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1915c Children's Waiver Beginning April 1, 2019 Capacity Management

March 27, 2019

Agenda

- Intent of Presentation
- New Consolidated 1915c Children's Waiver
- The Purpose of Home and Community Based Services (HCBS)
- Capacity Management
- Target Populations and Regions
- Tracking Capacity
- Capacity Process
- The Capacity Management Mailbox



Today's Presentation

- Will outline the process of Capacity Management under the New 1915c Children's Waiver that begins April 1, 2019
- The current six 1915c waivers had varying slot amounts and allocation processes therefore under the consolidated 1915c Children's Waiver one process needed to be developed
- After all enrolled waiver children under one of the current six 1915c waivers are transitioned to Health Home care management or CYES; the Capacity Management Team will utilize this number as the basis to start capacity management



New Consolidated 1915(c) Children's Waiver



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Timeline Update

Children's Transition Timeline	Scheduled Date
<ul style="list-style-type: none"> Implement three of the six new Children and Family Treatment and Support Services (CFTSS) (Other Licensed Practitioner, Psychosocial Rehabilitation, Community Psychiatric Treatment and Supports) in Managed Care and Fee-For-Service 	January 1, 2019 COMPLETED
<ul style="list-style-type: none"> Waiver agencies must obtain the necessary LPHA recommendation for CFTSS that crosswalk from historical waiver services and revise service names in Plan of Care for transitioning waiver children. This is the last billable date of waiver services that crosswalk to CPST and/or PSR. 	January 31, 2019 COMPLETED
<ul style="list-style-type: none"> Transition from Waiver Care Coordination to Health Home Care Management 	January 1- March 31, 2019
<ul style="list-style-type: none"> 1915(c) Children's Consolidated Waiver is effective and former 1915c Waivers will no longer be active (pending CMS approval) 	April 1, 2019
<ul style="list-style-type: none"> Implement Family Peer Support Services as State Plan Service in managed care and fee-for-service 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.)* OMH licensed SED designated clinics serving children with SED diagnoses are carved-in to managed care SSI children begin receiving State Plan behavioral health services in managed care Three-year phase in of Level of Care (LOC) expansion begins 	July 1, 2019 July 1, 2019 July 1, 2019 July 1, 2019 July 1, 2019
<ul style="list-style-type: none"> 1915(c) Children's Consolidated Waiver Services carved-in to managed care Children enrolled in the Children's 1915(c) Waiver are mandatorily enrolled in managed care Voluntary Foster Care Agency per diem and services carved-in to managed care Children residing in a Voluntary Foster Care Agency are mandatorily enrolled in managed care 29-I Licensure becomes effective for Voluntary Foster Care Agencies 	October 1, 2019 October 1, 2019 October 1, 2019 October 1, 2019 October 1, 2019
<ul style="list-style-type: none"> Implement Youth Peer Support and Training and Crisis Intervention as State Plan services in managed care and fee-for-service 	January 1, 2020

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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Transformation of Current Waiver to the New Children's Waiver

Beginning April 1, 2019 (pending CMS approval), alignment of the six current 1915(c) Home and Community Based Services (HCBS) under one array of Home and Community Based Services (HCBS) authorized under one waiver authority – 1915c Children's Waiver

Six waivers consolidating are:

- OMH SED 1915(c) waiver (NY.0296)
- DOH Care at Home (CAH) I/II 1915(c) waiver (NY.4125)
- OPWDD Care at Home 1915(c) waiver (NY.40176)
- OCFS Bridges to Health (B2H) SED 1915(c) waiver (NY.0469)
- OCFS B2H Medically Fragile 1915(c) waiver (NY.0471)
- OCFS B2H DD 1915(c) waiver (NY.0470)



Children's 1915c Waiver Design

On April 1, 2019, the new consolidated 1915c Children's Waiver will provide Home and Community Based Services (HCBS) to all children who meet HCBS Level of Care determination under one waiver

The consolidation will ensure:

- One set of service descriptions and rates for all eligible children
- Consistent Health Home Care Management services
- One State Medicaid agency with partner agency team to support delivery, monitoring and oversight
- Expanded array of services for all HCBS children
- One process for services to families and children



HCBS Eligibility Determination Criteria

Effective **April 1, 2019** (pending CMS approval), 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 six 1915(c) waivers
- Not all children on Medicaid nor in Health Home will need HCBS
- 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



Capacity Management



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Capacity Management Overview

The new 1915c Children's Waiver has the combined waiver slots for each of the six waivers

NYS has developed a Capacity Management process –

- Once HCBS Eligibility Determination is conducted by HHCM, DDRO or CYES and the child has met all criteria; prior to the child beginning services a slot needs to be identified
 - If no slot available, the child will be placed on a waitlist
 - If a slot is available, the child will be placed into services

There is a three-year phase in of Level of Care (LOC) expansion whereas the number of slots will increase beginning July 2019 and then again January 2020 and yearly thereafter



Slot Capacity

- **Slot Capacity** is the number of slots allowed in each of the Target Populations
- **Slot Allocation** the slots are not allocated to any local/regional non-state entity. However, until 2022, the State will use 5 regional targets to ensure that all regions have equitable access to children's HCBS services.
- **The Methodology** uses the 2018 existing slots, projects forward the expected growth in the number of new 1915(c) slots and reevaluates the methodology on an annual basis to ensure that there is not a surplus of unused capacity among the regions.



HCBS Target Populations

Effective April 1, 2019 – HCBS / LOC Eligibility Criteria – Under Age 21

Serious Emotional Disturbance (SED)

Medically Fragile Children (MFC)

Developmental Disability (DD) and Medically Fragile

Developmental Disability (DD) and in Foster Care



Population Breakdowns

Development of Capacity Management took into account the need to ensure equal distribution of slots across populations of children and throughout New York State. Therefore the populations of the six waivers were reviewed and grouped together to align with the four Target Populations

1. The **Medically Fragile** Population is inclusive of:
 - The 1915c Bridges to Health (B2H) Medically Fragile
 - The 1915c CAH I&II Medically Fragile
2. The **SED** Population is inclusive of:
 - The 1915c Bridges to Health (B2H) SED
 - The 1915c OMH SED
3. The **Developmental Disability and Medically Fragile** Population is inclusive of:
 - The 1915c OPWDD Care at Home (IV)
4. The **Developmental Disability and in Foster Care** Population is inclusive of:
 - The 1915c Bridges to Health (B2H) DD and in foster care



Regional Grouping of Capacity

Capacity Management will be utilizing five (5) regions to divide NYS – the regions are based off of the OMH five (5) regions

A Regional Grouping is the specific listing of children by each of the target population for a single region

Each region will have four specific populations listing

- SED
- Medically Fragile
- Developmental Disability and Medically Fragile
- Developmental Disability and in Foster care

So if there is a waitlist for HCBS LOC children, then there would be four (4) lists per region



The Five Regions



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Region 1

Region	County	Health Home
Central New York Region 1	Broome, Cayuga, Chenango, Clinton, Cortland, Delaware, Essex, Fulton, Franklin, Hamilton, Herkimer, Jefferson, Madison, Montgomery, Lewis, Oneida, Onondaga, Oswego, Otsego and St. Lawrence	Encompass Children's Health Homes of Upstate New York, LLC (CHHUNY) Adirondack Health Institute, Inc St. Mary's Healthcare



Region 2

Region	County	Health Home
Hudson River Region 2	Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington and Westchester	<p>Encompass</p> <p>Children's Health Homes of Upstate New York, LLC (CHHUNY)</p> <p>CNYHHN Inc. (Designated for Children)</p> <p>Hudson River HealthCare, Inc. dba Community Health Care Collaborative</p>



Region 3

Region	County	Health Home
<p>Long Island</p> <p>Region 3</p>	Nassau and Suffolk	<p>Care Collaborative (space holder)</p> <p>Children's Health Home of Upstate New York, LLC (CHHUNY)</p> <p>Collaborative for Children and Families (CCF)</p> <p>Hudson River Healthcare Db a Community Health Care Collaborative</p>



Region 4

Region	County	Health Home
<p>New York City</p> <p>Region 4</p>	<p>Bronx, Kings, New York, Queens and Richmond</p>	<p>Community Care Management Partners, LLC (CCMP)</p> <p>Coordinated Behavioral Care, Inc. dba Pathways to Wellness Health Home</p> <p>Montefiore Medical Center dba Bronx Accountable Healthcare Network Health Home</p> <p>St. Luke's-Roosevelt Hospital Center dba Mount Sinai Health Home</p> <p>The Collaborative for Children and Families</p>



Region 5

Region	County	Health Home
Western New York Region 5	Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates	Encompass Children's Health Home of Western New York dba Oishei Healthy Kids Children's Health Homes of Upstate New York, LLC (CHHUNY) Greater Rochester Health Home Network LLC CNYHHN Inc.



Tracking Capacity



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Total Number of Available Slots

- Current number of unduplicated number of Children per waiver population currently
 - 520 Children transitioning and/or eligible for the former CAH Med Fragile DD ICF-IID waiver
 - 1755 Children transitioning and/or eligible for the former CAH Med Fragile I/II or B2H MF waiver
 - 541 Children transitioning and/or eligible for the former B2H DD and in foster care waiver
 - 4634 Children transitioning and/or eligible for the former B2H SED or OMH SED waiver
 - On April 1, 2019, there will be 7595 slots available
- Number of estimated children transitioning, that will be enrolled in the new 1915c Children's Waiver for April 1, 2019 – estimated at 6124
 - By December 31, 2019, there will be 8741 slots available
- There will be a number of Crisis slots set aside to met the need of children who are ready for discharge from inpatient/residential or there is a high concern that the child will move to an inpatient/residential placement



Methods on Contact

- **Emails** between the DOH Capacity Management Team and the Health Home care manager (HHCM) or Children and Youth Evaluation Services (C-YES)
- **Letters** and **Forms** will be reference that the HHCM will send and/or give the child/family as information or notification, which may or may not need to be assigned
- **Crisis Form** will be filled out by the HHCM or C-YES to document the need for immediate slot if there is currently no existing available slots



HCBS/LOC Process – Finalizing the **Assessment**

Sign/finalize and locking the HCBS/LOC **Assessment**

- Completing the **assessment** occurs once the Target Population, Risk Factors and Functional Criteria information has been obtained, collected, completed and documented
- The assessor will sign/finalize and lock the **assessment** to obtain the assessment outcomes of whether the child is HCBS eligible or not
 - The assessor must certify that the assessment is, to the best of their ability, accurate and complete, and understand that, after the assessment is sign/finalized the assessment will be locked from any further editing

For children who do not currently have Medicaid, C-YES will complete the HCBS/LOC **Assessment** and assist the child/family with their Medicaid application

Sign/finalize and locking of the HCBS/LOC **Assessment** triggers notification of an available slot **ONLY** for children who do not currently have Medicaid determined, so that slot information can be add to the Medicaid application for the LDSS



HCBS/LOC Eligibility Determination **Assessment**

Sign/Finalize

Assessor Signature

Instructions:
Enter name (required), title and/or any comment then click on [Sign/Finalize].


Click the 'Check Required' button below to ensure that all data required to finalize an assessment has been entered.

? Assessor Name

? Assessor Title

? Assessor Comments

I certify that this assessment is, to the best of my ability, accurate and complete. I understand that, after I click [Sign/Finalize] button, the assessment will be locked from any further editing.

Date of Signature/Finalization 



HCBS/LOC Process – Finalizing the Outcomes

Sign/finalize and locking the HCBS/LOC Outcomes

- The HCBS/LOC Outcomes are determined and viewable
- The outcomes are printable to accompany Medicaid application as proof of HCBS/LOC eligibility prior to being signed and finalized
- The outcomes will be reviewed with the child/family sharing if the child is HCBS/LOC eligible
- Choice to participate in HCBS will be discussed – If the child is determined eligible then the child/family must confirm they still desire to have HCBS
- The assessor must acknowledge that the outcomes have been reviewed with the child/family and certify that the outcomes are, to the best of their knowledge, accurate and complete, with the required documentation
- The assessor will sign/finalize and lock the outcome to finalize the HCBS/LOC Eligibility Determination and one-year of HCBS clock begins if the child was eligible for HCBS
- Sign/finalized and locked HCBS/LOC outcomes triggers notification of an available slot for children who have Medicaid (for C-YES community eligible)



HCBS/LOC Eligibility Determination Outcomes

<p>Consumer Name</p> <p>Identification Info</p> <p>Assessments</p> <ul style="list-style-type: none"> - 01/19/2019 HCBS/LOC Elig 0-5 <ul style="list-style-type: none"> Reference Date Target Pop Selection Link to CANS-NY Intake/Demographics - HCBS/LOC Eligibility 0-5 <ul style="list-style-type: none"> Serious Emotional Disturbance Medically Fragile Dev Disability & Foster Care Dev Disability & Med Frag Sign/Finalize Assessment Outcomes + 01/15/2019 CANS-NY 0-5 ... 	<p>Summary</p> <p>Signing and finalizing the outcomes is required to start the one year HCBS Eligibility period, if eligible.</p> <p>HCBS/LOC Eligibility <input type="text" value="Yes, eligible"/></p> <p>Serious Emotional Disturbance <input type="text" value="Yes"/></p> <p>Medically Fragile <input type="text" value="Not selected"/></p> <p>Developmental Disability & Foster Care <input type="text" value="Not selected"/></p> <p>Developmental Disability & Medically Fragile <input type="text" value="Not selected"/></p> <p>Choice to Participate in HCBS</p> <p>If determined eligible, did the child/youth's caregiver or the self-consenting youth choose to participate in HCBS?</p> <p><input checked="" type="radio"/> No selection</p> <p><input type="radio"/> No. The child/youth's caregiver or self-consenting youth chose NOT to participate in HCBS.</p> <p><input type="radio"/> Yes. The child/youth's caregiver or self-consenting youth chose TO participate in HCBS.</p> <p>If no, why were HCBS services declined?</p> <p><input checked="" type="radio"/> No selection</p> <p><input type="radio"/> Does not feel HCBS will help them reach their goals.</p> <p><input type="radio"/> Currently receiving community based services that are meeting their needs.</p> <p><input type="radio"/> Residential setting is not considered home and community based, and there are no current plans to transition into a HCBS-compliant setting.</p> <p>Outcomes Finalization</p> <p>Assessor Name <input type="text"/></p> <p>I acknowledge that the outcomes have been reviewed with the applicant. I certify that the outcomes are, to the best of my ability, accurate and complete, with the required documentation.</p> <p><input type="button" value="Sign/Finalize"/></p> <p>Date of Signature <input type="text"/></p>
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Capacity Process

Each business day at 4 pm, the DOH Capacity Management Team will receive a Uniform Assessment System (UAS) report of all completed HCBS/LOC Eligibility Determinations that were completed

- The report will outline every HCBS/LOC completed within the last 24 hours (includes weekends),
 - by Target Population **AND**
 - date/time stamped of the signed, finalized and locked **assessment and outcomes**

This information will establish the prioritization slot list and waitlist, if applicable

This report will be reviewed **daily** by the Capacity Management Team who will notify the HHCM and C-YES staff of an available slot within one business day of the completed sign, finalized and locked **assessment or outcomes**

- The HHCM/C-YES will receive a HCS secure file transfer email indicating whether the child has been secured a slot or is on a waitlist



Capacity Response Process

Once an HCBS/LOC Eligibility Determination **assessment or outcomes** is completed then an available slot needs to be determined and the child/family informed

- If the child is not found HCBS/LOC eligible, then the HHCM or CYES will inform the child/family and send an appropriate Notice of Decision, there is no need to await for a message from the Capacity Management Team

The Capacity Management Team will contact the HHCM or C-YES within one business day

- If the child is found HCBS/LOC eligible and a slot is available, the HHCM/C-YES will receive a HCS secure file transfer email that a slot is available. The HHCM will inform the child/family and send an appropriate Notice of Decision
- If the child is found HCBS/LOC eligible and there is no available slot and the child is placed on a waitlist, the HHCM/C-YES will receive a HCS secure file transfer email that a slot is not available and the child is placed on a waitlist. The HHCM will inform the child/family and send an appropriate Notice of Decision
 - If a child is placed on a waitlist, at any time deemed appropriate the assessor can inquire about a crisis slot



Requirements for Crisis Designation

- The use of HCBS services would assist to prevent a long-term hospitalization that is suspected to exceed 30 days
- A child is having an upcoming discharge or was recently discharged within the last 30 days from a Hospital, Nursing Home, Residential or other Psychiatric Facility and the use of HCBS services would be needed to safely return the child home and to their community
- Enable the child to remain home and within their community safely as the child is having chronic disruptions, hospital and/or ER visits and the use of HCBS services would be needed to stabilize the child

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Crisis Slots

- The Crisis is a collection of slots to be used for children who meet the Crisis Designation, but cannot receive a slot due to capacity limits
- A Crisis form must be completed and submitted to DOH
- DOH will provide notification if the child's situation meets the Crisis slot requirements and of the availability of a Crisis slot through a HCS secure file transfer email



Using a Crisis Slot

A crisis slot may only be used if:

- The Target Population and Region the child is HCBS/LOC determined is already at capacity
- Crisis slots will be available Statewide and across all full Target Populations
- The Crisis form is completed and accepted as meeting the requirements for a Crisis slot need
- There is a Crisis slot available



HCBS Choice to Participate

Once the HHCM receives information that the child has been allocated a slot, then the HHCM needs to confirm HCBS participation with the child/family

- The child/family **MUST** be given the choice to accept HCBS
 - For a regular slot – the HHCM has 5 business days to respond to Capacity Management HCS secure file transfer email that the child/family has accepted or declined (can be verbal) HCBS otherwise the slot will be reassigned. If the HHCM cannot obtain this information by this timeframe, they will need to respond when they will obtain the information
 - For a Crisis slot - the HHCM has 3 business days to respond to Capacity Management HCS secure file transfer email that the child/family has accepted or declined (can be verbal) HCBS otherwise the slot will be reassigned.



Capacity Development

The transitioning waiver population will begin the Capacity list development

The Capacity list is ordered:

- By the date and time of the HCBS Eligibility Determination,
- Target Population **and**
- Region

HCBS slot allocation is based on first come first served if there is no waiting list

- When slots in a specific Target Population are not full, slot availability will be Statewide within that Target Population, with a watchful eye that one region does not take all available slots in a Population
- Should that appear to happen, there will need to be a determination if a region for a specific Target Population needs a slot limits



Wait List

The State is reserving capacity to ensure that children transitioning from the former children's waivers will have at least the same access to care as today through the transition to July 1, 2022 when the wait list is anticipated to be completely removed

- If a Target Population is “at capacity”, it is full and has no slots available
- The Wait list is the list of children that are waiting to receive a slot in a certain Target Population and Region
- There will be no wait list for Medically Fragile children as there is not a capacity limit on the current 1915c DOH CAH I/II today
- If someone is HCBS eligible and declines the service, they are not put on a waitlist and they do not “hold” a slot for HCBS

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Guidelines

HCBS Eligibility Determination is good for one year, regardless of acceptance of HCBS services or being on a waitlist

For children who are found HCBS/LOC eligible, the one-year clock begins at the time of the sign/finalized and locked HCBS/LOC **Outcomes**, regardless of acceptance of HCBS services or being on a waitlist

Waitlist:

- If a child is on a waitlist longer than six (6) months, their HCBS/LOC Eligibility Determination will need to be re-completed in full at the time a slot comes available
- Once a child who was on a waitlist slot comes available, the HHCM/C-YES will need to check-in with the child/family to see if there has been any significant changes that has occurred and if they are still interested in HCBS
- Should a child be on a waitlist for a year from their original HCBS/LOC Eligibility Determination, then the HHCM/C-YES will need to check-in with the child/family to see if there has been any significant changes that has occurred and if they are still interested in HCBS and would like to continue to be on the waitlist



Guidelines

If a child is HCBS eligible and declines the service:

- The child is not given a slot and is not placed on a waitlist
- If they return within a year of their eligibility, the HHCM/C-YES will need to check-in with the child/family to see if there has been any significant changes that has occurred and if they are still interested in HCBS
- If the child returns prior to six (6) months, the HHCM/C-YES will need to check-in with the child/family to see if there has been any significant changes that has occurred and if they are still interested in HCBS
 - The child can be placed in a slot if one is available
 - If there is waitlist, the child is placed at the bottom of the waitlist in their target population and region
- If a child returns after six (6) months, their HCBS/LOC Eligibility Determination will need to be re-completed in full at the time a slot comes available, if there is a waitlist
 - If there is waitlist, the child is placed at the bottom of the waitlist in their target population and region at the time of their return not their new HCBS/LOC Eligibility date



General Requirements

HCBS Eligibility Determination is an annual determination unless there is a significant life event **Regardless of the timeline of the CANS-NY completion for Health Home, the HCBS Eligibility Determination timeline will remain one year from the signing of the HCBS Eligibility Determination Outcomes within the UAS**

Should a child be determined not HCBS/LOC eligible, if there is a change in the child's circumstances and/or condition, the child/family and/or providers can request another HCBS/LOC assessment to be conducted - there is no wait period of time to comply with



HCBS/LOC Reassessment Reasons: Change of Circumstances

Through person-centered care planning and collaboration with providers, child, and family, if knowledge of the child's change in circumstances as outlined below, a new HCBS/LOC Eligibility Determination is needed:

- Significant change in child's functioning (including increase or decrease of symptoms or new diagnosis)
- Service plan or treatment goals were achieved
- Child admitted, discharged or transferred from hospital/detox, residential setting/placement, or foster care
- Child has been seriously injured in a serious accident or has a major medical event
- Child's (primary or identified) caregiver is different than on the previous HCBS/LOC
- Significant change in caregiver's capacity/situation



Management of Capacity

1. It is imperative that HHCM and C-YES notify the DOH Capacity Management Team when a waiver child leave the HCBS waiver
 - No longer interested / wanting HCBS
 - No longer HCBS/LOC Eligible on re-determinations
 - Discharged from HCBS for other reasons

When a slot becomes available, the region and the Target Populations where the slot became available will be refilled by that same target population and regional waitlist, if applicable

2. Additionally, when the HHCM and C-YES notify the DOH Capacity Management Team when a HCBS/LOC eligible child refuses a slot and if they return in the one-year timeframe so they can be given a slot or placed properly on the waitlist, if applicable



Capacity Management Mailboxes

For questions and comments about Capacity Management – please email Capacitymanagement@health.ny.gov

❖ This mailbox is not for child specific information or regarding whether a child has received a slot or not

DOH designated a secure email address within the Health Commerce System (HCS). Information regarding members and their private information must be communicated through secure methods.

- ✓ DOH designated a secure email address within the Health Commerce System (HCS).
- ✓ The HCS mailbox is named Capacity Management Shared Mailbox.
- ✓ The HCS must be used for all communications to and from the HCBS Capacity Manager.



Tips- Using the HCS

1. You must have an HCS account.
2. You must register yourself in the HCS system.
3. Use the Quick Reference Guide for how to use secure File transfer 2.0
4. Secure messages as well as attachments can be sent to/from the Capacity Management Shared Mailbox account

[Secure File Transfer 2.0 Quick Reference Guide](#) (PDF)

[Secure File Transfer 2.0 Frequently Asked Questions](#) (PDF)



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Contact Information

Questions/Comments:

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Updates, Resources, Training Schedule and Questions

- Please send any questions, comments or feedback on Health Homes Serving Children to: Capacitymanagement@health.ny.gov or contact the Health Home Program at the Department of Health at 518.473.5569
- Stay current by visiting our website: http://www.health.ny.gov/health_care/medicaid//program/medicaid_health_homes/health_homes_and_children.htm
- Subscribe to the HH Listserv http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm



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