



Department
of Health

Office of
Mental Health

Office of Alcoholism and
Substance Abuse Services

Office of Children
and Family Services

Office for People With
Developmental Disabilities

Children's Health and Behavioral Health MRT Subcommittee

Quarterly In-Person Meeting

September 28, 2017

Agenda

- Update on Transition Plan
- Themes from stakeholder feedback on Transition Plan
- Next steps on Transition Plan
- Upcoming guidance
- Upcoming technical assistance and training
- Upcoming MRT Subcommittee meeting topics



Transition Plan Updates

- Transition Plan was developed to describe the activities related to the transition of the children's 1915(c) Waivers to the 1115 Waiver authority.
- Transition Plan was released on 8/15/17 for stakeholder feedback
 - Comments were due to the State on 9/8/17
 - Comments were categorized into major themes
- The objective of the Transition Plan is to provide a road map for the process under which the providers, Medicaid clients (children/families) and the State will smoothly transition children to the 1115 Waiver while maintaining continuity of care.
- The Transition Plan needs to be finalized to reflect comments and approved by CMS – Goal is to finalize by the end of October
- When the Transition Plan is finalized, it will be further synthesized and operationalized into step-by-step processes, including work flows, supported by clear guidance, webinars, and access to the State for assistance – State will continue to seek stakeholder input throughout the development of these processes.



Transition Plan Stakeholder Feedback Themes

- Stakeholders have identified that clarity needed in many areas, including:
 - Roles of Health Homes, Managed Care Plans, and the Independent Entity
 - Role of the State Enrollment Broker and Medicaid Managed Care enrollment
 - Transition of children in Voluntary Foster Care Agencies (VFCAs)
 - HCBS workflow (Plan of Care process, reviews, approvals, timeframes, etc.)
 - HCBS eligibility determination criteria and documentation required for HCBS eligibility
 - DD eligibility process
 - CFCO services
- Concerns around billing transition



State Working With CMS to Address Complexities in Transition Plan

- The Transition Plan includes an Interim Transition Period
- The Interim Transition Period is from January 1, 2018 to June 30, 2018 (i.e., 1915(c) to the 1115 waiver but prior to the transition to Managed Care, availability of newly aligned HCBS services and State Plan services) introduces a level of complexity to the transition
- State received several stakeholder comments and questions about the processes and procedures that would be in place during the period and complexity of those processes
- State is working with CMS to address complexities to streamline billing, rates, ensure access to current 1915(c) HCBS services, and to avoid transitional work that would only remain in effect for a short period of time
- The Transition to Health Home for 1915(c) providers and children will still begin in April 2018
- Final Transition Plan will reflect outcome of those discussions



HCBS Eligibility Determination Process

- August 24, 2018 Transition Plan Webinar provided additional details on LOC and LON HCBS eligibility determination process (Target Population, Risk Factors, and Functional Criteria) – See Appendix for
- How is CANS-NY used to Determine HCBS Eligibility?
 - A subset of questions of the CANS-NY is used to determine the functional criteria component of the HCBS eligibility determination process
 - For children who are I/DD and Foster – Functional Criteria determined by OPWDD Front Door ICF-IDD LOC tool applied
 - For children who are I/DD and MFC
 - Functional criteria determined by OPWDD Front Door ICF-IDD LOC tool applied **OR**
 - Qualify under MFC LOC Target Population and Risk Factors MFC CANS-NY algorithm
- The State has completed testing with the data available and current 1915(c) providers
- Algorithms/questions developed in consultation with John Lyons, Chapin Hall
- State committed to closely monitoring data on HCBS determinations
- Children already enrolled in a 1915(c) Waiver will remain HCBS eligible for one year after their initial Health Home CANS-NY is signed and finalized (first possible date to sign and finalize a CANS-NY is April 1, 2018)



Role of Independent Entity

- State is working through approach to procurement of Statewide Independent Entity – will update accordingly
- IE must have a statewide presence (in every county with regional oversight)
- The goal of using an Independent Entity is to centralize the administration of processes and quality oversight activities related to children’s HCBS to ensure a consistent, standardized Statewide implementation
- Current assumption is State will pay the IE directly
- Key responsibilities of IE include:
 - ✓ A possible venue and front door for children to determine HCBS eligibility
 - ✓ ***Direct referrals to Health Homes by community providers and plans should be made for children likely eligible for Health Home or HCBS (Children eligible for HCBS are eligible for Health Home)***
 - ✓ For children eligible for HCBS, IE will:
 - ✓ Educate children and families about the benefits of comprehensive Health Home care management
 - ✓ Make referrals to Health Homes to develop comprehensive Health Home care plan that includes HCBS and meets HCBS requirements
 - ✓ Develop HCBS plans of care for children that may opt out of Health Home
 - ✓ Work with OPWDD Front Door for ICF-IDD LOC determination



Role of Independent Entity

- Key responsibilities of IE include:
 - ✓ IE will be a front door for children not now enrolled in Medicaid but that may be eligible for HCBS and hence eligible to apply for Medicaid (community eligible determination or Family of One)
 - ✓ Assisting children and families with gathering information to apply for Medicaid either through LDSS or NYSoH
 - ✓ Monitoring HCBS care plan and access to HCBS for children that opt of Health Home and that are not in Managed Care Plan
 - ✓ Assisting the State with oversight, monitoring and reporting of Statewide access and use of Children's HCBS
 - ✓ Obtaining proper consents to perform duties of IE



HCBS Plans of Care and Health Home Plans of Care

- ***The Goal and Design of the Children's Transformation is to ensure all children that are eligible for HCBS services receive comprehensive care management for **all the services** the child needs through the person-centered comprehensive Health Home care management program***
- Children eligible for HCBS and who enroll in Health Home will receive comprehensive Health Home care management and an integrated care plan which incorporates HCBS and meets the requirements for HCBS plans of care AND all other comprehensive services the member needs
- Children who opt out of Health Home will receive an HCBS Plan of Care that includes HCBS and meets the requirements for HCBS plans of care
 - IE may make referrals to other services that may benefit the child and the family




Enrollment in a Medicaid Managed Care Plan

- The State's Enrollment Broker, New York Medicaid Choice, is responsible for the outreach and enrollment into Medicaid Managed Care Plans.
- The Enrollment Broker will be noticing children who will be required to enroll in managed care prior to 7/1/18 to allow a 60 day choice period for the child and family for choosing a Managed Care Plan.
- The Enrollment Broker has information about managed care plan networks to be able to assist children and families in choosing the plan that best matches their needs based on their current providers.

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HCBS and the Roles of Health Homes, Managed Care Plans, and Independent Entity

	<i>HCBS Eligibility Determination</i>	<i>Eligible for HCBS?</i>	<i>Plan of Care</i>	<i>Care Management</i>	<i>Monitor Access to Services</i>	
	In Health Home	Health Home	Yes	HH Comprehensive POC with HCBS	Health Home	MMCP
	Not yet in Health Home	IE	Yes, elects HH	HH – Comprehensive POC with HCBS	Health Home	MMCP
		IE	Yes, Opts out of HH	IE - HCBS POC	MMCP	MMCP
		IE	No, but eligible for and elects HH	HH – Comprehensive POC w/o HCBS	Health Home	MMCP

Direct referrals to Health Homes by community providers and plans should be made for children likely eligible for Health Home or HCBS (Children eligible for HCBS are eligible for Health Home)



HCBS and the Roles of Health Homes, Managed Care Plans, and Independent Entity

Child in FFS		<i>HCBS Eligibility Determination</i>	<i>Eligible for HCBS?</i>	<i>Plan of Care</i>	<i>Care Management</i>	<i>Monitor Access to Services</i>
	In Health Home	Health Home	Yes	Comprehensive POC with HCBS	Health Home	Health Home
Not yet in Health Home	IE	Yes, elects HH	Comprehensive POC with HCBS	Health Home	Health Home	
	IE	Yes, Opts out of HH	IE - HCBS POC		IE	
	IE	No, but eligible for and elects HH	HH – Comprehensive POC w/o HCBS	Health Home	Health Home	

Direct referrals to Health Homes by community providers and plans should be made for children likely eligible for Health Home or HCBS (Children eligible for HCBS are eligible for Health Home)

HCBS and the Roles of Health Homes, Managed Care Plans, and Independent Entity

Child not yet in Medicaid		<i>HCBS Eligibility Determination</i>	<i>Eligible for HCBS?</i>	<i>Plan of Care</i>	<i>Care Management</i>	<i>Monitor Access to Services</i>
	Not yet in Health Home	IE	Yes –opts out of HH	IE - initial HCBS POC	See MMC or FFS	See MMC or FFS
		IE	Yes elects HH	HH Comprehensive POC with HCBS	Health Home	Health Home
		IE	No			



HCBS and the Roles of Health Homes, Managed Care Plans, and Independent Entity

Child DD in Foster Care		<i>HCBS Eligibility Determination</i>	<i>Eligible for HCBS?</i>	<i>Plan of Care</i>	<i>Care Management</i>	<i>Monitor Access to Services</i>
	In Health Home	Health Home w/DDRO	Yes	Health Home Comprehensive POC with HCBS	Health Home	Health Home or if enrolled, MMCP
	Not yet in Health Home	IE w/DDRO	Yes	See MMC or FFS	See MMC or FFS	See MMC or FFS
Child MF/DD		<i>HCBS Eligibility Determination</i>	<i>Eligible for HCBS?</i>	<i>Plan of Care</i>	<i>Care Management</i>	<i>Monitor Access to Services</i>
	In Health Home	Health Home, and if elected, DDRO	Yes	Health Home Comprehensive POC with HCBS	Health Home	Health Home or if enrolled, MMCP
	Not yet in Health Home	IE and if elected, DDRO	Yes	See MMC or FFS	See MMC or FFS	See MMC or FFS



B2H and DD Population

- Many questions on how a child with a developmental disability as determined by OPWDD and in B2H Waiver (i.e., in Foster Care) can transition to Health Home when Health Home eligibility criteria has not yet been approved via State Plan to include DD conditions
- Within the 1115 waiver, a child that has a DD and is in Foster Care and meets HCBS LOC criteria for that Target Population is eligible for Health Home - a narrow exception prior to expansion of Health Home chronic conditions list to include I/DD conditions



HCBS LOC Determination for DD MFC and HCBS LOC Determination for MFC

- Children who are Medically Fragile with a DD which has not yet been determined by OPWDD may access HCBS services using the Target, Risk and Functional Criteria for LOC for children with DD and MFC or just MFC
- The CANS-NY is used to determine LOC functional criteria under the HCBS LOC Medically Fragile Eligibility Determination Criteria
- However, to ensure the child has access to adult HCBS services provided under the OPWDD HCBS Waiver and other State plan clinic services, the child should also subsequently seek a determination of DD eligibility from the OPWDD via the and ICF-DD LOC – this should occur well before the child's 21st birthday
- As part of providing comprehensive transitional care, Health Home care managers should ensure that this referral and determination is made for its MFC DD children



Transition of Children in Voluntary Foster Care Agencies

- Transition Date remains January 1, 2019
- DOH and OCFS are working on several products
 - 29-I VFCA Health Facilities regulations
 - 29-I VFCA Health Facilities application and guidance
 - Residual Rate build
 - Guidance regarding MCO enrollment



State Plan Amendments for SPA Services

- We are wrapping up discussions with CMS on the two SPAs to implement the six new State Plan Services
- We remain on track to designate providers beginning in November
- Upon CMS approval State will finalize DOH regulations
- OMH Part 511 Regulation update: public comment period ended 9/16/17, comments are under review
- OASAS Part 823 Children's Services Regulation is at the Governor's Office



Psychosocial Rehabilitation (PSR)

- *Psychosocial Rehabilitation (PSR)* now includes previously described *Habilitative Skill Building* that is covered under today's 1915c waiver as skill building.
- Reference to *Habilitative Skill Building* will be eliminated from the Provider Designation applications and the HCBS manual to reflect this change.
- Guidance for provider designation is forthcoming



Update on Plan Standards and Requirements

Children's Health and Behavioral Health Medicaid Managed Care Organization Qualification Timeline	Date
Released New York State Children's Health and Behavioral Health Benefit Administration: Medicaid Managed Care Organization Children's System Transformation Requirements and Standards	July 31, 2017
MMCO Children's Transition Webinar and Readiness Review Walkthrough	August 24, 2017
Applicant's Conference to respond to MMCO questions on Children's Plan Standards	September 15, 2017
Transformation 101 Webinar	September 18, 2017
Submission from Plans Due To NYS	October 31, 2017
NYS Confirms Receipt of Submission from MMCOs	November 15, 2017
Interim Report Issued to Plans	Mid-January 2018
Conduct Onsite Readiness Reviews	March-April 2018
MMCOs will begin claims testing with providers	April 2018
State Distributes Findings from Onsite Readiness Review to MMCOs	May 2018
MCOs member service staff begin responding to questions related to the expanded children's benefits and provider network participation	May 2018
MMCOs Begin to Manage the Children's Benefit Statewide	July 1, 2018



Funding Related to Managed Care Implementation to Date

- ✓ HIT funding—one time purchase of software/hardware and/or training
- ✓ CANS-NY—Training and Certification
- ✓ Rate Ramp Up (start up for the first year—not yet approved by CMS)
- ✓ Provider Training—operational and clinical
- ✓ RTF Pilots—transition from inpatient to outpatient



HCBS and SPA Rates

- Stakeholders had questions about the HCBS and SPA rates
- DOH will hold a webinars to review methodology and rates
 - ✓ October 10, 2017 and October 24, 2017, Webinar to Review HCBS and SPA Rates
- SPA Rates currently posted (https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/proposed_spa.htm)
- HCBS and SPA Rates subject to approval by CMS



Next Steps for Transition Plan

- The State is working to develop FAQs in response to questions raised through stakeholder feedback
- The State will be finalizing the Transition Plan for submission to CMS by late October
- The State will provide detailed guidance, work flows, webinars, to operationalize the Transition Plan – Stakeholders will have opportunity to comment on work flows and processes



Upcoming Guidance

- Post Final Transition Plan - Guidance to operationalize transition will begin to be issued when Transition Plan is Final and State has concluded its discussions with CMS to streamline interim transition period - anticipated to begin in November
- Guidance and Materials Under Development Include:
 - Finalizing provider manuals for SPA and HCBS (now available in draft)
 - Operations Manual with procedural instructions and role descriptions for activities related to the transition
 - Prepare consumer and family educational materials
 - Draft Children's HCBS workflow for stakeholder comment and finalize
 - ✓ The State is working to develop a children's HCBS workflow that includes the steps that children and families, providers, and managed care plans will go through to access HCBS, including assessments, plan of care development, service authorization, etc.
 - ✓ The State is thoughtfully trying to look at lessons learned on the adult HCBS implementation to avoid barriers and ensure that children can access necessary services quickly



Stakeholder Question: When will training begin on UAS and MAPP?

Training has already begun!!

DOH Health Home Children's team is currently working with 1915(c) providers to ensure system access and connectivity to Health Homes
By November 2017 - 1915(c) waiver providers should complete activities that will provide access to required Health Home systems

- Organizations need access to the Health Commerce System (HCS) and a role type of Health Home Care Management Agency (CMA)
 - All staff who will be working within MAPP HHTS and the UAS-NY **MUST** have active HCS accounts

MAPP HHTS

- The Organization will then be entered into MAPP HHTS
- The Organization assigned Gate Keeper will receive an email for training on MAPP roles
- The Gate Keeper will assign staff roles within MAPP
- Staff will then receive an email regarding on-line MAPP HHTS training – you can begin training now

UAS-NY

- The designated HCS Coordinators can assign staff roles within the UAS-NY
- When staff have an active HCS account and an assigned a role within the UAS-NY, staff will receive an email regarding access to online training – you can begin training now

Additional in-person trainings will be available 2017-2018 for CANS-NY tool



Upcoming Technical Assistance and Training

MCTAC trainings

- Medicaid provider enrollment
 - September 29, 2017
- Overview on draft SPA & HCBS Rates (Led by DOH)
 - October 10, 2017
- Provider contracting fairs
 - November 6, 2017 – Albany
 - November 8, 2017 – NYC
 - November 16, 2017 – Rochester
- Revenue cycle management
 - December 6, 2017 – Rochester
 - December 12, 2017 – Albany
 - December 15, 2017 – NYC
- In-depth service specific training, utilization management, HCBS workflow, etc. – TBD

More information from MCTAC to follow – <http://www.ctacny.org/>



Upcoming Technical Assistance and Training (continued)

State Partner Led Trainings

- First Monthly Children's Medicaid Transformation Webinar – September 29, 2017 from (10am – Noon)
 - Subsequent Monthly Webinars - Second Wednesday of every month from 3-5 pm
 - October 11, 2017
 - November 8, 2017
 - December 13, 2017
- October 24, 2017, Webinar to Review Draft HCBS and SPA Rates
- Consumer and family education – more information to come



Upcoming MRT Subcommittee Meeting Topics

- First 1,000 Days on Medicaid
- Value-Based Payment for children's services



Resources to Keep Informed

DOH Transition Mail Log
BH.Transition@health.ny.gov

Health Home Bureau Mail Log
https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action

OMH Managed Care Mail Log
BHO@omh.ny.gov

Children's Designation Mail Log
OMH-Childrens-Designation@omh.ny.gov

Subscribe to DOH Health Home listserv
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm

Subscribe to children's managed care listserv
<http://www.omh.ny.gov/omhweb/childservice/>



APPENDIX



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HCBS Eligibility Determination Criteria



HCBS Eligibility Determination Criteria

- Effective **July 1, 2018**, the State will implement new HCBS Level of Care (LOC) Eligibility Determination criteria.
- The LOC HCBS Eligibility Determination criteria will replace criteria and tools used under the 1915(c) waivers (Note: the 1915(c) tools will continue to be utilized during Interim Transition Process between January 1, 2018 and June 30, 2018 under the 1115 wavier).
- Effective January 1, 2019, the State will implement new HCBS Level of Need (LON) Eligibility Determination criteria

The HCBS Eligibility Determination criteria for both LOC and LON HCBS includes three components applied in the following order:

- 1) Target Population Criteria,
- 2) Risk Factors, and
- 3) Functional Criteria



Target Population Criteria for LOC HCBS Eligibility

Effective July 1, 2018 – LOC HCBS Eligibility Criteria – Under Age 21 – Target Population Criteria

Serious Emotional Disturbance (SED)

Medically Fragile Children (MFC)

Developmental Disability (DD) and Medically Fragile

Developmental Disability (DD) and in Foster Care

*Eligibility for child that received HCBS while in Foster Care continues upon discharge if there is no break in coverage or eligibility



Target Population Criteria for LON HCBS Eligibility

Effective January 1, 2019 – LON HCBS Eligibility Criteria – Under Age 21 – Target Population Criteria

Serious Emotional Disturbance (SED)

Abuse, Neglect, Maltreatment and Health Home Complex Trauma



Level of Care HCBS Eligibility

July 1, 2018



Level of Care (LOC) HCBS Eligibility Determination Criteria: Serious Emotional Disturbance (SED) July 1, 2018

Target Criteria SED	<ol style="list-style-type: none"> 1. Age 0 through child's 21st Birthday, and 2. Child has Serious Emotional Disturbance SED is defined to include any one of the following Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses: <ul style="list-style-type: none"> • Schizophrenia Spectrum and Other Psychotic Disorders • Bipolar and Related Disorders • Depressive Disorders • Anxiety Disorders • Obsessive-Compulsive and Related Disorders • Trauma – and Stressor – Related Disorders • Feed and Eating Disorders • Disruptive, Impulse-Control and Conduct Disorders • Personality Disorders • Paraphilic Disorders • Gender Dysphoria • Elimination Disorders • Sleep-Wake Disorders • Sexual Dysfunctions • Medication- Induced Movement Disorders • Attention Deficit/Hyperactivity Disorder • Tic Disorder
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Level of Care (LOC) HCBS Eligibility Determination Criteria: Serious Emotional Disturbance (SED) July 1, 2018

<p>Risk Factors SE D</p>	<p>The child meets one of the factors 1-4 and factor 5.</p> <ol style="list-style-type: none"> 1. The child is currently in an out-of-home placement, including psychiatric hospital, or 2. The child has been in an out-of-home placement, including psychiatric hospital within the past six months, or 3. The child has applied for an out-of-home placement, including placement in psychiatric hospital within the past six (6) months, or 4. The child currently is multi-system involved (i.e., two or more systems) and needs complex services/supports to remain successful in the community <p>AND</p> <ol style="list-style-type: none"> 5. A licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of institutionalization (i.e., hospitalization). The LPHA has submitted written clinical documentation to support the determination. <p>Multi-system involved means two more child systems including: child welfare, juvenile justice, OASAS clinics or residential treatment facilities or institutions, OMH clinics or residential facilities or institutions, OPWDD services or residential facilities or institutions, or having an established IEP through the school district</p>
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Level of Care (LOC) HCBS Eligibility Determination Criteria: Serious Emotional Disturbance (SED) July 1, 2018

Functional Criteria SED	Algorithm applied to a subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY)
Financial Criteria SED	<p>If a child is already Medicaid eligible, then a child meeting LOC SED HCBS target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p> <p>If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting LOC SED HCBS target criteria, risk factors, and functional criteria can be considered for Medicaid eligibility under the Family of One financial criteria.</p>



Level of Care (LOC) HCBS Eligibility Determination Criteria: Medically Fragile Child (MFC) Population July 1, 2018

<p>Target Criteria MFC</p>	<p>Age 0 through child's 21st Birthday, and The child must have documented physical disability using the following protocols:</p> <ul style="list-style-type: none"> I. Current SSI Certification, or II. LDSS-639 disability certificate, or III. Forms: OHIP 0005, OHIP 0006 and OHIP 0007 completed by appropriate professionals and caregivers to be reviewed and approved by an LPHA
<p>Risk Factors MFC</p>	<p>A licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of institutionalization (i.e., hospitalization or nursing facility). The LPHA has submitted written clinical documentation to support the determination.</p>



Level of Care (LOC) HCBS Eligibility Determination Criteria: Medically Fragile Child (MFC) Population July 1, 2018

<p>Functional Criteria MFC</p>	<p>Algorithm applied to a subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY)</p>
<p>Financial Criteria MFC</p>	<p>If a child is already Medicaid eligible, then a child meeting LOC MFC target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p> <p>If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting LOC MFC target criteria, risk factors, and functional criteria can be considered for Medicaid eligibility under the Family of One financial criteria.</p>



**Level of Care (LOC) HCBS Eligibility Determination Criteria: Developmental Disability and Medically Fragile Child
July 1, 2018**

<p>Target Criteria DD MFC</p>	<ol style="list-style-type: none"> 1. Age 0 through child’s 21st Birthday, and 2. Child has developmental disability as defined by OPWDD which meets one of the criteria a-c as well as criteria d and e. <ol style="list-style-type: none"> a. is attributable to mental retardation, cerebral palsy, epilepsy, neurological impairment or autism; or b. is attributable to any other condition found to be closely related to mental retardation because such condition results in similar impairment of general intellectual functioning or adaptive behavior with mental retardation or requires treatment and services similar to those required for such children; or c. is attributable to dyslexia resulting from a disability described above; and d. has continued or can be expected to continue indefinitely; and e. constitutes a substantial handicap to such child’s ability to function normally in society.
<p>Risk Factors DD MFC</p>	<p>The child must be Medically fragile as demonstrated by a licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of institutionalization (i.e., hospitalization or nursing facility) The LPHA has submitted written clinical documentation to support the determination</p>
<p>Functional Criteria DD MFC</p>	<p>Algorithm applied to a subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY) or Office for People with Developmental Disabilities (OPWDD) Level of Care using the ICF-IDD LOC eligibility tool</p>
<p>Financial Criteria DD MFC</p>	<p>If a child is already Medicaid eligible, then a child meeting LOC MFC target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p> <p>If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting LOC MFC target criteria, risk factors, and functional criteria can be considered for Medicaid eligibility under the Family of One financial criteria.</p> <p>Note: Children with DD and not meeting these target criteria and risk factors would be served by the OPWDD HCBS delivery system.</p>

HCBS LOC DD MFC and HCBS LOC MFC

- Children who are Medically Fragile with a DD which has not yet been determined by OPWDD may access HCBS services using the CANS-NY to determine LOC functional criteria under the HCBS LOC Medically Fragile Eligibility Determination Criteria
- However, to ensure the child has access to adult HCBS services provided under the OPWDD HCBS Waiver and other State plan clinic services, the child should also subsequently seek an OPWDD for a determination of DD eligibility and ICF-DD LOC – this should occur well before the child's 21st birthday
- As part of providing comprehensive transitional care, Health Home care managers should ensure this referral and determination is made for its MFC DD children



Level of Care (LOC) HCBS Eligibility Determination Criteria: Developmental Disability and Foster Care – July 1, 2018

<p>Target Criteria DD Foster Care</p>	<ol style="list-style-type: none"> 1. Age 0 through child's 21st Birthday, and 2. Child has developmental disability as defined by OPWDD which meets one of the criteria a-c as well as criteria d and e. <ol style="list-style-type: none"> a. is attributable to mental retardation, cerebral palsy, epilepsy, neurological impairment or autism; or b. is attributable to any other condition found to be closely related to mental retardation because such condition results in similar impairment of general intellectual functioning or adaptive behavior with mental retardation or requires treatment and services similar to those required for such children; or c. is attributable to dyslexia resulting from a disability described above; and d. has continued or can be expected to continue indefinitely; and e. constitutes a substantial handicap to such child's ability to function normally in society.
<p>Risk Factors DD Foster Care</p>	<p>The child must meet either criteria 1 or 2</p> <ol style="list-style-type: none"> 1. a current Foster Care (FC) child in the care and custody of Local Departments of Social Services (counties and New York City) (LDSS) or a child in the custody of OCFS Division of Juvenile Justice and Opportunities for Youth (DJJOY) or 2. a FC child who enrolled in HCBS originally while in the care and custody (LDSS) or (DJJOY). Once enrolled, eligibility can continue after the child is discharged from LDSS and OCFS DJJOY custody so long as the child continues to meet targeting, risk and functional criteria (no break in coverage permitted). This risk factor continues Maintenance of Effort for children up through, but not including, their 21st birthday).
<p>Functional Criteria DD Foster Care</p>	<p>Office for People with Developmental Disabilities (OPWDD) Level of Care using the ICF-IDD LOC eligibility tool</p>
<p>Financial Criteria DD Foster Care</p>	<p>If a child is already eligible for Medicaid (e.g., currently in the care and custody of LDSS/DJJOY or was formerly in the care and custody of LDSS/DJJOY and is eligibility under community Medicaid eligibility rules), then a child meeting LOC DD FC target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p> <p>If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting DD target criteria, risk factors (either medically frail or formerly in the care and custody of LDSS/DJJOY), and HCBS LOC functional criteria can be considered for Medicaid eligibility under the Family of One financial criteria.</p> <p>Note: Children with DD and not meeting these target criteria and risk factors would be served by the OPWDD HCBS delivery system.</p>

Level of Need HCBS Eligibility

January 2019



Level of Need (LON) HCBS Eligibility Determination Criteria: Serious Emotional Disturbance (SED) January 1, 2019

<p>Target Criteria SED</p>	<ol style="list-style-type: none"> 1. Age 0 through child’s 21st Birthday, and 2. Child has Serious Emotional Disturbance SED is defined to include any one of the following Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses: <ul style="list-style-type: none"> • Schizophrenia Spectrum and Other Psychotic Disorders • Bipolar and Related Disorders • Depressive Disorders • Anxiety Disorders • Obsessive-Compulsive and Related Disorders • Trauma – and Stressor – Related Disorders • Feed and Eating Disorders • Disruptive, Impulse-Control and Conduct Disorders • Personality Disorders • Paraphilic Disorders • Gender Dysphoria • Elimination Disorders • Sleep-Wake Disorders • Sexual Dysfunctions • Medication- Induced Movement Disorders • Attention Deficit/Hyperactivity Disorder • Tic Disorder <p>Disqualifying diagnoses and enrollment: A child may not solely have a developmental disorder (299.xx.315.xx.319.xx.) or Organic Brain Syndrome (290.xx. 293.xx. 294.xx.) or Autism Spectrum Disorder (299.00 (F84.0) (unless if co-occurring with SED) and may not be enrolled in OPWDD Waiver.</p>
<p>Risk Factors SED</p>	<p>The child must meet all three of the Factors 1, 2 and 3.</p> <ol style="list-style-type: none"> 1. The child has a reasonable expectation of benefiting from HCBS, and 2. The child requires HCBS to maintain stability, to improve functioning, to prevent relapse to an acute inpatient level of care and/or to maintain residence in the community, and 3. A licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of treatment in a more restrictive setting. The LPHA has submitted written clinical documentation to support the determination.

**Level of Need HCBS Eligibility Determination Criteria: Serious Emotional Disturbance (SED)
January 1, 2019**

<p>Functional Criteria SED</p>	<p>Algorithm applied to a subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY)</p>
<p>Financial Criteria SED</p>	<p>If a child is already Medicaid eligible, then a child meeting LOC SED HCBS target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p> <p>If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting LOC SED HCBS target criteria, risk factors, and functional criteria can be considered for Medicaid eligibility under the Family of One financial criteria.</p>

Level of Need HCBS Eligibility Determination Criteria: Abuse, Neglect and Maltreatment (ANM) and Health Home Complex Trauma: January 1, 2019

<p>Target Criteria ANM OR HH Complex Trauma</p>	<ol style="list-style-type: none"> 1. Age 0 through child's 21st Birthday, and 2. Children who have experienced physical, emotional, or sexual abuse or neglect, or maltreatment and are currently in the custody of LDSS (i.e., in Foster Care) or formerly in the custody of LDSS or 3. Have Complex Trauma (see Appendix) as defined in Health Home and using the Health Home Complex Trauma Assessment and Determination Tools
<p>Risk Factors ANM or HH Complex Trauma</p>	<p>The child must meet the following risk factors (a and (b or c) and d and e):</p> <ol style="list-style-type: none"> a. The child has a reasonable expectation of benefiting from HCBS and either b or c. b. The child requires HCBS to maintain stability, improve functioning, prevent relapse to an acute inpatient level of care and maintain residence in the community or c. The child who, but for the provision of HCBS, would be at risk for a more restrictive setting <p>and</p> <ol style="list-style-type: none"> d. A licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of treatment in a more restrictive setting. The LPHA has submitted written clinical documentation to support the determination; <p>and</p> <ol style="list-style-type: none"> e. And one or more of the following risk factors <ol style="list-style-type: none"> i. Medicaid Community Eligible ii. A former FC child who was enrolled in HCBS originally while in the care and custody of LDSS with no break in eligibility. <p>At-risk of out-of-home placement or more restrictive setting includes RRSY, RTF, RTC, or other congregate care setting such as SUD residential treatment facilities, group residences, or institutions in the OCFS system</p>



Level of Need HCBS Eligibility Determination Criteria: Abuse, Neglect and Maltreatment (ANM) and Health Home Complex Trauma: January 1, 2019

<p>Functional Criteria ANM or HH Complex Trauma</p>	<p>Algorithm applied to a subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY)</p>
<p>Financial Criteria ANM or HH Complex Trauma</p>	<p>If a child is already Medicaid eligible (i.e., either currently in foster care or eligible through community eligibility rules), then a child meeting LON HCBS ANM Complex Trauma target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p> <p>If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting such criteria must be a former foster care child who was enrolled in HCBS originally while in the care and custody of LDSS with no break in HCBS eligibility. If the child continues to meet LON HCBS ANM Complex Trauma target criteria, risk factors, and functional criteria, the child can be considered for Medicaid eligibility under the Family of One financial criteria.</p> <p>Children meeting Health Home complex trauma criteria and risk factors who are not in foster care or were not formerly in foster care when enrolled in HCBS are not eligible for Medicaid under Family of One financial criteria.</p>

