



Department  
of Health

Office for People With  
Developmental Disabilities

# **OPWDD DDRO Manual**

## **Eligibility Process for the Children's Waiver**

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# OPWDD DDRO Manual

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## Eligibility Process Flow for Children’s Waiver

**Table 1 – Developmental Disability (DD)/Medically Fragile (MF) - Redeterminations**

Children who have an already established ICF/IID Level of Care Eligibility

Step	Action	Responsible Party
1	<p>HHCM/C-YES completes the Children’s Waiver HCBS LOC Medically Fragile Target Population within the Uniform Assessment System (UAS) <u>if the child/youth currently does not have an active ICF/IID Level of Care Eligibility Determination (LCED) from OPWDD.</u></p> <p><i>If the child/youth has a current ICF/IID Level of Care Eligibility Determination (LCED) as outlined in the UAS, then the Developmental Disability Medically Fragile Target Population <u>can be</u> completed by the HHCM/CYES (effective 8/2021).</i></p> <p><b>Maintaining ICF/IID LCED:</b> If child/youth already had ICF/IID Level of Care Eligibility Determination (LCED) established, then discussion with child/youth/family for the need to maintain this level of care status must occur if desired* (<a href="#">see guidance</a>). HHCM/C-YES <b>proceeds to step 2</b> to assist OPWDD in maintaining ICF/IID Level of Care Eligibility (using the ICF/IID Level of Care Eligibility Determination form).</p>	<b>HHCM/C-YES</b>
2	<p>If the child/youth/family choose to continue with maintaining the OPWDD ICF/IID Level of Care Eligibility Determination (LCED), the HHCM/C-YES will collect the required documentation to submit to the OPWDD DDRO Children’s Liaison (CL) for redetermination of ICF/IID LCED. The required documentation for ICF/IID redetermination is:</p> <ul style="list-style-type: none"> <li>• Current general medical report</li> <li>• Copy of child’s Plan of Care</li> <li>• Updated Psychological Report if there is a significant change in child’s functioning.</li> <li>• Statement from Care Manager (attestation field within the <b>Children’s Waiver Transmittal Form</b>) that the documentation required for the LCED redetermination remains valid and reflects the current needs of the child.</li> </ul> <p>The required <b>Children Waiver Transmittal Form</b> (see pg. 14-16) and documents will be sent in a secure email in one file to the DDRO HCS Secure Email (Each of the Regions have their own secure email mailbox – see pg. 18).</p> <ul style="list-style-type: none"> <li>• Please remember that the Children’s Waiver HCBS LOC due date may not be the same due date as OPWDD ICF/IID LCED</li> </ul>	<b>HHCM/C-YES</b>
3	<p>The DDRO reviews documentation and advises HHCM/C-YES if additional documentation is needed through the DDRO HCS Secure Email.</p>	<b>DDRO</b>

Step	Action	Responsible Party
4	<p>If the child/youth <b>is found</b> ICF-IID eligible, the OPWDD Children’s Liaison (CL) signs the ICF/IID LCED and e-mails through the DDRO HCS Secure Email to securely transfer the LCED documents to the HHCM/C-YES.</p> <p><b>Notes for DDRO:</b> QIDP/Children’s Liaison can sign off on the LCED Redetermination. For OPWDD internal purposes, CL uploads LCED into Supporting Documents in CHOICES.</p>	DDRO
4A	The HHCM/C-YES documents in the child/youth’s file the LCED redetermination from OPWDD. The HHCM/C-YES will continue to work with the child/family to review and update their Plan of Care, as needed.	HHCM/C-YES
5	If the child/youth <b>no longer</b> meets OPWDD ICF/IID LCED eligibility, DDRO sends letter to HHCM/C-YES through the DDRO HCS Secure Email with a copy to the child/family.	DDRO
6	<p>HHCM/C-YES sends Notice of Decision (NOD) regarding the enrollment and eligibility of the Children’s Waiver.</p> <p>DDRO Waiver Coordinator sends NOD regarding termination of OPWDD eligibility following an eligibility review.</p>	DDRO & HHCM/C-YES

**Table 2 - Developmentally Disabled in Foster Care – Redeterminations**

Children who are in Foster Care and have a Developmental Disability.

Step	Action	Responsible Party
1	<p><i>*Please note: If a child/youth was previously DD/Foster Care eligible, it is important to continue this eligibility type even if the child/youth might be eligible for a different Target Population in the Children’s Waiver as this may have implications to services and continued Waiver eligibility.</i></p> <p>-----</p> <p>The HHCM/C-YES will collect the required documentation to submit to OPWDD DDRO for redetermination of ICF/IID Level of Care Eligibility Determination (LCED).</p> <p>If the child is still in foster care, or if the child was originally in Foster Care receiving the Children’s Waiver HCBS (without a break in HCBS), the HHCM/C-YES will work with the Voluntary Foster Care Agency (VFCA) or Local Department of Social Services (LDSS) County Case Worker whichever applicable, to gather the required documentation to ensure continued Children’s Waiver participation, if deemed appropriate and needed.</p> <p><b>The required documentation</b> for ICF/IID Level of Care redetermination is:</p> <ul style="list-style-type: none"> <li>• Current general medical report</li> <li>• Copy of child’s Plan of Care</li> <li>• Copy of the last completed and reviewed LCED (with QIDP signatures - ONLY for the initial redetermination post B2H transition)</li> <li>• Statement that the child is now in Foster Care <b>or</b> was originally in Foster Care receiving HCBS (within the Children’s Waiver Transmittal Form)</li> <li>• Updated Psychological Report if there is a significant change in child’s functioning</li> <li>• Statement from Care Manager (attestation field within the <u>Children’s Waiver Transmittal Form</u>) that the documentation required for the LCED redetermination remains valid and reflects the current needs of the child.</li> </ul> <p><b>The required Children Waiver Transmittal Form and documents</b> will be sent in a secure email in one file to the DDRO HCS Secure Email. (Each of the 5 Regions have their own secure email inbox). If the child is in New York City, ACS should be copied on this transmittal via this email address: <a href="mailto:OCFH.Waiver@acs.nyc.gov">OCFH.Waiver@acs.nyc.gov</a></p> <p><b>See page 13 for the guidance on the above documentation.</b></p>	<p><b>HHCM/C-YES</b></p>
2	<p>The DDRO reviews documentation and advises HHCM/C-YES if additional documentation is needed through the DDRO HCS Secure Email.</p>	<p><b>DDRO</b></p>

Step	Action	Responsible Party
3	<p>The DDRO will enter the UAS HCBS Eligibility Determination for <b>the DD in Foster Care Target Population</b> and complete the HCBS/LOC documentation as outlined in training:</p> <p><b>Steps for the DDRO in the UAS:</b>  <b>Target Population:</b> Click Yes to meeting DD Foster Care  <b>Risk Factors:</b> Choose 1 of 2 options. 1) Child is currently in Foster Care or 2) Child was originally in Foster Care when they received HCBS Waiver Services based upon the documentation received.  <b>Functional Criteria:</b> Choose whether the child/youth meets ICF/IID LCED  If YES, the child/youth has HCBS LOC for the Children’s Waiver.</p>	DDRO
4	<p>If the child/youth <b>is found</b> ICF/IID LCED eligible, the OPWDD Children’s Liaison signs the ICF/IID LCED and e-mails through the HCS Secure Transfer to the HHCM/C-YES securely with scanned copy and notes that the UAS <b>Target Population for DD in Foster Care</b> is completed with the Outcomes signed for Children’s Waiver <u>eligibility</u>. (The ICF/IID LCED form is the OPWDD form documenting that the individual meets ICF/IID LOC requirements).</p> <p>The Children’s Liaison also copies in ACS if child is in NYC (to this email address: <a href="mailto:OCFH.Waiver@acs.ny.gov">OCFH.Waiver@acs.ny.gov</a>), and VFCA, if applicable.</p> <p><b>Notes for DDRO:</b> QIDP/Children’s Liaison can sign off on the LCED Redetermination.</p> <p><b>For OPWDD internal purposes, CL uploads LCED into Supporting Documents in CHOICES.</b></p>	DDRO
4A	<p>The HHCM/C-YES sends the Notice of Decision (NOD) to the child/youth/family for the Children’s Waiver eligibility and enrollment.</p> <p>The HHCM/C-YES confirms continuance in the Children’s Waiver and continues to work with the child/family surrounding their review and/or updates for the Plan of Care.</p>	HHCM/C-YES
5	<p>If the child/youth <b>no longer meets</b> ICF/IID LCED, DDRO Children’s Liaison sends notification to HHCM/C-YES and notes that the UAS <b>Target Population for DD in Foster Care</b> is completed with the Outcomes signed for Children’s Waiver <u>ineligibility</u>.</p> <p>Also a copy is sent to ACS if in New York City (to this email address: <a href="mailto:OCFH.Waiver@acs.ny.gov">OCFH.Waiver@acs.ny.gov</a>), and VFCA if applicable via the secure email. The HHCM/C-YES will notify the County Case Worker, if applicable.</p> <p>Notification will state that child no longer meets ICF/IID LCED and provides contact for follow-up as needed. <b>DDRO Waiver Coordinator</b> sends NOD regarding termination of OPWDD eligibility following an eligibility review.</p>	DDRO
6	<p>The HHCM/C-YES sends the Notice of Decision (NOD) to the child/youth/family for the Children’s Waiver ineligibility.</p>	HHCM/C-YES

**Table 3 - Potentially DD/MF and Has Medicaid – NEW CHILD**

This process includes children who have Medicaid AND

1) are potentially Medically Fragile AND 2) are suspected to have a Developmental Disability.

Step	Action	Responsible Party
1	If the child/youth/family presents to OPWDD, the DDRO conducts a triage and refers to Children’s Liaison (CL) if child/youth appears to be DD/MF.	DDRO
2	The Children’s Liaison (CL) offers the child/family options to services (Children’s Waiver vs. OPWDD Comprehensive Waiver – <a href="#">comparison chart</a> ) and ensure at a future date that the child has access to HCBS services provided under the OPWDD Comprehensive HCBS Waiver.	DDRO
3	CL will discuss the benefits of pursuing OPWDD eligibility and explain process.	DDRO
3A	Based on family’s decision, CL will refer to OPWDD’s Front Door or (after securing verbal consent) HHCM or C-YES. <ul style="list-style-type: none"> <li>• If OPWDD - to Children’s Liaison who will work with Front Door facilitator. Front Door process is followed. (End of Process)</li> <li>• If to Children’s Waiver- HHCM/C-YES – <b>go to step 4</b> <ul style="list-style-type: none"> <li>➢ Refer to the Health Home in the county of the family that the family selects – <a href="#">Health Homes by County</a>.</li> <li>➢ If family opts out of HHCM, DDRO will refer to C-YES and discuss that the family does not want to go to a Health Home but wants the Children’s Waiver.</li> </ul> </li> </ul>	DDRO
4	If the choice is the Children’s Waiver, the HHCM or C-YES will conduct the HCBS/LOC Eligibility Determination by utilizing the Medically Fragile Target Population.	HHCM/C- YES
5	If the child <b>is found</b> to be Children’s Waiver HCBS LOC eligible, then the HHCM/C-YES will continue to work with the child/family regarding the development of their POC.  The HHCM/C-YES will discuss with the child/family about pursuing OPWDD ICF/IID LCED, <b>go to step 6</b> .  If the child <b>is not</b> found Children’s Waiver HCBS LOC eligible, <b>go to step 8</b> .	HHCM/C- YES
6	If the child is suspected to have a DD condition and has not had OPWDD ICF/IID LCED, and the child/youth’s family chooses to pursue an ICF/IID LCED, <b>the HHCM/C-YES will submit Children’s Waiver Transmittal Form</b> with the documents listed below to OPWDD’s Children’s Liaison.	HHCM/C-YES

Step	Action	Responsible Party
6A	HHCM/C-YES will provide: <u>Documentation Required for OPWDD AND ICF/IID Level of Care Eligibility Determination:</u> <ul style="list-style-type: none"> <li>• Physical Examination completed by a physician, registered physician's assistant, or nurse practitioner completed within the past 365 days.</li> <li>• Social Evaluation. This can be a copy of child's Plan of Care (POC), social/developmental history, psychosocial report or other report that provides information on social and developmental history/psychosocial status within the past 365 days.</li> <li>• Current Psychological Report that includes assessment of intellectual and adaptive functioning (most recently available psychological report may be used as long as it accurately reflects the child's current status).</li> <li>• An Early Intervention Multidisciplinary Core Evaluation may be acceptable provided it includes standardized test scores relevant to cognitive, language and communicative, adaptive, social, and motor functioning and includes the participation of a school psychologist or licensed psychologist.</li> <li>• For conditions other than intellectual disability, a medical or specialty report that includes health status and diagnostic findings to support the developmental disability diagnosis.</li> </ul>	HHCM/C-YES
7	The DDRO reviews documentation and advises HHCM/C-YES if additional documentation is needed through the DDRO HCS Secure Transfer Email.	DDRO
8	If the child/youth <b>is not</b> found HCBS LOC eligible for the Medically Fragile (MF) Target Population for the Children's Waiver and the child is suspected to have a DD condition AND not yet found OPWDD ICF/IID LCED, <i>then the HHCM/C-YES should reach out to the CL who will educate the child/family about the OPWDD Comprehensive Waiver.</i>  The HHCM/C-YES will email the DDRO using the HCS Secure Transfer Email indicating that the child did not meet Children's Waiver HCBS/LOC for MF. The email must include: <ul style="list-style-type: none"> <li>• The parents' name and phone #,</li> <li>• The child's name and DOB.</li> </ul>	HHCM/C- YES
9	OPWDD DDRO Children's Liaison will engage the family in the Front Door Process for OPWDD Eligibility and ICF/IID LCED determination. DDRO will then determine if the child meets ICF/IID LCED for the OPWDD Comprehensive Waiver.  <b>See page 13 for guidance on the ICF/IID Level of Care Eligibility Determination.</b>	DDRO



**Table 4 - Potentially DD/MF and Does Not Have Medicaid – NEW CHILD**

This process includes children who do not have Medicaid established yet and 1) are potentially Medically Fragile and 2) are suspected to have a Developmental Disability.

Step	Action	Responsible Party
1	If the child/youth/family presents to OPWDD, DDRO conducts a triage and refers to Children’s Liaison if appears the child/youth may have Developmental Disabilities/Medically Fragile (DD/MF).	DDRO
2	Children’s Liaison will present the child/family options to services (Children’s Waiver vs. OPWDD Comprehensive Waiver – <a href="#">comparison chart</a> ) and ensure at a future date that the child has access to HCBS services provided under the OPWDD Comprehensive HCBS Waiver.	DDRO
2A	If the child/youth/family chooses the Children’s Waiver option, with family’s verbal consent, DDRO Children’s Liaison (CL) refers them to C-YES.	DDRO
3	C-YES will conduct the Children’s Waiver HCBS/LOC Eligibility Determination by utilizing the Medically Fragile (MF) Target Population in the UAS.	C-YES
4	If the child/youth <b>is found</b> to be Children’s Waiver HCBS/LOC eligible, then C-YES will assist the child/family with their Medicaid packet for the LDSS.  If the child/youth <b>is not</b> to be found Children’s Waiver HCBS/LOC eligible, <b>go to step 8.</b>	C-YES
5	Once the child has active Medicaid, the child/family can choose Health Home or C-YES for Children’s Waiver HCBS care management.  If the child/youth/family chooses HHCM, then the <a href="#">HH/C-YES transfer process</a> must be completed.  Whichever entity the family chooses for care management, they will work with the child/family regarding the development of their Plan of Care (POC). <b>(Note: steps 5 &amp; 6 are concurrent steps)</b>	HHCM/C-YES
6	If the child is suspected to have a DD condition and has not had OPWDD ICF/IID LCED, the HHCM/C-YES needs to discuss the importance of the OPWDD ICF/IID level of care determination (LCED).  If the child/youth’s family chooses to pursue an ICF/IID LCED, the <b>HHCM/C-YES will submit Children’s Waiver Transmittal Form</b> with the documents listed below to OPWDD’s Children’s Liaison.	HHCM/C-YES

Step	Action	Responsible Party
6A	<p><u>Documentation Required for OPWDD AND ICF/IID Level of Care Eligibility Determination:</u></p> <ul style="list-style-type: none"> <li>• Physical Examination completed by a physician, registered physician’s assistant, or nurse practitioner completed within the past 365 days.</li> <li>• Social Evaluation. This can be a copy of child’s Plan of Care (POC), social/developmental history, psychosocial report or other report that provides information on social and developmental history/psychosocial status within the past 365 days.</li> <li>• Current Psychological Report that includes assessment of intellectual and adaptive functioning (most recently available psychological report may be used as long as it accurately reflects the child’s current status). <ul style="list-style-type: none"> <li>○ An Early Intervention Multidisciplinary Core Evaluation may be acceptable provided it includes standardized test scores relevant to cognitive, language and communicative, adaptive, social, and motor functioning and includes the participation of a school psychologist or licensed psychologist.</li> </ul> </li> <li>• For conditions other than intellectual disability, a medical or specialty report that includes health status and diagnostic findings to support the developmental disability diagnosis.</li> </ul> <p><b>Additional eligibility guidance information can be found here:</b>  <a href="https://opwdd.ny.gov/eligibility">https://opwdd.ny.gov/eligibility</a></p>	HHCM/C-YES
7	The DDRO reviews documentation and advises HHCM/C-YES if additional documentation is needed through the DDRO HCS Secure Transfer Email.	DDRO
8	<p>If the child <b>is not</b> found HCBS LOC eligible for the Medically Fragile (MF) Target Population for the Children’s Waiver and the child is suspected to have a DD condition AND not yet found OPWDD ICF/IID LCED, then the HHCM/C-YES will reach out to the CL who will educate the child/family about the OPWDD Comprehensive Waiver.</p> <p>The HHCM/C-YES will email the DDRO using the HCS Secure Transfer Email indicating that the child did not meet Children’s Waiver HCBS/LOC for MF. The email must include:</p> <ul style="list-style-type: none"> <li>• The parents’ name and phone #,</li> <li>• The child’s name and DOB.</li> </ul>	HHCM/C-YES
9	<p>OPWDD DDRO Children’s Liaison will engage the family in the Front Door Process for OPWDD Eligibility and ICF/IID LCED determination. DDRO will then determine if the child meets ICF/IID LCED for the OPWDD Comprehensive Waiver.</p> <p><b>See page 13 for guidance on the ICF/IID Level of Care Eligibility Determination.</b></p>	DDRO

**Table 5 - DD FOSTER CARE – NEW CHILD**

This process includes children who are in the Foster Care system already and are suspected to have a Developmental Disability.

Step	Action	Responsible Party
1	<p><i>Note: All children in *Foster Care already have Medicaid established and must be referred to a Health Home or C-YES to receive the Children’s Waiver.</i></p> <p><i>*Children in Foster Care cannot be enrolled in CCO HH or OPWDD Comprehensive Waiver.</i></p>	N/A
2	<p>If the child is suspected to have a Developmental Disability and has not been determined OPWDD eligible, the HHCM/C-YES (working in conjunction with VFCA case planner and/or LDSS child protective worker, if appropriate) will submit the <b>Children’s Waiver Transmittal Form</b> with the documents listed below to OPWDD’s Children’s Liaison.</p> <p>The HHCM/C-YES will provide:  <u>Documentation Required for OPWDD AND ICF/IID Level of Care Eligibility Determination:</u></p> <ul style="list-style-type: none"> <li>• Physical Examination completed by a physician, registered physician’s assistant, or nurse practitioner completed within the past 365 days.</li> <li>• Social Evaluation. This can be a copy of child’s Plan of Care (POC), social/developmental history, psychosocial report or other report that provides information on social and developmental history/psychosocial status within the past 365 days.</li> <li>• Current Psychological Report that includes assessment of intellectual and adaptive functioning (most recently available psychological report may be used as long as it accurately reflects the child’s current status). An Early Intervention Multidisciplinary Core Evaluation may be acceptable provided it includes standardized test scores relevant to cognitive, language and communicative, adaptive, social, and motor functioning and includes the participation of a school psychologist or licensed psychologist.</li> <li>• For conditions other than intellectual disability, a medical or specialty report that includes health status and diagnostic findings to support the developmental disability diagnosis.</li> </ul> <p>If the child is in New York City, ACS should be copied on this transmittal via this email address: <a href="mailto:OCFH.Waiver@acs.nyc.gov">OCFH.Waiver@acs.nyc.gov</a></p>	<p><b>HHCM/C-YES</b></p> <p><b>(With the VFCA and the LDSS child protective work)</b></p>
3	<p>The DDRO reviews documentation and advises the HHCM/C-YES and VFCA Case Planner (if applicable) if additional documentation is needed through the DDRO HCS Secure Transfer Email.</p>	<b>DDRO</b>

Step	Action	Responsible Party
4	<p>The DDRO will enter the UAS HCBS Eligibility Determination for <b>the DD in Foster Care Target Population</b> and complete the HCBS/LOC documentation as outlined in training:</p> <p><b>Steps for the DDRO in the UAS:</b>  <b>Target Population:</b> Click Yes to meeting DD Foster Care  <b>Risk Factors:</b> Choose 1 of 2 options. 1) Child is currently in Foster Care or 2) Child was originally in Foster Care when they received HCBS Waiver Services based upon the documentation received.  <b>Functional Criteria:</b> Choose whether the child/youth meets ICF/IID LCED  If YES, the child/youth has HCBS LOC for the Children’s Waiver.</p>	DDRO
5	<p>If the child/youth <b>is found</b> ICF/IID LCED eligible,</p> <ol style="list-style-type: none"> <li>1. The OPWDD Children’s Liaison (CL) completes and signs the first part of LCED and notifies the HHCM/C-YES that the LCED (physician or nurse practitioner) signature is needed.</li> <li>2. The HHCM/C-YES then secures the required signature for the LCED (physician or nurse practitioner) and returns to the CL.</li> <li>3. The OPWDD Children’s Liaison e-mails the LCED to the HHCM/C-YES through the HCS Secure Transfer and notes that the UAS <b>Target Population for DD in Foster Care</b> is completed with the Outcomes signed for Children’s Waiver <u>eligibility</u>.</li> </ol> <p>The Children’s Liaison also copies in ACS if child is in NYC (to this email address: <a href="mailto:OCFH.Waiver@acs.ny.gov">OCFH.Waiver@acs.ny.gov</a>), and VFCA, if applicable.</p>	DDRO/ HHCM/C-YES
6	<p>The HHCM/C-YES sends the Notice of Decision (NOD) to the child/youth/family for the Children’s Waiver eligibility and enrollment.</p> <p>The HHCM/C-YES confirms enrollment in the Children’s Waiver and works with the child/family surrounding the development of the Plan of Care.</p>	HHCM/C-YES
7	<p>If the child/youth <b>is not</b> determined to meet ICF/IID LCED, DDRO Children’s Liaison sends notification to HHCM/C-YES and notes that the UAS <b>Target Population for DD in Foster Care</b> is completed with the Outcomes signed for Children’s Waiver <u>ineligibility</u>.</p> <p>With a copy to ACS if in New York City (email address: <a href="mailto:OCFH.Waiver@acs.ny.gov">OCFH.Waiver@acs.ny.gov</a>), and VFCA if applicable via the secure email. The HHCM/C-YES will notify the County Case Worker, if applicable.</p> <p>Notification will state that child/youth does not meet ICF/IID LCED and provides contact for follow-up as needed.</p>	DDRO
8	<p>The HHCM/C-YES sends the Notice of Decision (NOD) to the child/youth/family for the Children’s Waiver ineligibility.</p>	HHCM/C-YES

## **Documentation Required for Annual Redetermination of ICF/IID Level of Care Eligibility Determination:**

- Current general medical report
- Copy of child's Plan of Care
- Updated Psychological Report if there is a significant change in child's functioning.
- Statement from Care Manager that the documentation required for the LCED redetermination remains valid and reflects the current needs of the child.

\*Additional documentation, if needed, may be requested by the DDRO.

## **Documentation Required for Initial ICF/IID Level of Care Eligibility Determination:**

- Physical Examination completed by a physician, registered physician's assistant, or nurse practitioner completed within the past 365 days.
- Social Evaluation. This can be a copy of child's Plan of Care (POC), social/developmental history, psychosocial report or other report that provides information on social and developmental history/psychosocial status within the past 365 days.
- Current Psychological Report that includes assessment of intellectual and adaptive functioning (most recently available psychological report may be used as long as it accurately reflects the child's current status). An Early Intervention Multidisciplinary Core Evaluation may be acceptable provided it includes standardized test scores relevant to cognitive, language and communicative, adaptive, social, and motor functioning and includes the participation of a school psychologist or licensed psychologist.
- For conditions other than intellectual disability, a medical or specialty report that includes health status and diagnostic findings to support the developmental disability diagnosis.

*Additional Information can be found here:* <https://opwdd.ny.gov/eligibility>

\*Note: Additional documentation, if needed, may be requested by the DDRO. Additional or more recent evaluations should always be requested by the DDRO if the information is not sufficient to establish eligibility.

## **OPWDD Provisional Eligibility:**

In some cases, based on clinical judgment of a child's needs, the DDRO may determine that a child is provisionally eligible. Provisional eligibility means that a child may receive OPWDD supports or services for a limited period of time. Eligibility for children who are *provisionally* eligible for services must be reviewed again by a DDRO prior to the child's 8th birthday.

For children that are enrolled in the Children's Waiver (either transitioned CAH children or new children) that have OPWDD provisional eligibility, additional information regarding the child's diagnoses and level of functioning must be submitted to the DDRO twelve months prior to the provisional eligibility expiration date (i.e., the child's 8<sup>th</sup> birthday). The Children's Liaison will need to work with the HHCM/C-YES to obtain this additional clinical documentation in order for the DDRO to determine if the child meets the criteria for full OPWDD eligibility. If updated reports are not provided by the stated deadline, the provisional eligibility will expire as of the child's eighth birthday.



Interagency Communication

Children's Waiver Transmittal Form

Child's Information:

Individual's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_
Child is Medically Fragile and has Developmental Disability [radio] Child is now or was formerly in Foster Care [radio]
Medicaid ID: \_\_\_\_\_ TABS ID, if known: \_\_\_\_\_

Care Manager Contact Information:

Contact's Name: \_\_\_\_\_ Contact's telephone: \_\_\_\_\_
Referring agency: \_\_\_\_\_
Referring agency contact: \_\_\_\_\_ Agency contact email: \_\_\_\_\_
Agency referred to: \_\_\_\_\_ Contact: \_\_\_\_\_

Action requested: ICF/IID redetermination [radio] OPWDD eligibility [radio] Waiver transfer [radio]

For LCED redetermination care manager completes this section:

I, \_\_\_\_\_ attest that the documentation provided for this LCED redetermination request remains valid and reflects the current needs of the child. Date of last LCED: \_\_\_\_\_

The request for redetermination requires submission of the following documents:

- [checkbox] Current general medical report
[checkbox] Copy of child's most recent Plan of Care (POC) or a Social Evaluation (The POC needs developmental history/psychosocial information.
[checkbox] Updated psychological if there is a significant change in the child's functioning

Additional requirements:

Target Population of Developmental Disability:

Child/youth is currently in foster care? YES [radio] NO [radio]
OR
Child/youth was originally in foster care when first becoming eligible/receiving HCBS (without a break of service)? YES [radio] NO [radio]

\*If there was a break in HCBS eligibility or child/youth left HCBS and now no longer in foster care, then another Children's Waiver Target Population can be attempted for HCBS eligibility other than DD in Foster Care.

**For initial OPWDD eligibility ICF-IID LCED care manager completes this section:**

**OPWDD Eligibility and Initial ICF-IID LCED requires submission of the following documents:**

- Copy of child's **Plan of Care (POC), social/development history, psychological report**, or other report that provides information on developmental history/psychosocial status within the past 365 days
- A psychological report** that includes an assessment of intellectual and adaptive functioning (most recently available psychological report may be used as long as it accurately reflects the child's current status). An Early Intervention Multidisciplinary Core Evaluation may be acceptable provided it includes standardized test scores relevant to cognitive, language and communicative, adaptive, social, and motor functioning and includes the participation of a school psychologist or licensed psychologist.
- For conditions other than intellectual disability, **a medical or specialty report** that includes health status and diagnostic findings to support the developmental disability diagnosis
- General medical report** within the past 365 days

**Provisional Eligibility:**

For children enrolled in the Children's Waiver that have OPWDD provisional eligibility (either transitioned from CAH or new children), additional information regarding the child's diagnoses and level of functioning must be submitted to the DDRO twelve months prior to the provisional eligibility expiration date, (i.e., the child's eighth birthday). If updated reports are not provided by the stated deadline, the provisional eligibility will expire as of the child's eighth birthday.

See *Important Facts for OPWDD Eligibility* for additional information [https://opwdd.ny.gov/opwdd\\_services\\_supports/eligibility](https://opwdd.ny.gov/opwdd_services_supports/eligibility)

**Care manager completes this section to provide notification of transfer from Children's waiver to OPWDD waiver.**

**Date individual expressed interest in transfer:** \_\_\_\_

**Reason for the request:** Family's choice  No longer meets HCBS LOC  Other (comment)

**Comment:** \_\_\_\_

- Did care manager advise family of transfer process: Yes  No
- OPWDD Eligible: Yes  No 
  - If no, date eligibility documentation sent to Children's Liaison: \_
- Anticipated date of transfer and capacity management notification: \_

**Care Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For OPWDD Purposes Only:**

Child meets OPWDD eligibility

Child does not meet OPWDD eligibility

Date Eligibility Determined: \_\_\_\_\_

Date Eligibility Letter Sent: \_\_\_\_\_

Provisional Eligibility: Yes  No

Child no longer meets OPWDD ICF/IID LCED

Date: \_\_\_\_\_

Date LCED Distributed:

LCED Distributed to: HHSC  C-YES  VFCA  ACS

**For DOH to OPWDD Transfers:**

Date of phone conference to confirm interest in transfer: \_\_\_\_\_

Date individual was connected with a CCO: \_\_\_\_\_

Date of Transfer: \_\_\_\_\_

Date HHSC NOD Received: \_\_\_\_\_

Date Changes Made to TABS: \_\_\_\_\_

OPWDD Representative's Name: \_\_\_\_\_

Date Notification Sent: \_\_\_\_\_



## **Resources**

### **Children and Youth Evaluation Services (C-YES):**

The Children and Youth Evaluation Service (C-YES) is a statewide program that determines whether a child/youth (under age 21) is eligible for Home and Community Based Services (HCBS) for children who do not currently have Medicaid or for children who opt-out of the Health Home Serving Children's program. To make a referral call C-YES at 1-833-333-CYES (1-833-333-2937). TTY: 1-888-329-1541.

### **To find a Health Home Serving Children in your county:**

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/hh\\_map/index.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm)

Contact [hhsc@health.ny.gov](mailto:hhsc@health.ny.gov) or contact the Health Home Program at the Department of Health at: (518) 473-5569.

### **HHSC Fact Sheet:**

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/hh\\_children/docs/hhsc\\_fact\\_sheet.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/docs/hhsc_fact_sheet.pdf)

### **Link to Children's Waiver Home and Community-Based Services Providers:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/provider\\_design.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/provider_design.htm)

### **NYS Department of Health Children's Transition home page:**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/index.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm)

## OPWDD Children's Liaisons

Region/Counties	Contact Information
<p style="text-align: center;"><b>Region 1:</b></p> <p>Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates, Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans</p>	<p><a href="mailto:childrensliaisonregion1@opwdd.ny.gov"><u>childrensliaisonregion1@opwdd.ny.gov</u></a></p>
<p style="text-align: center;"><b>Region 2:</b></p> <p>Broome, Chenango, Delaware, Otsego, Tioga, Tompkins, Cayuga, Cortland, Onondaga, Oswego, Herkimer, Lewis, Madison, Oneida, Clinton, Essex, Franklin, Hamilton, Jefferson, St. Lawrence</p>	<p><a href="mailto:childrensliaisonregion2@opwdd.ny.gov"><u>childrensliaisonregion2@opwdd.ny.gov</u></a></p>
<p style="text-align: center;"><b>Region 3:</b></p> <p>Fulton, Montgomery, Saratoga, Schenectady, Schoharie, Warren, Washington, Albany, Rensselaer, Orange, Sullivan, Rockland, Westchester, Columbia, Dutchess, Greene, Putnam, Ulster</p>	<p><a href="mailto:childrensliaisonregion3@opwdd.ny.gov"><u>childrensliaisonregion3@opwdd.ny.gov</u></a></p>
<p style="text-align: center;"><b>Region 4:</b></p> <p>Queens, Kings, New York, Bronx, Richmond</p>	<p><a href="mailto:childrensliaisonregion4@opwdd.ny.gov"><u>childrensliaisonregion4@opwdd.ny.gov</u></a></p>
<p style="text-align: center;"><b>Region 5:</b></p> <p>Nassau, Suffolk</p>	<p><a href="mailto:childrensliaisonregion5@opwdd.ny.gov"><u>childrensliaisonregion5@opwdd.ny.gov</u></a></p>

## List of Acronyms

**ACS** = Administration of Children's Services  
**B2H** = Bridges 2 Health (Former OCFS Waiver)  
**CAH** = Care At Home (Former OPWDD Waiver)  
**CANS-NY** = Child and Adolescent Needs and Strengths for New York State  
**CHOICES** = online portal for OPWDD services  
**CIN** = Client Identification Number (Medicaid)  
**CL** = OPWDD DDRO Children's Liaison  
**CCO/HH** = Care Coordination Organization/Health Home (for I/ID)  
**C-YES** = Children and Youth Evaluation Services  
**DD** = Developmentally Disabled  
**DOB** = Date of Birth  
**DDRO** = OPWDD Developmental Disabilities Regional Office  
**DOH** = Department of Health  
**HCBS** = Home and Community-Based Services  
**HCS** = Health Commerce System  
**HHCM** = Health Home Care Manager  
**ICF/IID** = Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities  
**LCED** = Level of Care Eligibility Determination  
**LOC** = Level of Care  
**MF** = Medically Fragile  
**NOD** = Notice of Decision  
**OCFS** = Office of Children and Families  
**OPWDD** = Office for People With Developmental Disabilities  
**POC** = Plan of Care  
**QIDP** = Qualified Intellectual Disabilities Professional  
**RSFO** = Revenue Support Field Office (OPWDD)  
**TABS** = Tracking and Billing System (OPWDD)  
**UAS-NY** = Uniform Assessment System – New York  
**VFCA** = Voluntary Foster Care Agency