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# **Environmental Modifications, Vehicle Modifications, and Adaptive and Assistive Technology (Children's HCBS Waiver)**

March 11, 2020

# Agenda

- Introduction
- Service Descriptions: EMOD, VMOD, and AT
- Step by Step Process
- Distinction between Fee-For-Service vs. Managed Care Members
- Payment and Authorizing Process for EMOD, VMOD, and AT
- Questions
- Resources



# Introduction and Housekeeping

## Reminders:

- ***Information and timelines are current as of the date of the presentation***
- This presentation is not an official document. For full details please refer to the [Children's HCBS Provider Manual](#) and [Children's Health and Behavioral Health Billing and Coding Manual](#).



# Why did the EMOD/VMOD/AT Process Change?

- The purpose of consolidating the 1915(c) waivers was to align and expand the Home and Community Based Services (HCBS) available to all waiver populations and to streamline the process for accessing these services
- Effective, October 1, 2019, HCBS were included in the Medicaid Managed Care Plan (MMCP) benefit and, therefore, for children/youth enrolled in a MMCP, authorization/payment for EMOD/VMOD/AT is provided by MMCPs
- Children/youth in Fee-for-Service Medicaid or exempt from managed care enrollment, will still have EMOD/VMOD/AT requests processed through the Local Department of Social Services (LDSS)



# Core Principles of the Children's Transformation

**Child Centered**

**Family Focused**

**Community Based**

**Multi-System**

**Culturally Competent**

**Least Restrictive/Least Intrusive**



# 1915(c) Children's Waiver

In April 2019, the following six 1915c Home and Community Based Services (HCBS) Waivers' were consolidated into the NEW 1915(c) **Children's Waiver**

- OMH SED HCBS 1915(c) waiver
- DOH Care at Home (CAH) I/II 1915(c) waiver
- OPWDD Care at Home (CAH) 1915(c) waiver
- OCFS Bridges to Health (B2H) SED 1915(c) waiver
- OCFS B2H Medically Fragile (Med Frag) 1915(c) waiver
- OCFS B2H DD 1915(c) waiver



# Waiver Background

The 1915(c) Children's Waiver was implemented on April 1, 2019 and consolidated the six children's Home and Community Based Services (HCBS) waivers into one comprehensive waiver

Each waiver had nuance differences and different HCB Services

With the consolidated Children's Waiver now directly connected to Health Home Serving Children's program, there are an increased number of care managers coordinating care for HCBS eligible children, when previously they had not done so



# Core Principles in Practice

- EMOD, VMOD, and AT are person centered, family focused, and least intrusive services identified necessary in assisting and enhancing the child/youth's independence in performing Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and/or health-related tasks and/or will substitute for human assistance.
- These EMODs, VMODs, and/or AT can make a huge impact in a child/youth and family's everyday living; therefore it is important that a multi-system approach with collaborative partners – Health Home Care Managers/C-YES, the LDSS, MMCPs, and NYSDOH – work together and communicate well, so that the child/youth receive the timely and appropriate EMODs, VMODs, and/or AT.
- NYSDOH Health Home Serving Children's team are available to assist and work with care managers, C-YES, MMCPs, and the LDSS.
  - [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov) or 1-518-473-5569



# Service Limits

- Service limits are as follows:
  - Assistive Technology: \$15,000 annual calendar year limit
  - Environmental Modification: \$15,000 annual calendar year limit
  - Vehicle Modification: \$15,000 annual calendar year limit
- In all cases, service limits are soft limits that may be exceeded due to medical necessity. If the individual's needs cannot be met within the established limits, the LDSS or MMCP may request to exceed the limit by proving sufficient medical justification. This justification must be submitted to NYSDOH along with the Request for Service Packet in order to obtain approval of the request.



# Environmental Modifications (EMOD)



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# What are Environmental Modifications?

- Provide internal and external physical adaptations to the home or other eligible residences of the enrolled child/youth which, per the child/youth's plan of care (POC), are identified as necessary to support the health, and safety of the child/youth or that enable the child/youth to function with greater independence in the home and without which the child/youth would require institutional and/or more restrictive living setting.
- Modifications include but are not limited to:
  - Installation of ramps, hand rails, and grab-bars
  - Widening of doorways (but not hallways)
  - Modifications of bathroom facilities
  - Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies needed for the welfare of the recipient
  - Lifts and related equipment
  - Modifications of the kitchen necessary for the participant to function more independently in his/her home
  - Bed shaker alarm devices, strobe light smoke detection, and alarm devices
- The scope of environmental modifications will also include necessary assessments to determine the types of modifications needed.



# Environmental Modification Example

*Jose has mobility issues and uses a wheelchair. As it is configured currently, he can't access his bathroom at home independently.*

*Jose and his family are asking for a roll-in shower and grab bars for the bath and toilet areas be installed to allow him to use the bathroom independently and safely.*

- POC should indicate the need for the modification to assist in mobility and independence as Jose is unable to independently shower without the modification



# EMOD Limitations and Exclusions

- Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the child.
- Adaptations that add to the total square footage of the home's footprint are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).
- Also excluded are pools and hot tubs and associated modifications for entering or exiting the pool or hot tub.
- Repair & Replacement of Modification: In most instances, a specific type of EMOD is a one-time benefit; however, in reasonable circumstances determined and approved by the State, a second modification may be considered for funding as follows: if a person moves to another home; if the current modifications are in need of repair, worn-out or unsafe; or if a participant wishes to spend considerable time with a non-cohabitating parent in their home and such modifications are required to ensure health and safety during these periods. Maintenance and service due to normal use and expected wear and tear is not covered under the Children's Waiver.
- State policy places certain limitations on environmental modifications requested when the home/apartment is a leased space, including property owner sign-off on the modification and limitations on federal/state liability for the cost of removal/replacement/repair of items in public spaces of rental properties.



# EMOD Limitations and Exclusions continued

- Only those services not reimbursable under Medicaid State Plan under 1905(a) of the Social Security Act or other federal/state funding streams will be reimbursable under the HCBS Children's Waiver.
- All EMODs require prior approval from the LDSS in conjunction with NYDOH for FFS children/youth
- All EMODs require prior approval from the MMCP for children/youth enrolled in a managed care plan
- For EMODs, the LDSS or MMCP is the provider of record for billing purposes



# Vehicle Modifications (VMOD)



# What are Vehicle Modifications?

- Provides physical adaptations to the primary vehicle of the enrolled child/youth which, per the child/youth's plan of care (POC), are identified as necessary to support the health, welfare, and safety of the child/youth or that enable the child/youth to function with greater independence.
- Include but not limited to: Portable electric/hydraulic and manual lifts, ramps, foot controls, wheelchair lock downs, deep dish steering wheel, spinner knobs, hand controls, parking break extension, replacement of roof with a fiberglass top, floor cut outs, extension of steering wheel column, raised door, repositioning of seats, wheelchair floor, dashboard adaptations and other ancillary equipment or modifications necessary to guarantee full access to, and safety in, a motor vehicle.
- VMOD applications must include and are not limited to determining the need for the service, the safety of the proposed modification, its expected benefit to the child/youth, and the most cost effective approach to fulfill the child/youth's need. Supporting documentation should be provided as requested.



# Vehicle Modification Example

*Jemma Merrill has mobility issues and uses a wheelchair. She can't currently access the family vehicle as it is.*

*Jemma and her family are asking for modifications to their vehicle including a wheelchair lift, appropriate tie-downs, and modifications for safety as needed to allow Jemma to access their family vehicle and be transported safely.*

- POC should indicate the need for the modification to assist in mobility to access services in the community such as medical appointments as Jemma is currently unable to leave her home without the modification



# VMOD Limitations and Exclusions

- Vehicle Modifications are limited to the primary means of transportation for the child/youth. The vehicle may be owned by the child/youth or by a family member or non-relative who provides primary, consistent, and ongoing transportation for the child/youth.
- All equipment and technology used for entertainment is not eligible for reimbursement.
- Costs may not exceed current market value of vehicle.
- Other exclusions include the purchase, installation, or maintenance of items such as cellular phones, global positioning/tracking devices, or other mobile communication devices; repair or replacement of modified equipment damaged or destroyed in an accident; alarm systems; auto loan payments or insurance coverage; costs related to obtaining a driver's license, title/registration, license plates, or emergency road service; or rental vehicles when a vehicle modification is in process.
- Repair & Replacement of Modification: In most instances, a specific type of Vehicle Modification is a one-time benefit to motor vehicles used by the child/youth; however, in reasonable circumstances determined and approved by the State, a second modification may be considered for funding if the current modifications are in need of repair, worn-out, or unsafe. General vehicle maintenance and repair is not covered.



# VMOD Limitations and Exclusions continued

- Only those services not reimbursable under Medicaid State Plan under 1905(a) of the Social Security Act or other federal/state funding streams will be reimbursable under the HCBS Children's Waiver.
- All VMODs require prior approval from the LDSS in conjunction with NYDOH for FFS children/youth
- All VMODS require prior approval from the MMCP for children/youth enrolled in a managed care plan
- For VMODs, the LDSS or MMCP is the provider of record for billing purposes.



# Adaptive and Assistive Technology (AT)



# What is Adaptive and Assistive Technology?

- Provides technological aids and devices identified within the child/youth's Plan of Care (POC) which enable him/her to accomplish daily living tasks that are necessary to support the health, welfare, and safety of the child/youth.
- Adaptive and Assistive Technology includes but is not limited to:
  - Direct selection communicators
  - Alphanumeric communicators
  - Scanning communicators
  - Encoding communicators
  - Speech amplifiers
  - Electronic speech aids/devices, voice activated, light activated, motion activated, and electronic devices
  - Standing boards/frames and therapeutic equipment for the purpose of maintaining or improving the participant's strength, mobility, or flexibility to perform activities of daily living
  - Adaptive switches/devices



# What is Adaptive and Assistive Technology (continued)?

- Adaptive and Assistive Technology Services include:
  - The evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant
  - Services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for the participants
  - Services consisting of selecting, designing, fitting, customizing, adapting, applying, repairing, or replacing assistive technology devices
  - Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant
  - Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants



# Adaptive and Assistive Technology Example

*Akiko has cerebral palsy with dysarthria resulting in limited to no functional speech.*

*Akiko and her family are requesting an alternative/augmentative communication assessment and acquisition of an appropriate communication device that will increase Akiko's ability to communicate at home, school, and in her community.*

- POC should indicate the need for the technology to aid in communication as Akiko is currently unable to do so without the technology



# AT Limitations and Exclusions

- Only those services not reimbursable under Medicaid State Plan under 1905(a) of the Social Security Act or other federal/state funding streams will be reimbursable under the HCBS Children's Waiver.
- Equipment must be beyond the scope of Durable Medical Equipment (DME): for managed care, contact the MMCP; for fee-for-service, reference the [DME Manual](#) (under Fee Schedule)
- AT devices are expected to be a one-time only purchase. Replacements, repairs, upgrades, or enhancements made to existing equipment will be paid if documented as a necessity and approved by the State or its designee. Ongoing monitoring associated with telecare support services or other approved systems authorized under this definition may be provided if necessary for health and safety and documented to the satisfaction of the State or designee.
- All AT require prior approval from the MMCP (for managed care enrollees) or the LDSS in conjunction with NYSDOH (for fee-for-service)
- Contracts for AT may not exceed \$15,000 per year without prior approval from the LDSS, in conjunction with NYSDOH or MMCP. The State may consider exceptions when medically necessary, including but not limited to a significant change in the child's needs or capabilities.
- For Adaptive and Assistive Technology (AT), the LDSS or MMCP is the provider of record for billing purposes.



# Roles and Responsibilities for Service Delivery of E-MOD, V-MOD, AT



# Health Home/C-YES Care Manager's Responsibilities

- Children/youth who are enrolled in the Children's Waiver and receiving Home and Community Based Services (HCBS) need to have care management.
- Health Homes will provide comprehensive care management services for children/youth receiving HCBS.
- If a child/youth and their family do not want Health Home care management and opt-out of this service, they can get HCBS care management from the **Children and Youth Evaluation Service (C-YES)**.
- Health Home and C-YES care managers assess whether the child/youth is eligible for the Children's Waiver and then develop a person-centered Plan of Care (POC) that would outline the needs for EMODs, VMODs, or AT.
- The role of the Health Home and C-YES care manager is to assist with the coordination of HCBS with the child/youth and family.
- The LDSS and/or MMCP should assist the Health Home and C-YES care managers to arrange EMODs, VMODS, and AT identified in the POC.



# Local Department of Social Services (LDSS) Responsibility (*Fee-For-Service Only*)

- The LDSS is responsible for reviewing the application, evaluating bids, and selecting the preferred provider to provide the service/adaptation/technology.
  - This decision is based on an assessment of whether the lowest responsible bid meets the assessed need of the child/youth.
- The LDSS will contact the selected provider and secure a provider agreement so that the service request may proceed upon approval by NYSDOH.
- The LDSS submits supported service requests to NYSDOH for review.
- The LDSS send all Notices of Decision (NODs) on proposed projects.
- The LDSS communicates results to the HHCM/C-YES
- The LDSS provides financial records of payments, ensures the project is safely completed, and distributes final project payments.



# Medicaid Managed Care Plan Responsibility

- The MMCP is responsible for evaluating requests for children/youth enrolled in managed care.
- The MMCP will select a provider and secure a provider agreement so that the service request may proceed.

***Note: the care manager does not need to provide bids when submitting a service request to the MMCP***

- The MMCP reviews the request and, only if the request is over \$15,000, submits the service request to NYSDOH for review.



# EMOD, VMOD, and AT Process Overview



# Assess Need & Gather Documentation



**Identify a specific need** for E-Mod, V-Mod, or AT services and indicate the need in the child's POC



**Secure a physician's order**/statement supporting the need for service



Assist the child/family to **secure a clinical justification** from the appropriate clinician and get a **project evaluation** to determine scope



**Explore potential payment sources** including private insurance, community resources, and other local/State/federal programs prior to requesting the Medicaid service



**Fee-for-Service Only:** Collaborate with the family and LDSS to **secure bids**. The LDSS should help wherever possible; however, the ultimate responsibility for obtaining bids lies with the Health Home /C-YES Care Manager



**Submit all necessary documentation** to the LDSS or MMCP



## Plan of Care (POC)

- The POC provides an initial justification that the child/youth can benefit from the service/adaptation/technology.
- The POC will establish that the service is necessary to assist and enhance the child/youth's independence in performing ADLs, IADLs, and/or health-related tasks and/or will substitute for human assistance.
- The HHCM/C-YES should not only identify the need in the POC but the rationale for that need and how it would impact the child/youth's ADLs, IADLs, tasks, etc.
  - The POC, with this identified need(s), will need to be part of the EMOD, VMOD, and/or AT submission packet to the LDSS or MMCP





## Physician's Order

The initial justification and request for service can be established by obtaining

- **A PHYSICIAN'S ORDER**

### Examples:

- An approved request for home care form such as the M11Q used by HRA  
[https://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/m\\_11q.pdf](https://www1.nyc.gov/assets/hra/downloads/pdf/services/micsa/m_11q.pdf) **or**
- Form 4539  
[https://www.health.ny.gov/health\\_care/medicaid/publications/docs/gis/10oltc-006att.pdf](https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/10oltc-006att.pdf) **or**
- A letter on physician's letterhead stating the need for the service





# Clinical Justification

- The clinical justification must be from the appropriate clinician (e.g., Occupational/Physical Therapist, Physician, Driver Rehabilitation Specialist,).
- The clinician/evaluator completes the scope of the project detailing each part separately; this will serve as the basis of getting quotes from qualified providers (for FFS)
- Clinical Justifications will be included in the overall cost for the project and will be paid even if the project does not go to completion.



# Project Evaluation

- A Project Evaluator determines if the project is completed based on the clinical justification, need, and/or state/local guidelines.
- Project Evaluators often review the request prior to work being started to ensure the request is feasible, particularly if there are state/local guidelines such as permits, as well as once the project is completed to ensure the work meets the scope/need and state/local guidelines
- Some Counties have dedicated Project Evaluators assigned to their counties. All counties are responsible for evaluating the scope of the work, feasibility (local code, specifics of the project- for example pitch of a ramp), pre-evaluation and post evaluation (completion of the work).
- Examples:
  - Installing a lift by the covered front stairs would be the best option for the child to fully access the entryway.
  - Determines that removing the bathtub and installing a roll-in shower and accessible toilet will be the most effective option in the bathroom. The door to the bathroom will also need to be modified to make the opening wide enough for the wheelchair to fit through.
- Care managers should be monitoring the progress of the project and completion. If there are concerns, the care manager should reach out to the LDSS or the MMCP to discuss.



# \$ Explore Potential Payment Source

- Since Medicaid is the payer of last resort, Health Home/C-YES care managers should conduct due diligence in exploring other payment options first (such as private insurance or community resources).
- Care managers should show they have determined, to the best of their ability, that Medicaid is the payor of last resort for an Environmental or Vehicle Modification or Assistive Technology request. Care managers should look at other possible funding sources for modifications before requesting Medicaid funds. Examples of other funding sources that may be available to a member or their family include private health insurance, grants, other government program funding, or community funds.
- Care managers must document any attempts they make to secure alternate funding (discussion with family on resources, internet research, phone calls, emails, etc.) in their case notes. A signed and dated statement by the care manager that they have made diligent attempts and were unable to find and/or secure alternative payment sources will satisfy this requirement for the Environmental and Vehicle Modification and Assistive Technology applications.





## Securing Bids (*Fee-for-Service Only*)

- Securing bids will be a collaborative effort between the family, LDSS, and the HH/C-YES Care Manager. The LDSS may assist in obtaining bids, if necessary.
- Bids should be based on the specifications delineated in the clinical justification/project description.
- The contractor must adhere to the following requirements when preparing a bid:
  - Base the bid on contractor grade materials
  - Stipulate that all work will comply with applicable building and zoning codes
  - Obtain the local municipality's permit to perform the adaptation
  - Provide verification that the work has been inspected by the local municipal branch of government that issued the initial permit
- All estimates must identify the costs of each component of the project (e.g. inspections, materials, permits, and labor costs)
- Submit verification that appropriate and adequate insurance coverage is maintained

*For requests submitted to MMCPs, bids are not required since the MMCP will select a provider from within their network*



## Securing Bids cont. (*FFS Only*)

- The HH/C-YES Care Managers must secure 3 bids.
- If 3 bids cannot be secured, the HH/C-YES Care Managers must document their efforts in the packet submission and continue with the process without delay
- All evaluations and bids will be part of the submission packet to the LDSS for review and approval. The LDSS will identify the preferred bid and execute a provider agreement.



# What does the HH/C-YES Care Manager need to send to the LDSS or MMCP?

The HH/C-YES Care Manager will send a ***Request for Service packet*** for submission to the LDSS or MMCP.

For children/youth enrolled:

- Managed Care, requests will be submitted to the MMCP
- Fee-for-service, requests will be submitted to the LDSS

***Request for Service packet*** must include:

1. Child/youth's **POC** which identifies assessed need
2. **Physician's Order** supporting medical necessity (signed and dated)
3. **Clinical justification, Project Evaluation and Cost Projection Form** identifying the scope of the project and documentation detailing project/product specifications including scope, estimated material and labor costs and other required expenditures
4. **For Fee-for-Service only Bids**: if the AT, EMOD, or VMOD request costs \$1,000 or more, 3 bids or justification for why 3 bids could not be secured is required
5. Any required documentation that is needed for the modification/service/adaptation/device such as landlord's permission if the home is leased or proof that a used car is less than 5 years old/less than 50,000 miles for a VMOD (all requirements are included in the *Children's HCBS Provider Manual*)

*Note: The LDSS or MMCP may request additional information necessary to consider the request*



# Fee-For-Service (FFS) Authorization



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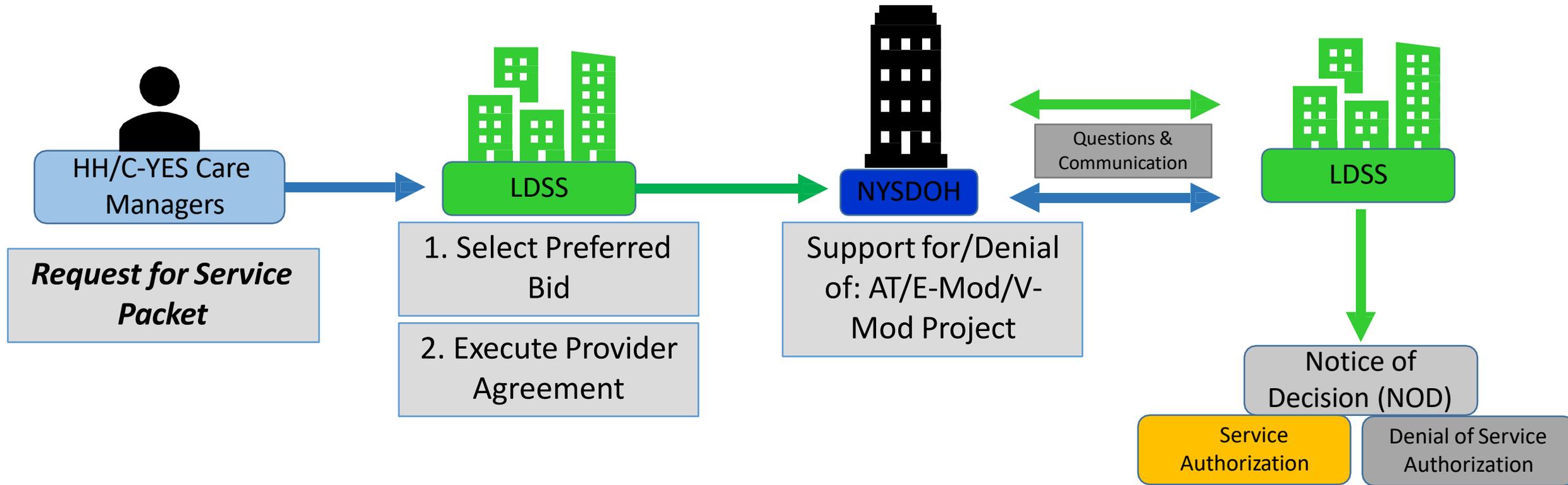
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# Authorization Process FFS



# Authorization Process Request for FFS

- Once the Health Home/C-YES care manager has submitted a complete request for service, the LDSS takes approximately 2 weeks to review and either:
  1. Support the application and submit it for NYSDOH review **OR**
  2. Request additional information from the HH/C-YES care manager
- Health Home/C-YES care managers are encouraged to contact the LDSS regarding the status of a submitted application – in the unlikely event that there is *no* response from the LDSS within the expected time frame HH/C-YES care managers are encouraged to contact NYS DOH after the 2 weeks has lapsed
- Families do have the right to request a Fair Hearing for non-responsiveness



# What the LDSS will send to NYS DOH

Following the Fee-for-Service process, the LDSS will submit all requests for NYSDOH review. The following information needs to be submitted to NYSDOH:

- POC
- Physician's order
- Clinical justification
- Project description identifying the scope of the project and supporting documentation detailing project/product specifications including scope, estimated material and labor costs and other required expenditures (could be a project evaluation)
- Bids, with the recommended bid identified (*Fee-for-Service requests only*)
- Provider agreement from the selected bidder
- Any required documentation that is needed for the modification/service/adaptation/device such as landlord's permission if the home is leased or proof that a used car is less than 5 years old/less than 50,000 miles for a V-Mod (all requirements are included in the *Authorizing Guidelines*)
- Completed *Description and Cost Projection Form*
- Justification for the need to exceed soft service limits, if applicable

**Note:** The Department may request additional documentation and information as needed

***The LDSS will not submit a request to NYSDOH if it does not support the request***



# NYSDOH Receives the Packet

- NYSDOH will acknowledge receipt of the request
- NYSDOH internally tracks all requests
- NYSDOH will review the content of the service request for completeness, accuracy, and cost
- NYSDOH review take approximately one week to complete



# What NYSDOH Provides to the LDSS

- Approval determinations are made based on all information available at the time the service is requested. NYSDOH may request additional documentation and information as needed.
- Upon review of the information provided, the NYSDOH will send a letter of support/denial of the project to the LDSS (MMCP if request for over the allowed limit)
- Upon receipt of the letter of support/denial, the LDSS will issue the Notice of Decision (NOD) to the child/family and the HH/C-YES Care Manager.
  - If the NOD is for approval, the selected provider will be notified and work will begin.

**Note:** All NODs are subject to Fair Hearing when requested, this process is explained to the waiver participant/family via their HH/C-YES Care Manager.



# Notice of Decision (NOD)

- A NOD is a written document that notifies the individual of an action being taken by the LDSS, including an explanation of the reasons for the action.
- Upon making a determination about a request for services and receiving prior approval from NYSDOH to exceed the soft limit, if applicable, the LDSS is responsible for sending a written NOD indicating authorization, denial, or a reduction of the requested service to the individual, legal guardian (if applicable), authorized representative (if applicable), and the individual's HH/C-YES Care Managers.
- NODs denying or reducing services must also include information regarding Fair Hearing rights and how to apply for a Fair Hearing.
- The form used is: *Notice of Decision to Authorize or Deny Assistive Technology, Environmental Modifications, Vehicle Modifications, Community Transitional Services and Moving Assistance.*



# Medicaid Managed Care Plan (MMCP) Authorization



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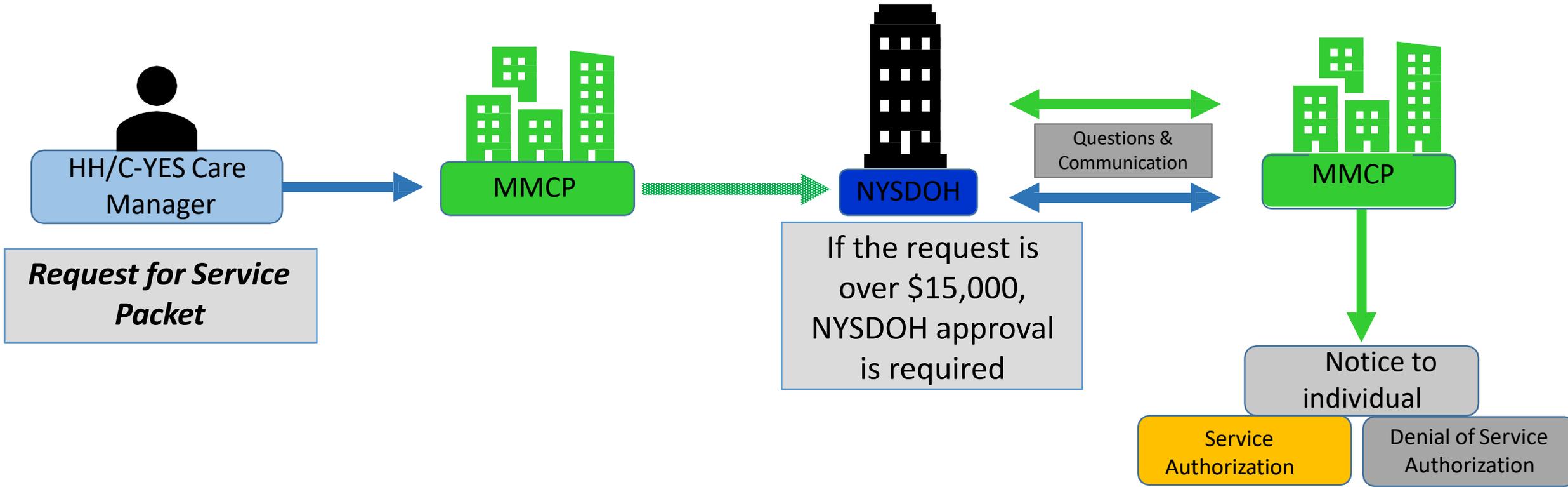
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# Authorization Process MMCP



# Authorization Process Request for MMCP

- MMCPs only need to submit requests for NYSDOH review if the cost of the modification exceeds \$15,000
  - *NYSDOH may delegate this responsibility to the MMCP for their enrollees.*
  - Approval determinations are made based on all information available at the time the service is requested. The MMCP or NYSDOH may request additional documentation and information as needed.
  - Upon review of the information provided, NYSDOH will send a letter of support/denial of the project to the LDSS or MMCP.
- MMCPs will follow notification requirements in the Managed Care Model Contract.
- If the NOD is for approval, the selected provider will be notified and work will begin.
- All NODs are subject to Fair Hearing when requested, this process is explained to the waiver participant/family via their HH/C-YES Care Manager.



# Service Delivery



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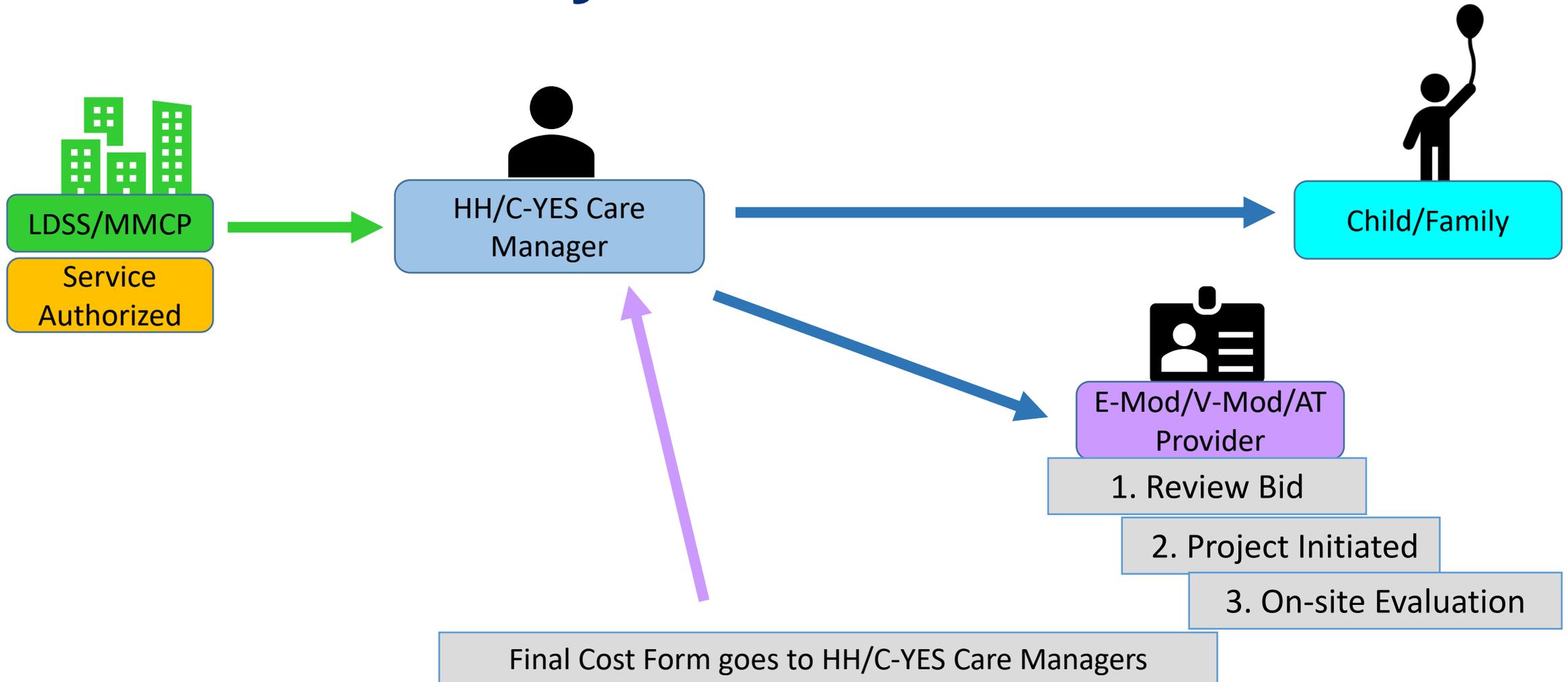
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# Service Delivery FFS and MMCP



# Service Delivery

- The HH/C-YES Care Manager advises the family of the decision and discusses the next step in beginning the project, including the scope of the project and anticipated timelines.
- The HH/C-YES Care Manager works with the family and the selected provider to initiate the project/request, including reviewing the bid and the terms of the project with the provider.
- The provider will be responsible for the coordination of the project and will provide detailed information regarding expenditures, compliance requirements, and project timelines.
- Throughout the process, the HH/C-YES Care Manager will work with the family and ensure their cooperation to allow the provider/workers in the home and to be able to complete the work.
- Additionally, the HH/C-YES Care Manager will ensure that the work is be completed as agreed and that the family is satisfied with the work.



# Completion of the Project

- Upon completion of the services, the HH/C-YES Care Manager will coordinate the final evaluation and complete the *Final Cost Form* and submit it to the LDSS or MMCP.
- The form will include a description of the completed service and the final cost.
  - The LDSS must maintain the form in the child/youth's case file and send a copy to NYSDOH.
  - The MMCP must maintain the form in the child/youth's record.
- The LDSS/MMCP will review the submitted form and validate the completion of the specification of the bid/purchase.
- Once validated, the LDSS/MMCP will notify the provider that they may submit a claim for payment/invoice.
- The HH/C-YES Care Manager will provide feedback to the LDSS/MMCP regarding the work if there are any concerns.



# Payment



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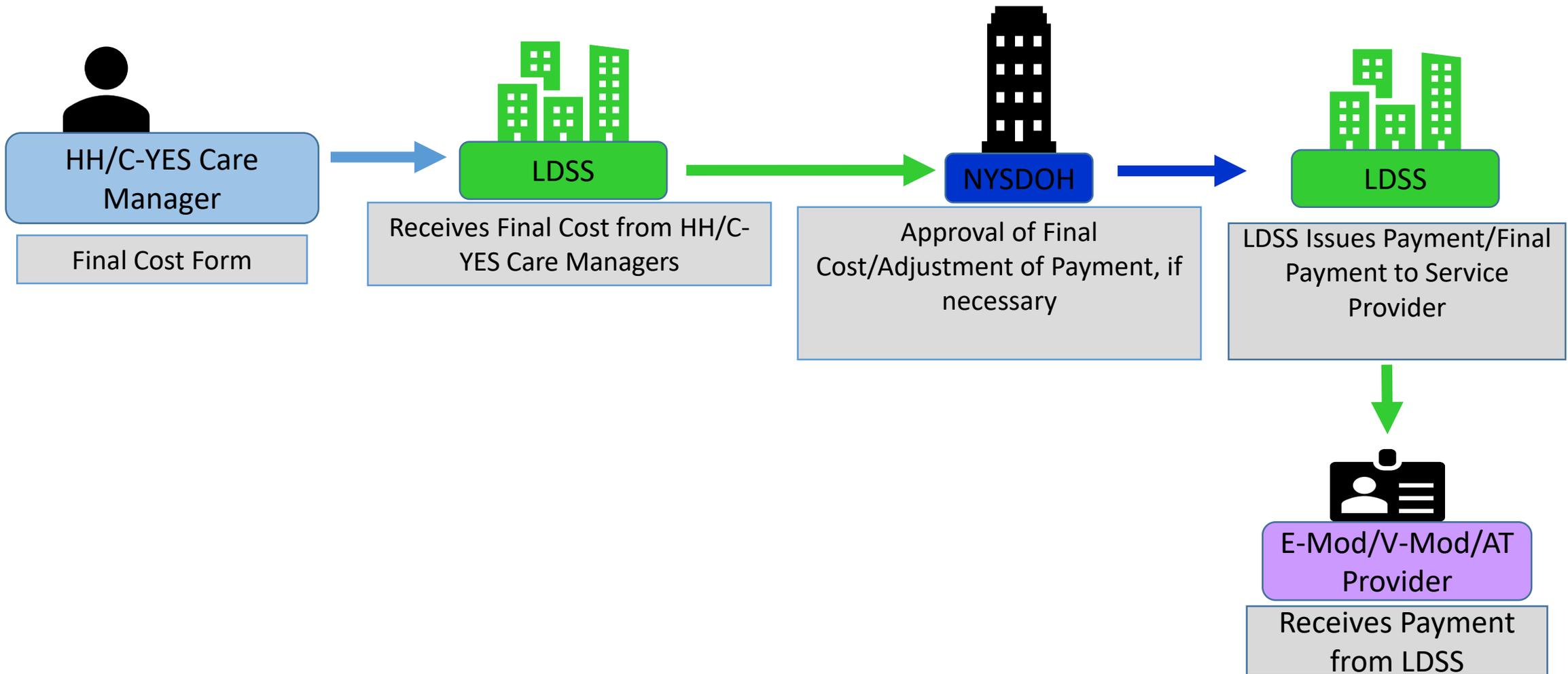
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# Payment *FFS Only*



# FFS: Special Project Fund Advance

- LDSS will be able to request advances to cover the full cost of these projects, including assessments/evaluations, to ensure the efficacy of the modification/purchase.
- Upon approval by NYSDOH, a check will be sent to the County Treasurer from the New York State Office of Temporary and Disability Assistance (OTDA).
- Requests will be processed monthly.
- LDSS may distribute the advances as needed. For example, the LDSS could advance separate payments for assessment/evaluation, initial payment to contractor to cover materials, weekly payments to cover labor, and a final payment after the project passes inspection and the individual/family indicates satisfaction. Alternatively, the LDSS could pass the entire advance to a contracted rehabilitation specialist/general contractor working under a separate provider agreement.



# Special Project Fund Advance, continued

For the Children's Waiver (4/1/19 – 12/31/19), the LDSS can use the Special Voucher Project for upfront distribution of funds.

- The *Description and Cost Projection Form* will be used to request special project fund advances for the AT, E-MOD, or V-MOD. This form contains everything needed to initiate authorization of requested projects/purchases.
- Billing related to these Children's Waiver services must be separately identified and requested with OTDA using the RF-17 claim package for special project claiming, and the Schedule D DSS "Administrative Expenses Allocation and Distribution by Function and Program" (LDSS-2347).
- Further instructions for completing the Schedule D and RF-17 claim package can be found in Chapters 7 and 18, respectively, of the Fiscal Reference Manual (FRM) Volume 3. The FRMs are available online at <http://otda.state.nyenet/bfdm/finance/>.
- The *Final Cost Form* will be used to reconcile advances with total project/purchase costs.



# MMCP Payment

- Upon completion of the modification, the provider must submit a *Final Cost Form* to the MMCP that includes a description of the completed project and the final cost.
- The MMCP will review the *Final Cost Form* and notify the provider that they may submit a claim for payment.
- MMCP pays the contractor/provider directly through contract agreements.





- February 3, 2020  
Kingston, NY



Department  
of Health

Office of  
Mental Health

Office of Addiction  
Services and Supports

Office of Children  
and Family Services

Office for People With  
Developmental Disabilities

# Resources



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# Where to find the forms

## 1915(c) Waiver

**Environmental Modifications (EMOD), Vehicle Modifications (VMOD), Adaptive and Assistive Technology (AT) and Non-medical transportation (NMT)**

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/11\\_15\\_waiver\\_amend.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/11_15_waiver_amend.htm)



# How to Send Request for Service Packets to NYSDOH

Requests for services, including associated documents, should be sent to NYSDOH using one of the secure options below:

Mail	Fax	Health Commerce System (HCS)
<p>Attn: CFCO-Children’s Approval Unit                      NYS DOH/OHIP                      Division of Long Term Care                      One Commerce Plaza, 16<sup>th</sup> Floor                      99 Washington Avenue                      Albany NY, 12210</p>	<p>1-518-408-6045</p>	<p><a href="mailto:CFCO-ChildrenPriorApproval@health.ny.gov">CFCO-ChildrenPriorApproval@health.ny.gov</a></p>



# Health Commerce System (HCS) Enrollment Process

- HCS enrollment for electronic submission
  - Paperless HCS user account
  - Go to <https://commerce.health.state.ny.us>
  - Click **Create an HCS Account**
  - Click **No** for I am **not** a medical professional
  - Click **Register** for an account
  - Fill out all required information and print your confirmation
  - See your HCS Coordinator with your account registration completion email printout and your Photo ID. S/he will finalize your registration.



# Resources and Information

List of NYS Health Homes by 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)

C-YES

Contact info: 1-833-333-CYES (1-833-333-2937); TTY: 1-888-329-1541

<https://nymedicaidchoice.com/information-care-management-agencies>

Children's Behavioral Health Transition to Managed Care

[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)



# Email Resources

**Please specify if kids system/managed care specific in subject line:**

DOH Transition Mailbox

[BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov)

OR

[1-518-473-5569](tel:1-518-473-5569)



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