

Policy Title: Children’s HCBS Provider Designation and Re-designation Procedure
Policy Number: CW0013
Effective Date: January 2019 Regarding Designation only
Last Revised: July 2021

Applicable to: Providers Requesting Children’s Home and Community Based Services (HCBS) Designation and Re-designation

The New York State Department of Health (DOH) is the lead oversight State agency for the 1915c HCBS Children’s Waiver in partnership with the Office for People with Developmental Disabilities (OPWDD), Office of Mental Health (OMH), Office of Addiction Services and Supports (OASAS), and Office of Children and Family Services (OCFS). This guidance is being provided to providers who intend to become New York State Home and Community Based Services (HCBS) providers serving children/youth under the 1915(c) Children’s Waiver, or for providers who are already designated Children’s HCBS providers and are seeking re-designation of existing services or requesting to be designated for additional services and/or sites.

Background

The transformation of the children’s Medicaid system created an expanded array of services for children/youth under the Home and Community Based Services (HCBS) Children’s Waiver. To deliver these services, providers must be designated for the 1915(c) Children’s Waiver by the New York State Children’s Provider Designation Review Team, comprised of DOH, OPWDD, OMH, OASAS, and OCFS. The Children’s Waiver requires a process to designate, de-designate, and re-designate HCBS providers.

The HCBS are authorized under the 1915(c) Children’s Waiver for children/youth with various disabilities: including serious emotional disturbance, medical fragility (with or without developmental disabilities), and children/youth in foster care with developmental disabilities. (For a list of HCBS provided under the Children’s Waiver reference the [Provider Manual](#))

Please note: *Habilitation and Palliative Care Services provider agencies require certification or licensure from OPWDD and DOH respectively as a pre-qualification for designation as an HCBS provider.

Environmental Modifications, Vehicle Modification, Adaptive and Assistive Equipment, and Non-Medical Transportation are not subject to designation by the NYS Children’s Provider Designation Review Team.

Qualified Providers

Providers must receive a designation from the NYS Children’s Provider Designation Review Team prior to HCBS delivery. Being designated and authorized to provide services is not a substitute for possessing any required State licensure, certification, authorization, or credential, and any such designation may be conditioned upon obtaining or modifying a required licensure, certification, authorization, or credential.

Service providers delivering Children’s HCBS must meet the following requirements:

- Be a child serving agency or agency with children’s behavioral health experience that is licensed, certified, or designated by DOH, OMH, OPWDD, OASAS, or OCFS to provide comparable and appropriate services,

OR

- If a provider is not licensed, certified, or designated by a State agency; the agency must meet all “new provider” identified requirements as outlined in separate guidance (the “new provider” may not be able to provide each of the HCB Services).

AND

- Be in good standing according to the standards of each agency by which it is licensed, certified, designated, approved or HCBS designated (as a provider not licensed, certified, designated or approved);
- Possess, acquire, and retain any State licensure, certification, authorization, or credential, designation when required;
- Be a fiscally viable agency;
- Be enrolled as a NY Medicaid Provider with an active provider identification number prior to commencing service delivery;
- Be a qualified provider as described in the [Children’s HCBS Manual](#) and any subsequent updates;
- Be compliant with the [HCBS Settings Rule](#)
- Complete and sign the HCBS provider designation Attestation form

Please note that sole practitioners and/or group practices are **NOT** eligible for HCBS designation.

HCBS Designation Process

The Children’s HCBS Designation process is a multi-State agency process that is facilitated by the NYS Children’s Provider Designation Review Team. Providers interested in being designated must apply to be designated and approved for designation prior to providing services by the NYS Children’s Provider Designation Review Team. The designation process remains open and providers may continue to apply to be designated at any time they are ready to deliver services. Designation occurs by service and county location and providers can request additional designation for services and/or location.

Provider designation will be reverified at least every three years or when deemed appropriate by NYS. Designated providers are subject to yearly auditing and case review at minimum according to the 1915c Children’s Waiver.

For those providers designated, their provider designation information will be shared on the NYS DOH public website and shared with Medicaid Managed Care Plans for contracting purposes.

Children’s HCBS Designation Application

All providers seeking Children’s HCBS designation must submit an application via the [Provider Designation Portal](#). Providers only need to submit one application for any of the HCBS and county location(s). The application enables the State agencies to determine if the provider is qualified to be designated based on, (1) what services they provide currently, (2) a review of historical provider performance, and (3) a review of how ready the provider is to deliver the requested services.

To submit a Children’s HCBS application, providers are required to have:

- A user ID (granted by the NYS OMH)
- A Facility Code

Information on how to obtain access to the application can be found here:

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

Providers Not Previously Licensed/Certified/Designated for Children’s Medicaid Services

Providers that do not have an existing relationship with a NYS agency of DOH, OMH, OASAS, OPWDD, OCFS will have their application routed to DOH for initial review and technical assistance as needed. These providers need to meet the criteria and follow the process outlined in this policy and must meet all “new provider” identified requirements as outlined in separate guidance . DOH will conduct an initial assessment to determine the following:

- Depending on the services for which the provider is requesting designation, if the provider agency needs to complete a licensing application, certification attestation, or fulfill other service and/or population specific requirements. DOH may either issue the licensure or refer the provider to the appropriate NYS agency for licensing/certification, as necessary.
- Ensure the provider agency employs staff that meet the appropriate requirements to deliver the services for which the provider is requesting designation.
- That the provider is fiscally viable and has appropriate infrastructure/processes in place to meet the requirements of designation (such as Medicaid enrollment, MMCP contracting, and claims submission).
- Is compliant with the [HCBS Settings Rule](#).
- Is complaint with staff background checks, SEL, and Mandate Reporter training.
- Is not a sole practitioner or group practice.
- Able to meet all HCBS Children’s Waiver requirements by demonstration of policy/procedure manual and training outline.
- Is ready to deliver the requested services per the service description and requirements outlined in the [Children’s HCBS Manual](#).

Based on this initial assessment, DOH will submit a recommendation to the NYS Children’s Provider Designation Review Team.

Provider Readiness Requirements

The following items outline the main requirements for a provider to pursue HCBS designations:

A. Provider Medicaid Enrollment

Each provider delivering HCBS must be enrolled as a Medicaid provider with an active provider identification number with appropriate National Provider Identifier (NPI) and Medicaid Management Information System (MMIS) combinations.¹ A list of provider types and the application can be found on the eMedNY [website](#); questions can also be directed to the eMedNY Call Center at 1-800-343-9000. Additional information for designated HCBS providers can be found in the March 8, 2019 State memo [Medicaid Provider Enrollment for Individual Practitioners and Designated Agencies](#).

Additional information about enrolling as a Medicaid provider can be found in the Designation Letter once issued and required to be signed Attestation.

B. Contracting with Medicaid Managed Care Plans

Designated providers will need to contract with Medicaid Managed Care Plans (MMCPs) to bill and receive Medicaid reimbursement for children/youth enrolled in MMCPs. MMCPs may require a copy of the provider’s designation letter to complete contracting and/or credentialing. Providers are encouraged to communicate with MMCPs prior to receiving final designation. Providers can identify which MMCPs serve their area and the contact information for those

¹ Refer to the [New York State Children’s Health and Behavioral Health Services Billing and Coding Manual](#) for additional information.

MMCPs by using the following resource: <https://matrix.ctacny.org/>. Once contracted with MMCPs, designated providers will be included in the MMCPs directories.

C. Billing and Claiming for Services

Designated providers must have billing systems to submit claims to NYS Medicaid for Fee-for-Service participants and submit claims to Medicaid Managed Care Plans for participants enroll in Medicaid Managed Care.

Only the designated provider providing the service will be able to bill for the referred service, unless there is an agreement between the agencies as outlined in the Children's HCBS Manual. If a designated provider would like to collaborate with another designated provider to provide services they cannot provide, or to collaborate for the purposes of coordination of care, based upon choice of the child/family, the child/family will be referred directly for services to the other provider with proper notification to the Health Home/C-YES care manager.

D. Public Facing Listing of Designate Providers

Designated providers will be listed on the publicly available [Designated HCBS Provider](#) website list, which includes the services, sites, and counties for which the provider has been designated. This list is updated on a monthly basis indicating the providers that are designated and the list also reflects any changes to a provider's designation such as changes in services offered and any added/removed sites or counties. This is critical for providers to ensure correct referral contact information to receive referrals.

***It is the provider's responsibility to keep the State apprised of contact updates, specifically the referral contact name, email address/phone number information and CEO contact names, emails and phone numbers by contacting OMH-Childrens-Designation@omh.ny.gov.*

E. Designated Provider who are NOT Providing Services

It is understandable that potential or newly designated providers may have difficulty implementing their services or there may be times when the designated provider no longer can perform the services. It is important that only providers who are able to provide services be designated and, on the public facing website, as this is where Health Home care managers/C-YES, other providers, and family members can identify available providers for referrals.

NOTE: Designated providers who are not prepared to accept referrals or who are not actively delivering all their designated services should contact the State immediately at OMH-Childrens-Designation@omh.ny.gov to be removed from the public facing HCBS designated provider list and receive assistance from NYS to determine designation status. Provider should also review the [HCBS Provider De-Designation Procedure](#).

Designated agencies retain all responsibility for services provided, quality of care, and assuring Medicaid compliance. Billing for HCBS should be completed using the responsible designated agency's NPI and MMIS ID.

Receiving Children's HCBS Designation

Once the NYS Children's Providers Designation Review Team has reviewed the application and confirmed all requirements have been met, including service and/or State Agency specific requirements, the provider will be issued a Children's HCBS Designation Letter that indicates approved service(s) by site(s) and county(ies). Providers designated for Children's HCBS can serve all waiver-enrolled populations as appropriate, therefore, the Children's HCBS Designation Letters will not outline

designation by population.

The Children's HCBS Designation Letter includes a *Designated Home and Community Based Services (HCBS) Provider Attestation* that the provider agency will need to sign and return to the NYS Children's Provider Designation Review Team within 30 days of receipt. The *Provider Attestation* includes assurances that the designated provider will ensure that the HCBS Children's Waiver requirements, policies, and guidance will be adhered to. Items within the *Provider Attestation* but no limited to:

- All staff meet the qualifications for service delivery and/or supervision,
- Is compliant with criminal history background checks,
- Staff training requirements have been met,
- Required policies/procedures are in place, and
- Provider agency will adhere to all State-issued guidance documents and requirements in the [Children's HCBS Manual](#) and any subsequent updates.

Denial of Children's HCBS Designation

If a provider agency's application is denied in full or in part (such as denial of some services, sites, and/or counties requested in the application), the State will provide an explanation for the denial. There is no formal appeal process; however, at the request of the provider, the State will discuss the reason for denial, answer questions, and provide guidance on what the provider needs to do for the designation application to be accepted. Providers may re-submit designation applications at any time.

Changes in Designation

Providers must contact the NYS Children's Provider Designation team at OMH-Childrens-Designation@omh.ny.gov to request any changes to their designation or the contact information included on the public-facing list.

For requested changes to the provider's designation (services, sites, or counties), the NYS Children's Provider Designation Team will initially verify provider designation status through the web-based online portal system, assuring providers are approved and active before they are authorized to deliver waiver services. If the provider is requesting de-designation, they must adhere to the [HCBS Provider De-designation Procedure](#).

Updates to provider contact information (such as contact name, email address/phone number to receive referrals, or CEO contact names) should also be submitted to NYS Children's Provider Designation team at OMH-Childrens-Designation@omh.ny.gov. It is the responsibility of designated providers to regularly review the contact information included on the public-facing list and update the NYS Children's Provider Designation Team accordingly.

HCBS Re-designation Process

The 1915(c) Children's Waiver requires that provider designation is reverified at least every three years. DOH will be responsible for initiating the re-designation process and collaborating with other State agencies and/or external parties such as Health Homes and MMCPs as needed and when indicated. Designated providers must comply with State requests for information to confirm compliance with Children's HCBS designation.

The State will review the items in each provider's designation application to ensure consistency of application/designation information to what is being provided by the provider. Providers must also demonstrate, and continue to demonstrate, compliance with all elements outlined in the *Designated Home and Community Based Services (HCBS) Provider Attestation*. This may include but is not limited to:

- Provider training records, including training curricula,
- Statewide Central Register (SCR) eligibility verifications,
- Verification of criminal history record checks, SEL, and Mandated Reporting
- HCBS Final Rule Settings

The State will utilize yearly Auditing and Case Record reviews, Corrective Action Plans, complaints, claims data, and additional supporting evidence for re-designation.

Additionally, the State reserves the right to review and request proof of all related policies/procedures that are required via the Children's Waiver, State Law, and Federal Law, to ensure alignment and adherence to all requirements. The State may review additional documentation to verify that services are being delivered in accordance with the definitions and standards in the [Children's HCBS Manual](#).

Subsequently, the State has the right at any time, to conduct additional audits, case reviews, service delivery evaluation, and participants' satisfaction reviews based upon, but not limited to, reported complaints, concerns, and/or dissatisfaction with services. As well as notable practices reported or appear to be misaligned with Children's Waiver requirements and expectations.

Once the provider has been reviewed, the provider will receive an updated Children's HCBS Re-Designation Letter that indicates approved service(s) by site(s) and county(ies), along with *Designated Home and Community Based Services (HCBS) Provider Attestation* which must be returned within 30 days of receipt. Re-designated providers will continue to remain on the publicly available [Designated HCBS Provider](#) list.

NOTE: The State may terminate a provider's designation status if a provider fails to maintain its license or fails to otherwise comply with the terms and conditions of Provider Requirements, *Designated Home and Community Based Services (HCBS) Provider Attestation*, and/or with any laws, rules, regulations, standards, policies, or procedures affecting the Provider Requirements. A provider's designation status may also be terminated if the health, safety, or well-being of a child/youth is at risk or if a child/youth is injured due to the fault of the provider agency. Fault shall include acts of negligence, omission and deliberate harm, or a failure to properly supervise an employee.

Questions regarding this policy or the Children's HCBS Designation process should be addressed to the NYS Children's Provider Designation Team at OMH-Childrens-Designation@omh.ny.gov.

General questions related to the Children's Waiver and the Re-designation process should be directed to BH.Transition@health.ny.gov