



HCBS Service Plan under the 1915c Children's Waiver

Introduction

The Children's Medicaid System Transformation included the consolidation of six 1915c waiver programs across New York State which have been previously overseen by the Office of Children and Family Services (OCFS), Office of Mental Health (OMH), Office of Alcoholism and Substance Abuse (OASAS), Office for People with Developmental Disabilities (OPWDD), and the Department of Health (DOH).

Under the Children's Home and Community Based Services (HCBS) Waiver, children with qualifying health and/or behavioral health challenges will have access to a wider array of services to meet their individual and unique needs. HCBS waiver services are utilized to meet children and families in non-traditional settings both in their home and community. Services are provided in a family-driven, youth guided, culturally, and linguistically appropriate system of care which accounts for the strengths, preferences, and needs, as well as the desired outcome of the individual.

In order for a child to become eligible for HCBS, they must meet the following criteria: target population, risk factors, functional limitations and Medicaid eligibility. Once children are determined eligible for HCBS, the care manager (CM) (Health Home or Children and Youth Evaluation Services (CYES)) will develop a Plan of Care (POC) with the child and family/caregiver, identifying and including needed HCBS. The CM will then make referrals to chosen HCBS providers.

HCBS Providers and HCBS Service Plan

Once a HCBS provider receives a referral from a CM, the HCBS provider will meet with the child and family/caregiver to identify how the services will help to address identified needs. Based on the determination of needs, the HCBS provider is responsible for documenting the approach for service provision on an HCBS service plan, for the services they expect to provide. The purpose of the HCBS Service Plan is to outline the service(s) that will/is provided with corresponding goals and objectives that describes the need for the service and the anticipated benefit to the child and family. The HCBS Service Plan determines the focus of the services, while also documenting the scope, duration and frequency to which each service will be provided. A HCBS Service Plan is required to outline each of the services the HCBS provider is providing to the child. If the child is referred to more than one HCBS provider, then each HCBS provider will have their own Service Plan for the services they will provide to the child.

Components of a HCBS Service Plan

As with any Service Plan, it is expected that the plan will be developed within 30 days of the first face to face appointment with the child and family/caregiver. The necessary components of the HCBS Service Plan should, at a minimum, include the following:

- a) Child's Name
- b) Child's home address and phone number
- c) Date of Birth
- d) CIN (Medicaid #)



- e) Managed Care Organization (if applicable) and Member ID
- f) Lead Health Home or C-YES
- g) Health Home Care Management Agency or C-YES
- h) Health Home Care Manager or C-YES staff, including their contact information
- i) HCBS Provider: The name of the agency delivering services as well as contact information for the agency/provider
- j) Service Plan Development Date
- k) Goals and Objectives of the service(s)
- l) Scope: The service components and interventions being provided and utilized to address the identified needs of the child
- m) Duration: Describes how long the service will be delivered to the child and/or family. The duration of the service should correspond to the abilities of the child/family and be reflective of the billing unit identified by service.
- n) Frequency: Outlines how often the service will be offered to the child and/or family. Services may be delivered on a weekly, biweekly or monthly basis, according to the needs of the child and family.

Expectations for the Development of a HCBS Service Plan

The HCBS Service Plan should be developed in conjunction with the child and family/caregiver to ensure that the goals outlined by the child and family/caregiver are captured in the plan. The development of this plan should begin during the first meeting with the child/youth and family/caregiver as the goals are discussed. The HCBS Service Plan must be completed within 30 days of the first face to face appointment with the child and family/caregiver. The duration and frequency of service delivery should not be dependent upon the availability of the provider, but rather, the availability and needs of the child. The frequency of services should be in relation to other appointments or commitments the child may have, including but not limited to and educational or vocational placement, medical or behavioral health therapies, community activities, etc. A plan, including the types of interventions provided and the goals to be achieved, should be developed that is reflective of the developmental and physical needs of the child.

The HCBS Service Plan should be monitored regularly and reviewed at minimum, every 6 months; however, it can be more often if appropriate. If there is a significant change in the child's health, hospitalization, functioning, living situation, incarceration or other significant life event, the HCBS Service Plan must be reevaluated to determine whether or not the goals remain appropriate. The HCBS Service Plan may be modified at the request of the child and family/caregiver at any time. Whenever a modification is made to the HCBS Service Plan, it must be reviewed in total with the child and family/caregiver and appropriate signatures obtained, including the child (if appropriate, and if not, it should be specified that the child is unable to provide a signature), the parent/caregiver of the child and the signature of the HCBS provider.

When the Service Plan is developed and any update to the Service Plan, it must be shared with the Health Home care manager or C-YES in a timely fashion, so the Health Home Plan of Care can be updated if necessary to be reflective of the services being provided to the child.