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State Discussion with Children's Waiver HCBS Providers

November 2020

Purpose

To have an open dialogue between the State and HCBS Providers to communicate issues and concerns

- HCBS providers to have the ability to discuss barriers and be a part of the problem-solving discussion
- The State to have the ability to share upcoming changes, guidance, information, and to obtain feedback directly from the HCBS providers

Agenda

- Follow-up from October meeting
 - Highlights from Children's HCBS POC Workflow Reminder
 - Continuity of Care Update
 - EVV
 - HCBS Settings Rule
- Service Access
 - HCBS Access Survey
 - Interactive Provider Map
- Announcing HCBS Case Reviews
- Children's HCBS Provider Designation and Attestation
- Support and Training
 - Request for providers to present to Care Managers regarding HCBS delivery
- Reminder: reporting issues to DOH



Follow-up from October 2020 Discussion and Key Guidance



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Reminders and Clarification Issued

Within the last couple of weeks, two reminders were issued to the field to ensure the communication and collaboration between Health Home care managers, HCBS providers, and Medicaid Managed Care Plans.

[HCBS POC Workflow Policy Requirement Reminder](#) – November 2020 (PDF)

[Continuity of Care for CFTSS and HCBS](#) – Updated November 2020 (PDF)

The HCBS Plan of Care policy and their respective forms are required and may impact HCBS provider billing

[Children's Home and Community Based Services \(HCBS\) Plan of Care \(POC\) Workflow Policy](#)

[Children's HCBS Referral Form to HCBS Provider- Fillable](#) (PDF)

[Children's HCBS Authorization and Care Manager Notification Form- Fillable](#) (PDF)

Issues with Plans or Health Homes regarding this process should be reported



Communication is the Key

- Communication between the Care Manager and HCBS providers should be occurring on a regular basis to verify:
 - Member is enrolled in services
 - Member is attending service and working towards goals
 - If needed changes to the Plan of Care
 - If the member is discharged from HCBS and care management
 - ***HHCM need to ensure R/RE: K-codes are on the child/youth's Medicaid file when the child/youth is found HCBS eligible or K-codes taken down if the child/youth is being discharged***
 - ***HHCM must tell the HCBS providers and MMCP (if applicable) if the member is discharged from HCBS, discharged from HHCM, and/or transferred, so HCBS provider don't continue to provide services, as they will not be paid***
 - ***R/RE: K-code should always be verified monthly by the HCBS provider prior to delivering services***
- Communication to the MMCP is essential by the Care Manager and HCBS providers to ensure the member is:
 - Receiving the proper services
 - The provider can bill for the services
 - The Plan of Care reflects the services and frequency, scope, and duration
 - Everyone is collaborating in the best interest of the member and solving any potential barriers

The [**Referral for HCBS to HCBS Provider**](#) and the [**Children's HCBS Authorization and Care Manager Notification**](#) forms are a way to start the conversation



Continuity of Care

Original Continuity of Care for the Children's System Transformation included the following provisions in staggered timeframes from the Medicaid Managed Care (MMC) carve-in of the CFTSS/HCBS benefit into the MMC and HIV SNP benefit package:

- Suspension of utilization review (UR) for 90 days (180 days for Other Licensed Practitioner (OLP), Community Psychiatric Supports and Treatment (CPST), and Psychosocial Rehabilitation (PSR))
- For transitioning children/youth (i.e. children/youth who were enrolled in the previous waivers), no UR for CFTSS added to the Plan of Care (POC)
- For transitioning children/youth, no change to Long Term Services and Supports (LTSS) /HCBS in POC for 180 days from CFTSS carve-in
- For 24 months from the transition, continuation of LTSS/HCBS in the POC for 180 days from the effective date of enrollment of a Fee-For-Service (FFS) child/youth in receipt of HCBS
- For 24 months from the transition, transitioning children/youth continue with their medical, behavioral health, and/or HCBS provider for a continuous Episode of Care (that began in FFS)

Note: During the COVID-19 State of Emergency, utilization review (or concurrent review) was suspended for Children's HCBS but the [**Children's HCBS Authorization and Care Manager Notification must still be used.**](#)



Continuity of Care Cont.

Current Standards

- To support full implementation of children's services and establish processes, current standards for MMC Plans, CFTSS providers, and HCBS providers are as follows:
- For the period of the COVID-19 State of Emergency under the FFCRA, MMC Plans will continue to suspend HCBS concurrent review originally scheduled to take effect April 1, 2020 due to lapsing continuity of care provisions for transitioning children/youth. The State of Emergency currently expires 1/21/2021, with possible extension. Once the State of Emergency expires, the State will provide advance (30-day) notice to MMC Plans and providers regarding new UR start dates.
- MMCPs and providers should note that the transitional periods for UR suspensions and POC protections have otherwise expired (see items #1-3 in the background section above).
- To simplify administration, the State will align the remaining protections scheduled to expire at the end of 24 months (see previous slide)
- This alignment means that MMC Plans may not conduct HCBS UR while under the State of Emergency but *can* expect providers to meet notification requirements. Once the State of Emergency is phased out, concurrent review for continued HCBS may resume, except for newly enrolled children who were in receipt of HCBS through FFS, whose POC will remain unchanged for 180 days from their enrollment.



Electronic Visit Verification (EVV)

- Per State guidance of November 5, EVV requirements always apply to Community Habilitation, and may apply to Respite. EVV requirements do not apply to Day Habilitation. Children's Waiver HCBS providers that might also serve the OPWDD Waiver will need to comply with OPWDD Guidance regarding OPWDD Comprehensive Waiver services.
- Since the Children's Waiver is a consolidation of six different waivers, serving several different children's populations, designated Planned and Crisis Respite providers must evaluate their service delivery and determine if **ANY** child/youth is served according to the EVV requirement.
- Respite providers must complete an annual Children's Waiver *EVV Declaration Form* which was due **no later than end of day Wednesday, November 18, 2020**.
- Respite providers that determine their delivery of services meets EVV requirements for ANY children/youth served and all Community Habilitation providers will be required to complete the *EVV Attestation* via eMedNY in addition to the Children's Waiver *EVV Declaration Form* for Respite providers.
- Those Respite providers that declare that they do meet the EVV requirements, and all Community Habilitation providers, must implement an EVV system and submit EVV data to the NYS Aggregator by January 1, 2021.



HCBS Settings Rule

In March 2014, new rules laid out within the Home and Community Based Services (HCBS) Final Rule became effective describing how Medicaid-funded home and community-based services are to be delivered

As part of the [HCBS Final Rule](#), CMS established requirements for settings where HCBS can be provided and the heightened scrutiny process for sites either located in a building or on the grounds of a facility also providing inpatient institutional treatment, or is otherwise presumed institutional under the rule.

NYS DOH must go through a process to demonstrate to CMS that all HCBS providers comply with the HCBS Final Rule.

NYS DOH will be issuing guidance and a survey for HCBS providers to complete in December 2020.

For HCBS Sites that are found to be out of compliance with the HCBS Final Rule, NYS will assist with remediation plan by July 1, 2021.

All HCBS designated HCBS providers will need to be in compliance with the settings requirements of the Final Rule by March 17, 2022.



Discussion



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Service Access



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Addressing HCBS Access

- The designation list has been updated and contains designated HCBS providers who are prepared to **actively** provide services. This will assist HHCM/CYES to know the providers who are serving children and make the referral process easier.
- The State will create **an interactive map of the designated providers** by service and by county to determine the gaps of providers and/or services so referrals can be directed to these providers, when appropriate per the Plan of Care.
- Once the list of designated providers and the mapping is completed, the State will be asking the HHs/C-YES to report (December 2020) when HHCMs / CYES staff are encountering waitlist issues or other HCBS provider issues via the **HCBS Access Survey**
- This process will assist to identify potential services/providers in particular areas knowing that referrals are available within the county/area to build appropriate capacity.



Provider Designation Mapping

Children HCBS & CFTSS Agency Site Map

Step 1: Filter to the county/counties served by agency

- (All)
- Albany
- Allegany
- Bronx
- Broome
- Cattaraugus
- Cayuga

Step 2: Filter between HCBS/CFTSS services

- (All)
- HCBS

Step 3: Filter to the HCBS/CFTSS service(s) the agency is designated to provide

- (All)
- Caregiver Family Support and Services
- Community Habilitation
- Community Self Advocacy Training and Support
- Crisis Respite
- Planned Respite
- Prevocational Services
- Supported Employment

Hover over map pin to see HCBS/CFTSS agency site information. Use filter criteria on left to narrow search.

County: Albany | Service Type: HCBS | Service: Caregiver Family Support and Services

Keep Only Exclude

Site Name Saint Anne Institute Troy Site

Agency Name Saint Anne Institute

Site Address 1801 6th Avenue, 2nd floor, Troy, NY, 12180

Service Caregiver Family Support and Services

Agency Contact Name Theresa Gabriel

Agency Contact Phone (518) 437-6502

* Denotes multiple records, use filters on left to narrow results
42.7314, -73.6867

Data Source: Children HCBS & CFTSS Ag... | Dashboard | 9 marks | 1 row by 1 column | SUM of AVG(Lng): -664.0724

Children's HCBS Case Review



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Announcing HCBS Case Reviews

- CMS requires annual case reviews for children/youth receiving HCBS
- DOH has contracted with NYSTEC to conduct HCBS case reviews and audits in conjunction with the NYSDOH children's team and State partners of OCFS, OMH, OPWDD, and OASAS.
- Due to the State of Emergency of COVID-19, the timeline for this first annual review/audit has been delayed and therefore will begin later than future reviews will occur. Additionally, due to the delay of this review, the second year's (2020-2021) review will be immediately following this first review (2019-2020).
- For the 2019-2020 waiver year, case reviews will be conducted at the Health Home/C-YES level – however, HCBS providers may be asked to provide supporting documentation
 - Future reviews will be at the member level and with HCBS providers
- Preliminary performance measures review and fiscal audit began in November 2020 and Case Reviews are scheduled to begin in January 2021



Provider Designation & Attestation



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Designation & Attestation

- In compliance with the 1915(c) Children's Waiver requirements, NYS will initially verify provider designation status through the web-based online portal system, assuring providers are approved and active before they are authorized to deliver waiver services.
- Provider designation will be reverified at least every three years.
 - Requirement of the Children's Waiver
- Once all requirements have been met - the provider receives a Children's HCBS Designation Letter that indicates approved services by site.
- The Children's HCBS Designation Letter includes an attestation the provider agency sign
- The Attestation lays out the compliance requirements, policies, procedures, and standards Children's HCBS providers must adhere to as a condition of their designation
 - The Attestation is being updated and will be issued to all current and future designated HCBS providers to meet all new Children's Waiver requirements
 - This new Attestation will be issued in January 2021 and will need to be signed and return to within 30 days receipt



Support and Training



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Support for HHCM and HCBS Providers

The Children's Redesign was a large transition with many changes and challenges for organizations

NYS must report to CMS and ensure the HH program and HCBS are being provided per all regulations and requirements

NYS has been working to review what is needed to support and assist with the continued impact of this transformation

- Update HHCM policies
- Develop HCBS policies
- Training development for Care Managers and HCBS Providers
- Systems updated and support
- Other support and resources

Additionally, NYS DOH and OMH are working to create some training and supportive materials on SED and the MH System of care to assist HHCMs



Upcoming Policies for Children's HCBS Providers

- Designation
- Re-designation
- Background Checks
- Grievances and Complaints*
- Reportable Incidents*
- Documentation Policy
- Waiver Enrollment
- Waiver Disenrollment
- Transitional Age Youth

Target Release Date: November

Effective Date: March 1, 2021

Training Completed: April 1, 2021

**Including information regarding reporting/monitoring within a soon-to-be-released system*



Upcoming HCBS Children’s Waiver Training

HCBS Overview	LOC/ Eligibility Determination	Waiver Enrollment	POC Development	Referral	Maintaining Waiver Enrollment / Service Delivery	Transfer / Disenroll
Children’s Medicaid System Overview Overview	CANS-NY/ Eligibility Assessment	Capacity Management	Plan of Care/Person-Centered Planning Requirements	HCBS POC Workflow and MMCP Authorization	Care Management Requirements	Waiver Disenrollment
Health Home Care Management	NODs and Fair Hearing	Participant Rights and Protections / Conflict Free Care Management	Service Delivery		Service Delivery Requirements	Transferring to Adult Services or OPWDD waiver
HCBS Provider Requirements	Children and Youth Evaluation Services (C-YES) – the Role of the Independent Entity	Conflict Free Care Management				
Medicaid Overview / Medicaid and the Children’s Waiver						
Service Definitions						

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

Resources

New Resources for HCBS Providers

- **NEW** [HCBS POC Workflow Desk Aid](#)
- **NEW** [Children's System Definitions Tip Sheet](#)
- What resource would be helpful for you?



Resources for HCBS Providers: DOH Website

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

- + [Children's HCBS Waiver Provider Information/Guidance](#)
- + [Electronic Visit Verification \(EVV\)](#)
- + [HCBS Setting Rule](#)
- + [Environmental Modifications \(EMOD\), Vehicle Modifications \(VMOD\), Adaptive and Assistive Technology \(AT\) and Non-medical transportation \(NMT\)](#)
- + [HCBS Provider Manual, Policies, and Rates](#)
- + [Eligibility Forms](#)
- + [Plan of Care](#)
- + [Notice of Decision](#)
- + [Children and Youth Evaluation Services \(C-YES\)](#)
- + [Capacity Management](#)



Reporting Issues to DOH

Reporting Issues to DOH

- Per recent guidance: [HCBS Provider Directive to Continue Services to Participants and Seek DOH Assistance](#), providers should notify DOH of any issues causing disruption to service delivery
- Notification to the State must occur *prior* to disenrolling a child/youth from HCBS due to any administrative, billing, or care coordination issues
- HCBS providers experiencing administrative, billing, or care coordination issues must work to resolve those issues with the MMCP, Health Homes, care management agencies, C-YES, and/or the State to ensure they are not causing a disruption of services
- Providers can seek assistance in resolving FFS billing and claims issues by calling eMedNY at 1-800-343-9000
- Providers can contact MMCPs directly to resolve issues. MMCP contacts can be found using the MCTAC MMCP Contact Matrix, located here: <https://matrix.ctacny.org/>
- If providers are unable to resolve issues, they should contact the State BH.Transition@health.ny.gov



Next Steps and Questions



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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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Appendix

HCBS POC Workflow



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HCBS POC Reminders

- **HHCMs/C-YES** directly refer children/youth by utilizing the [Referral for HCBS to HCBS Provider](#) Form after working with the child/family on POC development. This form includes key information HCBS providers need to deliver and bill for children's HCBS.
- It is the responsibility of the HCBS Provider to ensure that the first scheduled appointment is communicated to the HHCM/C-YES and the MMCP, if the child/youth is enrolled, and to provide updates if there are any rescheduled or missed appointments.
 - ***R/RE: K-code can change and should always be verified monthly by the HCBS provider prior to delivering services.***
- Notification to an MMCP allows the MMCP to update care management and claims systems with the information a child/youth is eligible for HCBS and will be accessing services from the identified provider(s). Notification also permits the provider to claim for the initial period (60 days/96 units/24 hours).



HCBS POC Workflow Reminders (cont.)

- For children/youth who are enrolled in MMCP
 - HCBS Provider submits a request for continued service authorization to the MMCP using the [Children's HCBS Authorization and Care Manager Notification](#) form. This form must be provided in advance of when the initial period (60 days/96 units/24 hours) expires to allow for continued service and billing.
 - The MMCP makes an authorization determination per the Model Contract and in accordance with utilization management guidelines and the **POC (provided by the HHCM/C-YES)**.
 - Once received, the HCBS Provider sends the completed form to HHCM/C-YES so that the **HHCM/C-YES** can update the POC with the frequency, scope, and duration.
 - If MMCPs receive HCBS claims that do not have an associated [Children's HCBS Authorization and Care Manager Notification](#) form or if the RRE K-Code cannot be verified, they should pend the claim and communicate with the provider to obtain the form. Failure of the HCBS provider to request continued authorization when required, may result in denied or delayed claims payment.
- For children/youth who are enrolled in FFS
 - It is still necessary for the HCBS Provider to communicate with HHCM/C-YES regarding the appropriate information for frequency, scope, and duration so the POC can be updated.
 - Therefore, the **HCBS Provider** must submit the [Children's HCBS Authorization and Care Manager Notification](#) form to the HHCM/C-YES

