

Guide to HCBS Manual Updates found in VERSION 2020-2

Update Made	Updated Text	Page
Removed reference to 'Provider' Manual'	Children's Home and Community Based Services Manual	Title Page
Clarified that the manual is a reference tool for multiple parties	Inserted text (in bold) <i>This manual defines the specific composition of each service while outlining provider roles and responsibilities and is a reference tool for Health Homes, Health Home Care Managers, HCBS Providers, Medicaid Managed Care Plans (MMCPs), and the State's Independent Entity for care management and/or determination of Medicaid eligibility, the Children and Youth Evaluation Services (C-YES for care management and/or assist with the determination of Medicaid eligibility).</i>	4
Distinguished between physical health and behavioral health	Inserted text (in bold) <i>Services are individualized to meet the physical health, developmental, and behavioral health needs of each child or youth.</i>	5
Added link to provider requirements from the Requirements for Service Providers Delivering Child and Family Treatment and Supports Services (CFTSS) and Home and Community Based Services (HCBS) and Working Collaboratively with Providers document		6
Referenced Health Home Standards and Requirements policy	Inserted the following text: <i>Health Homes are also designated by NYS and must adhere to the Health Home Standards and Requirements, located at</i>	6
Added information regarding Medicaid enrollment	Inserted the following text: Each provider delivering these services must be enrolled as a Medicaid provider with an active provider identification number. A list of provider types and the application can be found on the eMedNY website; questions can also be directed to the eMedNY Call Center at 1-800-343-9000. Additional information for designated HCBS providers can be found in the March 8, 2019 State Memo Medicaid	6

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	<p><i>Provider Enrollment for Individual Practitioners and Designated Agencies,</i> located at</p>	
<p>Included additional information on required background checks and links to applicable HHSC and HCBS provider policies</p>	<p>Inserted the following text: <i>The 2018-2019 Enacted Budget includes statutory requirements (Chapter 57 Laws of 2018) related to criminal history record checks, mandated reporter requirements, Statewide Central Register Database checks, and Staff Exclusion List checks for Health Home Care Managers and children’s HCBS providers. The statute requires that Health Homes and Care Management Agencies that provide care management to enrollees under age 21 and HCBS providers authorized under the 1915(c) Children’s Waiver to conduct the following on prospective employees:</i></p> <ul style="list-style-type: none"> • <i>Criminal History Record Checks (CHRC), including finger printing through NYS Department of Health.</i> • <i>Statewide Central Register (SCR) Database Checks through the Office of Children and Family Services,</i> • <i>Staff Exclusion List (SEL) checks through the NYS Justice Center for the Protection of People with Special Needs</i> <p><i>Such providers must also be mandated reporters.</i></p> <p><i>Verification of compliance with these requirements is an element of the DOH surveillance process. At the time of surveillance, DOH surveyors utilize a standardized tool to evaluate compliance with the criminal history background record check requirements. If a provider is found out of compliance, a statement of deficiency(ies) is issued, and the provider will be required provide a plan of correction.</i></p>	<p>6-7</p>

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	<i>Additional information for Health Homes/CMAs can be found in the Health Homes Serving Children (HHSC) Background Check Requirements for Health Homes and Care Managers policy (HH0010), located at: link</i>	
Clarified that services are available to eligible children/youth	Inserted the following text (in bold): <i>The services described in this document are accessible to eligible children/youth once a Plan of Care (POC) is in place.</i>	8
Referenced POC Workflow policy	Inserted link for HCBS Workflow Policy	8
Referenced Appendix J	Included reference to Appendix J for further information regarding the impact of Family of One budgeting and Spenddown on HCBS eligibility and care management	9
Referenced <i>Health Home Notices of Determination and Fair Hearing Process</i> for further information and	Inserted the link to the <i>Health Home Notices of Determination and Fair Hearing Process</i> document	9
Clarified that providers should be informed of Fair Hearing and NOD processes in addition to care managers	Inserted and providers where applicable	10
Clarified that C-YES needs to review the NOD with the child/family, where applicable	Inserted " C-YES " in 'Note' section	10
Clarified that HH/C-YES will send the NOD	Inserted " HH/C-YES " where applicable	10
Updated naming convention for Notice of Decision	Changed " <i>Notice of Determination</i> " to " <i>Notice of Decision</i> "	10
Clarified that the enrollment segment is pended in the MAPP system for restricted settings	Inserted the following text (in bold): <i>If the Waiver child/youth is also enrolled in the Health Home program while entering an HCBS restricted setting, the Health Home Care Manager would "pend" the enrollment segment in the MAPP tracking system and follow the Health Home Continuity of Care and Re-engagement for Enrolled Health Home Members # HH0006 policy</i>	12
Included reference to Appendix K	Inserted reference to Appendix K: <i>Please also refer to Appendix K for guidance related to referring for HCBS while a child/youth is in a restricted setting</i>	12

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	<p><i>such as a Residential Treatment Facility (RTF) or OMH State-operated Psychiatric Centers Serving Children (State PC). Health Home Care Managers should also refer to the Health Home Care Management Activities and Billing Protocols for Managing Newly Referred Individuals from Excluding Settings #HH0011 policy</i></p>	
<p>Clarified that the MMCP is responsible for updating the POC every 6 months for children/youth working with C-YES</p>	<p>Inserted the following text (in bold): <i>For children/youth who opt-out of Health Home and are enrolled with a MMCP, once C-YES establishes HCBS/LOC eligibility and the HCBS POC, the MMCP updates the POC every six months and as needed through a person-centered planning process.</i></p>	<p>13</p>
<p>Clarified care management and provider responsibilities in the POC development process</p>	<p>Inserted the following text (in bold): <i>Contact by the care management entity with HCBS providers must occur at minimum once (unless otherwise outlined) during the service duration timeframe to ensure that appointment times and scheduling accommodates the family’s schedule and ability to attend. Additionally, this contact occurs to verify that the service(s) is meeting the identified need and progressing towards established identified goals. The HCBS provider(s) need to be an active member in the family’s care team and person-centered POC development, monitoring, and planning. HCBS providers should attend meetings that discuss the POC, communicate with care managers regarding the child/youth’s progress toward goals and/or any changes in status/significant life events, and be aware of care management requirements to facilitate an effective conversation with the child/youth.</i></p> <p><i>The HHCM/C-YES will recommend services that can support the child/youth in reaching their defined goals and addressing identified needs. Each HCBS that the child/youth receives must be listed in their POC with a defined goal. HCBS</i></p>	<p>14, 15, 16</p>

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	<p><i>providers must refer to the POC during service delivery to ensure that the services provided are in alignment with the POC. HCBS providers will also play a role in providing information to care managers regarding progress toward goals that will be used in updating the POC.</i></p> <p><i>At the time of the initial development of the POC, the POC must identify the need(s) of the child/family, the chosen HCBS, and goal/outcome to be attained. The POC must be reviewed with the child/family, signed by the child/family, and copies given to the child/family and, with informed consent, to the involved multi-disciplinary team providers upon request. HCBS providers should have a role in POC development prior to POC finalization.</i></p> <p><i>When adding identified needs and services to a POC (initial and/or updated), it is not necessary to immediately identify the specific providers; providers should be specified once it is assured the HCBS provider identified and chosen has availability to accept the referral. Additionally, forms have been developed, as indicated in this manual, to facilitate updating and sharing the POC. This process will also ensure that the HHCM/C-YES are compliant with the child/family-specific Protected Health Information (PHI) requests regarding the sharing of the POC with various providers. HCBS providers must also follow requirements to protect PHI.</i></p>	
Clarified care manager responsibility with the HCBS Service Plan	Inserted the following text: <i>The HHCM/C-YES will coordinate multiple HCBS Service Plans within the POC.</i>	16
Moved HCBS Plan of Care Workflow to Appendix G	Summarized the HCBS Plan of Care Workflow and moved the full process to Appendix G	18-19
Clarified providers' role in Freedom of Choice	Inserted the following text: <i>Although care managers are responsible for providing information regarding</i>	20

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	<i>Freedom of Choice, HCBS providers should understand the family’s right to the choice of services and be able to engage in discussions on this topic as appropriate.</i>	
Added information regarding the Fair Hearing process	Inserted the following text: <i>If a child/youth and/or family does not agree with the decision indicated on the <u>Notice of Decision</u> form, they have a right to a conference and/or Fair Hearing. Upon receiving a copy of a NOD from the Health Home, the member has 60 days to request a Fair Hearing if they disagree with the determination as stated on the NOD. Decisions regarding Medicaid eligibility and the provision of waiver services (e.g. denial/reduction of services; child/youth was not offered choice of services) can be addressed through the Fair Hearing process.</i>	20
Included additional information regarding Incident Reporting	Inserted the following text: <i>Health Homes/CMAs must immediately review the facts and circumstances of the reported incident and complete the NYS HH Incident Report Form within 24 hours of notification. Care managers and providers should refer to Health Home Monitoring: Reportable Incidents Policies and Procedures for further information.</i>	21
Added the role of MMCPs in the grievances and complaints process	Inserted the following text: <i>MMCPs should refer to requirements for addressing and reporting grievances and complaints as outlined in the Model Contracts and 1915(c).</i>	21
Referenced <i>Conflict Free Case Management Policy</i>	Included link to <i>Conflict Free Case Management Policy</i>	21
Clarified permissible community sites for the provision of Respite services	Inserted the following text (in bold): <i>Respite services may be delivered in a home or residence by qualified practitioners, out-of-home/residence by staff in community-based sites (e.g. community centers, camps, parks), or in allowable facilities.</i>	34
Included updated guidance regarding the use of student interns for Palliative Care –	Included the following text under Individual Staff/Agency Qualifications: <i>Student interns practicing within the scope of the New York State Education law and</i>	50-51, 56

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Expressive Therapy, Palliative Care – Bereavement Service	<i>supervised by a licensed practitioner in that profession can deliver HCBS. Student interns and limited permittees can treat Medicaid enrollees under the supervision of a licensed practitioners in that profession who must be enrolled as a Medicaid provider.</i>	
Included Licensed Creative Arts Therapist (LCAT) as practitioner type for Palliative Care – Bereavement Service		56
Moved Non-Medical Transportation, E/V Mod, and AT to the end of the service section so that all the ‘designated’ services are listed together		60-72
Updated ‘Service Components’ for Adaptive and Assistive Equipment	Removed simian aides from list of service components; referenced Appendix N for additional guidance regarding service dogs	60
Referenced <i>Environmental Modifications, Vehicle Modifications, and Adaptive and Assistive Technology Webinar</i>		65, 68
Removed reference to Youth Peer Supports and Crisis Intervention	Please reference the CFTSS Manual [link] for information regarding these services	
Reorganized Appendix to group together similar appendices	<ul style="list-style-type: none"> - <i>Prior/Concurrent Authorization Grid</i> moved from Appendix C to Appendix E - <i>Community Habilitation Guidelines</i> moved from Appendix E to Appendix H - <i>Training Grid</i> moved from Appendix F to Appendix I - <i>Table of Responsibilities for HCBS Workflow</i> moved from Appendix G to Appendix F - <i>Person-Centered Service Planning Guidance</i> moved from Appendix H to Appendix C 	Appendix
Appendix A: Included definition for Health Homes Serving Children (HHSC)	Included the following definition: <i>A State-designated program that provides comprehensive care management, care coordination and health promotion, comprehensive transitional care, patient and family support, referral to community</i>	73

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	<p><i>supports, and the use of Health Information Technology (HIT) to link services for children/youth who meet Health Home eligibility criteria (i.e. 1) must be enrolled in Medicaid; 2) must have two or more chronic conditions or one single qualifying chronic condition of HIV/AIDS, Serious Mental Illness, Serious Emotional Disturbance, or Complex Trauma).</i></p>	
<p>Appendix A: Updated definition for Licensed Occupational Therapist</p>	<p>Included the following definition (updates in bold):</p> <p><i>An individual who is licensed and currently registered as an Occupational Therapist by the New York State Education Department that assists people across the lifespan to do the things they want and need to do through the therapeutic use of daily activities (occupations). Common occupational therapy interventions include helping children with disabilities to participate fully in school and social situations, helping people recovering from injury to regain skills, and provide customized interventions to improve the person’s ability to perform daily activities and reach their goals.</i></p>	<p>74</p>
<p>Appendix C: Person-Centered Planning Guidance</p>	<p>Replaced full guidance document with summary and link to the full guidance</p>	<p>81</p>
<p>Appendix E: Updated ‘Additional Guidance’ for Environmental Modifications, Vehicle Modifications, and Adaptive and Assistive Equipment</p>	<p>Inserted the following text for each service:</p> <p><i>\$15,000 annual calendar year limit; addressed in separate guidance</i></p>	<p>83-84</p>
<p>Appendix E: Updated ‘Additional Guidance’ for Palliative Care (Bereavement, Pain and Symptom Management, Expressive Therapy, Massage Therapy)</p>	<p>Inserted the following text:</p> <p><i>Palliative care benefits may not duplicate Hospice or other State Plan benefits accessible to participants. All children/youth must meet LOC criteria. Expressive therapy limited to the lesser of four appointments per month or 48 units per calendar year. Massage therapy limited to no more than 12 appointments per calendar year. Bereavement Limited to the lesser of five appointments per month or 60 hours per calendar year.</i></p>	<p>84</p>

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	<i>Limits can be exceeded when medically necessary.</i>	
Created Appendix G: <i>HCBS Plan of Care Workflow</i>		86-96
Created Appendix J: Medicaid Eligibility Guidance	Inserted guidance from the following documents: <ul style="list-style-type: none"> - <u>Medicaid Eligibility Status Impact on HCBS Eligible Children</u> - <u>Process for Renewing and Establishing Medicaid for Children’s Waiver Participants</u> - <u>Medicaid Excess/Surplus Income (Spenddown) Program Guidance for Children’s Care Management and Home and Community Based Services (HCBS)</u> 	101-110
Created Appendix K: LOC Eligibility	<ul style="list-style-type: none"> - <u>Care Management Requirements for HCBS Eligible Children</u> - <u>Requirements Regarding the Children’s Waiver Home and Community Based Services (HCBS) Participants Placed in a Restricted Setting</u> - <u>HCBS Determination for Children Discharging from OMH Residential Treatment Facility or Psychiatric Center</u> 	111-120
Created Appendix L: Health Home Serving Children Policy Information	Removed <i>Health Home Plan of Care Policy</i> and <i>Health Home Incident Reporting Policy</i> ; included all relevant Health Home policies in a chart with a description of each policy and links	121-122
Created Appendix M: Billing and Claiming Resources		123
Created Appendix N: Service Animal Guidance		124-127