

Policy Title: HCBS Provider Designation: Non-licensed/Designated/Certified Provider

Policy Number: CW0014

Effective Date: April 11, 2022

Last Revised:

Purpose: This policy explains the requirements and procedure to become a designated Children's Waiver Home and Community Based Services (HCBS) provider for agencies and organizations not currently licensed, designated, or certified by one of the following agencies: New York State Department of Health (DOH), New York State Office of Children and Family Services (OCFS), New York State Office for People with Developmental Disabilities (OPWDD), New York State Office of Addiction Services and Supports (OASAS), or the New York State Office of Mental Health (OMH).

Children's HCBS Provider Requirements

Agencies interested in obtaining designation as a Children's Waiver HCBS provider must meet the following requirements to be able to apply for designation:

- Must be located in New York State
- Organization must be fiscally viable,
- Must have established quality management and reporting policies and procedures
- Must have relationships with community partners and referral sources for HCBS and letters of support from these entities.
- Must have at least 5 years of experience serving high needs children, including children who are medically complex/fragile, have developmental disabilities, have diagnosed behavioral health needs, and/or children in foster care.
 - If agency does not have 5 years of child serving experience, the agency may request an exception to this requirement by supplying an additional narrative to justify their appropriateness for designation and ability to adequately serve high risk children ages birth-21.

Provider Designation Process

An agency or organization meeting the above requirements that is interested in obtaining designation as a Children's Waiver HCBS provider, will need to follow the outlined steps below and provide the required information and documentation.

A. Application Process

Steps

- 1) An agency or organization must submit a request to initiate the designation process by sending an email to OMH-Childrens-Designation@omh.ny.gov with the following information:
 - Name of the agency
 - Name and contact information of lead agency representative
 - The HCB service(s) for which the agency is seeking designation
 - The agency's mission statement, goals, and a description of services

- currently provided by the agency.
 - Describe the nature of your organization (e.g., Not-for-profit, for-profit, etc.)
 - Provide the Agency location(s) in New York State
 - Provide any credentials, accreditations, certifications, and or licensures the agency may have and with what organizations,
 - A statement indicating that the organization/agency is not licensed, designated, and/or certified for any children's service by DOH, OCFS, OPWDD, OMH, or OASAS.
- 2) Upon receipt of the above information in step 1, the state interagency designation team will reach out to the provider to schedule an initial meeting. During the initial meeting, the interagency designation team will provide the agency with an overview of the designation process. Immediately, following the initial meeting, if the agency would like to continue with designation, the organization must provide evidence of meeting the following pre-requisite qualifications:
- Established financial policies and procedures, as evidenced by submission of the following, as applicable:
 - Policy and Procedure for billing Medicaid Managed Care Plans and Fee for Service Medicaid, in compliance with the [New York State Children's Health and Behavioral Health Services Billing and Coding Manual](#)
 - Most recent agency Annual Report (including financial and service delivery details, and must include current funding sources)
 - An established billing platform or contracted billing vendor, or the ability to establish a billing platform or contracted vendor to bill Medicaid Managed Care Plans and Medicaid Fee-for-Service
 - Narrative explaining agency legal framework (e.g., 501(c)(3)), organizational structure, funding streams, including agency Tax ID number
 - Established quality management and reporting processes as evidenced by submission of the following:
 - Agency Policies and Procedures pertaining to Quality Management and Reporting; complaints and grievances; and records management
 - Example Quality Management report(s) (from a grant, service audit, etc. related to agency's existing operations)
 - Organizational chart, outlining specific staffing and supervisory structure
 - Demonstrated relationships with community partners as evidenced by submission of the following:
 - One Letter of Support from a Local Governmental Agency from each county the agency is seeking designation.
 - Local Governmental Agencies include any department within the county that the agency has a relationship or is known to, such as the Department of Social Services, Department of

Mental Health/Hygiene or Health Department, Probation, etc.,

- If a letter from a local governmental agency cannot be obtained due to limited connection, then an alternate government entity with whom the agency has a relationship can be submitted (i.e., Department of Education) or a letter from one of the agency's funding sources.
 - If a funding source letter is chosen, the grant or funding had to occur in the last 2 years, the letter of support must be accompanied with a performance measure outcome report indicating how the agency successfully met funding deliverables.
 - A narrative describing the agency's engagement with their community outlining working relationships with schools, community agencies, and organizations.
 - An additional Letters of Support from relevant community partners (i.e., treatment service provider, schools, or care management agency) indicating their relationship with and support of the agency seeking designation and being a referral source
 - Demonstrated experience by the organization serving children with high needs for at least 5 years as evidenced by submission of the following:
 - A narrative describing the agency's child serving experience including the age range served, time period, population(s) served, and types of services provided and how the services are comparable to HCBS or have prepared the agency to provide HCBS
 - If agency does not have 5 years of child serving experience, the agency may request an exception to this requirement by supplying an additional narrative to justify their appropriateness for designation and ability to adequately serve high risk children ages birth-21.
- 3) When all of the requested documentation has been received, the Interagency Provider Designation Team will schedule an additional meeting with the agency to review their submission. The Team will be available to the agency for technical assistance and questions throughout their application process.
- 4) If the above requirements are met, the agency seeking designation will be granted access to the Provider Designation Portal. If the provider requires access to OMH systems, it is critical that the agency be in close communication with NYS ITS to complete the process. Additional information on accessing the Provider Designation Portal can be found on the [Children's Services Provider Designation](#) website.
- 5) Once Provider Designation Portal access has been obtained, the agency must complete the Provider Designation Application in its entirety in the portal. When

complete, the agency should submit the application for review through the portal.

- 6) The Interagency Provider Designation team will review the Designation Application for completeness and agency's ability to meet all Children's HCBS requirements outlined in the Children's Home and Community Based Services Manual, the 1915c Children's Waiver, and those noted above. After complete review, the Interagency Designation Team will issue a Preliminary Designation Letter. The Preliminary Designation Letter will indicate the sites, services, and counties that the agency is now preliminarily designated. If not approved for all requested sites, services, or counties, the Preliminary Designation Letter may also include denials for certain services, sites, and/or counties.

The Preliminary Designation Letter does not authorize providers to provide HCBS. The Preliminary Designation Letter allows the provider to complete the necessary steps to enroll in Medicaid (if not already enrolled) and prepare to become an HCBS provider. **Prior to the provision of any Children's HCBS, a provider must receive a Formal Designation Letter.**

- 7) The preliminarily designated provider must become an enrolled Medicaid Provider with COS 0268 within six (6) months of the date of their Preliminary Designation Letter. Information regarding the process of enrolling as a New York State Medicaid Provider can be found in section B below.
- 8) Applications for agencies that fail to provide confirmation of Medicaid Enrollment within six (6) months from the date of their Preliminary Designation Letter will be closed, and formal designation will not be granted. Until the agency is granted formal designation, they will not be permitted to provide Children's HCBS. If the agency would like to pursue formal designation after the six-month period, they must re-connect with the designation team in order to initiate the process.
- 9) Designation applications are accepted and approved on a rolling basis. Applications are reviewed and contingent upon application completeness. The application review may require ongoing communication between the Interagency Designation Team and the agency seeking designation.

B. Enrolling as a New York State Medicaid Provider

Prior to the delivery of HCBS, providers must be Medicaid enrolled. Providers who are not already Medicaid enrolled must complete the *NY Medicaid Provider Enrollment Form*. This form along with additional information on enrolling as a New York State Medicaid Provider can be found on the eMedNY website:

<https://www.emedny.org/info/ProviderEnrollment/>

- Designated Children's HCBS Providers must enroll as a Medicaid Provider with Category of Service (COS) 0268.
- Once enrolled, the designated agency must contact the Provider Designation Team (OMH-Childrens-Designation@omh.ny.gov) to share

their Medicaid Management Information System (MMIS) number.

Questions about enrolling as a Medicaid Provider can be directed to the eMedNY Call Center at 1-800-343-9000. Additional information for Children's HCBS providers can be found in the March 8, 2019 State Memo Medicaid Provider Enrollment for Individual Practitioners and Designated Agencies, located at https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/provider_enrollment_npi_memo.pdf

Once a provider has successfully enrolled as a Medicaid provider with COS 0268, the agency **must** contact the provider designation team by email at OMH-Childrens-Designation@omh.ny.gov with a copy of their enrollment confirmation email from Provider Enrollment. After receiving this confirmation, The Provider Designation Team will schedule a meeting with the provider to discuss their readiness to provide services. If the agency is deemed ready to provide the applicable services, the Provider Designation Team will issue the provider a Formal Designation Letter. If it is determined that the agency is not yet ready to provide services, the agency will be granted an additional three (3) months to prepare. The Provider Designation Team will meet again with the provider at the end of the three months. If the provider is ready to provide services at this time, they will be issued a Formal Designation Letter. If the provider is not ready at this time, their application will be closed, and they will not be granted designation.

C. HCBS Provider Attestation Requirement

The newly designated agency will sign and submit the Attestation Form, signifying agreement to comply with all Children's HCBS rules and regulations. The Attestation form can be found on the DOH website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_provider_attestation_2021.pdf

In addition to a provider's initial Attestation submission, the provider will be required to submit an updated Attestation every three years to assist in the re-designation process. DOH will inform your agency when it is time to submit an updated Attestation.

Additional details regarding re-designation can be found here: [Children's HCBS Provider Designation and Re-designation Procedure](#)

D. In addition to the above process, all Children's HCBS providers including non-licensed/non-certified providers are required to comply with all Children's HCBS rules and regulations. This includes but is not limited to the following:

1. Contracting and Credentialing with Medicaid Managed Care Plans (MMCPs)

After enrolling as a NYS Medicaid Provider with COS 0268, the designated agency must contract and credential with MMCPs throughout their service area. The designated agency is required to contract with at least one MMCP in their service area. Designated agencies must complete claims testing with MMCPs

prior to submitting claims for services provided.

2. **Compliance with the HCBS Final Rule Setting**

Providers seeking HCBS designation must be fully compliant with the [Centers for Medicaid and Medicare Services \(CMS\) HCBS Final Rule](#) and maintain policies, procedures, and supporting documentation to confirm compliance with Final Rule standards. Within six (6) months of receiving the official designation letter, the State will conduct a documentation review to determine provider compliance with the Final Rule. DOH will provide a submission date and guidelines; providers should refer to the comprehensive list of [required documents](#) and [informational webinar](#) for further guidance. Additionally, the State may conduct an onsite review to obtain further information to determine compliance with the Final Rule. These reviews will take place six (6) months after newly designated providers begin to provide services. Onsite reviews will be scheduled two (2) months prior to the review and further informational guidelines will be provided.

Additional information on this requirement can be found here: [Home & Community-Based Services \(HCBS\) Final Rule](#)

3. **Electronic Visit Verification**

The designated provider must comply with all Electronic Visit Verification (EVV) Regulations. Children's Waiver providers must review the [EVV Program Guidance and Requirements](#) for general information and requirements for EVV.

- All providers seeking designation for Community Habilitation service will need to comply with EVV standards and obtain an EVV documentation system as outlined.
- All providers seeking designation for Respite service will need to complete the Declaration form to determine if the provider needs to comply with the EVV standards and obtain an EVV documentation system as outlined.
- All Children's Waiver providers seeking designation, should review the EVV requirements.

Information specific to EVV for Children's Waiver providers can be found here:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/childrens_waiver_evv_guidance.pdf

4. **Internal Policies and Procedures**

The designated provider must establish written policies and procedures to address all aspects of HCBS delivery as outlined in the [Children's Home and Community Based Services Manual](#) and Children's HCBS Provider Designation Attestation. These policies must include, but are not limited to the following:

- Policy for recruitment of staff and ensuring that staff meet the necessary qualifications required for the respective HCBS they intend to deliver
- Policy for staff orientation and ongoing training, and supervision including:
 - Children's HCBS service delivery
 - Emergency Protocols
 - Reportable Incidents, complaints, and grievances
 - Quality Management

- Referral and Intake Policy and Protocols
- Person-Centered Planning and Individual Choice¹
- Individual Service Plan developments and maintenance*
- For residential providers, policies and procedures related to choose in living arrangements, privacy, individual choice in activities, visitation, and physical accessibility*
- Restraint/Seclusion*

5. Hiring and Training Staff

- a. Staff must meet experience and education requirements outlined in the Children’s Home and Community Based Services Manual. These records are required for yearly reporting for the Children’s Waiver. Children’s HCBS providers authorized under the 1915(c) Children’s Waiver must conduct the following on prospective employees:
 - Criminal History Record Checks (CHRC), including finger printing through NYS Department of Health.
 - Statewide Central Register (SCR) Database Checks through the Office of Children and Family Services
 - Staff Exclusion List (SEL) checks through the NYS Justice Center for the Protection of People with Special Needs Such providers must also be mandated reporters.

- b. Staff providing Children’s HCBS must participate in all required trainings, as outlined in the HCBS manual. Agencies should consider additional training needs related to the specific population served by the agency. HCBS staff trainings must include but are not limited to:
 - Mandated Reporter
 - Personal Safety/Safety in the Community
 - Strength Based Approaches
 - Suicide Prevention
 - Domestic Violence Signs and Basic Interventions
 - Trauma Informed Care

For complete information related to required trainings, refer to Appendix I of the Children’s Home and Community Based Services Manual:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_manual.pdf

6. Developing IT Systems and access to State required Systems

- a. Designated Children’s HCBS Providers must have an Electronic Health Record (EHR) System in place. Agencies should consider their unique programmatic needs when selecting/developing an EHR system including any

¹¹ Documents with an asterisk (*) indicate documentation areas required by the HCBS Final Rule. A comprehensive list of required policy areas and required documents is located at https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/children_hcbs_providers_final_rule_documentation_worksheet.xlsx

billing/claim submission needs. Billing vendors and other third-party vendors can be utilized.

HCBS providers must have access to the Health Commerce System (HCS) and ensure that the appropriate staff have access. Critical incidents, complaints, and grievances must be reported to NYS immediately upon provider awareness. This information is reported in the [Incident Reporting and Management System \(IRAMS\)](#). Additionally, HCBS providers are required to report capacity and waitlist information in the Children's Services Capacity Tracker also located on the same platform as IRAMS.

7. Meeting with the Interagency Designation Team

It is expected that designated Children's HCBS providers will begin providing Children's HCBS within their communities within six (6) months of becoming designated.

Within six (6) months of receiving the official Designation Letter, the Interagency Designation Team will schedule a check in meeting with the agency. During this meeting, the agency should be prepared to discuss the following items, including but not limited to:

- Referral pathways in the agency's communities
- Quality management initiatives and monitoring
- Barriers to service provision

8. Ongoing Review and Monitoring

- a. Children's HCBS providers participate in a State led annual case review process. In addition to annual case reviews, the State sponsors several projects annually that require participation from Children's HCBS providers. Failure to participate in any State sponsored review may result in agency de-designation.
- b. Designation as a Children's HCBS provider lasts three (3) years from date of the agency's initial formal designation. Agencies are required to comply with all re-designation policies and processes to maintain designation status. Agencies seeking to make changes to their designation status, must contact the Provider Designation team at OMH-Childrens-Designation@omh.ny.gov. Agencies wishing to de-designate as an HCBS provider may do so by following the process in the *Children's Waiver HCBS Provider De-Designation Policy*:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/cw0003_hcbs_provider_de-designation_procedure.pdf
- c. Additionally, the State holds regular meetings with HCBS providers to share important updates and information, as well as to hear from providers regarding service delivery. This is also an opportunity for providers to share barriers, issues, suggestions, ideas, and successes. The State will also reach

out to HCBS providers to gather information or to address identified issues. It is important that HCBS providers identify appropriate contacts within their agency that can be responsive to requests.

Resources

Provider Designation Mailbox: OMH-Childrens-Designation@omh.ny.gov

Children's Transition Mailbox: bh.transition@health.ny.gov

1915(c) Children's Waiver and 1115 Waiver Amendments Website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm

Children's HCBS Manual:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_manual.pdf

New York State Children's Health and Behavioral Health Billing and Coding Manual:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/billing_manual.pdf