participate in the waiver once age 65 is reached.

Appendix B: Participant Access and Eligibility

B-2: Individual Cost Limit (1 of 2)

a. Individual Cost Limit. The following individual cost limit applies when determining whether to deny home and community-based services or entrance to the waiver to an otherwise eligible individual *(select one)* Please note that a State may have only ONE individual cost limit for the purposes of determining eligibility for the waiver:

No Cost Limit. The State does not apply an individual cost limit. *Do not complete Item B-2-b or item B-2-c.*

Cost Limit in Excess of Institutional Costs. The State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed the cost of a level of care specified for the waiver up to an amount specified by the State. *Complete Items B-2-b and B-2-c.*

The limit specified by the State is *(select one)*

A level higher than 100% of the institutional average.

Specify the percentage:

Other

Specify:

Institutional Cost Limit. Pursuant to 42 CFR 441.301(a)(3), the State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed 100% of the cost of the level of care specified for the waiver. *Complete Items B-2-b and B-2-c.*

Cost Limit Lower Than Institutional Costs. The State refuses entrance to the waiver to any otherwise qualified individual when the State reasonably expects that the cost of home and community-based services furnished to that individual would exceed the following amount specified by the State that is less than the cost of a level of care specified for the waiver.

Specify the basis of the limit, including evidence that the limit is sufficient to assure the health and welfare of waiver participants. Complete Items B-2-b and B-2-c.

The cost limit specified by the State is *(select one)*:

The following dollar amount:

Specify dollar amount:

The dollar amount *(select one)*

Is adjusted each year that the waiver is in effect by applying the following formula:

Specify the formula:

May be adjusted during the period the waiver is in effect. The State will submit a waiver amendment to CMS to adjust the dollar amount.

The following percentage that is less than 100% of the institutional average:

Specify percent:

Other:

Specify:

Appendix B: Participant Access and Eligibility

B-2: Individual Cost Limit (2 of 2)

Answers provided in Appendix B-2-a indicate that you do not need to complete this section.

b. Method of Implementation of the Individual Cost Limit. When an individual cost limit is specified in Item B-2-a, specify the procedures that are followed to determine in advance of waiver entrance that the individual's health and welfare can be assured within the cost limit:

c. Participant Safeguards. When the State specifies an individual cost limit in Item B-2-a and there is a change in the participant's condition or circumstances post-entrance to the waiver that requires the provision of services in an amount that exceeds the cost limit in order to assure the participant's health and welfare, the State has established the following safeguards to avoid an adverse impact on the participant *(check each that applies)*:

- ☐ **The participant is referred to another waiver that can accommodate the individual's needs.**
- ☐ **Additional services in excess of the individual cost limit may be authorized.**

Specify the procedures for authorizing additional services, including the amount that may be authorized:

- ☐ **Other safeguard(s)**

Specify:

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (1 of 4)

a. Unduplicated Number of Participants. The following table specifies the maximum number of unduplicated participants who are served in each year that the waiver is in effect. The State will submit a waiver amendment to CMS to modify the number of participants specified for any year(s), including when a modification is necessary due to legislative appropriation or another reason. The number of unduplicated participants specified in this table is basis for the cost-neutrality calculations in Appendix J:

Table: B-3-a

Waiver Year	Unduplicated Number of Participants
Year 1	1800
Year 2	2300
Year 3	2900
Year 4	3500
Year 5	4200

b. Limitation on the Number of Participants Served at Any Point in Time. Consistent with the unduplicated number of participants specified in Item B-3-a, the State may limit to a lesser number the number of participants who will be served at any point in time during a waiver year. Indicate whether the State limits the number of participants in this way: *(select one)*:

The State does not limit the number of participants that it serves at any point in time during a waiver year.

The State limits the number of participants that it serves at any point in time during a waiver year.

The limit that applies to each year of the waiver period is specified in the following table:

Table: B-3-b

Waiver Year	Maximum Number of Participants Served At Any Point During the Year
Year 1	
Year 2	
Year 3	
Year 4	
Year 5	

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (2 of 4)

c. Reserved Waiver Capacity. The State may reserve a portion of the participant capacity of the waiver for specified purposes (e.g., provide for the community transition of institutionalized persons or furnish waiver services to individuals experiencing a crisis) subject to CMS review and approval. The State *(select one)*:

Not applicable. The state does not reserve capacity.

The State reserves capacity for the following purpose(s).

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (3 of 4)

d. Scheduled Phase-In or Phase-Out. Within a waiver year, the State may make the number of participants who are served subject to a phase-in or phase-out schedule *(select one)*:

The waiver is not subject to a phase-in or a phase-out schedule.

The waiver is subject to a phase-in or phase-out schedule that is included in Attachment #1 to Appendix B-3. This schedule constitutes an intra-year limitation on the number of participants who are served in the waiver.

e. Allocation of Waiver Capacity.

Select one:

Waiver capacity is allocated/managed on a statewide basis.

Waiver capacity is allocated to local/regional non-state entities.

Specify: (a) the entities to which waiver capacity is allocated; (b) the methodology that is used to allocate capacity and how often the methodology is reevaluated; and, (c) policies for the reallocation of unused capacity among local/regional non-state entities:

f. Selection of Entrants to the Waiver. Specify the policies that apply to the selection of individuals for entrance to the waiver:

NHTD waiver provides supported community-based long term services to Medicaid eligible seniors and individuals with physical disabilities, aged eighteen years or older, who require a nursing facility level of care. Accordingly, participants must be determined financially eligible for Medicaid services, and medically in need of a nursing facility level of care.
Assurance of participant choice is integral to the 1915(c) HCBS waiver program. Therefore, if eligible, an individual must choose and then sign the applicable forms to participate in the waiver program. Entrance to the waiver is further based on completion of a service plan, signed by the applicant, that satisfactorily addresses all identified applicant resources available to address applicant needs in order to be safely and appropriately cared for in a community setting. Applicants are enrolled in the NHTD program only when all necessary services are in place, and the health and welfare of the individual can reasonably be assured.

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served - Attachment #1 (4 of 4)

Answers provided in Appendix B-3-d indicate that you do not need to complete this section.

Appendix B: Participant Access and Eligibility

B-4: Eligibility Groups Served in the Waiver

a.

1. **State Classification.** The State is a *(select one)*:
   - (•) **§1634 State**
   - ( ) **SSI Criteria State**
   - ( ) **209(b) State**

2. **Miller Trust State.**
   Indicate whether the State is a Miller Trust State *(select one)*:
   - (•) **No**
   - ( ) **Yes**

b. Medicaid Eligibility Groups Served in the Waiver. Individuals who receive services under this waiver are eligible under the following eligibility groups contained in the State plan. The State applies all applicable federal financial participation limits under the plan. *Check all that apply*:

Eligibility Groups Served in the Waiver (excluding the special home and community-based waiver group under 42 CFR §435.217)

- [x] **Low income families with children as provided in §1931 of the Act**
- [x] **SSI recipients**
- [ ] **Aged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121**
- [x] **Optional State supplement recipients**
- [ ] **Optional categorically needy aged and/or disabled individuals who have income at:**

Select one:

- ( ) **100% of the Federal poverty level (FPL)**
- ( ) **% of FPL, which is lower than 100% of FPL.**

Specify percentage:

- [ ] **Working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in §1902(a)(10)(A)(ii)(XIII)) of the Act)**
- [x] **Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act)**
- [x] **Working individuals with disabilities who buy into Medicaid (TWWIIA Medical Improvement Coverage Group as provided in §1902(a)(10)(A)(ii)(XVI) of the Act)**
- [ ] **Disabled individuals age 18 or younger who would require an institutional level of care (TEFRA 134 eligibility group as provided in §1902(e)(3) of the Act)**
- [ ] **Medically needy in 209(b) States (42 CFR §435.330)**
- [x] **Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324)**
- [x] **Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver)**

Specify:

Individuals who qualify under 1902(a)(10)(A)(i)(II)(bb) Qualified severely impaired

Disabled Adult Children (DAC) beneficiaries who are eligible under 1634 (c) of the Social Security Act

Disabled widow/widowers who are eligible under 1634(b) and early widows/widowers eligible under 1634 (d) of the SSA

Individuals who are eligible under Section 503 of Public Health Law 94-566 (Pickles)

Children for whom an adoption agreement is in effect or foster care maintenance payments are being made under Title IV-E, 1902(a)(10)(A)(i)(I)

Children who qualify under 1902 (a)(10)(A)(ii)(VIII) State adoption assistance.

Special home and community-based waiver group under 42 CFR §435.217) *Note: When the special home and community-based waiver group under 42 CFR §435.217 is included, Appendix B-5 must be completed*

- (•) **No. The State does not furnish waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217.** *Appendix B-5 is not submitted.*
- ( ) **Yes. The State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217.**

Select one and complete Appendix B-5.

- ( ) **All individuals in the special home and community-based waiver group under 42 CFR §435.217**
- ( ) **Only the following groups of individuals in the special home and community-based waiver group under 42 CFR §435.217**

Check each that applies:

- [ ] **A special income level equal to:**

Select one:

- ( ) **300% of the SSI Federal Benefit Rate (FBR)**
- ( ) **A percentage of FBR, which is lower than 300% (42 CFR §435.236)**

Specify percentage:

○ **A dollar amount which is lower than 300%.**

Specify dollar amount:

☐ **Aged, blind and disabled individuals who meet requirements that are more restrictive than the SSI program (42 CFR §435.121)**

☐ **Medically needy without spenddown in States which also provide Medicaid to recipients of SSI (42 CFR §435.320, §435.322 and §435.324)**

☐ **Medically needy without spend down in 209(b) States (42 CFR §435.330)**

☐ **Aged and disabled individuals who have income at:**

Select one:

○ **100% of FPL**

○ **% of FPL, which is lower than 100%.**

Specify percentage amount:

☐ **Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver)**

Specify:

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (1 of 4)

In accordance with 42 CFR §441.303(e), Appendix B-5 must be completed when the State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217, as indicated in Appendix B-4. Post-eligibility applies only to the 42 CFR §435.217 group. A State that uses spousal impoverishment rules under §1924 of the Act to determine the eligibility of individuals with a community spouse may elect to use spousal post-eligibility rules under §1924 of the Act to protect a personal needs allowance for a participant with a community spouse.

a. Use of Spousal Impoverishment Rules. Indicate whether spousal impoverishment rules are used to determine eligibility for the special home and community-based waiver group under 42 CFR §435.217 *(select one):*

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (2 of 4)

b. Regular Post-Eligibility Treatment of Income: SSI State.

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (3 of 4)

c. Regular Post-Eligibility Treatment of Income: 209(B) State.

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (4 of 4)

d. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules

The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the State Medicaid Plan.. The State must also protect amounts for incurred expenses for medical or remedial care (as specified below).

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-6: Evaluation/Reevaluation of Level of Care

As specified in 42 CFR §441.302(c), the State provides for an evaluation (and periodic reevaluations) of the need for the level (s) of care specified for this waiver, when there is a reasonable indication that an individual may need such services in the near future (one month or less), but for the availability of home and community-based waiver services.

a. Reasonable Indication of Need for Services. In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. Specify the State's policies concerning the reasonable indication of the need for services:

i. Minimum number of services.

The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is: 1

ii. Frequency of services. The State requires (select one):

- (•) **The provision of waiver services at least monthly**
- ( ) **Monthly monitoring of the individual when services are furnished on a less than monthly basis**

If the State also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency:

b. Responsibility for Performing Evaluations and Reevaluations. Level of care evaluations and reevaluations are performed (*select one*):

- ( ) **Directly by the Medicaid agency**

- **By the operating agency specified in Appendix A**
- **By an entity under contract with the Medicaid agency.**

  Specify the entity:

- **Other**
  Specify:

  Designated, approved health care professionals trained and certified by New York State (NYS) for completion of Hospital and Community Patient Review Instrument (HC-PRI) who are NYS Registered Professional Nurses.

c. Qualifications of Individuals Performing Initial Evaluation: Per 42 CFR §441.303(c)(1), specify the educational/professional qualifications of individuals who perform the initial evaluation of level of care for waiver applicants:

The HC-PRI must be completed by a NYS Registered Professional Nurse who has successfully completed the approved NYS PRI Training Program. The qualifications for hospital, nursing home or community professionals completing the HC-PRI instrument are the same.

d. Level of Care Criteria. Fully specify the level of care criteria that are used to evaluate and reevaluate whether an individual needs services through the waiver and that serve as the basis of the State's level of care instrument/tool. Specify the level of care instrument/tool that is employed. State laws, regulations, and policies concerning level of care criteria and the level of care instrument/tool are available to CMS upon request through the Medicaid agency or the operating agency (if applicable), including the instrument/tool utilized.

Participation in the NHTD waiver is restricted to individuals who require a nursing facility level of care (LOC) assessed through completion of the HC-PRI evaluation tool. The purpose of the HC-PRI instrument is to identify: medical events including current medical conditions and treatments; medical diagnosis and prognosis; capabilities of the individual to perform Activities of Daily Living (ADL); behavioral difficulties.

Other documentation may be required by NYSDOH to determine that the waiver applicant can be appropriately cared for in a setting other than a nursing home. This includes a review of the waiver applicant’s living arrangements, informal supports, need for restorative services, and ability to reside in the community without undue risk to self or others.

The same LOC criteria and assessment tool is used for the initial evaluation and reevaluation of waiver participants.

e. Level of Care Instrument(s). Per 42 CFR §441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care *(select one)*:

- **The same instrument is used in determining the level of care for the waiver and for institutional care under the State Plan.**
- **A different instrument is used to determine the level of care for the waiver than for institutional care under the State plan.**

  Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

f. Process for Level of Care Evaluation/Reevaluation: Per 42 CFR §441.303(c)(1), describe the process for evaluating waiver applicants for their need for the level of care under the waiver. If the reevaluation process differs from the evaluation process, describe the differences:

When an applicant begins the formal NHTD intake process, the Regional Resource Development Specialist (RRDS) or service coordinator completes a preliminary eligibility assessment. Unless a LOC assessment has been recently completed for the applicant, a HC-PRI evaluation and any other documentation identified by NYSDOH must be completed, and the required LOC determined.

Waiver participants are reevaluated, at least annually, or at anytime the participant experiences a significant change of condition.

The Service Coordinator (SC) and the RRDS are responsible for assuring that the initial and annual LOC assessment is completed by qualified assessors in a manner timely to waiver participation requirements. The assessors of the annual LOC are NYS Registered Professional Nurses who have successfully completed the NYS PRI training, and are employees of various entities such as local departments of social services (LDSS) or certified home health agencies (CHHA).

g. Reevaluation Schedule. Per 42 CFR §441.303(c)(4), reevaluations of the level of care required by a participant are conducted no less frequently than annually according to the following schedule *(select one)*:

- ○ **Every three months**
- ○ **Every six months**
- ◉ **Every twelve months**
- ○ **Other schedule**
  Specify the other schedule:

h. Qualifications of Individuals Who Perform Reevaluations. Specify the qualifications of individuals who perform reevaluations *(select one)*:

- ◉ **The qualifications of individuals who perform reevaluations are the same as individuals who perform initial evaluations.**
- ○ **The qualifications are different.**
  Specify the qualifications:

i. Procedures to Ensure Timely Reevaluations. Per 42 CFR §441.303(c)(4), specify the procedures that the State employs to ensure timely reevaluations of level of care *(specify):*

The SC is responsible for maintaining a database to track dates when LOC reevaluations are due, and ensure that waiver participants continue to meet the nursing home LOC requirement. The SC submits the completed reevaluation to the RRDS prior to the expiration date of the current HC-PRI and/or other documentation identified by NYSDOH, to ensure uninterrupted service. If the RRDS does not receive the required documentation in a timely manner, she/he should notify the SC of the need for completion and submission of appropriate documentation.

The RRDS also maintains a NYSDOH approved database of information used to monitor timely completion of LOC re-evaluations.

j. Maintenance of Evaluation/Reevaluation Records. Per 42 CFR §441.303(c)(3), the State assures that written and/or electronically retrievable documentation of all evaluations and reevaluations are maintained for a minimum period of 3 years as required in 45 CFR §92.42. Specify the location(s) where records of evaluations and reevaluations of level of care are maintained:

The records will be maintained by the RRDC and Service Coordinator in the participant's record, and must be readily retrievable upon Centers for Medicare and Medicaid Services (CMS) and/or NYSDOH request.

Appendix B: Evaluation/Reevaluation of Level of Care

Quality Improvement: Level of Care

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Level of Care Assurance/Sub-assurances

i. Sub-Assurances:

a. ***Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.***

Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of all new NHTD waiver enrollees who have a level of care assessment (PRI and any other documentation identified by NYSDOH) completed indicating the need for a nursing home level of care prior to receiving waiver services.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data	**Frequency of data collection/generation**	**Sampling Approach** *(check each that applies):*

collection/generation *(check each that applies):*	*(check each that applies):*	
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.***

Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of NHTD waiver enrollees who have a level of care assessment (PRI and any other documentation identified by NYSDOH) completed at least annually.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid**	☐ **Weekly**	☐ **100% Review**

Agency		
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. ***Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.***

Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance

measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of participant's initial, annual (or both) level of care determinations completed utilizing the required assessment tools (PRI and any other documentation identified by NYSDOH) as required by the State.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**

☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of participant's initial, annual (or both) level of care (PRI and any other documentation identified by NYSDOH) determinations completed by a certified evaluator.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*

☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
 # and % of participant's initial, annual (or both) LOC determinations made where LOC criteria was accurately applied: # and % true positives (determined eligible & reviewer agrees) # and % false positives (determined eligible but reviewer disagrees) # and % true negatives (determined ineligible & reviewer agrees) # and % false negatives (determined ineligible but reviewer disagrees)

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other**

	Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
The remediation process is initiated when NYSDOH waiver or RRDC staff identifies a weakness in the Level of Care (LOC) determination pertaining to the completion of the HC-PRI tool and/or any other documentation identified by NYSDOH, a lack of quality in provided services, or any other issue related to administration of the NHTD waiver.

In such situations, the standard procedure is for NYSDOH and RRDC waiver staff to discuss the situation and collaboratively develop a plan of correction. Implementation and compliance with the plan of correction is monitored by both parties

Should the plan of correction require a change in the participant's service plan, NYSDOH waiver staff and RRDC staff work cooperatively to address the service deficiency. When necessary, the RRDC will assure the transition of a participant to another enrolled waiver service provider. To ensure continuity of service during the transition period, the original provider is required to transfer the NHTD waiver participant's records and other pertinent documents to the new provider.

If the deficiency involves a service provider and implementation of the plan of correction does not sufficiently meet program requirements, the provider may be deemed unfit to continue to provide NHTD waiver services. Accordingly, NYSDOH waiver staff will issue a letter to the provider terminating the entity's NHTD waiver provider status.

Documentation of remediation activities includes: correspondence between NYSDOH waiver staff, the RRDC, affected waiver participants and their legal guardians, and service providers; amended service plans; findings from retrospective record reviews, reports of follow-up meetings with participants; and the results of DOH waiver staff annual site visits. All such documents are maintained in the participant's record and, as appropriate, by NYSDOH.

If it is found that the LOC criteria was inaccurately applied, the RRDS may request: the originating agency review the inaccuracies for corrective measures; the applicant be reevaluated by another certified PRI assessor; and/or the applicant LOC be reviewed or reevaluated by the RRDC Nurse Evaluator. The RRDS may also contact the agency that performed the evaluation to discuss the need for staff retraining in the use of the assessment tool.

If LOC determinations are not made by qualified evaluators the RRDS will request that another LOC assessment be completed by a qualified assessor or request that the Nurse Evaluator perform a new assessment. The RRDS will notify the NYSDOH waiver staff of the need for further remediation activities, which may include notification to the appropriate DOH agency.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**

☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Level of Care that are currently non-operational.

◉ **No**

○ **Yes**
Please provide a detailed strategy for assuring Level of Care, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix B: Participant Access and Eligibility

B-7: Freedom of Choice

Freedom of Choice. *As provided in 42 CFR §441.302(d), when an individual is determined to be likely to require a level of care for this waiver, the individual or his or her legal representative is:*

i. informed of any feasible alternatives under the waiver; and
ii. given the choice of either institutional or home and community-based services.

a. Procedures. Specify the State's procedures for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver and allowing these individuals to choose either institutional or waiver services. Identify the form(s) that are employed to document freedom of choice. The form or forms are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Potential NHTD waiver applicants and/or their legal representatives are informed of available long term care options, including feasible alternatives to institutional care, their right to choose to participate in the community based waiver program, and the services available to them through the waiver program. This information is provided at the initial meeting with the Regional Resource Development Specialist (RRDS). Each waiver applicant signs a Freedom of Choice form, signifying his/her preference for participating in the waiver program.

b. Maintenance of Forms. Per 45 CFR §92.42, written copies or electronically retrievable facsimiles of Freedom of Choice forms are maintained for a minimum of three years. Specify the locations where copies of these forms are maintained.

Upon enrollment, completed Freedom of Choice forms are maintained in the waiver participant's record maintained at the RRDC and SC's office, and will be readily retrievable if requested by CMS and/or NYSDOH waiver staff.

Appendix B: Participant Access and Eligibility

B-8: Access to Services by Limited English Proficiency Persons

Access to Services by Limited English Proficient Persons. Specify the methods that the State uses to provide meaningful access to the waiver by Limited English Proficient persons in accordance with the Department of Health and Human Services

"Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003):
Waiver participants with limited fluency in English must have access to services without undue hardship. RRDC staff make arrangements to provide interpretation or translation services for waiver participants who require these services. This may be accomplished through a variety of means, including: employing bi-lingual staff, resources from the community (e.g. local colleges), and contracted interpreters. Non-English speaking waiver participants may bring a translator of their choice with them to meetings with waiver providers and/or the RRDS. However, waiver applicants or participants are not required to bring their own translator, and waiver applicants or participants cannot be denied access to waiver services on the basis of a RRDC contractor's difficulty in obtaining qualified translators.

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

a. Waiver Services Summary. *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

Service Type	Service
Statutory Service	Respite
Statutory Service	Service Coordination
Other Service	Assistive Technology
Other Service	Community Integration Counseling Services
Other Service	Community Transitional Services
Other Service	Congregate and Home Delivered Meals Services
Other Service	Environmental Modifications Services
Other Service	Home and Community Support Services
Other Service	Home Visits by Medical Personnel
Other Service	Independent Living Skills Training Services
Other Service	Moving Assistance Services
Other Service	Nutritional Counseling/Educational Services
Other Service	Peer Mentoring
Other Service	Positive and Behavioral Interventions and Supports Services
Other Service	Respiratory Therapy Services
Other Service	Structured Day Program Services
Other Service	Wellness Counseling Service

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Respite

Alternate Service Title (if any):

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

○ **Service is included in approved waiver. There is no change in service specifications.**

◉ **Service is included in approved waiver. The service specifications have been modified.**

○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Respite services is an individually designed service intended to provide scheduled relief to non-paid supports who provide primary care and support to a waiver participant. The service may be provided in a 24-hour block of time as required.

The primary location for the provision of this service is in the waiver participant's home, but Respite services may also be provided in another community dwelling acceptable to the waiver participant.

Providers of the Respite services must meet the same standards and qualifications as the direct care providers of Home and Community Support Services (HCSS).

Note: This service does not duplicate other services available through the New York MA State Plan.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Respite services are provided in 24-hour blocks of time, not to exceed thirty (30) days per year.

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**

☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agencies approved to provide Home and Community Support Services (HCSS)

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Agency
Provider Type:
Agencies approved to provide Home and Community Support Services (HCSS)
Provider Qualifications

License *(specify):*
Licensed under Article 36 of the NYS Public Health Law or exempt from licensure pursuant to 10 NYCRR Section 765-2.1(c).

Certificate *(specify):*

Other Standard *(specify):*
Staff providing Respite services must be at least eighteen (18) years old; be able to follow written and verbal instructions; and have the ability and skills necessary to meet the waiver participant's needs during the Respite period.

Staff providing Respite services must meet all other requirements under Title 10 NYCRR for the provision of Personal Care Aide services, including a certificate to indicate that they have successfully completed a training program for Personal Care Aides approved by NYSDOH, as well as any additional training determined to be necessary by NYSDOH.

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer must verify license, registration or certification upon hire and annually thereafter. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Statutory Service

Service:
Case Management

Alternate Service Title (if any):
Service Coordination

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Service Coordination assist the waiver participant in gaining access to needed waiver and Medicaid (MA) State Plan services, as well as other local, State and federally funded educational, vocational, social, medical, and any other services. This service is expected to result in assuring the waiver participant's health and welfare and increasing independence, integration and productivity. In addition, for potential waiver participants desiring to transition from unwanted nursing home placement, the Service Coordinator assists the participant in obtaining and coordinating the services that are necessary to the participant's return to the community.

There are five types of Service Coordination available to the waiver participant. The cost of Money Follows the Person (MFP) Demonstration participant Service Coordination will be reimbursed through the demonstration appropriation.

• Initial Service Coordination Diversion – Provided to individuals who are newly enrolled in the waiver and reside in the community. This will occur only once per waiver enrollment.
• Initial Service Coordination Transition–Short Term Nursing Home Stay – Provided to individuals who are newly enrolled in the waiver and have been residing in a nursing home for less than six months. Assistance needed to transition from a nursing home, an individual, who has been institutionalized for less than six months, is often less complicated than for those who have longer nursing facility stays. This will occur only once per waiver enrollment.
• Initial Service Coordination Transition–Long Term Nursing Home Stay – Provided to individuals who are newly enrolled in the waiver and have been residing in a nursing home for six months or more. Nursing home

residents with lengthy stays need additional assistance to negotiate a safe discharge and community care plan often requiring many more cross agency interactions and a higher degree of coordination. This will occur only once per waiver enrollment.
• Ongoing Service Coordination – Provided to participants on an ongoing basis.
• RRDC Interim Service Coordination – Provided to expedite the enrollment process for individuals applying to the NHTD waiver, including implementation of waiver and State Plan service necessary to maintain the participant's health and welfare in the community. This will occur only until such time as the service coordinator agency selection process is complete, not to exceed the first six months of waiver enrollment. To assure non-duplication of service, an individual for whom the RRDC Interim Service Coordination is provided will not be eligible for any level of Initial Service Coordination. The RRDC Interim Service Coordination will cease immediately upon transition to the Ongoing Service Coordination. The State's eMedNY billing system will prevent duplicative payments for Service Coordination. RRDC contractors electing to provide Interim Service Coordination will be established as MA providers, and will claim reimbursement for this work through the eMedNY system utilizing a unique provider identification number and rate code specific to the service. It is expected that RRDC contractors, authorized as MA Interim Service Coordination providers, will hire additional employees who meet the specified qualifications indicated in the waiver application.

The Service Coordinator (SC) will assist the waiver participant, and individuals chosen by the waiver participant, in the development of an individualized service plan. Following the approval of a service plan, the SC will assist the waiver participant in implementing the plan, as well as review its effectiveness on an ongoing basis. Throughout his/her involvement with the waiver participant, the SC will support and encourage the waiver participant to increase his/her ability to live safely in the community.

The SC assists the waiver participant to complete the Plan of Protective Oversight (See Appendix D).

The SC is responsible for the review of service plans at such intervals as specified in Appendix D of this application, timely submission of service plans, and ongoing monitoring of the provision of all services included in a participant's service plans.

The SC is responsible for assuring that all waiver providers and others, as appropriate, have a copy of the Initial Service Plan, and all subsequent approved service plans, including addendums.

The SC will initiate and oversee the process of assessment and reassessment of the waiver participant's level of care (i.e. need for nursing home level of care).

The SC is responsible for scheduling and conducting Team Meetings as designated in the service plan, as well as for providing all waiver providers and waiver participants with written summaries of the meetings.
When RRDC Interim Service Coordination is used, the RRDC staff will assure that the required monthly face-to-face visits with the participant during the first six (6) months of enrollment occur and that all other SC functions described above are conducted, until such time the selected SC agency begins to serve the participant.

Note: This service does not duplicate other services available through the New York MA State Plan.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
All levels of Initial Service Coordination are paid on a one-time basis.

Provision of RRDC Interim Service Coordination is not to exceed the first six (6) months of the participant's waiver enrollment.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Not-for-profit health and human service agency
Agency	For profit health and human service agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Service Coordination

Provider Category:
Agency
Provider Type:
Not-for-profit health and human service agency
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.
Other Standard *(specify):*
(A) The following staff may provide Service Coordination without supervision:
1. Licensed Master Social Worker (licensed by the NYS Education Department pursuant to Article 154 of the NYS Education Law); Licensed Clinical Social Worker (licensed by the NYS Education Department pursuant to Article 154 of the NYS Education Law); Master of Social Work; Master of Psychology; Master of Counseling Psychology; Master of School Psychology; Master of Counseling; Master of Gerontology; Physical Therapist (licensed by the NYS Education Department pursuant to Article 136 of the NYS Education Law); Registered Professional Nurse (licensed by the NYS Education Department pursuant to Article 139 of the NYS Education Law); Certified Special Education Teacher (certified as a Special Education Teacher by the NYS Education Department); Certified Rehabilitation Counselor (certified by the Commission on Rehabilitation Counselor Certification); Licensed Speech Pathologist (licensed by the NYS Education Department pursuant to Article 159 of the NYS Education Law) or Occupational Therapist (licensed by the NYS Education Department pursuant to Article 156 of the NYS Education Law). Providers in Group (A) shall have, at a minimum, one (1) year of experience providing Service Coordination and information, linkages and referrals regarding community based services for individuals with disabilities and/or seniors; OR
2. Have a Bachelor's degree, or higher, in social work, psychology, gerontology, or other related field and two (2) years of experience providing Service Coordination to individuals with disabilities and/or seniors and knowledge about community resources; OR
3. Be an individual who has successfully served as a Regional Resource Development Specialist for one (1) year.
4. Any individual who met the qualifications for and was providing Service Coordination without supervision under the NHTD waiver in effect through August 31, 2010.

(B) The following staff may provide Service Coordination with supervision by those listed in Group (A) (1) until they meet the minimum years of required work experience:
1. An individual with the educational experience listed in Group (A) but who have less than one (1) year of experience providing Service Coordination for individuals with disabilities and/or seniors and knowledge about community resources; OR
2. An individual with a Bachelor's degree, or higher, in social work, psychology, gerontology, or other related field with less than two (2) years of experience providing Service Coordination for individuals with disabilities and/or seniors and knowledge about community resources.

(C) The following staff may provide Service Coordination with supervision by those listed in Group (A) (1):
1. An individual with a Bachelor's degree and two (2) years of experience providing Service

Coordination to individuals with disabilities and/or seniors and knowledge about community resources; OR
2. An individual with an Associate's degree with three (3) years of experience providing Service Coordination for individuals with disabilities and/or seniors and knowledge about community resources; OR
3. An individual with a High School Diploma or equivalent with five (5) years of experience providing Service Coordination for individuals with disabilities and/or seniors and knowledge about community resources.

For purposes of supervision, the supervisor is required to meet any potential waiver participants prior to the completion of the Initial Service Plan developed by a Service Coordinator under his/her supervision; have supervisory meetings with staff on at least a bi-weekly basis; and review and sign-off on all Service Plans.

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer must verify license, registration or certification upon hire and annually thereafter. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Service Coordination

Provider Category:
Agency

Provider Type:
For profit health and human service agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*
Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Limited Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*
Other standards are the same as above.

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the

employer must verify license, registration or certification upon hire and annually thereafter. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Assistive Technology

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

The Assistive Technology waiver service supplements the MA State Plan Service for durable medical equipment and supplies. MA State Plan and all other resources must be explored and utilized before authorizing Assistive Technology.

This service will only be approved when the requested equipment and supplies improve or maintain the waiver participant's level of independence, ability to access needed supports and services in the community, or safety. Assistive Technology may include an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or to improve functional capabilities of waiver participants.

Documentation must describe how the waiver participant's expected use, purpose and intended place of use have been matched to features of the products requested in order to achieve the desired outcome in an efficient and cost effective manner.

The provider of this service is responsible for training the waiver participant, his or her informal support network and paid staff who will be assisting the waiver participant in using the equipment or supplies.

Note: This service does not duplicate other services available through the New York MA State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Limit of up to $10,000 per twelve (12) month period. A contract for Assistive Technology that exceeds $10,000 must be approved by NYSDOH waiver staff.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Providers approved by NYSDOH
Agency	Providers approved by OMRDD
Agency	Approved providers of PERS
Agency	Licensed Pharmacy

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:
Agency
Provider Type:
Providers approved by NYSDOH
Provider Qualifications
License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*
Approved under section 504 or 505.5 of Title 18 NYCRR.
Verification of Provider Qualifications
Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials.
Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC).

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:
Agency
Provider Type:
Providers approved by OMRDD
Provider Qualifications
License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*
Approved to provide Assistive Technology by the NYS Office of Mental Retardation and

Developmental Disabilities.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC).

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

Approved providers of PERS

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Provider of PERS under contract with the LDSS.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC).

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

Licensed Pharmacy

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

An establishment registered as a pharmacy by the State Board of Pharmacy pursuant to Article 137 of the NYS Education Law.

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials.
Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC).

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Other Service
As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.
Service Title:
Community Integration Counseling Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Community Integration Counseling is an individually designed service intended to assist waiver participants who are experiencing significant problems in managing the emotional difficulties inherent in adjusting to a significant disability and/or living in the community. It is a counseling service provided to the waiver participant who is coping with altered abilities and skills, a revision of long term expectations, or changes in roles in relation to significant others.

This service is primarily provided in the provider's office or the waiver participant's home. While Community Integration Counseling Services are primarily provided in one-to-one counseling sessions, there are times when it is appropriate to provide this service to the waiver participant in a family counseling or group counseling setting.

It is available to waiver participants and/or anyone involved in an ongoing significant relationship with the waiver participant when the issue to be discussed relates directly to the waiver participant.

This service differs from MA State Plan services because only those professionals listed who meet specific experiential standards will be eligible for reimbursement under the waiver.

Note: This service does not duplicate other services available through the New York MA State Plan.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Not-for-profit health and human service agency
Agency	For profit health and human service agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Integration Counseling Services

Provider Category:

Agency

Provider Type:

Not-for-profit health and human service agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.

Other Standard *(specify):*

(A) The following staff may provide Community Integration Counseling services without supervision:

1. Licensed Psychologist (licensed by the NYS Education Department pursuant to Article 153 of the NYS Education Law); Licensed Master Social Worker (licensed by the NYS Education Department pursuant to Article 154 of the NYS Education Law); Licensed Clinical Social Worker (licensed by the NYS Education Department pursuant to Article 154 of the NYS Education Law); Master of Social Work; Master of Psychology; Master of Counseling Psychology; Master of School Psychology; Master of Counseling; Mental Health Practitioner (licensed by NYS Education Department pursuant to Article 163 of the NYS Education Law), Certified Rehabilitation Counselor (certified by the Commission on Rehabilitation Counselor Certification); or Certified Special Education Teacher (Certified by the NYS Education Department).

2. Each of these individuals must have, at a minimum, two (2) years of experience providing adjustment related counseling to individuals and/or seniors with physical and/or cognitive disabilities and their families.

(B) The following staff may provide Community Integration Counseling services with supervision by those listed in Group (A) (1) until they meet the two (2) year minimum required work experience:

1. Licensed Psychologist (licensed by the NYS Education Department pursuant to Article 153 of the NYS Education Law); Licensed Master Social Worker (licensed by the NYS Education Department pursuant to Article 154 of the NYS Education Law); Licensed Clinical Social Worker (licensed by the NYS Education Department pursuant to Article 154 of the NYS Education Law); Master of Social Work; Master of Psychology; Master of Counseling Psychology; Master of School Psychology; Master of Counseling; Mental Health Practitioner (licensed by NYS Education Department pursuant to Article 163 of the NYS Education Law), Certified Rehabilitation Counselor (certified by the Commission on Rehabilitation Counselor Certification), or Certified Special Education Teacher (Certified by the NYS Education Department).

2. Each of these individuals may have less than two (2) years of experience providing adjustment related counseling to individuals and/or seniors with physical, cognitive, developmental or psychiatric disabilities.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer must verify license, registration or certification upon hire and annually thereafter. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Integration Counseling Services

Provider Category:

Agency

Provider Type:

For profit health and human service agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law; Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*

Other standards are the same as above.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer must verify license, registration or certification upon hire and annually thereafter. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service

not specified in statute.
Service Title:
Community Transitional Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Community Transitional Services (CTS) are individually designed services intended to assist a waiver participant to transition from a nursing home to living in the community. CTS is a onetime service per waiver enrollment. If the waiver participant has been discontinued from the program and now is a resident of a nursing home, he/she can re-access this service, if he or she is later able to apply to become a participant in the future.

This service is only provided when transitioning from a nursing home. These funds are not available to move from the participant's home in the community to another location in the community. The funding limits for this service are separate and apart from the limits applied to Moving Assistance, and the two services cannot be used at the same time in any approved Service Plan.

This service includes: the cost of moving furniture and other belongings, security deposits, including broker's fees required to obtain a lease on an apartment or home; purchasing essential furnishings (e.g. bed, table, chairs, and eating utensils; including delivery and assembly); set-up fees or deposits for utility or service access (e.g. telephone, electricity, heating); and health and safety assurances such as pest removal, allergen control or one time cleaning prior to occupancy.

The service will not be used to purchase recreational items such as televisions, VCRs/DVDs, or music systems.

Note: This service does not duplicate other services available through the New York MA State Plan.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Maximum up to $5,000 per waiver enrollment.

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Not-for-profit health and human service agency
Agency	For profit health and human service agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Transitional Services

Provider Category:
Agency

Provider Type:
Not-for-profit health and human service agency
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.
Other Standard *(specify):*
Must meet qualifications of an approved Service Coordination provider as defined above.
Verification of Provider Qualifications
Entity Responsible for Verification:
NYSDOH and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.
Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer must verify license, registration or certification upon hire and annually thereafter. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Transitional Services

Provider Category:
Agency
Provider Type:
For profit health and human service agency
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Limited Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.
Other Standard *(specify):*
Other standards are the same as above.
Verification of Provider Qualifications
Entity Responsible for Verification:
NYSDOH and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.
Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer must verify license, registration or certification upon hire and annually

thereafter. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Congregate and Home Delivered Meals Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Congregate and Home Delivered Meals is an individually designed service that provides meals to waiver participants who cannot prepare or obtain nutritionally adequate meals for themselves, or when the provision of such meals will decrease the need for more costly supported in-home meal preparation. While the meals are intended to assist the waiver participant maintain a nutritious diet, they do not constitute a full nutritional regimen.

The service is not to be used to replace the regular form of “board” associated with routine living in an Adult Care Facility. Individuals eligible for non-waiver nutritional services should access those services first.

Note: This service does not duplicate other services available through the New York MA State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Area Agencies on Aging contracted Congregate and/or Home Delivered Meal providers

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Congregate and Home Delivered Meals Services

Provider Category:
Agency
Provider Type:
Area Agencies on Aging contracted Congregate and/or Home Delivered Meal providers
Provider Qualifications
License *(specify):*
Pursuant to NYCRR Title 18 Parts 461 and 488; NYCRR Title 10, Part 14
Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications
Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials.
Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC).

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Other Service
As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.
Service Title:
Environmental Modifications Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Environmental Modifications (E-mods) are internal and external physical adaptations to the home, that are necessary to assure the health, welfare and safety of the waiver participant. These modifications enable the waiver participant to function with greater independence and prevent institutionalization. E-mods may include: installation of ramps and grab bars; widening of doorways; modifications of bathroom facilities; installation of specialized electrical or plumbing systems to accommodate necessary medical equipment; or any other modification necessary to assure the waiver participant's health, welfare or safety.

E-mods do not include improvements to the home (e.g. carpeting, roof repair, central air conditioning), that are not medically needed or do not promote the waiver participant's independence in the home or community.

An E-mod may alter the basic configuration of the waiver participant's home if such alternation is necessary to

successfully complete the modification, but may not add to the total square footage of the home.

Home modifications must be provided where the waiver participant lives. If a waiver participant is moving to a new location, needed modifications may be completed prior to the waiver participant's move. However, if an eligible individual is residing in an institution at the time of application, the modifications may be completed no more than thirty (30) days prior to the waiver participant moving into the modified residence.

All modifications must meet State and local building codes and may be subject to independent review.

Modifications may also be made to a vehicle if it is the primary means of transportation for the waiver participant. This vehicle may be owned by the waiver participant, or a family member who has consistent and on-going contact with the waiver participant, or a non-relative who provides primary, long term support to the waiver participant. These modifications are approved only when the vehicle is used to improve the waiver participant's independence and inclusion in the community.

Note: This service does not duplicate other services available through the New York MA State Plan.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Limit of up to $20,000 per thirty-six (36) month period for Environmental Modifications. A contract for Environmental Modifications that exceeds $20,000 must be approved by NYSDOH. Vehicle Modifications may not exceed $20,000 for the term of the participant's enrollment, unless there is a change in the participant's primary needs or capabilities. This exception must be approved by NYSDOH.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Not-for-profit health and human service agency
Agency	For profit health and human service agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Modifications Services

Provider Category:
Agency
Provider Type:
Not-for-profit health and human service agency
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.
Other Standard *(specify):*

The E-mod provider must ensure that individuals working on the E-mods are appropriately qualified and/or licensed to comply with any State and local rules. All materials and products used must also meet any State or local construction requirements. Providers must adhere to safety issues addressed in Article 18 of the New York State Uniform Fire Prevention and Building Code Act as well as all local building codes. The NYS Education Department's Office of Vocational and Educational Services (VESID) verifies the credential of vehicle modification providers.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee or subcontractors, the employer/contractor is responsible for verifying that the individual (s) have the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Environmental Modifications Services

Provider Category:

Agency

Provider Type:

For profit health and human service agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Limited Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*

Other standards are the same as above.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee or subcontractors, the employer/contractor is responsible for verifying that the individual (s) have the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Home and Community Support Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (•) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Home and Community Support Services (HCSS) are the combination of personal care services (ADL) and (IADL) with oversight/supervision services or oversight/supervision as a discrete service. HCSS is provided to a waiver participant who requires assistance with personal care services tasks, and whose health and welfare in the community is at risk because oversight/supervision of the participant is required even when no personal care task is being performed. Services may compliment, but not duplicate, other services.

HCSS services are provided under the direction and supervision of a Registered Professional Nurse (RN). The supervising RN is responsible for developing a plan and for orienting the HCSS staff providing this service.

HCSS differs from MA State Plan personal care services because under the State Plan oversight/supervision is not considered a discrete task for which personal care services are authorized.

Note: This service does not duplicate other services available through the New York MA State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Licensed Home Care Services Agencies

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Home and Community Support Services

Provider Category:

Agency

Provider Type:
Licensed Home Care Services Agencies
Provider Qualifications
License *(specify):*
Licensed under Article 36 of the NYS Public Health Law or exempt from licensure pursuant to 10 NYCRR Section 765-2.1(c).
Certificate *(specify):*

Other Standard *(specify):*
Staff must be at least eighteen (18) years old; be able to follow written and verbal instructions; and have the ability and skills necessary to meet the waiver participant's needs that will be addressed through this service.
Staff providing HCSS must meet all other requirements under Title 10 NYCRR for the provision of Personal Care Aide services. In addition, HCSS staff must have a certificate to indicate that they have successfully completed a training program for Personal Care Aides that is approved by NYSDOH, as well as any additional training determined to be necessary by NYSDOH.

The HCSS aides must also be in good physical health, including documentation of an annual (or more frequently if necessary) health status assessment and declaration that he/she is free from health impairments which pose potential risks to waiver participants or personnel, immunizations, and a yearly Mantoux skin test. HCSS aides must be supervised in accordance with Licensed Home Care Service Agency (LHCSA) regulations.

Nursing supervision must be provided by a registered professional nurse who:
(a) is licensed and currently certified to practice as a registered professional nurse in New York State; and
(b) is in good physical health as required by NYSDOH for employees of licensed home care service agencies (LHCSA), including documentation of an annual health status assessment and a declaration that he/she is free from health impairments that pose potential risks to patients or personnel, immunizations, and a yearly Mantoux skin test; and
(c) meets either of the following qualifications:
(1) has at least two years of satisfactory recent home health care experience; or
(2) meets the licensure and certification requirements of a registered professional nurse and has at least one year of home health care experience and acts under the direction of an individual who meets all of the above requirements.

Verification of Provider Qualifications
Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.
Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer must verify license, registration or certification upon hire and annually thereafter. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).
Service Type:
Other Service
As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service

not specified in statute.
Service Title:
Home Visits by Medical Personnel

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Home Visits by Medical Personnel are individually designed services to provide diagnosis, treatment and wellness monitoring in order to preserve the waiver participant's functional capacity to remain in the community.

Wellness monitoring is important to the overall health of waiver participants. Wellness monitoring includes disease prevention, the provision of health education and the identification of modifiable health risks. Through increased awareness and education, waiver participants may make healthy lifestyle choices that will decrease the likelihood of unnecessary institutionalization. The frequency of wellness monitoring will be contingent on the waiver participant's needs.

Home Visits by medical personnel are expected to decrease the likelihood of exacerbation of chronic medical conditions and unnecessary and costly emergency room visits, hospitalizations and nursing facility placement. In addition to assessing the waiver participant, this service will also include the evaluation of the home environment from a medical perspective, and the waiver participant's informal support system's ability to maintain and/or assume the role of caregiver. The provider's assessment of the informal support system/ caregivers will focus on the relationship to the waiver participant in terms of the physical, social and emotional assistance that is currently provided or may be provided in the future. Based on the outcome of this assessment, the provider of this service can make referrals for or request that the Service Coordinator make referrals for additional assistance as appropriate to maintain the waiver participant's ability to remain at home or in the least restrictive setting.

Home Visits by Medical Personnel differs from what is offered under the State Plan because this waiver service is used for wellness monitoring, the assessment of the informal support system and/or caregiver ability to provide assistance to the waiver participant, and/or the evaluation of the waiver participant's home environment from a medical perspective. This preventive activity decreases the likelihood of accidents in the home, lowers the waiver participant's and caregiver's stress levels, increases the quality of medical care provided to the waiver participant and increases the efficiency of medication management, all of which promote the waiver participant's ability to remain at home.

This service is especially beneficial for those waiver participants who have significant difficulty traveling or are unable to travel for needed medical care provided by a physician, physician assistant or nurse practitioner because of one or more of the following: (1) severe pain; (2) severe mobility impairments; (3) terminal illness; (4) a chronic condition that can be exacerbated by travel; (5) medical providers at a physician's office and/or transportation providers refusing to provide services because an individual's disruptive behavior; (6) the home visit is cost-effective or (7) transportation to medical appointments is limited due to geographical or medical considerations.

The Medical Personnel are an integral part of the waiver participant's service provider team and have the responsibility to inform the Service Coordinator of any recommendations for services to meet the waiver participant's medical needs and/or other significant findings. The Service Coordinator will utilize this information in revising the waiver participant's Service Plan.

Note: This service does not duplicate other services available through the New York MA State Plan.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**

☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Physician
Agency	Nurse Practitioner
Agency	Physician Assistant

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Home Visits by Medical Personnel

Provider Category:

Agency

Provider Type:

Physician

Provider Qualifications

License *(specify):*

Licensed and registered to practice medicine in New York State pursuant to Article 131 of the New York State Education Law.

Certificate *(specify):*

If practicing as a professional services corporation, a certificate of incorporation pursuant to Article 15 of the New York State Business Corporation Law; if practicing as a professional services limited liability company, articles of organization pursuant to Section 1203 of the New York State Limited Liability Law.

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors for provider (practitioner) credential. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Home Visits by Medical Personnel

Provider Category:

Agency

Provider Type:
Nurse Practitioner
Provider Qualifications

License *(specify):*
Certified as a nurse practitioner pursuant to Article 139 of the New York State Education Law.
Certificate *(specify):*
If practicing as a professional services corporation, a certificate of incorporation pursuant to Article 15 of the New York State Business Corporation Law; if practicing as a professional services limited liability company, articles of organization pursuant to Section 1203 of the New York State Limited Liability Law.
Other Standard *(specify):*
Must be working in a specialty area in collaboration with a licensed physician qualified to work in that specialty and in accordance with a written practice agreement and written practice protocols.

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credential. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.
Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Home Visits by Medical Personnel

Provider Category:

Agency

Provider Type:
Physician Assistant
Provider Qualifications

License *(specify):*
Registered as a physician assistant pursuant to Article 131-B of the New York State Education Law.
Certificate *(specify):*

Other Standard *(specify):*
Must be working under the supervision of a licensed physician and performing only such acts and duties within the scope of practice of such supervising physician.

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credential. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.
Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Independent Living Skills Training Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (•) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Independent Living Skills Training Services (ILST) are individually designed to improve or maintain the ability of the waiver participant to live as independently as possible in the community. ILST will primarily be targeted to those individuals with progressive illnesses to maintain essential skills. ILST may be provided in the waiver participant's residence and in the community. This service will be primarily provided on an individual basis; only in the unique situation, in which the waiver participant will receive greater benefit from other than a 1:1 situation, providing this service for a group be approved.

ILST must be provided in the situation that will result in the greatest positive outcome for the waiver participant. This service is provided in the waiver participant's environment; for example, in the waiver participant's kitchen rather than a provider's kitchen. This is because of the difficulty that many waiver participants experience with transferring or generalizing knowledge and skills from one physical situation to another.

Services may include the following: assessment, training, and supervision of an individual with self-care, medication management, task completion, communication skills, interpersonal skills, socialization, sensory/motor skills, mobility, community transportation skills, reduction/elimination of maladaptive behaviors, problem solving, money management, pre-vocational skills and ability to maintain a household.

This service may also be used to assist a waiver participant in returning to, or expanding the waiver participant's involvement in meaningful activities, such as volunteering or paid employment. The use of this service for these purposes must occur only after it is clear that the waiver participant is not eligible for these services through either the Vocational and Educational Services for Individuals with Disabilities (VESID) or the Commission for the Blind and Visually Handicapped (CBVH); that VESID and CBVH services have been exhausted; or the activity is not covered by VESID or CBVH services.

ILST providers train people in the participant's support system, paid staff and waiver providers to provide the type and level of supports that allows the waiver participant to act and become as independent as possible in Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). This service may continue only when the waiver participant has reasonable goals. It is used for training purposes rather than providing ongoing long term care supports. Reasons to provide or continue this service must be clearly stated in the service plan.

Note: This service does not duplicate other services available through the New York MA State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Not-for-Profit health and human service agency
Agency	For profit health and human service agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Independent Living Skills Training Services

Provider Category:
Agency
Provider Type:
Not-for-Profit health and human service agency
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.
Other Standard *(specify):*
(A) The following staff may provide Independent Living Skills Training services without supervision:
1. Licensed Master Social Worker (licensed by the NYS Education Department pursuant to Article 154 of the NYS Education Law); Licensed Clinical Social Worker (licensed by the NYS Education Department pursuant to Article 154 of the NYS Education Law); Master of Social Work, Master of Psychology, Physical Therapist (licensed by the NYS Education Department pursuant to Article 136 of the NYS Education Law), Registered Professional Nurse (registered by the NYS Education Department pursuant to Article 139 of the NYS Education Law), Certified Special Education Teacher (certified as a Special Education Teacher by the NYS Education Department), Certified Rehabilitation Counselor (certified by the Commission on Rehabilitation Counselor Certification), Licensed Speech Pathologist (licensed by the NYS Education Department pursuant to Article 159 of the NYS Education Law) or Registered Occupational Therapist (registered by the NYS Education Department pursuant to Article 156 of the NYS Education Law). Providers in Group A must have, at a minimum one (1) year of experience completing functionally based assessments, developing comprehensive treatment plans and teaching individuals with disabilities, and/or seniors to be more functionally independent; OR
2. An individual with a Bachelor's degree and two (2) years of experience completing functionally based assessments, developing comprehensive treatment plans and teaching individuals with disabilities, and/or seniors to be more functionally independent;
3. An individual with an Associate's degree with three (3) years of experience completing functionally based assessments, developing comprehensive treatment plans and teaching individuals with disabilities, and/or seniors to be more functionally independent; OR
4. An individual with a High School Diploma or equivalent and five (5) years of experience

completing functionally based assessments, developing comprehensive treatment plans and teaching individuals with disabilities, and/or seniors to be more functionally independent.
5. Any individual who met the qualifications for and was providing Independent Living Skills Training without supervision under the NHTD waiver in effect through August 31, 2010.

(B) The following staff may provide Independent Living Skills Training services with supervision by those listed in Group (A) (1) until they meet the minimum years of required work experience:
1. An individual who has the educational experience listed in Group (A) (1), but does not meet the experience qualifications; OR
2. An individual who has a Bachelor's degree and less than two (2) years of experience; OR
3. An individual who has an Associate's degree and less than three (3) years of experience; OR
4. An individual who has a High School Diploma or equivalent and less than five (5) years of experience;

(C) The following staff may provide Independent Living Skills Training services with supervision by those listed in Group (A) (1):
1. An individual who has successfully completed two (2) years of providing Home and Community Support Services or Residential Habilitation under the New York State Office of Mental Retardation and Developmental Disabilities HCBS Waiver.

For purposes of supervision, the supervisor is required to meet any potential waiver participants prior to the completion of the Detailed Plan developed by the ILST under his/her supervision; work with the ILST on completing the functional assessment of the participant; work with the ILST to re-evaluate the participant as needed, but not less than at the completion of every Revised Service Plan and whenever Addenda to the Service Plan are written; have supervisory meetings with staff on at least a bi-weekly basis; provide ongoing supervision and training to staff; and review and sign-off on all Detailed Plans.

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer must verify license, registration or certification upon hire and annually thereafter. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Independent Living Skills Training Services

Provider Category:
Agency

Provider Type:
For profit health and human service agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*
Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services

Limited Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*

Other standards are the same as above.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer must verify license, registration or certification upon hire and annually thereafter. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Moving Assistance Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Moving Assistance Services are individually designed to pack and transport a waiver participant's possessions and furnishings when he/she must be moved from an inadequate or unsafe housing situation to a viable environment that more adequately meets the waiver participant's health and welfare needs. Moving Assistance may also be utilized when the waiver participant is moving to a location where more informal supports will be available, thus allowing the waiver participant to remain in the community.

Moving Assistance is only available to waiver participants who already reside in the community. It differs from Community Transitional Services (CTS) as CTS is only available to waiver participants who are transitioning from a nursing home. The funding limits for this service are separate and apart from the limits applied to CTS, and the two services cannot be used at the same time in any approved service plan.

Note: This service does not duplicate other services available through the New York MA State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Limit of up to $5,000 per twelve (12) month period. A contract for Moving Assistance that exceeds $5,000 must be approved by NYSDOH waiver staff.

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Approved Service Coordination provider

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Moving Assistance Services

Provider Category:

Agency

Provider Type:

Approved Service Coordination provider

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Must meet qualifications of an approved Service Coordination provider as defined above.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Nutritional Counseling/Educational Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Nutritional Counseling/Educational Services is an individually designed service which provides an assessment of the waiver participant's nutritional needs and food patterns, and the planning for the provision of food and drink appropriate for the waiver participant's conditions, or the provision of nutrition education, and counseling to meet normal and therapeutic needs. In addition, these services may include planning for the provision of appropriate dietary intake within the waiver participant's home environment and cultural considerations; nutritional education regarding therapeutic diets as part of the development of a nutritional treatment plan; regular evaluation and revision of nutritional plans; and the provision of in-service education to the waiver participant, family, advocates, waiver and non-waiver staff as well as consultation on specific dietary problems of the waiver participants.

Note: This service does not duplicate other services available through the New York MA State Plan.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Not-for-profit health and human service agency
Agency	For profit health and human service agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Nutritional Counseling/Educational Services

Provider Category:
Agency
Provider Type:
Not-for-profit health and human service agency
Provider Qualifications
License *(specify):*

Certificate *(specify):*

Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.

Other Standard *(specify):*

Staff providing Nutritional Counseling/Educational Services must be registered as a Registered Dietician pursuant to Article 157 of the NYS Education Law or be registered as a Registered Nutritionist pursuant to Article 157 of the NYS Education Law, or certified by the Commission of Dietetic Registration.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Nutritional Counseling/Educational Services

Provider Category:

Agency

Provider Type:

For profit health and human service agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*

Other standards are the same as above.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Peer Mentoring

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Peer Mentoring is an individually designed service intended to improve the waiver participant's self-sufficiency, self-reliance, and ability to access needed services, goods, and opportunities in the community. This will be accomplished through education, teaching, instruction, information sharing, and self-advocacy training.

This service is for seniors and people with disabilities who are struggling to regain a self-satisfying life and may benefit from relating to another person who has been successful in this effort. A Peer Mentor is able to assist the waiver participant to overcome barriers that he or she may face in the community.

The provider of Peer Mentoring will develop an ongoing relationship with local providers of health services for mutual training, and when appropriate, referral by one entity to the other to assure that waiver participants receive the most appropriate services.

This service is provided on an individual basis; specific goals must be established for individuals receiving this service.

Peer Mentoring will primarily be available to waiver participants who have recently transitioned into the community from a nursing home or during times of crisis.

Note: This service does not duplicate other services available through the New York MA State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Not-for-profit health and human service agency
Agency	For profit health and human service agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Peer Mentoring

Provider Category:

Agency

Provider Type:

Not-for-profit health and human service agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.

Other Standard *(specify):*

Persons providing Peer Mentoring must be a senior or have a disability, successfully demonstrated the ability to maintain a productive life in the community and have at least one (1) year of paid or unpaid experience providing peer mentoring or other equivalent experience working with seniors and/or people with disabilities.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying qualifications of employees.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying qualifications of employees. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Peer Mentoring

Provider Category:

Agency

Provider Type:

For profit health and human service agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Limited Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*
Other standards are the same as above.

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying qualifications of employees.

Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying qualifications of employees. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Other Service
As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Positive and Behavioral Interventions and Supports Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Positive Behavioral Interventions and Supports (PBIS) services are individually designed for waiver participants who have significant behavioral difficulties that jeopardize their ability to remain in the community.

These services include but are not limited to: a comprehensive assessment of the participant's behavior (in the context of his/her medical diagnosis and disease progression as determined by the appropriate health or mental health professional), skills and abilities, existing and potential natural and paid supports and environment; development and implementation of a holistic structured behavioral treatment plan (Detailed Plan), including specific realistic goals which can also be utilized by other providers and informal supports; the training of family, informal supports and other providers so that they can also effectively use the basic principles of the behavioral plan; and regular reassessment of the effectiveness of the behavioral treatment plan, and adjustments to the plan as needed.

The primary focus of the Detailed Plan for this service is to decrease the intensity and/or frequency of the targeted behaviors, and to teach safer or more socially appropriate behaviors. None of these activities shall fall within the scope of the practice of mental health counseling set forth in Article 163 of the NYS Education Law.

The Detailed Plan must include a clear description of successive levels of intervention, starting with the simplest and least intrusive level. All plans must be written in a manner so that all informal and paid supports will be able to follow the plan. An emergency intervention plan is required if any indication exists of the waiver participant becoming a threat to himself/herself or to others.

The service must be provided by agencies approved by NYSDOH. The Program Director of the agency providing the service is responsible for assessing the waiver participant, and developing the PBIS plan for each waiver participant. The Program Director may perform the function of a Behavioral Specialist or supervise the

Behavioral Specialist. The Behavioral Specialist may be responsible for the development and/or implementation of the Detailed Plan under the direction of the Program Director.

The PBIS should be provided in the environment in which the significant maladaptive behavior occurs.

Note: This service does not duplicate other services available through the New York MA State Plan.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Not-for-profit health and human service agency
Agency	For profit health and human service agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive and Behavioral Interventions and Supports Services

Provider Category:
Agency
Provider Type:
Not-for-profit health and human service agency
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.
Other Standard *(specify):*
The providers listed at the left must employ a Program Director who is a:
(A) Licensed psychiatrist (licensed by the NYS Education Department pursuant to Article 131 of the NYS Education Law) with one year experience providing behavioral services; or
(B) Licensed psychologist (licensed by the NYS Education Department pursuant to Article 153 of the NYS Education Law) with one year experience in providing behavioral services; or
(C) Licensed Master Social Worker (licensed by the NYS Education Department pursuant to Article 154 of the NYS Education Law); Licensed Clinical Social Worker (licensed by the NYS Education Department pursuant to Article 154 of the NYS Education Law); Master of Social Work, Master of Psychology, Master of Gerontology, Physical Therapist (licensed by the NYS Education Department pursuant to Article 136 of the NYS Education Law), Mental Health Practitioner (licensed by NYS Education Department pursuant to Article 163 of the NYS Education Law), Registered Professional Nurse (registered by the NYS Education Department pursuant to Article 139 of the NYS Education

Law), Certified Special Education Teacher (certified by the NYS Education Department), Certified Rehabilitation Counselor (certified by the Commission on Rehabilitation Counselor Certification), Licensed Speech Language Pathologist (licensed by the NYS Education Department pursuant to Article 159 of the NYS Education Law) or Occupational Therapist (licensed by the NYS Education Department pursuant to Article 156 of the NYS Education Law). Each of the individuals in (C) must have, at a minimum, two years of experience providing neurobehavioral services; or
(D) Individual who has two (2) years of experience as a Behavioral Specialist.

A Behavioral Specialist must have at least one year of experience working with individuals and/or seniors with disabilities, or behavioral difficulties and be a:
(A) Person with a Bachelor's degree; or
(B) Licensed Practical Nurse (licensed by the NYS Education Department pursuant to Article 139 of the NYS Education Law); or
(C) Certified Occupational Therapy Assistant (certified by the NYS Education Department pursuant to Article 156 of the NYS Education Law); or
(D) Physical Therapy Assistant (certified by the NYS Education Department pursuant to Article 136 of the NYS Education Law).

The Behavioral Specialist must be supervised by the Program Director.
Supervision must occur no less than biweekly to review the caseload and must be more frequent when there is a new waiver participant, new provider or when significant behavioral issues arise.

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer must verify license, registration or certification upon hire and annually thereafter. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive and Behavioral Interventions and Supports Services

Provider Category:
Agency

Provider Type:
For profit health and human service agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*
Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Limited Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*
Other standards are the same as above.

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer must verify license, registration or certification upon hire and annually thereafter. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:
Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Respiratory Therapy Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (•) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Respiratory Therapy is an individually designed service, specifically provided in the home, intended to provide preventative, maintenance, and rehabilitative airway-related techniques and procedures. Respiratory Therapy services include application of medical gases, humidity and aerosols; intermittent positive pressure; continuous artificial ventilation; administration of drugs through inhalation and related airway management; individual care; and instruction administered to the waiver participant and informal supports.

Note: This service does not duplicate other services available through the New York MA State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Providers of Respiratory Therapy and Equipment
Agency	Certified Home Health Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Respiratory Therapy Services

Provider Category:
Agency
Provider Type:
Providers of Respiratory Therapy and Equipment
Provider Qualifications
License *(specify):*
Certificate *(specify):*
Other Standard *(specify):*
Staff providing Respiratory Therapy must be currently licensed as a Respiratory Therapist pursuant to Article 164 of the NYS Education Law.
Verification of Provider Qualifications
Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.
Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Respiratory Therapy Services

Provider Category:
Agency
Provider Type:
Certified Home Health Agency
Provider Qualifications
License *(specify):*
Licensed under Article 36 of the NYS Public Health Law.
Certificate *(specify):*
Other Standard *(specify):*
Staff providing Respiratory Therapy must be currently licensed as a Respiratory Therapist pursuant to Article 164 of the NYS Education Law.

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:
Structured Day Program Services

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- (●) **Service is included in approved waiver. There is no change in service specifications.**
- ( ) **Service is included in approved waiver. The service specifications have been modified.**
- ( ) **Service is not included in the approved waiver.**

Service Definition *(Scope):*
Structured Day Program Services are individually designed services provided in an outpatient congregate setting or in the community, to improve or maintain the waiver participant's skills and ability to live as independently as possible in the community. Services may include assessment, training and supervision to an individual with regard to self-care, task completion, communication skills, interpersonal skills, problem-solving skills, socialization, sensory/motor skills, mobility, community transportation skills, reduction/elimination of maladaptive behaviors, money management skills and ability to maintain a household.

This service may augment other services, as well as Medicaid State Plan services when reinforcement of skills is necessary. This is because of the difficulty that many individuals have with transferring or generalizing skills learned in one setting to other settings, and the need for consistent reinforcement of skills. The participant's Service Plan should address how the services are complimentary and not duplicative. This service is intended to provide an opportunity for the waiver participant to continue to strengthen skills that are necessary for greater independence, improved productivity and/or increased community inclusion.

The Structured Day Program may be provided within a variety of settings and with very different goals. Waiver participants may choose to participate in a Structured Day Program that emphasizes basic work skills, such as punctuality, problem solving and effectively communicating with co-workers and supervisors. Structured Day Programs may focus on specific job skills, such as computer operation or cooking or when employment is not an immediate or long-term goal, services may focus on socialization skills.

The Structured Day Program is responsible for providing appropriate and adequate space to meet the functional needs of the waiver participants served. The program must provide adequate safety protection for the program waiver participants, including periodic fire drills, and must be located in a building that meets all provisions of the NYS Uniform Fire Prevention and Building Codes. Access to the program must meet and adhere to

requirements of the Americans with Disabilities Act. The RRDS or NYSDOH waiver staff may determine the appropriateness of the physical space for NHTD waiver participants.

Note: This service does not duplicate other services available through the New York MA State Plan.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- [ ] **Participant-directed as specified in Appendix E**
- [x] **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- [ ] **Legally Responsible Person**
- [ ] **Relative**
- [ ] **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Not-for-Profit health and human service agency
Agency	For profit health and human service agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Structured Day Program Services

Provider Category:
Agency
Provider Type:
Not-for-Profit health and human service agency
Provider Qualifications
License *(specify):*

Certificate *(specify):*
Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.
Other Standard *(specify):*
The Structured Day Program Director must be a:
(A) Licensed Master Social Worker (licensed by the NYS Education Department pursuant to Article 154 of the NYS Education Law); Licensed Clinical Social Worker (licensed by the NYS Education Department pursuant to Article 154 of the NYS Education Law); Master of Social Work; Master of Psychology; Master of Counseling Psychology; Master of School Psychology; Master of Gerontology; Physical Therapist (licensed by the NYS Education Department pursuant to Article 136 of the NYS Education Law); Registered Professional Nurse (licensed by the NYS Education Department pursuant to Article 139 of the NYS Education Law); Certified Special Education Teacher (certified as a Special Education Teacher by the NYS Education Department); Certified Rehabilitation Counselor (certified as a Certified Rehabilitation Counselor (CRC) by the Commission on Rehabilitation Counselor Certification); Licensed Speech Pathologist (licensed by the NYS Education Department pursuant to Article 159 of the NYS Education Law); or an Occupational Therapist (licensed by the NYS Education Department pursuant to Article 156 of the NYS Education Law).

Individuals in Group (A) must have, at a minimum, one (1) year of experience providing functional assessments, Positive Behavioral Interventions and Supports or Structured Day Program services to individuals with disabilities, and/or seniors: OR
(B) be an individual with a Bachelor's degree or higher, in social work, psychology, gerontology, or other related field and two (2) years of experience providing functional assessments, Positive Behavioral Interventions and Supports or Structured Day Program services to individuals with disabilities, and/or seniors.

The Structured Day Program must be available to provide hands-on assistance to participants, and therefore, must have at least one (1) employee with previous training as a PCA or CNA available to participants at all times. In addition to a required Program Director and staff with PCA/CNA training, a Structured Day Program may employ additional program staff. Program staff must be at least 18 years old; be able to follow written and verbal instructions; and have the ability and skills necessary to meet the waiver participant's needs in a Structured Day Program.

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:
Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer must verify license, registration or certification upon hire and annually thereafter. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Structured Day Program Services

Provider Category:
Agency

Provider Type:
For profit health and human service agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*
Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Limited Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*
Other standards are the same as above.

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH waiver staff and/or its contractors for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer must verify license, registration or certification upon hire and annually thereafter. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Wellness Counseling Service

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one **:**

- ○ **Service is included in approved waiver. There is no change in service specifications.**
- ◉ **Service is included in approved waiver. The service specifications have been modified.**
- ○ **Service is not included in the approved waiver.**

Service Definition *(Scope):*

Wellness Counseling is an individually designed service intended to assist the medically stable waiver participant in maintaining an optimal health status. A Registered Professional Nurse assists the waiver participant to identify his/her health care needs and provides guidance to minimize, or in some cases prevent acute episodes of disease and utilize health care resources efficiently and effectively.

This service differs from Medicaid (MA) State Plan Nursing Service as the wellness counseling is provided as a discrete service to medically stable individuals.

Through Wellness Counseling, a Registered Professional Nurse (RN) can reinforce or teach healthy habits such as the need for daily exercise, weight control, or avoidance of smoking. Additionally, the RN is able to offer support for control of diseases or disorders such as high blood pressure, diabetes, morbid obesity, asthma or high cholesterol.

In addition to these services, the Registered Professional Nurse can assist the waiver participant to identify signs and symptoms that may require intervention to prevent further complications from the disease or disorder. If potential complications are identified, the RN will counsel the waiver participant about appropriate interventions including the need for immediate medical attention or contact the waiver participant's physician for referral to traditional MA State Plan services.

Note: This service does not duplicate other services available through the New York MA State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

It will be limited to no more than 12 visits in a calendar year and will occur on an as needed basis.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Certified Home Health Agency
Agency	Licensed Home Care Services Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Wellness Counseling Service

Provider Category:

Agency

Provider Type:

Certified Home Health Agency

Provider Qualifications

License *(specify):*

Licensed under Article 36 of the NYS Public Health Law.

Certificate *(specify):*

Other Standard *(specify):*

Staff providing Wellness Counseling Service must be a Registered Professional Nurse pursuant to Article 139 of the NYS Educational Law.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors for provider (practitioners) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Wellness Counseling Service

Provider Category:

Agency

Provider Type:

Licensed Home Care Services Agency

Provider Qualifications

License *(specify):*

Licensed under Article 36 of the NYS Public Health Law.

Certificate *(specify):*

Other Standard *(specify):*

Staff providing Wellness Counseling Service must be a Registered Professional Nurse pursuant to Article 139 of the NYS Educational Law.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors for provider (practitioners) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH waiver staff will verify employee qualifications and certifications through the NYSDOH surveys and/or audits.

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

b. Provision of Case Management Services to Waiver Participants. Indicate how case management is furnished to waiver participants (*select one*):

- ○ **Not applicable** - Case management is not furnished as a distinct activity to waiver participants.
- ◉ **Applicable** - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

- ☑ **As a waiver service defined in Appendix C-3.** *Do not complete item C-1-c.*
- ☐ **As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option).** *Complete item C-1-c.*
- ☐ **As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management).** *Complete item C-1-c.*
- ☐ **As an administrative activity.** *Complete item C-1-c.*

c. Delivery of Case Management Services. Specify the entity or entities that conduct case management functions on behalf of waiver participants:

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

a. Criminal History and/or Background Investigations. Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):

- ○ **No. Criminal history and/or background investigations are not required.**
- ◉ **Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

In accordance with Article 28-E of the Public Health Law and Executive Law 845-b, every residential health care facility (RHCF) which is licensed under Article 28 of the Public Health Law, and any certified home health agency, licensed home care services agency or long term home health care program, certified, licensed or authorized under Article 36 of the Public Health Law, to provide services to patients, residents or clients shall request a criminal history record check, by the Department of Health (NYSDOH), for each prospective employee who will be providing direct care or supervision to patients, residents or clients. The term "employee" does not include persons licensed pursuant to Title 8 of the Education Law or Article 28-D of the Public Health Law such individuals as nurses, physical therapists, and occupational therapists, or volunteers. Part 402 of Title 10 of the Official Compilation of Codes, Rules and Regulations for the State of New York (NYCRR) establishes the process for conducting the background investigation and the standards for review by NYSDOH.

Each provider must develop and implement written policies and procedures that include protecting the safety of persons receiving services from temporary employees consistent with the regulations (e.g., appropriate direct observation and evaluation pending review and employment eligibility determination). A provider requesting a criminal history record check obtains the fingerprints accompanied by two forms of identification to be submitted to NYSDOH. Providers must maintain and retain current records, including a roster of current employees who have been reviewed, to which NYSDOH shall have immediate and unrestricted access for the purpose of monitoring compliance.

Verification of compliance with the criminal history record check regulations are included in NYSDOH surveillance processes. At the time of surveillance, NYSDOH surveyors utilize a standardized tool to evaluate compliance with the criminal history background checks regulations. If a provider is found to be not in compliance with the regulations, a statement of deficiency(ies) is issued for which the provider must provide a plan of correction. Licensed Home Care Agencies and Certified Home Health Agencies are surveyed, at a minimum, once every three (3) years, and RHCF entities are surveyed on the average of once a year.

b. Abuse Registry Screening. Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (select one):

- (●) **No. The State does not conduct abuse registry screening.**
- ( ) **Yes. The State maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

c. Services in Facilities Subject to §1616(e) of the Social Security Act. *Select one:*

- ( ) **No. Home and community-based services under this waiver are not provided in facilities subject to §1616 (e) of the Act.**
- (●) **Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).**

i. Types of Facilities Subject to §1616(e). Complete the following table for each type of facility subject to §1616(e) of the Act:

Facility Type
Adult Care Home

Residential Programs for Adults
Enriched Housing

ii. Larger Facilities: In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

The OLTC surveillance staff, through its survey process, evaluates the home and community character of Adult Care Homes, enriched housing programs and residences for adults.

Adult Care Homes are established and operated for the purpose of providing long-term residential care, room, board, housekeeping, personal care and supervision to five or more adults unrelated to the operator. Adult Care Homes are congregate facilities in which residents can choose their room based on availability. Adult Care Homes provide for a minimum of three congregate meals in communal dining areas and an evening snack. Residents are also permitted to keep food in their room if desired. Residents are encouraged to participate in facility and community activities. In addition, each Adult Care Home has a diversified program of individual and group activities that provides for activities within the facility and arranges for resident participation in community-based and community-sponsored activities. Each resident has the opportunity to have private communications. Each Adult Care Home must provide, without charge, space for residents to meet privately with service providers. Adult Care Home residents are permitted to leave and return to the facility at reasonable hours. Residents may also choose their own community-based health care providers, have their own motor vehicles and furnish, decorate, and maintain their rooms.

Enriched Housing Programs are adult-care facilities established and operated for the purpose of providing long-term residential care to five or more adults, primarily persons 65 years of age or older, in community-integrated settings resembling independent housing units. Such programs provide or arrange the provision of room, and provide board, housekeeping, personal care and supervision. Enriched Housing Programs must serve at a minimum, one hot midday or evening meal per day seven days a week in a congregate setting. In addition, residents have free access to kitchen facilities for the purpose of preparing their own non-congregate meals and snacks and may keep food in their housing unit as desired. Enriched Housing staff assist residents, to the extent necessary, with shopping, preparation and clean-up of non-congregate meals. Residents are encouraged to maintain family and community ties and to develop new ones, as well as participate in community activities. Each resident has the opportunity to have private communications. Enriched Housing Programs provide, free of charge, space for residents to meet in privacy with service providers. Residents are able to leave and return to the facility as desired. In addition, residents may choose their own community-based health care providers, have their own motor vehicles and furnish, decorate, and maintain their own housing unit.

The purpose of Residential Programs for Adults is to provide residential services to support and assist individuals diagnosed with a severe and persistent mental illness with their goal of integration into the community. Services provided in such programs focus upon intensive, goal-oriented intervention, within a structured program setting, to address issues identified by and specific to resident’s needs regarding community integration or goal oriented interventions, focusing on improving or maintaining skills to enable a resident to remain living in community housing. Types of residential programs include apartment and congregate living. No more than two persons can share a bedroom and each resident must have at least seventy-five (75) square feet of living space if sharing a bedroom. Residents may furnish, decorate, and maintain their rooms. The program provides room and board within stable housing with on-site services, supported by transportation activities and other services within the community.

Individuals living in NYS Residential Programs for Adults include the aged and physically disabled. Residents in Adult Care Homes eat in a communal dining area, and do not have full access to a kitchen with cooking facility; Residential Programs for Adults include apartment and congregate living, and access varies upon the communal situation.

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

Adult Care Home

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Independent Living Skills Training Services	☑
Peer Mentoring	☐
Moving Assistance Services	☑
Assistive Technology	☑
Congregate and Home Delivered Meals Services	☐
Structured Day Program Services	☐
Community Integration Counseling Services	☑
Environmental Modifications Services	☐
Community Transitional Services	☑
Nutritional Counseling/Educational Services	☐
Positive and Behavioral Interventions and Supports Services	☑
Service Coordination	☑
Home and Community Support Services	☑
Respite	☐
Home Visits by Medical Personnel	☑
Wellness Counseling Service	☑
Respiratory Therapy Services	☑

Facility Capacity Limit:

200 beds

Scope of Facility Sandards. For this facility type, please specify whether the State's standards address the following topics (*check each that applies*):

Scope of State Facility Standards

Standard	Topic Addressed
Admission policies	☑
Physical environment	☑
Sanitation	☑
Safety	☑
Staff : resident ratios	☑
Staff training and qualifications	☑
Staff supervision	☑
Resident rights	☑

Medication administration	☑
Use of restrictive interventions	☑
Incident reporting	☑
Provision of or arrangement for necessary health services	☑

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

Residential Programs for Adults

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Independent Living Skills Training Services	☑
Peer Mentoring	☐
Moving Assistance Services	☑
Assistive Technology	☑
Congregate and Home Delivered Meals Services	☐
Structured Day Program Services	☐
Community Integration Counseling Services	☑
Environmental Modifications Services	☐
Community Transitional Services	☑
Nutritional Counseling/Educational Services	☐
Positive and Behavioral Interventions and Supports Services	☑
Service Coordination	☑
Home and Community Support Services	☑
Respite	☐
Home Visits by Medical Personnel	☑
Wellness Counseling Service	☑
Respiratory Therapy Services	☑

Facility Capacity Limit:

48 beds

Scope of Facility Sandards. For this facility type, please specify whether the State's standards address the following topics (*check each that applies*):

Scope of State Facility Standards

Standard	Topic Addressed
Admission policies	☑
Physical environment	☑
Sanitation	☑
Safety	☑
Staff : resident ratios	☑
Staff training and qualifications	☑
Staff supervision	☑
Resident rights	☑
Medication administration	☑
Use of restrictive interventions	☑
Incident reporting	☑
Provision of or arrangement for necessary health services	☑

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

Enriched Housing

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Independent Living Skills Training Services	☑
Peer Mentoring	☐
Moving Assistance Services	☑
Assistive Technology	☑
Congregate and Home Delivered Meals Services	☐
Structured Day Program Services	☐
Community Integration Counseling Services	☑

Environmental Modifications Services	☐
Community Transitional Services	☑
Nutritional Counseling/Educational Services	☐
Positive and Behavioral Interventions and Supports Services	☑
Service Coordination	☑
Home and Community Support Services	☑
Respite	☐
Home Visits by Medical Personnel	☑
Wellness Counseling Service	☑
Respiratory Therapy Services	☑

Facility Capacity Limit:

N/A

Scope of Facility Sandards. For this facility type, please specify whether the State's standards address the following topics (*check each that applies*):

Scope of State Facility Standards

Standard	Topic Addressed
Admission policies	☑
Physical environment	☑
Sanitation	☑
Safety	☑
Staff : resident ratios	☑
Staff training and qualifications	☑
Staff supervision	☑
Resident rights	☑
Medication administration	☑
Use of restrictive interventions	☑
Incident reporting	☑
Provision of or arrangement for necessary health services	☑

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

d. Provision of Personal Care or Similar Services by Legally Responsible Individuals. A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one*:

- (●) **No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.**
- ( ) **Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of ***extraordinary care*** by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.*

e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians. Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one*:

- (●) **The State does not make payment to relatives/legal guardians for furnishing waiver services.**
- ( ) **The State makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

- ( ) **Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.**

Specify the controls that are employed to ensure that payments are made only for services rendered.

- ( ) **Other policy.**

Specify:

f. Open Enrollment of Providers. Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

NYSDOH waiver staff and/or its contractors pursue an aggressive outreach and publicity program to provide the opportunity for willing and qualified providers to apply as a Medicaid waiver service provider. NYSDOH has a multilevel process for assuring qualified providers serve waiver participants.

NYSDOH waiver staff and/or its contractors conduct statewide regional meetings and other informational sessions to educate the community at large about the NHTD waiver. Regional Resource Development Center (RRDC) staff facilitate meetings with interested providers to inform them of the opportunities to provide waiver services.

NYSDOH publishes outreach and publicity materials to provide necessary information about the NHTD waiver program. Public outreach will continue through press releases, articles and other approved media outlets to ensure equity of opportunity.

The approved NHTD waiver application and program manual are posted on the NYSDOH website, providing ready access to waiver information for all potential providers. Interested entities may apply at anytime to enroll as waiver service providers. The provider must submit an application to RRDC staff demonstrating compliance with the qualifications and competencies necessary to meet waiver participant needs. In addition, the provider must complete the eMedNY provider enrollment process to verify compliance with all federal and State requirements for Medicaid participation.

Any willing, qualified and enrolled waiver provider may apply to be approved for additional services or as a provider in another geographic region at any time.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

i. Sub-Assurances:

a. ***Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.***

Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percentage of new waiver provider applications that demonstrate compliance with required qualifications and competencies required for NHTD service provision.

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid**	☐ **Weekly**	☑ **100% Review**

Agency		
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Other
If 'Other' is selected, specify:
Reports from OLTC Surveillance Unit

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:

	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percentage of providers that demonstrate continuous compliance with required qualifications and competencies required for NHTD service provision.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:

	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Other
If 'Other' is selected, specify:
Reports from OLTC Surveillance Unit

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*

☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.***

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percentage of non-licensed and non-certified provider applicants that meet provider qualifications in accordance with State law and/or waiver requirements.

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe

		Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Other
If 'Other' is selected, specify:
Review of provider enrollment applications

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*

☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percentage of non-licensed and non-certified providers that continue to meet provider qualifications where applicable in accordance with State law and waiver requirements.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

c. ***Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.***

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percentage of NHTD waiver providers, where applicable, meeting provider training requirements.

Data Source (Select one):
Training verification records
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval =

		95%
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

NYSDOH verifies that waiver providers initially meet required licensure and/or certification standards through an extensive review of documents submitted with the enrollment application, including resumes, licenses, certifications, or contracts. In addition, various State websites and recommendations from the OLTC Surveillance Unit, and other State agencies, including the NYS Office for the Aging, Department of State, and Office of Medicaid Inspector General are utilized.

Verification that service providers continue to meet required licensure and/or certification standards is conducted through the Department's three year surveillance cycle policy. In addition, licensure and/or certification may be reviewed during complaint investigations or at the request of NYSDOH waiver staff. If findings of the survey reveal deficient practices, the provider is required to submit a plan of correction or may be disenrolled as a provider of waiver services. Based on the scope and severity of deficiencies identified, NYSDOH may conduct a follow-up survey with the provider to determine if the plan of correction was

implemented sufficiently and within the specified timeframes.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
The remediation process is initiated when RRDC or NYSDOH waiver staff identify a lack in the quality of provided services or any other provider issue related to administration of the NHTD waiver.

In such situations, the standard procedure is for NYSDOH and RRDC staff to discuss the situation and collaboratively develop a plan of correction. Implementation and compliance with the plan of correction is monitored by NYSDOH and RRDC staff.

If the plan of correction require a change in the participant's service, the NYSDOH waiver staff and the RRDC will work cooperatively to address the service deficiency and, when necessary, transition the participant to another NHTD waiver service provider. To ensure continuity of service during the transition period, the original provider will be required to transfer the NHTD participant's records and other pertinent documents to the new provider.

If the deficiency involves a service provider and implementation of the plan of correction does not sufficiently meet program requirements, including failure to maintain required qualification standards, the provider may be deemed unfit to continue to provide NHTD waiver services. Such providers may be put on vendor hold or disenrolled as a waiver service provider. In these situations, NYSDOH waiver staff shall issue a letter terminating the NHTD waiver provider status.

NYSDOH verifies provider training in accordance with State requirements through surveys conducted by the DOH Surveillance Unit conducted at a minimum of every three years. If findings of the survey reveal deficient practice regarding provider training, the provider is required to submit a plan of correction or may be disenrolled as a provider of waiver services.

Documentation of remediation activities is accomplished by the following measures: correspondence among NYSDOH waiver staff, the RRDC, participants and their legal guardians, and/or service providers; amended service plans; findings from retrospective record reviews and reports of follow-up meetings with participants; and the results of NYSDOH annual site visits. All such documents are maintained in the participant's case file and, as appropriate, by NYSDOH/OLTC.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

- (●) **No**
- ( ) **Yes**

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

a. Additional Limits on Amount of Waiver Services. Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

- (●) **Not applicable** - The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.
- ( ) **Applicable** - The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

- [ ] **Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
  Furnish the information specified above.

- [ ] **Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
  Furnish the information specified above.

- [ ] **Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
  Furnish the information specified above.

- [ ] **Other Type of Limit.** The State employs another type of limit.
  Describe the limit and furnish the information specified above.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (1 of 8)

State Participant-Centered Service Plan Title:
Initial and Revised Service Plan

a. Responsibility for Service Plan Development. Per 42 CFR §441.301(b)(2), specify who is responsible for the development of the service plan and the qualifications of these individuals *(select each that applies):*

- ☐ **Registered nurse, licensed to practice in the State**
- ☐ **Licensed practical or vocational nurse, acting within the scope of practice under State law**
- ☐ **Licensed physician (M.D. or D.O)**
- ☑ **Case Manager** (qualifications specified in Appendix C-1/C-3)
- ☐ **Case Manager** (qualifications not specified in Appendix C-1/C-3).

  Specify qualifications:

- ☐ **Social Worker.**

  Specify qualifications:

- ☑ **Other**

  Specify the individuals and their qualifications:

  RRDC staff – qualifications specified in Appendix C-3 for Service Coordination

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (2 of 8)

b. Service Plan Development Safeguards. *Select one:*

- ○ **Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.**
- ◉ **Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.**

  The State has established the following safeguards to ensure that service plan development is conducted in the best interests of the participant. *Specify:*

  The following safeguards ensure that the service plan development is conducted in the best interest of the waiver participant and assurance of provider choice:

  1. The applicant first meets with staff from the Regional Resource Development Center (RRDC), which is a contractual agent of NYSDOH. The RRDC staff provides information about the waiver services and waiver service providers. The RRDC staff explains to the applicant that he or she has a choice of all waiver service providers and encourages the waiver applicant to interview SC agencies in order to make an informed choice.

  The RRDC staff may provide Interim Service Coordination service for up to the first six (6) months of enrollment, until the Service Coordination selection process is completed by the applicant. In this instance,

RRDC staff initiates and develops the Initial Service Plan and Application Packet with the applicant;

2. The applicant must sign a Service Coordination Selection Form indicating that he/she understands that he/she is entitled to choose a SC and choose approved providers for other waiver services;

3. The SC provides the applicant with a list of all approved waiver providers;

4. The applicant must sign the Provider Selection Form, which is attached to the list of names of the approved waiver service providers in his/her region. By signing the form, the applicant is affirming that he/she was given a choice of approved waiver providers;

5. On an annual basis, the participant reviews and signs the Participant Rights and Responsibilities Form, which describes the right to choose and change waiver service providers as requested. The participant maintains a copy of the signed form, as does the RRDC and SC in the participant's record;

6. Participants' choice is inherent to the Service Plan development process. The SC is responsible for providing unbiased and comprehensive information to the participant about available services and service providers;

7. The applicant's signature is required on the Initial Service Plan, the revised service plans, and any addendums to the service plan. The participant's signature indicates that the participant agrees with the information that is included in the service plan, and includes the services requested and the chosen providers of the services;

8. If the participant does not want to sign the Service Plan, the waiver participant is given the opportunity for a conference with NYSDOH waiver staff and/or a Fair Hearing;

9. The participant has the right to change waiver service providers at any time during the period covered by an approved Service Plan. With the assistance of his/her SC, the participant completes a Change of Provider Form, which is then sent to the Regional Resource Development Specialist (RRDS). The RRDS sends a Verification of Provider Change Form to the participant, the SC and the current and new waiver service providers. If the participant wishes to change SCs, the participant contacts the RRDS. The RRDS will provide information to the participant about providers of SC and assist the participant with completing the Change of Provider Form;

10. A complaint line has been established for participants to call if they believe their rights are being violated. All calls will be investigated promptly;

11. NYSDOH waiver staff, through the RRDS, and/or surveillance staff, will investigate all complaints and implement remedial action as appropriate;

12. NYSDOH/OLTC surveillance staff will survey approximately thirty percent (30%) of all waiver service providers each year and more frequently if NYSDOH waiver staff identify concerns about a provider's adherence to policies, including the right of a participant to choose his or her waiver service provider(s). If the survey identifies trends that indicate a waiver service provider is not giving a waiver participant a choice, the waiver service provider is subject to remedial action which may include termination of the Waiver Provider Agreement with NYSDOH;

13. The participant is given a contact list that contains the phone numbers of the RRDS and NYSDOH waiver staff in case any concerns arise;

14. Participants are surveyed using a standardized survey tool to obtain feedback about the services and supports that they receive under the NHTD waiver. This survey includes questions about the waiver participant's satisfaction with the amount of choice and control that the participant has over his or her services and over his or her providers of service;

15. The RRDS reviews each Service Plan to assure it meets the assessed need of the participant and reflects waiver participant choice;

16. NYSDOH waiver staff conducts a random retrospective record review using a statistically appropriate sample size determined by the software program available at the Raosoft website to allow valid analysis and conclusions to be drawn from the results. Sample size will be based on a ninety-five (95%) confidence level with a margin of error of ± 5% (p is less than or equal to .05).

17. Additional evaluation of the service plan may include a review of paid Medicaid claims corresponding to the

services in the service plan. This review includes patterns of utilization and reimbursement that the SC agency receives on a statewide and regional basis. If aberrant patterns of self-interest are discovered, the reasons for this pattern will be explored. This additional evaluation may include a more focused exploration of a larger sample of the provider's billing. Action will be taken as necessary, including providing training to the SC provider on participant rights, interviewing participants, surveys and/or audits and, if warranted, termination of the NHTD Provider Agreement.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (3 of 8)

c. Supporting the Participant in Service Plan Development. Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

The RRDS provides detailed information during the intake process to the waiver participant and/or legal guardian regarding the purpose of the NHTD waiver, the philosophy of the NHTD waiver, available services, the application and Service Plan development process, role of the SC and a list of available agencies. The waiver participant may include any person of his/her choosing to assist in the development of the Service Plan.

Waiver participants with limited fluency in English must have access to services without undue hardship. RRDC staff make arrangements to provide interpretation or translation services for waiver participants who require these services. This may be accomplished through a variety of means, including: employing bi-lingual staff, resources from the community (e.g. local colleges), and contracted interpreters. Non-English speaking waiver participants may bring a translator of their choice with them to meetings with waiver providers and/or the RRDS. However, waiver applicants or participants are not required to bring their own translator, and waiver applicants or participants cannot be denied access to waiver services on the basis of a RRDC contractor's difficulty in obtaining qualified translators.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (4 of 8)

d. Service Plan Development Process. In four pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available under the waiver; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how waiver and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; and, (g) how and when the plan is updated, including when the participant's needs change. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Service Plan development begins immediately and should be completed within thirty (30) days upon acceptance of the waiver applicant by the chosen Service Coordination (SC) agency. The SC assists the waiver applicant with the waiver application process. He/she will assist the waiver applicant in the development of the individualized service plan, and will include those individuals chosen by the waiver applicant to participate in the process. The goal of the Service Plan is to increase the waiver applicant's independence, productivity and integration into the community while assuring the applicant's health and welfare. Once the individual is enrolled in the waiver, the SC will monitor the provision of all services in the Service Plan.

Identification of the waiver applicant's strengths, abilities, and preferences are the starting point for developing the Service Plan. Each Service Plan includes an assessment of the individual to determine the services needed to prevent institutionalization. The assessment process is completed utilizing a multi-faceted approach, which may include self-assessment, speaking with significant others, service providers, facility staff or any other entity who has had recent contact with the waiver applicant.

The assessment includes identification of:

• Waiver participant's goals,
• Actions to help the waiver participant fulfill his/her goals,
• Actions to assist the waiver participant to become a member of the community,
• Actions to assist the waiver participant to be more independent, and
• Actions to address the waiver participant's concerns or fears.

The Initial Service Plan will include relevant information that assists in clarifying the strengths and needs of the waiver applicant. The planning process for a waiver applicant being deinstitutionalized includes obtaining the final summary of care and the post discharge plan that is prepared by the facility. This may include speaking with staff affiliates involved in a recent discharge from a hospital, staff affiliated with a home health care agency, a rehabilitation agency or others involved with the waiver applicant. The SC needs a full and accurate picture of the waiver applicant's preferences including family, marriage, living situation, recreation or leisure time, physical and mental health, spiritual, vocation or job and community service. The assessment includes the following: demographic information, description of the individual in person-centered terms, psycho-social history and a needs assessment. The assessment also includes an evaluation of risk factors that will be addressed in the Plan for Protective Oversight (PPO). The PPO is discussed in detail in Section D-1 e.

The waiver applicant first becomes aware of the available services through the interview process conducted by the RRDS at the time of the preliminary screening. The SC reviews the services with the waiver applicant during the initial assessment process and presents options for meeting the needs and preferences that the waiver applicant deems to be important. The Service Plan is based primarily on the waiver applicant's choice of services and providers, and reflects the dignity to risk and right to fail. The waiver applicant has the opportunity to have family, friends or/and advocates participate in the development of the Service Plan. However, the request by a capable waiver applicant that a representative not be allowed to participate in the process will be respected unless the representative is a guardian appointed by the court.

The development of the Service Plan is an ongoing process that continues to evolve as the waiver participant requests revisions, experiences significant changes, or as new service options become available. The SC is crucial to the waiver participant's success in the community because the SC works with the waiver participant in the development, implementation, monitor and evaluate the Service Plan.

The Service Plan that the SC and the waiver participant complete contains waiver services, Medicaid State Plan and/or other services to be furnished, the amount, frequency and duration of each service, and the provider who will furnish each service. This part of the assessment includes the waiver service providers who provide a Detailed Plan to the SC. The Service Plan is the essential tool that clearly states responsibility and supports for each of the services that the waiver participant needs based on a comprehensive, person centered assessment. The Service Plan is updated every six months or upon any of the following occurrences: a significant change in the participant's needs for support and services; the participant's life situation changes; or when a change is requested by the waiver participant. D-2-a continues information on Implementation and Monitoring of Service Plans.

The Service Plan specifies all supports to be provided to the waiver participant, including: informal caregivers (i.e. family, friends, and natural supports), Federal and State funded services, Medicaid State Plan services, and waiver services. Waiver services are provided when informal or formal supports are not available to meet the participant's needs. Waiver services may also be accessed when it is more efficient or cost-effective than Medicaid State Plan services.

Further assessments of specific skills of the waiver participant are included as a component of the activities associated with waiver services. If the waiver participant's level of skill changes, there will be an appropriate adjustment in the type and amount of the waiver services provided.

The SC assists the waiver participant in obtaining and coordinating the services that are outlined in the Service Plan. The Service Plan must reflect coordination between all providers involved with the waiver participant. Input also must be obtained from agencies other than waiver service providers that authorize and/or directly provide needed services, such as MA State Plan services.

Every service plan and addendum also includes a signed Plan of Protective Oversight (PPO). The PPO explicitly states the individuals who are responsible for assisting the waiver participant with daily activities/emergencies, medication management, and financial transactions. Safety issues and back-up plans are also included. The PPO is a system in place to reduce risk and address safety issues. The PPO addresses back-up issues for activities that are directly related to health and welfare.

The service plan must reflect that the waiver participant was actively involved in its development. By signing the

service plan, the waiver participant acknowledges that he/she has contributed to the development of the service plan, and agrees with its contents.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (5 of 8)

e. Risk Assessment and Mitigation. Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

The NHTD waiver recognizes the waiver participant's dignity and right to personal risk, and balances this with the State's responsibilities to assure health and welfare, and the waiver participant's right to select his/her services and providers. Obtaining an accurate picture of what services and supports are needed to maintain the health and welfare of the waiver participant is critical. Through the development of the service plan, which includes the detailed plan completed by each service provider, a comprehensive understanding of the waiver participant's level of skills is obtained. This provides the background to understand the areas of activities that may present risks to the waiver participant and the extent of that risk. Each waiver service provider is responsible for providing feedback to the waiver participant. Every effort is made to assist the waiver participant to understand the risks that may be associated with his/her performance of Activities of Daily Living (ADL). The waiver participant has the right to accept or reject assistance with or modifications to these activities.

There may come a point when the waiver participant's choices are such that the waiver program will not be able to assure his/her health and welfare in the community. This concern is discussed with the waiver participant and could occur at a Team Meeting where the participant is present. In addition to the participant, all waiver service providers are invited to attend the Team Meetings. Team Meetings are held at least every six (6) months, any time that the service plan is revised and any time necessary to discuss and mitigate participant risk. If the waiver participant's health and welfare can be assured, then the waiver participant can remain in the waiver. If this is not possible, then the waiver participant is issued a Notice of Decision, indicating discontinuance from the waiver with Fair Hearing rights attached.

Every service plan and addendum also includes a signed Plan of Protective Oversight (PPO). The PPO explicitly states the individuals who are responsible for assisting the waiver participant with daily activities, medication management, and financial transactions. Safety issues directly related to the health and welfare of the participant and back-up plans are also included. The PPO is a system in place to reduce risk and address safety issues. The PPO addresses back-up issues related to the unscheduled absence of natural/informal supports or services that may negatively impact the health and welfare of a participant. The SC is responsible for assuring that the activities outlined in the PPO are carried out and are sufficient to protect the participant's health and welfare.

Back up arrangements may include availability and use of family members or other informal supports, i.e. neighbor or friend of the participant's choice, to assist the participant with Activities of Daily Living skill development, medication management or other interventions directly related to health and safety.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (6 of 8)

f. Informed Choice of Providers. Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

The Regional Resource Development Specialist (RRDS) is responsible for providing the waiver applicant with a list of SC agencies and encourages him/ her to select an agency on the basis of the interviewing process. The RRDS is also responsible to review all completed selection forms to assure participant choice is provided.

The SC is responsible for ensuring that a waiver applicant signs a SC Selection form during the application process, indicating that he/she has been informed of all approved waiver service providers within their region. The Participant Rights and Responsibilities Form, which is signed by the participant annually, describes the waiver participant's right

to choose and change waiver service providers. The SC is responsible for assuring that the waiver participant knows about his/her ability to choose or change waiver service providers, and assisting the waiver participant in doing so, if necessary. A process and forms are in place to facilitate transition to a new provider.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (7 of 8)

g. Process for Making Service Plan Subject to the Approval of the Medicaid Agency. Describe the process by which the service plan is made subject to the approval of the Medicaid agency in accordance with 42 CFR §441.301(b)(1)(i):

The RRDS reviews and approves all service plans. Once the initial service plan is developed and agreed to by the applicant, the RRDS makes a determination as to waiver enrollment.

During the interim period, service plans are revised through an addendum process as needed due to a change in the participant's condition, or at the request of the waiver participant. RRDS reviews the service plans to assure that waiver services are utilized appropriately, are cost-effective, and the waiver participant's health and welfare are maintained.

NYSDOH waiver staff conduct an annual retrospective review of service plans based on a statistically significant random sample, determined by the software program available at the Raosoft website. However, no less than five-percent (5%) of cases per region will be reviewed to assure that service plans are being appropriately approved. In addition the NYSDOH waiver staff reserve the right to review service plans at any time.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (8 of 8)

h. Service Plan Review and Update. The service plan is subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan:

- ○ **Every three months or more frequently when necessary**
- ○ **Every six months or more frequently when necessary**
- ◉ **Every twelve months or more frequently when necessary**
- ○ **Other schedule**

Specify the other schedule:

i. Maintenance of Service Plan Forms. Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §92.42. Service plans are maintained by the following *(check each that applies):*

- ☐ **Medicaid agency**
- ☐ **Operating agency**
- ☐ **Case manager**
- ☑ **Other**

Specify:

Service Coordination Agency
Regional Resource Development Center

Appendix D: Participant-Centered Planning and Service Delivery

D-2: Service Plan Implementation and Monitoring

a. Service Plan Implementation and Monitoring. Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

The RRDS is responsible for the review of every service plan, revised service plan and addendum to assure they are meeting the waiver participant's health and welfare and that they are cost-effective.

Once the service plan has been approved by the RRDS, the Service Coordinator (SC) is responsible for monitoring implementation of the service plan and the waiver participant's health and welfare. For the first twelve months of the Initial Service Plan (ISP) the SC will have monthly face to face meetings with the waiver participant. After that time the SC will have regular contacts with the waiver participant based on the frequency described in the approved service plan to assure that the services are meeting the waiver participant's needs and that the waiver participant is satisfied with the services being provided.

A Team Meeting can be called at any time by the RRDC staff, SC or other providers of waiver or non-waiver services, and at the request of the waiver participant. The purpose of this Meeting is an opportunity to allow for collaboration among the service providers and the waiver participant regarding the waiver participant's current needs and to ensure the health and welfare of the waiver participant. A Team Meeting is required every six months.

The SC assists waiver participants in developing service plans that include services from a variety of sources. The NHTD waiver is built on the premise that all waiver participants will first utilize available informal/natural supports, available non-Medicaid community-based services, available Medicaid State Plan services and, finally, NHTD waiver services. NHTD waiver services are utilized as a last resort to eliminate any gaps in assuring the participant's health and welfare in the community or when the NHTD waiver services are more effective than MA State Plan services.

Once the service plan is developed, the SC is then responsible for monitoring the implementation of the service plan, including waiver participant access to non-waiver services such as vocational services, MA State Plan services and other non-Medicaid community-based services. For example, the SC is responsible for ensuring that the waiver participant obtains follow-up medical care, if needed, and that the waiver participant attends routine medical appointments.

Monitoring of the service plan is conducted by informal/natural supports, non-Medicaid community-based service providers, MA State Plan service providers and NHTD waiver service providers, including the SC collaborating with the waiver participant, other interested parties and service providers. The SC maintains regular contact with the waiver participant as indicated in the waiver participant's service plan. The service plan can be revised with an addendum if needed, as a result of changes in the waiver participant's condition or situation.

The RRDS also meets, as needed, with the team to discuss the provision of services and monitors service plans. The RRDS will report any major problems that affect a waiver participant's health and welfare to NYSDOH waiver staff with an immediate phone call. The RRDS will also contact NYSDOH waiver staff for technical assistance on major problems.

NYSDOH waiver staff retrospectively reviews a random sample of service plans. This information is compiled in a centralized database to track statewide trends, determine the level of intervention that needs to occur (i.e. at the provider, regional or statewide level) and develop best practices. NYSDOH waiver staff inform the RRDS regarding any interventions that are needed at the provider, regional or statewide level.

Another way that service plans are monitored is through the Participant Satisfaction Survey conducted by the NYSDOH waiver staff. As part of this survey, waiver participants are asked if they actually received the services in their service plan and their experiences with the services. These results are compiled and evaluated for trends. In addition, each waiver service provider agency, as required in the NHTD waiver program manual, must conduct its own participant satisfaction survey to ascertain the experiences of their waiver clients. The SC works with the waiver participant to remedy any problems that are identified through the survey process.

Monitoring of the service plan is also done through the Incident Reporting Process. All Serious Reportable Incidents (SRI) are reported to the SC and the RRDC. When an SRI involves issues affecting the waiver participant's health, such as unplanned hospitalizations or medication errors or refusals, follow-up includes the SC working with the waiver participant to review the service plan to see if an addendum or revised service plan is necessary. The RRDC includes data on SRIs in the quarterly reports to NYSDOH waiver staff.

When a problem is identified as a result of an SRI, complaint or failure of a back-up plan, prompt follow-up and remediation must occur. The type of situation that has occurred will determine the person responsible for follow-up. For example, if a complaint call is received, then NYSDOH waiver staff will conduct follow-up on the situation. If the problem pertains to the SC, the RRDS will work with the participant and/or legal guardian to rectify the situation. Depending on the nature of the identified problem, appropriate remediation may range from a meeting between the participant and the waiver service provider to a change in the waiver service provider.

If an agreeable solution is not found, then a team meeting may be called to further discuss the issue. In addition, the waiver participant can contact a provider agency, the RRDS, or NYSDOH waiver staff at any time to discuss an issue. If the problem is a fair hearable issue, then a Fair Hearing may be requested.

If a service needs to be added, modified or deleted, an addendum to the service plan must be made. With every addendum the waiver participant must sign a Plan of Protective Oversight (see Appendix D-1-e for description of Plan of Protective Oversight or "PPO"). Monitoring of the PPO is done through the Serious Reportable Incident process, complaints, calls from RRDC staff, providers, participants, and informal supports, as well as through Participant Satisfaction Surveys. In addition, the PPO is reviewed for effectiveness at team meetings and by the Service Coordinator and during participant visits.

Different entities are responsible for the monitoring and implementation of service plans, beginning with the Service Coordinator.

During face to face visits with the participant, Service Coordinators discuss the provision of services, both waiver and non-waiver (Medicare, State Plan or private insurance), to assure he/she is receiving services in accordance with services approved in the service plan. During Team Meetings, the SC reviews the PPO with the participant and waiver providers to assure the backup plan is sufficient to support health and welfare.

In order to assure the participant's right to choose waiver providers, the RRDC reviews service plans for both a participant signature acknowledging participation in service plan development, including use of non-waiver services, and for signed provider selection form(s), to indicate participant freedom of choice in provider selection. The RRDC also reviews the service plan to assure services meet the participant's health and welfare and the backup plan reflects appropriate supports.

As part of the process for overseeing the SRI process, the RRDC staff receives all SRI reports, and directs the investigation of allegations. RRDC staff monitors outcomes from investigations to assure that any necessary changes in participant service plans and PPO are implemented promptly and appropriately.

The NYSDOH waiver staff conduct on and off site participant record reviews from each RRDC region. During these reviews NYSDOH waiver staff verifies that participants meet appropriate level of care requirements, and have signed freedom of choice forms reflecting selection of providers and services as identified in the current service plan. NYSDOH waiver staff review service plans against paid claim reports to assure services and sufficient backup plans are in place in accordance with service plans. NYSDOH waiver staff routinely review reports obtained from the SRI database and contact RRDC staff when trends are identified that require remediation activities.

NYSDOH waiver staff receive complaint calls from participants, legal guardians or other designees regarding provision or access to services. Depending on the nature of the complaint, NYSDOH waiver staff notify the appropriate RRDC staff, DOH Regional Surveillance Unit and/or makes other referrals as deemed necessary, such as to the LDSS.

DOH Regional Surveillance Unit monitors all waiver providers on site. Written reports of surveillance findings are forwarded to NYSDOH waiver staff for review and necessary follow up.

b. Monitoring Safeguards. *Select one:*

- **Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may not provide other direct waiver services to the participant.**
- **Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may provide other direct waiver services to the participant**

The State has established the following safeguards to ensure that monitoring is conducted in the best interests of the participant. *Specify:*

All waiver participants have a choice of waiver service providers. At anytime, the waiver participant can change

his/her waiver service providers, including the SC. If a waiver participant chooses to change a waiver service provider, a Change of Provider Form must be completed.

On an annual basis, the waiver participant reviews and signs the Participant's Rights and Responsibilities Form, which describes the right to choose and change providers as requested. Waiver participants maintain a copy of the signed form, as does the RRDC.

The safeguards previously described are implemented from the start of the ISP to assure the services are being provided according to the service plan. As stated above, every RRDS reviews every Service Plan. Other safeguards include a Recordable Incident Report; a Serious Reportable Incident Report; the complaint line; the provision of a contact list to participants that contains phone numbers of waiver provider staff and their supervisors, the RRDS and NYSDOH; annual NYSDOH surveys and audits, retrospective reviews by NYSDOH waiver staff and regional forums. Satisfaction surveys of participants are conducted by waiver service providers and reviewed by the NYSDOH OLTC Surveillance Unit. Any concerns are reported to NYSDOH waiver staff. In addition, NYSDOH waiver staff conduct Participant Satisfaction Surveys.

The SC agency has the dual role of developing and monitoring the service plan. While the agency that employs the SC may provide other direct waiver services, the SC can only provide service coordination and is prohibited from providing other direct waiver services. In order to ensure monitoring is conducted in the best interest of the waiver participant, there are checks and balances that are in place. These checks and balances are outlined in Appendix D-1-b, # 11-17. The SC also documents his/her interaction with the waiver participant; and this document is examined upon survey or upon any complaint made by the participant or legal guardian. In addition, the RRDS provides oversight, technical assistance to waiver service providers and reviews and approves every initial service plan and every revised service plan.

Appendix D: Participant-Centered Planning and Service Delivery

Quality Improvement: Service Plan

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Service Plan Assurance/Sub-assurances

i. Sub-Assurances:

a. ***Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.***

Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percentage of service plans retrospectively reviewed that meet all participants' assessed needs and personal goals.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*

(check each that applies):		
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:

	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.***

Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of waiver participants whose service plan was based on a completed designated needs assessment instrument.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*

(check each that applies):		
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:

	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. ***Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant's needs.***

Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of service plans reviewed and revised before the waiver participant's annual review date.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*

(check each that applies):		
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:

	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of waiver participants whose Service Plan was revised, as needed, to address changing needs.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:

	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**

☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

d. ***Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.***

Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of waiver participants who received in the type, amount, frequency and duration specified in the approved service plan.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:

	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**

☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

e. ***Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.***

Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of waiver participants whose records will contain an appropriately completed and signed Freedom of Choice form that specifies choice was offered between institutional care and community based waiver services.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:

	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**

☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of waiver participants whose records contain an appropriately completed and signed provider selection form that specifies choice was offered among waiver services and providers.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data	**Frequency of data collection/generation**	**Sampling Approach** *(check each that applies):*

collection/generation *(check each that applies):*	*(check each that applies):*	
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties

responsible.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
The remediation process is initiated when RRDC or NYSDOH waiver staff identify a lack in the responsiveness of the service plan and/or services to meeting the needs of the participant, or any other issue related to administration of the NHTD waiver.

In such situations, the standard procedure is for NYSDOH and RRDC management staff to discuss the situation and collaboratively develop a plan of correction. Implementation and compliance with the plan of correction is monitored by NYSDOH and RRDC staff.

Should the plan of correction require a change in the participant's service, the NYSDOH waiver staff and the RRDC will work cooperatively to address the service deficiency and when necessary, transition the participant to another NHTD waiver service provider. To ensure continuity of service during the transition period, the original provider will be required to transfer the NHTD participant records and other pertinent documents to the new provider.

If the deficiency involves a service provider and implementation of the plan of correction does not sufficiently meet program requirements, the provider may be deemed unfit to continue to provide NHTD waiver services. Accordingly, NYSDOH waiver staff will issue a letter to the provider terminating their NHTD waiver provider status.

Documentation of remediation activities is accomplished by the following measures: correspondence between NYSDOH waiver staff, the RRDC, participants' and their legal guardians, and/or service providers; amended service plans; findings from retrospective record reviews and reports of follow-up meetings with participants; and the results of NYSDOH annual site visits. All such documents are maintained in the participant's case file and, as appropriate, by NYSDOH/OLTC.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Service Plans that are currently non-operational.

- **No**
- **Yes**

  Please provide a detailed strategy for assuring Service Plans, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix E: Participant Direction of Services

Applicability *(from Application Section 3, Components of the Waiver Request)*:

- **Yes. This waiver provides participant direction opportunities.** Complete the remainder of the Appendix.
- **No. This waiver does not provide participant direction opportunities.** Do not complete the remainder of the Appendix.

CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.

Indicate whether Independence Plus designation is requested *(select one):*

- **Yes. The State requests that this waiver be considered for Independence Plus designation.**
- **No. Independence Plus designation is not requested.**

Appendix E: Participant Direction of Services

E-1: Overview (1 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (2 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (3 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (4 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (6 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (7 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (8 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (9 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (10 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (11 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (12 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (13 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant Direction (1 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (2 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (3 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (4 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (5 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (6 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix F: Participant Rights

Appendix F-1: Opportunity to Request a Fair Hearing

The State provides an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E to individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care specified in Item 1-F of the request; (b) are denied the service(s) of their choice or the provider(s) of their choice; or, (c) whose services are denied, suspended, reduced or terminated. The State provides notice of action as required in 42 CFR §431.210.

Procedures for Offering Opportunity to Request a Fair Hearing. Describe how the individual (or his/her legal representative) is informed of the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E. Specify the notice(s) that are used to offer individuals the opportunity to request a Fair Hearing. State laws, regulations, policies and notices referenced in the description are available to CMS upon request through the operating or Medicaid agency.

During the initial face-to-face Intake meeting with the potential waiver participant, the Regional Resource Development Specialist (RRDS) provides information regarding the Notice of Decision (NOD), the Conference, and Fair Hearing processes. Additionally, the Service Coordinator (SC) ensures that the waiver applicant understands his/her rights regarding

Conferences and Fair Hearings as they proceed through the waiver enrollment process, and throughout the duration of the participant's waiver enrollment. The NOD regarding participation in the waiver program provided by the RRDS to the participant includes a description of Fair Hearing rights.

Both the RRDS initially and the SC thereafter provide information to waiver applicants to assure their awareness and understanding of the Fair Hearing process. This is important, as the application process can be lengthy and reiteration of certain information provides assurance that important consumer rights and activities are remembered and understood by waiver applicants and participants.

If an adverse action occurs (e.g. when the applicant is denied his or her choice between HCBS waiver and institutional services, or his or her choice of providers or services, or the RRDS denies, suspends, reduces, or discontinues a waiver participant's services) the RRDS sends a NOD to the waiver applicant or active waiver participant (or his/her legal guardian) which includes detailed, easy-to read instructions about the right to request a Conference and/or a Fair Hearing, and the process for applying for either or both. The participant/legal guardian is also informed that requesting a Conference is not a prerequisite and/or substitute for a Fair Hearing.

The RRDS provides a copy of the NOD to the participant and to the SC. The SC is responsible for reviewing the form with the participant and /or legal guardian to assure the participant's understanding of the right to request a Conference and/or Fair Hearing. In addition, the SC reviews information included in the NOD form with the participant regarding his/her right to continue services during the period while the participant's appeal is under consideration. The waiver participant is advised that a request for a Fair Hearing must be submitted within sixty (60) days of the Notice Date in the NOD form. In circumstances where Continuation of Benefits applies, the waiver participant is also informed of his/her right to request Continuation of Benefits if the request is made before the Effective Date stated in the NOD, which is within ten (10) days of the Notice Date.

A copy of the NOD with the Conference and Fair Hearing information is kept in the participant's record maintained by the RRDS and SC.

Appendix F: Participant-Rights

Appendix F-2: Additional Dispute Resolution Process

a. Availability of Additional Dispute Resolution Process. Indicate whether the State operates another dispute resolution process that offers participants the opportunity to appeal decisions that adversely affect their services while preserving their right to a Fair Hearing. *Select one:*

- (●) **No. This Appendix does not apply**
- ( ) **Yes. The State operates an additional dispute resolution process**

b. Description of Additional Dispute Resolution Process. Describe the additional dispute resolution process, including: (a) the State agency that operates the process; (b) the nature of the process (i.e., procedures and timeframes), including the types of disputes addressed through the process; and, (c) how the right to a Medicaid Fair Hearing is preserved when a participant elects to make use of the process: State laws, regulations, and policies referenced in the description are available to CMS upon request through the operating or Medicaid agency.

Appendix F: Participant-Rights

Appendix F-3: State Grievance/Complaint System

a. Operation of Grievance/Complaint System. *Select one:*

- ( ) **No. This Appendix does not apply**
- (●) **Yes. The State operates a grievance/complaint system that affords participants the opportunity to register grievances or complaints concerning the provision of services under this waiver**

b. Operational Responsibility. Specify the State agency that is responsible for the operation of the grievance/complaint system:

A waiver participant may file a grievance/complaint through the NHTD Complaint Line at any time. All calls received through the NHTD Complaint Line are forwarded to NYSDOH waiver staff responsible for the operation of this grievance/complaint system.

c. Description of System. Describe the grievance/complaint system, including: (a) the types of grievances/complaints that participants may register; (b) the process and timelines for addressing grievances/complaints; and, (c) the mechanisms that are used to resolve grievances/complaints. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Information regarding the State Grievance/Complaint System is provided by the Service Coordinator to the potential waiver participant during the enrollment process, and at other times throughout enrollment as appropriate. The participant/legal guardian is informed that filing a complaint/grievance is not a pre-requisite or substitute for a Fair Hearing.

The complaint registered may include issues regarding the type, delivery and frequency of services, problematic issues regarding the RRDC staff, SC, waiver service providers, or general concerns about the waiver program.

Calls received through the NHTD Complaint Line are forwarded to NYSDOH waiver staff. NYSDOH waiver staff contacts the appropriate RRDS to discuss the complaint/grievance and obtain any essential information available. The RRDS is responsible for contacting the provider agency involved in the complaint/grievance and instructs them to initiate an investigation. The provider agency is responsible for conducting a thorough investigation and providing follow-up to the RRDS, including outcomes of the investigation. RRDS will provide NYSDOH waiver staff with written follow-up of the investigation and outcome. NYSDOH waiver staff may request additional information or further investigation.

If the RRDS is cited in the complaint, NYSDOH waiver staff conducts the investigation. If the NYSDOH waiver staff and/or the RRDC believe the complaint raises a significant level of concern, NYSDOH waiver staff will deem it as a Serious Reportable Incident (SRI) or refer it to the DOH OLTC Surveillance Team for further investigation.

All parts of the investigation are documented from intake through resolution. NYSDOH waiver staff may provide policy clarification and/or present alternative resolutions at any time during this process. NYSDOH waiver staff may meet with the waiver participant and anyone the waiver participant would like to have present, at the earliest and most convenient time for all interested parties. The investigation must be completed within a maximum of thirty (30) calendar days from receipt of the complaint. Notification will be provided to the waiver participant advising him or her that the investigation has been completed and what the NYSDOH's determination is.

Appendix G: Participant Safeguards

Appendix G-1: Response to Critical Events or Incidents

a. Critical Event or Incident Reporting and Management Process. Indicate whether the State operates Critical Event or Incident Reporting and Management Process that enables the State to collect information on sentinel events occurring in the waiver program.*Select one:*

- (●) **Yes. The State operates a Critical Event or Incident Reporting and Management Process** *(complete Items b through e)*
- ( ) **No. This Appendix does not apply** *(do not complete Items b through e)*

If the State does not operate a Critical Event or Incident Reporting and Management Process, describe the process that the State uses to elicit information on the health and welfare of individuals served through the program.

b. State Critical Event or Incident Reporting Requirements. Specify the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the State requires to be reported for review and follow-up action by an appropriate authority, the individuals and/or entities that are required to report such events and incidents and the timelines for reporting. State laws, regulations, and policies that are referenced are available to CMS upon request

through the Medicaid agency or the operating agency (if applicable).

Procedure And Time Frame For Reporting An "Event' As A Serious Reportable Incident:

The process for Incident Reporting begins with the occurrence of an 'event', which is defined as an occurrence with a negative impact on the participant or actual harm to the participant that has come to the attention of a waiver service provider. Once the 'event' has been discovered, the waiver service provider must evaluate what has occurred, and determine at what level an investigation must be conducted. If the incident rises to the level of a Serious Reportable Incident (SRI), the provider is responsible for reporting the 'event' and initiating the NHTD SRI process.

A SRI is defined as "a significant event that poses the threat of severe injury or that cause actual harm to the participant, or a situation with the distinct potential of seriously endangering a person's health, safety or welfare."

Serious Reportable Incident classifications are:
• Abuse (physical, sexual and psychological abuse, seclusion, unauthorized or inappropriate use of restraints, use of aversive conditioning, violation of civil rights, and/or mistreatment)
• Neglect
• Exploitation
• Missing person
• Death of a waiver participant
• Unplanned hospitalization
• Possible criminal action
• Medication error
• Medication refusal

Process:
Any employee of a waiver provider witnessing any action or lack of action that may constitute a SRI as described above is responsible for initiating the process of investigation. In some cases, the employee may need to notify his or her supervisor, and the supervisor may be the person who notifies both the RRDC staff and the Service Coordinator (SC).

If no waiver provider employee witnessed the 'event', the employee who is first made aware of the occurrence becomes the 'discoverer', even if the 'event' is witnessed by another person who is not an employee (e.g., family member, friend, etc). When the employee has a supervisor, he or she must be notified of the discovery of the 'event'. The employee or their supervisor then becomes the 'reporter' and initiates the NHTD SRI process. The employee or supervisor completes and faxes or emails the 24-Hour Report form to the RRDC staff within twenty-four (24) business hours of discovery. If the 'discoverer' of the SRI is not the Service Coordinator, then the reporting agency must also provide a copy of the 24-Hour Report form to the SC.

At any time during the Serious Reportable Incident SRI process, notification to law enforcement or the Protective Services for Adults (APS) program provided through local county department of social services may occur. APS has the legal responsibility to investigate alleged abuse, neglect or exploitation of impaired adults, age eighteen (18) and over, who live in the community.

Time Frame For Reporting An 'Event' As A Serious Reportable Incident:
Within twenty-four (24) business hours of discovering that an 'event' has occurred, the waiver provider agency will initiate the NHTD SRI process if the agency determines that the 'event' is a SRI. The discovering provider agency then becomes the 'reporting' agency. The reporting agency completes the 24-Hour Provider Report and faxes or emails it to the RRDC staff.

SRI Notification Process Followed By The SC And The RRDS:
Within twenty-four (24) hours of receiving the report, the SC must notify the waiver participant and/or his or her legal guardian that an incident has occurred and is being investigated. The SC will notify other program or waiver providers whose services may be impacted by the incident.

In the case of a waiver participant's death, the RRDC staff must notify NYSDOH waiver staff and provide a copy of the 24-Hour Provider Report within twenty-four (24) business hours of receiving notification of the death. RRDC staff sends a Notice of Decision (NOD) for Death of Waiver Participant to NYSDOH waiver staff, the LDSS, and waiver providers.

In addition, all cases of abuse, neglect, and exploitation must be reported to the NYSDOH waiver staff by the RRDC staff within twenty-four (24) business hours of receiving notification. A copy of the 24-Hour Provider Report form

must be faxed or emailed by RRDC staff to NYSDOH waiver staff. In addition, RRDC staff will provide NYSDOH waiver staff with any pertinent additional documentation for cases of abuse, neglect, exploitation or death or during any other investigation upon request for any SRI.

Additionally, if APS is involved with the participant, the RRDC staff assures that APS is kept informed of the incident, the investigation of the incident, and the final outcome. All communication with APS is documented and maintained as part of the investigation process.

c. Participant Training and Education. Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation, including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

The SC provides the waiver participant, his or her family and/ or legal guardian with information to identify actions described as abuse, neglect and exploitation and other types of Serious Reportable Incidents (SRI) along with the process for reporting any perceived or actual threat to the participant's health or welfare, or ability to remain in the community.

Information is contained in the Waiver Participant's Rights and Responsibilities and the Waiver Contact list including the name, title, phone number and address of all providers in addition to information on how to contact the RRDC staff, NYSDOH waiver staff, and the NHTD Complaint Line. The Waiver Participant's Rights and Responsibilities form is provided to each participant at the time of enrollment, annually and any time review of the form is needed. The Waiver Contact List is provided upon enrollment, reviewed with each new Service Plan (SP), and updated accordingly with changes in contact information.

The SC assists the waiver participant in completing the Plan of Protective Oversight (PPO) which includes informal supports and the back-up plan to meet his or her health and welfare needs. The SC provides a copy of the completed PPO to the waiver participant upon enrollment, and reviews the PPO with the participant at each new SP, updating information accordingly and providing a copy of the revised PPO to the participant and waiver providers.

d. Responsibility for Review of and Response to Critical Events or Incidents. Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and the processes and time-frames for responding to critical events or incidents, including conducting investigations.

The entities that receive reports of critical events or incidents specified in G-1a include the RRDC staff, the SC, the investigating agency and their Serious Incident Review Committee (SIRC). If allegations of abuse, neglect, exploitation or the death of a waiver participant has occurred, NYSDOH waiver staff will also receive a copy. When it is deemed appropriate to contact Protective Services for Adults (APS), or law enforcement as part of the investigation, the RRDC staff will assure this has been done. Any entity involved in the investigation may initiate contact with APS. All contacts with APS and/or law enforcement must be documented as part of the investigation process.

The reporting waiver provider agency provides a copy of the 24-Hour Provider Report to the RRDC within twenty-four (24) business hours if the agency determines that the 'event' is a SRI. The report may be sent via fax or email. A copy of this form is also sent to the SC by the reporting provider agency if the SC agency is not the discoverer.

Within twenty-four (24) business hours of receiving notification that a SRI has occurred, the SC must notify the waiver participant and/or his or her legal guardian that an incident occurred and is being investigated. This contact is documented in the Service Coordination Notification Report and a copy forwarded to the RRDC staff.

The SC notifies other programs or waiver providers whose services are part of the participant's SP and which may be impacted by the incident.

RRDC staff must complete and send a copy of the RRDC Initial Response form to the investigating provider within twenty-four (24) business hours of receiving the 24-Hour Provider Report. Completion of this form includes the incident number assigned to the case by RRDC staff, the provider agency responsible to conduct the investigation, and the due dates of the seven (7) and thirty (30) day follow-up reports required from the investigating provider. If the investigating agency is different from the reporting agency, the RRDC staff will also provide the investigating provider with a copy of the 24-Hour Provider Report. In addition, the RRDC staff will provide a copy of RRDC Initial Response form to the SC.

If the RRDC staff is concerned that the waiver provider deemed responsible for investigating the SRI is not in a position to conduct an objective, thorough investigation, the RRDC staff has the discretion to assign another waiver provider to conduct the investigation.

The investigating waiver provider is responsible for notifying the agency's SIRC that an investigation has been initiated and their involvement is required. The investigating waiver provider must designate at least one individual to be responsible for conducting a thorough and objective investigation. The investigator is required to have documented experience and/or training in conducting investigations. Those conducting the investigation may not be directly involved in the incident (e.g. an individual whose testimony is incorporated in the investigation; or individuals who are the supervisor, supervisee, spouse, significant other or immediate family member of anyone involved in the investigations).

Within seven (7) calendar days of receiving the 24-Hour Provider Report and the RRDC Initial Response form (if appropriate), the investigating waiver provider must submit a Provider Follow-Up Report to the RRDC staff with documentation regarding its investigation efforts.

Within seven (7) calendar days of receiving the 7-Day Provider Follow-Up Report, the RRDC staff must review the form and provide written response to the investigating provider regarding as to whether the information received is sufficient to close the incident or requires additional information. The RRDC staff completes and sends the RRDC Status Report to the investigating provider and SC.

If the investigation remains open, the investigating provider must submit a Provider Follow-Up Report within thirty (30) calendar days as designated on the RRDC Initial Response form. A copy of the Provider Follow-Up Report is also provided to the SC by the RRDC staff. Within seven (7) calendar days of receiving the 30-day Provider Follow-Up Report, the RRDC staff makes the decision whether to close the case or leave it open for further investigation. The RRDC staff completes the RRDC Status Report indicating whether the case is closed or remains open. If the case remains open, the reasons why are documented. A copy of the report is sent to the SC and investigating provider by the RRDC staff.

If the incident is considered open for additional investigation beyond the first thirty (30) calendar days, continued follow-up and investigation by the investigating waiver provider is required. For each thirty (30) calendar days that the case remains open, the investigating waiver provider must submit a Provider Follow-Up Report to the RRDC staff each month, based on the date of the first thirty (30) day Provider Follow-Up Report. A copy of each report received is forwarded to the SC by RRDC staff. In each case, the RRDC staff must review the monthly report and provide a completed RRDC Status Report to the investigating provider and the SC within seven (7) calendar days of receiving the monthly report.

Monthly reporting will continue until the RRDC staff determines the investigation can be closed. When this is determined, RRDC staff must complete the RRDC Status Report which Includes of outcomes and of whether the investigation could be substantiated or not. RRDC staff sends a copy of the RRDC Status Report to the investigating provider and to the SC.

RRDC staff may ask NYSDOH waiver staff to provide technical assistance/guidance at any time during the investigation process.

e. Responsibility for Oversight of Critical Incidents and Events. Identify the State agency (or agencies) responsible for overseeing the reporting of and response to critical incidents or events that affect waiver participants, how this oversight is conducted, and how frequently.

As a quality measure, the RRDC staff must utilize information obtained from a Serious Reportable Incident (SRI) outcome when reviewing subsequent Service Plans, especially when the SRI investigation results in changes to the Service Plan through an Addendum or Revised Service Plan (RSP) aimed at ensuring the event does not reoccur. The RRDC staff will provide ongoing monitoring of trends and participant status. If negative trends are identified, immediate remediation will be required by the provider agency and monitored by both the RRDC and NYSDOH waiver staff.

Waiver provider agencies must submit reports to the RRDC on a quarterly basis. The reports will contain information regarding all SRI investigations by the agency during the prior quarter and identify trends that might negatively impact participants and remediation efforts (e.g. changes in provider policies or practices).

RRDC staff compare information from SRI investigations and outcomes against participant service plans to assure appropriate follow up and service plan changes, necessary to support the participant's health and welfare, are implemented to prevent reoccurrence. Through analysis of this data, RRDC staff identify agency and regional level

trends and direct the providers regarding additional needed remediation activities.

In addition waiver providers submit annual reports to RRDC contractors regarding the activities of the agency in the investigation process, outcomes, and remediation activities. The report provides details on incidents by type, trends identified, and the effectiveness of any changes or improvement in policies and/or practices that occurred during the year. Any discrepancies noted in these reports compared to RRDC data is discussed with the waiver provider agency for corrective action.

Findings from quarterly and annual waiver provider reports are reported by RRDC staff to NYSDOH waiver staff, including recommendations for regional changes/improvements to prevent reoccurrence. Negative trends are discussed by NYSDOH waiver and RRDC staff to determine the need for appropriate remediation. In addition, NYSDOH waiver staff review SRI activities during RRDC site visits. NYSDOH analyzes data from regional SRI trend reports to determine whether any statewide trends are identified. Based on outcomes, NYSDOH waiver staff oversees any remediation activities.

NYSDOH waiver staff complete a comprehensive annual report incorporating data and information from the provider agency and RRDC reports for analysis on a statewide basis.

During surveillance of provider agencies, the DOH Regional Surveillance Unit reviews incident reports maintained by the agency. The review encompasses policy and procedural compliance of the NHTD SRI process, review of SRI investigation outcomes, and implementation of corrective and preventive action to reduce or eliminate reoccurrence. Surveillance staff ensure that there is ongoing monitoring of trends and participant status. If negative trends are identified, immediate remediation will be required by the provider agency and monitored by RRDC and NYSDOH waiver staff.

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (1 of 2)

a. Use of Restraints or Seclusion. *(Select one)*:

◉ **The State does not permit or prohibits the use of restraints or seclusion**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restraints or seclusion and how this oversight is conducted and its frequency:

Waiver applicants, and/or legal guardian or family member, are advised of their right to be free from use of restraints or seclusion during the application process with their chosen Service Coordinator (SC). During this process, the SC reviews the Waiver Participant's Rights and Responsibilities form with the waiver applicant which includes information about his/her right to be free from restraints and seclusion. In addition waiver applicants are provided with information regarding access to the NHTD Complaint Line and the contact number in the Waiver Contact List. A signed copy of these forms is provided to the waiver applicant upon enrollment. The SC reviews the Waiver Participant's Rights and Responsibilities form at least annually with the waiver participant, and provides him/her with a copy of the form signed by the waiver participant and SC. The Waiver Contact List is reviewed with each new service plan, updated as needed, and a copy provided to the waiver participant.

The SC and RRDS are responsible for monitoring the health and welfare of participants. Use of restraints and seclusion are detected through different means:
1) NHTD Serious Reportable Incident process; 2) Face-to-face visits conducted by the SC with the participant; 3) participant responses to the annual NYSDOH Participant Satisfaction Surveys; and, 4) calls received through the NHTD Complaint Line. All instances of use of restraint and seclusion are investigated through the SRI process with necessary action(s) taken by NYSDOH waiver staff, RRDC staff, or both.

○ **The use of restraints or seclusion is permitted during the course of the delivery of waiver services**. Complete Items G-2-a-i and G-2-a-ii.

i. Safeguards Concerning the Use of Restraints or Seclusion. Specify the safeguards that the State has established concerning the use of each type of restraint (i.e., personal restraints, drugs used as restraints,

mechanical restraints or seclusion). State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

ii. State Oversight Responsibility. Specify the State agency (or agencies) responsible for overseeing the use of restraints or seclusion and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (2 of 2)

b. Use of Restrictive Interventions. *(Select one)*:

The State does not permit or prohibits the use of restrictive interventions

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restrictive interventions and how this oversight is conducted and its frequency:

According to the NHTD protocol, waiver participants, family members, friends, caregivers, NYSDOH waiver staff, RRDC staff, SC, and other waiver providers are required to report any observations of the use of restraints or seclusion or an expressed allegation of use of restraint or seclusion by or on behalf of the participant.

The use of restrictive interventions is permitted during the course of the delivery of waiver services
Complete Items G-2-b-i and G-2-b-ii.

i. Safeguards Concerning the Use of Restrictive Interventions. Specify the safeguards that the State has in effect concerning the use of interventions that restrict participant movement, participant access to other individuals, locations or activities, restrict participant rights or employ aversive methods (not including restraints or seclusion) to modify behavior. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency.

ii. State Oversight Responsibility. Specify the State agency (or agencies) responsible for monitoring and overseeing the use of restrictive interventions and how this oversight is conducted and its frequency:

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (1 of 2)

This Appendix must be completed when waiver services are furnished to participants who are served in licensed or unlicensed living arrangements where a provider has round-the-clock responsibility for the health and welfare of residents. The Appendix does not need to be completed when waiver participants are served exclusively in their own personal residences or in the home of a family member.

a. Applicability. Select one:

○ **No. This Appendix is not applicable** *(do not complete the remaining items)*

◉ **Yes. This Appendix applies** *(complete the remaining items)*

b. Medication Management and Follow-Up

i. Responsibility. Specify the entity (or entities) that have ongoing responsibility for monitoring participant medication regimens, the methods for conducting monitoring, and the frequency of monitoring.

Waiver participants living in a Residential Programs for Adults must be monitored regarding their ability to self-administer medications. Upon admission to the waiver program, annually and as necessary due to a change in participant's condition, the SC obtains information regarding the participant's ability to self-administer medications. If problems are identified, the waiver participant is referred to an appropriate service provider for an assessment and/or training and assistance to ensure safe management of the participant's medication. An appropriate service provider may include providers of Medicaid State Plan services, other local, State or Federal program providers or a waiver service provider. In some instances informal supports may also be utilized.

Waiver provider staff are trained to be competent to provide second line monitoring with a special emphasis on participant's who take behavior modifying medications. At each contact with the participant, staff must observe whether any changes in normal functioning, personality or lifestyle have occurred. Examples may include: sleeping patterns, eating, level of alertness, mood, general appearance, medication routine, and so forth. All waiver provider staff that provide billable services included in the Service Plan are responsible for reporting any cognitive, physical and/or behavioral changes that may require intervention to their supervisor or to the SC.

Residents residing in Residential Programs for Adults through the NYS Office of Mental Health (OMH) must follow OMH regulations. Supervision is provided to each resident concerning self-administration and storage of their medications by OMH residence staff. In addition, the NHTD Waiver SC monitors the management of the waiver participant's medication(s) upon admission to the waiver program, annually using a multidisciplinary team approach (e.g. participant, family, waiver providers, OMH residence staff, and SC), and whenever necessary. Every individual OMH residence is responsible to train their staff on signs and symptoms associated with side effects including any behavioral changes that occur. The OMH residence staff reports any problems to the outpatient provider(s) responsible for prescribing medications for the participant. The SC is kept informed of any changes in a participant's medication regime by the OMH residence staff.

Medication monitoring to waiver participants who are residents of licensed Adult Care Facilities (ACF), for example Adult Homes, must follow specific DOH regulations regarding medication management and medication assistance. Each resident capable of self-administration of medication shall be permitted to retain and self-administer medication provided that the resident's physician attests, in writing, that the resident is capable of self-administration; and the resident keeps the ACF informed of all medications being taken, including name, route, dosage, frequency and any instructions including contraindications by the physician or pharmacy.

Waiver participants living in an ACF who are in need of supervision and assistance with medication management will be provided their medications by the ACF staff. The ACF staff must provide the proper dosage of medication at the proper time(s) and by the proper means the waiver participant. The ACF staff must observe and record that the waiver participant took his or her medication at the time the medication is provided to the waiver participant, including any adverse effects of the medication(s). All allergies to medications are also listed in the medication assistance record. This record is reviewed daily by the ACF staff and any time there is a medication refill.

The SC monitors the management of waiver participant's medication upon admission to the waiver program, annually, and as necessary due to a change in participant's condition.

The scope of monitoring is designed to focus on medication usage patterns. ACFs are provided with a manual designed by DOH to use as a guide in training staff who provide care to residents. DOH provided the manual during the "Medication Assistance Train the Trainer" Training Program. New ACF staff must complete a forty (40) hour training program, which includes medication assistance training for the personal care staff that assist with medication.

The operator is responsible for having policies and procedures in place for each area of medication

management. These include: the acquisition of new and refilled medications including identifying the process and identification of the individual or staff position responsible for performing the tasks; the storage of medications; the assistance with preparation; the recording of ordered medication; matching the medication with the resident for whom it is prescribed; the disposal of discontinued, unused or expired medication; and quality assurance of medication management priorities including the practices of residents who self-administer without assistance.

Each facility has a case manager who is responsible for monitoring, observing and evaluating resident needs which include medication management. If any resident shows any significant change in behavioral status or (or adverse reactions to medications), the case manager arranges for the resident to receive medical attention from his or her own physician. ACFs are monitored by means of the DOH survey process every twelve (12) to eighteen (18) months, usually at twelve (12) month intervals but this may depend upon the severity of violations cited. Those facilities with the highest compliance status usually do not warrant more frequent visits.

ii. Methods of State Oversight and Follow-Up. Describe: (a) the method(s) that the State uses to ensure that participant medications are managed appropriately, including: (a) the identification of potentially harmful practices (e.g., the concurrent use of contraindicated medications); (b) the method(s) for following up on potentially harmful practices; and, (c) the State agency (or agencies) that is responsible for follow-up and oversight.

ACFs are surveyed by survey component of DOH yearly or every 18 months. DOH has specific regulatory interpretations for medication assistance in ACFs. The ACF is cited for violation if it does not have policies and procedures for medication assistance in place or they are not in agreement with existing standards. DOH requires that the ACF facilities develop or revise policies and procedures related to medication assistance as part of their corrective action. Each ACF is also responsible to provide Quality Assurance for medication management.

OMH has specific regulations for medication management for their residences and are responsible for oversight of all medication issues. OMH surveys residences using a multi-tier system, which is based on provider deficiencies. Greater deficiencies are associated with higher tiers and result in more frequent surveys.

The RRDC staff and SC educate staff of the OMH licensed residences regarding the waiver's policies and procedures. Every time the SC visits with a waiver participant, he or she assures that communication occurs with OMH residence staff about the waiver participant's status. This allows for discussion of any potentially harmful practices or findings raised by OMH residence staff with the SC.

Significant survey findings are included in the weekly event reports and monthly reports by NYSDOH surveillance staff that is shared within NYSDOH among the various offices including Office of Health Insurance Programs and the State Medicaid Director.

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (2 of 2)

c. Medication Administration by Waiver Providers

i. Provider Administration of Medications. *Select one:*

- ◉ **Not applicable.** *(do not complete the remaining items)*
- ○ **Waiver providers are responsible for the administration of medications to waiver participants who cannot self-administer and/or have responsibility to oversee participant self-administration of medications.** *(complete the remaining items)*

Do not complete the rest of this section

ii. State Policy. Summarize the State policies that apply to the administration of medications by waiver providers or waiver provider responsibilities when participants self-administer medications, including (if applicable) policies concerning medication administration by non-medical waiver provider personnel. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

iii. Medication Error Reporting. *Select one of the following:*

Providers that are responsible for medication administration are required to both record and report medication errors to a State agency (or agencies).
Complete the following three items:

(a) Specify State agency (or agencies) to which errors are reported:

(b) Specify the types of medication errors that providers are required to *record:*

(c) Specify the types of medication errors that providers must *report* to the State:

Providers responsible for medication administration are required to record medication errors but make information about medication errors available only when requested by the State.

Specify the types of medication errors that providers are required to record:

iv. State Oversight Responsibility. Specify the State agency (or agencies) responsible for monitoring the performance of waiver providers in the administration of medications to waiver participants and how monitoring is performed and its frequency.

Appendix G: Participant Safeguards

Quality Improvement: Health and Welfare

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Health and Welfare
The State, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.

i. Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the

method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of participants and/or his/her family or legal guardian who received information/education about how to report abuse, neglect, exploitation and other critical incidents as specified in the NHTD waiver.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval =

		95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of critical incidents for which corrective actions were verified within the required timeframe.

Data Source (Select one):
Critical events and incident reports
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative**

		Sample Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of satisfaction survey respondents who reported that people take their things, or use their things without asking.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Participant Satisfaction Survey data

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**

☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of satisfaction survey respondents who reported that someone hit or hurt them physically.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Participant Satisfaction Survey data

Responsible Party for	**Frequency of data**	**Sampling Approach***(check*

data collection/generation *(check each that applies):*	**collection/generation** *(check each that applies):*	*each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of satisfaction survey respondents who reported that waiver staff yelled or screamed at them.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Participant Satisfaction Survey data

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of critical incidents requiring investigation, by type.

Data Source (Select one):
Critical events and incident reports
If 'Other' is selected, specify:

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
The remediation process is initiated when RRDC or NYSDOH waiver staff identify a lack in the responsiveness of the service plan and/or services to meeting the needs of the participant, or any other issue related to administration of the NHTD waiver, and or health and welfare of the participant.

In such situations, the standard procedure is for NYSDOH and RRDC management staff to discuss the situation and collaboratively develop a plan of correction. Implementation and compliance with the plan of correction is monitored by NYSDOH and RRDC staff.

Should the plan of correction require a change in the participant's service, the NYSDOH waiver staff and the RRDC will work cooperatively to address the service deficiency and when necessary, transition the participant to another NHTD waiver service provider. To ensure continuity of service during the transition period, the original provider will be required to transfer the NHTD participant records and other pertinent documents to the new provider.

If the deficiency involves a service provider and implementation of the plan of correction does not sufficiently meet program requirements, the provider may be deemed unfit to continue to provide NHTD waiver services. Accordingly, NYSDOH waiver staff will issue a letter to the provider terminating their NHTD waiver provider status.

Documentation of remediation activities is accomplished by the following measures: correspondence between NYSDOH waiver staff, the RRDC, participants' and their legal guardians, and/or service providers; amended service plans; findings from retrospective record reviews and reports of follow-up meetings with participants; and the results of NYSDOH annual site visits. All such documents are maintained in the participant's case file and, as appropriate, by NYSDOH/OLTC.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines
When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently non-operational.

- (●) **No**
- ( ) **Yes**

Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix H: Quality Improvement Strategy (1 of 2)

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the State specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

Quality Improvement Strategy: Minimum Components

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QMS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I) , a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances;
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances;

In Appendix H of the application, a State describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the QMS* and revise it as necessary and appropriate.

If the State's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the State plans to

undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QMS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program.

Appendix H: Quality Improvement Strategy (2 of 2)

H-1: Systems Improvement

a. System Improvements

i. Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

Since the NHTD waiver was first approved, NYSDOH has reorganized its long term care (LTC) functions, providing multiple advantages for Quality Assurance/Quality Improvement (QA/QI) activities. The State's 1915 (c) waivers serve the LTC needs of Medicaid recipients, including those enrolled in the NHTD, Traumatic Brain Injury, Care At Home, Bridges To Health, and the Long Term Home Health Care Program, all under the management of the Deputy Commissioner for the Office of Long Term Care (OLTC). This facilitates cross-waiver analysis, comparison of identified problems, and implementation of solutions and best practices that lead to system change.

NYSDOH waiver staff continually monitor the quality of services within the NHTD program. The CMS Quality Framework approach, coupled with the OLTC continuous QA/QI system, ensures identification of program weakness and recommendations for design change. QA/QI activities are data-driven, and implemented throughout the waiver application period by waiver staff and other NYSDOH operational units.

The QA/QI goals are to: continuously improve the processes and services within the NHTD program and to provide person centered services that are safe, effective, participant-centered, timely, efficient, and equitable.

The process provides: technical assistance; training and education to waiver administrators and services providers; oversight and monitoring to ensure participants' safety and quality of life; rectification of individual problems in a timely manner; and continuous review, including reviews of participant satisfaction surveys, to identify and address emerging systemic issues.

The QA/QI process is a collaborative effort with RRDC staff and other stakeholders, that involves gathering and analyzing information from all programmatic levels: Local Departments of Social Services (LDSS), other State agencies such as the Office of Medicaid Inspector General (OMIG), and other Divisions within NYSDOH such as the Office of Health Insurance Programs (OHIP) responsible for Medicaid eligibility policy and the OLTC Surveillance staff. In addition, information is obtained from waiver participants, family members, waiver service providers, Regional Resource Development Center (RRDC) staff, and other interested stakeholders.

The QA/QI process has three necessary elements: discovery, remediation and continued improvement of the waiver program. To assist in discovery, NYSDOH waiver staff developed a statewide standardized database for use by all of the RRDC contractors. The database collects information regarding participants, providers, and Serious Reportable Incidents (SRI). Each RRDC is required to continually update and maintain the standardized database for its respective region.

The NYSDOH waiver staff use the database as a key source of information for waiver activities in each region: including participant demographics, notices of decision regarding waiver participation, Service Plan (SP) effective dates and services, cost of participant services, level of care assessments / reassessments, and outcomes of these assessments. NYSDOH staff analyze data to determine statewide and regional service utilization trends and identify emerging problematic trends, and work directly with RRDC staff to provide technical assistance in areas requiring immediate remediation and long range system wide quality

improvements.

SRI database information is used to identify problems and issues threatening the health, welfare and safety of waiver participants. Reported data includes the number and types of incidents by participant and in the aggregate. NYSDOH waiver staff review the data on a quarterly basis to assess trends on a statewide and regional level. For example, a provider which is servicing multiple regions is evaluated per region as well as on a statewide basis. Information obtained from SRI analysis is used to identify areas of risk to participant health and safety.

NYSDOH waiver staff also maintains a statewide database of approved NHTD waiver providers and is able to assess the availability of waiver services by providers on a regional basis. Information on each provider is entered into the database upon enrollment and updated by NYSDOH waiver staff as needed.

In addition to the database, other methods of discovery utilized by NYSDOH waiver staff include RRDC site visits, conference calls, and quarterly meetings and reports; review of participant satisfaction surveys, and complaint line calls; retrospective record reviews and desk audits; advisory board meetings, and NYSDOH surveillance team reports on surveyed providers.

NYSDOH waiver staff is in regular communication with OLTC surveillance staff regarding waiver trends, concerns, and the need to survey a waiver service provider. Outcomes of surveys are immediately shared with NYSDOH waiver staff, and used to identify required QI action.

This information is used for continuous quality improvement and remediation which may include additional training for RRDC staff and/or providers, clarification and/or changes to policies and procedures, and increased frequency of RRDC conference calls for technical assistance.

Reports summarizing analysis, findings, and recommendations for QA/QI are presented to senior OLTC managers. Recommendations are prioritized on the basis of the scope of the policy, impact on waiver participants, and overall ability of the State to accommodate any fiscal impact. Subsequent recommendations are approved in keeping with programmatic priorities, benefit to assurances for participant health and welfare, and the opportunity for administrative efficiency and system-wide reform.

NYSDOH waiver staff may implement system changes throughout the waiver application period when authorized by OLTC Executive Staff and the State Medicaid Director.

If the recommended system change is accepted, but cannot be made administratively, certain measures may require implementation through the established annual NYS Budget and legislative process. At this state, OLTC staff brief NYS Division of the Budget and legislative staff, and discuss the proposals with waiver participants, advocates, waiver providers, and other stakeholders to gain their input and support.

ii. System Improvement Activities

Responsible Party *(check each that applies):*	**Frequency of Monitoring and Analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Quality Improvement Committee**	☐ **Annually**
☑ **Other** Specify: RRDC	☑ **Other** Specify: Continuous and ongoing

b. System Design Changes

i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the State's targeted standards for systems improvement.

NYSDOH waiver staff monitor and assess the effectiveness of waiver system design changes with input from other sources. For example, when NYSDOH waiver staff initiate a program system change, benchmarks are identified and database elements designed to collect data by which to measure outcome effectiveness. Analysis is conducted in a manner timely to the nature of the initiative.

NYSDOH waiver staff also collaborate with NYSDOH surveillance teams to monitor newly implemented system design changes that affect service providers. Surveillance findings are shared with NYSDOH waiver staff and disseminated to OLTC senior management and RRDC staff to gauge overall effectiveness of waiver operations.

While performance measures, strategies and monitoring tools detailed in the waiver renewal application above form the basis of QA activities, all levels of stakeholder input are encouraged, each with a responsibility and opportunity described below for identifying problems (Discovery), developing solutions at the provider level (Remediation), and assisting in system changes in program policy (Improvement).

Level One: Waiver Participant and Natural (Informal) Supports.
Waiver participants and their families have an active role in the Discovery process through communicating problems or issues to his/her waiver service providers. Participants' active role in the Remediation process through their input for solutions is essential to assurance of successful outcomes.

QA/QI initiatives assure that waiver participants receive ongoing support, and have an opportunity to report concerns about their health and welfare through: service provider team meetings held at least every six (6) months; ongoing visits with the Service Coordinator; utilization of the NHTD Complaint Line; participation in satisfaction surveys; and timely response and follow-up to Serious Reportable Incidents by RRDC staff.

NYSDOH waiver staff monitor participant issues through analysis of information received from NHTD Complaint Line calls, RRDC on-site and retrospective record reviews, responses from participant satisfaction surveys, outcomes from Serious Reportable Incidents, and follow-up to surveillance reports.

Level Two: Service Coordinator and Other Waiver Service Providers.
Providers have a vital responsibility to monitor participant satisfaction through annual provider-based participant satisfaction surveys, during service provision, through an internal grievance procedure, and Serious Reportable Incident outcomes. Feedback is provided to the RRDC staff on identified positive and negative program effects. Negative effects will be corrected by providers and monitored by the RRDC staff for success. NYSDOH waiver staff provide technical assistance to providers as needed.

NYSDOH waiver staff monitor providers through NYSDOH surveillance reports, and during attendance at RRDC meetings, provider agency and RRDC staff technical assistance calls, and trend analysis of the Serious Reportable Incident process.

Level Three: RRDC/RRDS and Nurse Evaluator (NE).
The RRDC is the initial point of contact for the NHTD waiver program. The RRDS, with a lead role in the transition and diversion of waiver participants, is responsible for outreach, education and training, resource identification and referral, networking, assuring level of care, monitoring provider agencies, approving Service Plans, and tracking waiver expenditures.

The RRDC and RRDS play a vital role in quality assurance by ensuring efficient and prompt attention to the review and investigation of SRI reports and complaints (Appendix G). In addition, data is used on an ongoing basis to track trends and identify systemic quality issues for remediation. Follow-up by NYSDOH waiver staff is provided as needed to address findings and improve quality of care. Ongoing communication and quarterly reports of activities, issues, and adverse findings is provided by the RRDC to NYSDOH waiver staff.

NYSDOH waiver staff monitors RRDC performance through analysis of data from the statewide database; quarterly reports site visits, retrospective record reviews, participant satisfaction surveys, quarterly RRDC meetings, RRDS conference and technical assistance calls, and participant complaint lines.

Level Four: NYSDOH Waiver Staff.
The State is ultimately responsible for administering, oversight, and monitoring of the NHTD waiver program. NYSDOH waiver staff conducts ongoing reviews of providers and submitted quarterly and annual reports, and work collaboratively with OLTC surveillance staff, and other State agencies, such as the Office of the Medicaid Inspector General (OMIG) to monitor the effectiveness of LTC system change.

The Discovery process includes review of outcomes of serious reportable incidents, fair hearing decisions, complaint calls; random retrospective record reviews; RRDC site visits; financial desk audits; surveys of waiver providers; annual participant satisfaction surveys; level of care reviews; and, timeliness of service plan renewal and provision of services.

NYSDOH waiver staff utilize discovery measures on an ongoing basis to monitor participant outcomes to assure that waiver program standards are maintained, and QI initiatives implemented as needed. NYSDOH waiver staff review the success of quality improvement strategies through data analysis submitted in RRDC quarterly reports, quarterly RRDS meetings, RRDS technical assistance calls, and other informal communications. Through ongoing collaborative efforts, NYSDOH waiver staff share and analyze data for use in implementing remediation at the provider and/or regional level, and in developing strategies for implementation of system change initiatives on a Statewide level.

Monitoring efforts include review of outcomes of Serious Reportable Incidents, fair hearing decisions, hotline calls; random retrospective record reviews; RRDC site visits; financial desk audits; surveys of waiver providers; annual participant satisfaction surveys; level of care reviews; and, timeliness of service plan renewal and provision of services.

Results of these system change evaluation efforts are communicated to stakeholders, including participants, families, providers, agencies and other interested parties though monthly conference calls with waiver contractors; participation in regional forums with local social service district staff, routinely updated information and reports posted on the NYSDOH website, contact lists provided to all participants for ease of communication with waiver staff, and publication of policy changes and/or other points of programmatic interest in the monthly Medicaid Update. As necessary, providers and participants may be contacted directly through the mail.

In addition, NYSDOH waiver staff maintain open communication regarding the outcomes of waiver system change and ongoing improvements through a variety of forums, including: waiver provider meetings, quarterly RRDS meetings and conference calls, regional meetings, participant satisfaction surveys, and quarterly meetings of the NYS Most Integrated Setting Coordinating Council (MISCC).

ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

NYSDOH waiver staff review waiver quality improvement (QI) strategies on an ongoing basis, principally through follow-up on implementation of RRDC specific and systemic QI recommendations during site visits, case record and other report reviews, monthly RRDS conference calls, and quarterly RRDC meetings. Trend analysis of the findings reflects the strength and potential for improvements of the overall QI strategy. Identified outcomes that indicate a need to strengthen/refine the QI process are reported to OLTC senior management along with steps, if necessary, for corrective action. Modifications to the program are made as needed.

Appendix I: Financial Accountability

I-1: Financial Integrity and Accountability

Financial Integrity. Describe the methods that are employed to ensure the integrity of payments that have been made for waiver services, including: (a) requirements concerning the independent audit of provider agencies; (b) the financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits; and, (c) the agency (or agencies) responsible for conducting the financial audit program. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

NYS DOH is the single State agency responsible for monitoring and auditing payments made under the NYS Medicaid Program. Statewide audits of Medicaid funded programs are conducted by the Office of State Comptroller (OSC), the Office of the Attorney General (AG) and the Office of Medicaid Inspector General (OMIG). In addition, the Local Departments of Social Services (LDSS) conduct reviews and audit Medicaid funded programs in their districts.

These audits and reviews are directed at ensuring provider compliance with applicable laws, regulations, rules and policies of the Medicaid program as set forth by the Departments of Health and Mental Hygiene [Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York] and the eMedNY provider manuals.

18 NYCRR 517.3(b)(2) states, “All information regarding claims for payment submitted by or on behalf of the provider is subject to audit for a period of six years from the date the care, services or supplies were furnished or billed, whichever is later, and must be furnished, upon request, to the department, the Secretary of the United States Department of Health and Human Services, the Medicaid Fraud Control Unit or DOH for audit and review. . . ”

To ensure the integrity of provider claims for Medicaid payment of waiver services, the OMIG conducts audits of waiver providers as part of the agency's fiscal audit plan. All waiver providers are subject to audits performed by the OMIG. The frequency of audit of waiver providers will be dictated by overall audit demands and audit resources available to the OMIG. These providers will be targeted via Data Warehouse (eMedNY) monitoring and provider profiling which will identify claiming patterns that appear suspicious or aberrant. The DOH staff and/or the Regional Resource Development Specialist may also recommend providers to be audited and reviewed. DOH waiver staff also review paid claims through the eMedNY system and compare them to services listed in the waiver participant’s Service Plan.

As with any Medicaid service, Medicaid is the payer of last resort. If a waiver participant has third-party insurance coverage, he/she is required to inform the Local Department of Social Services of that coverage. Waiver service billing is the same as all Medicaid billing. Claims will be subject to the same adjudication process, which involves prepayment edits for third party billing.

If a waiver participant has third party coverage in the system and a provider tries to submit a claim to Medicaid prior to billing the third party, an edit will prevent the provider from receiving payment.

If it was found that a claim was paid prior to the input of third party insurance information, the State will pursue retroactive recovery of funds from the potentially liable third party insurance.

Under the provisions of the Single Audit Act as amended by the Single Audit Act Amendments of 1996, the New York State Division of Budget contracts with with an independent entity, Toski et al, to complete an annual audit of all major federal programs in New York State. The audit work is determined by a risk analysis of the programs, and therefore, can vary from year to year.

Appendix I: Financial Accountability

Quality Improvement: Financial Accountability

As a distinct component of the State’s quality improvement strategy, provide information in the following fields to detail the State’s methods for discovery and remediation.

a. Methods for Discovery: Financial Accountability
State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.

i. Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of claims for waiver services adjudicated through eMedNY that can be identified as specified in the waiver application.

Data Source (Select one):
Other
If 'Other' is selected, specify:

Claims processed through eMedNY

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of claims for waiver services adjudicated through eMedNY that can be identified as being provided to an enrolled waiver participant at the time of service

delivery.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Claims processed through eMedNY

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of claims for waiver services adjudicated through eMedNY not included in the approved service plan.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Claims processed through eMedNY

Responsible Party for data collection/generation *(check each that applies):*	**Frequency of data collection/generation** *(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95%
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
The remediation process is initiated when RRDC or NYSDOH waiver staff identifies any issue related to fiscal integrity in the administration of the NHTD waiver.

Remediation of financial issues begins immediately upon the discovery of any impropriety. DOH waiver staff, and other Department staff as appropriate, will immediately initiate remediation of any inappropriate claims processed through eMedNY. Remediation may include voiding payments, assigning penalties and sanctioning providers. In the case of home and vehicle modifications, DOH will initiate remediation by cancelling payments to home and vehicle contractors.

If the deficiency involves a service provider and implementation of the plan of correction does not sufficiently meet program requirements, the provider may be deemed unfit to continue to provide NHTD waiver services. Accordingly, DOH waiver staff will issue a letter to the provider terminating their NHTD waiver provider status.

Unsatisfactory home and vehicle modification contractors will be notified of their disqualification from further service by DOH. The RRDC and/or service coordinator will help the family find alternate contractors and craftsmen.

Documentation of remediation activities is accomplished by the following measures: correspondence between DOH waiver staff, the RRDCs, participants' and their legal guardians, and/or service providers; amended plans of care; findings from retrospective record reviews and reports of follow-up meetings with participants; and the results of DOH annual site visits. All such documents are maintained in the participant's case file and, as appropriate, by DOH/OLTC.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party *(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational.

- (●) **No**
- ( ) **Yes**

Please provide a detailed strategy for assuring Financial Accountability, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (1 of 3)

a. Rate Determination Methods. In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).

There are several methods employed to determine provider rates for the waiver services. While different methods are utilized, waiver payment rates are all sufficient to enlist enough qualified waiver providers. The NYS Division of Budget and NYSDOH are responsible for establishing a reimbursement rate for each waiver service.

With the exception of non-medical payments (such as Community Transitional Services, Assistive Technology, Environmental Modifications and Moving Assistance), all rates are established by maintaining a state established fee-for-service schedule and that includes regional adjustment factors.

The rates for Service Coordination, Community Integration Counseling, Home and Community Support Services, Independent Living Skills Training, Nutritional Counseling/Educational Services, Peer Mentoring, Positive Behavioral Interventions and Supports, Wellness Counseling Service, Respiratory Therapy, Respite Services and Structured Day Program are based on cost-reports that include the costs of labor, administration and overhead with adjustments for utilization factors. The rate for Congregate and Home Delivered Meals is based on the NYS Office of Aging contract with providers.

The RRDCs are an administrative cost for DOH and are compensated as contractors. The costs for RRDCs are not part of the rate setting process.

The rates for Assistive Technology, Community Transitional Services, Environmental Modification Services and Moving Assistance are based on actual costs plus an administrative fee. NYSDOH has assigned separate rate codes for amount of dollars for each of these services to track the amount/cost of each service that is provided. The rate codes are one-dollar ($1.00), ten-dollars ($10.00), one-hundred dollars ($100.00) and one-thousand dollars ($1000.00) per unit. This allows the waiver provider to bill, through the eMedNY system, the specific number of units which reflects the cost for these services.

The Explanation of Medical Benefits (EOMB) process is designed to inform participants of services provided to them according to Medicaid records, and seek to verify that services billed by providers were actually delivered. eMedNY provides waiver participants with EOMBs and instructions to be used as a means of communicating any discrepancies as it relates to the services billed by the waiver providers. EOMBs can be produced for all, or for a random sample of participants who received services. They can also be produced for specific participants, participants who received services from a specified provider, or participants receiving services related to a specified procedure or formulary code. The population of participants who receive EOMBs is dictated by a set of user specified criteria. The maximum number that will be produced for a month is limited to 5,000 EOMBs for New York State Medicaid recipients.

NYSDOH gives public notice required by the State Administrative Procedure Act (SAPA) and other State Laws of

any amendment to its regulations regarding the rate-setting methodology. SAPA requires that a Notice of Proposed Rulemaking include a name, public office address and telephone number for an agency representative to whom written views and arguments may be submitted.

Information about all NHTD service payment rates is made available to waiver participants in several ways. Applicants or participants can go on-line and review all approved NHTD rates. Additionally, the rate information for every waiver service they receive is included in the approved service plan. Each Service Plan describes the frequency and duration of each service, the annual amount of units, the rate per unit and the total annual cost of each service.

Pursuant to NYCRR 763.2 Patient rights, participants must be provided a statement of the services available from the selected agency and the related charges. During waiver service plan development, the cost of services is discussed with the participant and/or legal representative.

b. Flow of Billings. Describe the flow of billings for waiver services, specifying whether provider billings flow directly from providers to the State's claims payment system or whether billings are routed through other intermediary entities. If billings flow through other intermediary entities, specify the entities:

The flow of billing goes from the waiver provider directly to the state's fiscal agent Computer Sciences Corporation (CSC) claims processing system, eMedNY. In the eMedNY system, the reimbursement for the services provided is tested against whether the waiver service was: provided to a Medicaid recipient who has been approved for this waiver, whether it has the right rate code and whether the waiver provider has been approved to provide the billed service.

The Medicaid provider is responsible for ensuring the accuracy of appropriate Medicaid data, such as the Medicaid provider ID, Medicaid recipient ID, date of service, that the service was provided to an approved waiver participant and the rate code for the services provided. The eMedNY system adjudicates the claim and reimbursement is issued directly to the provider.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (2 of 3)

c. Certifying Public Expenditures *(select one)*:

- (○) **No. State or local government agencies do not certify expenditures for waiver services.**
- ( ) **Yes. State or local government agencies directly expend funds for part or all of the cost of waiver services and certify their State government expenditures (CPE) in lieu of billing that amount to Medicaid.**

***Select at least one*:**

- [ ] **Certified Public Expenditures (CPE) of State Public Agencies.**

  Specify: (a) the State government agency or agencies that certify public expenditures for waiver services; (b) how it is assured that the CPE is based on the total computable costs for waiver services; and, (c) how the State verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51(b).*(Indicate source of revenue for CPEs in Item I-4-a.)*

- [ ] **Certified Public Expenditures (CPE) of Local Government Agencies.**

  Specify: (a) the local government agencies that incur certified public expenditures for waiver services; (b) how it is assured that the CPE is based on total computable costs for waiver services; and, (c) how the State verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51(b). *(Indicate source of revenue for CPEs in Item I-4-b.)*

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (3 of 3)

d. Billing Validation Process. Describe the process for validating provider billings to produce the claim for federal financial participation, including the mechanism(s) to assure that all claims for payment are made only: (a) when the individual was eligible for Medicaid waiver payment on the date of service; (b) when the service was included in the participant's approved service plan; and, (c) the services were provided:

NYSDOH compares claims data from the eMedNY system to approved service plans on an annual basis and otherwise indicated to ensure that all billed claims are included in the participant's service plan.

When the payment claim is submitted to eMedNY a series of edits ensure the validation of the data. Some edits include: Medicaid eligibility; whether the individual was enrolled in the waiver program; and whether the Service Providers are enrolled waiver service providers in NYS Medicaid. NYSDOH confirms that the edit test to ensure that a participant is eligible for waiver services will also verify that the participant was eligible on the date the service was provided. In addition, NYSDOH confirms that all waiver claims paid through eMedNY will be subject to all the common payment integrity edit tests, as well as those specific to waiver transactions.

NYSDOH waiver staff conducts a random retrospective record audit annually using a statistically appropriate sample size determined by the software program available at the Raosoft website to allow valid analysis and conclusions to be drawn from the results. Sample size will be based on a 95% confidence level with a margin of error of ± 5% (p is less than or equal to .05). This review focuses on whether the services provided were part of the approved service plan and whether the amount of services was prior approved. An automated database is currently being implemented to facilitate and support this process. Until fully implemented, NYSDOH waiver staff will continue to manually run queries to review participant Service Plans and compare them with claims data from the eMedNY system. The billing queries will be run on the same service plans that were part of the retrospective reviews. Validation of services provided will occur through various means including provider audits and the Participant Satisfaction Survey process.

The EOMB process is designed to verify with waiver participants that services billed by providers were actually delivered. eMedNY provides waiver participants with EOMB forms and instructions to be used as a means of communicating any discrepancies as it relates to the services billed by the waiver providers. EOMBs can be produced for all, for a random sample of participants who received services, for specific participants, participants who received services from a specified provider, or participants receiving services related to a specified procedure or formulary code. The population of participants who receive EOMBs is dictated by a set of user specified criteria. The maximum number produced for a month is limited to 5,000 EOMBs for NYS Medicaid recipients.

To ensure that claims will meet the essential test that billed waiver services have actually been provided to waiver participants, OMIG conducts waiver provider audits to verify that all Medicaid claims for reimbursement are supported with a record of the services provided. The record includes:
- Name of participant;
- Date of Service;
- Staff performing the activity and time and attendance records;
- Start and end time of each session;
- Description of the activities performed during the session; and
- Participant's service goal plans that are being worked on and the participant's progress toward attaining those goals.

Furthermore, as part of the claim submission process, providers must sign a Claim Certification Statement which includes certification that services were furnished and records pertaining to services will be kept for a minimum of six years.

NYSDOH validates service provision through various methods, including: Explanation of Medical Benefits (EOMB) letters, provider audits, eMedNY claims, record reviews conducted by RRDC and NYSDOH waiver staff, RRDC surveys, Serious Reportable Incidents, and follow-up to complaint calls to RRDC staff and NYSDOH. NYSDOH waiver staff also validate for paid services were actually provided to waiver participants through a Participant

Satisfaction Survey. During this Survey, participants are asked about their experiences with the services that they have received. Responses to the Survey are shared with the RRDS and NYSDOH waiver staff. NYSDOH waiver staff will follow up on areas of concerns and may request a financial audit to verify the validity of billed services.

In addition, for Environmental Modifications, Assistive Technology purchases, Community Transitional Services and Moving Assistance, the Service Coordinator receives projected cost estimates and the actual costs from the provider to ensure that these costs are compatible. If there is a ten percent (10%) or greater difference between the projected and actual costs the provider must provide a justification for the increase. Upon financial audit of the provider, OMIG will ensure that the claim amount is the same as the actual cost amount. In addition, as with any waiver service, all providers of Environmental Modifications, Assistive Technology, Community Transitional Services and Moving Assistance are enrolled NHTD Medicaid waiver providers, subject to financial audits by OMIG. All NHTD waiver service providers are responsible for keeping records sufficient to substantiate any Medicaid claims. These providers are audited on the accuracy and validity of such records to ensure that claim amounts are accurate and valid.

Community Transitional Services and Moving Assistance are billed to eMedNY through a Service Coordination agency chosen by the waiver participant. The Service Coordination agency must keep receipts for services rendered and reimbursed as part of their record keeping requirements. Through a survey or audit, the survey component of NYSDOH and/or OMIG will examine the records of the Service Coordination agency to confirm that the receipts are present, and that the claim was accurate and valid based on the documentation of expenditures in the waiver participant's file.

e. Billing and Claims Record Maintenance Requirement. Records documenting the audit trail of adjudicated claims (including supporting documentation) are maintained by the Medicaid agency, the operating agency (if applicable), and providers of waiver services for a minimum period of 3 years as required in 45 CFR §92.42.

Appendix I: Financial Accountability

I-3: Payment (1 of 7)

a. Method of payments -- MMIS (*select one*):

- (●) **Payments for all waiver services are made through an approved Medicaid Management Information System (MMIS).**
- ( ) **Payments for some, but not all, waiver services are made through an approved MMIS.**

  Specify: (a) the waiver services that are not paid through an approved MMIS; (b) the process for making such payments and the entity that processes payments; (c) and how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

- ( ) **Payments for waiver services are not made through an approved MMIS.**

  Specify: (a) the process by which payments are made and the entity that processes payments; (b) how and through which system(s) the payments are processed; (c) how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

- ( ) **Payments for waiver services are made by a managed care entity or entities. The managed care entity is paid a monthly capitated payment per eligible enrollee through an approved MMIS.**

  Describe how payments are made to the managed care entity or entities:

Appendix I: Financial Accountability

I-3: Payment (2 of 7)

b. Direct payment. In addition to providing that the Medicaid agency makes payments directly to providers of waiver services, payments for waiver services are made utilizing one or more of the following arrangements (*select at least one*):

- ☐ **The Medicaid agency makes payments directly and does not use a fiscal agent (comprehensive or limited) or a managed care entity or entities.**
- ☑ **The Medicaid agency pays providers through the same fiscal agent used for the rest of the Medicaid program.**
- ☐ **The Medicaid agency pays providers of some or all waiver services through the use of a limited fiscal agent.**

Specify the limited fiscal agent, the waiver services for which the limited fiscal agent makes payment, the functions that the limited fiscal agent performs in paying waiver claims, and the methods by which the Medicaid agency oversees the operations of the limited fiscal agent:

- ☐ **Providers are paid by a managed care entity or entities for services that are included in the State's contract with the entity.**

Specify how providers are paid for the services (if any) not included in the State's contract with managed care entities.

Appendix I: Financial Accountability

I-3: Payment (3 of 7)

c. Supplemental or Enhanced Payments. Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan/waiver. Specify whether supplemental or enhanced payments are made. *Select one:*

- ◉ **No. The State does not make supplemental or enhanced payments for waiver services.**
- ○ **Yes. The State makes supplemental or enhanced payments for waiver services.**

Describe: (a) the nature of the supplemental or enhanced payments that are made and the waiver services for which these payments are made; (b) the types of providers to which such payments are made; (c) the source of the non-Federal share of the supplemental or enhanced payment; and, (d) whether providers eligible to receive the supplemental or enhanced payment retain 100% of the total computable expenditure claimed by the State to CMS. Upon request, the State will furnish CMS with detailed information about the total amount of supplemental or enhanced payments to each provider type in the waiver.

Appendix I: Financial Accountability

I-3: Payment (4 of 7)

d. Payments to State or Local Government Providers. *Specify whether State or local government providers receive payment for the provision of waiver services.*

- (●) **No. State or local government providers do not receive payment for waiver services.** Do not complete Item I-3-e.
- ( ) **Yes. State or local government providers receive payment for waiver services.** Complete Item I-3-e.

Specify the types of State or local government providers that receive payment for waiver services and the services that the State or local government providers furnish: *Complete item I-3-e.*

Appendix I: Financial Accountability

I-3: Payment (5 of 7)

e. Amount of Payment to State or Local Government Providers.

Specify whether any State or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed its reasonable costs of providing waiver services and, if so, whether and how the State recoups the excess and returns the Federal share of the excess to CMS on the quarterly expenditure report. *Select one:*

Answers provided in Appendix I-3-d indicate that you do not need to complete this section.

- ( ) **The amount paid to State or local government providers is the same as the amount paid to private providers of the same service.**
- ( ) **The amount paid to State or local government providers differs from the amount paid to private providers of the same service. No public provider receives payments that in the aggregate exceed its reasonable costs of providing waiver services.**
- ( ) **The amount paid to State or local government providers differs from the amount paid to private providers of the same service. When a State or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed the cost of waiver services, the State recoups the excess and returns the federal share of the excess to CMS on the quarterly expenditure report.**

Describe the recoupment process:

Appendix I: Financial Accountability

I-3: Payment (6 of 7)

f. Provider Retention of Payments. Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by states for services under the approved waiver. *Select one:*

- (●) **Providers receive and retain 100 percent of the amount claimed to CMS for waiver services.**
- ( ) **Providers are paid by a managed care entity (or entities) that is paid a monthly capitated payment.**

Specify whether the monthly capitated payment to managed care entities is reduced or returned in part to the State.

Appendix I: Financial Accountability

I-3: Payment (7 of 7)

g. Additional Payment Arrangements

i. Voluntary Reassignment of Payments to a Governmental Agency. *Select one:*

- ( ) **No. The State does not provide that providers may voluntarily reassign their right to direct payments to a governmental agency.**
- (●) **Yes. Providers may voluntarily reassign their right to direct payments to a governmental agency as provided in 42 CFR §447.10(e).**

Specify the governmental agency (or agencies) to which reassignment may be made.

Any agency that qualifies as governmental such as, SONYMA and the Dormitory Authority.

ii. Organized Health Care Delivery System. *Select one:*

- (●) **No. The State does not employ Organized Health Care Delivery System (OHCDS) arrangements under the provisions of 42 CFR §447.10.**
- ( ) **Yes. The waiver provides for the use of Organized Health Care Delivery System arrangements under the provisions of 42 CFR §447.10.**

Specify the following: (a) the entities that are designated as an OHCDS and how these entities qualify for designation as an OHCDS; (b) the procedures for direct provider enrollment when a provider does not voluntarily agree to contract with a designated OHCDS; (c) the method(s) for assuring that participants have free choice of qualified providers when an OHCDS arrangement is employed, including the selection of providers not affiliated with the OHCDS; (d) the method(s) for assuring that providers that furnish services under contract with an OHCDS meet applicable provider qualifications under the waiver; (e) how it is assured that OHCDS contracts with providers meet applicable requirements; and, (f) how financial accountability is assured when an OHCDS arrangement is used:

iii. Contracts with MCOs, PIHPs or PAHPs. *Select one:*

- (●) **The State does not contract with MCOs, PIHPs or PAHPs for the provision of waiver services.**
- ( ) **The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of waiver and other services. Participants may voluntarily elect to receive**

waiver and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency.

Describe: (a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1); (b) the geographic areas served by these plans; (c) the waiver and other services furnished by these plans; and, (d) how payments are made to the health plans.

○ **This waiver is a part of a concurrent §1915(b)/§1915(c) waiver. Participants are required to obtain waiver and other services through a MCO and/or prepaid inpatient health plan (PIHP) or a prepaid ambulatory health plan (PAHP). The §1915(b) waiver specifies the types of health plans that are used and how payments to these plans are made.**

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (1 of 3)

a. State Level Source(s) of the Non-Federal Share of Computable Waiver Costs. Specify the State source or sources of the non-federal share of computable waiver costs. *Select at least one*:

☑ **Appropriation of State Tax Revenues to the State Medicaid agency**

☑ **Appropriation of State Tax Revenues to a State Agency other than the Medicaid Agency.**

If the source of the non-federal share is appropriations to another state agency (or agencies), specify: (a) the State entity or agency receiving appropriated funds and (b) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if the funds are directly expended by State agencies as CPEs, as indicated in Item I-2-c:

In addition to the Department of Health (DOH), the State share of Medicaid is appropriated in the Office of People with Developmental Disabilities (OPWDD), Mental Health (OMH), Office of Children and Family Services (OCFS), Office of Alcoholism and Substance Abuse Services (OASAS), and State Education Department budgets. For these agencies first instance State share DOH expenditures are journal transferred to the other state agencies, or the other state agency appropriations are transferred to DOH using the certificate of approval process (funding control mechanism specified in the State Finance Law.)

Other State agencies are charged for the non-federal share of their program retroactively by NYSDOH. This is achieved through the use of journal transfers wherein the State share of expenditures is transferred from NYSDOH to other State agencies, such as Office for People With Developmental Disabilities (OPWDD), Mental Health (OMH), and Alcohol and Substance Abuse Services (OASAS), where the funds are appropriated. For the Office of Children and Family Services (OCFS) the State appropriation authority is transferred to the NYDSOH to allow expenditure of funds for their programs.

Initially, the State share of the weekly Medicaid cycle is charged to NYSDOH accounts. At a later date, the other state agencies (OMH, OPWDD, OASAS) are charged for the state share via a journal transfer when the respective shares are known for these agencies. In addition, this procedure is necessary because the NYSDOH is responsible for making sure that funds are in place each week to pay the cycle. The NYSDOH cannot assure that funds in other state agencies are available when the cycle is charged initially.

☑ **Other State Level Source(s) of Funds.**

Specify: (a) the source and nature of funds; (b) the entity or agency that receives the funds; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by State agencies as CPEs, as indicated in Item I-2- c:

In addition to the State's General Fund-Local Assistance Account appropriation, DOH has two HCRA Resources Fund appropriated accounts (the Indigent Care Account and the Medical Assistance Account) and a Miscellaneous Special Revenue Fund appropriation (Medical Assistance Account) that fund the state share of Medicaid. The HCRA accounts are funded with HCRA revenues as specified in sections 2807-k, 2807-w, 2807-v, and 2807-l of the NYS Public Health Law. Revenue for the Medical Assistance Account results from assessments on the gross cash receipts of nursing homes, hospitals, certified home health agencies, long term home health care providers and personal care providers (as specified in sections 2807-d, 3614-a and 3614-b of the NYS Public Health Law and section 367-i of the Social Services Law.) In addition, the Local Assistance Account receives a refund of appropriation from drug rebates, audit recoveries and refunds, and third party recoveries.

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (2 of 3)

b. Local Government or Other Source(s) of the Non-Federal Share of Computable Waiver Costs. Specify the source or sources of the non-federal share of computable waiver costs that are not from state sources. *Select One*:

○ **Not Applicable**. There are no local government level sources of funds utilized as the non-federal share.

◉ **Applicable**

Check each that applies:

☐ **Appropriation of Local Government Revenues.**

Specify: (a) the local government entity or entities that have the authority to levy taxes or other revenues; (b) the source(s) of revenue; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement (indicate any intervening entities in the transfer process), and/or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2-c:

☑ **Other Local Government Level Source(s) of Funds.**

Specify: (a) the source of funds; (b) the local government entity or agency receiving funds; and, (c) the mechanism that is used to transfer the funds to the State Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and /or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2- c:

Counties in New York State and the City of New York have the authority to levy taxes and other revenues. These local entities may raise revenue in a variety of ways including taxes, surcharges and user fees. Effective January 1, 2006, the local share of Medicaid was capped for each state fiscal year as specified in Chapter 58 of the Laws of 2005 as modified by Chapter 63 of the Laws of 2005 and Chapter 57 of the Laws of 2006 (local cap.). The counties and NYC wire transfer funds as calculated pursuant to the local cap to the state each week for their share of the weekly Medicaid cycle. Additionally, local share payments made outside of the Medicaid cycle are reimbursed fully by the State.

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (3 of 3)

c. Information Concerning Certain Sources of Funds. Indicate whether any of the funds listed in Items I-4-a or I-4-b that make up the non-federal share of computable waiver costs come from the following sources: (a) health care-related taxes or fees; (b) provider-related donations; and/or, (c) federal funds. *Select one*:

○ **None of the specified sources of funds contribute to the non-federal share of computable waiver costs**

◉ **The following source(s) are used**

Check each that applies:

☑ **Health care-related taxes or fees**

☐ **Provider-related donations**

☐ **Federal funds**

For each source of funds indicated above, describe the source of the funds in detail:

The State utilizes revenue from the following health provider tax programs to assist in financing its overall health care delivery system:

• Cash assessments pursuant to sections 2807-d, 3614-a and 3614-b of the New York Public Health Law (PHL), and section 367-I of the New York Social Services Law, on nursing homes, hospitals, certified home health agencies, long term home health care, personal care, diagnostic and treatment centers, ambulatory surgical center services.
• Surcharges on net patient services revenue for certain hospital and comprehensive clinics.

Appendix I: Financial Accountability

I-5: Exclusion of Medicaid Payment for Room and Board

a. Services Furnished in Residential Settings. *Select one:*

○ **No services under this waiver are furnished in residential settings other than the private residence of the individual.**

◉ **As specified in Appendix C, the State furnishes waiver services in residential settings other than the personal home of the individual.**

b. Method for Excluding the Cost of Room and Board Furnished in Residential Settings. The following describes the methodology that the State uses to exclude Medicaid payment for room and board in residential settings:

Rates for waiver services are calculated on a statewide basis, with consideration made for regional differences in market basket costs. Rates are the same for a service regardless of type of living arrangements of the waiver participant. Thus, the provision of a service in a waiver participant's home will be the same as when the same service is provided in an Adult Home in the same region. There is no consideration of the cost of room and board when developing residential rates.

Appendix I: Financial Accountability

I-6: Payment for Rent and Food Expenses of an Unrelated Live-In Caregiver

Reimbursement for the Rent and Food Expenses of an Unrelated Live-In Personal Caregiver. *Select one:*

◉ **No. The State does not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who resides in the same household as the participant.**

○ **Yes. Per 42 CFR §441.310(a)(2)(ii), the State will claim FFP for the additional costs of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who resides in the same household as the waiver participant. The State describes its coverage of live-in caregiver in Appendix C-3 and the costs attributable to rent and food for the live-in caregiver are reflected separately in the computation of factor D (cost of waiver services) in Appendix J. FFP for rent and food for a live-in caregiver will not be claimed when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services.**

The following is an explanation of: (a) the method used to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver and (b) the method used to reimburse these costs:

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (1 of 5)

a. Co-Payment Requirements. Specify whether the State imposes a co-payment or similar charge upon waiver participants for waiver services. These charges are calculated per service and have the effect of reducing the total computable claim for federal financial participation. *Select one:*

- (●) **No. The State does not impose a co-payment or similar charge upon participants for waiver services.**
- ( ) **Yes. The State imposes a co-payment or similar charge upon participants for one or more waiver services.**

i. Co-Pay Arrangement.

Specify the types of co-pay arrangements that are imposed on waiver participants (*check each that applies*):

Charges Associated with the Provision of Waiver Services *(if any are checked, complete Items I-7-a-ii through I-7-a-iv):*

- [ ] **Nominal deductible**
- [ ] **Coinsurance**
- [ ] **Co-Payment**
- [ ] **Other charge**

Specify:

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (2 of 5)

a. Co-Payment Requirements.

ii. Participants Subject to Co-pay Charges for Waiver Services.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (3 of 5)

a. Co-Payment Requirements.

iii. Amount of Co-Pay Charges for Waiver Services.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (4 of 5)

a. Co-Payment Requirements.

iv. Cumulative Maximum Charges.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (5 of 5)

b. Other State Requirement for Cost Sharing. Specify whether the State imposes a premium, enrollment fee or similar cost sharing on waiver participants. *Select one*:

- (●) **No. The State does not impose a premium, enrollment fee, or similar cost-sharing arrangement on waiver participants.**
- ( ) **Yes. The State imposes a premium, enrollment fee or similar cost-sharing arrangement.**

Describe in detail the cost sharing arrangement, including: (a) the type of cost sharing (e.g., premium, enrollment fee); (b) the amount of charge and how the amount of the charge is related to total gross family income; (c) the groups of participants subject to cost-sharing and the groups who are excluded; and, (d) the mechanisms for the collection of cost-sharing and reporting the amount collected on the CMS 64:

Appendix J: Cost Neutrality Demonstration

J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

Composite Overview. Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2d have been completed.

Level(s) of Care: Nursing Facility

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Col 7 less Column4)
1	28490.10	28294.00	56784.10	60432.00	8799.00	69231.00	12446.90
2	33200.21	28775.00	61975.21	61460.00	8948.00	70408.00	8432.79
3	33373.89	29264.00	62637.89	62504.00	9100.00	71604.00	8966.11
4	34001.06	29762.00	63763.06	63567.00	9255.00	72822.00	9058.94

5	34078.39	30267.00	64345.39	64648.00	9413.00	74061.00	9715.61

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (1 of 9)

a. Number Of Unduplicated Participants Served. Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

Table: J-2-a: Unduplicated Participants

Waiver Year	Total Number Unduplicated Number of Participants (from Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)
		Level of Care:
		Nursing Facility
Year 1	**1800**	1800
Year 2	**2300**	2300
Year 3	**2900**	2900
Year 4	**3500**	3500
Year 5	**4200**	4200

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (2 of 9)

b. Average Length of Stay. Describe the basis of the estimate of the average length of stay on the waiver by participants in item J-2-a.

The average length of stay (ALOS) is based, in the first instance, on submitted 372 data for the period 9/1/08-8/31/09, during which participants were phased-in primarily over the last months of the reporting period. Subsequent 372 data indicates a steadily increasing ALOS factor. The renewal application reflects a more mature program, with a base of participants enrolled in previous years who will continue to receive services for a full year (365 days), adjusted by new participants receiving services on a phased basis over the course of the new waiver year. Accordingly, the ALOS for the waiver renewal period is projected at 10 months to reflect the mix of participants mentioned above.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (3 of 9)

c. Derivation of Estimates for Each Factor. Provide a narrative description for the derivation of the estimates of the following factors.

i. Factor D Derivation. The estimates of Factor D for each waiver year are located in Item J-2-d. The basis for these estimates is as follows:

Factor D values are derived from the estimated unit cost of each waiver service based on established payment rates and the number of units per service (based on established limits and full year data historic usage) to be delivered annually, multiplied by the number of participants expected to receive each service. Factor D estimates for the number of users for each service were based on the most current information available at the time of renewal application. The projected number of users reflects the percentage of the total number (491) of NHTD participants using each service on 4/21/10 multiplied by the estimated average enrollment for each

waiver year. In the instance of the newly requested RRDC Interim Service Coordination, reimbursement and utilization were estimated based on similar Initial Service Coordination rate pending finalization of the rate setting process.

The estimated average enrollment for Year 1 of the waiver renewal period reflects an assumed continuation of the 300 percent increase over the prior year. This steep rate of increase reflects the building momentum of the waiver program and public education and outreach initiatives. Accordingly, projected Year 1 NHTD enrollment builds on the anticipated 9/1/10 base of 600 participants increased, to reflect the present trend, to 1800. Enrollment estimates for the four out year waiver periods build on the 2011 year end projection of 1800 and continuation of the current average increase of seven participants per week trended upward by an estimated ten percent to reflect the impact of ongoing outreach to nursing home residents and others interested in community based long term care.

The waiver renewal does not project unit cost increases over the four subsequent years of the waiver reflecting current fiscal constraints that, at the present time, preclude cost of living increases.

ii. **Factor D' Derivation.** The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor D' values are estimated based on the most recent NYS NHTD 372 data for Waiver Year 2, (9/1/08-8/31/09) submitted to CMS with the prior RAI response. The broader range of data was necessary due to the low number of participants served during the approved 372 report for waiver year one (9/01/07- 8/31/08). The 372 data includes all Medicaid State Plan service costs, including any institutional or other care received by NHTD waiver participants such as: acute care, personal care, medical transportation, physicians, clinics, and laboratory services. However, since participation was still very low at that time (196 for an average 124 days), the D' amount was adjusted to reflect full year implementation adjusted for the projected average length of stay of ten months (See Appendix J-2-b). The values are trended forward by 1.7 percent for the five waiver renewal years, consistent with institutional cost projections using NYS authorized trend factors for nursing home costs.

iii. **Factor G Derivation.** The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor G values were estimated using NYS actual full year expenditure data for institutional (nursing home) care of Medicaid recipients comparable to NHTD participants for dates of service 9/1/08-8/31/09 (waiver year two) generated from the eMedNY, AFPP Data Mart Claims system. [See Appendix I-1 for description of the eMedNY system.] The values were trended forward using NYS authorized trend factors for nursing home costs, 1.7 percent for the five waiver renewal years.

iv. **Factor G' Derivation.** The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor G' values were estimated by using actual full year NYS expenditure data for all non-institutional MA State Plan services for the same NHTD comparable Medicaid recipient group as for Factor G for dates of service during the 9/1/08-8/31/09 waiver year. This information was generated from the eMedNY AFPP Data Mart Claims system. The values were trended forward using NYS authorized trend factors for nursing home costs, 1.7 percent for the five waiver renewal years.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (4 of 9)

Component management for waiver services. If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select "*manage components*" to add these components.

Waiver Services
Respite
Service Coordination
Assistive Technology
Community Integration Counseling Services

Community Transitional Services
Congregate and Home Delivered Meals Services
Environmental Modifications Services
Home and Community Support Services
Home Visits by Medical Personnel
Independent Living Skills Training Services
Moving Assistance Services
Nutritional Counseling/Educational Services
Peer Mentoring
Positive and Behavioral Interventions and Supports Services
Respiratory Therapy Services
Structured Day Program Services
Wellness Counseling Service

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (5 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 1

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite Total:							76905.10
Respite	☐	Per Day	46	5.00	334.37	**76905.10**	
Service Coordination Total:							5653106.53
Initial Service Coordination – Diversion	☐	One Time	738	1.00	600.66	**443287.08**	
Initial Service Coordination Transition – Short Term Nursing Home Stay	☐	One Time	63	1.00	1040.39	**65544.57**	
Initial Service Coordination Transition – Long Term Nursing Home Stay	☐	One Time	252	1.00	1480.11	**372987.72**	
Ongoing Service Coordination	☐	Per Month	1400	7.00	439.73	**4309354.00**	
RRDC Interim Service Coordination	☐	Per Month	148	3.00	1040.39	**461933.16**	
Assistive Technology Total:							555000.00
Assistive Technology	☐	One Time up to	222	1.00	2500.00	**555000.00**	
Community Integration Counseling Services Total:							231724.80
Community Integration Counseling	☐	Per Hour	240	12.00	80.46	**231724.80**	

Services							
Community Transitional Services Total:							385000.00
Community Transitional Services	☐	One Time up to	154	1.00	2500.00	**385000.00**	
Congregate and Home Delivered Meals Services Total:							68000.00
Congregate and Home Delivered Meals Services	☐	Per Meal	34	200.00	10.00	**68000.00**	
Environmental Modifications Services Total:							412500.00
Environmental Modifications Services	☐	One Time up to	165	1.00	2500.00	**412500.00**	
Home and Community Support Services Total:							42373380.00
Home and Community Support Services	☐	Per Hour	699	3031.00	20.00	**42373380.00**	
Home Visits by Medical Personnel Total:							3600.00
Home Visits by Medical Personnel	☐	20 Minutes	5	18.00	40.00	**3600.00**	
Independent Living Skills Training Services Total:							913289.00
Independent Living Skills Training Services	☐	Per Hour	431	52.00	40.75	**913289.00**	
Moving Assistance Services Total:							85000.00
Moving Assistance Services	☐	One Time up to	34	1.00	2500.00	**85000.00**	
Nutritional Counseling/Educational Services Total:							16608.00
Nutritional Counseling/Educational Services	☐	Per Visit	48	4.00	86.50	**16608.00**	
Peer Mentoring Total:							4650.00
Peer Mentoring	☐	Per Hour	31	6.00	25.00	**4650.00**	
Positive and Behavioral Interventions and Supports Services Total:							17225.78
Positive and Behavioral Interventions and Supports Services	☐	Per Hour	11	26.00	60.23	**17225.78**	
Respiratory Therapy Services Total:							7014.00
Respiratory Therapy Services	☐	Per Visit	14	6.00	83.50	**7014.00**	
Structured Day Program Services Total:							473602.50
Structured Day Program Services	☐	Per Hour	97	250.00	19.53	**473602.50**	
Wellness Counseling Service Total:							5580.00
Wellness Counseling Service	☐	Per Visit	31	6.00	30.00	**5580.00**	
					GRAND TOTAL:		**51282185.71**

Total Estimated Unduplicated Participants:	**1800**
Factor D (Divide total by number of participants):	**28490.10**
Average Length of Stay on the Waiver:	304

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (6 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 2

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite Total:							112013.95
Respite	☐	Per Day	67	5.00	334.37	**112013.95**	
Service Coordination Total:							9575442.51
Initial Service Coordination – Diversion	☐	One Time	308	1.00	600.66	**185003.28**	
Initial Service Coordination Transition – Short Term Nursing Home Stay	☐	One Time	26	1.00	1040.39	**27050.14**	
Initial Service Coordination Transition – Long Term Nursing Home Stay	☐	One Time	105	1.00	1480.11	**155411.55**	
Ongoing Service Coordination	☐	Per Month	2050	10.00	439.73	**9014465.00**	
RRDC Interim Service Coordination	☐	Per Month	62	3.00	1040.39	**193512.54**	
Assistive Technology Total:							815000.00
Assistive Technology	☐	One Time up to	326	1.00	2500.00	**815000.00**	
Community Integration Counseling Services Total:							338897.52
Community Integration Counseling Services	☐	Per Hour	351	12.00	80.46	**338897.52**	
Community Transitional Services Total:							562500.00
Community Transitional Services	☐	One Time up to	225	1.00	2500.00	**562500.00**	
Congregate and Home Delivered Meals Services Total:							100000.00
Congregate and Home Delivered Meals Services	☐	Per Meal	50	200.00	10.00	**100000.00**	
Environmental Modifications Services Total:							605000.00

Environmental Modifications Services	☐	One Time up to	242	1.00	2500.00	**605000.00**	
Home and Community Support Services Total:							62014260.00
Home and Community Support Services	☐	Per Hour	1023	3031.00	20.00	**62014260.00**	
Home Visits by Medical Personnel Total:							7200.00
Home Visits by Medical Personnel	☐	20 Minutes	10	18.00	40.00	**7200.00**	
Independent Living Skills Training Services Total:							1334970.00
Independent Living Skills Training Services	☐	Per Hour	630	52.00	40.75	**1334970.00**	
Moving Assistance Services Total:							125000.00
Moving Assistance Services	☑	One Time up to	50	1.00	2500.00	**125000.00**	
Nutritional Counseling/Educational Services Total:							24566.00
Nutritional Counseling/Educational Services	☐	Per Visit	71	4.00	86.50	**24566.00**	
Peer Mentoring Total:							6900.00
Peer Mentoring	☐	Per Hour	46	6.00	25.00	**6900.00**	
Positive and Behavioral Interventions and Supports Services Total:							26621.66
Positive and Behavioral Interventions and Supports Services	☐	Per Hour	17	26.00	60.23	**26621.66**	
Respiratory Therapy Services Total:							10521.00
Respiratory Therapy Services	☐	Per Visit	21	6.00	83.50	**10521.00**	
Structured Day Program Services Total:							693315.00
Structured Day Program Services	☐	Per Hour	142	250.00	19.53	**693315.00**	
Wellness Counseling Service Total:							8280.00
Wellness Counseling Service	☐	Per Visit	46	6.00	30.00	**8280.00**	

GRAND TOTAL:	**76360487.64**
Total Estimated Unduplicated Participants:	**2300**
Factor D (Divide total by number of participants):	**33200.21**
Average Length of Stay on the Waiver:	304

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (7 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg.

Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 3

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite Total:							142107.25
Respite	☐	Per Day	85	5.00	334.37	**142107.25**	
Service Coordination Total:							12104336.07
Initial Service Coordination – Diversion	☐	One Time	369	1.00	600.66	**221643.54**	
Initial Service Coordination Transition – Short Term Nursing Home Stay	☐	One Time	31	1.00	1040.39	**32252.09**	
Initial Service Coordination Transition – Long Term Nursing Home Stay	☐	One Time	126	1.00	1480.11	**186493.86**	
Ongoing Service Coordination	☐	Per Month	2600	10.00	439.73	**11432980.00**	
RRDC Interim Service Coordination	☐	Per Month	74	3.00	1040.39	**230966.58**	
Assistive Technology Total:							1032500.00
Assistive Technology	☐	One Time up to	413	1.00	2500.00	**1032500.00**	
Community Integration Counseling Services Total:							429656.40
Community Integration Counseling Services	☐	Per Hour	445	12.00	80.46	**429656.40**	
Community Transitional Services Total:							715000.00
Community Transitional Services	☐	One Time up to	286	1.00	2500.00	**715000.00**	
Congregate and Home Delivered Meals Services Total:							128000.00
Congregate and Home Delivered Meals Services	☐	Per Meal	64	200.00	10.00	**128000.00**	
Environmental Modifications Services Total:							767500.00
Environmental Modifications Services	☐	One Time up to	307	1.00	2500.00	**767500.00**	
Home and Community Support Services Total:							78624140.00
Home and Community Support Services	☐	Per Hour	1297	3031.00	20.00	**78624140.00**	
Home Visits by Medical Personnel Total:							10800.00
Home Visits by Medical Personnel	☐	20 Minutes	15	18.00	40.00	**10800.00**	
Independent Living Skills Training Services Total:							1695200.00
Independent Living							

Skills Training Services	☐	Per Hour	800	52.00	40.75	**1695200.00**	
Moving Assistance Services Total:							160000.00
Moving Assistance Services	☐	One Time up to	64	1.00	2500.00	**160000.00**	
Nutritional Counseling/Educational Services Total:							31140.00
Nutritional Counseling/Educational Services	☐	Per Visit	90	4.00	86.50	**31140.00**	
Peer Mentoring Total:							8700.00
Peer Mentoring	☐	Per Hour	58	6.00	25.00	**8700.00**	
Positive and Behavioral Interventions and Supports Services Total:							32885.58
Positive and Behavioral Interventions and Supports Services	☐	Per Hour	21	26.00	60.23	**32885.58**	
Respiratory Therapy Services Total:							13026.00
Respiratory Therapy Services	☐	Per Visit	26	6.00	83.50	**13026.00**	
Structured Day Program Services Total:							878850.00
Structured Day Program Services	☐	Per Hour	180	250.00	19.53	**878850.00**	
Wellness Counseling Service Total:							10440.00
Wellness Counseling Service	☐	Per Visit	58	6.00	30.00	**10440.00**	

GRAND TOTAL:	**96784281.30**
Total Estimated Unduplicated Participants:	**2900**
Factor D (Divide total by number of participants):	**33373.89**
Average Length of Stay on the Waiver:	304

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (8 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 4

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite Total:							173872.40
Respite	☐	Per Day	104	5.00	334.37	**173872.40**	
Service Coordination Total:							14742716.07

Initial Service Coordination – Diversion		One Time	369	1.00	600.66	**221643.54**	
Initial Service Coordination Transition – Short Term Nursing Home Stay		One Time	31	1.00	1040.39	**32252.09**	
Initial Service Coordination Transition – Long Term Nursing Home Stay		One Time	126	1.00	1480.11	**186493.86**	
Ongoing Service Coordination		Per Month	3200	10.00	439.73	**14071360.00**	
RRDC Interim Service Coordination		Per Month	74	3.00	1040.39	**230966.58**	
Assistive Technology Total:							1270000.00
Assistive Technology		One Time up to	508	1.00	2500.00	**1270000.00**	
Community Integration Counseling Services Total:							528139.44
Community Integration Counseling Services		Per Hour	547	12.00	80.46	**528139.44**	
Community Transitional Services Total:							880000.00
Community Transitional Services		One Time up to	352	1.00	2500.00	**880000.00**	
Congregate and Home Delivered Meals Services Total:							156000.00
Congregate and Home Delivered Meals Services		Per Meal	78	200.00	10.00	**156000.00**	
Environmental Modifications Services Total:							945000.00
Environmental Modifications Services		One Time up to	378	1.00	2500.00	**945000.00**	
Home and Community Support Services Total:							96810140.00
Home and Community Support Services		Per Hour	1597	3031.00	20.00	**96810140.00**	
Home Visits by Medical Personnel Total:							14400.00
Home Visits by Medical Personnel		20 Minutes	20	18.00	40.00	**14400.00**	
Independent Living Skills Training Services Total:							2085096.00
Independent Living Skills Training Services		Per Hour	984	52.00	40.75	**2085096.00**	
Moving Assistance Services Total:							195000.00
Moving Assistance Services		One Time up to	78	1.00	2500.00	**195000.00**	
Nutritional Counseling/Educational Services Total:							38406.00
Nutritional Counseling/Educational Services		Per Visit	111	4.00	86.50	**38406.00**	
Peer Mentoring Total:							10800.00
Peer Mentoring							

	☐	Per Hour	72	6.00	25.00	**10800.00**	
Positive and Behavioral Interventions and Supports Services Total:							40715.48
Positive and Behavioral Interventions and Supports Services	☐	Per Hour	26	26.00	60.23	**40715.48**	
Respiratory Therapy Services Total:							16533.00
Respiratory Therapy Services	☐	Per Visit	33	6.00	83.50	**16533.00**	
Structured Day Program Services Total:							1083915.00
Structured Day Program Services	☐	Per Hour	222	250.00	19.53	**1083915.00**	
Wellness Counseling Service Total:							12960.00
Wellness Counseling Service	☐	Per Visit	72	6.00	30.00	**12960.00**	
					GRAND TOTAL:		**119003693.39**
					Total Estimated Unduplicated Participants:		**3500**
					Factor D (Divide total by number of participants):		**34001.06**
					Average Length of Stay on the Waiver:		304

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (9 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 5

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite Total:							208981.25
Respite	☐	Per Day	125	5.00	334.37	**208981.25**	
Service Coordination Total:							17711940.29
Initial Service Coordination – Diversion	☐	One Time	431	1.00	600.66	**258884.46**	
Initial Service Coordination Transition – Short Term Nursing Home Stay	☐	One Time	36	1.00	1040.39	**37454.04**	
Initial Service Coordination Transition – Long Term Nursing Home Stay	☐	One Time	147	1.00	1480.11	**217576.17**	
Ongoing Service Coordination	☐	Per Month	3850	10.00	439.73	**16929605.00**	
RRDC Interim Service Coordination	☐	Per Month	86	3.00	1040.39	**268420.62**	

Assistive Technology Total:							1530000.00
Assistive Technology	☐	One Time up to	612	1.00	2500.00	**1530000.00**	
Community Integration Counseling Services Total:							636277.68
Community Integration Counseling Services	☐	Per Hour	659	12.00	80.46	**636277.68**	
Community Transitional Services Total:							1057500.00
Community Transitional Services	☐	One Time up to	423	1.00	2500.00	**1057500.00**	
Congregate and Home Delivered Meals Services Total:							188000.00
Congregate and Home Delivered Meals Services	☐	Per Meal	94	200.00	10.00	**188000.00**	
Environmental Modifications Services Total:							1137500.00
Environmental Modifications Services	☐	One Time up to	455	1.00	2500.00	**1137500.00**	
Home and Community Support Services Total:							116451020.00
Home and Community Support Services	☐	Per Hour	1921	3031.00	20.00	**116451020.00**	
Home Visits by Medical Personnel Total:							18000.00
Home Visits by Medical Personnel	☐	20 Minutes	25	18.00	40.00	**18000.00**	
Independent Living Skills Training Services Total:							2508896.00
Independent Living Skills Training Services	☐	Per Hour	1184	52.00	40.75	**2508896.00**	
Moving Assistance Services Total:							235000.00
Moving Assistance Services	☐	One Time up to	94	1.00	2500.00	**235000.00**	
Nutritional Counseling/Educational Services Total:							46018.00
Nutritional Counseling/Educational Services	☐	Per Visit	133	4.00	86.50	**46018.00**	
Peer Mentoring Total:							12900.00
Peer Mentoring	☐	Per Hour	86	6.00	25.00	**12900.00**	
Positive and Behavioral Interventions and Supports Services Total:							48545.38
Positive and Behavioral Interventions and Supports Services	☐	Per Hour	31	26.00	60.23	**48545.38**	
Respiratory Therapy Services Total:							19539.00
Respiratory Therapy Services	☐	Per Visit	39	6.00	83.50	**19539.00**	
Structured Day Program Services							1303627.50

Total:							
Structured Day Program Services	☐	Per Hour	267	250.00	19.53	**1303627.50**	
Wellness Counseling Service Total:							15480.00
Wellness Counseling Service	☐	Per Visit	86	6.00	30.00	**15480.00**	

GRAND TOTAL:	**143129225.10**
Total Estimated Unduplicated Participants:	**4200**
Factor D (Divide total by number of participants):	**34078.39**
Average Length of Stay on the Waiver:	304