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:
The New York State renewal application seeks to extend an existing 1915(c) Home and Community Based Medicaid (MA) waiver, Long Term Home Health Care Program (LTHHCP), from January 1, 2009 through December 31, 2013. The LTHHCP provides for seniors and individuals with disabilities of all ages with community based services as an alternative to institutional care. The waiver renewal application reflects recent administrative changes as a result of consumer input and enhances the Quality Management of the LTHHCP to incorporate lessons learned through CMS' Quality Assurance Review process.

In accordance with current NYS law, this renewal application continues the use of spousal impoverishment post eligibility rules for determining eligibility for waiver participants who have a community spouse.

Significant programmatic changes include:

- Changes the Level of Care assessment tool for children from the current DMS-1 to the Pediatric Patient Review Instrument (PPRI) developed for the Care at Home I/II waiver and incorporates as a future strategy to change the Level of Care assessment tool (DMS-1), working toward a tool which can be electronic, provide for better assessment of strengths/needs and be compatible with other tools.

- Enhances the waiver service of Medical Social Services to include Community Integration Services to provide supportive counseling for individuals adjusting to living in the community with a disability.

- Broadens the waiver service of Home Modifications to Environmental Modifications to include vehicular modifications.

- Adds a new waiver service of Assistive Technology which incorporates the current waiver service of Personal Emergency Response Services (PERS) into a new broader service definition.

- Adds a new waiver service component to the existing waiver service of Moving Assistance to provide Community Transitional Services (CTS). In accordance with federal parameters, the CTS component will be payable for services to individuals who are transitioning from a nursing facility and need assistance with first time moving expenses, e.g. security deposits.

- Adds a new waiver service of Home and Community Support Services to provide for the combination of personal care with oversight and supervision to support individuals with cognitive deficits.

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*):

Long Term Home Health Care Program

C. Type of Request: renewal

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

☑ **Renewal of Waiver:**

Provide the information about the original waiver being renewed

Base Waiver Number: 0034

Amendment Number (if applicable):

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

Waiver Number: NY.0034.R05.00

Draft ID: NY.17.05.00

Renewal Number: 05

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

Regular Waiver

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

01/01/09

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**

☑ **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:

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 Long Term Home Health Care Program (LTHHCP) is a coordinated plan of care and services for individuals who would otherwise be medically eligible for placement in a nursing facility. This 1915 (c) waiver program serves seniors and individuals with disabilities who are medically eligible for nursing facility (NF) level of care; desire to remain at home; have assessed service needs that can be met safely at home; and, have a service plan with Medicaid costs for services which fall within the expenditure cap for nursing facility level of care. The LTHHCP enables the State to provide participants with a number of supportive services not available under NYS' State Plan for Medicaid services. The LTHHCP has successfully served individuals since 1983. Currently, the LTHHCP is operational in all but 8 Local Departments of Social Services (LDSSs) across the State and serves over 22,000 individuals.

The LTHHCP has three main goals:
- To prevent premature institutionalization of individuals and allow individuals who are at risk for institutionalization to remain in the community;
- To enable individuals who have been institutionalized to return to the community; and,
- To prevent or reduce the costs associated with unnecessary hospitalization and the unnecessary utilization of other costly health services, through coordinated access to appropriate services, case management and monitoring of the individual's health status.

The waiver is operated by the New York State Department of Health (NYSDOH) and administered by the LDSS. NYSDOH provides oversight of the LDSS administration of the program as provided for in New York's federally approved Medicaid State Plan for the administration of the Medicaid program. The LDSS has responsibility for determining waiver eligibility; authorizing waiver participation; authorizing LTHHCP services; providing choice among LTHHCP agencies in the community and monitoring program expenditure requirements.

NYSDOH authorizes and certifies all LTHHCP agencies pursuant to a formal certificate of need process and monitors all LTHHCP agencies by standard periodic inspections at a maximum interval of every 36 months to determine the quality of care and services furnished as measured by indicators of medical, nursing and rehabilitative care. Currently, there are 108 LTHHCP agencies serving over 22,000 participants. The LTHHCP agencies are responsible for providing or arranging for services for LTHHCP authorized participants. They are required to provide or arrange for the three waiver services of Medical Social Services, Nutrition Counseling/Education, and Respiratory Therapy and may provide for the other waiver services noted in Appendix C. They also provide for the necessary State Plan home care services of personal care, home health aide, nursing, physical therapy, occupational therapy and speech pathology. Some LTHHCP agencies seek further NYSDOH designation as AIDS Home Care Programs (AHCP) to focus on the needs of individuals with HIV/AIDS.

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)*:

- [x] **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:
  The LTHHCP is available in all counties of New York State with the exception of the 7 following counties which include: Livingston, Hamilton, Schoharie, Lewis, Essex, Chenango, and Schuyler Counties. Wyoming County has been approved to implement a new LTHHCP as of January 1, 2009 upon waiver renewal approval from CMS.
- [ ] **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:
Pursuant to Presidential Executive Order #13175, NYSDOH provided the State's nine federally recognized Tribal Governments with written notification of the LTHHCP waiver renewal application and all proposed substantial changes to the program and offered an opportunity for their comment.

The Office of Long Term Care (OLTC) held meetings with the statewide home health care provider associations to discuss the renewal of the waiver and any redesign elements needed.

LTHHCP waiver management staff participated in discussions with the Long Term Care Restructuring Advisory Group which incorporates providers, advocates, local government and caregivers related to the LTHHCP waiver renewal. LTHHCP waiver management staff is holding regularly scheduled conference calls with Local Departments of Social Services representatives to discuss the LTHHCP waiver renewal.

NYSDOH contracted with the State University of New York at Albany, School of Social Welfare to conduct a survey of LTHHCP participants and/or caregivers to assess participant satisfaction with the program and to discover issues, barriers to access or unmet needs related to services of the LTHHCP; the results of that survey were used in development of the waiver renewal application.

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 and responsible for developing and implementing a comprehensive Statewide plan to ensure that people of all ages with physical and mental disabilities receive care and services in the most integrated settings appropriate to their individual needs. 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, including improvements to MA services.

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: Sharp

First Name: Doreen

Title: Health Policy Associate, Director, Long Term Home Health Care Program

Agency: New York State Department of Health

Address: 1 Commerce Plaza

Address 2: Room 826

City: Albany

State: **New York**

Zip: 12260

Phone: (518) 474-6580 **Ext:** ☐ **TTY**

Fax: (518) 474-7067

E-mail: dxs04@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: Deborah Bachrach

State Medicaid Director or Designee

Submission Date: Sep 29, 2008

Last Name: Bachrach

First Name:	Deborah S.
Title:	State Medicaid Director, Deputy Commissioner, Office of Health Insurance Programs
Agency:	New York State Department of Health
Address:	Corning Tower, 14th Floor
Address 2:	Empire State Plaza
City:	Albany
State:	**New York**
Zip:	12237
Phone:	(518) 474-3018
Fax:	(518) 486-6852
E-mail:	dsb10@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), Office of Long Term Care (OLTC), is responsible for the operation and oversight of the LTHHCP. NYSDOH is designated as the single State agency responsible for the administration of the Medicaid 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 of the LTHHCP waiver renewal application. The Deputy Commissioner of the OLTC is responsible for policy and administration of long term care programs. The LTHHCP is an integral element of the State's effort to restructure its long term care system. Therefore, these two Offices collaborate on the administration of the LTHHCP; however, Ms. Bachrach, as the State Medicaid Director, has final authority with regard to administration of aspects of the Medicaid program in New York State, including its waiver programs.

   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.:*

   ◉ **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:

   In New York State (NYS), the Local Departments of Social Services (LDSS) are charged with implementing the Medicaid program including the LTHHCP. The respective roles and responsibilities of the State and the LDSS' are established by the State Public Health Law Sections 201 and 206, Social Services Law Section 363-a, the Medicaid State Plan (Appendix A, #5) and, specific to the LTHHCP, Public Health Law 3616, Social Services Law Section 367-c, 367-e and 18 New York Code of Rules and Regulation (NYCRR) 505.21. In addition, NYS bulletins, specifically General Information System (GIS) and Medicaid Management Administrative Directives (ADM), are issued and updated as needed to provide ongoing

guidance regarding Medicaid program administration, including eligibility determination, system management, provider reimbursement, monitoring and corrective actions. Accordingly, no additional Memorandum of Understanding between the State and a 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:

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:
The New York State Department of Health (NYSDOH), Office of Long Term Care (OLTC), is responsible for assessing the performance of the LDSS in the operation and administration of the LTHHCP in their respective counties.

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:
The LTHHCP is administered by the LDSS in accordance with the LDSS' statutory role. NYSDOH waiver management staff oversees the LDSS in the fulfillment of their responsibilities and provides program policy and guidance, technical assistance, monitoring of the LDSS' administration of the program, identification of needed corrective actions and monitoring of those actions.

Responsibilities of the LDSS include review of the level of care assessment; participation in the development of and review of the comprehensive home assessment resulting in a proposed plan of care; review of anticipated monthly expenditures to determine program eligibility; assurance that service needs are addressed; and authorization of participation in the waiver.

NYSDOH waiver management staff assesses and monitors the performance of the LDSS through administrative reviews and annual case record reviews. The administrative reviews of the LDSS include an assessment of the LDSS' understanding of its role and responsibilities and its administrative processes. NYSDOH waiver management staff maintains an open line of communication with the LDSS for technical assistance, complaint investigation, and holds quarterly conference calls with the LDSSs for issue discussion and information updates. As noted in the CMS Quality Assurance Review Action Plan, LTHHCP Technical Assistance Group conference calls were implemented and held quarterly beginning 4/16/08.

NYSDOH waiver management staff require the LDSS to track and report quarterly to the NYSDOH waiver management staff such information as: LTHHCP applications; LTHHCP agency referrals; assessment/reassessment timeframes; numbers of initially authorized participants; participants disenrolled from the LTHHCP; denied participation; and summaries of participant reported dissatisfaction with services or provider of services.

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	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:
Dates and topics of LTHHCP Technical Assistance Group conference calls with the Local Departments of Social Services related to the delegated functions of: Authorizing waiver participation/ enrollment; Waiver enrollment managed against approved levels; Level of care evaluation; Review of participant service plans; authorization of waiver services; Utilization management; other QA/QI activities.

Data Source (Select one):
Meeting minutes
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 remediation actions required by State Medicaid Agency

Data Source (Select one):
Other
If 'Other' is selected, specify:
NYSDOH Report of LDSS Case Record and Administrative Review

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%Random sample statewide of 375 case record reviewsannually.
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☑ **Other** Specify: Additional records reviewed as needed to monitor LDSS and LTHHCP agency performance.
	☐ **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 remediation actions required by State Medicaid Agency initiated by LDSSs occurring in a timely fashion.

Data Source (Select one):
Other
If 'Other' is selected, specify:
NYSDOH Follow-up Report of LDSS Case Record and Administrative Review

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:

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.
Several strategies are employed:

NYSDOH monitors all LTHHCP agencies that operate in New York State by standard periodic inspections that include state licensure surveys, federal initial certification surveys and recertification surveys to ensure the agency meets federal (Medicare) and State regulations, which govern them. LTHHCP agencies are surveyed at a maximum interval of 36 months to determine the quality of care and services furnished by the agency as measured by indicators of medical, nursing and rehabilitative care.

In accordance with protocols developed pursuant to the CMS Quality Assurance Review Action Plan, all significant issues/deficiencies identified by NYSDOH surveillance staff during survey or by complaint investigation are shared on a monthly basis with NYSDOH waiver management staff.

NYSDOH waiver management staff conducts administrative review of LDSS' administration of the LTHHCP and annual case record reviews. The administrative reviews of the LDSS include an assessment of the LDSS' understanding of its role and responsibilities and its administrative processes. Preceding the review, the LDSS is required to complete a self-assessment of its LTHHCP administration; this assessment is reviewed and used as a tool in NYSDOH waiver management staff's discussion with the LDSS.

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.
Several methods are employed:

When a survey identifies regulatory requirements have not been met, the deficiency is identified to the LTHHCP agency operator in a written report to which the LTHHCP agency operator must respond with a corrective action plan. A plan of correction(s) must be submitted by the LTHHCP agency operator for each deficiency cited. The plan of correction is reviewed and accepted by NYSDOH based on remediation of the deficiency(s).

NYSDOH waiver management staff notifies LDSS staff in the effected district of issues discovered through NYSDOH survey and complaint processing that would require investigation or intervention with the LTHHCP participant who may be at risk. NYSDOH waiver management staff provides necessary follow up/technical assistance. A summary of issues identified, remediation and follow up will be maintained in the Technical Assistance database and be tracked and trended.

When problems are discovered from the annual case record reviews or during the LDSS administrative reviews conducted by NYSDOH waiver management staff, further investigation and remediation actions will be triggered. Problem findings identified are discussed with LDSS program staff and provided in a written report to the LDSS Commissioner and subsequent case record review is planned for evidence of compliance with remediation.

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 Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.
In accordance with the CMS Quality Assurance Review Action Plan submitted by NYSDOH:

• The Technical Assistance Group conference call agenda for October 2008 includes an initial discussion of the LDSS claim monitoring activities; documentation of findings; and potential reporting indicators. A follow-up discussion and draft process will be reviewed in early 2009 for expected implementation by April 2009.

• The Technical Assistance Group conference call agenda for October 2008 includes a discussion of the need for increased monitoring and analysis of data and trends, including required reports from the LDSSs so NYSDOH waiver management staff can identify issues and determine if quality improvement or change in policy are needed; if problems are identified, NYSDOH staff will take appropriate action which may include a hold on the LTHHCPs ability to accept new participants, referral for survey/audit and/or termination of the provider agreement.

• Protocols for required reporting will be issued to LDSSs by NYSDOH waiver management staff in the first quarter of 2009.

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)	0	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:

There is no additional criteria.

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:

In the LTHHCP, the transition is invisible to the participant between this waiver application catigorization between individuals with disabilities (0-64) and individuals 65 and over. The available services and program processes remain the same.

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)

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:

In the LTHHCP, the LOC assessment is determined in advance of waiver participation by use of the New York State Long Term Care Placemnt Form Medical Assessment Abstract (DMS-1), or the Pediatric Patient Review Instrument(PPRI)for individuals under the age of 18, which assesses the medical and functional needs of an individual. In addition, a comprehensive assessment of an individual's medical, functional, psychosocial, and supportive needs is completed, which along with the Home Assessment Abstract (HAA) consolidates all of the assessed needs and strengths. This may also identify safe substitutes which are more cost effective services such as the use of assistive technology devices, e.g. grab bars in a bathroom, a one time ramp installation or Meals on Wheels as opposed to extra Personal Care hours for food preparation, along with utilizing informal supports. These efficiencies allow for an individual to maintain independence while enhancing their strengths and allowing for their needs to be met.

This assessment provides a Summary of Services which the individual requires to be maintained safely and leads to the plan of care. The Summary of Services includes all services, including waiver services and informal supports. A proposed budget is developed from the Summary of Services accounting for the assessed needs and all payor sources.

The LTHHCP utilizes what is known as an annualized budget. The annualized budget is the result of the process by which the costs of care for an individual are averaged over the year so that care costs that may exceed the expenditure cap in one or more months do not limit the use of the LTHHCP. The intent of the annualized budget is to encourage the use of the LTHHCP when it can be reasonably anticipated that the total Medicaid expenditures for a 12-month period will not exceed 100% of the average nursing facility rate in the individual's county of residence.

The individual's LTHHCP expenditure cap is calculated at 75% of the average nursing facility rate in the individual's county of residence; however, LTHHCP services may be provided to persons with special needs, up to 100% of the average nursing facility rate in the county of residence. If an individual is a resident of an Adult Care Facility (ACF), their expenditure cap is 50% of the average nursing facility rate in the individual's county of residence, which accounts for services provided by the ACF.

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.**
- [x] **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:

LTHHCP participants also have the option to accumulate paper credits. Monthly paper credits may be accumulated and used at a later date if service needs exceed the expenditure cap. A paper credit is the difference between the costs of Medicaid services utilized in a month and the applicable expenditure cap. If the individual uses services in an amount less than the expenditure cap for a given month, a paper credit is accrued. When calculating paper credits, a look back period is used to determine available credit, using only the previous 11 months and the current month. Previous unused paper credits, prior to the 11 month period, are not available for use. The LDSS is responsible for tracking and authorizing use of paper credits which can be used in the event of a period of higher service needs.
These credits may be used for:
o Additional services following the exacerbation of an illness
o Increased service needs due to caregiver illness or absence

- o Equipment purchases
- o Other needs which are identified in the plan of care

☐ **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	24033
Year 2	24754
Year 3	25496
Year 4 (renewal only)	26261
Year 5 (renewal only)	27049

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 (renewal only)	
Year 5 (renewal only)	

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)*:

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:

In the LTHHCP, evaluations for level of care are provided to all applicants for whom there is reasonable indication services may be needed. All individuals are assessed for meeting nursing facility LOC upon application for the program. An individual must elect to participate in the waiver program, and there must be available resources to assure the health and welfare of the individual within the community.

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)**
- ☑ **Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act)**
- ☑ **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)**
- ☑ **Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324)**
- ☑ **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:

  Children who qualify under 1902(l)(1)(B)(C) and (D) of the Social Security Act (infants under one year of age, children who have attained one year of age but have not attained 6 years of age and those who have attained 6 years of age but have not attained 19 years of age; children who qualify under 1902(e)of the Act continous coverage for children) and those who qualify under 1902(a)(10)(A)(ii)(VIII) of the Act, State adoption assistance for children with special needs.

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:

The LOC evaluations and reevaluations are performed by a NYS licensed Registered Nurse(RN) from the LTHHCP agency or the facility from which the applicant/participant is being discharged or the individual's attending physician.

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 DMS-1 and the Pediatric PRI are the tools used for the initial evaluation and reevaluation of LOC. The DMS-1 and Pediatric PRI must be a face to face assessment which is completed by a NYS licensed Registered Nurse (RN) or physician, or a facility RN if the individual is hospitalized or residing in a nursing facility at the time of evaluation.

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.

A physician or RN must complete the New York State Long Term Care Placement Form Medical Assessment Abstract (DMS-1) and the Pediatric PRI. The DMS-1 and Pediatric PRI are the instruments used to evaluate an individual's current medical condition. To ensure accurate completion of the LOC evaluation, NYSDOH issued written guidelines for the DMS-1 assessment tool in the LTHHCP Reference Manual released to LDSSs and LTHHCP agencies in August 2006. The LDSS staff reviews 100% of all DMS-1 and Pediatric PRI forms submitted for applicants/participants. If there appear to be discrepancies in the documentation or scoring, the LDSS staff confers with the LTHHCP agency to discuss and resolve all identified issues. If agreement is not reached, the LDSS local professional director reviews the case and makes the final decision regarding the issue. NYSDOH waiver management staff provides technical assistance as needed and reviews the DMS-1 or Pediatric PRI upon request by either party to assist in resolving

disagreements.

A DMS-1 score of 60 or greater indicates an individual is eligible for nursing facility care. An indicator score of 60-179 equates to a proxy calculation for a lower level of care (historically referred to as Health Related Facility (HRF)). A score greater than 180 indicates a Skilled Nursing Facility (SNF) level of care. Expenditure caps are calculated at 50%, 75%, and 100% of HRF or SNF. The individual expenditure cap is calculated using the average nursing facility rate in the county of residence. This cost control mechanism provides cost neutrality assurance.

Policy allows the local professional director or other designated physician of the applicant/participant's choice to provide override justification of the indicator score limits when an individual does not score a minimum of 60 on the DMS-1. The written physician override justification must include, but is not limited to, the medical, psychosocial, and/or rehabilitative needs which would otherwise require an individual to be institutionalized if it were not for the LTHHCP services.

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.

The DMS-1 was the previous nursing facility (NF) assessment tool when the LTHHCP was initially approved in 1983. Although the NF assessment tool has since been replaced, the DMS-1 continues to identify ADLs, IADLs, and tasks necessary to determine that which makes an individual NF LOC and appropriate for the LTHHCP. The Pediatric PRI is the nursing facility assessment tool used for under 18 years of age under New York's Care at Home I/II Waiver.

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:

The LOC Evaluation/Reevaluation determinations are conducted by the State through its agents, the Local Departments of Social Services (LDSS), which are assigned responsibility for the administration of the waiver under State Statute. Responsibilities in this role include determination of the level of care for all applicants for whom there is reasonable indication services may be needed and periodic redeterminations for participants according to approved waiver procedures.

The LTHHCP waiver employs the current LOC instrument, the Long Term Care Placement Form Medical Assessment Abstract (DMS-1) and the Pediatric Patient Review Instrument (PPRI) to determine a potential waiver participant's initial level of care and redetermination.

In the LTHHCP, all individuals are assessed for meeting nursing facility LOC upon application into the program, at least every 120 days after acceptance into the program and more frequently as circumstances warrant such as when a waiver participant has experienced significant changes in health status, including physical, cognitive or behavioral status.
The following steps are taken:

- To assess the individual, a licensed medical professional examines/interviews/ assesses, in a face to face visit, the applicant/participant. The licensed professional can be the LTHHCP agency RN, the individual's attending physician, or a facility RN, if the individual is hospitalized or residing in a nursing facility at the time of assessment.
- The assessor completes the DMS-1 or PPRI and signs attesting to the validity of the assessment. It is then forwarded by the assessor to the LDSS.
- LDSS staff reviews the completed form to assure all sections are complete, the form is signed and dated appropriately, and all indicators are scored accurately. The LDSS staff reviews 100% of all DMS-1 and PPRI forms submitted for applicants/ participants.
- If there appear to be discrepancies in the documentation or scoring of the DMS-1, or the PPRI, the LDSS staff confers with the assessor to discuss and resolve all identified issues. If agreement is not reached, the LDSS local professional director reviews the case and makes final decision regarding the issue.
- NYSDOH waiver management staff provides technical assistance as needed and reviews the DMS-1 or PPRI upon request by either party to assist in resolving disagreements.

To promote accurate completion and scoring of the LOC assessment, NYSDOH issued written guidelines for the DMS-1 assessment tool in the LTHHCP Reference Manual which was released to LDSSs and LTHHCP agencies in August 2006.

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:

Every 120 days

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):*

NYSDOH waiver management staff specifically monitors LOC determination by the DMS-1 and PPRI forms in a random case record review to assure:

- o Timeliness of LOC determination
- o Completion of the entire instrument
- o Accuracy in scoring
- o Appropriate signatures and dates
- o A score of 60 or higher on the DMS-1, as evidence the individual meets NF eligibility criteria or completed PPRI showing the medical needs of an individual under 18 years of age
- o When a physician override is used, in the case of an individual's predictor score not reflecting the true status with regard to the level of care required, the written physician override justification must include, but is not limited to, the medical, psychosocial, and/or rehabilitative needs which would otherwise require an individual to be institutionalized if it were not for the LTHHCP services.

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 LDSS and the LTHHCP agency are both responsible for the safe retention of all records for at least three (3) years. The records will be maintained in both agencies ensuring that they will be readily retrievable if requested by CMS or the NYSDOH Waiver Management Staff.

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 percentage of all new enrollees who have a level of care indicating need for nursing facility level of care, prior to receipt of services.

Data Source (Select one):
Other
If 'Other' is selected, specify:

LDSS Case Records

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% Random sample statewide of 375 case record reviews annually and additional records reviewed as needed to monitor local district and provider performance5%
☐ **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 percentage of enrolled waiver participants who are reevaluated at least every 120 days (or more frequently as circumstances warrant)

Data Source (Select one):
Other
If 'Other' is selected, specify:
LDSS Case Records

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% Random sample statewide of 375 case record reviews annually and additional records reviewed as needed to monitor local district and provider performance
☐ **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 percentage of LOC determinations made by qualified evaluator

Data Source (Select one):
Other
If 'Other' is selected, specify:
LDSS Case Record

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% Random sample statewide of 375 case record reviews annually and additional records reviewed as needed to monitor local district and provider performance.
☐ **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.
Several strategies are employed:

NYSDOH surveillance staff monitors all LTHHCP agencies that operate in New York State by standard periodic inspections that include state certification surveys, federal initial certification surveys and recertification surveys to ensure the agency meets federal (Medicare) and State regulations, which govern them. LTHHCP agencies are surveyed at a maximum interval of 36 months to determine the quality of care and services furnished by the agency as measured by indicators of medical, nursing and rehabilitative care.

In accordance with protocols developed pursuant to the Department's Quality Management Action Plan, all significant issues/deficiencies identified by NYSDOH surveillance staff during survey or by complaint investigation are shared on a monthly basis with NYSDOH waiver management staff.

In addition to the annual case record reviews, NYSDOH waiver management staff also monitors LOC adequacy during the LDSS administrative reviews.

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.
Several methods are employed:

When a survey identifies regulatory requirements have not been met, the deficiency is identified to the LTHHCP agency operator in a written report to which the LTHHCP agency operator must respond with a corrective action plan. A plan of correction(s) must be submitted by the LTHHCP agency operator for each deficiency cited. The plan of correction is reviewed and accepted by NYSDOH based on remediation of the deficiency(s).

NYSDOH waiver management staff will notify the LDSS contact in the affected district of issues discovered through NYSDOH survey and complaint processing that would require investigation or intervention with the LTHHCP participant who may be at risk. NYSDOH waiver management staff provides necessary follow up/technical assistance. A summary of issues identified, remediation and follow up will be maintained in the Technical Assistance database and be tracked and trended.

When problems are discovered from the annual case record reviews or during the LDSS administrative reviews conducted by NYSDOH waiver management staff, further investigation and remediation actions will be triggered. Problem findings identified are discussed with LDSS program staff and provided in a written report to the LDSS Commissioner and subsequent case record review is planned for evidence of compliance with remediation.

NYSDOH waiver management staff will convene as needed regional meetings/focus groups with LDSS staff and LTHHCP agencies to discuss identified issues and potential solutions.

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 Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.
In accordance with the CMS Quality Assurance Review Action Plan submitted by NYSDOH:

- NYSDOH waiver management staff is in the process of researching existing assessment tools that would better identify the strengths and needs of an individual that could potentially be used for all waiver programs. The goal is to replace the current DMS-1 assessment tool with an electronic format LOC determination tool that will support data collection activities.

- The Office of Long Term Care has a current initiative under way to develop a uniform data set and has identified many sources of data elements.

- NYSDOH waiver management staff has met with data management staff to begin identifying potential data sources to be used in creating quarterly management reports with key variables such as participant enrollment, expenditures, service utilization. The NYSDOH Home Health and Hospice Profile website has been identified as a data source for information regarding LTHHCP agency's services provided, counties served, inspection reports, enforcement actions that may have been taken against the agency and quality measure performance rankings.

- The agenda for the October 2008 LTHHCP Technical Assistance Group conference call includes discussion regarding LDSS input of ongoing tracking, reporting elements, and data gathering in relation to LOC; specifically, the development of a required tracking system for use by the LDSS to include processing information related to length of time between the application and LOC assessment/reassessment, for assurance of compliance with timeliness. A follow up discussion and draft process will be reviewed in January 2009 for expected implementation by early 2009.

- NYSDOH is in the process of developing and will issue specifications for a required tracking system for use by the LDSS to include application processing information related to timeliness of LOC determinations and information related to assessment/reassessment timeframes for LOC determinations to assure compliance with timeliness.

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).

The LTHHCP waiver recognizes its responsibility to inform potential waiver participants of their right to Freedom of Choice. The LDSS, in the initial meeting with the potential waiver participant, informs him/her that they have a choice between living in a nursing home or living in the community supported by available services and supports, including services available through this waiver. Each potential waiver participant signs a Freedom of Choice form signifying his/her preference.

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.

For all waiver participants who have chosen waiver services and have been approved to participate in the waiver program, copies of the completed Freedom of Choice forms will be maintained for at least three (3) years in the LDSS case record.

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):
Potential and active waiver participants with limited fluency in English must have access to services without undue hardship. LDSSs must have arrangements to provide interpretation or translation services for potential and active waiver participants who need them. This is accomplished through a variety of means including; employing bi-lingual staff, resources from the community (e.g. local colleges) and if necessary contracting with interpreters. Those who are non-English speaking may bring a translator of their choice with them to meetings with waiver providers and/or the LDSS. However, they may not be required to bring their own translator, and no person can be denied access on the basis of a LDSS's inability to provide adequate translations.

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**
Other Service	**Assistive Technology**
Other Service	**Community Transitional Services/Moving Assistance**
Other Service	**Congregate and Home Delivered Meals**
Other Service	**Environmental Modifications**
Other Service	**Home and Community Support Services**
Other Service	**Home Maintenance Services**
Other Service	**Medical Social Services**
Other Service	**Nutritional Counseling/Education Services**
Other Service	**Respiratory Therapy**
Other Service	**Social Day Care Transportation**
Other Service	**Social Day Care**

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 is an individually designed service intended to provide relief to natural, non-paid supports who provide primary care and support to a waiver participant. The primary location for the provision of this service is in the waiver participant's home, or where appropriate, temporarily in an institutional setting.

Providers of the Respite must meet the same standards and qualifications as the direct care providers of nursing, home health aide, personal care, and housekeeping. If the services needed by the waiver participant exceed the type of care and support provided by the Home and Community Support Services, then other appropriate providers must be included in the plan for Respite and will be reimbursed separately from Respite.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Respite must be documented in the plan of care and provided by NYSDOH approved LTHHCP agencies either directly or through

contractual arrangement. The cost effectiveness of this service is demonstrated in Appendix J. Respite care can be provided on a 24 hour basis, but is limited to a total of 14 days (or 336 hours)per year. Any request for respite care in excess of this time period must be prior authorized by the LDSS.

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	Long Term Home Health Care Program (LTHHCP)

Appendix C: Participant Services

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

Service Type: Statutory Service
Service Name: Respite

Provider Category:
Agency
Provider Type:
Long Term Home Health Care Program (LTHHCP)
Provider Qualifications
License *(specify):*
Not applicable
Certificate *(specify):*
Certificate to Operate under Article 36 of the NYS Public Health Law as a LTHHCP.
Other Standard *(specify):*
Respite services in the home may only be provided by professional and paraprofessional staff (nurse, home health aide, personal care worker, housekeeper) trained and certified under NYS rules and regulations. Institutional Respite may be provided by hospitals or nursing homes licensed under Article 28 of NYS Public Health Law.
Verification of Provider Qualifications
Entity Responsible for Verification:
NYSDOH verifies LTHHCP agency certification at the time of the provider's enrollment in eMedNY.

NYSDOH verifies employee qualifications and certifications through the LTHHCP agency survey process.

LTHHCP agency as employer or contractor is responsible for verifying that the individual(s) maintain the needed license or certification.
Frequency of Verification:
For the LTHHCP agency, upon licensure/certification and signed eMedNY provider agreement. The LTHHCP agency must report any subsequent change in status to NYSDOH. For LTHHCP agency employees, the employer is responsible for verifying that the individual(s) maintain the needed license or certification. For services contracted by the LTHHCP agency, the LTHHCP agency is responsible for verifying contractor qualifications. NYSDOH conducts agency surveys at the maximum interval of 36 months to determine that service providers meet required licensure and/or certification standards.

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):*
This service supplements the Medicaid State Plan Service for durable medical equipment and supplies which provides a broad range of special medical equipment and supplies. The Medicaid State Plan and all other sources must be explored and utilized before considering Assistive Technology.

An Assistive Technological device may include an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of waiver participants. Assistive Technology is a service that directly assists a waiver participant in the selection, acquisition, or use of an assistive technology device. 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 the waiver participant's safety. This service includes the Personal Emergency Response Services (PERS) which is included in the approved Waiver and expands the types of devices covered.

Documentation in the plan of care 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 service provider is responsible for training the waiver participant, natural supports and paid staff who will be assisting the waiver participant in using the equipment or supplies.

The provision of Assistive Technology under this waiver is cost-effective and necessary to avoid institutionalization.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Assistive Technology must be documented in the plan of care and provided by NYSDOH approved LTHHCP agencies either directly or through contractual arrangement. The cost effectiveness of this service is demonstrated in Appendix J.

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	Long Term Home Health Care Program (LTHHCP) Agency

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:
Long Term Home Health Care Program (LTHHCP) Agency
Provider Qualifications
License *(specify):*
Not applicable
Certificate *(specify):*

Certificate to Operate under Article 36 of the NYS Public Health Law as a LTHHCP agency
Other Standard *(specify):*
Depending on the type of item:
A licensed pharmacy (registered as a pharmacy by the State Board of Pharmacy pursuant to Article 137 of the NYS Education Law), a provider of Personal Emergency Response Services contracted by the LDSS, durable medical equipment provider to supply assistive devices not covered by the State Plan.

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH verifies LTHHCP agency certification at the time of the provider's enrollment in eMedNY.

NYSDOH verifies employee qualifications and certifications through the LTHHCP agency survey process.

LTHHCP agency as employer or contractor is responsible for verifying the individual(s) maintain the needed license or certification.

Frequency of Verification:
For the LTHHCP agency, upon licensure/certification and signed eMedNY provider agreement. The LTHHCP agency must report any subsequent change in status to NYSDOH. For LTHHCP agency employees, the employer is responsible for verifying that the individual(s) maintain the needed license or certification. For services contracted by the LTHHCP agency, the LTHHCP agency is responsible for verifying contractor qualifications. NYSDOH conducts agency surveys at the maximum interval of 36 months to determine that service providers meet required licensure and/or certification standards.

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/Moving Assistance

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 component of Community Transitional Services (CTS) is defined as individually designed services intended to assist a waiver participant to transition from a nursing home to living in the community. CTS is a one time service per waiver enrollment. If the waiver participant has been discontinued from the program and now is a resident of a nursing home, they can access this service again, if needed. 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.

This service includes: purchase of certain essential items such as linen and dishes, security deposits, including broker's fees required to obtain a lease on an apartment or home; purchasing essential furnishings; 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 diversional or recreational items, such as televisions, VCRs/DVDs, or music systems.

The component of moving assistance is an individually designed service intended to transport a waiver participant's possessions and furnishings when the waiver participant must be moved from an inadequate or unsafe housing situation to a viable environment which more adequately meets the waiver participant's health and welfare needs and alleviates the risk of unwanted nursing home placement. Moving Assistance Service may also be utilized when the waiver participant is moving to a location where more natural supports will be available, and thus allows the waiver participant to remain in the community in a supportive environment.

The provision of CTS/Moving Assistance under this waiver is cost-effective and necessary to avoid institutionalization.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:
All CTS/Moving Assistance must be documented in the plan of care. The cost effectiveness of this service is demonstrated in

Appendix J.

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	Long Term Home Health Care Program (LTHHCP) Agency

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Community Transitional Services/Moving Assistance

Provider Category:
Agency
Provider Type:
Long Term Home Health Care Program (LTHHCP) Agency
Provider Qualifications
License *(specify):*
Not applicable
Certificate *(specify):*
Certified to Operate under Article 36 of the NYS Public Health Law as a LTHHCP Agency
Other Standard *(specify):*
Licensed moving company certified by the NYS Department Of Transportation.
Verification of Provider Qualifications
Entity Responsible for Verification:
NYSDOH verifies LTHHCP agency certification at the time of the provider's enrollment in eMedNY.

NYSDOH verifies employee qualifications and certifications through the LTHHCP agency survey process.

LTHHCP agency as employer or contractor is responsible for verifying the individual(s) maintain the needed license or certification.
Frequency of Verification:
For the LTHHCP agency, upon licensure/certification and signed eMedNY provider agreement. The LTHHCP agency must report any subsequent change in status to NYSDOH. For LTHHCP agency employees, the employer is responsible for verifying that the individual(s) maintain the needed license or certification. For services contracted by the LTHHCP agency, the LTHHCP agency is responsible for verifying contractor qualifications. NYSDOH conducts agency surveys at the maximum interval of 36 months to determine that service providers meet required licensure and/or certification standards.

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

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 which 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 supports to provide in-home meal preparation. These meals will assist the waiver participant to maintain a nutritious diet. These meals do not constitute a full nutritional regimen. It 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 would access those services first.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Congregate and Home Delivered Meals must be documented in the plan of care and provided by NYSDOH approved LTHHCP agencies either directly or through contractual arrangement. The cost effectiveness of this service is demonstrated in Appendix J.

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	Long Term Home Health Care Program (LTHHCP) Agency

Appendix C: Participant Services

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

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

Provider Category:
Agency
Provider Type:
Long Term Home Health Care Program (LTHHCP) Agency
Provider Qualifications
License *(specify):*
Not applicable
Certificate *(specify):*
Certificate to Operate under Article 36 of the NYS Public Health Law as a LTHHCP Agency
Other Standard *(specify):*
NYCRR Title 10 Part 14
Verification of Provider Qualifications
Entity Responsible for Verification:
NYSDOH verifies LTHHCP agency certification at the time of the provider's enrollment in eMedNY.

NYSDOH verifies employee qualifications and certifications through the LTHHCP agency survey process.

LTHHCP agency as employer or contractor is responsible for verifying the individual(s) maintain the needed license or certification.
Frequency of Verification:
For the LTHHCP agency, upon licensure/certification and signed eMedNY provider agreement. The LTHHCP agency must report any subsequent change in status to NYSDOH. For LTHHCP agency employees, the employer is responsible for verifying that the individual(s) maintain the needed license or certification. For services contracted by the LTHHCP agency, the LTHHCP agency is responsible for verifying contractor qualifications. NYSDOH conducts agency surveys at the maximum interval of 36 months to determine that service providers meet required licensure and/or certification standards.

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

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, which 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: the 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 which are of general utility to the home (e.g. carpeting, roof repair, central air conditioning), which 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 this alternation is necessary to successfully complete the modification but do not add to the total square footage of the home.

Modifications must be provided where the waiver participant lives. If a waiver participant is moving to a new location which requires modifications, the modifications may be completed prior to the waiver participant's move. Also, if an eligible individual is residing in an institution at the time of application, the modifications may be completed no more than 30 days prior to the waiver participant moving into the modified residence. All modifications must meet State and local building codes.

Modifications may also be made to a vehicle, if in good repair and it is the primary means of transportation for the waiver participant. This vehicle may be owned by the waiver participant; 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 will be approved when the vehicle is used to improve the waiver participant's independence and inclusion in the community.

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

All E-mods must be prior authorized by the LDSS.

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	Long Term Home Health Care Program (LTHHCP) Agency

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Environmental Modifications

Provider Category:
Agency
Provider Type:
Long Term Home Health Care Program (LTHHCP) Agency
Provider Qualifications
License *(specify):*
Not applicable
Certificate *(specify):*
Certified to Operate under Article 36 of the NYS Public Health Law as a LTHHCP agency
Other Standard *(specify):*
The LTHHCP agency must ensure that individual(s) 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 standards as addressed in Article 18 of the New York State Uniform Fire Prevention and Building Code Act as well as all local building codes.
Verification of Provider Qualifications
Entity Responsible for Verification:
NYSDOH verifies LTHHCP agency certification at the time of the provider's enrollment in eMedNY.

NYSDOH verifies employee qualifications and certifications through the LTHHCP agency survey process.

LTHHCP agency as employer or contractor is responsible for verifying the individual(s) have the needed license or certification.
Frequency of Verification:
For the LTHHCP agency, upon licensure/certification and signed eMedNY provider agreement. The LTHHCP agency must report any subsequent change in status to NYSDOH. For LTHHCP agency employees, the employer is responsible for verifying that the individual(s) maintain the needed license or certification. For services contracted by the LTHHCP agency, the LTHHCP agency is responsible for verifying contractor qualifications. NYSDOH conducts agency surveys at the maximum interval of 36 month to determine that service providers meet required licensure and/or certification standards.

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 (ADLs) and (IADLs) 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 when no personal care task is being performed. Services will be complementary but not duplicative of other services.

HCSS are provided under the direction and supervision of a licensed Registered Nurse. The licensed Registered Nurse supervising

the HCSS staff is responsible for developing a plan of care and for orienting the HCSS staff.

HCSS differ from the personal care services provided under the Medicaid State Plan in that oversight/supervision is not a discrete task for which personal care services are authorized.

The provision of HCSS under this waiver is cost-effective and necessary to avoid institutionalization.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
All HCSS must be documented in the plan of care and provided by NYSDOH approved LTHHCP agencies either directly or through contractual arrangement. The cost effectiveness of this service is found in Appendix J.

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	Long Term Home Health Care Program (LTHHCP) Agency

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:
Long Term Home Health Care Program (LTHHCP) Agency
Provider Qualifications
License *(specify):*
Not applicable
Certificate *(specify):*
Certified to Operate under Article 36 of the NYS Public Health Law as a LTHHCP agency
Other Standard *(specify):*
As staff of the LTHHCP agency or contracted through a License Home Care Services Agency (LHCSA)to provide HCSS, a personal care aide who is supervised by a RN.

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 that will be addressed through this service. In addition, staff providing HCSS must meet all other requirements under Title 10 NYCRR for the provision of Personal Care Aide services.
Verification of Provider Qualifications
Entity Responsible for Verification:
NYSDOH verifies LTHHCP agency certification at the time of the provider's enrollment in eMedNY.

NYSDOH verifies employee qualifications and certifications through the LTHHCP agency survey process.

LTHHCP agency as employer or contractor is responsible for verifying the individual(s) maintain the needed license or certification.
Frequency of Verification:
For the LTHHCP agency, upon licensure/certification and signed eMedNY provider agreement. The LTHHCP agency must report any subsequent change in status to NYSDOH. For LTHHCP agency employees, the employer is responsible for verifying that the individual(s) maintain the needed license or certification. For services contracted by the LTHHCP agency, the LTHHCP agency is responsible for verifying contractor qualifications. NYSDOH conducts agency surveys at the maximum interval of 36 months to determine that service providers meet required licensure and/or certification standards.

Appendix C: Participant Services

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 Maintenance 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):*

These services include those household chores and services that are required to maintain an individual's home environment in a sanitary, safe, and viable manner. Home maintenance tasks/chores differ from those provided by personal care or home health aides. Environmental support functions in personal care includes such tasks as dusting and vacuuming rooms the patient uses, making and changing beds, or light cleaning of the kitchen, bedroom and bathroom. The nature of personal care is to provide those routine tasks necessary to maintain the participant's health and safety in the home while Home Maintenance tasks are those chores that are accomplished in only one instance or on an intermittent basis.

Chore services are provided on two levels:

• Light Chores – These services are provided when needed for the maintenance of the home environment. Programs utilize these services when other means of supplying such services are unavailable or more costly. This service is often an appropriate substitute for part or all of personal care services. Light Chore services may include (but are not limited to) tasks such as:

- Cleaning and/or washing of windows, walls, and ceilings;
- Snow removal and/or yard work to maintain egress and access;
- Tacking down loose rugs and/or securing tiles; and,
- Cleaning of tile work in bath and/or kitchen.

• Heavy-Duty Chores – These chore services are provided to prepare or restore a dwelling for the habitation of a LTHHCP participant. They are usually limited to one-time-only, intensive cleaning/chore efforts, except in extraordinary situations. Since these services are labor intensive and more costly than routine cleaning, they should not be provided more than twice per year. Heavy-Duty Chore services may include (but are not limited to) tasks such as:

- Scraping and/or cleaning of floor areas (including situations where the movement of heavy furniture and/or appliances is necessary in order to perform the cleaning task)
- Cleaning of items within an individual's dwelling and/or removal of any item(s) that may threaten the home's sanitary, fire safety, or other safety conditions.

• Home Maintenance Tasks – Other – These services include those essential services required for the maintenance of the individual's home and home environment but which are not suitable for setting specific rates because of the variety of case situations or individuals involved. Services included in this category might include (but are not limited to) tasks such as:

- Unique tasks (such as maintenance of a leaky sink trap)
- Other heavy-duty chore services (those for which rates may not be determined before provision)

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

All services in the category "Home Maintenance Tasks – Other" must be prior authorized by the LDSS staff with respect to service provision and costs. The provision of Home Maintenance Services under this waiver is cost effective and necessary to avoid institutionalization. The cost effectiveness of this service is demonstrated in Appendix J.

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	Long Term Home Health Care Program Agency

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Home Maintenance Services

Provider Category:
Agency
Provider Type:
Long Term Home Health Care Program Agency
Provider Qualifications
License *(specify):*
Not applicable
Certificate *(specify):*
Long Term Home Health Care Program (LTHHCP) Agency
Other Standard *(specify):*
All local building and safety standards.
Verification of Provider Qualifications
Entity Responsible for Verification:
NYSDOH verifies LTHHCP agency certification at the time of the provider's enrollment in eMedNY.

NYSDOH verifies employee qualifications and certifications through the LTHHCP agency survey process.

LTHHCP agency as employer or contractor is responsible for verifying the individual(s) maintain the needed license or certification.
Frequency of Verification:
For the LTHHCP agency, upon licensure/certification and signed eMedNY provider agreement. The LTHHCP agency must report any subsequent change in status to NYSDOH. For LTHHCP agency employees, the employer is responsible for verifying that the individual(s) maintain the needed license or certification. For services contracted by the LTHHCP agency, the LTHHCP agency is responsible for verifying contractor qualifications. NYSDOH conducts agency surveys at the maximum interval of 36 months to determine that service providers meet required licensure and/or certification standards.

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:
Medical Social 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):*
Medical Social Services 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, integrating into the community, and on-going life 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. 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. There are times when it is appropriate to provide this service to the waiver participant in a family

counseling or group counseling setting.

Medical Social Services is provided and arranged for by the LTHHCP agency to deal with a wide variety of mental, emotional, behavioral and environmental conditions. Emotional disturbances, family difficulties, adjustment problems related to acute and chronic illnesses, alcohol and substance abuse, and social issues are typical of situations that are addressed by Medical Social Services. Such services also include assistance with problem solving to overcome difficulties with transportation in the community and caregiver turnover and/or absences.

The provision of Medical Social Services under this waiver is cost effective and necessary to avoid institutionalization.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Medical Social Services must be documented in the plan of care and provided by NYSDOH approved LTHHCP agencies either directly or through contractual arrangement. The cost effectiveness of this service is demonstrated in Appendix J.

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	Long Term Home Health Care Program (LTHHCP) Agency

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Medical Social Services

Provider Category:
Agency
Provider Type:
Long Term Home Health Care Program (LTHHCP) Agency
Provider Qualifications
License *(specify):*
Not applicable
Certificate *(specify):*
Certificate to Operate under Article 36 of the NYS Public Health Law as a LTHHCP Agency
Other Standard *(specify):*
LTHHCP Agency Certificate to Operate under Article 36 of the NYS Public Health Law as a LTHHCP Agency. As staff of LTHHCP agency, direct employment, or contracted to provide medical social services, a qualified social worker shall mean a person who holds a masters degree in social work after successfully completing a prescribed course of study at a graduate school of social work accredited by the Council on Social Work Education and the Education Department, and who is certified or licensed by the Education Department to practice social work in the State of New York. When employed by LTHHCP agency, such social worker must have had one year of social work experience in a health care setting. NYCRR Title 10 Section 700.2 (b.) (24).
Verification of Provider Qualifications
Entity Responsible for Verification:
NYSDOH verifies LTHHCP agency certification at the time of the provider's enrollment in eMedNY.

NYSDOH verifies employee qualifications and certifications through the LTHHCP agency survey process.

LTHHCP agency as employer or contractor is responsible for verifying the individual(s) maintain the needed license or certification.
Frequency of Verification:
For the LTHHCP agency, upon licensure/certification and signed eMedNY provider agreement. The LTHHCP agency must report any subsequent change in status to NYSDOH. For LTHHCP agency employees, the employer is responsible for verifying that the individual(s) maintain the needed license or certification. For services contracted by the LTHHCP agency, the LTHHCP agency is responsible for verifying contractor qualifications. NYSDOH conducts agency surveys at the maximum interval of 36 months to determine that service providers meet required licensure and/or certification standards.

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/Education 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, the planning for the provision of food and drink appropriate for the waiver participant's conditions, the provision of nutrition education, and/or counseling to meet normal and therapeutic needs. In addition, these services may include assessment of nutritional status and food preferences; 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.

Nutritional Counseling/ Education Services under this waiver is cost-effective and necessary to avoid institutionalization.

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

Nutritional Counseling/Educational Services must be documented in the plan of care and provided by NYSDOH approved LTHHCP agencies either directly or through contractual arrangement. The cost effectiveness of this service is demonstrated in appendix J.

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	Long Term Home Health Care Program (LTHHCP) Agency

Appendix C: Participant Services

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

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

Provider Category:

Agency

Provider Type:

Long Term Home Health Care Program (LTHHCP) Agency

Provider Qualifications

License *(specify):*
Not applicable
Certificate *(specify):*
Certified to Operate under Article 36 of the NYS Public Health Law as a LTHHCP Agency
Other Standard *(specify):*
Staff of the LTHHCP agency providing nutritional counseling/education services must be licensed as a Registered Dietician pursuant to Article 157 of NYS Education Law.

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH verifies LTHHCP agency certification at the time of the provider's enrollment in eMedNY.

NYSDOH verifies employee qualifications and certifications through the LTHHCP agency survey process.

LTHHCP agency as employer or contractor is responsible for verifying the individual(s) maintain the needed license or certification.
Frequency of Verification:
For the LTHHCP agency, upon licensure/certification and signed eMedNY provider agreement. The LTHHCP agency must report any subsequent change in status to NYSDOH. For LTHHCP agency employees, the employer is responsible for verifying that the individual(s) maintain the needed license or certification. For services contracted by the LTHHCP agency, the LTHHCP agency is responsible for verifying contractor qualifications. NYSDOH conducts agency surveys at the maximum interval of 36 months to determine that service providers meet required licensure and/or certification standards.

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

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 preventive, 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 natural supports.
The provision of Respiratory Therapy under this waiver is cost-effective and necessary to avoid institutionalization.
Specify applicable (if any) limits on the amount, frequency, or duration of this service:
Respiratory Therapy services must be documented in the plan of care and provided by NYSDOH approved LTHHCP agencies either directly or through contractual arrangements. The cost effectiveness of this service is demonstrated in Appendix J.

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	Long Term Home Health Care Program (LTHHCP) Agency

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Respiratory Therapy

Provider Category:
Agency
Provider Type:
Long Term Home Health Care Program (LTHHCP) Agency
Provider Qualifications
License *(specify):*
Not applicable
Certificate *(specify):*
Certified to Operate under Article 36 of the NYS Public Health Law as a LTHHCP Agency
Other Standard *(specify):*
Staff of the LTHHCP agency providing Respiratory Therapy must be licensed and currently registered as a Respiratory Therapist pursuant to Article 164 of the NYS Education Law.
An individual or entity contracted to provide Respiratory Therapy must be appropriately licensed pursuant to Article 164 of the NYS Education Law.
Verification of Provider Qualifications
Entity Responsible for Verification:
NYSDOH verifies LTHHCP agency certification at the time of the provider's enrollment in eMedNY.

NYSDOH verifies employee qualifications and certifications through the LTHHCP agency survey process.

LTHHCP agency as employer or contractor is responsible for verifying the individual(s) maintain the needed license or certification.
Frequency of Verification:
For the LTHHCP agency, upon licensure/certification and signed eMedNY provider agreement. The LTHHCP agency must report any subsequent change in status to NYSDOH. For LTHHCP agency employees, the employer is responsible for verifying that the individual(s) maintain the needed license or certification. For services contracted by the LTHHCP agency, the LTHHCP agency is responsible for verifying contractor qualifications. NYSDOH conducts agency surveys at the maximum interval of 36 months to determine that service providers meet required licensure and/or certification standards.

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:
Social Day Care Transportation

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):*
Social Day Care Transportation service includes providing transportation between the individual's home and the social day care facilities (within certain distance limitations). Social Day Care Transportation service is limited solely to the purpose of transporting

LTHHCP participants to and from approved social day care programs as discussed under that service section. The LTHHCP agency must assure that transportation services are provided in accordance with the regulatory criteria specified by the New York State Departments of Transportation, Motor Vehicles, and Health as appropriate for the carrier.

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

Social Day Care Transportation service must be provided by NYSDOH approved LTHHCP agencies either directly or through contractual arrangement. The cost effectiveness of this service is demonstrated in Appendix J.

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	Long Term Home Health Care Program (LTHHCP) Agency

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Social Day Care Transportation

Provider Category:

Agency

Provider Type:

Long Term Home Health Care Program (LTHHCP) Agency

Provider Qualifications

License *(specify):*

Not applicable

Certificate *(specify):*

Certificate to Operate under Article 36 of the NYS Public Health Law as a LTHHCP Agency

Other Standard *(specify):*

Title 9 NYCRR Section 6654.20; NYS Transportation Law, Articles 4 and 7; NYS Vehicle and Traffic Law

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH verifies LTHHCP agency certification at the time of the provider's enrollment in eMedNY.

NYSDOH verifies employee qualifications and certifications through the LTHHCP agency survey process.

LTHHCP agency as employer or contractor is responsible for verifying the individual(s) maintain the needed license or certification.

Frequency of Verification:

For the LTHHCP agency, upon licensure/certification and signed eMedNY provider agreement. The LTHHCP agency must report any subsequent change in status to NYSDOH. For LTHHCP agency employees, the employer is responsible for verifying that the individual(s) maintain the needed license or certification. For services contracted by the LTHHCP agency, the LTHHCP agency is responsible for verifying contractor qualifications. NYSDOH conducts agency surveys at the maximum interval of 36 months to determine that service providers meet required licensure and/or certification standards.

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:

Social Day Care

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):*

Social Day Care makes available the opportunity for individual socialization activities, including educational, craft, recreational and group events. Such service may include hot meals, or other services that may be offered which are authorized in a plan of care approved by a physician. In some instances transportation between the individual's home and the location of the social day care may be included in the cost of the social day care service.

Acceptable social day care services may be developed and provided directly by the LTHHCP agency or made available through contract with community agencies such as senior service centers, adult homes, programs for the elderly approved by the New York State Office for the Aging, and activities programs provided by residential health care facilities approved under Article 28 of the New York State Public Health Law.

It is necessary that all buildings, premises, and equipment be safe and suitable for the comfort and use of the LTHHCP participant. They should be maintained in a state of good repair, with adequate sanitation facilities and must conform to all applicable laws. The requirements of all ordinances, rules, and regulations of all local, state, and federal authorities relative to the premises (including safety, fire, health, sanitation, and occupancy considerations) must be observed.

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

Social Day Care must be documented in the plan of care and provided by NYSDOH approved LTHHCP agencies either directly or through contractual arrangement. The cost effectiveness of this service is demonstrated in Appendix J.

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	Long Term Home Health Care Program (LTHHCP) Agency

Appendix C: Participant Services

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

Service Type: Other Service
Service Name: Social Day Care

Provider Category:

Agency

Provider Type:

Long Term Home Health Care Program (LTHHCP) Agency

Provider Qualifications

License *(specify):*

Not applicable

Certificate *(specify):*

Certificate to Operate under Article 36 of the NYS Public Health Law as a LTHHCP Agency

Other Standard *(specify):*

NYCRR Title 9 Section 6654.20 NYSOFA Social Adult Day Care Regulations

NYCRR Title 18 Part 492- Adult-Care Facilities Standards for Day Programs for Nonresidents

Verification of Provider Qualifications

Entity Responsible for Verification:
NYSDOH verifies LTHHCP agency certification at the time of the provider's enrollment in eMedNY.

NYSDOH verifies employee qualifications and certifications through the LTHHCP agency survey process.

LTHHCP agency as employer or contractor is responsible for verifying the individual(s) maintain the needed license or certification.
Frequency of Verification:
For the LTHHCP agency, upon licensure/certification and signed eMedNY provider agreement. The LTHHCP agency must report any subsequent change in status to NYSDOH. For LTHHCP agency employees, the employer is responsible for verifying that the individual(s) maintain the needed license or certification. For services contracted by the LTHHCP agency, the LTHHCP agency is responsible for verifying contractor qualifications. NYSDOH conducts agency surveys at the maximum interval of 36 months to determine that service providers meet required licensure and/or certification standards.

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:

In the LTHHCP, case management involves a comprehensive approach to the assessment and reassessment for all needed medical, psychosocial, and environmental services, and the coordination, delivery, and monitoring of all services needed to support the LTHHCP participant in the community within the individual's approved plan of care. This approach allows for services to be tailored to address all individual participant needs and to be well-coordinated, assuring an appropriate and cost-effective plan of care. Those LTHHCPs providing an AIDS Home Care Program are able to tailor services to the needs of individuals with HIV/AIDS.

The LTHHCP agency furnishes case management to waiver participants through development and implementation of the plan of care. The LTHHCP agency RN is responsible for assuring that the plan of care signed by the physician is implemented as intended and modified when necessary. The LTHHCP agency RN obtains the Physician Orders, completes the DMS-1 form, identifies necessary services, and develops the plan of care. The LTHHCP agency RN coordinates, delivers, and oversees all services. The LTHHCP agency RN monitors all service providers and supervises personal care aides and home health aides in the home.

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 Public Health Law section 2899-a and Executive Law section 845-b, every residential health care facility

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 agency, 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 for each prospective employee to provide 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. Title 10 of the Official Compilation of Codes, Rules and Regulations for the State of New York (NYCRR) Part 402 establishes the process for conducting the investigation and the standards for review by the Department of Health. 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). A provider requesting a criminal history record check obtains the fingerprints accompanied by two forms of identification to be submitted to the Department. Providers must maintain and retain current records including a roster of current employees who were reviewed to which the Department 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's surveillance process. At the time of surveillance, NYSDOH surveillance staff utilize a standardized tool to evaluate compliance with the criminal history background checks regulations. If a provider is found to not be in compliance with the regulations, a statement of deficiency(ies) is issued for which the provider has to provide a plan of correction. Licensed Home Care Agencies and Certified Home Health Agencies are surveyed, at a minimum, one time every three (3) years.

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
Residences for Adults
Adult Home
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 survey component of NYSDOH, through its survey process evaluates the home and community character of Adult Care Facilities, enriched housing programs and residences for adults.

Adult Care Facilities (Adult 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 Facilities (Adult Homes) are congregate facilities where residents can choose their room based on availability. Adult Care Facilities (Adult Homes) provide for a minimum of three congregate meals in communal dining areas and an evening snack. Residents are encouraged to participate in facility and community activities. In addition, each Adult Care Facility (Adult 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 facility must provide, without charge, space for residents to meet in privacy with service providers. Adult Care Facility (Adult 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 assists 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.

Residence for adults means an adult-care facility established and operated for the purposes of providing long-term residential care, room, board, housekeeping, case management, activities and supervision to five or more adults, unrelated to the operator, who are unable or substantially unable to live independently.

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

Residences for Adults

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Respiratory Therapy	☑
Home Maintenance Services	☐
Community Transitional Services/Moving Assistance	☑
Home and Community Support Services	☐
Nutritional Counseling/Education Services	☐
Social Day Care	☐
Environmental Modifications	☐
Respite	☐
Congregate and Home Delivered Meals	☐
Assistive Technology	☑
Medical Social Services	☑
Social Day Care Transportation	☐

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:

Not applicable

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

Adult Home

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Respiratory Therapy	☑
Home Maintenance Services	☐
Community Transitional Services/Moving Assistance	☑
Home and Community Support Services	☐
Nutritional Counseling/Education Services	☐
Social Day Care	☐
Environmental Modifications	☐
Respite	☐
Congregate and Home Delivered Meals	☐
Assistive Technology	☑
Medical Social Services	☑
Social Day Care Transportation	☐

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:

Not applicable

Appendix C: Participant Services

C-2: Facility Specifications

Facility Type:

Enriched Housing

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Respiratory Therapy	☑
Home Maintenance Services	☐
Community Transitional Services/Moving Assistance	☑
Home and Community Support Services	☐
Nutritional Counseling/Education Services	☐
Social Day Care	☐
Environmental Modifications	☐
Respite	☐
Congregate and Home Delivered Meals	☐
Assistive Technology	☑
Medical Social Services	☑
Social Day Care Transportation	☐

Facility Capacity Limit:

5 or more beds with no limit on capacity.

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:

Not applicable

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:

eMedNY is the electronic Medicaid system of New York State. eMedNY offers access to links for program information, enrollment forms, training, provider manuals, contacts for provider support and more. Any qualified provider that executes a Medicaid provider agreement and accepts the State's payment for services rendered as payment in full has the opportunity to enroll as a Long Term Home Health Care Program agency.

eMedNY permits all qualified providers interested in enrolling as Long Term Home Health Care Program agency to enroll. Enrollment of Long Term Home Health Care Program agencies is available on a continuous basis.

As with all other NYS providers, LTHHCP agencies are required to complete the eMedNY provider enrollment process to verify the provider meets all federal and State requirements for Medicaid participation. This process is managed by the NYSDOH Office of Health Insurance Programs to assure consistency across provider types. A LTHHCP agency is required to have an operating certificate to be eligible to enroll in the Medicaid program. As a Medicaid Provider, the LTHHCP agency must agree to comply with rules, regulations and official directives of NYSDOH including, but not limited, to Part 504 of 18 NYCRR which is specific to Medicaid.

In the waiver, all waiver services are either provided or arranged for by the certified LTHHCP agency. The overall responsibility for coordination and provision of all services provided, whether directly, through arrangements or contracts, rests with the LTHHCP agency that has assumed responsibility for admitting participants and implementing plans of care. LTHHCP agencies must have appropriate contracting policies and procedures and the LTHHCP agency is responsible for assuring all individuals or employees of the entity with whom the LTHHCP agency has contracted for the delivery of one or more of the waiver services are appropriately licensed, certified and meet the established qualifications for providing a specific LTHHCP service.

NYSDOH has a multi-level process for assuring qualified providers serve waiver participants:

- Employs a formal certificate of need (CON) process to control provider entry into the State's long term care system, requiring potential providers to demonstrate that there is need for their services in the community, that they possess the minimum qualifications to operate and that it is financially feasible for them to do so. This process allows the State to match capacity with need and promotes a base of stable, qualified providers;
- Issues an operating certificate to those providers which are granted a certificate of need including identification as an AIDS Home Care Program;
- Formally enrolls licensed providers into NYS Medicaid through an eMedNY enrollment process; periodically surveys providers to verify continued compliance with program requirements; and
- Trains providers through the provision of training/guidance materials and monitors provider training as required by program rules.

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:
The number and percentage of new applications for enrollment as a LTHHCP agency in which the provider obtained appropriate licensure/certification in accordance with state law and waiver provider qualifications prior to service provision.

Data Source (Select one):
Other
If 'Other' is selected, specify:
Monthly reports from NYSDOH Licensure/ Certification Staff

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 LTHHCP agencies who continue to meet applicable licensure/certification following initial enrollment.

Data Source (Select one):
Other
If 'Other' is selected, specify:
LTHHCP agency NYSDOH surveillance reports

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: LTHHCP agency
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☑ **Other** Specify: LTHHCP agency survey maximum interval of 36 month	

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/non-certified providers under contract with a LTHHCP agency who continue to meet waiver provider qualifications (NYSDOH surveillance through agency survey)

Data Source (Select one):
Other
If 'Other' is selected, specify:
LTHHCP agency NYSDOH surveillance reports

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: LTHHCP Agency
	☑ **Continuously and Ongoing**	☑ **Other** Specify: Surveillance timeframe
	☑ **Other** Specify: LTHHCP agency survey maximum interval of 36 months	

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 LTHHCP agencies that are compliant with professional standards and principles (NYSDOH surveillance through agency survey)

Data Source (Select one):
Other
If 'Other' is selected, specify:
LTHHCP agency NYSDOH surveillance reports

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: LTHHCP agency
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☑ **Other** Specify: LTHHCP agency survey maximum interval of 36 months	

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.
Several strategies are employed:

The LTHHCP agency staff must comply with accepted professional standards and principles, including federal regulations, State professional practice acts such as the Nurse Practice Act, commonly accepted health standards established by national organizations, boards and councils (e.g. Nurse Practice Association standards) and the LTHHCP agency's own policies and procedures for each discipline. LTHHCP agencies must verify credentials of all professional and paraprofessional staff,

including home health and personal care aides, with appropriate State agencies.

NYSDOH surveillance staff monitors all LTHHCP agencies that operate in New York State by standard periodic inspections that include State certification surveys and federal certification and recertification surveys to ensure the agency meets federal (Medicare) and State regulations, which govern them. LTHHCP agencies are surveyed at a maximum interval of 36 months to determine the quality of care and services furnished as measured by indicators of medical, nursing and rehabilitative care.

NYSDOH surveillance staff reviews the LTHHCP agency's compliance with the following items related to qualified provider assurance:

- Review of governing authority documents to assure the organization NYSDOH authorized to provide the LTHHCP remains in full control of program operation and that there have been no unapproved changes in governing authority;
- Personnel records are reviewed using a sample of all levels of personnel to assure requirements have been met, e.g. training, performance evaluations;
- Compliance with professionals standards and principles, e.g. on-site observation of care to assure compliance with appropriate protocols;
- Written contracts for services under arrangement; and
- Administration/supervisory functions to assure they have not been improperly delegated.

In accordance with protocols developed pursuant to the CMS Quality Assurance Review Action Plan submitted by NYSDOH, all significant issues/deficiencies identified by NYSDOH surveillance staff during survey or by complaint investigation are shared on a monthly basis with NYSDOH waiver management staff.

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.
Several methods are employed:

When a survey identifies regulatory requirements have not been met, the LTHHCP agency operator is notified of each deficiency in a written report to which the LTHHCP agency operator must respond with a corrective action plan. A plan of correction(s) must be submitted by the LTHHCP agency operator for each deficiency cited. The plan of correction is reviewed and accepted by NYSDOH Surveillance staff based on remediation of the deficiency(s).

NYSDOH waiver management staff will notify the LDSS staff in the affected district of issues discovered through NYSDOH survey and complaint processing that would require investigation or intervention with the LTHHCP participant who may be at risk. NYSDOH waiver management staff provides necessary follow up/technical assistance. A summary of issues identified, remediation and follow up will be maintained in the Technical Assistance database and be tracked and trended.

When problems are discovered from the annual case record reviews or during the LDSS administrative reviews conducted by NYSDOH waiver management staff, further investigation and remediation actions will be triggered. Problem findings identified are discussed with LDSS staff and provided in a written report to the LDSS Commissioner and subsequent case record review is planned for evidence of compliance with remediation.

NYSDOH waiver management staff will convene regional meetings/focus groups with LDSS staff and LTHHCP agencies to discuss identified issues and potential solutions on an as needed basis.

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 Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.
In accordance with to the CMS Quality Assurance Review Action Plan submitted by NYSDOH:

- NYSDOH waiver management staff will convene regional meetings/focus groups with LDSS staff and LTHHCP agencies to discuss identified issues and potential solutions on an as needed basis.
- NYSDOH waiver management staff will be working with NYSDOH surveillance staff regarding new waiver services and qualifications to include in agency surveillance process upon CMS approval. (Early 2009)
- NYSDOH waiver management staff will educate the Home Health Hot Line staff on new guidelines where Hot Line staff will report any significant issues regarding provider complaints to the waiver management staff. The waiver service provider will then be contacted and an on-site inspection may be indicated to resolve the cited issues.
- The agenda for the October 2008 LTHHCP Technical Assistance Group conference call includes discussion of LDSS reporting requirements related to waiver provider practices to NYSDOH waiver management staff.
- NYSDOH waiver management staff will participate in new LTHHCP agency training with the NYSDOH surveillance staff to assure compliance with program guidelines. (Early 2009).

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.

The LOC determination is conducted for all participants. The LOC is determined through completion of the DMS-1 in advance of waiver participation and every 120 days thereafter to establish an individual's medical and functional needs. The DMS-1 provides an indicator score to determine medical eligibility for nursing facility level of care as well as a mechanism for monitoring and controlling expenditures.

A DMS-1 score of 60 or greater indicates an individual is eligible for nursing facility care. An indicator score of 60-179 equates to a proxy calculation for a lower level of care (historically referred to as Health Related Facility(HRF)). A score greater than 180 indicates a Skilled Nursing Facility (SNF) level of care. Expenditure caps are calculated at 50%, 75% and 100% of HRF and at 50%, 75%, and 100% of SNF. The individual expenditure cap is calculated using the average nursing facility rate in the county of residence. This cost control mechanism provides cost neutrality assurance.

Policy allows the local professional director or other designated physician of the applicant/participant's choice to provide an override justification of the indicator score limits when an individual does not score a minimum of 60 on the DMS-1 or if the individual scores at the HRF level of care but based on increased care needs, may be appropriate for the SNF level of care. The written physician override justification must include, but is not limited to, the medical, psychosocial, and/or rehabilitative needs which would otherwise require an individual to be institutionalized if it were not for the LTHHCP services.

A comprehensive and coordinated joint assessment process is completed by the LTHHCP agency RN and the LDSS staff for all applicant/participant's through completion of the Home Assessment Abstract. This process leads to formulation of a summary of services and development of the plan of care. The LDSS staff computes each individual's monthly Medicaid expenditures based upon the Summary of Services Requirements and assures expenditures will be within the approved monthly expenditure cap before authorizing the individual's participation in the waiver.

A participant may accumulate "paper credits" when their monthly Medicaid expenditures fall below their specified expenditure cap and "paper credits" are accumulated for the unexpended amount. Paper credits are calculated based on current month expenditures and the previous 11 months (a rolling 12 month period).

The LTHHCP utilizes what is known as an annualized budget. An annualized budget is the result of the process by which the costs of care for an individual are averaged over the year so that care costs that may exceed the expenditure cap in one or more months do not limit the use of the LTHHCP.

The LDSS staff reviews the participant's plan of care and monitors expenditures at least every 120 days as part of the assessment and reassessment process.

☐ **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:
Plan of Care

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:

Local Department of Social Service (LDSS) staff- Individuals performing activities requiring state licensure (e.g. Nursing, Social Work) must be current in their licensure; other local civil service requirements may be imposed.

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 LDSS staff participates with the LTHHCP agency RN in the home assessment, assists in developing the plan of care, and authorizes program participation. The LDSS does not provide waiver services. The LTHHCP agency RN assesses patient needs and consults with the physician to develop the overall plan of care. The plan of care must be signed and dated by the physician. The LTHHCP agency provides directly or subcontracts with entities with appropriate qualifications to provide services included in the plan of care.

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.

Upon application, the LDSS staff is responsible to provide objective information to all waiver applicants and as appropriate their family and significant others regarding various home care options available. The LDSS staff offers all waiver applicants choice between community based services and institutional care; they offer choice of all available waiver programs, Medicaid State Plan services, as well as choice of providers of such programs/services, and informs them of their choice between/among waiver services.

The LDSS staff provides a LTHHCP Consumer Booklet to all individuals, family, or significant other inquiring about community based services or upon application for the LTHHCP that provides information about the waiver and available waiver services, a Freedom of Choice form, the Home Health Hotline phone number and other important contact information for waiver participants.

A NYSDOH Home Health and Hospice Profile website is available to provide consumers with information about home health agencies, including LTHHCP agencies in New York State. Such information includes the agency's services provided, counties served, inspection reports, and any enforcement actions that may have been taken against the agency. In addition, performance ranking and quality of care measurements are provided with an explanation of their limitations. Quality measure performance rankings are designed to show how LTHHCP agencies rank in relation to other similar agencies in New York State. Consumers are encouraged to use this information to begin conversations with their doctors and other health care professionals about their home care options, as well as with family members, friends, and associates who may have direct experience with a particular agency or program.

The assessment by the LTHHCP agency and LDSS staff involves as appropriate the applicant, applicant's family or legally designated representative. As required by State regulation (10 NYCRR Part 763), when an individual is accepted into the waiver as a participant s/he is given a copy of the bill of patient rights by the LTHHCP agency. This includes a statement of the services available from the LTHHCP agency; related charges if any; the right to participate in planning care and treatment; and information on all services in the plan of care, including when and how services will be provided and by whom. The clinical record must document the participant has received the bill of rights and that the participant is in agreement with the plan of care as verified by his/her

signature. A copy of this verification is forwarded to the local district along with the plan of care signed by the physician.

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):

After the Level of Care determination has been completed, the plan of care is developed by the LTHHCP agency RN and the LDSS staff in consultation with the applicant and his/her significant others, with final approval by the LDSS staff. To develop the plan of care, the applicant is assessed in the home by the LTHHCP agency RN and the LDSS staff upon application for the program and at least every 120 days thereafter or sooner if the individual's condition warrants. This process determines whether the individual's total health and social needs can be met in the home environment and how that can be accomplished. A comprehensive assessment is completed and includes assessment of the home environment, the individual's functional strengths and needs, psychosocial status and availability of support systems using the Home Assessment Abstract (HAA) tool. The assessment of the individual includes determining the services needed to prevent institutionalization. This assessment process provides the LTHHCP agency RN and the LDSS staff with the information needed to develop the Summary of Services in the HAA, leading to the development of the plan of care requiring physician authorization.

The goal of the plan of care is to increase the waiver participant's independence, functional abilities, and community integration with assurance of the health and welfare of the waiver participant.

Identification of the waiver participant's strengths, abilities, and preferences are the starting point for developing the plan of care. The plan of care includes the range of services, including waiver and non waiver services as well as informal supports, necessary to allow the individual to remain in his/her community, addressing the individual's health, welfare and personal goals.

In addition to the State's LTHHCP requirements for assessment and plan of care development, as a Medicare certified home health agency, the LTHHCP agency must comply with federal regulations that require an agency comprehensive assessment and OASIS data reporting for all agency clients. Federal regulations mandate that clients are accepted for treatment on the basis of a reasonable expectation that their medical, nursing, and social needs can be met adequately by the LTHHCP agency; the plan of care developed covers all pertinent diagnoses, including mental status, type of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for a timely discharge or referral, and any other appropriate items. The plan of care must be established and authorized in writing by the physician based on an evaluation of the patient's immediate and long term needs. (42 CFR 484.18)

If disagreements occur in the development of a plan of care, the LDSS staff confers with the LTHHCP agency to resolve issues. If agreement can not be reached, the LDSS local professional director reviews the case and determines the appropriate adjustment. NYSDOH waiver management staff provides technical assistance as needed and reviews proposed plans of care upon request.

The LDSS staff approves waiver participation for the individual when the proposed plan of care supports the individual's needs, goals, health and welfare and meets the policies and procedures of the waiver. The LDSS staff issues a LTHHCP Consumer Booklet to all applicants and authorized waiver participants, which includes information on the waiver and choices of available services, a Freedom of Choice form, participant's verification of agreement with plan of care, the Home Health Hotline phone number and other important contact information for participants. The LDSS staff issues the "Notice of Decision" form regarding approved participation in the waiver.

If a plan of care can not meet the needs of the individual to assure health and safety, the LDSS staff assures the individual is referred to other appropriate resources. The LDSS staff issues the "Notice of Decision" form regarding denial for participation in the waiver.

The plan of care includes the range of services, including waiver, non- waiver and informal supports. It is an essential tool that clearly states responsibility for each of the services and supports the waiver participant's needs based on a comprehensive, person centered assessment. The LTHHCP agency RN is responsible for coordinating both waiver and other services included in the plan of care. The LTHHCP agency is required to provide or arrange for the three waiver services of Medical Social Services, Nutritional Counseling/Education, and Respiratory Therapy and may provide or arrange for the other waiver services noted in Appendix C. They also provide for the necessary State Plan home care services of personal care, home health aide, nursing, physical therapy, occupational therapy and speech pathology.

The LDSS staff reviews the individual's proposed plan of care, the participant's signed agreement with the plan of care, and the plan of care signed by the physician to monitor service delivery to ensure that all needs are met. The LDSS staff is required to investigate all unmet needs; if unmet needs are found, the LDSS staff contacts the LTHHCP agency for discussion and resolution.

As required by State regulation (10 NYCRR Section 763.2), each patient is given a copy of the bill of patient rights. This includes a statement of the services available from the LTHHCP agency; related charges if any; the right to participate in planning care and treatment; and information on all services prescribed, including when and how services will be provided and by whom. The clinical record must document the participant has received the bill of rights.

The LTHHCP agency may perform a preliminary assessment based upon physician's orders and develop a proposed summary of service requirements. The LTHHCP agency may initiate LTHHCP services prior to LDSS authorization for waiver participation (referred to as "alternate entry"). However, the comprehensive and coordinated joint assessment process through to the LDSS's authorization of waiver participation must be completed prior to or within 30 days after the interim provision of services is begun. In such "alternate entry" instances, the LTHHCP agency is financially responsible for all services provided to recipients whom the LDSS deems ineligible for waiver participation, and the LTHHCP agency may not seek recovery of costs from the recipient or Medicaid. The LTHHCP agency must also fully inform the potential participant of all options for service, including the availability of other community based long term care services and obtain the consumer's signature on the Freedom of Choice form.

Reassessment for continued waiver participation including needs assessment and completion of the plan of care occurs at least every 120 days and sooner if the participant's condition warrants. In addition, as required by Federal regulation 42 CFR 484.18(b) and State Regulation 10 NYCRR Part 763, the plan of care is reviewed by the LTHHCP agency RN as frequently as required by changing patient conditions but at least every 60 days.

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.

Risk assessment is conducted by means of the comprehensive assessment conducted by the LTHHCP agency RN. Federal regulations mandate that clients be accepted for treatment on the basis of a reasonable expectation that their medical, nursing, and social needs can be met adequately by the LTHHCP agency. The plan of care developed covers all pertinent diagnoses, including mental status, type of services and equipment required, frequency of visits, prognosis, rehabilitation potential, functional limitations, activities permitted, nutritional requirements, medications and treatments, any safety measures to protect against injury, instructions for a timely discharge or referral, and any other appropriate items.

In determining whether a client's health and supportive needs can be met safely at home the agency considers whether an individual is self directing, is able to call for help, can be left alone or has informal supports or other community supports who are willing, able and available to provide care and support in addition to LTHHCP services. This determination includes the availability of a back-up arrangement.

Participant risk and safety considerations are identified and potential interventions considered by the LTHHCP agency RN that promote independence and safety with informed involvement of the waiver participant.

The LDSS staff participates in developing the plan of care and is responsible in approving waiver participation for the individual when the proposed plan of care supports the individual's needs, goals, health and welfare and meets the policies and procedures of the waiver.

The plan of care is reviewed by the physician and the LTHHCP agency RN as often as the severity of the participant's condition requires but at least once every 60 days or more frequently when there is a significant change in condition. The LTHHCP agency RN is required to alert the physician to any changes that suggest a need to alter the plan of care.

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 LDSS staff and LTHHCP agency are responsible to offer all applicants/participants choice of available services and available providers. The LDSS staff is responsible for assuring that the waiver participant knows about his/her ability to choose or change waiver providers and assist the waiver participant to do so.

The LTHHCP agency is required to provide participants verbal and written notice of patient rights which includes available services

and how to access services.

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 LDSS staff is responsible to approve waiver participation for the individual when the proposed plan of care supports the individual's needs, goals, health and welfare and meets the policies and procedures of the waiver. If a plan of care can not meet the needs of the individual to assure health and safety, the LDSS staff assures the individual is referred to other appropriate resources.

If disagreements occur in the development of a plan of care, the LDSS staff confers with the LTHHCP agency to resolve issues. If agreement can not be reached, the LDSS local professional director reviews the case and determines the appropriate adjustment. NYSDOH waiver management staff provides technical assistance as needed and reviews proposed plan of care upon request.

The LDSS staff reviews the individual's proposed plan of care to assure waiver services are being utilized appropriately, maintain the waiver participant's health and welfare, and are cost-effective. The LDSS staff compares the proposed plan of care with the signed physician's orders to ensure that all needs are met and all services are provided. The LDSS staff is required to investigate all unmet needs; if unmet needs are found, the LDSS staff contacts the LTHHCP agency for discussion and resolution.

NYSDOH waiver management staff monitors plan of care adequacy in LDSS administrative visits and annual random case record reviews. However, NYSDOH waiver management staff reserves the right to review the adequacy of any plan of care presented to them. NYSDOH waiver management staff reviews case records more frequently whenever circumstances indicate issues requiring attention/correction identified through venues such as the Home Health Hotline, participant or representative inquiry, or as waiver management staff monitors the effectiveness of LDSS corrective actions/remediation.

As part of its case record review, NYSDOH waiver management staff evaluates documentation from plan of care against claim data acquired through eMedNY to assure the type of service approved and its frequency and duration have been appropriately delivered in accordance with the plan of care.

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:

Every 120 days

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:

LTHHCP agency and LDSS

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.

LDSS staff maintains contact with the waiver participant to discuss the delivery of services as approved in the plan of care every 120 days. During the home visit at 120 days, the LDSS staff informally assesses the participant's satisfaction with services and determines if services are being provided as indicated in the plan of care. Any issues identified are addressed by the LDSS staff with the LTHHCP agency, participant and if necessary for resolution referred to the NYSDOH. The waiver participant can contact the Home Health Hotline, LDSS, LTHHCP agency, or NYSDOH waiver management staff at any time to discuss issues. This contact information is provided in the LTHHCP Consumer Booklet.

Discrepancies between plan of care and actual service delivery as well as problems regarding participant experience with services may be discovered through a range of methods including a random retrospective review of plan of care, a comparison of plan of care to paid claim data acquired through NYS' claims processing system (eMedNY), provider surveillance, or information received from the NYSDOH operated Home Health Hotline regarding waiver participant experiences with provision of services. When problems are identified, further investigation is undertaken. If it is found that services are not being delivered in accordance with the plan of care, NYSDOH staff takes appropriate action such as follow-up with the identified LDSS and/or LTHHCP agency, initiation of a survey and/or referral for audit.

The LDSS staff approves waiver participation for the individual when the proposed plan of care supports the individual's needs, goals, health and welfare and meets the policies and procedures of the waiver. If a plan of care can not meet the needs of the individual to assure health and safety, the LDSS staff assures the individual is referred to other community based or institutional resources as deemed appropriate.

The LDSS staff monitors on an ongoing basis implementation of the plan of care by comparing the proposed plan of care with signed physician orders. The LDSS staff monitors participant health and welfare and satisfaction with service delivery by maintaining contact with the participant, participating in the joint assessment process and home visits at least every 120 days. The LDSS staff reviews all initial and subsequent plans of care for completeness and timeliness. The LDSS staff assists the waiver participant to remedy any problems that are identified.

The LDSS staff monitors participant satisfaction by administering an ongoing survey randomly to monitor participant satisfaction specific to service delivery. As part of this survey, waiver participants are asked if they actually received the services in their plan of care and their experiences with the services. These results are compiled by NYSDOH waiver management staff to evaluate for trends.

NYSDOH surveillance staff monitors all LTHHCP agencies that operate in New York State by standard periodic inspections that include state certification surveys, federal initial certification surveys and recertification surveys to ensure the agency meets federal (Medicare) and State regulations, which govern them. Each LTHHCP agency is surveyed at a maximum interval of 36 months to determine the quality of care and services furnished by the agency as measured by indicators of medical, nursing and rehabilitative care. When regulatory requirements have not been met, the LTHHCP agency operator is notified of each deficiency in a written report to which the LTHHCP agency operator must respond with a corrective action plan.

NYSDOH surveillance staff, upon LTHHCP agency survey, review case records for documentation and visit participant's homes to observe care being provided, interview the participant and significant others, and evaluate the care provided.

The following are assessed during the survey process related to the plan of care:

- Completion of the agency comprehensive assessment including the OASIS items, completion of the waiver LOC determination, waiver assessment documentation with the resulting plan of care ensuring all participant's needs and goals have been identified and addressed;

- Documentation that all needs identified in the assessment are addressed and included in the plan of care, agreed upon by the participant and ordered by the physician;

- Compliance with federal and State regulations regarding the plan of care;

- Evidence that services were delivered according to the plan of care; and

- Compliance with requirements for advising patients of their rights, including information on the NYSDOH operated Home Health Hotline.

Written inspection results are reported by NYSDOH surveillance staff to the LTHHCP agency operator within 10 days of completion of the survey. In response to each deficiency, the LTHHCP agency operator must submit a written detailed corrective action plan identifying how the specific findings are to be corrected, who is responsible for the corrective action(s), how the LTHHCP agency operator will investigate and take appropriate action regarding similar cases, when the corrections will be complete, what changes will be made to prevent recurrence and how the effectiveness of the corrective plan will be monitored by the LTHHCP agency operator. NYSDOH surveillance staff reviews the corrective plan and must find the plan acceptable before the LTHHCP agency is considered to be back in compliance; however the LTHHCP agency must implement the plan of correction and evaluate its effectiveness in achieving full compliance with the regulation. NYSDOH surveillance staff conducts a follow-up visit after the

completion date indicated on the LTHHCP agency operator's plan of correction to ensure that the LTHHCP agency has implemented the plan successfully.

The Home Health Hotline was established to give patients/families a toll free number to call in the event they want to lodge a complaint regarding the quality of care or any type of complaint. LTHHCP agencies are required to provide patients, in writing, the telephone number of the hotline and the hours of operation at the start of care.

A major function of the Home Care Surveillance program involves the investigation of complaints concerning home care services to ensure that all patients are offered adequate and safe quality care. All complaints received by the State regarding the provision of services by a LTHHCP agency are processed according to established complaint investigation procedures. Complaints may be initiated by a patient or by anyone on behalf of a patient. NYSDOH central office surveillance staff coordinates statewide complaint activities and maintains a tracking system on each complaint until it is resolved. Each NYSDOH regional office categorizes, investigates and resolves all home care complaints within its geographic region.

In accordance with protocols developed pursuant to the CMS Quality Assurance Review Action Plan submitted by NYSDOH, all significant issues/deficiencies identified by NYSDOH surveillance staff during survey or by complaint investigation are shared on a monthly basis with NYSDOH waiver management staff. NYSDOH waiver management staff will notify the LDSS staff in the affected district of issues discovered that would require investigation or intervention with the LTHHCP participant who may be at risk. NYSDOH waiver management staff provides necessary follow up/technical assistance. A summary of issues identified, remediation and follow up will be maintained in the Technical Assistance database.

NYSDOH waiver management staff annually monitors plan of care adequacy by random LDSS case record review. NYSDOH waiver management staff reviews LDSS case records more frequently whenever circumstances indicate issues requiring attention/correction identified through venues such as the Home Health Hotline, participant or representative inquiry, or as waiver management staff monitors the effectiveness of LDSS corrective actions/remediation.

As part of its case record review, NYSDOH waiver management staff evaluates documentation from plan of care against claim data acquired through eMedNY to assure the type of service approved and its frequency and duration have been appropriately delivered in accordance with plan of care.

These reviews trigger investigation and remediation actions when problems are discovered. If it is found services are not being delivered in accordance with the plan of care, NYSDOH waiver management staff will take appropriate action which may include initiation of a full survey, a vendor hold to limit admission of new participants to the LTHHCP agency and, if the problems persist, termination of the agency's provider status. NYSDOH works in conjunction with the LDSS, the LTHHCP agency, and the NYSDOH regional office to assure a safe transfer of the participant to appropriate alternate services or another LTHHCP agency if available in the local district.

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:*

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 waiver participants who have plan of care that address needs identified in comprehensive assessment. (NYSDOH waiver management staff review of LDSS case records)

Data Source (Select one):
Other
If 'Other' is selected, specify:
LDSS case records

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% Random sample statewide of 375 case record reviews annually and additional records reviewed as needed to monitor local district and provider performance.
☐ **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 percentage of waiver participants whose plan of care development was based upon completion of a joint home visit by LTHHCP agency RN and LDSS staff and completion of the Home Assessment Abstract tool. (NYSDOH waiver management staff review of LDSS case records)

Data Source (Select one):
Other
If 'Other' is selected, specify:
LDSS case records

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% Random sample statewide of 375 case record reviews annually and additional records reviewed as needed to monitor local district and provider performance.
☐ **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 percentage of plan of care (Home Assessment Abstract) are reviewed and revised at least every 120 days (NYSDOH waiver management staff review of LDSS case records)

Data Source (Select one):
Other
If 'Other' is selected, specify:
LDSS case records

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% Random sample statewide of 375 case record reviews annually and additional records reviewed as needed to monitor local district and provider performance.
☐ **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 percentage of waiver participants who received services in the type, amount, frequency and duration specified in the plan of care. (comparison of plan of care and claims data via NYSDOH waiver management staff review of LDSS case record)

Data Source (Select one):
Other
If 'Other' is selected, specify:
LDSS case records

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% Random sample statewide of 375 case record reviews annually and additional records reviewed as needed to monitor local district and provider performance.
☐ **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 percentage of waiver participants whose records contain appropriately completed and signed freedom of choice form that specifies choice was offered. (NYSDOH waiver management staff review of LDSS case record)

Data Source (Select one):
Other
If 'Other' is selected, specify:
LDSS case records

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% Random sample statewide of 375 case record reviews annually and additional records reviewed as needed to

		monitor local district and provider performance.
☐ **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.
Several strategies are employed:

NYSDOH surveillance staff monitors all LTHHCP agencies that operate in New York State by standard periodic inspections that include state certification surveys, federal initial certification surveys and recertification surveys to ensure the agency meets federal (Medicare) and State regulations, which govern them. LTHHCP agencies are surveyed at a maximum interval of 36 months to determine the quality of care and services furnished by the agency as measured by indicators of medical, nursing and rehabilitative care.

In accordance with protocols developed pursuant to the CMS Quality Assurance Review Action Plan submitted by NYSDOH, all significant issues/deficiencies identified by NYSDOH surveillance staff during survey or by complaint investigation are shared on a monthly basis with NYSDOH waiver management staff.

In addition to the annual LDSS case record reviews, NYSDOH waiver management staff also monitors plan of care adequacy during the LDSS administrative reviews.

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.
Several methods are employed:

When a survey identifies regulatory requirements have not been met, the LTHHCP agency operator is notified of each deficiency in a written report to which the LTHHCP agency operator must respond with a corrective action plan. A plan of correction(s) must be submitted by the LTHHCP agency operator for each deficiency cited. The plan of correction is reviewed and accepted by NYSDOH based on remediation of the deficiency(s).

NYSDOH waiver management staff will notify the LDSS staff in the affected district of issues discovered through NYSDOH

survey and complaint processing that would require investigation or intervention with the LTHHCP participant who may be at risk. NYSDOH waiver management staff provides necessary follow up/technical assistance. A summary of issues identified, remediation and follow up will be maintained in the Technical Assistance database and be tracked and trended.

When problems are discovered from the annual case record reviews or during the administrative reviews conducted by NYSDOH waiver management staff, further investigation and remediation actions will be triggered. Problem findings identified are discussed with LDSS program staff and provided in a written report to the LDSS Commissioner and subsequent case record review is planned for evidence of compliance with remediation.

NYSDOH waiver management staff will convene as needed regional meetings/focus groups with LDSS staff and LTHHCP agencies to discuss identified issues and potential solutions.

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 Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.
In accordance with the CMS Quality Assurance Review Action Plan submitted by NYSDOH:

- The agenda for the October 2008 LTHHCP Technical Assistance Group conference call includes discussion regarding LDSS reporting to DOH waiver management staff waiver participant satisfaction with services and provision of services compared with claim detail reports and discussion regarding ongoing monitoring and reporting of participant satisfaction. A participant satisfaction tool will be developed and an ongoing participant satisfaction survey process implemented during the 1st quarter of 2009.

- NYSDOH waiver management staff have met with data management staff to begin identifying potential data sources to be used in creating quarterly management reports with key variables such as participant enrollment, expenditures, service utilization. The NYSDOH Home Health and Hospice Profile website has been identified as a data source for information regarding LTHHCP agency's services provided, counties served, inspection reports, enforcement actions that may have been taken against the agency and quality measure performance rankings.

- The LTHHCP Consumer Booklet has been drafted and will be implemented in the 1st quarter of 2009 pending CMS's application approval.

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.

- [x] **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

E-1: Overview (5 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 (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.

LTHHCP applicants/participants are entitled to notice and fair hearing rights. The applicant/participant Notice of Decision, issued by LDSS staff, includes a brief description of the action that the district intends to take, along with the specific reasons for such action and includes a notice of the individual's right to a fair hearing. The notice also informs the applicant/participant of the rights to which they are entitled, including their right to all of the following: legal representation; a LDSS conference (which does not affect their rights to a fair hearing); the opportunity to cross-examine adverse witnesses; and the opportunity to present evidence, documents, and/or witnesses in their own behalf. The fair hearing must be requested within sixty (60) days from the date of receipt of the Notice of Decision. The LDSS staff issues the Notice of Decision and retains a copy of the notice in the recipient's case file.

One of five standard written Notices of Decision is used to inform LTHHCP applicants/participants of their fair hearing rights. There are two versions of each written notice, one for use in New York City (which contains the fair hearing contact number for New York City only) and one for use in all districts other than New York City (which contains a different fair hearing contact number). Notices of Decision forms and the associated Physician Confirmation Form are as follows:

- "Notice of Intent to Authorize/Reauthorize or Deny Your Participation in the Long Term Home Health Care Program", used to notify a LTHHCP applicant/participant that a decision has been made to authorize, reauthorize or deny his or her application to participate in the LTHHCP.

- "Notice of Intent to Discontinue Your Participation in the Long Term Home Health Care Program (LTHHCP)", used when participation in the LTHHCP is discontinued.

- "Notice of Intent to Reduce Your SNF Level Budget To An HRF Budget In the Long Term Home Health Care Program", used when the budgeting level used to determine the budget cap for a recipient changes from Skilled Nursing Facility (SNF) to Health Related Facility (HRF). HRF is a proxy calculation of an individual assessed to have lesser service needs.

When the LDSS staff or LTHHCP agency intends to reduce or discontinue one or more services being provided to a LTHHCP participant, but does not propose to discontinue the recipient's participation in the LTHHCP itself, the following action must be taken before the LTHHCP agency may implement the proposed reduction or discontinuance of the service: the LDSS staff must consult with the participant's physician to determine if the physician agrees with the proposed reduction or discontinuance of the service or alternatively, the LDSS staff may request that the LTHHCP agency consult with the participant's physician. The LDSS staff, or the LTHHCP agency, must obtain a written statement, Physician Confirmation Form (or a Department approved equivalent), that indicates whether the physician agrees or disagrees with the proposed change in the LTHHCP participant's care plan.

When the physician agrees with the proposed reduction or discontinuance of the LTHHCP participant's service, the LDSS staff must notify the LTHHCP agency that the LTHHCP agency may implement the proposed reduction or discontinuation. The LDSS staff is not required to send the participant a notice with fair hearing and aid-continuing rights. However the LTHHCP agency must advise the participant, in accordance with Title 10 NYCRR Part 763, of the change in the participant's services.

When the physician disagrees with the proposed reduction or discontinuance, or fails to return the Physician Confirmation Form the LDSS staff must send the LTHHCP participant the Notice of Decision with fair hearing rights.

- "Notice of Intent to Reduce or Discontinue Services in the Long Term Home Health Care Program (LTHHCP) Contrary to Physician's orders". The individual's participation in the LTHHCP will not be

terminated. In this instance, the LDSS staff must also send the LTHHCP agency a copy of the notice of decision and must advise the LTHHCP agency that it may not reduce or discontinue the service before the effective date of the notice and, if the recipient requests a fair hearing with aid-continuing prior to the effective date of the notice, the LDSS staff must also advise the LTHHCP agency that it may not reduce or discontinue the service pending issuance of the fair hearing decision.

- "Notice of Intent to Deny Services in the Long Term Home Health Care Program (LTHHCP) Contrary to Physician's Orders", is used when services will be denied in the LTHHCP contrary to the treating physician's orders, but the individual's participation will not be terminated. When completing Notices of Decision, the LDSS staff must include a brief description of the action the LDSS intends to take and the specific reason for this action.

When the LTHHCP agency is notified by LDSS staff that a fair hearing has been requested, the participant's services must be continued or reinstated until the fair hearing decision is issued.

Prior to the fair hearing, when requested, the LDSS staff must provide assistance to applicants and participants in making a request for a fair hearing. Upon oral or written request, including request by telephone, the LDSS staff must:

- Provide the LTHHCP applicant/participant and the applicant's/participant's authorized representative, free of charge, copies of the documents to be presented at the fair hearing.

- Provide the LTHHCP applicant/participant and the applicant's/participant's authorized representative, free of charge, copies of any documents from the participant's case file which the participant or the participant's authorized representative identifies and requests for purposes of hearing preparation.

- Encourage the use of LDSS conferences to settle disputes and complaints concerning actions regarding an LTHHCP applicant's/participant's services so as to eliminate the need to hold fair hearings wherever the dispute can be resolved by scrutiny of documents and/or through investigation.

- Hold LDSS conferences when such conference is requested. LDSS conferences must be scheduled before the date of the fair hearing.

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:

The New York State Department of Health (NYSDOH), Office of Long Term Care, operates a Home Health Hotline that affords individuals the opportunity to register grievances or complaints.

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).

The governing authority of each LTHHCP agency shall develop and implement written policies and procedures regarding the rights of the LTHHCP participant. These rights, policies and procedures shall afford each participant the right to:

- Submit complaints about care and services provided or not provided and complaints concerning lack of respect for property by anyone furnishing services on behalf of the agency, to be informed of the procedure for filing such complaints, and to have such complaints investigated by the LTHHCP agency.
- Voice complaints and recommend changes in policies and services to LTHHCP agency personnel, the NYSDOH or any outside representative of the participant's choice. The expression of such complaints by the LTHHCP participant or his/her designee shall be free from restraint, interference, coercion, discrimination or reprisal.
- Be advised in writing of the availability of the NYSDOH toll-free complaint hotline (Home Health Hotline), the telephone number, the hours of operation and that the purpose of the hotline is to receive complaints or answer questions about home care agencies.

LTHHCP agencies are required to investigate complaints made by a LTHHCP participant, the participant's family or guardian regarding treatment or care that is, or fails to be, furnished, and to document both the existence of the complaint and resolution of the complaint. NYSDOH surveillance staff, as part of their investigation of the LTHHCP agency's compliance, may ask to review grievances/complaints received by the LTHHCP agency and the resolution of those complaints. The agency must permit NYSDOH surveillance staff to examine these records to ensure that the LTHHCP agency sought and implemented an appropriate resolution. The NYSDOH surveillance staff may also interview complainants to ascertain if their complaint was satisfactorily addressed. If it is determined that the LTHHCP agency failed to investigate a complaint or failed to implement corrective action, a deficiency citation may be issued requiring the LTHHCP agency to develop and implement a formal plan of correction which must be submitted for approval by NYSDOH surveillance staff.

NYSDOH surveillance staff is responsible for monitoring the quality of care provided by LTHHCP agencies and for conducting periodic inspections with respect to standards of care and regulatory compliance. A major function of the NYSDOH surveillance program involves the investigation of complaints concerning home care services to ensure that all patients are offered adequate and safe quality care.

All complaints received by NYSDOH regarding the provision of services by LTHHCP agencies must be processed according to complaint investigation procedures. Complaints may be initiated by a LTHHCP participant or by anyone on behalf of the participant. At the time a complaint is alleged the LTHHCP participant or his/her designee must be informed that filing a complaint does not preclude the participant's right to request a fair hearing. The NYSDOH Central Office coordinates statewide complaint activities and maintains a tracking system on each complaint until it is resolved. Each NYSDOH Regional Office categorizes, investigates and resolves all home care complaints within its geographic region.

Complaint data are tracked for LTHHCP agencies and enables NYSDOH to ensure that home care agency administrators and their staff are aware of problems and have taken corrective measures to prevent recurrence of similar incidents. Accurate data and tracking systems permit NYSDOH surveillance staff to respond appropriately and expeditiously to inquiries regarding complaints from legislators, other state agencies and interested parties and assists NYSDOH in prioritizing surveillance activity.

NYSDOH surveillance staff makes every effort to protect the confidentiality of complainants to the fullest extent possible. In NYSDOH's onsite investigation of complaints, the names of complainants may not be discussed with LTHHCP agency personnel.

The initial letter to the LTHHCP agency directing its investigation of a non-serious or administrative complaint stresses that the name of the complainant must be kept confidential and that any evidence of retaliation against the LTHHCP participant involved will be further investigated by NYSDOH surveillance staff.

Since a critical part of the complaint investigation procedure is the initial categorization of the complaint in order to determine the extent of the investigation, the complaint receipt procedures include a comprehensive intake and review process as follows:

- NYSDOH surveillance staff conducts an initial telephone interview with each complainant to ensure that a complete and accurate portrayal of the home care situation is obtained.
- The complaints are categorized to determine the extent of the investigation.
- Acknowledgements and responses to the complainant are processed by NYSDOH surveillance staff.

Following the receipt of a complaint, all intake information is reviewed and evaluated by the NYSDOH surveillance staff to determine which complaint category is most appropriate.
Since some complaints are more serious than others, complaint investigations are prioritized:

- To determine the immediacy of the investigation.

- To determine the extent to which NYSDOH must become initially involved.
- For statistical and tracking purposes.

The complaint category and a projected completion date are determined prior to the initiation of an investigation. If a complaint has several components, which fall into more than one complaint category, the complaint is prioritized according to its most serious component. Definitions of these categories in ranking order are as follows:

1. IMMEDIATE JEOPARDY – A situation in which the agency's noncompliance with one or more requirements has caused, or is likely to cause, serious injury, harm, impairment, or death to a LTHHCP participant. Appendix Q of the State Operations Manual (SOM) contains Guidelines for Determining Immediate Jeopardy. Intakes are assigned this priority if the allegation(s) indicates immediate corrective action is necessary.

2. NON-IMMEDIATE JEOPARDY – MEDIUM – Intakes are assigned this priority if the alleged non-compliance with one or more requirements or conditions caused or may cause harm that is of limited consequence and does not significantly impair the LTHHCP participant's mental, physical and/or psychosocial status or function. An onsite survey is scheduled to review these intakes.

3. NON-IMMEDIATE JEOPARDY – LOW – Intakes are assigned this priority if the alleged noncompliance with one or more requirements or conditions may have caused physical, mental and/or psychosocial discomfort that does not constitute injury or damage. In most cases, an investigation of the allegation can wait until the next onsite survey.

4. ADMINISTRATIVE REVIEW/OFFSITE INVESTIGATION – Intakes are assigned this priority if an onsite investigation is not necessary. However, an offsite administrative review will be conducted (e.g. written/verbal communication or documentation) to determine if further action is necessary. The information is reviewed at the next onsite survey.

5. REFERRAL-IMMEDIATE – Intakes are assigned this priority if the seriousness of a complaint/incident requires referral or reporting to another agency, board, or End Stage Renal Disease (ESRD) network without delay for investigation. When a referral is made by NYSDOH a written report must be requested from the entity to which the matter is referred.

6. REFERRAL – OTHER – Intakes are assigned this priority when referred to another agency, board, or ESRD network for investigation or for informational purposes. When a referral of a complaint is made to another agency or entity (e.g. law enforcement, Ombudsman, licensure agency, etc.) for action, a written report is requested on the results of the investigation. Regardless of who conducts the investigation, NYSDOH surveillance staff has the responsibility to assess compliance with Federal conditions or requirements. The time frames for investigation are not altered by the referral to another agency.

7. NO ACTION NECESSARY –If it is determined with certainty that no further investigation, analysis, or action is necessary.

Anonymous complaints are handled as any other complaint, with the exception of acknowledgements and responses to the complainant.

When a written complaint is received about a situation beyond the purview of the NYSDOH surveillance staff, the complaint is referred to the agency or bureau having jurisdiction. The complainant is advised of the referral in an acknowledgement letter. This includes complaints related to the operation of the LTHHCP waiver.

For verbal complaints that are beyond the purview of NYSDOH surveillance staff, the complainant is referred as appropriate and the name of a contact person, address and phone number will be provided. The complainant is encouraged to contact the agency directly.

Referrals for additional action required by other State agencies or Department bureaus are made by NYSDOH surveillance staff following review of the completed investigation report. However, if NYSDOH surveillance staff identifies an issue that should be investigated by LDSS staff or another NYSDOH Regional Office surveillance program, a referral is made directly by NYSDOH Regional Office surveillance staff. A copy of any referrals is included in the investigation package for future reference. Referral information is entered into the Aspen Complaint Tracking System (ACTS).

Some commonly required referral entries include referrals to:
- NYSDOH LTHHCP waiver management staff
- LDSS staff or New York City Human Resources Administration (HRA)staff
- Office of the Medicaid Inspector General - Complaints which deal with the potential misuse or abuse of Medicaid reimbursement funds
- Adult Protective Service (APS) or Child Protective Services (CPS) in the Office of Family and Children's Services (OFCS) - If adult or child abuse is suspected during a complaint investigation
- Office of Professional Discipline (OPD), State Education Department (SED) - any complaint that involves apparent malpractice by a professional person licensed by the State Education Department
- Office of Professional Medical Conduct (OPMC) – for investigations that reveal possible professional medical misconduct
- Possible Criminal Action – If a complaint involves alleged criminal action, such as robbery or assault, the complainant has not and will not report such allegations to the local police department, the NYSDOH surveillance staff will consult with the Division of Legal Affairs as to the appropriate NYSDOH action.

Home visits may be conducted to interview LTHHCP participants and/or complainants in the investigation of patient care complaints. NYSDOH surveillance staff will arrange for the home visit and obtain the participant's permission. At the time of the home visit, the NYSDOH surveillance staff person will obtain a signature on the Consent for Home Visit Form from the LTHHCP participant or family member (if the patient is unable to sign). As appropriate, a LTHHCP agency staff member may accompany the NYSDOH surveillance staff on the home visit.
Following the investigation of the alleged complaint, The NYSDOH surveillance staff makes a final determination on the disposition of each case depending on the outcome of their investigation of serious patient care complaints or the review of the LTHHCP agency's investigative report of non serious, administrative or other complaints.

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.

The LTHHCP serves a population with complex medical needs with a design that incorporates a range of processes to insure LTHHCP participant health and welfare. The program requires a comprehensive assessment of medical, social and supportive service needs upon application and every 120 days thereafter. The LDSS staff and the LTHHCP agency RN jointly complete the comprehensive assessment during a home visit to determine the ongoing service needs of the participant and to insure the health and welfare of the individual. In NYS, licensed medical professionals, social workers and LDSS staff are mandated reporters of abuse and/or neglect. As mandated reporters, these individuals are in the participant's home jointly at least every 120 days during the reassessment process. During home visits the participant is monitored for indications of abuse or neglect.

Each LTHHCP agency is required, as a Medicare Home Health Agency and by NYS regulation for certification, to have policies and procedures in place to protect the health and welfare of the patient. Policies and procedures must include: a LTHHCP agency RN comprehensive assessment of the LTHHCP participant's health status at least every 60 days or more frequently as warranted by a change in the individual's condition; a visit to the home every 2 weeks by LTHHCP agency professional staff to supervise the provision of services by the home health aide or personal care aide to ensure the aide carries out the aide plan of care in a safe, effective and efficient manner; and, a LTHHCP agency internal quality management process to report adverse incidents/outcomes for investigation, corrective action and quality improvement. Quality management activity must be documented and kept on file in the LTHHCP agency and made available to NYSDOH surveillance staff.

Each LDSS has state mandated programs, e.g. Protective Services for Adults (PSA) and Child Protective Services (CPS) which, like the LTHHCP agency, are under the LDSS Commissioner's purview. This provides a direct linkage for referral and accountability when a waiver participant's health and welfare appear to be at risk. A referral can be made by anyone, including the LDSS staff or the LTHHCP agency RN. PSA/CPS must accept all referrals and conduct an investigation of any oral or written information of the LTHHCP participant's need for protective services. Referrals of a life-threatening nature must be acted upon within 24 hours; other referrals must be investigated, including a home visit, within 72 hours.

NYSDOH operates a toll-free Home Health Hotline, which is operational 24 hours per day, seven days per week and LTHHCP participants are provided with the Hotline phone number prior to the provision any LTHHCP services. NYSDOH tracks complaints and refers complaints to the appropriate NYSDOH Regional Office and/or the LTHHCP waiver management staff for investigation and corrective action.

The NYSDOH home care surveillance program includes the investigation of complaints concerning home care services, including the LTHHCP, to ensure all clients are offered adequate and safe quality care. Complaints can also be submitted by mail, fax or via e-mail. NYSDOH tracks complaints and refers complaints to the appropriate NYSDOH Regional Office and/or the LTHHCP waiver management staff for investigation and corrective action. Complaints are prioritized to determine the immediacy of need for investigation. While low priority complaints may await the next standard heath inspection, higher priority complaints are investigated immediately. Low priority complaints are those that allege noncompliance with one or more requirement(s) that may have caused physical, mental and/or psychosocial discomfort that does not constitute injury or damage. Any complaint received by the Hotline or brought to the attention of NYSDOH by any means that indicates potential abuse or neglect is a high priority and is investigated immediately. An indication of abuse will elicit a response from NYSDOH surveillance staff in the responsible Regional Office within 2 days; this can lead to a LTHHCP agency survey when indicated with an ensuing requirement for a corrective plan.

Monitoring of participant health and welfare is conducted at both the local and state levels. LDSS staff conducts an in home visit jointly with the LTHHCP agency RN for 100% of applicants and at least every 120 days thereafter for continuing participants. Staff document in the individual's case record any adverse events/observations, complaint investigations, referrals

to PSA/CPS, calls to the NYSDOH hotline, or contacts with law enforcement as appropriate. LDSS staff and LTHHCP agency staff monitor follow-up activity to assure corrective action.

NYSDOH waiver management staff also monitors the LDSS for assurance that participant health and welfare are being reviewed and that identified issues are addressed. This is done during on-site visits and random case record reviews.

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).

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.

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.

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.

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:

Potential participants and/or families or legal representatives are advised of their right to be free of unauthorized restraint use and involuntary seclusion. They are also informed of the existence of the Home Health Hotline, its hours of operation and the contact number. This information is provided verbally and in writing prior to the initial provision of LTHHCP services.

The LTHHCP requires a comprehensive assessment of medical, social and supportive service needs upon application and every 120 days thereafter. The LDSS staff and the LTHHCP agency RN jointly complete the comprehensive assessment during a home visit to determine the ongoing service needs of the participant, to insure the delivery of safe/appropriate services and that the participant is free from the unauthorized use of restraints/seclusion.

LDSS staff is responsible for monitoring the health and welfare of the individual. LDSS staff document in the individual's case record any adverse events/observations, complaint investigations, referrals to PSA/CPS, calls to the Home Health Hotline, or contacts with law enforcement as appropriate.

- ( ) **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:

  Unauthorized use of restraints or seclusion may be identified by LTHHCP participants, family members, friends, caregivers, NYSDOH waiver management staff, LDSS staff, their contractors and NYSDOH surveillance staff.

  Restraint in the LTHHCP is defined as the act of limiting or controlling a person's behavior through the use of any device which prevents the free movement of any limb as ordered by a physician; any device or medication which immobilizes a person, as ordered by a physician which renders the participant unable to satisfactorily participate in services.

  This does not preclude the use of mechanical supports to provide stability necessary for therapeutic measures such as immobilization of fractures, administration of intravenous fluids or other medically necessary procedures.

  Any individual, LDSS staff or LTHHCP agency staff person witnessing the unauthorized use of restraints, mechanical or medical, that is not specified in the participant's plan of care and ordered by a physician, is required to report this incident. Any complaint received by the Hotline or brought to the attention of NYSDOH, by any means, that indicates potential abuse, neglect or unauthorized use of restraints is a high priority and is investigated immediately.

- ( ) **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 private residence or an Adult Care Facility must be monitored regarding their ability to self-administer medications. Upon admission to the waiver program, every 120 days or more frequently as necessary, LDSS staff and the LTHHCP agency RN gather information regarding the participant's ability to self-administer medications. This assessment process would also include input from the participant and facility staff. If problems are identified, the waiver participant is provided training and assistance by the LTHHCP agency RN to ensure safe management of the participant's medication. 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 LTHHCP agency staff, who provide billable services included in the Plan of Care, are responsible for reporting any cognitive, physical and/or behavioral changes to their supervisor or to the case manager, which may require intervention.

Medication monitoring of waiver participants who are residents of certified Adult Care Facilities (ACF), for example Adult Homes, must follow specific NYSDOH 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 "some" assistance with medication management will be provided their medications by the ACF staff. The ACF staff must provide the waiver participant with the proper dosage of medication, frequency, dosage and route. The ACF staff must observe and record that the waiver participant took his/her medication at the time the medication is provided to the waiver participant. This record must also include the time the medication is provided to the waiver participant. All allergies are listed in the medication assistance record. This record is reviewed daily by the ACF staff that assists in this area and at any time there is a medication refill. The LTHHCP agency RN will also monitor the management of waiver participant's medication upon admission to the LTHHCP waiver program, at least every sixty days, and as needed.

The scope of monitoring is designed to focus on medication usage patterns. ACFs were provided with a manual designed by NYSDOH to use as a guide in training staff who provide care to residents. NYSDOH provided the manual during the "Medication Assistance Train the Trainer" training program. New ACF staff must complete a 40-hour training program, which includes medication assistance training for the personal care staff that assist with medication.

The ACF 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, 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 ACF 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, the case manager arranges for the resident to receive medical attention from his/her own physician. In addition, operators of adult care facilities, except shelters for adults, must:

- Continue to provide assistance in arranging for appropriate services to meet the care needs of facility residents. This includes the identification of and arrangement for appropriate services from community-based health care programs to meet the needs of a resident who is awaiting transfer to a higher level of care.
- Cooperate with the LDSS staff and LTHHCP agency RN assessor to complete the assessment process and implement, if necessary, the developed plan of care.

ACFs are monitored through the NYSDOH survey process every 12-18 months, usually at 12-month intervals but this may depend upon the severity of violations sited. 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.

Waiver participants living in an ACF must be monitored regarding their ability to self-administer medications. Upon admission to the waiver program, every 120 days or as necessary, LDSS staff and the LTHHCP agency RN gather information regarding the participant's ability to self-administer medications. This assessment process would also include input from the LTHHCP participant and facility staff. The LTHHCP agency RN assures that communication occurs with the ACF staff about the waiver participant's status and level of need for assistance with medication administration.

NYSDOH surveillance staff monitors all LTHHCP agencies that operate in NYS by standard periodic inspections that include state licensure surveys, federal initial certification surveys and recertification surveys to ensure the agency meets federal (Medicare) and state regulations which govern them. LTHHCP agencies are surveyed at a maximum interval of 36 months to determine the quality of care and services furnished by the agency as measured by indicators of medical, nursing and rehabilitative care. When regulatory requirements have not been met, the deficiency is identified to the agency, by NYSDOH surveillance staff, in a written report to which the agency must respond with a corrective action plan.

ACFs are surveyed by the survey component of NYSDOH yearly or every 18 months. NYSDOH 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. NYSDOH 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.

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)*

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).

Waiver participants living in Adult Care Facilities (ACF) must be monitored regarding their ability to self- administer medications. Upon admission to the waiver program, every 120 days, or more frequently, as necessary, LDSS staff and the LTHHCP agency RN gather information regarding the participant's ability to self-administer medications. If problems are identified, the LTHHCP waiver participant is provided training by the LTHHCP agency RN to ensure safe management of the participant's medication.

All LTHHCP agency staff, who provide billable services included in the Plan of Care are responsible for reporting any cognitive, physical and/or behavioral changes (which may require intervention) to their supervisor. Every two weeks the LTHHCP agency RN visits the waiver participant to evaluate the participant's status and the delivery of personal care services.

The LTHHCP agency shall ensure that: medical consultation has been obtained regarding safety and appropriateness; personnel have been trained to provide a specific service, procedure or treatment; supervisory personnel are employed by the agency to assure quality of patient care services. Such supervision shall include:

- Ongoing review of cases and delegation of assignments;
- In-home/ACF visits to direct, demonstrate and evaluate the delivery of patient care;
- Provision of clinical consultation;
- Professional guidance on agency policies and procedures; and,
- Assurance that all personnel delivering care in LTHHCP participants' homes/ACF are adequately supervised.

NYSDOH shall consider the following factors as evidence of adequate supervision:

- Personnel regularly provide services at the frequencies specified in the patient's plan of care, and in accordance with the policies and procedures of their respective services;
- Personnel are assigned to the care of patients in accordance with their licensure, as appropriate, and their training, orientation and demonstrated skills;
- Clinical records are kept complete, and changes in patient condition, adverse reactions, and problems with informal supports or home environment are charted promptly and reported to supervisory personnel;
- Participants' plans of care are revised as needed, and changes are reported to the authorized practitioner and other personnel providing care to the patient; and,
- Supervision of a home health aide or personal care aide is conducted by a registered professional nurse.

In-home/ACF supervision, by LTHHCP agency professional personnel, of home health aides and personal care aides takes place:

- To demonstrate to and instruct the aide in the treatments or services to be provided, with successful redemonstration by the aide during the initial service visit, or where there is a change in personnel providing care, if the aide does not have documented training and experience in performing the tasks prescribed in the plan of care; and,
- To instruct the aide as to the observations and written reports to be made to the supervising LTHHCP agency RN.

LTHHCP agency personal care services, in an ACF, may include "total" assistance with the administration of medication to the patient, bringing the medication and any necessary supplies or equipment to the patient, opening the container for the patient, positioning the patient for medication and administration, disposing of used supplies and materials and storing the medication properly.

Medication monitoring of LTHHCP waiver participants, who are residents of an ACF, must follow specific NYSDOH 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 LTHHCP agency staff or ACF staff. The staff must provide the waiver participant with the proper dosage of medication, frequency, dosage and route. The staff must observe and record that the waiver participant took his/her medication at the time the medication is provided to the waiver participant.

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, 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.

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:

Recorded medication errors would include such errors as wrong dose, wrong time, wrong route, wrong medication or missed medication.

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.

Each LTHHCP agency is required to have an agency quality management process which includes an annual overall evaluation of its total program by professional personnel who represent the services provided and a consumer representative. The group must report annually and meet at least quarterly to review policies pertaining to the delivery of health care and services provided by the agency and recommend changes as appropriate. The evaluation addresses the total program including services furnished directly to patients, administration and management of the agency, including but not limited to, policies and procedures, contract management, personnel management, clinical record review, patient care, and the extent to which the goals and objectives of the agency are met. Results of the overall annual evaluation must be available for review during survey.

Each LTHHCP agency is required, as a Medicare Home Health Agency and by NYS regulation for licensure/certification, to have policies and procedures in place to protect the health and welfare of the patient. Policies and procedures must include: an agency comprehensive assessment of the participant's health status at least every 60 days or more frequently as warranted by change in the individual's condition; a visit every 2 weeks by professional staff to supervise the provision of services by the home health aide or personal care aide to ensure the aide carries out the aide plan of care in a safe, effective and efficient manner; and, an agency internal quality management process to report adverse incident/outcomes for investigation, corrective

action and quality improvement. Quality management activity must be documented and kept on file in the LTHHCP agency and made available to NYSDOH surveillance staff.

NYSDOH surveillance staff monitors all LTHHCP agencies that operate in NYS by standard periodic inspections that include state licensure surveys, federal initial certification surveys and recertification surveys to ensure the agency meets federal (Medicare) and state regulations which govern them. LTHHCP agencies are surveyed at a maximum interval of 36 months to determine the quality of care and services furnished by the agency as measured by indicators of medical, nursing and rehabilitative care. When regulatory requirements have not been met, the deficiency is identified to the agency, by NYSDOH surveillance staff in a written report to which the agency must respond with a corrective action plan.

ACFs are surveyed by NYSDOH yearly or every 18 months. NYSDOH 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. NYSDOH 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.

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 of issues/deficiencies identified by NYSDOH Surveillance during survey or by complaint investigation and reported to NYSDOH waiver management staff related to LTHHCP participant's health and welfare.

Data Source (Select one):
Other
If 'Other' is selected, specify:
LTHHCP Agency Survey Reports

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:
Complaint Hotline

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 cases indicating participant abuse and neglect (NYSDOH waiver management review of LDSS case records)

Data Source (Select one):
Other
If 'Other' is selected, specify:
LDSS Case Records

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% Random sample statewide of 375 case record reviews annually and additional records reviewed as needed to monitor local district and provider performance.
☐ **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.
Several strategies are employed:

NYSDOH surveillance staff monitors all LTHHCP agencies that operate in New York State by standard periodic inspections that include state certification surveys, federal initial certification surveys and recertification surveys to ensure the agency meets federal (Medicare) and State regulations, which govern them. LTHHCP agencies are surveyed at a maximum interval of 36 months to determine the quality of care and services furnished by the agency as measured by indicators of medical, nursing and rehabilitative care.

In accordance with protocols developed pursuant to the CMS Quality Assurance Review Action Plan submitted by NYSDOH, all significant issues/deficiencies identified by NYSDOH surveillance staff during survey or by complaint investigation are shared on a monthly basis with NYSDOH waiver management staff.

In addition to the annual LDSS case record reviews, NYSDOH waiver management staff also monitors participant health and welfare adequacy during the LDSS administrative reviews.

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.
Several methods are employed:

When a survey identifies regulatory requirements have not been met, the LTHHCP agency operator is notified of each deficiency in a written report to which the LTHHCP agency operator must respond with a corrective action plan. A plan of correction(s) must be submitted by the LTHHCP agency operator for each deficiency cited. The plan of correction is reviewed and accepted by NYSDOH based on remediation of the deficiency(s).

NYSDOH waiver management staff will notify the LDSS staff in the affected district of issues discovered through NYSDOH survey and complaint processing that would require investigation or intervention with the LTHHCP participant who may be at risk. NYSDOH waiver management staff provides necessary follow up/technical assistance. A summary of issues identified, remediation and follow up will be maintained in the Technical Assistance database and be tracked and trended.

When problems are discovered from the annual case record reviews or during the LDSS administrative reviews conducted by NYSDOH waiver management staff, further investigation and remediation actions will be triggered. Problem findings identified are discussed with LDSS program staff and provided in a written report to the LDSS Commissioner and subsequent case record review is planned for evidence of compliance with remediation.

NYSDOH waiver management staff will convene as needed regional meetings/focus groups with LDSS staff and LTHHCP agencies to discuss identified issues and potential solutions.

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 Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.
In accordance with the CMS Quality Assurance Action Plan submitted by NYSDOH, the Department will be developing and issuing specifications for ongoing reporting by LDSS staff regarding identification of significant occurrences of abuse, neglect and/or exploitation and corrective actions.

The agenda for the October 2008 Technical Assistance Group Quarterly conference call includes discussion regarding the LDSS reporting process. The process will be finalized in December 2008 and the final version will be shared with LDSS during the follow up conference call in January 2009.

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.

NYSDOH/OLTC assesses the success of the LTHHCP and the need for system improvements through ongoing analysis of the program and remediation processes.

Trends in program success and need for change are identified from data compiled by NYSDOH waiver management staff and LDSS staff from the input of participants and their families, service providers, and advocates.

Stakeholders have several vehicles with which to voice their concerns, including statewide and regional meetings, professional conferences, stakeholder surveys, participant contact with their case managers, and direct communication between LDSS staff and NYSDOH waiver management staff during quarterly conference calls.

Once discovery efforts are completed and remediation actions initiated, should the agreed upon remedies not result in a satisfactory resolution, further study of the policy or particular waiver element is undertaken. Recommendations for a change in program design by waiver participants, LDSSs, LTHHCP agencies and other stakeholders are considered by NYSDOH staff.

Since the last renewal of the waiver, NYSDOH has reorganized its long term care functions. This has provided multiple advantages for QA/QI activities. First, the State's 1915c waivers serving the long term care needs of Medicaid consumers are all under the management of the Deputy Commissioner for the Office of Long Term Care (Traumatic Brain Injury, Nursing Home Transition and Diversion, Care at Home I/II, Bridges to Health, Long Term Home Health Care Program). This facilitates cross waiver analysis, policy development and systems change, allowing comparison of identified problems, solutions and best practices. Second, it permits better integration of QA/QI waiver initiatives with those pursued for State Plan long term care services. For example, NYSDOH's initiative to develop a uniform data set for long term care will inform QA/QI analysis and service improvement activities provided to the general public, regardless of payor, as well as Medicaid State Plan and 1915c services.

Typically, NYSDOH/OLTC initiates system design change to MA waiver programs when a clear and strong need has been identified by State waiver management staff and/or LDSS staff or other stakeholders.

Position papers are written summarizing the results of analysis and presented to senior NYSDOH/OLTC managers with recommendations for programmatic improvements. Recommendations are prioritized by OLTC Executive staff in consultation with the State Medicaid Director on the basis of the scope of the policy, its impact on waiver participants, and the overall ability of the State to accommodate any fiscal impact. Subsequent recommendations are approved in keeping with programmatic priorities, consumer benefit, and the opportunity for administrative efficiency and system wide reform.

When a system change is accepted that can not be made administratively, certain measures are recommended and implemented though the established annual NYS budget and legislative processes. At this stage, OLTC staff brief NYS Division of the Budget and Legislative staff, and discuss the proposals with program participants, LDSSs, advocates, providers, and other stakeholders to gain their input and support.

Waiver management staff implements system change when agreed upon and authorized by NYSDOH/OLTC Deputy Commissioner and the State Medicaid Director.

NYSDOH waiver management staff informs LDSS staff of systemic changes through administrative directives. Providers are informed of program changes via "Dear Provider" letters and the "Medicaid Update" issued monthly by NYSDOH. Training and technical assistance is provided periodically through Regional and Consortium meetings and on request by LDSS staff and waiver service providers.

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: LDSS staff	☐ **Other** Specify:

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.

The State collects, monitors and analyzes feedback regarding system design changes using several different methods. The participant survey method is used to gauge the effectiveness of the LTHHCP by asking for the input of those who use the LTHHCP's services. The LDSS and NYSDOH waiver management staff record and gather responses to system changes in the LTHHCP by meeting with participants, LDSS staff, advocate groups, provider trade associations and other stakeholders.

ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

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).

NYSDOH 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 NYSDOH Office of Medicaid Inspector General (OMIG). In addition, the Medicaid agency and the LDSS also conduct reviews and audits of MA funded programs.

In compliance with the Single Audit Act, New York State contracts with a private Certified Public Accounting (CPA) firm 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.

New York State maintains an electronic Medicaid (MA) system, eMedNY, through which providers submit claims and receive payments for MA covered services provided to eligible clients. In addition to the adjudication and payment of claims, the eMedNY system includes eligibility verification and a Medicaid Data Warehouse for the review and analysis of MA related data. The system replaced the former Medicaid Management Information System (MMIS).

All MA services adjudicated and reimbursed through eMedNY are subject to independent audit directed at ensuring provider compliance with applicable laws, regulations and policies as set forth by the Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York, provider guidelines and billing policy found in eMEDNY provider manuals, and other provider billing directives issued by NYSDOH.

Providers are targeted for audit via the eMedNY Data WareHouse, monitoring activities, and provider profiling used to identify claiming patterns that appear suspicious or aberrant. The NYSDOH waiver management staff and/or the LDSS may also recommend providers to be reviewed and audited. The frequency of audits of waiver providers will be determined by OMIG.

Pursuant to Chapter 405 of the Laws of 1999, the Office of the State Comptroller engages a CPA to perform an Independent annual audit of the State of New York's financial statements prepared by the State Comptroller. In conjunction with the audit, the CPA contacts NYSDOH to discuss various financial systems related to our information technology control environment, and obtains information and supporting documentation needed to corroborate the amount claimed and inquire about other matters related to the financial statement audit.

As with any Medicaid service, the cost of waiver services that are the responsibility of a third party must be paid by that third party. If a LTHHCP participant has a third-party insurance coverage, he/she is required to inform the LDSS 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 bill 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.

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 percentage of claims audited by OMIG found to be inappropriate.

Data Source (Select one):
Financial audits
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 LTHHCP services billed by a LTHHCP agency where the recipient of service was correctly identified as a participant in the waiver at the time of service delivery.

Data Source (Select one):
Other
If 'Other' is selected, specify:
LDSS case records and eMedNY claim detail reports

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%Random sample statewide of 375 case record reviews annually and additional records reviewed as needed to monitor local district and provider performance.
☐ **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.
As part of the case record review conducted by waiver management staff, claim detail reports and participant case records will be reviewed to confirm the Service Plan, budget calculation and actual paid claims are consistent. NYSDOH waiver management staff also performs ad hoc reviews of claiming practices associated with individual LTHHCP cases as investigation and follow-up on service complaints and stakeholder questions. Suspected improper billing patterns are addressed by referral to the Office of the Medicaid Inspector General (OMIG) as appropriate.

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.
Remediation of financial issues begins immediately upon the discovery of any impropriety. The NYSDOH waiver management 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.

If claiming issues are identified through the annual case record review with claim detail review conducted by NYSDOH waiver management staff, discussion is initiated with the LTHHCP agency to investigate discrepancies between physician orders and claims and to clarify billing processes.

OMIG LTHHCP audit reports are reviewed by NYSDOH waiver management staff for needed technical assistance; policy/process clarification or change; or need for LTHHCP agency training related to claiming issues.

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 Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

In accordance with the CMS Quality Assurance Review Action Plan:

- The Technical Assistance Group conference call agenda for October 2008 includes an initial discussion of the LDSS claim monitoring activities; documentation of findings; and potential reporting indicators. A follow-up discussion and draft process will be reviewed in early 2009 for expected implementation by April 2009.

- The Technical Assistance Group conference call agenda for October 2008 includes a discussion of the need for increased monitoring and analysis of data and trends, including required reports from the LDSSs so NYSDOH waiver management staff can identify issues and determine if quality improvement or change in policy are needed; if problems are identified, NYSDOH staff will take appropriate action which may include a hold on the LTHHCPs ability to accept new participants, referral for survey/audit and/or termination of the provider agreement.

- A systems change project request will be developed to implement Phase II of the Restriction Exception Code 30 project to include claiming edits for LTHHCP services that restrict payment of waiver and non-waiver services to approved LTHHCP waiver participants. The systems change project request will be submitted by the end of 2008.

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 two methods employed to determine provider rates for waiver services. While different methods are utilized, waiver payment rates are all sufficient to enlist enough qualified waiver providers.

With the exception of non-medical payments such as Assistive Technology, Environmental Modifications, Home Maintenance Services, and Social Day Care Transportation, all rates are established by using an agency specific average cost per unit cost-based rate setting methodology established by the State.

The rates for Home and Community Support Services, Nutritional Counseling/Educational Services, Respiratory Therapy, Medical Social Services, Social Day Care, Home Delivered and Congregate Meals, Moving Assistance, and Respite are based on annual cost-reports that include the costs of labor, administration and overhead with adjustments for utilization factors. Annual cost reports for LTHHCP agencies are based on historical cost data as provided for in 10 NYCRR Section 86.5.

The rates for Assistive Technology, Environmental Modifications and Social Day Care Transportation are based on actual costs plus an administrative fee. NYSDOH has assigned separate rate codes at a fixed cost per unit for these services to track the amount/cost of each service that is provided. This allows the LTHHCP agency to bill for variable costs of services/items, through the eMedNY system, the specific number of units which reflects the cost for these services/items. NYSDOH is responsible for establishing a reimbursement rate for each waiver service subject to the NYS Division of Budget.

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.

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 Medicaid provider must ensure the accuracy of appropriate Medicaid data, such as the Medicaid provider ID, Medicaid recipient ID, that the service was provided to an approved waiver participant and the billing rate code is for the services provided prior to submitting claims.

The flow of billing goes from the LTHHCP agency directly to the State's claims processing system, eMedNY. In the eMedNY system, the reimbursement for the services provided are 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 provider has been approved to provide the billed service.

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:

When the payment claim is submitted to eMedNY there are a series of edits performed to ensure the validation of the data. Some of the edits include: whether the waiver participant is Medicaid eligible; whether the individual was enrolled in the waiver program; and, whether the LTHHCP agency is enrolled in NYS. The edit test ensures 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 are subject to all the common payment integrity edit tests, as well as those specific to waiver transactions.

The annual retrospective case record review for a sample of participants in the LTHHCP includes a comparison of the adjudicated claim report for each waiver participant with his/her case record. This review focuses on whether the services provided were part of the approved plan of care and whether the amount of services were authorized. The billing queries will be run on the same plans of care that were part of the retrospective reviews. In addition, validation of services provided will occur through various means including provider audits and a participant satisfaction survey process.

To ensure that claims will meet the essential test that billed waiver services have actually been provided to waiver participants, NYSDOH Office of Medicaid Inspector General (OMIG)
conducts LTHHCP agency audits to verify that all Medicaid claims for reimbursement are supported with documentation in the LTHHCP agency patient record.

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.

Another way that NYSDOH waiver management staff validates that billed services were actually provided to LTHHCP participants is through an informal participant survey performed by the LDSS upon reassessment. During this survey, participants are asked about their experiences with the services that they have received. Responses to the survey are shared with the NYSDOH waiver management staff. NYSDOH waiver management staff will follow up on areas of concerns and may request a financial audit to verify the validity of billed services.

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

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.**
- [x] **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.*

Local government operated LTHHCP agencies.

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:*

- (●) **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:*

- [x] **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:*

- [x] **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*:

- [x] **Appropriation of State Tax Revenues to the State Medicaid agency**
- [x] **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:

The General Fund (state tax revenue supported) state share for Medicaid is also appropriated in the NYS Office of Mental Health (OMH), Office of Mental Retardation and Developmental Disabilities (OMRDD), Office of Children and Family Services, Office of Alcoholism and Substance Abuse Services, and State Education Department budgets. Funds are transferred from these agencies, upon approval from the NYS Director of Budget, to the Department of Health using the certificate of approval process (funding control mechanism specified in the State Finance Law, or through journal transfers, to the Department of Health (NYSDOH).

- [x] **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:

Medicaid State share is also provided through appropriations in NYSDOH for funds (net of any federal share) received from

drug rebates, audit recoveries and refunds, and third party recoveries; assessments on nursing home and hospital gross revenue receipts; and Health Care Reform Act (HCRA) revenues. Appropriations in OMRDD for the Mental Hygiene Patient Income Account and in OMH for HCRA also fund the state share of Medicaid and are transferred to NYSDOH.

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:

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. The State, through a state/county agreement, has an established system by which local entities are notified at regular intervals of the local share of Medicaid expenditures for those individuals for which they are fiscally responsible. In turn, the local entities remit payment of these expenditures directly to the State.

- ☐ **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:

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:

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 an annual provider cost report basis. 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 in developing the 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	1991.46	29575.00	31566.46	54330.00	5666.00	59996.00	28429.54
2	2088.10	30380.00	32468.10	56633.00	5984.00	62617.00	30148.90
3	2182.76	31205.00	33387.76	59034.00	6320.00	65354.00	31966.24
4	2289.86	32054.00	34343.86	61536.00	6675.00	68211.00	33867.14
5	2402.46	32925.00	35327.46	64144.00	7049.00	71193.00	35865.54

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	24033	24033
Year 2	24754	24754
Year 3	25496	25496
Year 4 (renewal only)	26261	26261
Year 5 (renewal only)	27049	27049

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.

230 Days

Number of total days spent on the waiver divided by total number of distinct recipients.

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 baseline was calculated using the 3 year average increase of the most recent data run for the 372 reports for number of users by service and average units per service. COLA rate increases of 5.3% for each year were projected for applicable services, and a 3% population increase was projected for the recipient count.

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' baseline was calculated using the 3 year average of the most recent data run for the final 372's in aggregate. COLA rate increases of 5.8% for each year were calculated based on the average cost increase for the 3 years prior according to the most recent data run for the 372 reports. An adjustment was made to remove the estimated impact of Medicare Part D for the years included in the baseline average during which Medicare Part D was not yet effective. The Medicare Part D adjustment

amount was calculated using the percentage of dual eligibles in the Long Term Home Health Care Program waiver during the year and the decrease in pharmaceutical costs from 2005-2006.

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 was calculated based on the total institutional cost for individuals in a skilled nursing facility. The baseline calculation was made using the 3 year average of the most recent data run for the final 372's in aggregate. An adjustment was made to remove the estimated impact of Medicare Part D for the years included in the baseline average during which Medicare Part D was not yet effective. The Medicare Part D adjustment amount was calculated using the percentage of dual eligibles in the institutional population during the year and the average per diem rate component attributable to Part D. Rate increases of 4.2% per year were calculated based on the average institutional cost increase for the 3 years prior. On June 12, 2008, State Plan Approval 06-39 established a provision for the nursing home rate setting methodology which will increase nursing home rates during the waiver renewal years. The impact of this rate adjustment was not included in these projections but may necessitate future amendment. Recipient counts were not projected to increase from baseline data.

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' was calculated using the 3 year average of the most recent data run for the final 372's in aggregate. COLA rate increases of 5.6% for each year were calculated based on the average cost increase for the 3 years prior according to the most recent data run for the 372 reports. An adjustment was made to remove the estimated impact of Medicare Part D for the years included in the baseline average during which Medicare Part D was not yet effective. The Medicare Part D adjustment was made using the percentage of dual eligibles in the Institutional Population during the year and the decrease in pharmaceutical costs from 2005-2006.

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
Respiratory Therapy
Home Maintenance Services
Community Transitional Services/Moving Assistance
Home and Community Support Services
Nutritional Counseling/Education Services
Social Day Care
Environmental Modifications
Respite
Congregate and Home Delivered Meals
Assistive Technology
Medical Social Services
Social Day Care Transportation

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	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respiratory Therapy Total:						742074.20

Respiratory Therapy	Hour	730	14.00	72.61	742074.20	
Home Maintenance Services Total:						354225.97
Home Maintenance Services	Unit	413	199.00	4.31	354225.97	
Community Transitional Services/Moving Assistance Total:						299229.92
Community Transitional Services/Moving Assistance	Unit	146	8.00	256.19	299229.92	
Home and Community Support Services Total:						4910430.00
Home and Community Support Services	Hour	335	700.00	20.94	4910430.00	
Nutritional Counseling/Education Services Total:						3748001.04
Nutritional Counseling/Education Services	Hour	6132	6.00	101.87	3748001.04	
Social Day Care Total:						5142356.01
Social Day Care	Visit	1551	153.00	21.67	5142356.01	
Environmental Modifications Total:						371424.00
Environmental Modifications	Unit	424	438.00	2.00	371424.00	
Respite Total:						396760.00
Respite	Unit	260	56.00	27.25	396760.00	
Congregate and Home Delivered Meals Total:						5535953.72
Congregate and Home Delivered Meals	Unit	3223	92.00	18.67	5535953.72	
Assistive Technology Total:						5239218.07
Assistive Technology	Unit	17509	23.00	13.01	5239218.07	
Medical Social Services Total:						18106460.40
Medical Social Services	Hour	17689	8.00	127.95	18106460.40	
Social Day Care Transportation Total:						3014580.00
Social Day Care Transportation	Unit	1410	1069.00	2.00	3014580.00	
				GRAND TOTAL:		**47860713.33**
				Total Estimated Unduplicated Participants:		**24033**
				Factor D (Divide total by number of participants):		**1991.46**
				Average Length of Stay on the Waiver:		230

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

					Component	

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Cost	Total Cost
Respiratory Therapy Total:						**804760.32**
Respiratory Therapy	Hour	752	14.00	76.44	**804760.32**	
Home Maintenance Services Total:						**372130.00**
Home Maintenance Services	Unit	425	199.00	4.40	**372130.00**	
Community Transitional Services/Moving Assistance Total:						**324024.00**
Community Transitional Services/Moving Assistance	Unit	150	8.00	270.02	**324024.00**	
Home and Community Support Services Total:						**5322660.00**
Home and Community Support Services	Hour	345	700.00	22.04	**5322660.00**	
Nutritional Counseling/Education Services Total:						**4064346.00**
Nutritional Counseling/Education Services	Hour	6316	6.00	107.25	**4064346.00**	
Social Day Care Total:						**5573418.21**
Social Day Care	Visit	1597	153.00	22.81	**5573418.21**	
Environmental Modifications Total:						**382812.00**
Environmental Modifications	Unit	437	438.00	2.00	**382812.00**	
Respite Total:						**428972.88**
Respite	Unit	267	56.00	28.69	**428972.88**	
Congregate and Home Delivered Meals Total:						**6003141.68**
Congregate and Home Delivered Meals	Unit	3319	92.00	19.66	**6003141.68**	
Assistive Technology Total:						**5674217.76**
Assistive Technology	Unit	18034	23.00	13.68	**5674217.76**	
Medical Social Services Total:						**19633872.00**
Medical Social Services	Hour	18220	8.00	134.70	**19633872.00**	
Social Day Care Transportation Total:						**3104376.00**
Social Day Care Transportation	Unit	1452	1069.00	2.00	**3104376.00**	
				GRAND TOTAL:		**51688730.85**
				Total Estimated Unduplicated Participants:		**24754**
				Factor D (Divide total by number of participants):		**2088.10**
				Average Length of Stay on the Waiver:		230

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	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respiratory Therapy Total:						**873099.50**
Respiratory Therapy	Hour	775	14.00	80.47	**873099.50**	
Home Maintenance Services Total:						**390485.76**
Home Maintenance Services	Unit	438	199.00	4.48	**390485.76**	
Community Transitional Services/Moving Assistance Total:						**350688.80**
Community Transitional Services/Moving Assistance	Unit	154	8.00	284.65	**350688.80**	
Home and Community Support Services Total:						**5765200.00**
Home and Community Support Services	Hour	355	700.00	23.20	**5765200.00**	
Nutritional Counseling/Education Services Total:						**4406877.30**
Nutritional Counseling/Education Services	Hour	6505	6.00	112.91	**4406877.30**	
Social Day Care Total:						**6042956.85**
Social Day Care	Visit	1645	153.00	24.01	**6042956.85**	
Environmental Modifications Total:						**394200.00**
Environmental Modifications	Unit	450	438.00	2.00	**394200.00**	
Respite Total:						**467853.12**
Respite	Unit	276	56.00	30.27	**467853.12**	
Congregate and Home Delivered Meals Total:						**6511143.60**
Congregate and Home Delivered Meals	Unit	3419	92.00	20.70	**6511143.60**	
Assistive Technology Total:						**5959788.75**
Assistive Technology	Unit	18575	23.00	13.95	**5959788.75**	
Medical Social Services Total:						**21290786.16**
Medical Social Services	Hour	18767	8.00	141.81	**21290786.16**	
Social Day Care Transportation Total:						**3198448.00**
Social Day Care Transportation	Unit	1496	1069.00	2.00	**3198448.00**	
				GRAND TOTAL:		**55651527.84**
				Total Estimated Unduplicated Participants:		**25496**
				Factor D (Divide total by number of participants):		**2182.76**
				Average Length of Stay on the Waiver:		230

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 *(renewal only)*

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respiratory Therapy Total:						**946491.84**
Respiratory Therapy	Hour	798	14.00	84.72	**946491.84**	
Home Maintenance Services Total:						**411050.42**
Home Maintenance Services	Unit	451	199.00	4.58	**411050.42**	
Community Transitional Services/Moving Assistance Total:						**383014.40**
Community Transitional Services/Moving Assistance	Unit	160	8.00	299.23	**383014.40**	
Home and Community Support Services Total:						**6256404.00**
Home and Community Support Services	Hour	366	700.00	24.42	**6256404.00**	
Nutritional Counseling/Education Services Total:						**4778574.00**
Nutritional Counseling/Education Services	Hour	6700	6.00	118.87	**4778574.00**	
Social Day Care Total:						**6552120.96**
Social Day Care	Visit	1694	153.00	25.28	**6552120.96**	
Environmental Modifications Total:						**406464.00**
Environmental Modifications	Unit	464	438.00	2.00	**406464.00**	
Respite Total:						**506860.48**
Respite	Unit	284	56.00	31.87	**506860.48**	
Congregate and Home Delivered Meals Total:						**7060482.96**
Congregate and Home Delivered Meals	Unit	3522	92.00	21.79	**7060482.96**	
Assistive Technology Total:						**6451602.12**
Assistive Technology	Unit	19134	23.00	14.66	**6451602.12**	
Medical Social Services Total:						**23086205.60**
Medical Social Services	Hour	19330	8.00	149.29	**23086205.60**	
Social Day Care Transportation Total:						**3294658.00**
Social Day Care Transportation	Unit	1541	1069.00	2.00	**3294658.00**	
				GRAND TOTAL:		**60133928.78**
				Total Estimated Unduplicated Participants:		**26261**
				Factor D (Divide total by number of participants):		**2289.86**
				Average Length of Stay on the Waiver:		230

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 *(renewal only)*

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respiratory Therapy Total:						**1026398.52**
Respiratory Therapy	Hour	822	14.00	89.19	**1026398.52**	
Home Maintenance Services Total:						**432132.48**
Home Maintenance Services	Unit	464	199.00	4.68	**432132.48**	
Community Transitional Services/Moving Assistance Total:						**413726.08**
Community Transitional Services/Moving Assistance	Unit	164	8.00	315.34	**413726.08**	
Home and Community Support Services Total:						**6784869.00**
Home and Community Support Services	Hour	377	700.00	25.71	**6784869.00**	
Nutritional Counseling/Education Services Total:						**5181546.84**
Nutritional Counseling/Education Services	Hour	6901	6.00	125.14	**5181546.84**	
Social Day Care Total:						**7104470.85**
Social Day Care	Visit	1745	153.00	26.61	**7104470.85**	
Environmental Modifications Total:						**418728.00**
Environmental Modifications	Unit	478	438.00	2.00	**418728.00**	
Respite Total:						**550160.24**
Respite	Unit	293	56.00	33.53	**550160.24**	
Congregate and Home Delivered Meals Total:						**7656821.44**
Congregate and Home Delivered Meals	Unit	3628	92.00	22.94	**7656821.44**	
Assistive Technology Total:						**6988143.82**
Assistive Technology	Unit	19061	23.00	15.94	**6988143.82**	
Medical Social Services Total:						**25034037.60**
Medical Social Services	Hour	19910	8.00	157.17	**25034037.60**	
Social Day Care Transportation Total:						**3393006.00**
Social Day Care Transportation	Unit	1587	1069.00	2.00	**3393006.00**	
				GRAND TOTAL:		**64984040.87**
				Total Estimated Unduplicated Participants:		**27049**
				Factor D (Divide total by number of participants):		**2402.46**
				Average Length of Stay on the Waiver:		230