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Developmental Disabilities

Children's Waiver – Enrollment & Disenrollment

For Home and Community Based Service (HCBS) Providers &
Health Home Care Managers (HHCM)

Agenda

- ✓ Pathways to HCBS
- ✓ Children's Waiver Enrollment Process Overview
- ✓ Children's Waiver Disenrollment/HCBS Discharge Process
- ✓ Notice of Decision
- ✓ Fair Hearing Node in the UAS
- ✓ Appendix



HCBS Children’s Waiver Webinar Overview

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

Required for only Health Home Care Managers

Required for only HCBS Providers

Required for Both

Optional for Both

Pathways to HCBS

March 2021

Purpose for Home and Community Based Services (HCBS)

- HCBS purpose:
 1. Enable children/youth to remain at home, and/or in the community, thus decreasing institutional placement
 2. To safely return a child/youth 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 and to intervene earlier
- HCBS is for high needs and high-risk children/youth and to prevent institutional level of care (i.e. hospitalization, residential, nursing home, etc.)



Items to Consider for HCBS Eligibility

The following items should be considered prior to determining a HCBS eligibility determination is necessary

- Have Child Family Treatment Services and Supports been utilized?
- Is the child/family connected with community resources?
- HCBS are utilized for children whose behavioral health or medical conditions are impacting their daily functioning
 - Has the impact on daily functioning exceeded the family's ability to meet the child's needs?
 - Would the addition of HCBS help the child to increase their functioning in the home, at school and in the community?



Process To Enrollment

Health Home Care Managers/Children Youth Evaluation Services (HHCMs/C-YES) are responsible for conducting the Home and Community Based Services (HCBS) Level of Care (LOC) Eligibility Determination necessary for participation in the Children's Waiver.

HHCMs/C-YES will complete different steps, depending on if:

- The child/youth is newly referred to HCBS,
- The children/youth are actively enrolled in Medicaid,
- The child/youth is already enrolled in Health Homes Serving Children (HHSC), or
- The child/youth is being re-assessed for HCBS eligibility.

The HHCM/C-YES must maintain regular contact with the child/youth/family throughout the HCBS LOC Eligibility Determination process.



HCBS Eligibility through Level of Care (LOC)

Children/adolescents who are already enrolled in Medicaid who are believed to be HCBS eligible and or in need of HCBS will be referred to Health Homes. Those not enrolled in Medicaid will be referred to C-YES

Health Home care managers or the C-YES will work with the child, family, and providers to determine HCBS eligibility

HCBS is available to ALL children under the age of 21 that meet eligibility, there is no exclusion group.

The Uniform Assessment System (UAS) which houses the CANS-NY, also house the HCBS Eligibility Determination for LOC

ONLY HHCM, C-YES assessors and DDROs can complete HCBS/LOC eligibility Determination



Already Health Home Enrolled

For children who are already enrolled in Health Home care management with Medicaid, the HHCM should determine if the HCBS array of available services would be beneficial for the child/youth

1. The HH CM should review the enrolled child/youth's CANS-NY and comprehensive assessment compared to the services already being delivered
 2. The HH CM should discuss with involved providers whether of services being delivered are meeting the child/youth's needs
 3. The HH CM should discuss the option with the family, if it is believed that HCBS would benefit the child/youth who is at risk of placement or for a child in placement to be able to return to their home/community from placement
- At anytime the HH CM and multi-disciplinary team can determine that due to an increase in need for additional services and supports, HCBS Eligibility should be pursued
 - The HH CM should review the "[Children's HCBS Planning and Plan of Care Development](#)" webinar to review suggested guidance regarding children who should be considered for HCBS eligibility



Child/Youth with High Needs

HCBS Eligibility Determination should be pursued if a child/youth is considered to have high needs (e.g. recent increase in need or discharge from a higher level of care) in which HCBS intervention would assist:

- Child/youth in a nursing home, hospital or residential placement with the potential to safely return home and to their community
- Child/youth who has difficulty remaining safely home and, in their community, – a number of hospital/inpatient occurrences
- Child/youth at risk of hospitalization, nursing home or residential placement due to complex medical or behavioral health needs and/or multi-system involved
- Child/youth with high level of needs and care impacting their daily living/functioning



New Health Home Referral

There may be times when a newly referred child/youth is identified to have significant needs during the HH enrollment and assessment (CANS-NY/Comprehensive Assessment) process that would indicate the need for HCBS

- Determine that the child/youth meet eligibility for HCBS and that other available services i.e. Children and Family Treatment and Support Services alone won't address the needs
 - Enable children to remain at home, and/or in the community, thus decreasing institutional placement
 - 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
- Discuss with the child/family the information obtained during the enrollment/assessment process regarding the need for HCBS, how HCBS would address the needs of the child/youth and the potential benefits
- The involved providers at a multi-disciplinary team meeting can review/discuss the need for HCBS due to an increase in need for additional services and supports



Child/Family Choice for HCBS

As the HHCM/C-YES work with the family and involved providers to gather the information and documentation to conduct the HCBS/LOC Eligibility Determination – the HHCM/C-YES will discuss with the family the identified strengths/needs and the potential services that may assist the family

The HHCM/C-YES must discuss with the child/family their interest in pursuing HCBS/LOC Eligibility and Services – documentation of such interest must be noted in the case file

The referral alone for HCBS does not preclude the HHCM from identifying other State Plan Services such as Children and Family Treatment and Support Services (CFTSS) or other Medicaid services prior to conducting the HCBS/LOC Determination



Enrollment Process

March 2021



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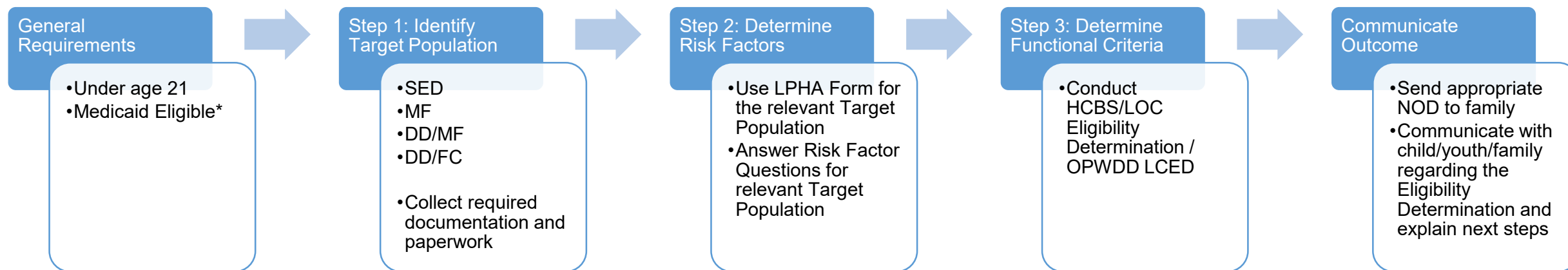
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HCBS/LOC Eligibility Process Review



*Children/youth already enrolled in Medicaid should be referred to Health Home (if they are not already enrolled) – unless they opt-out;
 *Children/youth not already enrolled in Medicaid should be referred to Children and Youth Evaluation Services (C-YES) for their HCBS Eligibility Determination and Medicaid application assistance.

For an in-depth review of Eligibility, refer to the [HCBS Level of Care Eligibility Determination Webinar](#)



General Requirements

To be eligible for the Children's Waiver, children/youth must:

- Be under 21 years of age
- Have Medicaid or be eligible for Medicaid
- Meet the Children's Waiver HCBS/Level of Care (LOC) Eligibility Determination criteria for:
 1. Target Population,
 2. Risk Factors, **and**
 3. Functional Criteria

Selections in each of the above components are constructed in a decision tree type format that determine accessibility to the next component; all 3 components **need to be met** to be found eligible for HCBS.

HCBS/LOC: Each Target Population has specific outlined diagnoses, conditions, and/or requirements that must be obtained and documented within the child/youth's case record prior to being able to conduct the HCBS/LOC Eligibility Determination.

For additional information on HCBS Eligibility and Children's Waiver enrollment, please reference the [Children's HCBS Waiver Enrollment Policy](#)



HCBS Eligibility – Target Population

HCBS/LOC Eligibility Criteria Under Age 21 – Target Population Criteria
Serious Emotional Disturbance (SED)
Medically Fragile Children (MFC)
Developmental Disability (DD) and Medically Fragile (Developmental Disabilities Regional Offices Only)
Developmental Disability (DD) and in Foster Care (Developmental Disabilities Regional Offices Only)

- Children may be HCBS/LOC eligible under one or more Target Population – the HHCM/C-YES must determine what Target Population to pursue based upon diagnosis and other information provided.
 - If believed eligible through a different Target Population due to multiple conditions/ diagnoses/complex needs, then another HCBS/LOC Eligibility Determination can be completed once the information and proper documentation is gathered for that specific Target Population



Determine Risk Factors & Functional Criteria and HCBS Eligibility

- The HHCM/C-YES will obtain relevant documentation pertaining to **Risk Factors**. SED, MF, and DD/MF populations require a determination by a Licensed Practitioner of the Healing Arts (LPHA) to attest to the need for HCBS (using the [LPHA Attestation Form](#))
- The HHCM/C-YES then completes answers to the **Functional Criteria** in the CANS-NY specific to the child/youth's **Target Population**.
- Once all 3 components have been completed, the HHCM/C-YES will sign and finalize the HCBS/LOC Eligibility Determination within the UAS and will be presented with an outcome whether the child/youth is HCBS/LOC eligible for the identified Target Population.
- The HHCM/C-YES will then need to sign and finalize the Outcomes within the UAS:
 - If HCBS eligible - to trigger the one year of HCBS eligibility **or**
 - If HCBS ineligible - to finalize the assessment



Communicate Outcome and Needed Forms

- HHCMs/C-YES must notify the child/youth of the HCBS/LOC Eligibility Determination outcomes and also send the official Notice of Decision
 - The same NOD form is sent for both enrollment and denial of enrollment
 - Enrollment decision within **3 – 5 business days** of determining the eligibility outcome with the [Notice of Decision \(NOD\)](#) form
- The NOD will document the outcome of the HCBS/LOC Eligibility Determination and provide information on Fair Hearing rights available to the child/family if they do not agree with the HCBS/LOC Eligibility Determination.
- The [Freedom of Choice](#) form must be reviewed and signed by the child/youth/family if HCBS eligible and confirm the choice of enrollment.
 - A signed version of the Freedom of Choice should be kept in the child/youth's record
 - The [Participant's Rights and Responsibilities](#) Factsheet is also reviewed and left with the child/youth/family
- The HHCM/C-YES should also obtain appropriate consent(s) from the child/youth/family. If the child/youth is already enrolled in a Health Home, the HHCM should review and appropriately update the consent form.
- If the child/youth is not found to be HCBS eligible, the HHCM/C-YES will send the NOD form to the child/family and will work with the child/family to connect to other needed services, as appropriate.

For additional information, refer to the [Participant's Rights and Choice Webinar](#)



Capacity Management

- It is necessary for the child/youth's Medicaid member's file to have the proper R/RE code with the K-codes that indicates HCBS eligibility and enrollment by Target Population.
- If capacity is available, Capacity Management will assign the appropriate eligibility R/RE K-code to the child/youth's Medicaid file, once the HCBS Eligibility Determination UAS Outcomes are signed.
- If the UAS Outcomes are not signed than there is no way for Capacity Management to know the child/youth is eligible and to put up the R/RE K-codes. The K-codes
 - Tell other stakeholders whether the child/youth is HCBS eligible and enrolled i.e. The lead HH, the MMCP, and HCBS providers
 - Allow HCBS provider billing, only a participant with a K-code can receive HCBS and can be billed for HCBS
- It is EVERYONES responsibility HHCM, C-YES, MMCP, and HCBS providers to verify Medicaid eligibility and Children's Waiver eligibility (K-Codes) on a monthly basis

For more information on communicating with Capacity Management, see the [Communication with NYS DOH Capacity Management](#) and the upcoming Capacity Management webinar



Enrollment Forms

Category	Forms and Letters	Form Description	Form Completed By	Time Requirement for Member Notification
Enrollment	Freedom of Choice (DOH 5276)	Confirming member choice	HHCM/C-YES	Should be signed during meeting with CM Note: Completed annually
	Children's Waiver Participant's Rights	Form informing member of their rights		Should be signed during meeting with CM Note: Reviewed annually
	Serious Emotional Disturbance (SED) LPHA Attestation (DOH 5275) Medically Fragile (MF) LPHA Attestation (DOH 5275) Developmental Disabled who are Medically Fragile (DDMF) LPHA Attestation (DOH 5275)	Needs to complete prior to completing HCBS LOC in UAS		Done prior to completing HCBS LOC in UAS Note: Completed for initial enrollment; only completed annually if there is a break in services

Thumbnail of the Freedom of Choice form (DOH 5276). The form includes sections for member information, a declaration of understanding, and a signature line for the member.

DOH 5276 – 1915(c) Children’s Waiver Freedom of Choice

- Confirms receipt of available alternatives
- Confirms participation in the Waiver and the right to choose HH or C-YES as well as providers

Thumbnail of the Licensed Practitioner of the Healing Arts (LPHA) Attestation form (DOH 5275). The form includes a declaration of eligibility, a signature line for the LPHA, and a section for member information.

DOH 5275 – Licensed Practitioner of the Healing Arts (LPHA) Attestation

- Fulfills the Risk Factor criteria for the child/youth’s eligibility into HCBS
- Attests that the child/youth would be at risk of hospitalization without HCBS
- There are now separate LPHA forms for each target population



Developing A Person-Centered Plan of Care (POC)

- After being determined HCBS/LOC eligible and enrolled in the Waiver, the HHCM/C-YES must meet with the child/youth, their family, and their care team to discuss the needs of the child/youth.
- The POC development is based upon the assessment of needs, which is determined through interaction with the child/youth, their family, and other care team providers and should align with information from the HCBS/LOC Eligibility Determination as well as other assessments.
- The POC must outline at least one HCBS per month to maintain HCBS eligibility.
- Once an initial POC has been developed following the guidelines in the [Health Home Plan of Care Policy](#), the HHCM/C-YES will work with the child/youth and their family to make referrals for appropriate HCBS.
- HCBS providers must determine Frequency, Scope, and Duration and the POC must be updated with this information.

For more information, see the [HCBS POC Workflow Policy](#) and upcoming Person-Centered Planning Webinar



Disenrollment/ Discharge Process

March 2021



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Disenrollment Overview

- When a participant is being disenrolled from the Children's Waiver and/or discharged from HCBS, the HHCM/C-YES and HCBS providers maintain a responsibility for carrying out the discharge planning for the child/youth.
- The disenrollment/discharge process must include involvement of the child/youth/family, members of the interdisciplinary care team (when possible), lead Health Home, and the Medicaid Managed Care Plan (MMCP).

Definitions

- **Discharge** – when a specific HCBS has ended. This could occur if the member no longer needs/wants the service, the service is no longer appropriate to meet the member's needs, or the member was successful in meeting the goals of the service.
- **Disenrollment** – indicates that the member is no longer enrolled in the Children's Waiver and all HCBS due to being found ineligible upon re-assessment, the member went to an institutional level of care more than 90 days, the member no longer has Medicaid, or the member wanted to leave the Children's Waiver.

For more information, see the [HCBS Disenrollment/Discharge Policy](#)



Disenrollment/Discharge Situations

Situations under which children/youth may be disenrolled from the Children's Waiver and/or discharged from HCBS include:

1. Child/youth no longer meets eligibility criteria and/or meets criteria for another, more appropriate service, either more or less intensive. (Within the Policy there are 5 areas reviewed)
2. Child/youth or parent/guardian withdraws consent for treatment.
3. Child/youth is not participating in the POC development.
4. Child/youth is not participating and/or utilizing referred services.
5. Child/youth's needs have changed, and current services are not meeting those needs.
6. Child/youth's goals would be better served with an alternate service and/or service level.
7. Child/youth's POC goals have been met.
8. Child/youth's support system is in agreement with the aftercare service plan.



Disenrollment Process

- The HHCM/C-YES and HCBS provider(s) should actively engage with the child/youth/family and document these conversations prior to actively disenrolling the child/youth.
 - It is not the responsibility of the child/youth/family to tell providers of disenrollment
- **The HHCM/C-YES must also communicate the change in status with all involved team members, provider(s), and MMCP. Especially, HCBS providers so services do not continue without the ability for payment.**
- The HHCM/C-YES **must** communicate any changes in status due to disenrollment to NYS DOH Capacity Management for K-code changes by providing the date of disenrollment and reason for disenrollment.
- The HHCM/C-YES will explain to the child/youth/family that they will be receiving a Notice of Decision (NOD) with Fair Hearing rights. The HHCM/C-YES should engage the child/youth/family if they will be filing a Fair Hearing and asking for “aid continuing”.
- The HHCM/C-YES will issue the child/youth/family a **NOD** explaining the reason for the disenrollment from the Children’s Waiver.
- The HHCM/C-YES will also need to complete the Fair Hearing / State Review node within the child/youth’s HCBS/LOC Eligibility Determination in the UAS to indicate the change in status.



Disenrollment Scenario

Situation One

- The child/youth is no longer eligible for Medicaid.

Action One

- The HHCM/C-YES should contact the LDSS to understand the reason for the loss of Medicaid. The HHCM/C-YES can continue to work with the member and the LDSS for up to 90 days to assist with the re-establishment of Medicaid.
- If a child/youth enrolled in the Children's Waiver loses Medicaid coverage, NYS DOH Capacity Management Team will not release that slot to a new child/youth for 90 days, so that the HHCM/C-YES can assist the child/youth to re-establish Medicaid eligibility if possible.
- If the family is no longer eligible for Community Medicaid, then the HHCM/C-YES need to share with the LDSS that the child/youth is eligible and enrolled in the Children's Waiver based upon the K-code and the LDSS can calculate "Family of One" Medicaid budgeting so the child/youth can remain in the Waiver.
- If the child/youth regains Medicaid coverage within the 90 days, the child/youth can resume participation in the Children's Waiver immediately; if they do not regain Medicaid coverage within 90 days, they must be disenrolled from the Children's Waiver



Disenrollment Scenario

Situation Two

- The child/youth's turns 21.

Action Two

- The HHCM/C-YES **must** start transitional planning at the age of 14 and up to ensure appropriate discharge from the Waiver and linkage to adult services and other programs/services based upon their behavioral health and/or medical diagnoses and other identified needs.
- The HHCM/C-YES may refer them to Health Home Serving Adults, HCBS adult services, and other appropriate services that may meet the youth's need through adult service providers.
- Transition planning should begin at age 14 to facilitate a smooth transition into appropriate services.



Disenrollment Scenario

Situation Three

- The child/youth is hospitalized.

Action Three

- If a child/youth enrolled in the Children's Waiver becomes institutionalized (hospitalization, nursing home, residential placement, etc.), the child/youth can remain in an ineligible level of care for up to 90 days while maintaining HCBS enrollment.
- During these 90 days, services and billing cannot occur for HCBS providers and HHCM.
- HHCM/C-YES should work with the facility and the child/youth/family 30 days prior to discharge for discharge planning
- If beyond 90 days, the child/youth must be disenrolled from the Children's Waiver, and Capacity Management notified to remove the R/RE K-codes



Discharge Process

- Not all instances of service discharge will result in disenrollment from Children's Waiver services.
 - A child/youth may be discharged from HCBS that no longer meets the child/youth's goals but may remain in receipt of additional HCBS
- In all instances of service discharge, both the HHCM/C-YES and HCBS provider(s) will need to execute and document the discharge planning process for the particular service in the Case Record.
- The HHCM/C-YES must ensure all appropriate multi-disciplinary care team members are notified.
- The HHCM/C-YES must update the POC to capture all the changes.



Discharge Scenario

Situation

- The child/youth's goals change, and they may no longer need a specific HCBS.

Action

- The HHCM/C-YES will work with the child/youth and the HCBS provider to discharge them from that specific service and review the available services that may meet their new goal.
- The HHCM/C-YES will notify other care team members of the specific service discharge, specifically MMCP
- The HHC/C-YES will update the POC
- The HHCM/C-YES **MUST** be the driver of the services based upon choice of the child/youth/family – no service discharge or enrollment of new services should occur without the HHCM/C-YES
 - Ensure Conflict Free Case Management
 - Ensure update of the POC
 - Ensure notification to all care team members, specifically MMCP



Notice of Decision

March 2021



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Overview of NODs

- A Notice of Decision (NOD) is a written document that notifies an applicant/participant of an action being taken (such as eligibility determination), including an explanation of the reasons for the action.
- The Health Home Care Manager (HHCM)/Children and Youth Evaluation Service (C-YES) is responsible for assuring the correct NOD is completed and sent out to each applicant/participant and/or their parent/caretaker/guardian/legally authorized representative.
- The HHCM/C-YES provides follow-up in this process by contacting the applicant/participant to discuss the reasons for the NOD and to assure their understanding of the right to request a Conference and/or Fair Hearing (with aid continuing, if appropriate).
- The member has 60 days from the date of the Notice of Determination to request a Fair Hearing from the Office of Temporary and Disability Assistance (OTDA).
- There are different NOD forms/processes depending on whether the NOD is being completed for Health Homes or HCBS.



Eligibility Forms – Children’s Waiver

Category	Forms and Letters	Form Description	Form Completed By	Time Requirement for Member Notification
Eligibility & Denial of Enrollment	Notice of Decision Enrollment or Denial of Enrollment (DOH 5287)	<p>Eligibility: Notification to member informing them of the outcome of HCBS/LOC</p> <p>Denial of Enrollment: Formal notification of denial of enrollment sent to member</p>	HHCM	Member must be notified within 3-5 business days

DOH 5287 – Notice of Decision for Enrollment or Denial of Enrollment in the New York State 1915(c) Children’s Waiver

- Informs of approval or denial of HCBS through Children’s Waiver
- Signed by HHCM
- Includes information regarding Conference and Fair Hearing rights

Conferences and Fair Hearings



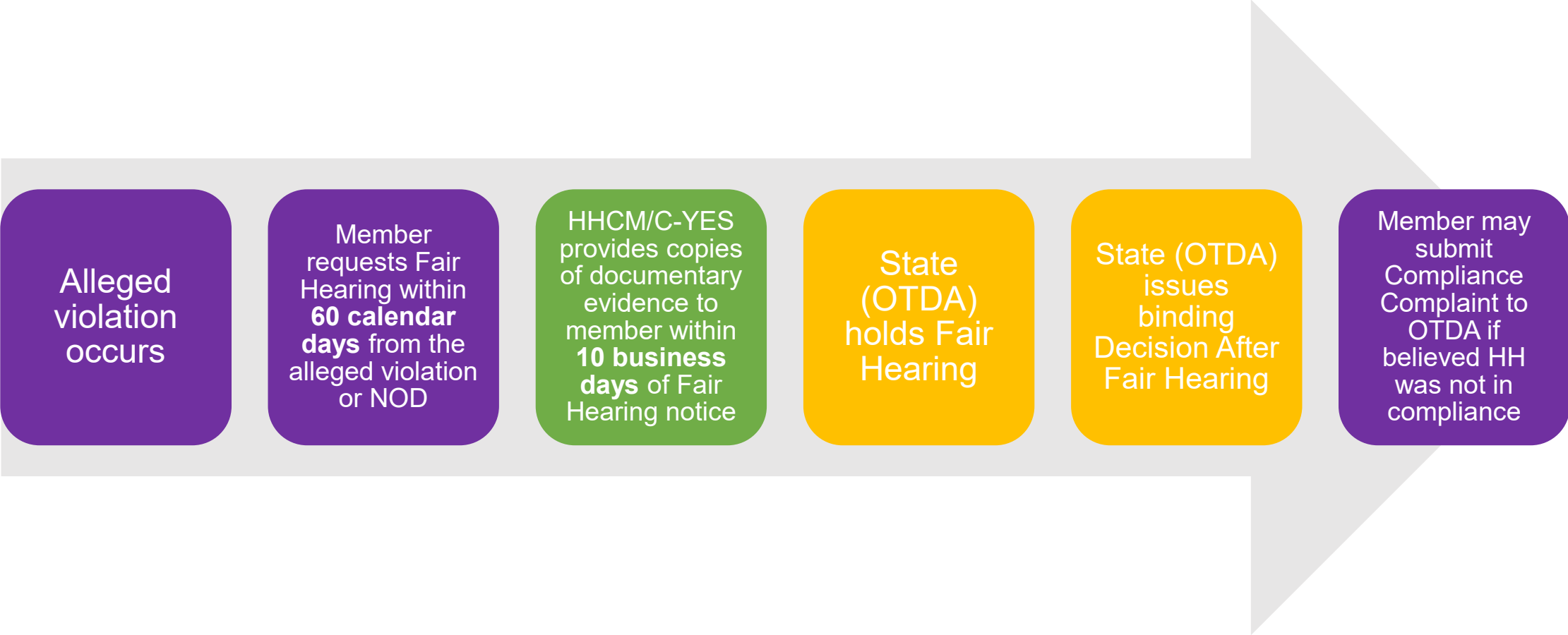
- A **formal Conference** is an opportunity for the participant and/or Legal Guardian to review with the HHCM/C-YES the reasons for the NOD and address information they feel is not properly represented.
- Through discussion and negotiation, it may be possible to resolve issues without a Fair Hearing.



- A **Fair Hearing** is a hearing held in the presence of a Hearing Officer, a specially-trained administrative law judge from the New York State Office of Temporary and Disability Assistance (OTDA).
- In addition, providers may assist in clarifying issues and attend the hearing upon the request of OTDA and/or the HH or DOH.



Fair Hearings Timeline



Fair Hearing & State Review Node in the UAS

March 2021



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Fair Hearing / State Review Node Overview

When the family requests a fair hearing, the assessor supervisor must be notified by the assessor to enter the information within the UAS to add to the assessment.

There are two types within the Fair Hearing/State Review node:

1. A **Fair Hearing** is the right of the participant that has received a determination of ineligible in the HCBS/LOC eligibility determination assessment and does not agree with the decision. The fair hearing is handled by the Office of Temporary and Disability Assistance (OTDA) and is decided by a Judge. Only a HHCM/C-YES supervisor (CANS-45) role can enter and complete a fair hearing.
2. The **State Review** is completed only by a State agency when there is a need within the program to allow for changes necessary to meet requirements and or determined through DOH guidance (only used by State staff).

Note: While there is State Review type that can also be added to a participant's assessment, this type can only be added by the State and cannot be completed by the HHCM Supervisor or C-YES assessor supervisors.



Fair Hearing Node and Aid Continuing

It is necessary for the HHCM/C-YES supervisor to know if the child/youth/family has filed for a Fair Hearing and Aid Continuing

This documentation within the UAS notifies HHs, MMCP, Capacity Management, and other involved entities that the child/youth had a Fair Hearing and the outcome of that hearing.

If Aid to Continue is requested by the child/youth/family, then this documentation within the UAS notifies other involved entities that even though the child's/youth's file states HCBS ineligibility, there is an appropriate reason the child/youth continue to receive services and providers can bill for these services



Fair Hearing / State Review Node: UAS-NY

- The UAS-NY Quick Reference Guide is a step-by-step guide that shows the process of adding a fair hearing request to an assesment, updating a fair hearing or state review, and signing, finalizing a fair hearing item, and updating a signed fair hearing.
- This guide includes key terms as well as pictures for each step (as seen below).
- For an overview of the instructions without the pictures, see the appendix of this training.

Adding a Fair Hearing Request to an Assessment

Before a fair hearing request is added to an assessment, it is a best practice to open the child's case file and review the HCBS/LOC assessment and assessment outcomes.

Opening the case file AND Adding a Fair Hearing:

1. Search for and **open the child's casefile**.

The screenshot shows a web interface titled "SEARCH CASE LIST". On the left, there are search filters: "Search by: Last Name" with a value of "Jones", "Search by: First Name and" with a value of "Catherine", and "Search Filter: Open". At the bottom left are "Clear" and "Search" buttons. On the right, there are sorting options: "Sort First: Last Name Asc" and "Sort Second: Last Name Asc". Below these is a table with the following data:

Last Name	First Name and MI	Date of Birth	Last 4 SSN	Medicaid ID	TABS ID
Jones	Catherine	10/21/2015			

At the bottom right, there is an "Open Case File" button, which is highlighted with a blue arrow pointing to it.





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 or contact the Health Home Program at the Department of Health at 518.473.5569
- Questions/Comments regarding the Children's Waiver BH.Transition@health.ny.gov
- Questions specific to the HCBS Settings Final Rule can be sent to ChildrensWaiverHCBSFinalRule@health.ny.gov
- Subscribe to the HH Listserv http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm



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							
Home	1915(c) Children’s Waiver and 1115 Waiver Amendments							
Children’s Medicaid System Transformation—Webinars/Trainings/Timelines	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.							
Children and Family Treatment and Support Services	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							
1915(c) Children’s Waiver and 1115 Waiver	IMPORTANT: Please visit our main Health Home page for COVID-19 Updates and Policy Guidance							
Provider Designation	CANS-NY Information and Resources can be found on the Health Home Serving Children page							
Managed Care Organization (MCO) Qualification Process	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				
Billing Guidance	Capacity Management	Eligibility	Plan of Care	Care Management Guidance, Policies, & Training				
Information for Consumers/Medicaid Recipients								
Children’s Medicaid Redesign Team (MRT)								
29-I Health Facility (VFCA Transition)								
Children’s Health Homes								
Links/Learn More								
Adult Behavioral Health								
Home	Child and Youth Evaluation Services (C-YES)	EMods, VMods, AT, & Non-Medical Transportation	OPWDD Resources	Archive				
MRT BH Subcommittees Archive								
Behavioral Health Home and Community Based Services (BH HCBS)								
Health Homes for Individuals in HARPs and HARP Eligibles in HIV								

Appendix

March 2021



Department
of Health

Office of
Mental Health

Office of Addiction
Services and Supports

Office of Children
and Family Services

Office for People With
Developmental Disabilities

K-Codes

RR/E code	R/RE Code Description
K1	HCBS LOC
K2	HCBS LON (not in use currently)
K3	HCBS Serious Emotional Disturbance (SED)
K4	HCBS Medically Fragile (MF)
K5	HCBS Developmentally Disabled and Foster Care (DD & FC)
K6	HCBS Developmentally Disabled and Medically Fragile (DD & MF)
K7	HCBS Complex Trauma (not in use currently)
K9	Foster Care
KK	Family of One
A1	Children's Health Home: indicates the member is in outreach or enrolled with a Care Management Agency (CMA)
A2	Children's Health Home: indicates the member is in outreach or enrolled with a Health Home (HH)



Resources

HCBS Waiver Enrollment Policy

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/cw0005_hcbs_waiver_enrollment_policy.pdf

Communication with NYS DOH Capacity Management

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/docs/communication_with_doh_capacity_management.pdf

HCBS POC Workflow Policy

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/childrens_hcbs_poc_workflow.pdf

HCBS Disenrollment/Discharge Policy

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/cw0006_hcbs_waiver_disenrollment_policy.pdf

UAS-NY Quick Reference Guide

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/docs/1301_cans_fair_hearing_state_review_node.pdf



Resources - Forms

Notice of Decision Form

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/nod_elig.pdf

Freedom of Choice

<https://www.health.ny.gov/forms/doh-5276.pdf>

Serious Emotional Disturbance (SED) LPHA Attestation (DOH 5275)

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/doh-5275_sed.pdf

Medically Fragile (MF) LPHA Attestation (DOH 5275)

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/doh-5275_mf.pdf

Developmentally Disabled who are Medically Fragile (DDMF) LPHA Attestation (DOH 5275)

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/doh-5275_ddmf.pdf



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>





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](#)



Fair Hearing & State Review Node in the UAS

March 2021



Department of Health

Office of Mental Health

Office of Addiction Services and Supports

Office of Children and Family Services

Office for People With Developmental Disabilities

Adding a Fair Hearing Request to an Assessment

1. Search for and open the child's casefile.
2. Select the Assessments node
3. Review the Assessment Summary page for clarification on when the assessment was created and signed.
4. Review the Assessment Outcomes
5. Open the Fair Hearing/State Review node
6. Take a moment to review the data items that are part of the Fair Hearing/State Review node
7. Select the type
 - Fair Hearing:
 - State Review:
8. Select the Type of decision
9. Select if the Child/Youth Requests Continuation of Services

SEARCH CASE LIST

Search by:

Search Value:

Search by:

Search Value:

Search Filter:

Sort First: Sort Second:

Last Name	First Name and MI	Date of Birth	Last 4 SSN	Medicaid ID	TABS ID
Jones	Catherine	10/21/2015			

For more information, see the [UAS-NY Quick Reference Guide](#)



Updating a Fair Hearing or State Review

1. Select the status of the Decision
2. Select calendar icon to choose the Date of decision
3. Select the date from the calendar

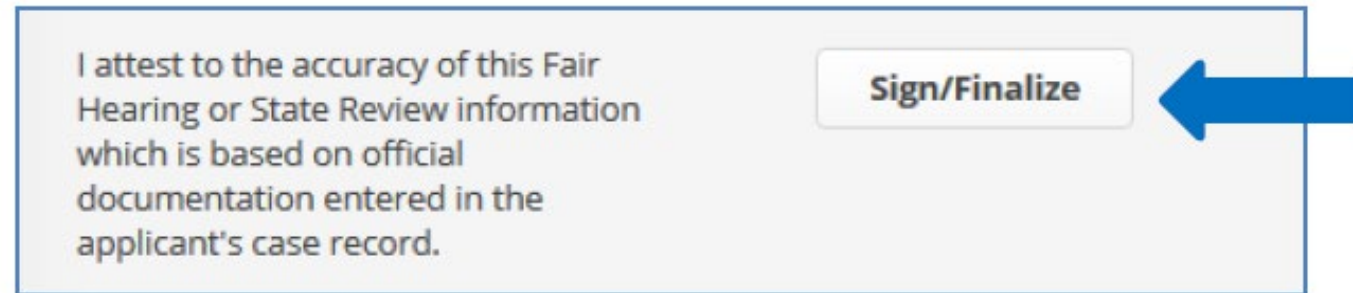
Decision	<input checked="" type="radio"/>	No Selection
	<input type="radio"/>	Denied
	<input type="radio"/>	Approved

For more information, see the [UAS-NY Quick Reference Guide](#)



Sign and Finalize a Fair Hearing Item

1. Select the Comments text box
2. If appropriate – enter comments that include the reason for the change
3. Select the Sign/Finalize command button



I attest to the accuracy of this Fair Hearing or State Review information which is based on official documentation entered in the applicant's case record.

Sign/Finalize

For more information, see the [UAS-NY Quick Reference Guide](#)



Updating a Signed and Finalized Fair Hearing

1. Select the Fair Hearing/State Review node from the appropriate assessment
2. Select the UnSign/Unfinalize command button
3. Update the data items as appropriate
4. Changes must be documented
 - For example: After speaking with the family, I learned they had changed their mind and would like these services to be continued until a decision is made
5. Sign and finalize the updated Fair Hearing item

? Fair Hearing / State Review

Signing and finalizing the Fair Hearing / State Review does not start the HCBS Eligibility period. Signing and finalizing the Assessment Outcomes is ALWAYS required to start the one year HCBS Eligibility period.

Type
 No Selection
 Fair Hearing
 State Review

Child requests continuation of services
 No Selection
 No
 Yes
 Not applicable; not currently receiving services

Decision
 No Selection
 Denied
 Approved

Date of Decision 09/03/2020

If you alter Fair Hearing or State Review information, you must enter a reason

Unsign/Unfinalize

Date of Signature 09/24/2020 09:17 AM

HCS User ID: taguas

Organization Name: APICHA (HHCMA)

For more information, see the [UAS-NY Quick Reference Guide](#)

