



Department
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Mental Health

Office of Addiction
Services and Supports

Office of Children
and Family Services

Office for People With
Developmental Disabilities

Children's Home and Community Based Services (HCBS)

Environmental Modifications, Vehicle Modifications, and Adaptive & Assistive Technology

For Local Departments of Social Services (LDSS)

Agenda

- ✓ Introduction
- ✓ Changes/New Information
- ✓ Service Descriptions: EMod, VMod, and AT
- ✓ Request Process
- ✓ Authorization
- ✓ Service Delivery
- ✓ Payment
- ✓ Q&A
- ✓ Appendix



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 following:

[21 OHIP ADM-01](#)

[Guidelines for Authorizing Adaptive and Assistive Technology](#)

[Guidelines for Authorizing Environmental Modifications](#)

[Guidelines for Authorizing Vehicle Modifications](#)



What's New?

- The Environmental Modifications/Vehicle Modifications/Adaptive and Assistive Technology (EMod/VMod/AT) request process has been incorporated into the Children's HCBS Waiver since April 2019.
- In order to streamline the process and provide needed services to youth and families more expeditiously, the State has made some updates to the EMod/VMod/AT request process. These updates will be discussed today and are outlined below:
 - The addition of a [Pre-Project Evaluation Payment Request Form](#)
 - A request for Health Home Care Managers/Children and Youth Evaluation Service (HHCM/C-YES) to notify the State when an EMod/VMod/AT is added to a youth's Plan of Care (POC)
 - A request for bids to be included in the **Service Request Packet**
 - The addition of timelines for documentation submission, documentation review, and payments to vendors
 - Updated [Final Cost Form](#) to include RF-17 information
 - [Guidance on Environmental Modifications to Support Behaviorally Health Challenged Members](#)
 - Pre-Project Evaluation Guidance



Program Implications

- The LDSS is responsible for ensuring access to AT, EMods, and VMods, by procuring, contracting and reimbursing providers (Provider Agreement) for these services for children who are **not** enrolled in a Medicaid Managed Care Plan (MMCP).
- New York State Department of Health (NYSDOH) is responsible for the disbursement of funds to cover the costs of AT, EMod, and VMod requests.
- NYSDOH will **not** provide reimbursement to the LDSS for any AT, EMod or VMod that has not followed the process outlined in the ADM or which commenced prior to receiving approval from the LDSS and/or NYSDOH.
- Each of the three services have a soft cap of \$15,000 per calendar year/per individual. Any authorized request or combination of authorized requests of the same type that exceed this cap must receive prior approval from NYSDOH.
 - The LDSS and the State will take this into account during review of project requests.



Environmental Modifications (EMods)

June 2021

What are Environmental Modifications?

Provide internal and external physical adaptations to the **primary residence of the enrolled child/youth** which, per the child/youth's 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 an institutional and/or more restrictive living setting.

Examples of EMods include but are not limited to:

- Ramps
- Lifts that require modifications to the home: hydraulic, manual or electric
- Widened doorways
- Roll-in showers and/or accessible tubs
- Cabinet and shelving adaptations
- Installation of handrails, grab bars
- Automatic or manual door openers and doorbells
- Water faucet controls
- Electrical and plumbing accommodations for new equipment



Vehicle Modifications (VMods)

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What are Vehicle Modifications?

Provide physical adaptations to the primary vehicle of the enrolled child/youth which, per the child/youth's 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.

Examples of VMods include, but are not limited to:

- Adaptive equipment to enable an individual to operate the vehicle, including:
 - Hand controls
 - deep dish steering wheel
 - spinner knobs
 - wheelchair lock downs
 - parking brake extensions
 - foot controls
 - wheelchair lifts (including maintenance contracts)
 - left foot gas pedals

Examples of VMods include, but are not limited to:

- Changes to the structure and internal design of the existing equipment including:
 - Floor cut-outs
 - replacement of a roof with a fiberglass top
 - extension of steering column
 - raised door
 - repositioning of seats
 - wheelchair floor
 - dashboard adaptations



Adaptive and Assistive Technology (AT)

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What is Adaptive and Assistive Technology?

An item, piece of equipment, technology, or product system, whether acquired commercially, modified, or customized; that is used to increase, maintain, or improve the functioning capabilities of the individual, and/or enhance the individual's independence in performing activities of daily living, instrumental activities of daily living, or health related tasks.

Adaptive and Assistive Technology includes but is not limited to:

- Positioning and mobility supports
- Communication devices
- Computer accessibility
- Home Automation/Domotics
- Adaptive Recreation Equipment



Durable Medical Equipment (DME)

- The process for obtaining DME is entirely separate from the process of obtaining AT.
- If a DME request is denied, the child/family should pursue all available avenues which may include an appeal or Fair Rights Hearing.
- Items determined to be DME **must** be pursued through the designated DME process.
- Additional DME guidance can be found here: <https://www.emedny.org/ProviderManuals/DME/index.aspx>



Medicaid Managed Care Plan (MMCP) or Fee-For-Service (FFS)

- **FFS Participants**

- The LDSS collaborates with the participant, family, and HHCM/C-YES to establish the authorization and payment for the service request

- **MMCP Participants**

- The MMCP collaborates with the participant, family, HHCM/C-YES, and other providers to establish the authorization, approval, and payment for the service request

➤ ***Regardless of the process and what entity is approving, the participant and family has the right to appeal and file a Fair Hearing***



Request Process

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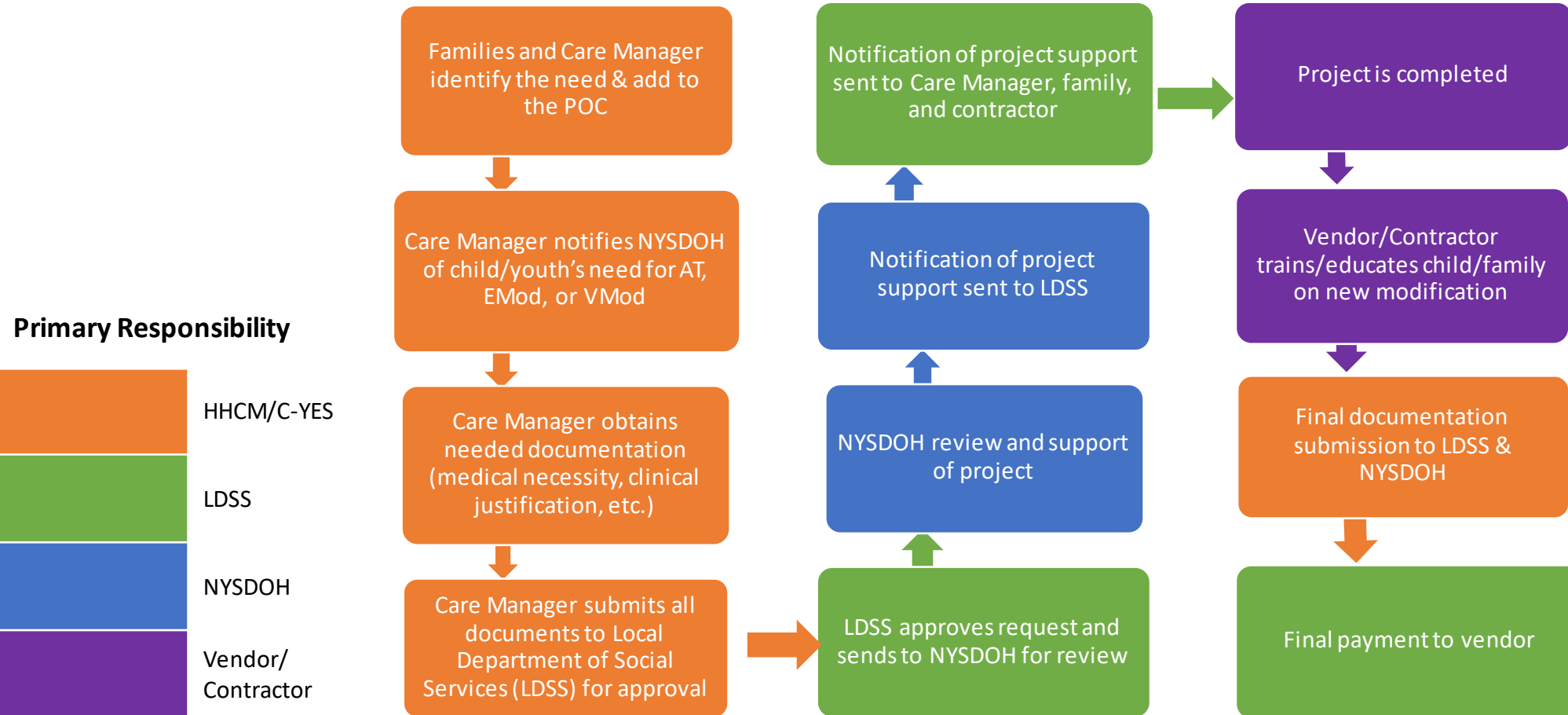
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Request Process Overview- FFS



Determination of the Needed EMod/VMod/AT

- The HHCM/C-YES must identify the need for the service in the child/youth's POC, the rationale for that need, and how it would impact the child/youth's ADLs, IADLs, tasks, etc.
- The POC:
 - Provides initial justification that the child/youth can benefit from the service/modification/technology
 - This also signifies that there was a team discussion and agreement of the need
 - Establishes 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
 - Identifies the need(s), and will need to be part of the EMOD, VMOD, and/or AT submission packet to the LDSS or MMCP



Notification to NYSDOH

The HHCM/C-YES will notify NYSDOH of the identified need and the anticipated request for an AT, EMod, and/or VMod within seven (7) business days of adding/updating the POC with the needed AT, EMod, and/or VMod and starting the application process for **both FFS and MMCP** enrolled children/youth.

NYSDOH will monitor the requests once there is a notification to ensure timely service delivery and assist HHCM/C-YES with any identified obstacles/barriers to service delivery.

The HHCM/C-YES will send an email to EModVModAT@health.ny.gov with the following information:

- Child's/youth's name
- Child's/youth's CIN #
- Type of request: AT, EMod, or VMod
- The County LDSS/MMCP to which the request will be submitted
- Brief summary of the request
- HHCM agency name and HHCM/C-YES contact information
- For HHCMs, the Lead HH should be cc'd on the email



Pre-Project Evaluation

- Project Evaluators review the project request prior to work being started to ensure the request is feasible and compliant with State/local guidelines, such as permits.
- Some counties have dedicated Project Evaluators who are contracted with 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).
- Example:
 - 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 to discuss.



Pre-Project Evaluation Payment Request Form

- **The Pre-Project Evaluation Payment Request Form**, along with the Pre-Project Evaluation, will be submitted by the HHCM/C-YES to the LDSS within five (5) business days of evaluation completion.
- The LDSS will review the **Pre-Project Evaluation Payment Request Form** within five (5) business days from submission by the HHCM/C-YES.
 - If approved, the LDSS will submit to NYSDOH for review via secure email EModVModAT@health.ny.gov
- NYSDOH will review the **Pre-Project Evaluation Payment Request Form** within five (5) business days from submission by LDSS.
 - If all required elements are included, a funding request will be submitted to Office of Temporary and Disability Assistance (OTDA)
- OTDA will release Special Project Voucher (SPV) funds to the submitting LDSS during the next check release.
- The LDSS will pay the Pre-Project Evaluator within thirty (30) Business Days of fund receipt.



NEW!





Pre-Project Evaluation Payment Request Form

- Whenever possible, the Pre-Project Evaluation Payment Request Form should be completed to ensure that Evaluators receive payment for their services without having to await payment until the successful completion of the EMod, VMod, and/or AT.
- Project Evaluators must receive payment for their services **even if the project does not move forward to completion.**
- The Pre-Project Evaluation Payment Request Form, along with the Pre-Project Evaluation or Pre-Project Evaluation Invoice, should be submitted by the HHCM/C-YES to the LDSS within five (5) business days of evaluation completion.



Securing Bids

- Securing bids will be a collaborative effort between the family and the HHCM/C-YES Coordinator. The LDSS may assist in obtaining bids, if necessary.
- Bids should be based on the specifications outlined in the pre-project evaluation, project description, and/or clinical justification.
- 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.
- The HHCM/C-YES must secure 3 bids for projects over \$1,000. If 3 bids cannot be obtained, the HHCM/C-YES must provide a narrative explaining why 3 bids could not be secured.
- All evaluations and bids will be part of the **Service Request Packet** to the LDSS for review and approval.
- The LDSS will identify the preferred bid.



Authorization

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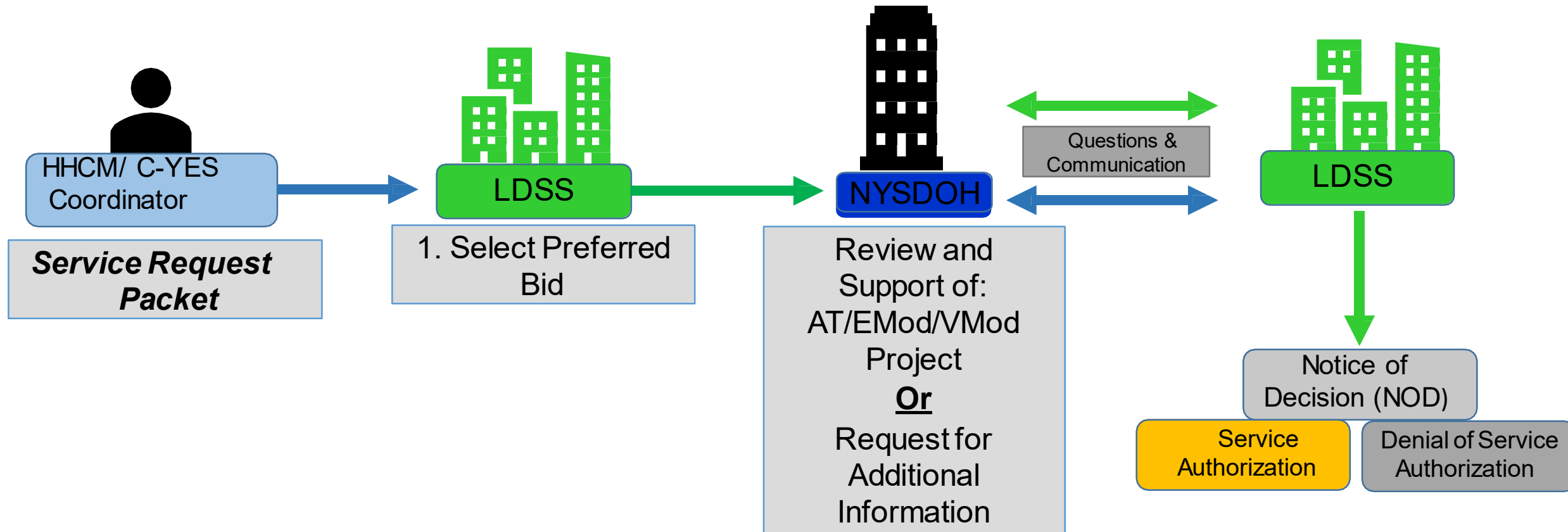
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FSS Authorization Process



What does the HHCM/C-YES send to the LDSS?

- The HHCM/C-YES will send a **Service Request Packet** to the LDSS if the child/youth is not enrolled in a MMCP.
- The **Service Request Packet** must include:
 - Child/youth's POC, which identifies medical need to be supported
 - Physician's Order supporting medical necessity (signed and dated)
 - **Description and Cost Projection Form**, Pre-project Evaluation, and Clinical justification (if applicable), with documentation detailing project/product specifications to include scope, estimated material and labor costs, and other required project expenditures
 - **For FFS only Bids:** if the EMod, Vmod, or AT request costs \$1,000 or more, 3 bids or justification for why 3 bids could not be secured is required
 - 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 may request additional information necessary to consider the request.



Authorization Process Request for FFS

- The LDSS will date stamp receipt of the **Service Request Packet**. From the date stamped receipt of the AT, EMod, or VMod **Service Request Packet**, the LDSS will have ten (10) business days to review the submitted packet for completeness of submission.
- A request may be deemed incomplete if it is missing any of the following items:
 - A completed **Description and Cost Projection form**, signed by all necessary parties, including documentation of Medicaid as the payor of last resort
 - **Physician's Orders** for the request
 - The child/youth's most recent **POC**
 - **Any necessary evaluations** for the project/equipment including the **Pre-project Evaluation/Scope***
 - **Three bids** for the project/equipment or a justification as to why three bids could not be obtained
- If any of the above items are missing, then the LDSS **MUST** successfully contact the submitting entity no later than the five (5) business days after receiving the **Request for Service Packet** to indicate that the submitted request is incomplete and to explain what is needed.



Authorization Process Request for FFS (cont.)

- If the **Service Request Packet** submission is complete, the LDSS must review the request within ten (10) business days of receipt of to determine if the request will be:
 - Authorized and submitted to NYSDOH immediately with the approved bid. The LDSS will include the SPV fund request along with the **Service Request Packet**

OR

 - If denied, the LDSS will send a NOD immediately to the HHCM/C-YES, member/family, and provider (if applicable)
- The complete **Service Request Packet**, including all required documentation, should be sent to NYSDOH using the secure email: EModVModAT@health.ny.gov



What does NYSDOH provide to the LDSS?

- Support determinations are based on all information available at the time the service is requested. NYSDOH may request additional documentation and information as needed.
- Once NYSDOH receives the LDSS submission of the **Service Request Packet**, NYSDOH will review the request and provide feedback to the LDSS within seven (7) business days.
 - If the packet requires additional information, the LDSS has seven (7) business days from the date of the NYSDOH request, to provide additional information or status of the needed information.
 - If the packet is complete, NYSDOH will issue a Letter of Support to the LDSS that the request will be submitted for project funding.
 - If the request is found to be non-compliant with Federal regulations, NYSDOH will issue a Letter of Non-compliance to the LDSS.
- NYSDOH will submit to OTDA a request for funding to be made to the LDSS.



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.
- NODs denying services must also include information regarding Fair Hearing Rights and how to apply for a Fair Rights Hearing.
- Upon making a determination about a request for services, the LDSS is responsible for sending a written NOD indicating authorization or denial of the requested service to the individual, legal guardian (if applicable), authorized representative (if applicable), the individual's HHCM or C-YES, and the vendor (if identified).
 - This NOD must be issued within three (3) business days of receiving the written notice from NYSDOH
- The form used is the **Notice of Decision to Authorize or Deny Assistive and Adaptive Technology, Environmental Modifications, Vehicle Modifications.**



Service Delivery

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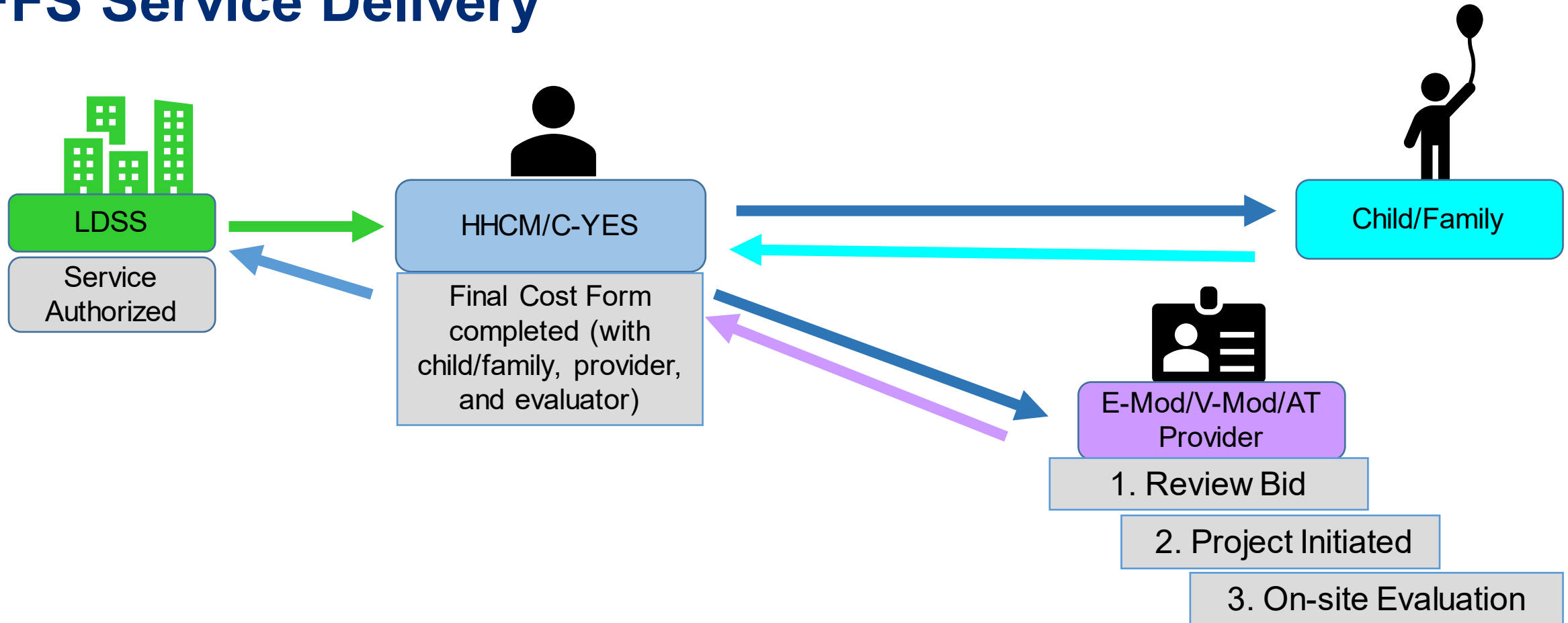
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FFS Service Delivery



Service Delivery

- The HHCM/C-YES 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.
- The HHCM/C-YES will ensure that the work is completed as agreed.
- Any additional costs incurred as a result of project completion and/or changes to the approved scope of project will require supporting documentation and prior approval by DOH or risk nonpayment.



Post-project Evaluation

- Once the project is completed, the County may elect to complete a post-project evaluation. An evaluation is completed to ensure the work meets the scope/need and state/local guidelines.
- Often, the post-project evaluation is completed by the same company/individual who completed the pre-project evaluation.
- The cost of the post-project evaluation should be included in the total project cost on the **Description and Cost Projection Form** (if known).
- All VMod projects require a post-project evaluation.



Completion of the Project

- Upon completion of the project, the HHCM/C-YES will coordinate the post-project evaluation and complete the **Final Cost Form**.
- The HHCM/C-YES will submit the completed **Final Cost Form** to the LDSS along with a final invoice and post-project evaluation (if applicable).
- 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 LDSS will review the submitted form and validate the completion of the specification of the bid/purchase.
- The HHCM/C-YES will provide feedback to the LDSS regarding the work if there are any concerns.



Final Cost Form

- The **Final Cost Form**, along with final invoices and post-project evaluation (if applicable) will be submitted by the LDSS to NYSDOH within five (5) business days of receipt.
- NYSDOH will review the Final Cost Form within five (5) business days of receipt.

Payment

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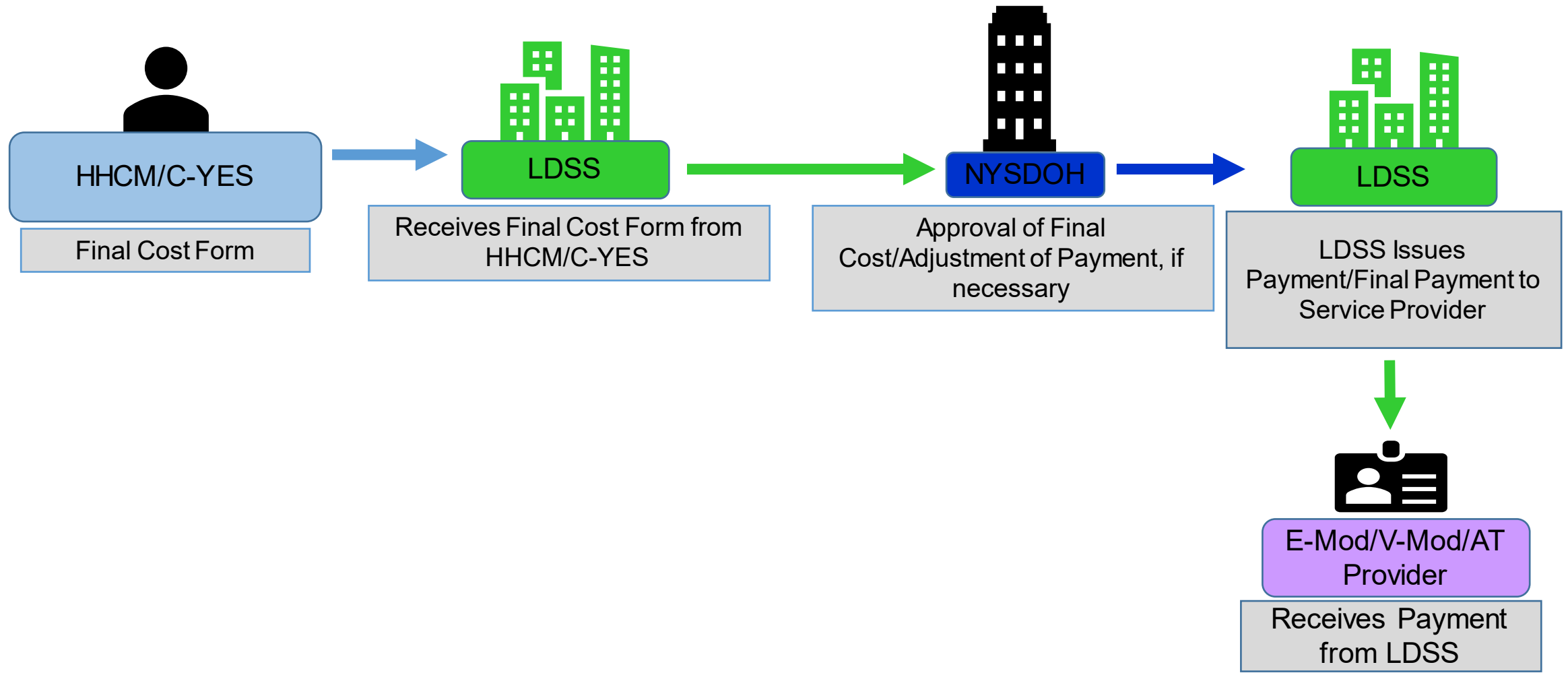
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Payment *FFS Only*



FFS: Special Project Vouchering (SPV) Fund

- LDSS will be able to request funds to cover the full cost of these projects, including assessments/evaluations, to ensure the efficacy of the modification/ purchase.
- To obtain SPV Funding, the LDSS must submit the **Description and Cost Projection Form** to NYSDOH with all supporting documents at the time of the submission of the **Service Request Packet** to NYSDOH.
- Upon approval by NYSDOH, a check will be sent to the County Treasurer at the LDSS.
 - Note that the check will be issued from the OTDA
- Requests will be processed monthly.
- LDSS may distribute the funds as needed.
 - For example, the LDSS could separate payments for assessment/evaluation, initial payment to contractor to cover materials, and a final payment after the project passes inspection and the project is determined completed and safe



FFS: SPV Fund (Continued)

- For the Children's Waiver, the LDSS can use the SPV Fund for upfront distribution of funds.
 - The **Description and Cost Projection Form** will be used to request special project funds for the AT, EMod, or VMod. This form contains everything needed to initiate authorization of requested projects/purchases
 - The **Final Cost Form** will be used to reconcile fund requests with total project/purchase costs



Final Cost Form



NEW!

- Once the technology/equipment purchase or modification is complete, a **Final Cost Form** must be completed by the HHCM/C-YES (as outlined below) and sent by the LDSS to the NYSDOH Children's Waiver Team at EModVModAT@health.ny.gov.
- The **Final Cost Form** will be completed by the HHCM/C-YES and submitted to the LDSS within seven (7) business days of project completion.
- The LDSS must date stamp the **Final Cost Form** upon receipt. The LDSS will review the **Final Cost Form** within five (5) business days of receipt of the completed **Final Cost Form**, invoice(s), and copy of post-project evaluation (if obtained), as submitted by the family/HHCM/C-YES.
- The LDSS will then submit the **Final Cost Form**, invoice(s), and copy of post-project evaluation, if obtained, to NYSDOH upon the LDSS' successful review.
- Within the LDSS's submission to NYSDOH, information requested for inclusion on the **Final Cost Form** includes all documentation necessary to support the costs of the project, along with the relevant RF17 claiming information. The RF17 claiming information should include the month of the submission ('Effective Date'), the Package Type ('Original' or 'Supplemental'), and Sequence Number.
 - For example, a reference to the November 2020 Supplemental RF17 claim would be as follows: **RF17 November 2020 Supp 2**



Finalize Project & Payment to Contractor

- If the estimated project cost covers the final project cost, the LDSS payment must be made to all providers/contractors within thirty (30) business days of NYSDOH review and acceptance of the **Final Cost Form**.
- If the final project cost is greater than the estimated project cost, the LDSS will receive SPV funds for outstanding project costs.
 - The LDSS will have thirty (30) business days to issue final payments to providers/contractors after receipt of final payment.
 - DOH will send a letter of revision noting the request for overage and SPV fund
 - LDSS receives SPV funds then informs DOH of payment, then DOH sends the letter of closure
- If the final project cost is less than the value of SPV funds received, the NYSDOH shall recoup the value of the excess funding through a reduction to the amount owed to the county in question in a subsequent monthly settlement.



Frequently Asked Questions

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Frequently Asked Questions

- Projects should not be merged. Each project should be submitted in a separate **Service Request Packet**.
- Children/youth with a medical need for more than one EMod/VMod/AT project can submit more than one **Service Request Packet** based on identified medical needs.
- Normal maintenance and repairs are not covered under the Children's Waiver, but total repair and replacement may be covered on a case-by-case basis.
- The \$15,000 annual soft cap refers to each service separately. NYSDOH will determine if the soft cap may be exceeded.
- The Children's Waiver will not fund the purchase of a vehicle. The Waiver may provide funds towards the value of an existing modification in an already modified vehicle (new or used).
 - The vehicle must meet all qualifications under the Waiver and be provided through a certified NMEDA (National Mobility Equipment Dealership Association) dealer
 - No consumer-to-consumer sales may be reimbursed under the Children's Waiver



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

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

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 communities in the least restrictive settings. The goals of the Children's Waiver are to keep children/youth on their developmental trajectory, identify needs early and intervene to maintain accountability for improved outcomes and delivery of quality care, and make more services available to children/youth from birth to age 21.

This site provides information related to the Children's Waiver – including guidance and resources for providers, care managers, managed care organizations, families, and BH.Transition@health.ny.gov

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	Family and Consumer Information	Children's HCBS Waiver Provider Guidance, Policies, & Training	Children's HCBS Manuals and Rates
Capacity Management	Eligibility	Plan of Care	Care Management Guidance, Policies, & Training
Child and Youth Evaluation Services (C-YES)	EMods, VMods, AT, & Non-Medical Transportation	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](#)

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Appendix

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Resources and Questions

- Questions regarding EMods, VMods, and AT can be directed to EModVModAT@health.ny.gov
- 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



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>





Children and Youth Evaluation Service

Your Connection to Home and Community-Based Services

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](#)



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