Children’s HCBS POC Workflow
Agenda

- General Update
- Background, Purpose, and Uses
- Responsible Entities
- Steps to Receiving HCBS & POC Process
- Ineligible/Children Who Decline HCBS
- October 1, 2019 Implementation Date Sharing of the POC
- Utilization Management (UM)
- Appendix
### Children’s Medicaid System Transformation Timeline

<table>
<thead>
<tr>
<th>Children’s Medicaid System Transformation Timeline</th>
<th>Scheduled Date</th>
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<td>July 1, 2019 COMPLETED</td>
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<td>• BH services already in managed care for adults 21 and older are available in managed care for individuals 18-20 (e.g. PROS, ACT, etc.)</td>
<td>July 1, 2019 COMPLETED</td>
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<td>• OMH licensed SED designated clinics serving children with SED diagnoses are carved-in to managed care</td>
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<td>January 1, 2020 COMPLETED</td>
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<td>• Voluntary Foster Care Agency Article 29-I per diem and services carved-in to managed care</td>
<td>February 1, 2020 COMPLETED</td>
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<td>• Children residing in a Voluntary Foster Care Agency are mandatorily enrolled in managed care</td>
<td>February 1, 2020 COMPLETED</td>
</tr>
<tr>
<td>• 29-I Licensure becomes effective for Voluntary Foster Care Agencies</td>
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*Unless otherwise exempt or excluded

Managed care services and enrollment are pending CMS approval.

For a full list of services included in this carve-in, please refer to the billing manual.

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**Children’s Medicaid System Transformation Timeline**

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  - **Scheduled Date:** January 31, 2019
  - **Status:** COMPLETED

- **Transition from Waiver Care Coordination to Health Home Care Management**
  - **Scheduled Dates:** January 1- March 31, 2019
  - **Status:** COMPLETED

- **1915(c) Children’s Consolidated Waiver is effective and former 1915c Waivers no longer active**
  - **Scheduled Date:** April 1, 2019
  - **Status:** COMPLETED

- **Implement Family Peer Support Services as State Plan Service in managed care and fee-for-service**
  - **Scheduled Dates:**
    - BH services: July 1, 2019
    - OMH licensed SED designated clinics: July 1, 2019
    - SSI children: July 1, 2019
  - **Status:** COMPLETED

- **SSS children begin receiving State Plan behavioral health services in managed care**
  - **Scheduled Date:** July 1, 2019
  - **Status:** COMPLETED

- **Three-year phase in of Level of Care (LOC) expansion begins**
  - **Scheduled Date:** July 1, 2019
  - **Status:** COMPLETED

- **1915(c) Children’s Consolidated Waiver Services carved-in to managed care**
  - **Scheduled Date:** October 1, 2019
  - **Status:** COMPLETED

- **Children enrolled in the Children’s 1915(c) Waiver are mandatorily enrolled in managed care**
  - **Scheduled Date:** October 1, 2019
  - **Status:** COMPLETED

- **Implement Youth Peer Support and Training and Crisis Intervention as State Plan services in managed care and fee-for-service**
  - **Scheduled Date:** January 1, 2020
  - **Status:** COMPLETED

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  - **Scheduled Dates:**
    - Children residing: February 1, 2020
    - 29-I Licensure: February 1, 2020
  - **Status:** COMPLETED

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**August 2019**

**New York State 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**
Background, Purpose, and Uses
HCBS Workflow Purpose and Process

Workflow’s Purpose: To define the how an HCBS Eligible child will be referred and access the Home and Community Based Services (HCBS) and providers through the Children’s Waiver, which became effective April 1, 2019

- Outlines the specific roles for Children and Youth Evaluation Service (C-YES), Health Home Care Manager (HHCM) and MMCP
  - This process does not apply to AT/VMODS/EMODs
  - This process does not apply to Non-Medical Transportation

Workflow’s Process:

- Developed with State partners, Health Homes, HCBS providers, Managed Care Plans, Advocates and Association representatives
- DRAFT policy distributed to stakeholders on 7/16/19 to provide comments
- Policy updated and Finalized incorporating comments and re-released 8/16/19
- Definitions are available in the appendix
- FAQ is in development

August 2019
Who is a candidate for the Children’s Waiver HCBS?

Children/youth enrolled in Medicaid (or Medicaid eligible) who are believed to be HCBS eligible and or in need of HCBS.

HCBS is available to all children/youth under the age of 21 that meet eligibility, there is no exclusion group.

Children/youth who have:

• Complex medical needs – Medically Fragile (MF) Target Population
• Mental Health condition - Serious Emotional Disturbance (SED) Target Population
• Developmental Disability (DD) and complex medical needs - DD/MF Target Population
• Developmental Disability (DD) and in Foster Care at the time of HCBS eligibility – DD Foster Care Target Population

❖ Developmental Disability (DD) condition alone are not eligible for the Children’s Waiver

August 2019
HCBS Eligibility Determination Criteria

HCBS purpose:

1. Enable children to remain at home, and/or in the community, thus decreasing institutional placement
2. To safely return a child from a higher level of care, back to the community with services to maintain them at home and/or in the community
3. Expand service options currently available to children and adolescents for better outcomes

*Institutionalization refers to children at risk of being admitted to a higher level of care such as out of home residential settings, hospitalization, ICF-I/D, or Nursing Facility
HCBS Care management

Children/youth receiving HCBS services through the Children’s HCBS Waiver are required to also receive Care Management. This requirement can be met one of three ways:

**Health Home**
- Comprehensive care management; care coordination and health promotion; comprehensive transitional care; enrollee and family support; and referral to community and social supports
- HH maintains the POC for children who are FFS or enrolled in Medicaid Managed Care Plan (MMCP)

**C-YES**
- Since Health Home Care Management is optional, children/youth can opt out and receive HCBS Care Management from C-YES, who will develop a HCBS POC from the HCBS LOC determination to identify goals and work with the child to ensure the POC is achieving those goals
- C-YES will maintain the POC for children who opt-out of Health Home who are not enrolled in MMCP

**MMCP**
- For children/youth who opt-out of Health Home and are enrolled with a MMCP, once C-YES establishes HCBS/LOC eligibility and the HCBS POC, the MMCP updates the POC as needed through a person-centered planning process
- C-YES conducts the HCBS/LOC Eligibility Determination annually for children/youth who are managed by the MMCP
Responsible Entities
## Children’s HCBS Workflow

### Responsible Entities

**Legend:**
- MMCP
- HHCM
- C-YES
- HCBS Provider

<table>
<thead>
<tr>
<th>Milestone event</th>
<th>Enrolled in MMCP</th>
<th>FFS Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Enrolled in HH</td>
<td>Opt-out of HH, Served by C-YES</td>
</tr>
<tr>
<td>HCBS Provider referral</td>
<td>HHCM</td>
<td>C-YES</td>
</tr>
<tr>
<td>Notifies MMCP and HHCM of First Appointment</td>
<td>HCBS Provider</td>
<td>HCBS Provider</td>
</tr>
<tr>
<td>On-going POC updates</td>
<td>HHCM</td>
<td>MMCP</td>
</tr>
<tr>
<td>Request Authorization for Services</td>
<td>HCBS Provider</td>
<td>HCBS Provider</td>
</tr>
<tr>
<td>Major life event requiring POC update</td>
<td>HHCM</td>
<td>MMCP</td>
</tr>
<tr>
<td>Monitoring access to care</td>
<td>MMCP</td>
<td>MMCP</td>
</tr>
<tr>
<td>Annual reassessment</td>
<td>HHCM</td>
<td>C-YES</td>
</tr>
</tbody>
</table>

**August 2019**
Steps to Obtaining HCBS & the POC Process
Step 1: Referral to Identified HCBS Providers / Services

- HHCM/C-YES determines HCBS/LOC Eligibility; develops person-centered POC with HCBS

- Once child/family chooses HCBS and HCBS providers
  - HHCM/C-YES assists the child/family in setting up first appointment with identified HCBS providers
  - HHCM/C-YES directly refers utilizing the *Referral for Home and Community Based Services (HCBS) to HCBS Provider* form
    - This form needs to be completed and sent to the chosen HCBS provider(s) within four (4) calendar days of the HCBS referral request

- Referrals are made to in-network MMCP providers if the child/youth is enrolled in a MMCP

- **No Level of Care approval** (as required in adult HCBS process)

August 2019
When Referring the Child/Youth for HCBS

Use the *Referral for Home and Community Based Services (HCBS) to HCBS Provider* form:

- This form must be completed by the HHCM/C-YES for each HCBS provider selected by the child/family
  - Multiple identified HCBS providers, a separate form for each provider
  - One HCBS provider providing multiple HCBS, then only one form needed
- Each HCBS must be specified on the form, indicating the title of the HCBS identified and the desired goal or need to be addressed as identified by the child and family
- The completed form is sent by the HHCM/C-YES to each identified HCBS provider as documentation that a referral for HCBS was made
- HHCM/C-YES should keep a copy of the form(s) sent and document within the case record when the form(s) were sent
- HHCM/C-YES will need to establish how the form will be sent with each HCBS provider, i.e. fax, secure email, US mail, etc.

August 2019
New/additional Referrals for HCBS

The *Referral for Home and Community Based Services (HCBS) to HCBS Provider* form needs to be completed and sent to an HCBS provider when:

- There is a request or need to change the HCBS provider OR
- There is a new service requested OR
- There is a new need identified, or the child/family chooses to now address an identified need. This can occur when updating/reviewing the POC or an occurrence of a significant life event

➢ If the MMCP is maintaining the POC, the MMCP is required to utilize the *Referral for Home and Community Based Services (HCBS) to HCBS Provider* as well

August 2019
Step 2: Establishment of First Appointment and Notification to the MMCP  
(if the child is not enrolled in a MMCP, skip this step)

It is the responsibility of the referred HCBS provider(s) to ensure that the first scheduled appointment with the child/family is known by the HHCM/C-YES and the MMCP.

The HCBS provider(s) will contact the MMCP to ensure their awareness of the first appointment.

Should the first appointment be rescheduled, or the child/family misses their first appointment, the MMCP and HHCM/C-YES will need to be notified.

Notification to the MMCP regarding the HCBS appointment must be made IMMEDIATELY upon the first appointment being scheduled with the following information:

- Appointment Date,
- Identified Services, and
- Desired goal or need to be addressed

❖ MMCP ensure HCBS in POC are accessible with no prior authorization for the first 60 days, 96 units, or 24 hours.
Step 3: Authorization of Requested/Continued HCBS and Care Manager Notification

The HCBS Provider conducts a service intake/assessment to determine appropriateness of the service and frequency, scope, and duration (f/s/d)

Once HCBS Provider determines f/s/d; HCBS Provider request authorization for the service or for continued services using *Children’s HCBS Authorization and Care Manager Notification* form

- The MMCP may request additional information
- MMCP makes service authorization determination within the MMC Model Contract Appendix F-timeframes for concurrent review, in accordance with HCBS UM guidelines and the POC

**Please Note:** HCBS Provider develops a *Service Plan*
The Purpose and Requirement for the *Children’s HCBS Authorization and Care Manager Notification* form:

1. Must be utilized regardless of the child/youth being enrolled in a MMCP
2. Notifies the MMCP of the HCBS requested or need for continuance
3. Informs MMCP, HHCM/C-YES (as appropriate), of frequency, scope and duration
4. Informs updates to the POC by the MMCP, HHCM, or C-YES (as appropriate)
5. Assists in the tracking of HCBS being provided, authorized and as notification
For the Child/Youth Enrolled in a MMCP:

If the child/youth is enrolled in a MMCP and in Health Home:

1. HCBS provider completes Section 1 of the Form and sends to MMCP
2. The MMCP completes service authorization review and issues determination to the HCBS provider
3. Then the HCBS provider completes Section 2 of the Form and sends copy of form AND service authorization determination to HHCM.
4. HHCM updates POC and distributes POC as outlined

HCBS provider must notify the HHCM within **five (5) calendar days** after receiving MMCP authorization for Frequency, Scope, and Duration of HCBS, then the HCBS provider completes section 2 of the form as formal notification

August 2019
For the Child/Youth Enrolled in a **MMCP**:

If child/youth is enrolled in a **MMCP** and **not** in **Health Home**:

1. HCBS provider completes Section 1 of the Form and sends to **MMCP**
2. The **MMCP** completes service authorization review and issues determination to the HCBS provider
3. **MMCP** care manager updates POC and distributes the POC.
4. The **MMCP** will share the POC with **C-YES** at least quarterly.

If the child is not enrolled in a Health Home, then the **MMCP CM** will update the child’s HCBS POC to include the approved frequency, scope, and duration.

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**HCBS Authorization and Care Manager Notification Process**

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August 2019
**HCBS Authorization and Care Manager Notification Process**

**Ongoing Services when enrolled with MMCP**

- Before the end of the authorization period, if the child/family and HCBS provider believe additional services are needed, the HCBS Provider completes the Children’s HCBS Authorization and Care Manager Notification Form at least **14 calendar days prior to the existing HCBS authorization period ending**, following the previous process to obtain authorization and ensure the POC is updated.

- The HCBS provider may also contact the MMCP directly to discuss the continued service, however the *Children’s HCBS Authorization and Care Manager Notification* Form will need to be completed for documentation purposes.
HCBS Authorization and Care Manager Notification Process

For the Child/Youth **NOT** Enrolled in **MMCP**:

If child/youth is **Not** Enrolled in **MMCP** and is in a **Health Home**:

1. HCBS provider completes Section 1 of the Form and sends to HHCM
2. HHCM updates POC and distributes POC as outlined

If child/youth is **Not** Enrolled in **MMCP** and is in **C-YES** (not Health Home):

1. HCBS provider completes Section 1 of the Form and sends to C-YES care manager
2. C-YES updates POC and distributes POC as outlined

It is necessary for the HHCM/C-YES to update the POC after the HCBS provider has determined F/S/D even if the child is not enrolled in a MMCP. Therefore, the **Children’s HCBS Authorization and Care Manager Notification** Form will be utilized even if the child is not enrolled in a MMCP and sent to the HHCM/C-YES

❖ Note: In this case section 2 of the Form is not necessary and will not be completed

August 2019
HCBS Authorization and Care Manager Notification Process

Ongoing Services when NOT enrolled in MMCP:
The HCBS Provider should use the above process to inform the HHCM/C-YES of continued F/S/D updates for the child’s services. New service needs should be discussed with the HHCM/C-YES as in Step 1 above.
HHCM/CYES meets with the child/youth and family and identified care team, discussing strengths and needs using the person-centered planning guideline principles.

POC is based on the assessment of needs through interacting with the child, family, and supports.

Utilize CANS-NY (HH), Health Home Comprehensive Assessment (HH), and HCBS/LOC Eligibility Determination.

POC must be a collaborative work between the family, family identified supports, HCBS providers, other child-serving systems, and MMCP (if enrolled).

Each HCBS a child receives must be listed in the POC with a defined goal.
The POC is:
✓ Flexible
✓ Never Stagnant
✓ Meets needs, situation, and choice

1. The POC must be signed at minimum: initially, during the annual review, and if there is a significant change in the POC with newly identified need, goal, service, and/or provider,
2. The child and/or the parent, guardian, legally authorized representative, and/or child must sign the POC at least once prior to submitting the completed POC to the MMCP
3. The POC does not need to be continually re-signed for previously identified needs, goals, and choice of services in the POC

August 2019
HCBS POC Development

• The POC will change and evolve over time as goals are met/change and services change
• The POC is a fluid document that can be developed incrementally and updated at any time
• It must be reviewed every six months, during CANS-NY reassessment (HH), or earlier if there is a significant life event, as well as during the HCBS/LOC eligibility determination reassessment
• Must be signed by the child, if age appropriate, and/or the parent guardian or legally authorized representative
  • Age appropriate means being able to understand and contribute to their own POC
  • All involved parties must be given the opportunity to contribute and sign the document with the informed consent of the child/parent/guardian/legal representative when the POC is developed
The HHCM is required to complete a POC with HCBS within **thirty (30) days** of the initial HCBS/LOC Eligibility Determination being conducted.

A child/youth can become eligible for HCBS at various times, therefore the type of POC may vary at this **30-day timeframe**

- Child/Youth first in HH prior to HCBS – Comprehensive HH POC
- Child/Youth first with C-YES – HCBS only POC
- Child/Youth new to HH and referred for HCBS – HCBS only POC

For children enrolled in an MMCP, within thirty (30) calendar days from the completion and signed (initial) POC, the HHCM must send the POC to the MMCP with whatever information is available at that time.

Please note: **There is only one POC, inclusive of HCBS**
If the POC that is sent to the **MMCP** is an HCBS only POC, then when the **HHCM** develops a comprehensive POC that complies with Health Home Serving Children standards (within 60 days of Health Home enrollment), the POC must be re-sent to the **MMCP**

If the F/S/D has not been reported from each of the **HCBS providers** or services, then the POC must still be updated and sent to the **MMCP** within the 30-calendar day timeframe

- Once the remaining providers and or services have been reported with F/S/D, then the POC will be updated again with the new information within ten (10) business days of being notified by the **HCBS provider** of the F/S/D on the **Children’s HCBS Authorization and Care Manager Notification** Form and the updated POC is shared with the **MMCP**
HCBS Updating the POC

Possible updates to the child’s POC must be discussed at the following intervals:

• Following the annual HCBS/LOC Eligibility Redetermination
• Following completion of the CANS-NY for Health Home program
• After a significant change in the child’s condition (for example, admitted to a higher level of care or being discharged from a higher level of care)
• Whenever the child experiences a significant life event
• Whenever a change that will impact the POC is requested (for example, requests to change service or provider, added HCBS due to a newly identified need)

If the POC needs to be updated, whenever possible, all involved HCBS providers, family-identified supports, other child-serving systems, and MMCP, should be involved in a person-centered multidisciplinary team (care team) meeting to discuss the need to revise the POC

POC must include:
changes in the child’s needs, goals, HCBS/LOC Eligibility, and/or service needs, including relevant impact of change with regard to the HCBS Settings Rule
Steps for Updating/Sharing POC

**Step 1:** Referral to Identified HCBS Providers and Services

**Step 2:** Establishment of First Appointment and Notification to the MMCO (Non-MMCP may Skip)

**Step 3:** Authorization of Requested/Continued HCBS and Care Manager Notification

**Step 4:** Development, Updating, and Distribution of the POC
Ineligible Individuals
HCBS Ineligible Individuals

If an eligible child declines HCBS, this workflow is not completed. However, the HHCM/C-YES must record the decision. Example reasons include:

- Child is found eligible for HCBS, but child/family do not feel HCBS will help them reach their identified goals and therefore decline HCBS
- Child is found eligible for HCBS, but child/family choose to remain in a State Plan service already meeting their need(s)
- Child is found eligible for HCBS and resides in a setting that is not considered home and community based (see NYS “HCBS Final Rule Statewide Transition Plan”)

HHCM will document the decision in the child’s case record and work with the child/family in their capacity as a HHCM
HCBS Ineligible Individuals (Continued)

**C-YES** does not provide service coordination for children who are ineligible for or opt-out of HCBS and would refer the child to community and other natural supports, including the county where applicable.

**HHCM/C-YES** will send Notice of Determination Form to the family/child indicating the outcome [Link to NOD]

At any time, a child who was previously found ineligible for HCBS, can request and/or be referred for another HCBS/LOC Eligibility Determination by contacting the Health Home care management agency or **C-YES** who previously conducted the HCBS/LOC Eligibility Determination.
October 1, 2019
Implementation Date
Sharing of the POC
Sharing POCs- Current Enrollee Prior to October 1, 2019

- Current enrollee participating in Children’s Waiver
  - Health Home:
    - HHCM will confirm MMCP is on consent
    - HHCM will share POC with MMCP ASAP and no later than September 1, 2019
    - MMCP will ensure authorizations in place in accordance with POC and continuity of care provisions for the Children’s Medicaid System Transformation
  - C-YES:
    - C-YES will confirm MMCP is on consent
    - C-YES will share POC with MMCP ASAP and no later than September 1, 2019
    - C-YES and MMCP CM must engage family to transition care management to the MMCP and educate about C-YES’s continued role (warm hand-off)
    - MMCP will ensure authorizations in place in accordance with POC and continuity of care provisions for the Children’s Medicaid System Transformation
Sharing POCs- NEW Enrollee after October 1, 2019

- NEW enrollee participating in Children’s Waiver will receive notice that it is time to pick a plan; will have at least 60 days to choose
  - Health Home:
    - HHCM will assist family in selecting MMCP
    - Once MMCP is chosen HHCM will confirm MMCP is on consent
    - HHCM will share POC with MMCP ASAP and no later than September 1, 2019
    - MMCP will ensure authorizations in place in accordance with POC and continuity of care provisions for the Children’s Medicaid System Transformation
  - C-YES:
    - Enrollment broker will assist family in selecting MMCP, if needed
    - Once MMCP is chosen C-YES will confirm MMCP is on consent
    - C-YES will share POC with MMCP ASAP and no later than September 1, 2019
    - C-YES and MMCP CM must engage family to transition care management to the MMCP and educate about C-YES’s continued role (warm hand-off)
    - MMCP will ensure authorizations in place in accordance with POC and continuity of care provisions for the Children’s Medicaid System Transformation

August 2019
Utilization Management (UM)
Continuity of Care Provisions for Children’s Medicaid System Transformation

No UM for 180 days (OLP, PSR, CPST)

No UM for 90 days (FPSS, SSI/SSI-R OLP, PSR, CPST)

No UM for 90 days (HCBS)

No UM (crisis intervention)

No UM for 90 days (YPSS)

August 2019
Continuity of Care Provisions for Children’s Medicaid System Transformation

For Child from 1915c waivers or participating in Children’s Waiver with POC, MMC does not conduct UR for CFTSS added to POC, and does not change LTSS in POC, for 180 days from CFTSS carve in.

For Child participating in Children’s Waiver, no POC change for HCBS, LTSS or CFTSS added to POC for 180 days from HCBS carve in.

For new enrollee with HCBS, no POC change for HCBS/LTSS for 180 days from enrollment, for 24 months from CFTSS or HCBS carve in.

Same provider/same service for 24 months from any BH including SPA benefit inclusion for episode of care.
Continuity of Care Provisions for Children’s Medicaid System Transformation

• The Plan may not apply utilization review criteria for a period of 90 days from the implementation date of the transition of children’s specialty benefits for all services newly carved into managed care. See dates and services in detail tabs. NOTE: This is extended to 180 days for OLP, CPST, and PSR.

• For children transitioning from a 1915c waiver, the Plan must continue to authorize covered HCBS and LTSS in accordance with the most recent POC for at least 180 days following the date of transition of children’s specialty services newly carved into managed care. Service frequency, scope, level, quantity and existing providers at the time of the transition will remain unchanged (unless such changes are requested by the enrollee or the provider refuses to work with the Plan) for not less than 180 days, during which time, a new POC is to be developed.

• During the initial 180 days of the transition, the Plan will authorize any children’s specialty services newly carved into managed care that are added to the POC under a person-centered process without conducting utilization review.
Continuity of Care Provisions for Children’s Medicaid System Transformation

• For 24 months from the date of transition of the children’s specialty services carve-in, for FFS children in receipt of HCBS at the time of enrollment, the Plan must continue to authorize covered HCBS and LTSS in accordance with the most recent POC for at least 180 days following the effective date of enrollment. Service frequency, scope, level, quantity, and existing providers at the time of enrollment will remain unchanged (unless such changes are requested by the enrollee or the provider refuses to work with the Plan) for not less than 180 days, during which time a new POC is to be developed.

• For continuity of care purposes the Plan must allow children to continue with their care providers, including medical, BH and HCBS providers, for a continuous Episode of Care. This requirement will be in place for the first 24 months of the transition. It applies only to episodes of care that were ongoing during the transition period from FFS to managed care.
• Referral Form Instructions
  • The Children and Youth Evaluation Service (C-YES) accepts referrals from individuals and providers including a parent, wider family member, doctor, therapist, school guidance counselor, CBOs and others:
  • Individuals and families should call C-YES so that we can send you a Referral Form and a pre-paid return envelope in the mail right away! You can mail back the form in the envelope at no cost to you. Call C-YES at 1-833-333-CYES (1-833-333-2937). TTY: 1-888-329-1541
  • Providers and Organizations with secure email protocols can download the Referral Form below. Return the form to: CYESREFERRAL@MAXIMUS.COM. Be sure to include the child/youth's name and contact information!
  • C-YES Referral Form
Resources and Questions

• HHCMs and HH CMAs should first talk with their Lead Health Home regarding questions and issues they may have.

• Questions, comments or feedback on Health Homes Serving Children to: hhsc@health.ny.gov or contact the Health Home Program at the Department of Health at 518.473.5569.

• Specific Questions/Comments regarding Transition services BH.Transition@health.ny.gov.

• Subscribe to the HH Listserv http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm

August 2019
Additional Information and Support

UAS-NY Support Desk
uasny@health.ny.gov
or
518-408-1021, option 1
Monday – Friday
8:30 AM – 12:00 PM
1:00 PM – 4:00 PM

MAPP Customer Care Center
MAPP-custmercarecenter@cma.com
Phone: 518-649-4335

CANS-NY Training
support@CANSTraining.com
Or
www.canstraining.com and click on contact us

Commerce Accounts Management Unit (CAMU)
866-529-1890
Definitions

• **Family:** Within this document the term “family” is used and defined as the primary caregiving unit inclusive of the wide diversity of primary caregiving units in our society. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

• **HCBS/LOC Eligibility Determination:** is a tiered assessment where multiple factors must be met for child’s HCBS/LOC eligibility to be determined. To access Children’s HCBS, a child must meet target population, risk factors, and functional criteria as described in the Children’s Waiver. The HCBS/LOC Eligibility Determination is housed within the Uniform Assessment System (UAS).

• **Health Home:** Means New York State designated Health Home Serving Children.

• **Medicaid managed care plan (MMCP):** Means the mainstream Medicaid Managed Care Plan or HIV Special Needs Plan in which the child is enrolled on the date of service, or which the child has selected for enrollment and has provided written consent to share protected health information with prior to enrollment.

• **Parent, guardian, or legally authorized representative:** Are the individuals who have custody/guardianship of the child and who are able to consent to the child’s services, when the child is not of age to self-consent or does not have the mental capacity to self-consent to services. (Children who are 18 years or older or under the age of 18 years old who are pregnant, married, or a parent can self-consent for the Health Home, C- YES and HCBS).

August 2019
Definitions LPHAs

Licensed Practitioner of the Healing Arts: An individual professional who is Licensed psychoanalyst, Licensed psychologist, Licensed Clinical Social Worker, Nurse Practitioner, Physician, Physician Assistant or Psychologist and practicing within the scope of their State License.

- Licensed Psychologist is an individual who is currently licensed and currently registered as a psychologist by the New York State Education Department from the New York State Education Department and who possesses a doctoral degree in psychology.
- Licensed Clinical Social Worker (LCSW) is an individual who is currently licensed and registered as a Clinical Social Worker by the New York State Education Department.
- Nurse Practitioner is an individual who is currently certified and currently registered as a nurse practitioner by the New York State Education Department.
- Physician is an individual who is licensed and currently registered as a physician by the New York State Education Department.
- Physician Assistant is an individual who is currently licensed and registered as a physician assistant by the New York State Education Department.
- Psychiatrist is an individual who is licensed and currently registered to practice medicine in New York State, who (i) is a diplomat of the American Board of Psychiatry and Neurology or is eligible to be certified by that Board, or (ii) is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by the Board.

Definitions F/S/D

- **Frequency:** Outlines how often the service will be offered to the child and/or family. Services may be delivered on a weekly, bi-weekly, or monthly basis, according to the needs of the child/family.

- **Scope:** the service components and interventions being provided and utilized to address the identified needs of the child.

- **Duration:** How long service will be delivered to the child and or family. The duration of the service will correspond to the abilities of the child/family and be reflective of the billing unit identified by service.

August 2019