



Subject: Children's Medicaid Waiver Transition to Health Home Care Management Guidance for Providers

To: Transitioning 1915c Children's Waiver Providers and Lead Health Homes

This guidance is intended to clarify the documentation requirements for Care Management staff (OMH ICC, OCFS HCI, DOH/OPWDD case management and Health Home (HH) care management) in the 1915c Waivers listed below, as it relates to their care coordination activities during the transition period of **January 2019 through March 31, 2019** while transitioning children within the current six waivers into Health Home (HH) care management or the Independent Entity (IE).

- OMH SED HCBS 1915(c) waiver
- DOH Care at Home (CAH) I/II 1915(c) waiver
- OPWDD Care at Home 1915(c) waiver
- OCFS Bridges to Health (B2H) SED 1915(c) waiver
- OCFS B2H Medically Fragile 1915(c) waiver
- OCFS B2H DD 1915(c) waiver

Definitions

- **Family of one** - a child whose family income is waived and receives Medicaid solely based on their eligibility for Home and Community Based Services (HCBS)
- **Community Eligible** – a child that receives Medicaid determined based upon the family's income
- **K codes** – as Restriction Exception (RE) codes that are placed on a Medicaid member's file to determine a program they are enrolled or eligible for or identify them as a certain population. K codes can be located: Users of ePACES should find K codes in the "Medicaid Restrictions" field. Users of eMedNY Thin Client will find K codes in the "Exception / Restriction" tab.

The current six waivers and their authority are still in place during the transition period of January 2019 through March 31, 2019. Current waiver care management requirements and billing procedures remain intact for children who continue to receive care management services of OMH ICC, OCFS HCI or DOH/OPWDD case management services.

The waiver care manager, who is becoming a Health Home care manager will work with children and families currently receiving waiver services to determine when (what month) to transition children in waiver to Health Home care management, or the Independent Entity by the family's informed consent, during January 2019 through March 31, 2019 as outlined in the steps from the in-person 1915c Waiver Transition training. Once transitioned to Health Home care management, some Health Home rules and standards must be followed as outlined below.



https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_child/en/docs/1915c_transition_hh_training_updated_12.11.18.pdf

Level of Care Determination

This is a change from the In-person Trainings: ¹

- Level of Care (LOC) forms must be completed as currently required under existing waivers for any transitioning child who is due for annual recertification between January 2019 through March 31, 2019, even if the child has already transitioned to Health Home during this period.
- For any transitioning waiver child whose annual recertification is on or after April 1, 2019, based on the recertification date under the former waiver, the new HCBS/LOC Eligibility Determination will be completed within the month of the due annual recertification.

CMS disapproved the proposed process announced in the statewide in-person training regarding the LOC determinations. The existing waiver eligibility processes remain in place from January 2019 through March 31, 2019. Each child must have a current LOC. If the annual LOC redetermination for any transitioning child is due between January – March 31, 2019, the care manager must complete the LOC form under the historic waiver (e.g., former 6 waivers).

If a transitioning child's recertification is due on or after April 1, 2019, based on the former waiver, the care manager must complete the new HCBS/LOC Eligibility Determination process for the Children's waiver. (Training on the new HCBS/LOC Eligibility Determination process will be forthcoming).

If a child does not meet the new LOC criteria but is at risk for institutionalization in absence of the waiver, the CM should contact the waiver capacity manager team at capacitymanagement@health.ny.gov for a review of eligibility so that the child can stay on the waiver. Additional documentation may be needed by the State from the HHCM/IE to determine if the child will remain eligible for the new Children's waiver under old eligibility

¹ **Incorrect information:** The training slide said the following which is no longer correct: Transition children will receive one-year* of HCBS eligibility from the month of their transition date and will not have to undergo a new HCBS eligibility determination

Whether the child's current waiver annual eligibility re-determination is due during or after the transition months of January – March 2019, the child's one-year HCBS eligibility and services will be from the point of transition to Health Home with the completed CANS-NY and ***“transition question within the CANS-NY”*** Example:

1. Child A's current waiver annual eligibility re-determination is due in February, Child A transitions to Health Home in February during the transition period, so no annual eligibility re-determination is needed
2. Child B's annual eligibility re-determination is due in May, Child B transitions to Health Home any time during January – March, so no annual eligibility re-determination is needed

*** Please Note:** HCBS eligibility is for one-year, unless the child is placed at a higher level of care, including but not limited to: hospitalization, incarceration, residentially placed, nursing home. If placed at a higher level of care, an eligibility re-determination will be needed



criteria. The HHCM/IE will only be contacted, and documentation will only be needed if the State notifies the HHCM/IE.

Note: this will not occur in certain circumstances such as ICF-IDD eligibility where the eligibility criteria and tools have remained the same. If the child is eligible under the former Waiver, a Level of Care exception will be issued for one year. ***The exception process will no longer exist after 4/1/2020.***

Examples of the above revised requirement:

1. During the transitional period, if child A's current waiver annual eligibility re-determination is due in February 2019. The existing waiver LOC annual eligibility re-determination is needed.
2. Child B's annual eligibility re-determination is due in May 2019, Child B transitions to Health Home any time during January – March. The new HCBS/LOC Eligibility Determination will need to be completed in May 2019. If the child is not eligible under the new process/criteria, the State may request information to determine if the child would have been eligible under the old LOC criteria so that the child may continue enrollment in the waiver.

Plan of Care

- When a child transitions to HH or IE, they must have a Plan of Care (POC) with the new array and new service names of CFTSS and HCBS to meet identified needs.

When a child/youth receiving waiver services, is transitioned to HHCM during January 2019 through March 31, 2019, the HH POC will be updated to include the new HCBS array and new service names of CFTSS and HCBS to meet identified needs. The POC should be documented and completed within the Health Home platform in which the child is enrolled, following HH POC requirements (exception noted below).

When a child/youth receiving waiver services, is transitioned to IE during January 2019 through March 31, 2019, the POC will be updated to include *ONLY* the new HCBS array and new service names of CFTSS and HCBS to meet identified needs. (An Independent Entity webinar will be held the coming weeks).

Progress Notes and Required Number of Contacts

- Until the child/youth transitions to HH or IE, the waiver care manager progress notes and contact schedule requirements must be followed. Once a waiver child/youth transitions to HH or IE, the HH and IE progress notes and contact schedule requirements must be followed.

Progress notes and the required number of contacts will be in accordance with Health Home requirements and standards once transitioned to Health Home care management during



January 2019 through March 31, 2019. Progress notes and contacts should be documented and completed within the Health Home platform in which the child is enrolled. Once a youth is transitioned to HH, the care manager will no longer follow HCBS progress note or minimum contact requirements of their historic waiver.

As a reminder, the HH monthly contact requirements are minimums in order to be able to bill the monthly acuity rate. Monthly contacts should be provided based on the needs of the child and the family and may exceed the required minimums if that is what the child and family require from their HH care manager.

Health Home Requirements During the Transition Period

- During the transition of January 2019 through March 31, 2019, certain HH forms and activities are **not** required however must be completed **by** the 6-month CANS-NY re-assessment date.

The month the child/youth in waiver transitions to Health Home care management, the Health Home care manager will bill Health Home based on CANS-NY determined acuity and therefore be responsible for the Health Home standards and rules.

The following HH forms and activities are **not** required during the transition period for **transitioning children only** however must be completed **by** the 6-month CANS-NY re-assessment date or earlier if a significant life change occurs:

- The Health Home comprehensive assessment
- The quarterly review of Health Home eligibility
- Documentation of Interdisciplinary Team Meeting
- A HH comprehensive POC (a HH POC with the new array and wording of CFTSS and HCBS is needed upon HH enrollment)

Health Home Eligibility

- All HCBS enrolled children on Medicaid are eligible for Health Home automatically.

Children on Medicaid who are eligible for HCBS are automatically eligible for Health Home. Transitioning a waiver child to Health Home care management, does not require that the HHCM determine Health Home eligibility of two chronic conditions or one single qualifying condition and appropriateness. The following criteria apply to children under HCBS:

- Children who are eligible for HCBS are required to have care management and a care plan for their HCBS services
- Children who are eligible for HCBS are eligible for Health Home
- Children who are Health Home eligible are NOT automatically eligible for HCBS
- Children who are no longer eligible for HCBS will also lose HH care management unless they are found to meet HH condition eligibility and appropriateness (except for Family of One children)
- When a child is HCBS eligible, they are eligible for the entire HCBS array



Family of One Children

- Family of One children (RE code of K1 **with** a KK code) must have at least one waiver service from the new array of Home and Community Based Services (HCBS) (*see table below) on their Plan of Care (POC) to maintain eligibility. Until the State receives CMS approval of the 1115, the child must receive that service quarterly.

A waiver participant may be eligible due to “Family of One” determination (a child whose family income is waived and receives Medicaid solely for the purpose of receiving HCBS). Family of One children are designated by a KK code in the RE code indicator place. The K1 code denoted that a child is on the Children’s HCBS waiver.

If a Family of One child is discharged from HCBS then he or she will lose Medicaid eligibility. “Family of One” children who meet targeting, risk, and LOC must have at least one HCBS on their POC to maintain eligibility.

The HHs and IEs should ensure that there is at least one HCBS from the new HCBS array on the child’s POC. Until the State receives CMS approval, the Family of One child must receive an HCBS at least every quarter. K codes can be located: Users of ePACES should find K codes in the “Medicaid Restrictions” field. Users of eMedNY Thin Client will find K codes in the “Exception / Restriction” tab.

Table: New HCBS array

Community Habilitation
Day Habilitation
Prevocational Services
Respite
Supported Employment
Adaptive and Assistive Equipment
Caregiver/Family Supports and Services
Community Self-Advocacy Training and Supports
Environmental Modifications
Non-Medical Transportation

Palliative care - Expressive Therapy
Palliative care – Bereavement Service
Palliative care – Massage Therapy
Palliative care – Pain and Symptom Management
Vehicle Modifications
Crisis Intervention (until 1/2020)
Youth and Peer Support and Training (until 1/2020)
Family Peer Support Services (until 7/1/19)

Community Eligible

- Community Eligible children (RE code of K1 **without** a KK code) who need an HCBS to be maintained in the community should have those services on their POC to remain in the waiver.

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If a Community Eligible child does not need an HCBS, the Community Eligible child will be disenrolled from the waiver.

If a community eligible waiver child (K1 waiver child without a KK code) transitions to the three new Child and Family Treatment and Support Services and/or Health Home and has no continued need for any of the new HCBS, then the child should be discharged from the HCBS waiver and would need to determine Health Home eligibility and appropriateness. A HCBS that is not requested or needed by the child and/or family/caregiver should not be on a Community Eligible child’s HCBS POC.

Timeline

Dates	Activity
January 1, 2019 through March 31, 2019	Current 1915c Waiver Case Managers (OCFS HCI, OMH ICC, OPWDD/DOH Case Management) transition their children in waiver to Health Home Care Management
Starting January 1, 2019	3 Children and Family Treatment and Support Services (CFTSS) (State Plan Services) become available for ALL children with Medicaid who meet Medical necessity <ul style="list-style-type: none"> • Other Licensed Practitioner (OLP) • Psychosocial Rehabilitation (PSR) • Community Psychiatric Supports and Treatment (CPST)
By January 31, 2019	Current HCBS Plan of Care needs to be updated to reflect crosswalk of current waiver services to Children and Family Treatment and Supports Services <ul style="list-style-type: none"> • Skill building = Psychosocial Rehabilitation • Crisis Avoidance, Management & Training AND Intensive In-Home Services = Community Psychiatric Support and Treatment (CPST) • Immediate Crisis Response Service and Crisis Response Services = CPST AND/OR Other Licensed Practitioner (OLP) Medical Necessity MUST be documented by a Licensed Practitioner of the Healing Arts (LPHA) recommendation.
By March 31, 2019	All Transitioning children who will receive Children and Family Treatment and Support Services have a required Treatment Plan AND ALL 1915c HCBS waiver children transition to Health Home Care Management
February 1, 2019	Current HCBS Waiver services and their rate codes that are transitioning to CFTSS rate codes can no longer be billed The IE is available to accept children opting out of HH.
April 1, 2019	All former waiver rate codes will no longer be active using a date of services of April 1, 2019 or later