



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

Health & Safety Planning Requirements for the Children's Waiver

For Health Home Care Managers (HHCM),
Children and Youth Evaluation Services (C-YES) &
Children's Home Community Based Services (HCBS) Providers



















Agenda

- ✓ Health & Safety Planning Overview
- ✓ Determining Risk
- ✓ Health & Safety Elements of the HCBS Plan of Care
- ✓ Health & Safety Elements of the HCBS Service Plan
- ✓ Ongoing Risk Monitoring
- ✓ Safety Planning Examples
- ✓ Appendix



Upcoming HCBS Children’s Waiver Webinars

 Completed Webinars

HCBS Overview	LOC/ Eligibility Determination	Waiver Enrollment Activities	Plan of Care & Service Delivery	Waiver Operations	Maintaining Waiver Enrollment	Transfer / Disenroll
 <u>Understanding Medicaid</u>	 <u>Critical Incident Reporting, Grievances and Complaints</u>	 <u>Participant Rights and Choice</u>	 <u>Plan of Care/Person-Centered Planning Requirements</u>	 <u>IRAMS User Intro for HHCM/CMA's</u>	 <u>Initiating and Maintaining OPWDD ICF/IID LCED</u>	 <u>Waiver Enrollment and Disenrollment</u>
HCBS Provider Requirements for Designation	 <u>C-YES – the Role of the Independent Entity</u>	 <u>Conflict Free Care Management</u>	Service Delivery Requirements and Definitions	 <u>IRAMS User Intro for HCBS Providers/C-YES</u>		 <u>Transfer Process Between the Children’s and OPWDD Waiver</u>
 <u>Medicaid and the Children’s Waiver</u>	 <u>HCBS LCED Process</u>	 <u>C-YES and HH/C-YES Transfer Policy</u>	Health and Safety Planning	 <u>Modifications (E/V) and Assistive Technology Updated Process for HHCM/C-YES</u>		
	 <u>Collaboration between OPWDD and Children’s Waiver for Eligibility</u>	 <u>Capacity Management and Verification of Enrollment by RE: K Code</u>		 <u>Modifications (E/V) and Assistive Technology Updated Process for LDSS</u>		

Required for Both
Optional for Both
Required for only HCBS Providers
Required for only Health Home Care Managers

To see **both** the recordings and PDFs of the completed webinars, refer to this link:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/care_management.htm

Health & Safety Planning Overview

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Health & Safety Plan Overview

- Since the inception of the Health Home Serving Children’s program, there has been a required 10 elements of the Plan of Care – one of these elements:
 - The child/youth’s Emergency Contact and disaster plan for fire, **health, safety issues**, natural disaster, and other public emergency.
- The 1915(c) Children’s Waiver also requires a **Health and Safety Plan** as a component of the child/youth’s **Plan of Care** (POC) maintained by their care manager **and** as a component of each individual **Service Plan** (maintained by their service provider(s)).
- It is essential that **Health and Safety** are specifically addressed and monitored on a regular basis. This is particularly important if the child/youth is eligible for HCBS and enrolled in the Children’s Waiver
 - ❖ Has Health Home Comprehensive Care Management **only** as their HCBS due to not currently needing an HCBS and have “*Family of One Medicaid*”
 - OR
 - ❖ Are not currently receiving HCBS due to the lack of access or capacity



Health & Safety Plan Elements

- Health and Safety Plans identify potential risks **and** determine strategies for the child/youth to stay safe and mitigate the risk of future harm.
- Process should include:
 - Planning for a future crisis
 - Considering the child/youth's options should a crisis occur
 - Empowering the child/youth to make decisions that ensure their health and safety

Person-Centered Planning

- As with the POC and the Service Plan, the Health and Safety Plan should be based on the principles of person-centered planning and be driven by the child/youth/family.
- For more information on the POC development and person-centered planning requirements, refer to the [Plan of Care & Person-Centered Planning Requirements Webinar](#) and the [Person-Centered Service Planning Guidelines](#).

Determining Risk

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Risk Assessment

- Health and safety concerns are identified continuously during interaction with the child/youth and their family and documented throughout the case record including but not limited to:
 - CANS-NY Assessment
 - HCBS Level of Care (LOC) Determination
 - Comprehensive Assessment
 - Provider/Progress Notes
 - Case Management Notes
- **Collaboration** with the school, health and behavioral professionals, and other involved providers/program staff along with the child/youth/family to conduct a risk assessment is essential. Risk Assessments must be conducted by the **care manager** during the initial Comprehensive Assessment and each subsequent reassessment.
 - The Comprehensive Assessment is a screening tool that evaluates risks and behaviors that may jeopardize the child/youth's overall health and wellbeing
- **HCBS Providers** should conduct a risk assessment as part of the service intake and/or Service Plan development process to ensure risks are identified and appropriately addressed during service delivery.
- Risk assessments must be updated if there is a significant change in the child/youth's functional, clinical status, or support network, and/or when new stressors are presented that could potentially impact the child/youth's risk.

Each time a **health and safety concern** is identified, an action is needed by the care manager and/or service provider.



Risk Assessment

Areas for evaluation include, but are not limited to:

- fire safety and evacuation
- chronic medical conditions and allergies
- special dietary needs
- medication management
- level of supervision required at home and in the community
- ability to manage finances
- ability to give consent
- ability to travel independently
- level of safety awareness
- bathing safety
- mobility
- behaviors that present harm to self or others
- natural disaster preparation



Determining Risk

- Safeguards and positive interventions for the child/youth's health and safety must be developed based on their strengths and needs.
 - **Collaboration** with the school, health and behavioral professionals, and other involved providers/program staff, etc., should occur so there is not a duplication of safety planning nor confusion for the child/youth/family
 - Screenings and risk assessments can be conducted by other involved professionals specific to their area of speciality
- Once the child/youth's risk assessment is completed, it can be used to inform the Health and Safety Plan portion of their POC by incorporating areas of risk, the positive interventions, and the safeguards used to manage the identified risk.



Health & Safety Elements of the HCBS Plan of Care

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Elements of the POC

The [Health Home Plan of Care Policy](#) outlines the minimum requirements to be included in all POC for children/youth, including special requirements for children/youth receiving Children's HCBS.

Elements significant to Health & Safety Planning:

- The child/youth's emergency contact and disaster plan for fires, health and safety issues, natural disasters, and other public emergencies.
- The child/youth's history and risk factors related to services, treatment, wellbeing, and recovery.
- The child/youth's functional needs related to services, treatment, well-being, and recovery.
- Key informal community supports, which would include any supports in place for the child/youth/family that address identified needs (ex. family's neighbor is available for support as needed and is aware of child/youth/family's needs but is not assigned a specific task to reach a goal).

For more information refer to the [Health Home Standards and Requirements for Health Homes, Care Management Agencies, and Managed Care Organizations](#)



Remaining Elements of the POC

- The child/youth's and caregivers' identified strengths and preferences related to services and treatment, wellbeing, and recovery.
- Medicaid State Plan and Non-Medicaid services identified to meet child/youth's needs and must be person-centered, comprehensive, and integrated to include Physical, Behavioral Community and Social Supports.
 - The plan must also document the indication of choice of a service Provider, reason for the service, and intended goals
- Description of planned care management interventions (including Services Care Management, Referral, Access, Engagement, Follow Up, and Service Coordination) and timeframes. **(Role of the care manager)**
- The child/youth's Transition Plan including circumstances/services needed to transition from Health Home Care Management as needed (e.g., education, living situation, employment, community functioning, hospital, treatment facility, foster care).
- Documentation of participation by inter-disciplinary team (all Key Providers) in the development of the plan of care.
- The child/youth and/or parent/guardian/legally authorized representative's signature documenting agreement with the POC.



Health & Safety Components of the POC

- POC must clearly outline adequate and appropriate strategies to address the participant's health and safety risks as indicated in the assessment.
- Items to consider include but are not limited to:
 - Evidence of advanced disease/diagnosis that require intense medical care
 - Serious emotional disturbance behaviors such as suicidal ideations
 - Suicide attempts
 - Fire setting behaviors
 - Running away
 - Pica
 - Violence/aggression
 - Circumstances in the child/youth's life that may require mitigation and/or contingency plans to protect the child/youth's health and safety
 - Risk of exploitation
- Any identified health and safety risk items must be documented and have a strategy to address them.



Health & Safety Components of the POC

- Consider the child/youth's rights, needs, and preferences, as well as the benefits and impact of the risk management strategies.
- Empower the child/youth to improve their ability to make informed decisions through education and self-advocacy skills.
- Include resources and environmental adaptations that can allow the child/youth to take acceptable risks while reducing potential hazards.
- Identify the supports needed to keep the child/youth safe from harm, including identifying actions to be taken when the health or welfare of the child/youth is at risk, examples include:
 - Fire safety
 - Medication management
 - Allergies
 - Community inclusion activities
 - Diet
 - Behavioral concerns
 - Financial transactions
 - Other vulnerabilities at home and in the community



Health & Safety Elements of the HCBS Service Plan

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Health & Safety Components of the Service Plan

- Similar to the POC, the Service Plan must clearly outline adequate and appropriate strategies to address a participant's health and safety risks as indicated in the assessment.
 - **The difference between the POC and Service Plan is that these risks/strategies are specific to each HCBS the child/youth is receiving**
 - **Collaboration** between the HCBS provider and the care manager is essential to limit duplication of safety plans for the child/youth and to reduce potential confusion on the part of the child/youth/family
- HCBS Providers should:
 - Consider the child/youth's rights, needs, and preferences, as well as the benefits and impact of the risk management strategies
 - Empower the child/youth to improve their ability to make informed decisions through education and self-advocacy skills
 - Include resources and environmental adaptations that can allow the child/youth to take acceptable risks while reducing potential hazards
 - Identify the supports needed to keep the child/youth safe from harm, including identifying actions to be taken when the health or welfare of the child/youth is at risk



Ongoing Risk Monitoring

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Risk Re-assessment and Updating the Health & Safety Plan

- If the child/youth's situation changes in a way that potentially affects their risk of harm or adverse outcomes, then the Care Manager **and** HCBS Provider should conduct a risk re-assessment and update the Health and Safety Plan(s) accordingly.
- As with other elements of the child/youth's care coordination, Care Managers and HCBS Providers should communicate and **collaborate** any updates that impact a child/youth's health and safety and/or the strategies used to address those risks.
- Examples of situations when the Health and Safety Plan should be updated include:
 - When the individual indicates that they would like to update or discuss risks
 - When previous risk-mitigating interventions have failed
 - When there is a significant change in the child/youth's functional, clinical status, or support network
 - When new stressors are presented that could potentially impact the child/youth's risk following any major transitions in the child's life (IP hospitalization, change in caregiver, change in placement)



Health & Safety Plan - Restrictive Interventions

When developing a Health and Safety Plan:

- Care managers and HCBS Providers must use the least restrictive interventions available to protect the health and welfare of the child/youth while also optimizing their freedom, choice, dignity, respect, and integration in the community.

Restrictive Interventions and process:

- Restrictive interventions include seclusion, physical restraint, isolation time-out and protective devices used to reduce behavior that is injurious to the child/youth, others or property.
- If child/youth's choices are limited or restricted in any way, the care manager/HCBS Provider must obtain informed consent from the child/youth/guardian/legal representative as part of the person-centered planning process.
- The care manager/HCBS Provider must review the potential consequences of all risk-mitigating interventions with the child/youth and their support team and document the potential positive and negative consequences of the interventions, as well as any concerns raised by the child/youth, their family, or their care team.
- Restrictive interventions should only be used when other options have failed and only when the restrictive intervention is deemed necessary in order to maintain the child/youth in the current community-based setting.



Safety Planning Examples

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Safety Planning Components

Safety Planning

- Must be done with the child/youth/family input and cooperation
- Should be written down and a copy given to the child/youth/family
- Least restrictive
- In **collaboration** with the school, health and behavioral health providers, and other involved providers/program staff
- HCBS providers and Care Managers should have a consistent (**collaborative**) safety plan to not be duplicative or add confusion for the child/youth/family
- Monitored and check-in with the child/youth/family and other involved providers/professionals
- Revised/updated as needed
- Clearly documented in the case record



Safety Plan Examples: Case 1

Background

- Child was diagnosed with Obsessive Compulsive Disorder (OCD).
- Head banging/self-injurious behaviors.
- Pica behaviors.
- Record indicates frequent emergency and inpatient visits due to pica.
 - Frequent bowel obstructions
 - Poison Control Interventions



Safety Plan Examples: Case 1 (cont.)

Safety Planning

- Locking trash can and other objects at night.
- Frequent supervision.
- Removing small objects from child's area.
- Tactics to improve emotional control (HCBS provider & Therapist).
- Plan for injury assessment & prevention of injury during behaviors.
- Signs and Interventions for aspiration.
- Access to Poison Control & Emergency Care.



Safety Plan Examples: Case 2

Background

- Youth was diagnosed with Depressive Disorder and Post-Traumatic Stress Disorder (PTSD).
- Suicide Attempts & Self-Injurious Behaviors (CANS-NY & HCBS LOC Score “2”).
- Recent Inpatient Psychiatric Admission.
- Runaway Behaviors.
- Violent Aggression toward Others.



Safety Plan Examples: Case 2 (cont.)

Safety Planning

- Preventing suicide attempts/ideations and cutting behaviors.
- Encouraging use of emotional control tactics (journaling, communicating with family).
- Ensuring access to therapist and medication management via services.
- Removing razors and knives from youth's possession.
- Supervision at home.
 - Family accompanying youth on walks
- Violent Aggression:
 - Recognizing triggers and preventing triggers
 - Plan to have a safe space away from others to de-escalate
 - Removing possible weapons from child during behavioral episodes



Safety Plan Examples: Case 3

Background

- Child is Medically Fragile: Spinal Muscular Atrophy Type 1.
- Scored "3" for ADL (Activities of Daily Living) questions in HCBS LOC Assessment.
- Severe pain and contractures as well as pressure ulcers.
- Child has a gastrostomy tube, tracheostomy, and is ventilator dependent.



Safety Plan Examples: Case 3 (cont.)

Safety Planning

- ADL limitations and plan to support the child:
 - Bathing safety
 - Aspiration risk
 - Immobility & Pain Prevention:
 - Ensure guardian/caregiver can provide turning and positioning
 - Access to pain medication & services
 - Access to supplies to support skin integrity
- Medical Supplies:
 - Plan to address dislodgement of tracheostomy and gastrostomy
 - Oxygen safety & plan for emergency situations



Safety Plan Scenarios from the Audience

Does anyone have a specific scenario they would like some ideas how to create a safety plan

OR

Want to share some of their safety planning they have used?

Write in the question box or raise your hand



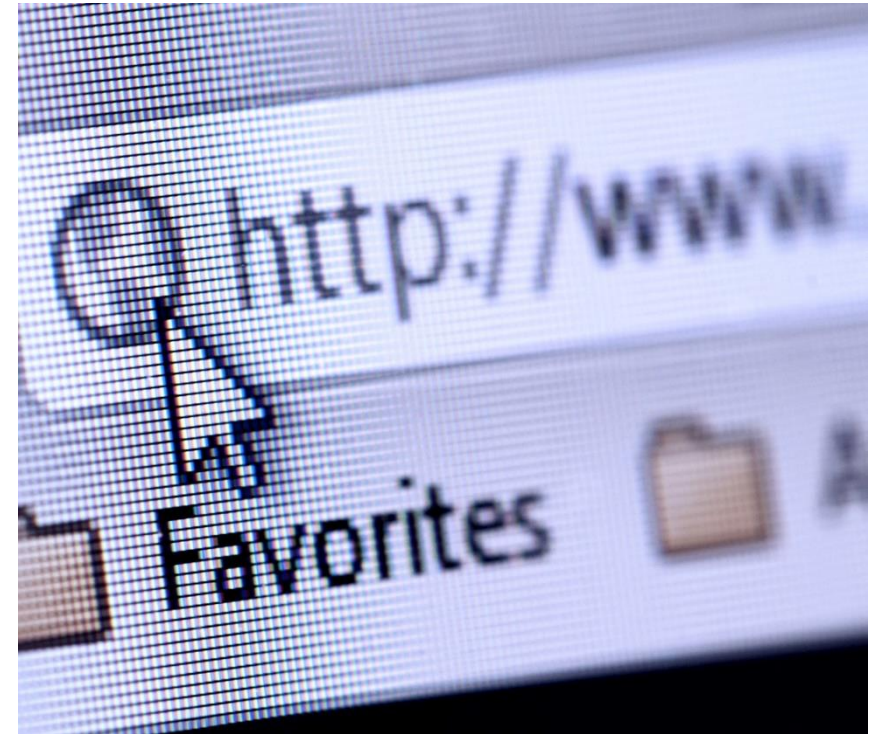


Appendix

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Resources and Questions

- HHCMs and HH CMAs should first talk with their Lead Health Home regarding questions and issues they may have.
- 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



NYS DOH Website

Find guidance, policies, forms, webinars, and more on the NYS DOH 1915c Children's Waiver webpage located at, https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm

Department of Health Individuals/Families Providers/Professionals Health Facilities Search

You are Here: [Home Page](#) > [Behavioral Health](#) > [1915\(c\) Children's Waiver and 1115 Waiver Amendments](#)

Children's Behavioral Health

Home

Children's Medicaid System Transformation—Webinars/Trainings/Timelines

Children and Family Treatment and Support Services

1915(c) Children's Waiver and 1115 Waiver

Provider Designation

Managed Care Organization (MCO) Qualification Process

Billing Guidance

Information for Consumers/Medicaid Recipients

Children's Medicaid Redesign Team (MRT)

29-I Health Facility (VFCA Transition)

Children's Health Homes

Links/Learn More

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

As part of the Children's Medicaid System Redesign, the 1915(c) Children's Waiver and 1115 Demonstration Waiver work together to offer an array of services to provide the right support, in the right place, at the right time, focus on recovery and building resilience, prevent escalation and need for higher-end services, maintain accountability for improved outcomes and delivery of quality care, and make more services accessible to all.

This site provides information related to the Children's Waiver – including guidance and resources for providers, care managers, managed care organizations, families, and community stakeholders. A

IMPORTANT: Please visit our main Health Home page for COVID-19 Updates and Policy Guidance

CANS-NY Information and Resources can be found on the Health Home Serving Children page

Overview of 1915c Children's Waiver and 1115 Waiver	Renewal - Children's Waiver Update for April 1, 2022	Family and Consumer Information	Children's HCBS Waiver Provider Guidance, Policies, & Webinars
Children's HCBS Manuals and Rates	Capacity Management	Eligibility	Plan of Care
Care Management Guidance, Policies, & Webinars	Children and Youth Evaluation Services (C-YES)	EMods, VMods, AT, & Non-Medical Transportation	Incident Reporting and Management System (IRAMS)
OPWDD Resources	Archive		

Adult Behavioral Health

Home

MRT BH Subcommittees Archive

Behavioral Health Home and Community Based Services (BH HCBS)

Health Homes for Individuals in HARP and HARP Eligibles in HIV SNPs

Billing Guidance & Rates

Federal Authority Archive

Plan Qualification Process Archive

Technical Assistance Archive

Information for Consumers/Medicaid Recipients

Webinars, Resources, & Related Links

Redesigning New York's Medicaid

Department of Health Complaints

- Enrollees and providers may file a complaint regarding managed care plans to DOH
 - 1-800-206-8125
 - managedcarecomplaint@health.ny.gov
- When filing:
 - Identify plan and enrollee
 - Provide all documents from/to plan
 - Medical record not necessary
- Issues not within DOH jurisdiction may be referred
- DOH is unable to arbitrate or resolve contractual disputes in the absence of a specific governing law
- File Prompt Pay complaints with Department of Financial Services:
<https://www.dfs.ny.gov/insurance/provlhow.htm>





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](#)

