



Department
of Health

Office of
Mental Health

Office of Addiction
Services and Supports

Office of Children
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Office for People With
Developmental Disabilities

Health Home/Children & Youth Evaluation Service Transfer Policy

January 2021

Agenda

- ✓ Purpose
- ✓ Background
 - ✓ Differences Between HH Care Management and C-YES Care Coordination
 - ✓ C-YES Steps for HCBS and Medicaid Eligibility
- ✓ Transfer/Referral Process: C-YES to HHSC/CMA
- ✓ Transfer/Referral Process: HHSC/CMA to C-YES
- ✓ Additional Resources

Purpose

- Establish the process for Children & Youth Evaluation Service (C-YES) to refer children/youth who are enrolled in the Children's Waiver and choose to receive comprehensive Health Home (HH) care management.
- The policy also establishes procedures for conducting a transfer from Health Home Serving Children (HHSC) to C-YES for children/youth who opt-out of HH care management but choose to continue receiving HCBS through enrollment in the Children's Waiver.



Background

- Effective April 1, 2019, the 1915(c) Children's Waiver became operational across New York State. This waiver allows children/youth to access an aligned array of HCBS to address their needs, goals, and preferences as detailed in their Person-Centered Plan of Care (POC).

Health Home care management and The Children's Waiver

- If the child/family elects to receive care management from a HH, the Health Home Care Manager (HHCM) determines a child/youth's eligibility for HCBS waiver participation by conducting the HCBS/Level of Care (LOC) Eligibility Determination.
- If the child/youth is found eligible, the HHCM conducts person-centered care planning, develops a comprehensive POC, and ensures the POC supports the child/youth's functional development within the community.



Background

Children and Youth Evaluation Services (C-YES) and the Children's Waiver

- For children/youth who opt out of HH, the State's Independent Entity (IE), C-YES, conducts the HCBS/Level of Care (LOC) Eligibility Determination to determine a child/youth's eligibility for HCBS waiver participation and develops a person-centered POC for HCBS **only**.
- Additionally, C-YES will work with children/youth and their families who are **not** currently Medicaid enrolled when they need or request HCBS. For children/youth who are not already enrolled in Medicaid, C-YES will conduct the HCBS/LOC Eligibility Determination and will assist the child/family with their Medicaid application. Once enrolled in Medicaid, the child/youth has a choice to transfer to HH care management or stay with C-YES for HCBS **only** care coordination.



C-YES Care Coordination

For children/youth who opt out of Health Home and chooses C-YES for HCBS **only** care coordination:

- C-YES provides care coordination of HCBS for waiver children/youth in fee-for-service (FFS) Medicaid.
- For waiver enrolled children/youth who opt out of HH and are enrolled in a Medicaid Managed Care Plan (MMCP), the MMCP provides care management and maintains the POC; C-YES coordinates with MMCP at least quarterly regarding the child/youth's HCBS POC.
- For both FFS and MMCP, C-YES conducts the annual HCBS/LOC eligibility determination re-assessment



Differences Between HH and C-YES

Under the 1915(c) Children's Waiver, all children/youth receiving HCBS must also receive care management to coordinate services, communicate amongst children/family/service/providers/collateral contacts, and create and maintain a Plan of Care (POC).

Health Home:

- HH is a *comprehensive* care management program that serves children/youth with complex behavioral health needs and provides services such as coordinating all the child/youth's services and providers, finding and securing needed services, and determining HCBS eligibility.
- Children's Waiver participants who are eligible for HCBS through Medicaid "Family of One" budgeting and who receive care management as their monthly HCBS must be enrolled in HH
- HH is an optional Medicaid benefit, therefore participation/enrollment are voluntary.

C-YES:

- C-YES is a conflict-free statewide program that determines if a child/youth is eligible for HCBS for families that are not enrolled in Medicaid or who opt-out of HH
- C-YES also provides HCBS **only** care coordination for children/youth that opt out of HH and are not enrolled in Medicaid Managed Care Plans (MMCP).



C-YES Steps to HCBS and Medicaid Eligibility

- C-YES serves child/youth
 - 1) who are enrolled in Medicaid and opt-out of Health Home comprehensive care management or
 - 2) who are **not** already enrolled in Medicaid and identified by a referral source (i.e. parent/doctor/school/service provider) as potentially needing HCBS.

Step 1: In either circumstance, C-YES will educate the child/youth/family about HH care management, C-YES care coordination, and HCBS eligibility and services.

- For child/youth already enrolled in Medicaid, the child/youth/family may choose if they would like to proceed with the HCBS/LOC eligibility process with C-YES or be connected to a HH to be enrolled so the HH care manager can conduct the HCBS/LOC eligibility determination.

Note: Children/youth referred to C-YES and already enrolled in HH will be directed to contact their HH to request an HCBS/LOC Eligibility Determination. Children/youth referred to C-YES and already enrolled in Medicaid but are not enrolled in HH may choose to be referred to a HH for their initial HCBS/LOC Eligibility Determination.



C-YES Steps to HCBS and Medicaid Eligibility (cont.)

- Step 2: C-YES will work with the child/family to complete the HCBS/LOC Eligibility Determination and, if determined HCBS eligible and the child/youth/family want to proceed, then C-YES will assist the family with the process of applying for Medicaid.
- Step 3: Once the child/youth's Medicaid has been established, and there is a waiver slot available, C-YES will educate the child/youth/family about HH care management, C-YES, and HCBS eligibility and services, so the child/youth/family may make an informed choice on how they would like to proceed.
- Step 4: C-YES will make an appropriate referral to a Lead HHSC/CMA as chosen by the family. If the child/family does not want to be referred to a HHSC/CMA, then C-YES will provide HCBS only care coordination.
- Step 5: For a child/family who has opted-out of HH, at any time the child/family can reverse their initial decision, and the child/youth/family may request a referral to HH.
 - **Note**: C-YES personnel are training to provide families with education regarding the benefits of HH care management; it is expected that most children/families will choose the HH option.



Transfer/Referral Process - C-YES to HHSC/CMA

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Types of Referrals from C-YES to HH/CMA

1. Referral to C-YES and the child/youth already has Medicaid –

- C-YES educates the child/youth/family about HCBS, C-YES, and HH. At any time, the child/youth/family can determine that they want to transfer to HH care management services.
- C-YES staff will complete the **“Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies”** to indicate to the HH or care management agency where in the process / service the child/youth/family are, so the HH/CMA is aware.
- C-YES must obtain consent to transfer any Personal Health Information (PHI) and relevant information as outlined in the **“Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies”** and obtain the participant’s signature on the C-YES **“Opt-in to Health Home form”** .

Please note: If the child/youth/family was referred to C-YES and determines they want to transfer to HH/CMA prior to the HCBS/LOC being completed, then C-YES would only need to complete the **“Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies”** and not the **“Opt-in to Health Home form”** as they would not have enough information to complete this form nor could the HH/CMA immediately enroll the child/youth in the HH program. The HH/CMA should consider this as a new member referral.



Types of Referrals from C-YES to HH/CMA

2. Referral to C-YES and the child/youth does not already have Medicaid –

- C-YES will follow their process as outlined for HCBS/LOC Eligibility Determination.
 - Once C-YES has secured Medicaid enrollment for the child/youth who are eligible for HCBS and if the child/youth/family chooses HH/CMA then C-YES will complete the **“Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies”** and **“Opt-in to Health Home form”**.
 - The **“Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies”** must be completed in full, including the required supporting documentation as outlined.
- Please be aware that clinical documentation from a 3rd party may need a re-release for the HH/CMA to obtain



Steps of Transfer from C-YES to HHSC/CMA

- a. **Review and Acceptance Period:** The lead HH/CMA will receive, review, and respond to the referral no more than three (3) business days with the details of the identified CMA/CM that will be assigned to the case.
- b. **Communication between C-YES and HH/CMA:** There must be communication between C-YES and the HH/CMA to discuss the case, ensure all the documents have been exchanged, and discuss setting a date and time for a warm hand off call with the child/youth/family
- c. **Warm Hand off call:** C-YES must attempt to schedule a three-way warm hand off call with the family and the HH/CMA to introduce the new entity/care manager and explain the next steps to the family. The family can choose to refuse the warm hand off transfer call, but C-YES must document it in the child/youth's case record that the benefits of this call were explained, and the family refused.
- d. **Date of Transfer:** C-YES and HH/CMA will officially determine the date on which the HH/CMA will assume the case. This period of time of transfer acceptance should be no longer than 3 weeks from the time of the Review and Acceptance Period (letter "a" above).



Date of Transfer

- HH/CMA can enroll the child/youth based upon the HCBS eligibility and the signed Opted-in form as consent by the child/youth/family agreement to be enrolled.
- HHCMs who are accepting a transfer from C-YES, must enroll the child/youth in MAPP within this timeframe so the Restriction Exception (R/RE) A-codes are on the members file and C-YES can close their case.



Transfer/Referral Process – HHSC/CMA to C-YES

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Types of Referrals from Health Home/CMA to C-YES

1. Referral to Health Home/CMA and the child/youth does not have Medicaid –

- HH/CMA educates the child/youth/family about HCBS, C-YES, and HH. The child/youth/family can determine that they want to transfer to C-YES to receive an HCBS/LOC Eligibility Determination and assistance with obtaining Medicaid. The HH/CMA links the child/youth/family and/or referring provider to the C-YES referral form and contact information. More information can be found in the [C-YES Referral Form Instructions](#).
 - The HH/CMA can request or have the child/youth/family request, if they choose, to be referred back to the HH/CMA once the child/youth is found HCBS/LOC eligible and has Medicaid.
- This DOES NOT apply for children/youth served by HHCM and lose their Medicaid.



Types of Referrals from HH/CMA to C-YES

2. Referral to Health Home/CMA (for the purpose of receiving HCBS) and the child/youth does have Medicaid –

- For children/youth who are not enrolled in HH but do have active Medicaid, they may be referred to HH for the purpose of determining HCBS eligibility. HH/CMA educates the child/youth/family about HCBS and HH.
- The child/youth/family determines that they want to transfer to C-YES to receive an HCBS/LOC Eligibility Determination and care coordination of HCBS.
- The HH/CMA links the child/youth/family and or referring provider to the C-YES referral form and contact information. More information can be found in the [C-YES Referral Form Instructions](#).



Types of Referrals from HH/CMA to C-YES

3. Child/Family is currently receiving HCBS and Health Home care management –

- At any time, the child/youth/family can determine that they want to opt-out of HH care management services and be transferred to C-YES. It is necessary to ensure the child/youth/family are properly educated about the difference of C-YES and HH to ensure that the child/youth/family obtain the appropriate level of care coordination and are not passed back and forth between HH and C-YES, as a delay or loss of services could occur.
- The HH/CMA will complete the **“Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies”** to indicate to C-YES where in the process / service the child/youth/family were, so that C-YES is aware.
- HH/CMA must obtain consent to transfer any PHI and relevant information as outlined in the **“Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies”** and that the form is completed in full, including the required supporting documentation as outlined.
- Please be aware that clinical documentation from a 3rd party may need a re-release for the HH/CMA to obtain



Steps of Transfer from HHSC/CMA to C-YES

- a) **Review and Acceptance Period:** C-YES will receive, review, and respond to the referral no more than three (3) business days with the details of the identified Family Service Coordinator (FSC) that will be assigned to the case.
- b) **Communication between HH/CMA and C-YES:** There must be communication between the HH/CMA and C-YES to discuss the case, ensure all the documents have been sent, and discuss setting a date and time for a warm hand off call with the child/youth/family
- c) **Warm Hand off call:** the HH/CMA must attempt to schedule a three-way warm hand off call with the family and C-YES to introduce the new entity/care manager and explain the next steps to the family. The family can choose to refuse the warm hand off transfer call, but the HH/CMA must document it in the child/youth's case record that the benefits of this call was explained, and the family refused.
- d) **Date of Transfer:** the HH/CMA and C-YES will officially determine the date on which C-YES will assume the case. This period of time of transfer acceptance should be no longer than 3 weeks from the time of the Review and Acceptance Period (letter "a" above).



Care Management Requirements

- Children/youth who meet the Children's Waiver HCBS eligibility criteria due to Medicaid Family of One budgeting and receive HH care management as their required monthly HCBS, **may not** transfer to C-YES. Please refer to the [Children's HCBS Manual](#) for additional information on care management requirements and Family of One budgeting.
- HCBS enrolled children/youth receiving HH care management who lose or may lose their Medicaid should not be referred to C-YES for assistance with re-establishing Medicaid. It is the responsibility of the HHCM to assist in restoring active Medicaid status, if possible and when possible by working with the Local Department of Social Services (LDSS). In addition to ensuring the Restriction Exception (R/RE) K-codes are in place, HHCMs can share a print-out of the UAS HCBS/LOC eligibility if this will assist/verify for the LDSS that the child/youth is in the Children's Waiver.
- Children/youth who are receiving only HH care management services and are requesting Children's Waiver HCBS, must not be transferred to C-YES. The HHCM must conduct the HCBS/LOC Eligibility Determination to determine if the child/youth is HCBS eligible. Once eligibility is determined, if the child/youth/family choose to go to C-YES for HCBS care coordination, then the HHCM can conduct the transfer at this time.



Requirements for Transfer

- The HCBS/LOC Eligibility Determination must be current and valid at the time of transfer. If the HCBS/LOC will expire in the next 30-days, the transferring entity should complete the HCBS/LOC re-assessment prior to transfer as that entity should have the most up-to-date information.
- The HCBS/LOC Eligibility Determination is active for 364 days, so at the time of transfer a new HCBS/LOC is not necessary to be completed by the receiving entity.
- Verification of proper recipient Restriction Exception (R/RE): K-codes must be active on the child/youth's file prior to transfer.
- All involved providers and care team members must be notified of the transfer of care management services and continued HCBS eligibility, especially HCBS providers and MMCPs, if applicable.
- POC and outstanding referrals to HCBS providers **MUST** be provided as outlined in the transfer form. All required transfer documentation is noted on the ***“Transfer Referral for C-YES, Health Homes, and Care Management Agencies” form.***
- The transferring entity must receive consent from the child/youth/family to transfer information to the other entity



Transfer Referral for C-YES, Health Homes, and Care Management Agencies form

- It is imperative that all information necessary for C-YES/HH to serve the child/youth/family is given at the time of transfer with the ***“Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies”*** via secure email or secure file transfer in HCS.
- All required transfer documentation is noted on the ***“Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies”***
- The ***“Transfer Referral Form for C-YES, Health Homes, and Care Management Agencies”*** has been sent out in DRAFT to receive feedback prior to February 1, 2021 implementation of the policy



Transfer Referral for C-YES, HHs, and CMAs form - Overview

- Identifying Information
 - Including reason for transfer
- Children's Waiver Information
 - Including HCBS/LOC completion date, Target Population, K-code, and waiver slot approval
- Medicaid Information
- Foster Care
- Contact Information for Person Completing the Transfer Referral
 - Including any HH/CMA or involved agency preference expressed by the child/youth/family
- Narrative – to provide any additional information that may be helpful
- POC and HCBS
 - Including information regarding referrals for specific services



Transfer Referral for C-YES, HHs, and CMAs form – Required Documentation

- Copy of the **Opt-in** form if transferring from C-YES to Health Home
- Copy of the **Opt-out** of Health Home if transferring from Health Home to C-YES
- Copy of the Plan of Care
- Copy of Referrals to HCBS Providers, if applicable
- Documentation to support HCBS/LOC Determination by Target Population
- Copy of the LPHA form
- Copy of the Freedom of Choice Form
- Documentation to support the ratings and HCBS/LOC eligibility determination
- Consent forms / Functional Consent form / Providers Consent form
- Copy of the Notice of Decision (NOD)
- Any relevant notes or documents other than listed above (if, applicable)





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All Children's Waiver HCBS questions and concerns, should be directed to the NYS Department of Health at BH.Transition@health.ny.gov mailbox or 518.473.5569



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