Home and Community Based Services (HCBS) Level of Care (LOC) Eligibility Determination – Part 2

For the DDROs and Care Managers/C-YES
Today’s Purpose

The New Children’s Waiver began April 1, 2019 and the new HCBS/LOC Eligibility Determination available within the Uniform Assessment System (UAS)

The purpose of today’s webinar is to specifically outline the role and responsibilities of the Health Home Care Manager (HHCM), Children and Youth Evaluation Services (C-YES) Care Manager, and the OPWDD DDRO Children’s Liaisons regarding the two Target Population of:

• Developmental Disability and Medically Fragile Population
• Developmental Disability and Foster Care

It is essential that the HHCM/C-YES understand what is necessary to assist their members in meeting eligibility through the collaboration with OPWDD DDRO Children’s Liaisons. Clear communication and collaboration is necessary for swift and easy access to HCBS eligibility.
Level of Care Terminology

Clarification on language regarding Levels of Care

**ICF-I/ID LCED**: Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities Level of Care Eligibility Determination form. This form is used for the initial determination and annual redetermination that an individual meets the ICF Level of Care.

**HCBS LOC**  Home and Community Based Services – Level of Care. This is within the UAS for HCBS services in the Children’s Waiver. Various Target Populations must meet varying Levels of Care to meet criteria for Children’s Waiver eligibility.

**Previous OPWDD CAH Level of Care (LOC)**: In the former OPWDD Care At Home Waiver, the OPWDD CAH Level of Care form designated both the Developmental Disability & Medically Fragile components. It was commonly referred to as a CAH child’s “Level of Care” (LOC).

CL stands for OPWDD DDROs/Children’s Liaisons
HCBS Eligibility Determination Criteria

The new HCBS Level of Care (LOC) Eligibility Determination criteria for the Children’s Waiver:

- The LOC HCBS Eligibility Determination criteria replaces criteria and tools used under the six 1915(c) waivers
- HCBS purpose:
  1. Enable children to remain at home, and/or in the community, thus decreasing institutional placement
  2. To safely return a child from a higher level of care, back to the community with services to maintain them at home and/or in the community
  3. Expand service options currently available to children and adolescents for better outcomes

Please note: Not all children on Medicaid nor in Health Home will need HCBS
HCBS Eligibility – Target Population

Each Target Population has specific outlined diagnoses, conditions and or requirements that must be obtained and documented within the individual’s case record prior to being able to move forward with the HCBS Eligibility Determination.

**LOC HCBS Eligibility Criteria**

**Under Age 21 – Target Population Criteria**

- Serious Emotional Disturbance (SED)
- Medically Fragile Children (MFC)
- Developmental Disability (DD) and Medically Fragile  **(DDRO Only)**
- Developmental Disability (DD) and in Foster Care  **(DDRO Only)**
Alternative for DD and MFC Target Population

For Children who are Medically Fragile with a potential DD diagnosis which has not yet been determined by the Office for People With Developmental Disabilities (OPWDD), the HHCM/C-YES are encouraged to access the Medically Fragile Target Population for HCBS/LOC eligibility determination in the UAS

- This will ensure a more timely HCBS/LOC determination and access to services

**MFC HCBS/LOC Determination Outcomes:**

- If the child is not found eligible for the Children’s Waiver MFC HCBS/LOC but may potentially have a DD condition, then the child should be referred to OPWDD for the ICF-I/ID Level of Care Eligibility Determination for the OPWDD Comprehensive Waiver.

- If the child is found eligible for the Children’s Waiver MFC HCBS/LOC, then to ensure the child has the choice to access State plan clinic services as well as HCBS services provided under the OPWDD Comprehensive HCBS Waiver once the child ages out of the Children’s Waiver, the child should also subsequently seek OPWDD ICF-I/ID Level of Care Eligibility Determination.
  - As part of providing care management and planning transition care, Health Home Care Managers/C-YES must ensure this referral and determination is made for its MFC DD children well before the child’s 21st birthday.
Best Practice: Establish and Maintain ICF-I/ID Eligibility

Former OPWDD CAH Children and new enrollees with a DD diagnosis/conditions are not required to establish or maintain the ICF-I/ID LCED to continue Children’s Waiver enrollment using the MF target group. However, there are reasons why the ICF-I/ID LCED should be established/maintained:

• If the child/family decides to transfer to the OPWDD Comprehensive Waiver at any point, the documentation needs to be up to date (maintained yearly to stay active)
• If the child is aging out of the Children’s Waiver, the documentation is up to date to appropriately transition to the OPWDD Comprehensive Waiver.
• Accessing OPWDD Article 16 Clinic services (OT, PT, etc.)
• If ICF-I/ID LCED lapses (not performed annually), then the child needs to start LCED eligibility process again from the beginning.
Eligibility Process Flow for Children’s Waiver

Instructions for the DDROs and HHCM/C-YES DD/MF and DD/Foster Care Target Populations
Process for Children’s Waiver Redeterminations

The following “process flows” are described in greater detail in the June 2019 “Draft Manual.” Please have it available for reference and for additional detail during the presentation.
Redeterminations – Medically Fragile (pg.2)

- Children who already have an established ICF-I/ID Level of Care Eligibility.
- This includes children who transitioned from the OPWDD CAH Waiver.
- HHCM/C-YES continues to work with family on Plan of Care during this process.

HHCM/C-YES Steps

- Completes MF LOC in UAS & Follows MF process outcomes
- OPWDD ICF-I/ID LCED is desired, HHCM/C-YES collects required documentation
- HHCM/C-YES submits docs to Children’s Liaison (CL) (described on slide 11)
- CL reviews docs and advises HHCM/C-YES if additional info is needed
- If child is found ICF-I/ID eligible, CL signs ICF-I/ID LCED and emails docs to the HHCM/C-YES
- If child no longer meets ICF-I/ID LCED eligibility, CL sends letter to HHCM with a copy to child/family.
Documentation Requirements for Annual Redeterminations of ICF-I/ID Level of Care Eligibility (pg. 10)

- 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.
  - The Children’s Waiver Transmittal Form meets this statement/attestation requirement from the Care Manager.

  - Additional documentation, if needed, may be requested by the DDRO
  - All communication and sharing of records is through the HCS Secure File Transfer
Redeterminations – Children in Foster Care with a Developmental Disability (pg.3-4)

• This includes children who transitioned from the Office of Children and Families (OCFS) Bridges 2 Health (B2H) Developmental Disabilities Waiver.

HHCM/C-YES Steps

HHCM/C-YES will work with VFCA or LDSS to gather the required docs (see slide 11) and submit to CL

OPWDD/DDRO CL Steps

CL reviews docs and advises HHCM/C-YES if additional info is needed

CL enters UAS/CANS and completes the HCBS LOC (details on slide 13)

Both CL & HHCM/C-YES

If child is found HCBS and ICF-I/ID eligible for the Children’s Waiver, the CL sends LCED to HHCM/C-YES with copies to ACS (if in NYC) & VFCA

If child is not found ICF-I/ID LCED eligible, CL sends notification to HHCM/C-YES. With copies to ACS (if in NYC) & VFCA

HHCM/C-YES

HCM/C-YES sends NOD to child/authorized parties.
DDRO Children’s Liaisons (CLs):
In UAS:
Go into **Target Population**.
Choose if child/youth meets DD Foster Care Target Population.

**Risk Factors:** Choose 1 of the following.
1. Child is currently in Foster Care or
2. Child was originally in Foster Care when they received HCBS Waiver Services.

**Functional Criteria** – Choose whether the child/youth meets ICF-I/ID LCED
If YES the child/youth has HCBS LOC for the Children’s Waiver
Process for Children’s Waiver Newly Enrolling Children
Accessing Children’s HCBS is not a linear process

- There are multiple paths to services and different roles for each entity based on the situation and Target Population.

- Children new to services can access services through multiple doors

- The goal is that all “Doors” are the right “Door”
Potentially Medically Fragile with a Developmental Disability – New Child; Has Medicaid (pg.5-6)

- These are new children. This process includes children who have Medicaid and are potentially Medically Fragile and are suspected to have a Developmental Disability.

OPWDD/DDRO CL Steps

- OPWDD Front Door conducts a triage and refers to Children’s Liaison if appears to be DD/MF
- CL offers the child/family options for services (Children’s Waiver vs. OPWDD Comp. Waiver)
- CL will refer to OPWDD Front Door for OPWDD Comp. Waiver or to HHCM/C-YES for Children’s Waiver

HHCM/C-YES Steps

- If choice is Children’s Waiver, the HHCM/C-YES will conduct the HCBS LOC MF in the UAS
- If child is found to be HCBS LOC eligible, then HHCM/C-YES will work with child/family re: POC
- If child/family is interested in obtaining ICF-I/DD Eligibility, HHCM/C-YES will submit Children’s Waiver Transmittal Form with required docs to CL.
- If child is not found to be HCBS LOC MF eligible, but is suspected to have a DD diagnosis, HHCM/C-YES will email Transmittal Form to CL for referral to the OPWDD Comp Waiver.
**Potentially Medically Fragile with a Developmental Disability – New Child; Does not Have Medicaid (pg.7-8)**

- These are new children. This process includes children who do not have Medicaid established yet and are potentially Medically Fragile and are suspected to have a Developmental Disability.

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<tr>
<th>OPWDD/DDRO Children’s Liaison Steps</th>
<th>HHCM/C-YES Steps</th>
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<tr>
<td><strong>OPWDD Front Door</strong> conducts a triage and refers to Children’s Liaison if appears to be DD/MF</td>
<td><strong>C-YES will conduct the HCBS LOC MF Target Pop. If found eligible, C-YES will assist child/family with their Medicaid packet</strong></td>
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<td>CL offers the child/family options for services (Children’s Waiver vs. OPWDD Comp Waiver). Family makes choice of waiver</td>
<td>Once child has Medicaid, family chooses C-YES or HHCM for Care Management. Works with child/family re: POC.</td>
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<td><strong>With Family’s Verbal consent, CL refers to C-YES for HCBS-LOC/Medicaid</strong></td>
<td><strong>If Family wants ICF-I/ID Eligibility Determination as well, HHCM/C-YES will submit Children’s Waiver Transmittal Form with required docs to CL.</strong></td>
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<td><strong>OPWDD/DDRO Children’s Liaison Steps</strong></td>
<td><strong>If child is not found to be HCBS LOC MF eligible, but is suspected to have a DD, HHCM/C-YES will email CL for referral to the OPWDD Comp Waiver.</strong></td>
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These are new children. This process includes children who are in Foster Care system and are suspected to have a Developmental Disability.

All children in Foster Care already have Medicaid established and are in or must be referred to a Health Home to receive the Children’s Wavier.

- CL reviews docs and requests additional information if needed. ICF-I/ID eligibility determination is made if appropriate.
- If child is determined ICF-I/ID eligible, the CL works with the HHCM/C-YES to secure physician signature for LCED.
- CL will complete the DD Foster Care Target Population in the UAS (see slide 13) & send Letter & completed ICF-I/ID LCED to HHCM/C-YES With copies to ACS (if in NYC) & VFCA
- HHCM/C-YES will contact capacity management for slot and inform (appropriate NOD) family/authorized rep. HHCM/C-YES works with child/family on POC.
Documentation Requirements for Initial ICF-I/ID Level of Care Eligibility Determination (pg.10)

• General medical report completed within the past 365 days

• Copy of child’s Plan of Care (POC), social/developmental history, psychosocial report or other report that provides information on 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:


- **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.
### Region 1: Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates, Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans

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### Region 2: Broome, Chenango, Delaware, Otsego, Tioga, Tompkins, Cayuga, Cortland, Onondaga, Oswego, Herkimer, Lewis, Madison, Oneida, Clinton, Essex, Franklin, Hamilton, Jefferson, St. Lawrence

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### Region 4: Queens, Kings, New York, Bronx, Richmond

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### Region 5: Nassau, Suffolk

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Tips- Using the HCS

All Health Home Care Managers MUST have an HCS account and download Secure File Transfer program to ensure communication with the DDROs and Capacity Management

1. You must have an HCS account.

2. You must register yourself in the HCS system.

3. Use the Quick Reference Guide for how to use secure File transfer 2.0

4. Secure messages as well as attachments can be sent to/from the DDROs Mailbox accounts by region

Secure File Transfer 2.0 Quick Reference Guide (PDF)
Secure File Transfer 2.0 Frequently Asked Questions (PDF)
Referral Form Instructions
The Children and Youth Evaluation Service (C-YES) accepts referrals from individuals and providers including a parent, wider family member, doctor, therapist, school guidance counselor, CBOs and others:

• **Individuals and families** should call C-YES so that we can send you a Referral Form and a pre-paid return envelope in the mail right away! You can mail back the form in the envelope at no cost to you. Call C-YES at 1-833-333-CYES (1-833-333-2937). TTY: 1-888-329-1541

• **Providers and Organizations** with secure email protocols can download the Referral Form below. Return the form to: CYESREFERRAL@MAXIMUS.COM. Be sure to include the child/youth's name and contact information!

  C-YES Referral Form

Updates, Resources, Training Schedule and Questions

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

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

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

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

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

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

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