

Reminder

Children's Waiver Home and Community Based Services (HCBS) Plan of Care Workflow Policy Requirements

November 12, 2020

TO: Children's HCBS Providers, HH/C-YES Care Managers, and Medicaid Managed Care Plans,

In fall of 2019, the NYS Department of Health (Department) issued [Children's Waiver HCBS Plan of Care \(POC\) Workflow Policy](#) and the required use of related forms to facilitate information sharing between Children's HCBS Providers, Health Home Care Managers (HHCMs) / Children and Youth Evaluation Services (C-YES) care coordinators, and Medicaid Managed Care Plans (MMCPs). Additionally, the Department has hosted several webinars regarding this policy as recently as October 19, 2020 for Children's HCBS Providers to remind providers of the required forms within the policy. As a follow-up to that discussion, the Department is providing this reminder document of the Children's Waiver HCBS POC Workflow **requirements** to **all** Children's Waiver stakeholders.

Note: The policy and webinars are posted [here](#) on the Department website under the Plan of Care tab.

Step 1: Referral

HHCMs/C-YES directly refer children/youth by utilizing the [Referral for HCBS to HCBS Provider](#) Form after working with the child/family on POC development. This form includes key information HCBS providers need to deliver and bill for children's HCBS. This form identifies if/when the child/youth was found HCBS eligible and that they have an approved waiver slot and R/RE: K-codes are active. *R/RE: K-code can change and should always be verified monthly (through ePACES/eMedNY) by the HCBS provider prior to delivering services.* In addition, the form provides the identified services and the goal or need the service is intended to address.

- As part of developing the POC, HH/C-YES/MMCP care managers must establish the services the member/family are requesting to meet the identified needs, and referrals should be specific to those identified services. HCBS providers determine frequency, scope, and duration of the HCBS identified on the POC. Care managers should not ask the HCBS provider to assess/determine the services needed, however, HCBS providers can make recommendations for changes after working with the member/family.

Step 2: First Appointment and MMCP Notification

It is the responsibility of the HCBS Provider to ensure that the first scheduled appointment is communicated to the HHCM/C-YES and if the child/youth is enrolled, the MMCP, and to provide updates if there are any rescheduled or missed appointments. Notification to the MMCP must be made *immediately* with the following information:

- Appointment date
- Identified service(s)

- Goal or need to be addressed from the HHCM/C-YES completed referral form

While no prior authorization from the MMCP is needed for the first 60 days, 96 units, or 24 hours, notification to an MMCP allows the MMCP to update care management and claims systems with the information a child/youth is eligible for HCBS and will be accessing services from the identified provider(s). Notification also permits the provider to claim for the initial period (60 days/96 units/24 hours).

Step 3: Authorization/Care Manager Notification

The HCBS Provider conducts a service intake/assessment to determine frequency, scope, and duration and develops a Service Plan for the child/youth.

- **For children/youth who are enrolled in MMCP**
 - HCBS Provider submits a request for continued service authorization to the MMCP using the [Children's HCBS Authorization and Care Manager Notification](#) form. This form must be provided in advance of when the initial period (60 days/96 units/24 hours) expires to allow for continued service and billing.
 - The MMCP makes an authorization determination per the Model Contract and in accordance with HCBS utilization management guidelines and the POC.
 - Once received back from MMCP, the HCBS Provider sends the completed form to HHCM/C-YES so that the HHCM/C-YES can update the POC with the frequency, scope, and duration.

If MMCPs receive HCBS claims that do not have an associated [Children's HCBS Authorization and Care Manager Notification](#) form or if the RRE K-Code cannot be verified, the MMCP should pend the claim and communicate with the provider to obtain the form. HCBS providers should also be mindful of the claim timely filing timeframes. Failure of the HCBS provider to request continued authorization when required, may result in denied or delayed claims payment.

- **For children/youth who are enrolled in FFS**
 - It is still necessary for the HCBS Provider to communicate with HHCM/C-YES regarding the appropriate information for frequency, scope, and duration so the POC can be updated.
 - Therefore, the **HCBS Provider** must complete and submit the [Children's HCBS Authorization and Care Manager Notification](#) form to the HHCM/C-YES

It is required that the [Children's Waiver HCBS POC Workflow Policy](#) is followed and the forms are used, especially during the COVID-19 State of Emergency, so that all parties can monitor access to services and be able to identify if a child/youth is not receiving services.

During the COVID-19 State of Emergency, concurrent utilization review (MMCP review for medical necessity) was suspended as outlined in the [Continuity of Care Update](#) for Children's HCBS but the [Children's HCBS Authorization and Care Manager Notification](#) **must still be used**.

Step 4: POC Development, Updates, and Distribution

The POC development must be a collaborative effort between the member, the family, family-identified supports, HCBS Providers, other child-serving systems, and MMCP (if enrolled). Each HCBS the child/youth receives must be listed in the POC with a defined goal and the frequency, scope, and duration from the HCBS Provider. It is the responsibility of the care manager (HHCM/C-YES/MMCP) to maintain the POC and update as needed. The care manager must communicate with HCBS Provider regularly to understand and know how the services are being provided to the child/youth. The care manager will continually work with the child/youth/family to review the POC and update, as appropriate, and ensure the sharing of the updated POC.

- Updated POCs with frequency, scope, and duration must be sent to the MMCP if the member is enrolled. HHCM must ensure the MMCP is aware of the member's Children's waiver participation and HCBS referred.

It is essential that HHCM/C-YES to notify the Department's Capacity Management Team ([per procedure](#)) when a child/youth is no longer participating in the Children's Waiver, so the R/RE: K-code can be removed. Additionally, it is also necessary to notify the HCBS provider(s) and MMCP (if applicable) of the child/youth's disenrollment or ineligibility for HCBS, as HCBS providers who continue to provide services will not be paid if the member is no longer participating in the Children's Waiver. *Therefore, HHCM, C-YES, MMCP, and HCBS providers should always verify R/RE: K-code monthly.*

Please reference the [Children's Waiver HCBS POC Workflow Policy](#), [Referral for HCBS to HCBS Provider](#) Form, and [Children's HCBS Authorization and Care Manager Notification](#) Form for additional information.

If you have any questions, please contact BH.Transition@health.ny.gov