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# Children's HCBS POC Workflow

August 28, 2019

# Agenda

- General Update
- Background, Purpose, and Uses
- Responsible Entities
- Steps to Receiving HCBS & POC Process
- Ineligible/Children Who Decline HCBS
- October 1, 2019 Implementation Date Sharing of the POC
- Utilization Management (UM)
- Appendix

# General Update

August 2019

Children's Medicaid System Transformation Timeline	Scheduled Date
<ul style="list-style-type: none"> <li>Implement three of the six new Children and Family Treatment and Support Services (CFTSS) (Other Licensed Practitioner, Psychosocial Rehabilitation, Community Psychiatric Treatment and Supports) in Managed Care and Fee-For-Service</li> </ul>	January 1, 2019 <b>COMPLETED</b>
<ul style="list-style-type: none"> <li>Waiver agencies must obtain the necessary LPHA recommendation for CFTSS that crosswalk from historical waiver services and revise service names in Plan of Care for transitioning waiver children. This is the last billable date of waiver services that crosswalk to CPST and/or PSR.</li> </ul>	January 31, 2019 <b>COMPLETED</b>
<ul style="list-style-type: none"> <li>Transition from Waiver Care Coordination to Health Home Care Management</li> </ul>	January 1- March 31, 2019 <b>COMPLETED</b>
<ul style="list-style-type: none"> <li>1915(c) Children's Consolidated Waiver is effective and former 1915c Waivers no longer active</li> </ul>	April 1, 2019 <b>COMPLETED</b>
<ul style="list-style-type: none"> <li>Implement Family Peer Support Services as State Plan Service in managed care and fee-for-service</li> <li>BH services already in managed care for adults 21 and older are available in managed care for individuals 18-20 (e.g. PROS, ACT, etc.)</li> <li>OMH licensed SED designated clinics serving children with SED diagnoses are carved-in to managed care</li> <li>SSI children begin receiving State Plan behavioral health services in managed care</li> <li>Three-year phase in of Level of Care (LOC) expansion begins</li> </ul>	July 1, 2019 July 1, 2019  July 1, 2019 July 1, 2019 July 1, 2019 <b>COMPLETED</b>
<ul style="list-style-type: none"> <li>1915(c) Children's Consolidated Waiver Services carved-in to managed care</li> <li>Children enrolled in the Children's 1915(c) Waiver are mandatorily enrolled in managed care*</li> </ul>	October 1, 2019 October 1, 2019
<ul style="list-style-type: none"> <li>Implement Youth Peer Support and Training and Crisis Intervention as State Plan services in managed care and fee-for-service</li> </ul>	January 1, 2020
<ul style="list-style-type: none"> <li>Voluntary Foster Care Agency Article 29-I per diem and services carved-in to managed care</li> <li>Children residing in a Voluntary Foster Care Agency are mandatorily enrolled in managed care</li> <li>29-I Licensure becomes effective for Voluntary Foster Care Agencies</li> </ul>	February 1, 2020 February 1, 2020 February 1, 2020

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# Background, Purpose, and Uses

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# HCBS Workflow Purpose and Process

**Workflow's Purpose:** To define the how an HCBS Eligible child will be referred and access the Home and Community Based Services (HCBS) and providers through the Children's Waiver, which became effective April 1, 2019

- Outlines the specific roles for Children and Youth Evaluation Service (C-YES), Health Home Care Manager (HHCM) and MMCP
  - This process does not apply to AT/VMODS/EMODs
  - This process does not apply to Non-Medical Transportation

## **Workflow's Process:**

- Developed with State partners, Health Homes, HCBS providers, Managed Care Plans, Advocates and Association representatives
- DRAFT policy distributed to stakeholders on 7/16/19 to provide comments
- Policy updated and Finalized incorporating comments and re-released 8/16/19
- Definitions are available in the appendix
- FAQ is in development

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# Who is a candidate for the Children's Waiver HCBS?

Children/youth enrolled in Medicaid (or Medicaid eligible) who are believed to be HCBS eligible and or in need of HCBS

HCBS is available to all children/youth under the age of 21 that meet eligibility, there is no exclusion group

Children/youth who have:

- Complex medical needs – Medically Fragile (MF) Target Population
  - Mental Health condition - Serious Emotional Disturbance (SED) Target Population
  - Developmental Disability (DD) and complex medical needs - DD/MF Target Population
  - Developmental Disability (DD) and in Foster Care at the time of HCBS eligibility – DD Foster Care Target Population
- ❖ Developmental Disability (DD) condition alone are not eligible for the Children's Waiver

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# HCBS Eligibility Determination Criteria

HCBS purpose:

1. Enable children to remain at home, and/or in the community, thus decreasing institutional placement
2. To safely return a child from a higher level of care, back to the community with services to maintain them at home and/or in the community
3. Expand service options currently available to children and adolescents for better outcomes

*\*Institutionalization refers to children at risk of being admitted to a higher level of care such as out of home residential settings, hospitalization, ICF-I/D, or Nursing Facility*



# HCBS Care management



Children/youth receiving HCBS services through the Children's HCBS Waiver are required to also receive Care Management. This requirement can be met one of three ways:

## Health Home

- Comprehensive care management; care coordination and health promotion; comprehensive transitional care; enrollee and family support; and referral to community and social supports
- HH maintains the POC for children who are FFS or enrolled in Medicaid Managed Care Plan (MMCP)

## C-YES

- Since Health Home Care Management is optional, children/youth can opt out and receive HCBS Care Management from C-YES, who will develop a HCBS POC from the HCBS LOC determination to identify goals and work with the child to ensure the POC is achieving those goals
- C-YES will maintain the POC for children who opt-out of Health Home who are not enrolled in MMCP

## MMCP

- For children/youth who opt-out of Health Home and are enrolled with a MMCP, once C-YES establishes HCBS/LOC eligibility and the HCBS POC, the MMCP updates the POC as needed through a person-centered planning process
- C- YES conducts the HCBS/LOC Eligibility Determination annually for children/youth who are managed by the MMCP

# Responsible Entities

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# Children's HCBS Workflow

## Responsible Entities

Legend:

MMCP	HHCM	C-YES	HCBS Provider
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Milestone event	Responsible entity			
	Enrolled in MMCP		FFS Medicaid	
	Enrolled in HH	Opt-out of HH, Served by C-YES	Enrolled in HH	Opt-out of HH, Served by C-YES
HCBS Provider referral	HHCM	C-YES	HHCM	C-YES
Notifies MMCP and HHCM of First Appointment	HCBS Provider	HCBS Provider	N/A	N/A
On-going POC updates	HHCM	MMCP	HHCM	C-YES
Request Authorization for Services	HCBS Provider	HCBS Provider	N/A	N/A
Major life event requiring POC update	HHCM	MMCP	HHCM	C-YES
Monitoring access to care	MMCP	MMCP	HHCM	C-YES
Annual reassessment	HHCM	C-YES	HHCM	C-YES

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# Steps to Obtaining HCBS & the POC Process

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# Step 1: Referral to Identified HCBS Providers / Services

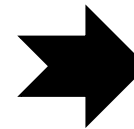


- **HHCM/C-YES** determines HCBS/LOC Eligibility; develops person-centered POC with HCBS
- Once child/family chooses HCBS and **HCBS providers**
  - **HHCM/C-YES** assists the child/family in setting up first appointment with identified **HCBS providers**
  - **HHCM/C-YES** directly refers utilizing the **Referral for Home and Community Based Services (HCBS) to HCBS Provider** form
    - This form needs to be completed and sent to the chosen **HCBS provider(s)** within four (4) calendar days of the HCBS referral request

New York State Department of Health  
**Health Home Care Management/C-YES Referral for Home and Community Based Services (HCBS) to HCBS Provider**  
 Medicaid 1915(c) Children's Waiver Program

SECTION I: To be completed by the HHCM/C-YES. Complete one form per HCBS provider. One form may include all HCBS to be provided by the HCBS provider.

CHILD'S NAME (LAST, FIRST, MI):			MEDICAID CN#:		
DATE OF BIRTH:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PREFERRED METHOD OF CONTACT:		PARENT/GUARDIAN EMAIL:	
			<input type="checkbox"/> EMAIL	<input type="checkbox"/> PHONE	
PARENT/GUARDIAN/LEGALLY AUTHORIZED REPRESENTATIVE NAME:			PARENT/GUARDIAN PHONE #:		
TARGET POPULATION (CHECK ONE ONLY)		REFERRAL TYPE (CHECK ONE ONLY)		FINALIZED LEVEL OF CARE (LOC) STATUS	
<input type="checkbox"/> SERIOUS EMOTIONAL DISTURBANCE(SED)		<input type="checkbox"/> INITIAL REFERRAL		<input type="checkbox"/> LOC OBTAINED AND VERIFIED IN UAS	
<input type="checkbox"/> MEDICALLY FRAGILE (MEDF)		<input type="checkbox"/> SUBSEQUENT REFERRAL - REVISION/UPDATE TO THE EXISTING PLAN OF CARE		<input type="checkbox"/> _____ DATE OF LOC	
<input type="checkbox"/> DEVELOPMENTAL DISABILITIES (DD) AND MEDICALLY FRAGILE (MEDF)		<input type="checkbox"/> ENROLLED IN MEDICAID MANAGED CARE		<input type="checkbox"/> CAPACITY MANAGEMENT APPROVED BY DOH	
<input type="checkbox"/> DEVELOPMENTAL DISABILITIES (DD) AND FOSTER CARE		PLAN NAME: _____		<input type="checkbox"/> _____ DATE OF SLOT APPROVED	



Name of Care Manager, Care Management Agency and Designated Lead Health Home:

CONTACT'S NAME:	CONTACT'S AGENCY NAME:	DATE:
CONTACT'S TITLE:	EMAIL ADDRESS:	PHONE #:
CONTACT'S ADDRESS:	CITY:	COUNTY:
	STATE:	ZIP CODE:
NAME OF DESIGNATED LEAD HEALTH HOME SERVING CHILDREN:		

A list of Home and Community Based Service Providers was provided to the child/parent/guardian/legally authorized representative. The child/parent/guardian/legally authorized representative has selected the following agency. The child/parent/guardian/legally authorized representative has chosen the provider below.

HOME AND COMMUNITY BASED SERVICE PROVIDER:	PHONE #:
HOME AND COMMUNITY BASED SERVICE PROVIDER ADDRESS:	CITY:
	STATE:
	ZIP CODE:
HOME AND COMMUNITY BASED SERVICE PROVIDER STAFF CONTACT NAME:	

PLEASE CHECK SERVICE BEING REQUESTED AND DESIRED GOAL TO BE ADDRESSED FOR EACH SERVICE:

REFERRED HCBS SERVICE(S):	
<input type="checkbox"/> COMMUNITY REHABILITATION	<input type="checkbox"/> PREVOCATIONAL SERVICES
<input type="checkbox"/> DAY HABITATION	<input type="checkbox"/> SUPPORTED EMPLOYMENT
<input type="checkbox"/> CAREGIVER/FAMILY SUPPORT AND SERVICES	<input type="checkbox"/> RESPITE SERVICE
<input type="checkbox"/> COMMUNITY SELF-ADVOCACY TRAINING SUPPORT	<input type="checkbox"/> PALLIATIVE CARE
	<input type="checkbox"/> MASSAGE   <input type="checkbox"/> BEREAVEMENT   <input type="checkbox"/> EXPRESSIVE CARE   <input type="checkbox"/> PAIN AND SYMPTOM MANAGEMENT
DESIRED GOAL OR NEED TO BE ADDRESSED:	
FAMILY PREFERENCES: (MALE/FEMALE STAFF, EVENING HOURS, ETC.)	

➤ Referrals are made to in-network MMCP providers if the child/youth is enrolled in a **MMCP**

➤ **No Level of Care approval** (as required in adult HCBS process)

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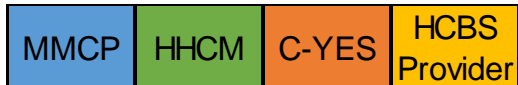
# When Referring the Child/Youth for HCBS



Use the ***Referral for Home and Community Based Services (HCBS) to HCBS Provider*** form:

- This form must be completed by the **HHCM/C-YES** for each **HCBS provider** selected by the child/family
  - Multiple identified **HCBS providers**, a separate form for each **provider**
  - One **HCBS provider** providing multiple HCBS, then only one form needed
- Each HCBS must be specified on the form, indicating the title of the HCBS identified and the desired goal or need to be addressed as identified by the child and family
- The completed form is sent by the **HHCM/C-YES** to each identified **HCBS provider** as documentation that a referral for HCBS was made
- **HHCM/C-YES** should keep a copy of the form(s) sent and document within the case record when the form(s) were sent
- **HHCM/C-YES** will need to establish how the form will be sent with each **HCBS provider**, i.e. fax, secure email, US mail, etc.

# New/additional Referrals for HCBS



The ***Referral for Home and Community Based Services (HCBS) to HCBS Provider*** form needs to be completed and sent to an **HCBS provider** when:

- There is a request or need to change the **HCBS provider** OR
  - There is a new service requested OR
  - There is a new need identified, or the child/family chooses to now address an identified need. This can occur when updating/reviewing the POC or an occurrence of a significant life event
- If the **MMCP** is maintaining the POC, the **MMCP** is required to utilize the ***Referral for Home and Community Based Services (HCBS) to HCBS Provider*** as well

## Step 2: Establishment of First Appointment and Notification to the MMCP *(if the child is not enrolled in a MMCP, skip this step)*

It is the responsibility of the referred **HCBS provider(s)** to ensure that the first scheduled appointment with the child/family is known by the **HHCM/C-YES** and the **MMCP**

The **HCBS provider(s)** will contact the **MMCP** to ensure their awareness of the first appointment.

Should the first appointment be rescheduled, or the child/family misses their first appointment, the **MMCP** and **HHCM/C-YES** will need to be notified

Notification to the **MMCP** regarding the HCBS appointment must be made **IMMEDIATELY** upon the first appointment being scheduled with the following information:

- Appointment Date,
- Identified Services, and
- Desired goal or need to be addressed

❖ **MMCP** ensure HCBS in POC are accessible with no prior authorization for the first 60 days, 96 units, or 24 hours





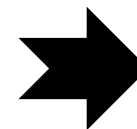
# Step 3: Authorization of Requested/Continued HCBS and Care Manager Notification



The **HCBS Provider** conducts a service intake/assessment to determine appropriateness of the service and frequency, scope, and duration (f/s/d)

Once **HCBS Provider** determines f/s/d; **HCBS Provider** request authorization for the service or for continued services using ***Children's HCBS Authorization and Care Manager Notification*** form

- The **MMCP** may request additional information
- **MMCP** makes service authorization determination within the MMC Model Contract Appendix F- timeframes for concurrent review, in accordance with HCBS UM guidelines and the POC



**Please Note:** HCBS Provider develops a [Service Plan](#)

# Children's HCBS Authorization and Care Manager Notification form



The Purpose and Requirement for the ***Children's HCBS Authorization and Care Manager Notification*** form:

1. Must be utilized regardless of the child/youth being enrolled in a **MMCP**
2. Notifies the **MMCP** of the HCBS requested or need for continuance
3. Informs **MMCP**, **HHCM/C-YES** (as appropriate), of frequency, scope and duration
4. Informs updates to the POC by the **MMCP**, **HHCM**, or **C-YES** (as appropriate)
5. Assists in the tracking of HCBS being provided, authorized and as notification

# HCBS Authorization and Care Manager Notification Process



For the Child/Youth Enrolled in a **MMCP**:

**If the child/youth is enrolled in a **MMCP** and in **Health Home**:**

1. **HCBS provider** completes Section 1 of the Form and sends to **MMCP**
2. The **MMCP** completes service authorization review and issues determination to the **HCBS provider**
3. Then the **HCBS provider** completes Section 2 of the Form and sends copy of form AND service authorization determination to **HHCM**.
4. **HHCM** updates POC and distributes POC as outlined

**HCBS provider** must notify the **HHCM** **within five (5) calendar days** after receiving **MMCP** authorization for Frequency, Scope, and Duration of HCBS, then the **HCBS provider** completes section 2 of the form as formal notification

# HCBS Authorization and Care Manager Notification Process



## For the Child/Youth Enrolled in a **MMCP**:

### If child/youth is enrolled in a **MMCP** and **not** in **Health Home**:

1. **HCBS provider** completes Section 1 of the Form and sends to **MMCP**
2. The **MMCP** completes service authorization review and issues determination to the **HCBS provider**
3. **MMCP** care manager updates POC and distributes the POC.
4. The **MMCP** will share the POC with **C-YES** at least quarterly.

If the child is not enrolled in a Health Home, then the **MMCP** CM will update the child's HCBS POC to include the approved frequency, scope, and duration

# HCBS Authorization and Care Manager Notification Process



## Ongoing Services when enrolled with MMCP

- Before the end of the authorization period, if the child/family and **HCBS provider** believe additional services are needed, the **HCBS Provider** completes the Children's HCBS Authorization and Care Manager Notification Form at least **14 calendar days prior to the existing HCBS authorization period ending**, following the previous process to obtain authorization and ensure the POC is updated
- The **HCBS provider** may also contact the **MMCP** directly to discuss the continued service, however the ***Children's HCBS Authorization and Care Manager Notification*** Form will need to be completed for documentation purposes

# HCBS Authorization and Care Manager Notification Process



For the Child/Youth **NOT** Enrolled in **MMCP**:

If child/youth is **Not** Enrolled in **MMCP** and is in a **Health Home**:

1. **HCBS provider** completes Section 1 of the Form and sends to **HHCM**
2. **HHCM** updates POC and distributes POC as outlined

If child/youth is **Not** Enrolled in **MMCP** and is in **C-YES** (not Health Home):

1. **HCBS provider** completes Section 1 of the Form and sends to **C-YES care manager**
2. **C-YES** updates POC and distributes POC as outlined

It is necessary for the **HHCM/C-YES** to update the POC after the **HCBS provider** has determined F/S/D even if the child is not enrolled in a **MMCP**. Therefore, the ***Children's HCBS Authorization and Care Manager Notification*** Form will be utilized even if the child is not enrolled in a **MMCP** and sent to the **HHCM/C-YES**

❖ Note: In this case section 2 of the Form is not necessary and will not be completed

# HCBS Authorization and Care Manager Notification Process



## Ongoing Services when **NOT** enrolled in MMCP:

The **HCBS Provider** should use the above process to inform the **HHCM/C-YES** of continued F/S/D updates for the child's services. New service needs should be discussed with the **HHCM/C-YES** as in Step 1 above

# Step 4: Development, Updating, and Distribution of the POC



HHCM/CYES meets with the child/youth and family and identified care team, discussing strengths and needs using the person-centered planning guideline principles

POC is based on the assessment of needs through interacting with the child, family, and supports

Utilize CANS-NY (HH), Health Home Comprehensive Assessment (HH), and HCBS/LOC Eligibility Determination

POC must be a collaborative work between the family, family identified supports, HCBS providers, other child-serving systems, and MMCP (if enrolled)

Each HCBS a child receives must be listed in the POC with a defined goal



# HCBS POC Development



The POC is:

✓ Flexible

✓ Never Stagnant

✓ Meets needs, situation, and choice

1. The POC must be signed at minimum: initially, during the annual review, and if there is a significant change in the POC with newly identified need, goal, service, and/or provider,
2. The child and/or the parent, guardian, legally authorized representative, and/or child must sign the POC at least once prior to submitting the completed POC to the [MMCP](#)
3. The POC does not need to be continually re-signed for previously identified needs, goals, and choice of services in the POC

# HCBS POC Development

- The POC will change and evolve over time as goals are met/change and services change
- The POC is a fluid document that can be developed incrementally and updated at any time
- It must be reviewed every six months, during CANS-NY reassessment (HH), or earlier if there is a significant life event, as well as during the HCBS/LOC eligibility determination reassessment
- Must be signed by the child, if age appropriate, and/or the parent guardian or legally authorized representative
  - Age appropriate means being able to understand and contribute to their own POC
  - All involved parties must be given the opportunity to contribute and sign the document with the informed consent of the child/parent/guardian/legal representative when the POC is developed

# HHCM Timeframes for Sharing the POC



The **HHCM** is required to complete a POC with HCBS within **thirty (30) days** of the initial HCBS/LOC Eligibility Determination being conducted

A child/youth can become eligible for HCBS at various times, therefore the type of POC may vary at this **30-day timeframe**

- Child/Youth first in HH prior to HCBS – Comprehensive HH POC
- Child/Youth first with C-YES – HCBS only POC
- Child/Youth new to HH and referred for HCBS – HCBS only POC

For children enrolled in an **MMCP**, within thirty (30) calendar days from the completion and signed (initial) POC, the HHCM must send the POC to the **MMCP** with whatever information is available at that time

**Please note: *There is only one POC, inclusive of HCBS***

# HHCM Timeframes for Sharing the POC

MMCP	HHCM	C-YES	HCBS Provider
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If the POC that is sent to the **MMCP** is an HCBS only POC, then when the **HHCM** develops a comprehensive POC that complies with Health Home Serving Children standards (within 60 days of Health Home enrollment), the POC must be re-sent to the **MMCP**

If the F/S/D has not been reported from each of the **HCBS providers** or services, then the POC must still be updated and sent to the **MMCP** within the 30-calendar day timeframe

- Once the remaining providers and or services have been reported with F/S/D, then the POC will be updated again with the new information within ten (10) business days of being notified by the **HCBS provider** of the F/S/D on the ***Children's HCBS Authorization and Care Manager Notification*** Form and the updated POC is shared with the **MMCP**

# HCBS Updating the POC

**Possible updates to the child's POC must be discussed at the following intervals:**

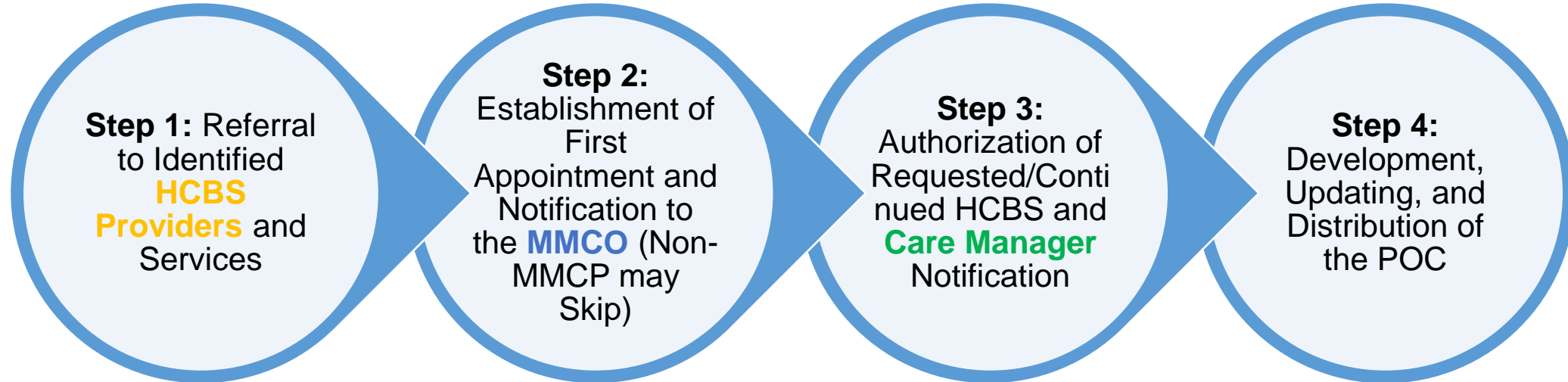
- Following the annual HCBS/LOC Eligibility Redetermination
- Following completion of the CANS-NY for **Health Home** program
- After a significant change in the child's condition (for example, admitted to a higher level of care or being discharged from a higher level of care)
- Whenever the child experiences a significant life event
- Whenever a change that will impact the POC is requested (for example, requests to change service or provider, added HCBS due to a newly identified need)

If the POC needs to be updated, whenever possible, all involved **HCBS providers**, family- identified supports, other child-serving systems, and **MMCP**, should be involved in a person-centered multidisciplinary team (care team) meeting to discuss the need to revise the POC

POC must include:  
changes in the child's needs, goals, HCBS/LOC Eligibility, and/or service needs, including relevant impact of change with regard to the HCBS Settings Rule

# Steps for Updating/Sharing POC

MMCP	HHCM	C-YES	HCBS Provider
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# Ineligible Individuals

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# HCBS Ineligible Individuals



If an eligible child declines HCBS, this workflow is not completed. However, the **HHCM/C-YES** must record the decision. Example reasons include:

- Child is found eligible for HCBS, but child/family do not feel HCBS will help them reach their identified goals and therefore decline HCBS
- Child is found eligible for HCBS, but child/family choose to remain in a State Plan service already meeting their need(s)
- Child is found eligible for HCBS and resides in a setting that is not considered home and community based (see NYS [“HCBS Final Rule Statewide Transition Plan”](#))

**HHCM** will document the decision in the child’s case record and work with the child/family in their capacity as a HHCM



# HCBS Ineligible Individuals (Continued)

**C-YES** does not provide service coordination for children who are ineligible for or opt-out of HCBS and would refer the child to community and other natural supports, including the county where applicable

**HHCM/C-YES** will send Notice of Determination Form to the family/child indicating the outcome  
[Link to NOD](#)

At any time, a child who was previously found ineligible for HCBS, can request and/or be referred for another HCBS/LOC Eligibility Determination by contacting the **Health Home** care management agency or **C-YES** who previously conducted the HCBS/LOC Eligibility Determination

# October 1, 2019 Implementation Date Sharing of the POC

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# Sharing POCs- Current Enrollee Prior to October 1, 2019



- Current enrollee participating in Children's Waiver
  - Health Home:
    - HHCM will confirm MMCP is on consent
    - HHCM will share POC with MMCP ASAP and no later than September 1, 2019
    - MMCP will ensure authorizations in place in accordance with POC and continuity of care provisions for the Children's Medicaid System Transformation
  - C-YES:
    - C-YES will confirm MMCP is on consent
    - C-YES will share POC with MMCP ASAP and no later than September 1, 2019
    - C-YES and MMCP CM must engage family to transition care management to the MMCP and educate about C-YES's continued role (warm hand-off)
    - MMCP will ensure authorizations in place in accordance with POC and continuity of care provisions for the Children's Medicaid System Transformation

# Sharing POCs- NEW Enrollee after October 1, 2019

- NEW enrollee participating in Children's Waiver will receive notice that it is time to pick a plan; will have at least 60 days to choose
 

MMCP	HHCM	C-YES	HCBS Provider
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  - Health Home:**
    - HHCM will assist family in selecting MMCP
    - Once MMCP is chosen HHCM will confirm MMCP is on consent
    - HHCM will share POC with MMCP ASAP and no later than September 1, 2019
    - MMCP will ensure authorizations in place in accordance with POC and continuity of care provisions for the Children's Medicaid System Transformation
  - C-YES:**
    - Enrollment broker will assist family in selecting MMCP, if needed
    - Once MMCP is chosen C-YES will confirm MMCP is on consent
    - C-YES will share POC with MMCP ASAP and no later than September 1, 2019
    - C-YES and MMCP CM must engage family to transition care management to the MMCP and educate about C-YES's continued role (warm hand-off)
    - MMCP will ensure authorizations in place in accordance with POC and continuity of care provisions for the Children's Medicaid System Transformation

# Utilization Management (UM)

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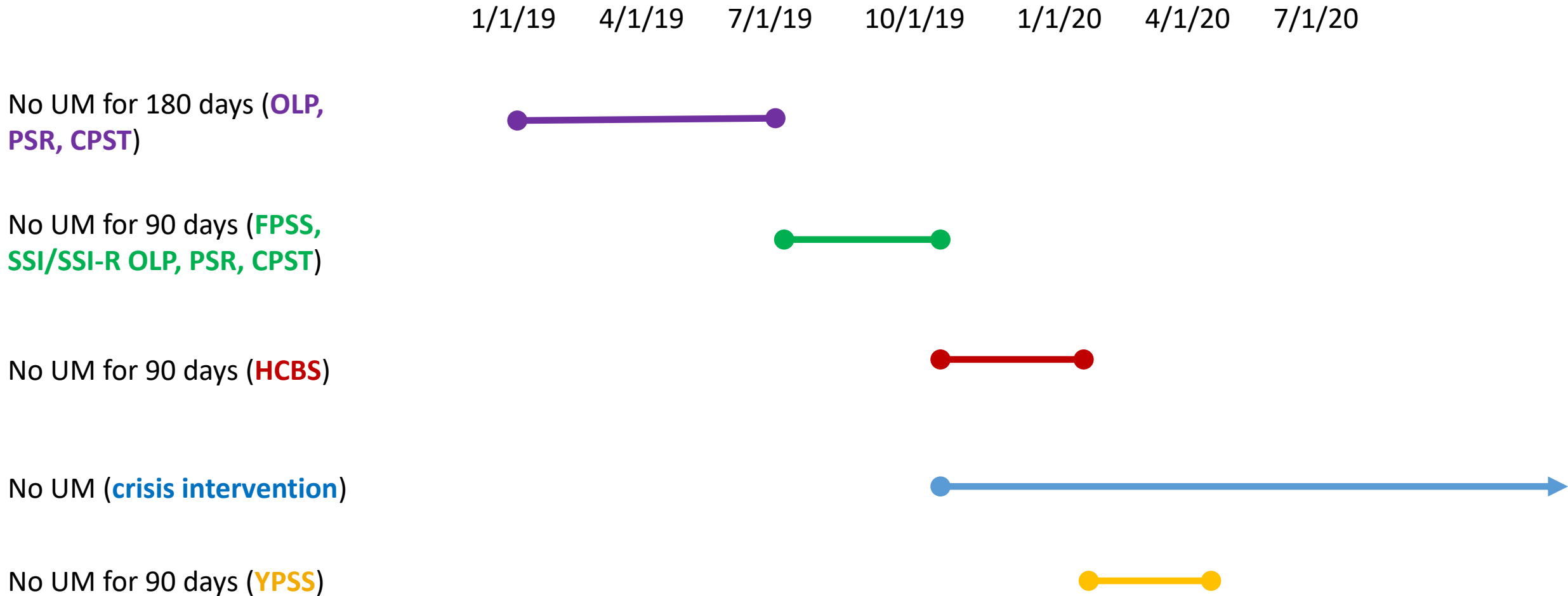
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# Continuity of Care Provisions for Children's Medicaid System Transformation



August 2019



Department of Health

Office of Mental Health

Office of Alcoholism and Substance Abuse Services

Office of Children and Family Services

Office for People With Developmental Disabilities

# Continuity of Care Provisions for Children’s Medicaid System Transformation

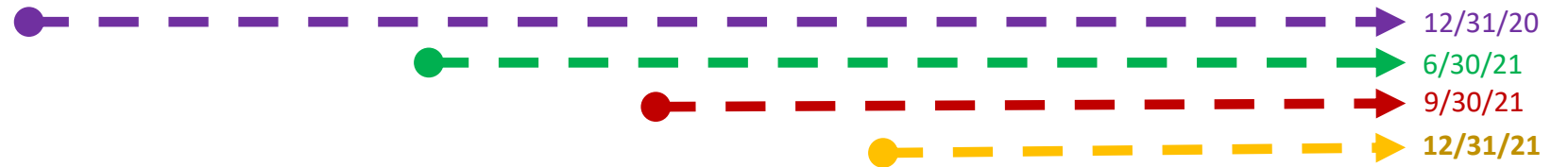
For Child from 1915c waivers or participating in Children’s Waiver with POC, MMC does not conduct UR for CFTSS added to POC, and does not change LTSS in POC, for 180 days from CFTSS carve in



For Child participating in Children’s Waiver, no POC change for HCBS, LTSS or CFTSS added to POC for 180 days from **HCBS** carve in



For new enrollee with HCBS, no POC change for HCBS/LTSS for 180 days from enrollment, for 24 months from CFTSS or **HCBS** carve in



Same provider/same service for 24 months from any BH including **SPA** benefit inclusion for episode of care



# Continuity of Care Provisions for Children's Medicaid System Transformation

- The Plan may not apply utilization review criteria for a period of 90 days from the implementation date of the transition of children's specialty benefits for all services newly carved into managed care. See dates and services in detail tabs. NOTE: This is extended to 180 days for OLP, CPST, and PSR
- For children transitioning from a 1915c waiver, the Plan must continue to authorize covered HCBS and LTSS in accordance with the most recent POC for at least 180 days following the date of transition of children's specialty services newly carved into managed care. Service frequency, scope, level, quantity and existing providers at the time of the transition will remain unchanged (unless such changes are requested by the enrollee or the provider refuses to work with the Plan) for not less than 180 days, during which time, a new POC is to be developed
- During the initial 180 days of the transition, the Plan will authorize any children's specialty services newly carved into managed care that are added to the POC under a person-centered process without conducting utilization review



# Continuity of Care Provisions for Children's Medicaid System Transformation

- For 24 months from the date of transition of the children's specialty services carve-in, for FFS children in receipt of HCBS at the time of enrollment, the Plan must continue to authorize covered HCBS and LTSS in accordance with the most recent POC for at least 180 days following the effective date of enrollment. Service frequency, scope, level, quantity, and existing providers at the time of enrollment will remain unchanged (unless such changes are requested by the enrollee or the provider refuses to work with the Plan) for not less than 180 days, during which time a new POC is to be developed
- For continuity of care purposes the Plan must allow children to continue with their care providers, including medical, BH and HCBS providers, for a continuous Episode of Care. This requirement will be in place for the first 24 months of the transition. It applies only to episodes of care that were ongoing during the transition period from FFS to managed care



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## • Referral Form Instructions

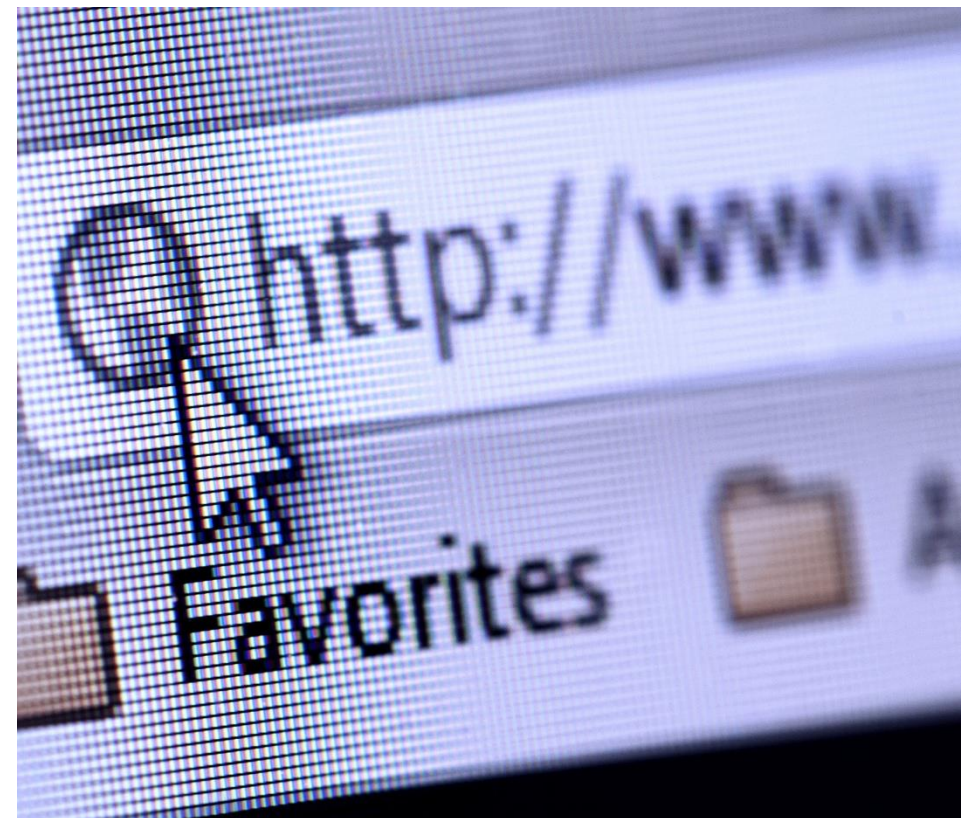
- The Children and Youth Evaluation Service (C-YES) accepts referrals from individuals and providers including a parent, wider family member, doctor, therapist, school guidance counselor, CBOs and others:
- Individuals and families should call C-YES so that we can send you a Referral Form and a pre-paid 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](mailto:CYESREFERRAL@MAXIMUS.COM). Be sure to include the child/youth's name and contact information!
- [C-YES Referral Form](#)

Questions? Call 1-833-333-CYES (1-833-333-2937). TTY: 1-888-329-1541.

## Resources and Questions

- HHCMs and HH CMAs should first talk with their Lead Health Home regarding questions and issues they may have
- Questions, comments or feedback on Health Homes Serving Children to: [hhsc@health.ny.gov](mailto: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](mailto:BH.Transition@health.ny.gov)
- Subscribe to the HH Listserv

[http://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/listserv.htm](http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm)



# Additional Information and Support

**UAS-NY Support Desk**  
[uasny@health.ny.gov](mailto:uasny@health.ny.gov)  
or  
**518-408-1021, option 1**  
**Monday – Friday**  
**8:30 AM – 12:00 PM**  
**1:00 PM – 4:00 PM**

**MAPP Customer Care Center**  
[MAPP-customercenter@cma.com](mailto:MAPP-customercenter@cma.com)  
Phone: 518-649-4335

**CANS-NY Training**  
[support@CANSTraining.com](mailto:support@CANSTraining.com)  
Or  
[www.canstraining.com](http://www.canstraining.com) and click on  
contact us

**Commerce Accounts Management  
Unit (CAMU)**  
**866-529-1890**

# Appendix

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# Definitions

- **Family:** Within this document the term “family” is used and defined as the primary caregiving unit inclusive of the wide diversity of primary caregiving units in our society. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home
- **HCBS/LOC Eligibility Determination:** is a tiered assessment where multiple factors must be met for child’s HCBS/LOC eligibility to be determined. To access Children’s HCBS, a child must meet target population, risk factors, and functional criteria as described in the Children’s Waiver. The HCBS/LOC Eligibility Determination is housed within the Uniform Assessment System (UAS)
- **Health Home:** Means New York State designated Health Home Serving Children
- **Medicaid managed care plan (MMCP):** Means the mainstream Medicaid Managed Care Plan or HIV Special Needs Plan in which the child is enrolled on the date of service, or which the child has selected for enrollment and has provided written consent to share protected health information with prior to enrollment
- **Parent, guardian, or legally authorized representative:** Are the individuals who have custody/guardianship of the child and who are able to consent to the child’s services, when the child is not of age to self-consent or does not have the mental capacity to self- consent to services. (Children who are 18 years or older or under the age of 18 years old who are pregnant, married, or a parent can self-consent for the Health Home, C- YES and HCBS)



# Definitions LPHAs

Licensed Practitioner of the Healing Arts: An individual professional who is Licensed psychoanalyst, Licensed psychologist, Licensed Clinical Social Worker, Nurse Practitioner, Physician, Physician Assistant or Psychologist and practicing within the scope of their State License.

- Licensed Psychologist is an individual who is currently licensed and currently registered as a psychologist by the New York State Education Department from the New York State Education Department and who possesses a doctoral degree in psychology.
- Licensed Clinical Social Worker (LCSW) is an individual who is currently licensed and registered as a Clinical Social Worker by the New York State Education Department.
- Nurse Practitioner is an individual who is currently certified and currently registered as a nurse practitioner by the New York State Education Department.
- Physician is an individual who is licensed and currently registered as a physician by the New York State Education Department.
- Physician Assistant is an individual who is currently licensed and registered as a physician assistant by the New York State Education Department.
- Psychiatrist is an individual who is licensed and currently registered to practice medicine in New York State, who (i) is a diplomat of the American Board of Psychiatry and Neurology or is eligible to be certified by that Board, or (ii) is certified by the American Osteopathic Board of Neurology and Psychiatry or is eligible to be certified by the Board.

Link to Licensed Practitioner of the Healing Arts (DOH-5275): <https://www.health.ny.gov/forms/doh-5275.pdf>



# Definitions F/S/D

- **Frequency:** Outlines how often the service will be offered to the child and/or family. Services may be delivered on a weekly, bi-weekly, or monthly basis, according to the needs of the child/family
- **Scope:** the service components and interventions being provided and utilized to address the identified needs of the child
- **Duration:** How long service will be delivered to the child and or family. The duration of the service will correspond to the abilities of the child/family and be reflective of the billing unit identified by service