

**Application for**

**Section 1915(b) (4) Waiver**

**Fee-for-Service**

**Selective Contracting Program**

April 1, 2020

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April 1, 2020

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## Section A – Waiver Program Description

### Part I: Program Overview

#### **Tribal Consultation:**

Describe the efforts the State has made to ensure that Federally recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal (if additional space is needed, please supplement your answer with a Word attachment).

**Response:** A Tribal Notification was sent out on January 31, 2020 informing the Tribes of the submission of a new 1915(b)(4) waiver application to allow selective contracting for Home Rehabilitative Services (HRS). Copies of the January 31, 2020 letter to the Tribal representatives are provided in Attachment A.

#### **Program Description:**

Provide a brief description of the proposed selective contracting program or, if this is a request to amend an existing selective contracting waiver, the history of and changes requested to the existing program. Please include the estimated number of enrollees served throughout the waiver (if additional space is needed, please supplement your answer with a Word attachment).

**Response:** New York requests a waiver to selectively contract for Home Rehabilitative Services (“HRS”) to assist individuals with mental health, developmental disability, substance use disorder, HIV/AIDS, the frail elderly, the homeless or chronically homeless as defined by the U.S. Department of Housing and Urban Development (“HUD”) to live independently. This application requests a five-year waiver approval for selective contracting for HRS providers who will provide the direct support to assist eligible individuals to obtain and sustain housing in the community as outlined in the approved State Plan.

The estimated number of enrollees, at a given time, projected to be served through the HRS service is approximately 33,956 individuals.

An alternative payment structure will be utilized for HRS. The monthly payments will be based upon the expected monthly utilization of the State Plan services. SDEs will collect monthly service documentation data from the providers.

The New York State Department of Health (DOH) will be the lead state agency to compile all of the service documentation data provided by the SDEs and will bill on behalf of the services based upon an agreed upon methodology with the Centers for Medicare & Medicaid Services (CMS).

#### **Waiver Services:**

Please list all existing State Plan services the State will provide through this selective contracting waiver (if additional space is needed, please supplement your answer with a Word attachment).

**Response:**

This waiver will allow selective contracting of:

- Home Rehabilitative Services (“HRS”) which consist broadly of those services which are furnished to assist individuals in transitioning from shelters, the streets, or institutional settings (including emergency housing) to access safe, decent and supportive housing that is integrated within the broader community; arranging connection to community supports and encouraging building of natural supports necessary to assist residents to remain in their preferred housing; and providing tenancy related services to promote housing stability.
- Home Rehabilitative Services include individual housing transition services that support an individual’s ability to prepare for and transition to housing; and individual housing and tenancy sustaining services that support the individual in being a successful tenant in his/her housing arrangement and thus able to sustain tenancy. HRS is at least one face-to-face visit per month and collateral visit intervention between housing provider staff and an individual enrolled receiving HRS; and may include collateral contacts beyond the individual, as necessary to achieve goals or objectives in the individualized support plan. Services are delivered in a variety of settings in the community or in the individual’s place of residence.

**A. Statutory Authority**

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):

    X     1915(b) (4) - FFS Selective Contracting program

2. **Sections Waived.** The State requests a waiver of these sections of 1902 of the Social Security Act:

- a.            Section 1902(a) (1) – Statewideness
- b.            Section 1902(a) (10) (B) - Comparability of Services
- c.            Section 1902(a) (23) - Freedom of Choice
- d.            Other Sections of 1902 – (please specify)

**B. Delivery Systems**

1. **Reimbursement.** Payment for the selective contracting program is:

    X     The same as stipulated in the State Plan and HCBS waiver  
           Is different than stipulated in the State Plan (please describe)

2. **Procurement.** The State will select the contractor in the following manner:

    X     Competitive Procurement  
    X     Open cooperative procurement  
    X     Sole source procurement

\_\_\_\_\_ **Other** (please describe) Non-competitive procurement

**C. Restriction of Freedom of Choice**

**1. Provider Limitations.**

\_\_\_\_\_ Beneficiaries will be limited to a single provider in their service area.

  **X**   Beneficiaries will be given a choice of providers in their service area.

The HRS services will be provided statewide. State agencies will serve as Single Designated Entities (“SDE”) for their respective populations. The provision of HRS will be limited to HRS providers under contract with an SDE. DOH will coordinate with SDEs on reporting and payment.

<b>SDE</b>	<b>Population</b>
Department of Health (DOH)	Frail Elderly, chronically homeless, HIV/AIDS
Office of Mental Health (OMH)	Mental health
Office of Addiction Services and Supports (OASAS)	Substance use disorder
Office for People with Developmental Disabilities (OPWDD)	Developmentally disabled
Office of Temporary Disability Assistance (OTDA)	Chronically homeless

**2. State Standards.**

Detail any difference between the state standards that will be applied under this waiver and those detailed in the State Plan coverage or reimbursement documents (if additional space is needed, please supplement your answer with a Word attachment).

**Response:** 1915(b)(4) Waiver service providers are required to:

- Each SDE has rules and guidance regarding the targeting of the programs within their procurement and program guidelines. The provider must demonstrate that it will have a meaningful impact on addressing the identified needs of the eligible target population(s), including by demonstrating the appropriateness of the program’s approach to meet the needs of the target population, including providing culturally-competent and trauma-informed services.
- Providers will assess and provide appropriately needed HRS services to individuals to live independently and remain stably housed. Services include counseling, independent living skills training, community transitional services, housing transition services, housing tenancy support, transitional housing support, and benefits advocacy. The services provided should be tailored and appropriate to the specific population to be served by the

provider.

**Direct support to assist eligible individuals to obtain and sustain housing in the community:**

- Conducting an individual housing needs assessment to identify the individual's preferences and barriers related to obtaining housing and maintaining community integration.
- Helping individuals with establishing a household, becoming acquainted with the local community; providing linkages to health home care coordination and community resources, including: primary care; substance use treatment providers; mental health providers; medical, vision, nutritional and dental providers; vocational, education, employment and volunteer supports; parenting resources; hospitals and emergency rooms; probation and parole; crisis services; end of life planning; and other support groups and natural supports.
- Developing an individualized housing support plan based upon the housing needs assessment that addresses identified barriers, includes short and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet the goal.
- Rehabilitative skills training to assist apply for and locate housing, identify and secure resources to obtain housing, ensure that their living environment is safe and ready for move-in, and arrange for moving.
- Individualized service planning with individuals to review, update and modify housing support and support plan to reflect current needs and address existing or recurring housing retention barriers. This includes developing support plans that includes prevention and early intervention services when housing is jeopardized.
- Health literacy skills training and helping individuals understand care instructions.
- Living skills training and support, including nutritional counseling, understanding transportation routes, and financial/household management and budgeting skills training.
- Assisting individuals to navigate and obtain entitlements for which they may qualify, including advocacy skills training to assist individuals successfully interact with an entitlement agency.
- Assisting individuals to understand their rights and responsibilities as tenants, comply with the terms of their lease, navigate the housing recertification process, communicate with the landlord and/or property manager regarding the participant's disability, and

negotiate and obtain any accommodations needed.

- Coaching on developing and maintaining key relationships with landlord's/property managers, including instruction and assistance with resolving apartment and building maintenance issues, with a goal of promoting successful tenancy.
- Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized.
- Ongoing support for individuals concerning housing-related issues during and after an emergency, such as hospitalization.

#### **D. Populations Affected by Waiver**

(May be modified as needed to fit the State's specific circumstances)

1. **Included Populations.** The following populations are included in the waiver:

- Section 1931 Children and Related Populations
- Section 1931 Adults and Related Populations
- Blind/Disabled Adults and Related Populations
- Blind/Disabled Children and Related Populations
- Aged and Related Populations
- Foster Care Children
- Title XXI CHIP Children

Other:

2. **Excluded Populations.** The following populations are excluded from participating in the waiver:

- Dual Eligibles
- Poverty Level Pregnant Women
- Individuals with other insurance
- Individuals residing in a nursing facility or ICF/MR
- Individuals enrolled in a managed care program
- Individuals participating in a HCBS Waiver program
- American Indians/Alaskan Natives
- Special Needs Children (State Defined) Please provide this definition.
- Individuals receiving retroactive eligibility
- Other (Please define):

## Part II: Access, Provider Capacity and Utilization Standards

### A. Timely Access Standards

Describe the standard that the State will adopt (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has adopted) defining timely Medicaid beneficiary access to the contracted services, *i.e.*, what constitutes timely access to the service?

1. How does the State measure (or propose to measure) the timeliness of Medicaid beneficiary access to the services covered under the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment)?

#### **Response:**

Each eligible recipient develops in conjunction with their housing provider an individualized support plan that outlines the recipient's service needs. HRS designated providers must adhere to the recipient's individualized support plan. Each provider is required to keep a detailed log or progress notes of all supports/services provided to recipients. Providers must either submit quarterly reports to the SDEs that demonstrate that they are meeting the terms of the contract and recipients service needs or must have documentation available during on-site or desk reviews. HRS are based on individual need and will be provided to all eligible individuals. Providers will maintain HRA accessibility throughout the entire course of the individual's treatment.

If an HRS designated provider is found to have a pattern of non-compliance with the provision of services under the recipient's individualized support plan, a corrective action is issued. If the measures of the corrective action plan are not met, the SDE may choose to terminate the contract.

2. Describe the remedies the State has or will put in place if Medicaid beneficiaries are unable to access the contracted service in a timely fashion (if additional space is needed, please supplement your answer with a Word attachment).

#### **Response:**

Single Designated Entities will provide remediation and correction action plans if Medicaid beneficiaries are unable to access services in a timely manner.

SDEs will issue corrective action plans to HRS designated providers to remediate issues with recipient access to HRS services. This plan will show steps the HRS designated provider must take to improve its practices. If the provider's issues are not resolved, the SDE may terminate the provider contract. In the event a contract is terminated, the SDE will work to transition the program to a suitable provider to ensure that services are not disrupted.

## B. Provider Capacity Standards

Describe how the State will ensure (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has ensured) that its selective contracting program provides an enough supply of contracted providers to meet Medicaid beneficiaries’ needs.

1. Provide a detailed capacity analysis of the number of providers (e.g., by type, or number of beds for facility-based programs), or vehicles (by type, per contractor for non-emergency transportation programs), needed per location or region to assure sufficient capacity under the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

### Response:

In the state-wide competitive procurement process, it is required for potential providers to demonstrate the need of their area and this is scored in the procurement process. In some cases the SDE uses data to target specific areas of need for contracting.

Current Capacity is state-wide and fully met by the SDEs programs:

Single Designated Entity (SDE)	Total Capacity
Office of Mental Health (OMH)	17,980
Office of Alcoholism and Substance Use Services (OASAS)	2,574
Office of Persons with Developmental Disabilities (OPWDD)	5,944
NYS Empire State Supportive Housing Initiative (ESSHI OMH)	466
NYS Empire State Supportive Housing Initiative (ESSHI OASAS)	108
NYS Empire State Supportive Housing Initiative (ESSHI OPWDD)	48
NYS Empire State Supportive Housing Initiative (ESSHI AIDS Institute )	38
NYS Empire State Supportive Housing Initiative (ESSHI DOH)	620
Office of Temporary and Disability Assistance (OTDA)	400
Office of Temporary and Disability Assistance (OTDA NYSSHP)	4,112
NYS Department of Health - AIDS Institute	281
NYS Department of Health - OHIP	1,385
<b>Total</b>	<b>33,956</b>

2. Describe how the State will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting program so that Medicaid beneficiaries have sufficient and timely access throughout the regions affected by the program (if additional space is needed, please supplement your answer with a Word attachment).

**Response:**

The State has a presence in every geographic region of the State. Statewide need is a consideration during the procurement process to select providers.

### C. Utilization Standards

Describe the State's utilization standards specific to the selective contracting program.

1. How will the State (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State) regularly monitor(s) the selective contracting program to determine appropriate Medicaid beneficiary utilization, as defined by the utilization standard described above (if additional space is needed, please supplement your answer with a Word attachment)?

**Response:**

The SDEs review service documentation to ensure the appropriate utilization of services and/or reports accessible upon request.

2. Describe the remedies the State has or will put in place if Medicaid beneficiary utilization falls below the utilization standards described above (if additional space is needed, please supplement your answer with a Word attachment).

**Response:** Providers who fall below utilization standards will be given a corrective action plan for performance improvement. Action plans for performance improvement will be required for standard that has been previously noted as a programmatic trend and/or area that continues to lack significant improvement. The SDEs will monitor compliance, provide technical assistance and complete remedial site visits if necessary. If a remedial site visit is warranted, a written summary of the site visit will be issued, including findings and recommendations. If the HRS provider fails to improve after the action plan, the SDE may choose to terminate the contract.

If there is an indication of non-compliance or deficiency identified in the level of HRS team involvement requirements additional information will be requested and reviewed to evaluate fully.

### Part III: Quality

#### A. Quality Standards and Contract Monitoring

1. Describe the State's quality measurement standards specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).
  - a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):
    - i. Regularly monitor(s) the contracted providers to determine compliance with the State's quality standards for the selective contracting program.

**Response:** The State's quality standard is that individuals receive at least one face-to-face visit per month and collateral visits

- The rate of homelessness will decrease over time for individuals once they have joined the program (Post-enrollment homelessness rates will drop compared to Pre-enrollment rates)
- Placements will stabilize through increased contact satisfaction (Post-enrollment retention into housing)
- Individuals will improve in their satisfaction with their living arrangement

SDSs will monitor contracted providers using performance and programmatic standards.

- ii. Take(s) corrective action if there is a failure to comply.

**Response:** All providers found to have deficiencies will be required to submit a correction action plan for performance improvement for review and approval by their respective SDE. Areas found deficient become a focus of future review and analysis of compliance. The SDE will provide technical assistance or a corrective action plan as necessary to ensure the HRS provider comes into compliance and meets required programmatic standards. If a provider fails to comply the SDE may choose to terminate their contract.

2. Describe the State's contract monitoring process specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).
  - a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):
    - i. Regularly monitor(s) the contracted providers to determine compliance with the contractual requirements of the selective contracting program.

**Response:** The SDE will monitor the program and performance standards. Methods include routine data collection (i.e. CARES report), reporting, correction action plans for performance improvement, remedial site visits, and meeting with providers. SDEs may issue guidance and/or administrative directives to all HRS providers to address identified concerns and provide clarification on HRS service delivery. The provision of regular technical assistance provides additional opportunities for evaluating compliance.

- ii. Take(s) corrective action if there is a failure to comply.

**Response:** All providers found to have deficiencies will be required to submit a corrective action plan for performance improvement for review and approval by their respective SDE. Areas found deficient become a focus of future review and analysis of compliance. SDEs may provide technical assistance as necessary to ensure the HRS provider comes into compliance and meets required benchmarks. If a provider fails to comply the SDE may choose to terminate their contract.

## **B. Coordination and Continuity of Care Standards**

Describe how the State assures that coordination and continuity of care is not negatively impacted by the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

**Response:** The enforcement of program standards for HRS ensure that everyone receiving HRS has a support plan that will ensure care coordination.

## **Part IV: Program Operations**

### **A. Beneficiary Information**

Describe how beneficiaries will get information about the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

**Response:** Eligible beneficiaries will receive information about the selective contracting program from the following:

- Brochures
- Referral sources
- Placement agencies
- Ability to visit the program, as well as meet with the provider agency to receive information regarding the opportunities provided.

Additionally, NYS will engage with the following types of providers, who will serve as primary referral sources for HRS, to share information about the program with beneficiaries who may be eligible for the program:

- Health Home Care Manager
- Family Member
- Single Designated Providers
- Emergency Department/mobile crisis
- Hospital/ID Center
- Mental Health Practitioner/Behavior Specialist
- Other (school, medical personnel)

Lastly, information about HRS will be available on the SDEs website.

**B. Individuals with Special Needs**

  X   The State has special processes in place for persons with special needs (Please provide detail).

**Response:**

Through the procurement process, each SDE ensures that the selected provider has experience with the targeted population.

**Section B – Waiver Cost-Effectiveness & Efficiency**

**Efficient and economic provision of covered care and services:**

1. Provide a description of the State’s efficient and economic provision of covered care and services (if additional space is needed, please supplement your answer with a Word attachment)

New York’s actual expenditures for the prospective years will not exceed projected expenditures for the prospective years; and actual expenditures for the prospective years will be equal to the demand under the Medicaid State Plan. Approximately 33,956 individuals are projected to meet medical necessity under the newly approved State Plan and will be served at a cost of approximately \$5,500 each. This is less costly than a single hospitalization. There is no historic Medicaid trend factor for this service.

2. Project the waiver expenditures for the upcoming waiver period.

Year 1 from: 04/01/2020 to 3/31/2021

Trend rate from current expenditures (or historical figures): 2.00 %

Projected pre-waiver cost N/A

Projected Waiver cost \$33M

Difference: N/A

Year 2 from: 04/01/2021 to 3/31/2022

Trend rate from current expenditures (or historical figures): 2.00 %

Projected pre-waiver cost N/A  
Projected Waiver cost \$33.7M  
Difference: N/A

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Year 3 (if applicable) from: 04/01/2022 to 3/31/2023  
*(For renewals, use trend rate from previous year and claims data from the CMS-64)*  
Projected pre-waiver cost N/A  
Projected Waiver cost \$34.3M  
Difference: N/A

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Year 4 (if applicable) from: 04/01/2023 to 3/31/2024  
*(For renewals, use trend rate from previous year and claims data from the CMS-64)*  
Projected pre-waiver cost N/A  
Projected Waiver cost \$35M  
Difference: N/A

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Year 5 (if applicable) from: 04/01/2024 to 3/31/2025  
*(For renewals, use trend rate from previous year and claims data from the CMS-64)*  
Projected pre-waiver cost N/A  
Projected Waiver cost \$35.7M  
Difference: N/A