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# Home and Community Based Services Participants' Rights and Protections

For Health Home Care Managers (HHCM) &  
Children's Home Community Based Services (HCBS)  
Providers

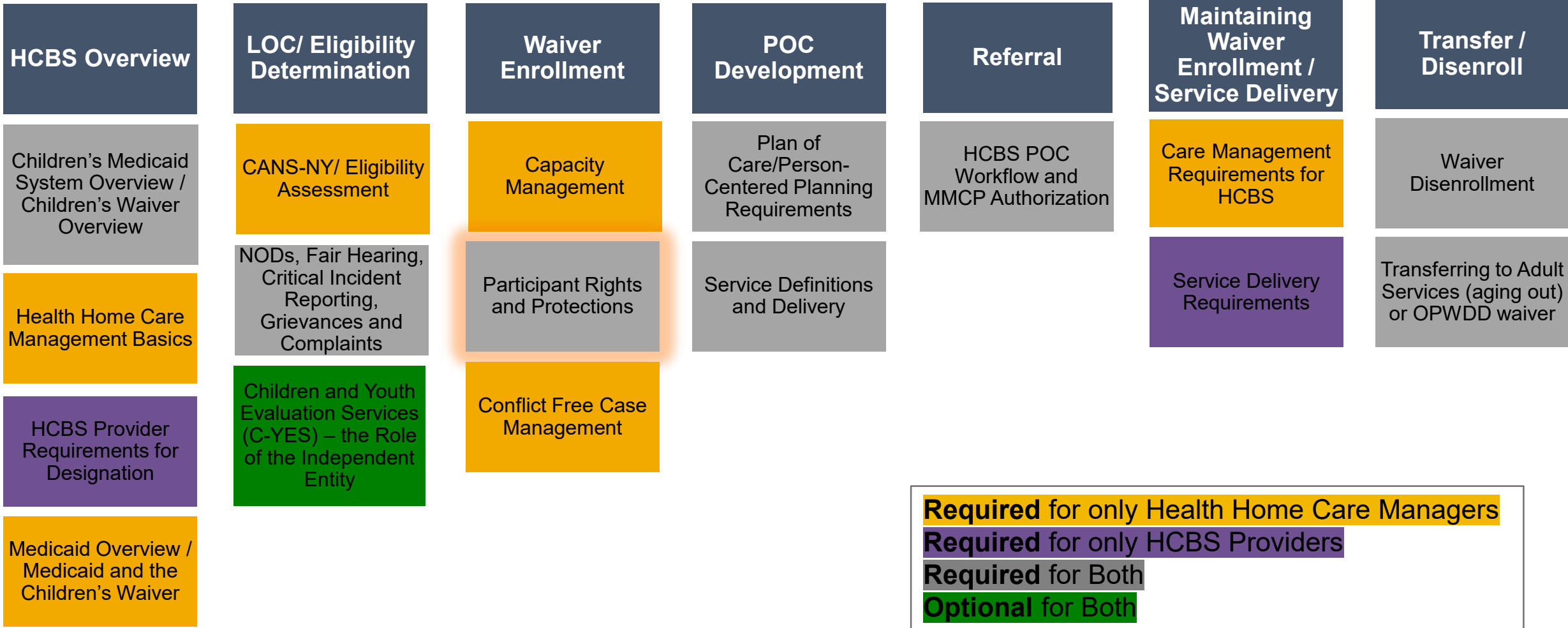
February 2021

# Agenda

- ✓ Overview of HCBS Requirements from CMS
- ✓ HCBS Participants' Rights and Protections
- ✓ HCBS Participants' Rights and Responsibility Factsheet
- ✓ Freedom of Choice
- ✓ Grievances and Complaints Procedures
- ✓ Conferences and Fair Hearings
- ✓ Incident Reporting and Monitoring System (IRAMS)
- ✓ Appendix



# HCBS Children’s Waiver Training Overview



# Overview of HCBS Participants' Rights and Protections

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# Children's Waiver – Home and Community Based Services

The Centers of Medicare and Medicaid Services (CMS) approved and set the standard for Waivers. All Home and Community Based Service (HCBS) Waivers have the same federal requirements regardless of the populations served.

NYS DOH must comply with the HCBS standards and ensure that the services, providers, care coordination implement and deliver the services as outlined. Specific services and processes have some flexibility, however any changes to the Waiver must be approved by CMS.

The Major requirements of HCBS Waivers is **Freedom of Choice**, **Person-Centered**, **AND** **Participant's Rights** – through the Waiver this is repeated

- HCBS is optional
- How it is delivered is up to the participant
- All involved providers and services are based upon the choice of the participant



# HCBS MUST Be Person-Centered

*Language within the Waiver.....*

- Develop strategies to make sure that the system is person-centered
- Health Home care managers are responsible for developing a person-centered, family and youth driven, comprehensive care plan
- Responsible for the person-centered service plan development
- Person-Centered service delivery with the participant driving the services and how the services are delivered



# HCBS based upon **Freedom of Choice** & **Participant's Rights**

*Language and Requirements within the Waiver.....*

- ✓ In accordance with federal and state regulations, the participant must be offered freedom of choice when choosing a Medicaid providers and services
- ✓ Choice of Alternatives
- ✓ Informed Choice
- ✓ Exercise independent choice
- ✓ Empower individual choice and decision making
- ✓ Participant understands his/her choice regarding services and providers
- ✓ Participants will have freedom of choice controlling the participant choice process,
- ✓ Afforded choice
- ✓ Participants will be provided information about the full range of waiver services



# Overview of Participant Rights

**At all points of interaction with the child/youth/family regarding HCBS, MUST be done with full information transparency and choice and participation of the child/youth/family**

- The following are specific requirements of the Children's Waiver that must be implemented in policies and procedures.
- All participants have the following rights:
  - Freedom of Choice
  - The Right to File a Complaint / Grievance
  - The Right to Report Abuse
  - The Right to Request a Conference
  - The Right to Request a Fair Hearing





**NEW**

# HCBS Participants' Rights and Responsibility Factsheet

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# Participant's Rights and Responsibilities Factsheet

It is a requirement of the Children's Waiver that children/youth/families are made aware of their rights.

- It is the role of the Health Home Care Manager (HHCM) and/or Children and Youth Evaluation Services (C-YES) to ensure the child/youth/family are told their rights, their rights are reviewed with them, and their questions answered
- The HHCM and/or C-YES **must review the [Children's Waiver Participant: Rights & Responsibilities](#) factsheet** with members/family at the time of enrollment and at minimum annually thereafter.
- It is helpful when this type of information is in writing and also left with the individual, so they can review on their own and/or when needed/questioning their rights. The *Children's Waiver Participant's Rights and Responsibility* factsheet needs to be left with the member/family

More information, refer to the [Children's Waiver Participant's Rights Policy](#).



# Overview of Participant Responsibilities

- Participant/Family Responsibilities:
  - Be informed of the rights available (i.e. Freedom of Choice, Right to File a Complaint; Right to Report Abuse; Right to a Conference; Right to a Fair Hearing)
  - Be informed about the services they are eligible for
  - Keep all scheduled appointments and inform provider(s) as soon as possible if an appointment cannot be met or will be late to the appointment
  - Provide correct, updated information about any pertinent changes in their life (i.e. address, change in Medicaid status)
  - Participate in the HCBS eligibility assessment once a year or when there is significant life event
  - Be an active partner in developing a Plan of Care and help to choose the services that meet their needs and follow through with their part of the plan
  - Provide written consent for their care manager to work with their care providers
  - Ask for help if they don't understand or need support



## Children's Waiver Participant: Rights & Responsibilities

Read this document carefully. These are **YOUR RIGHTS** as a Children's Waiver participant. These are your **RESPONSIBILITIES** to get Home and Community Based Services (HCBS) and Care Management Services.

### Important Information

- Your care manager will explain their role to you and guide you through the Children's Waiver eligibility determination and enrollment.
- Your care manager will meet with you each month. This meeting will be in person or by phone, depending on your needs.
- You **MUST** receive a monthly HCBS to stay enrolled in Waiver Services.

Find your lead Health Home contact information:

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/hh\\_map/index.htm](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm)

### Participant/Family Responsibilities

- Know your rights as described below.
- Learn about the services you are eligible for.
- Keep all scheduled appointments. If you can't keep an appointment or are going to be late, let your provider know as soon as possible.
- Provide correct, updated information about any changes in your life.
- Participate in the HCBS eligibility assessment once a year or when there is big change your life.
- Be an active partner in developing a Plan of Care and help to choose the services that meet your needs – and follow through with your part of the plan.
- Give written consent for your care manager to work with your care providers.
- Ask for help if you don't understand or need support.

### You Have Freedom of Choice

Your care manager must give you information about your care options.

- You have choice between HCBS or an institution such as a hospital, residential facility, or a nursing home.
- If you choose an institution, you cannot receive HCBS.
- If you choose HCBS, you must have care management through a Health Home or the Children and Youth Evaluation Services (C-YES).
  - A Health Home will provide comprehensive care management and work with **all** your services
  - C-YES will help you manage HCBS Children's Waiver services **only**
- If you choose Health Home, you have a choice of Health Home/Care Management Agencies in your area.
- You may choose your service provider(s). Your care manager will give you a list of service providers in your area. Your care manager can help you choose the provider(s) that best meets your needs.
- You may receive services and care management from different agencies or the same agency. If you receive more than one service, you may work with the same provider for all services or you may choose different providers for each service. If you choose the same agency to provide more than one services, be aware that the agency must work in your best interest, ensure no conflict of interest, and continue to give you choice over your services and service providers.
- You should choose the care manager and service provider(s) that work best for you.

Your care manager will explain your options and review the **Freedom of Choice Form** with you. You will be asked to sign that form to confirm your choices.

*You have the power to make your own decisions about the care you receive*

### You Have the Right to File a Complaint

If you have a complaint about any of your services or providers, you may contact:

- Your HCBS provider
- Your lead Health Home
- C-YES
- Your Medicaid Managed Care Plan
- The NYS Department of Health Managed Care Complaint Line at **1-800-206-8125** or
- Online [managedcarecomplaint@health.ny.gov](mailto:managedcarecomplaint@health.ny.gov)

Your care manager or Medicaid Managed Care Plan will tell you how to file a complaint. You can file a complaint verbally or in writing. If you file a complaint, you still have the right to a Fair Hearing.

### You Have the Right to Report Abuse

If you suspect a child/youth is being abused or maltreated, please report it to the New York State Central Register of Child Abuse and Maltreatment Hotline at **1-800-342-3720**. The hotline is open 24-hours a day. More information is on the Office of Children and Family Services website at: <https://ocfs.ny.gov/ohrd/ccg/>. In an emergency, call 911 or your local police.

### You Have the Right to Request a Conference

You will receive a written Notice of Decision (NOD) regarding your eligibility and admission into the Children's Waiver. If you receive a NOD and disagree with the decision, you may ask for a conference. A phone number to ask for a conference will be provided on page 1 of the NOD. If you'd like to request a conference, you should do so as soon as possible and within 60 days. During a conference, you will meet with your care team to review the decision. If the decision is changed, you will receive written notification. If you ask for a conference you still have the right to a Fair Hearing.

*If a provider changes your services and you do not agree with the change, or if you are not happy with your service provider, you can work with your care manager to address the issue.*

### You Have the Right to Request a Fair Hearing

If you receive a Notice of Decision (NOD) and you disagree with the decision, you may request a Fair Hearing. A Fair Hearing is a chance for you to tell a judge why you disagree with the decision. You may request a Fair Hearing even if you have not filed a complaint.

You have **60 days** from the date on the NOD to request a Fair Hearing. To keep getting services while waiting for the Fair Hearing, you must return the NOD within **10 days** (instructions are provided on the NOD). If the judge determines that the NOD is correct, you may have to pay for the services you received after the NOD was issued.

More information about your right to a Fair Hearing is in the Notice of Decision. Learn more about how to request a Fair Hearing at <https://otda.ny.gov/hearings/request/>.

*\*\*If you would like more information from the websites listed and need help to get it, please let your care manager know and they will print the information for you.*

For more information on the Children's Waiver please visit:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/info.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/info.htm)



**UPDATED**

# Freedom of Choice

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# Participant Rights: Freedom of Choice

- The HHCM/C-YES must provide information about care options and review the [Freedom of Choice Form](#).
  - If participants choose an institution such as hospital, residential facility, or a nursing home, then they cannot receive HCBS
- If participants choose HCBS, they must have care management through a Health Home (HHCM) or the C-YES.
  - A Health Home will provide comprehensive care management and work with all the participants services
  - C-YES will help participants manage HCBS Children's Waiver services only
- If participants choose Health Home, they have a choice of Health Home/Care Management Agencies in their area.
- Participants may choose their service provider(s). Their care manager will provide a list of service providers in their area and help participants choose the provider(s) that best meets their needs.
- Participants may receive services and care management from different agencies or the same agency. If receiving more than one service, participants may either work with the same provider for all services or choose different providers for each service.
  - If participants choose the same agency to provide more than one service, that agency must work in the participant's best interest, ensure no conflict of interest, and continue to provide choice of services and service providers [Conflict Free Care Management Policy #HH0012](#)



# Freedom of Choice Form - Updated

- The Freedom of Choice form is a requirement of the Children's Waiver by CMS. The required documentation that the child/youth/family's rights and choice were reviewed and explained, and a written signature and evidence that it occurred and placed in the participant's case record.
  - The Freedom of Choice form outlines that the new Children's Waiver *Participant's Rights and Responsibility* factsheet was provided and left for the participant/family
- Based upon stakeholder and specifically NYC RPC feedback, the Freedom of Choice form has been updated and will be effective April 1, 2021
  - Removed the various checkboxes
  - Confirmation statement that the signature documents that everything on the form was reviewed
  - The form now has a separate section for initial enrollment vs. annual re-determination renewal
  - Signature for the self-consenting participant





## INSTRUCTIONS FOR THE CARE MANAGER

Eligible individuals must be told about the choices for care and given the option to choose between institutional or home and community-based services. During a face-to-face meeting, the care manager will provide this information and discuss Freedom of Choice. The individual or their parents/guardians/legally authorized representative must sign the Freedom of Choice form and indicate their decision whether to participate in the HCBS 1915(c) Children's Waiver. This form must be witnessed and dated, kept as part of the member's/parent/guardian/legally authorized representative's file, and a copy must be provided for the member/parent/guardian/legally authorized representative, upon request.

## Child/Youth Information

Child/Youth's Name

Date of Birth

## I received and understand the following:

- Information about alternatives under the Children's Waiver, and given a choice of either admission to an institutional setting or Home and Community Based Services (HCBS) under the 1915(c) Children's Waiver (42 CFR §441.302(d)).
- Information on available services, including what the program is, and how to access services and supports to connect to community resources and providers.
- A list of Health Homes (HHs), Care Management Agencies (CMAs), and Service Providers in my area, including HCBS providers.

## I Understand the following:

- I am requesting participation in the HCBS 1915 (c) Children's Waiver, if eligibility requirements are met and a slot is available.
- Participation will be based on my choice of HCBS to support remaining in the community and at home.
- I have been given the right to choose the agency which will provide care coordination for my HCBS, HH care management, CMAs, or the Children and Youth Evaluation Services (C-YES).
- I have been given the right to choose the service(s) and service provider(s) available in my area.

## For first time Children's Waiver enrollees, please choose one of the following:

- I choose to enroll in the HH care management program and was given a choice of available HH's and/or CMA's to work with.
- OR
- I do NOT want to enroll in the HH care management program. I choose to receive HCBS 1915(c) Children's Waiver services and supports through C-YES. (Complete the DOH-5059 HH opt-out).
- OR
- Eligibility requirements are met; however, I choose not to participate in the HCBS 1915(c) Children's Waiver.

## For Children's Waiver annual re-determination, please choose the following:

- I NO LONGER want to continue eligibility for HCBS 1915(c) Children's Waiver program services. I understand that I may request an eligibility decision at a later date.
- OR
- I want to continue eligibility for HCBS 1915(c) Children's Waiver program services and my current care coordination agency.
- AND
- I confirm I received the results of my annual HCBS Eligibility Re-determination assessment.

By signing this Freedom of Choice form, I confirm that my care manager has explained each item to me, including how to file a critical incident and/or grievance/complaint, and the Children's Waiver Participant's Rights and Responsibilities Flyer has been given to me.

Applicant (for individuals 18 and over or under 18 who are parents, pregnant, and/or married, and capable of self-consent)

Print

Signature

Date

Parent/Legal Guardian/Legally Authorized Representative (for individuals under 18 who are not capable of self-consent)

Print

Signature

Date

HH Care Manager/Witness

Print

Signature

Date

DOH-5276 (4/21)





# Participants Rights: Reporting Abuse

- Participants have the right to report abuse experienced by service providers, care managers, and/or any other involved parties.
- If the HHCM/C-YES suspects a child/youth is being abused or maltreated, they **MUST** report it to the New York State Central Register of Child Abuse and Maltreatment Hotline at **1-800-342-3720**.
- HHCM/C-YES are Mandated Reporters and anyone working with members/participants under the age of 21 years old must report suspected abuse
- The hotline is open **24-hours a day**. More information is on the Office of Children and Family Services. website at: <https://ocfs.ny.gov/ohrd/ccg/>.
- In an emergency, HHCMs/C-YES should call 911 or their local police.



# Grievances and Complaints Procedures

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# Participants Rights: Filing a Complaint

- If participants have a complaint about any of their services or providers, they may contact:
  - HCBS provider
  - Lead Health Home
  - C-YES
  - Medicaid Managed Care Plan (MMCP)
  - The NYS Department of Health Managed Care Complaint Line at **1-800-206-8125** or Online [managedcarecomplaint@health.ny.gov](mailto:managedcarecomplaint@health.ny.gov)
- The care manager or MMCP will inform participants how to file a complaint.
  - Participants can file a complaint verbally or in writing
  - Participants still have the right to a Fair Hearing even if filing a complaint



# What is a Grievance/Complaint?

A **grievance** is a wrong or hardship suffered (real or perceived), which is the grounds of a complaint

A **complaint** is the formal expression of dissatisfaction expressed verbally or in writing by or on behalf of a member, other than an appeal

**Grievances/complaints may include, but are not limited to:**

- Any violation of rights,
- Availability of service or ability to receive service, Quality of care received and/or whether services are meeting the member's needs,
- Afforded choice of providers,
- Whether crisis or support plans are effective,
- Program eligibility and/or qualifications,
- Whether health and welfare are being maintained, and/or
- Dissatisfaction with services or providers of services.



# Who Can File a Grievance and/or Complaint?

- Parents, guardians, legally authorized representatives, and/or members themselves can file a grievance or complaint at any time
- Grievances and complaints can be filed and reported to the child/youth's MMCP and/or HH/C-YES; reports of these grievance and complaints are then provided to the State
- Members may request a Medicaid Fair Hearing if felt that the grievance/ complaint was not resolved
- The submission of a grievance/complaint will **not** adversely impact a member's participation in and/or eligibility for HHSC/HCBS
- The grievances/complaint process is **not** a prerequisite *or* substitute for a Medicaid Fair Hearing



# Roles and Responsibilities in Responding to Grievances/Complaints

## HCBS Providers

- Have internal systems in place to process grievances/complaints
- Contact and update the member within 72 hours of receiving the complaint; take steps toward resolution within 45 calendar days
- Notify the member's HH or C-YES to determine if the POC may need updated
- Can collaborate with CMA, HH/C-YES and/or MMCP to resolve the grievance/complaint
- Retain all documentation related to the grievance/complaint
- Notification/documentation to the NYS DOH

## Health Homes / C-YES

- Review the grievance and complaints process at enrollment and annually thereafter
- Establish policies and procedures to handle grievances/complaints;
- Contact and update the member within 72 hours of receiving the complaint; take steps toward resolution within 45 calendar days
- Retain all documentation related to the grievance/complaint
- Notification/documentation to the NYS DOH

## MMCPs

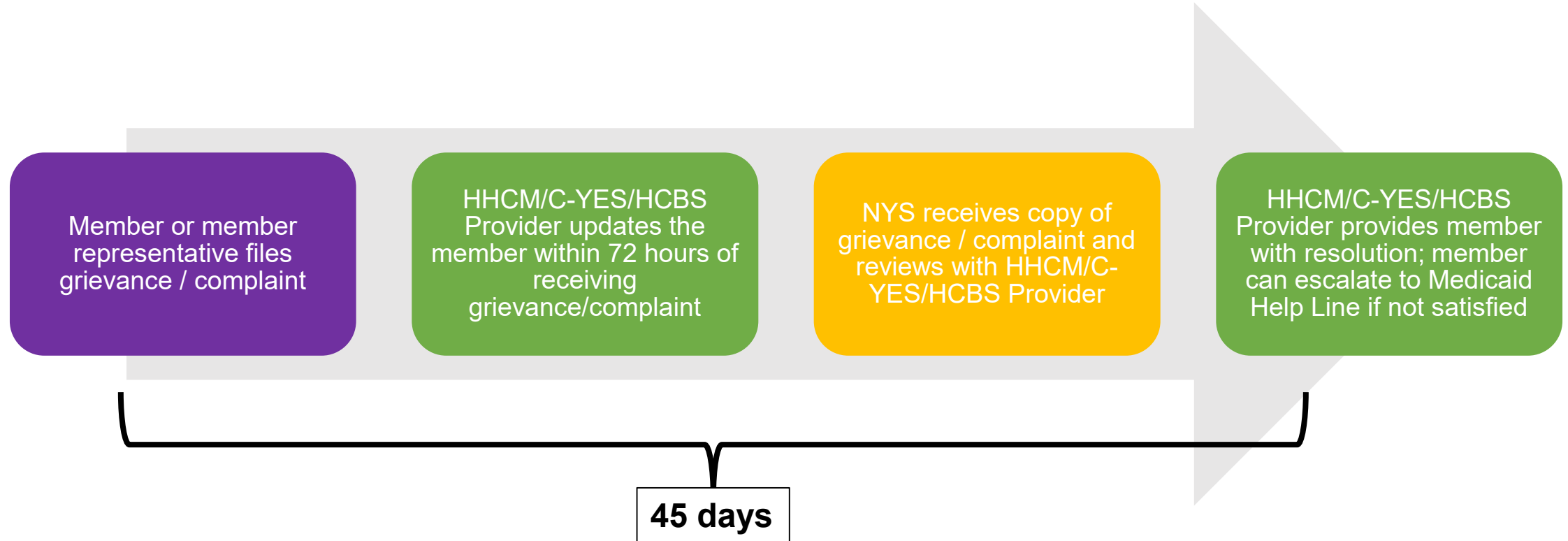
- Establish and follow a process to record and report grievances/ complaints to the State
- Provide assistance to members in helping to resolve grievances/ complaints
- Retain all documentation related to the grievance/complaint
- Provide quarterly reporting to the State on the number and category of complaints received

## NYS

- Maintains Complaint Line and mailbox to use when reporting grievances/ complaints
- Coordinate with HHCM/ C-YES / HCBS Provider on steps toward resolution
- Provide technical assistance when indicated
- Reporting to CMS



# Timeline for Responding to Grievances/Complaints



For more information on the grievances/complaints process, see the Health Home policy:

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/policy/docs/hh0013\\_hhs\\_c\\_complaint\\_and\\_grievance\\_policy.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/docs/hh0013_hhs_c_complaint_and_grievance_policy.pdf)

Or HCBS provider policy:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/cw0008\\_hcbs\\_provider\\_complaints\\_and\\_grievances\\_policy.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/cw0008_hcbs_provider_complaints_and_grievances_policy.pdf)



# Conferences and Fair Hearings

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# 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.



# Participants Rights: Requesting a Conference

- Participants have the right to request a formal conference if they disagree with the decision on the Notice of Decision (NOD) regarding their eligibility and admission into the Children's Waiver.
- Participants should make the request for a conference as soon as possible and within **60 days** if a conference is desired.
- During a conference, participants will meet with their care team to review the decision. If the decision is changed, participants will receive written notification.
- Participants still have the right to a Fair Hearing even if a conference is held.



# Fair Hearing Process

- Upon receiving a copy of a NOD from the Health Home/C-YES, the child/family has 60 days to request a Fair Hearing if they disagree with the determination as stated on the NOD.
  - Fair Hearings may be expedited at the child/family's request
- The child/youth is entitled to “aid continuing” if they request a hearing within 10 days from the NOD, which means their benefits will remain unchanged until the Fair Hearing decision is issued.
- OTDA receives the request for a Fair Hearing and will issue form [OAH-457 Notice of Fair Hearing](#) to the HHCM/C-YES and child/family that provides information regarding the Fair Hearing.
- The child/youth and their family/authorized representative have the right to examine the contents of the case record prior to the Fair Hearing. HHCMs/C-YES must also provide requested documentation to the child/family and Administrative Law Judge.

More information about participants' right to a Fair Hearing is in the [Notice of Decision](#).

Learn more about how to request a Fair Hearing at <https://otda.ny.gov/hearings/request/>



# Decision After Fair Hearing

- The Decision After Fair Hearing is binding after it has been issued.
- If the Decision is in favor of the disenrolled child/youth, the HHCM will need to end the pended segment and begin a new enrollment segment. This segment will be effective the first of the month following disenrollment.
- C-YES must re-enroll the member the first of the month following disenrollment
- Either the Health Home/C-YES or the member/family may request that ODTA reconsider the decision after the Fair Hearing if they felt the decision has been made in error. Decisions issued will remain in effect while reconsideration is under review.
  - Documentation of the Fair Hearing and Aid Continuing **MUST** be entered into the UAS HCBS/LOC Eligibility Determination, so providers, Medicaid Managed Care Plans, and other stakeholders will know why a child/youth continues to receive HCBS even when found ineligible



# When One Can and Cannot File a Fair Hearing

An individual has the right to seek a Fair Hearing for many reasons including issues related to the Children's Waiver

## Issues related to the Waiver that CAN be addressed through the Fair Hearing process include:

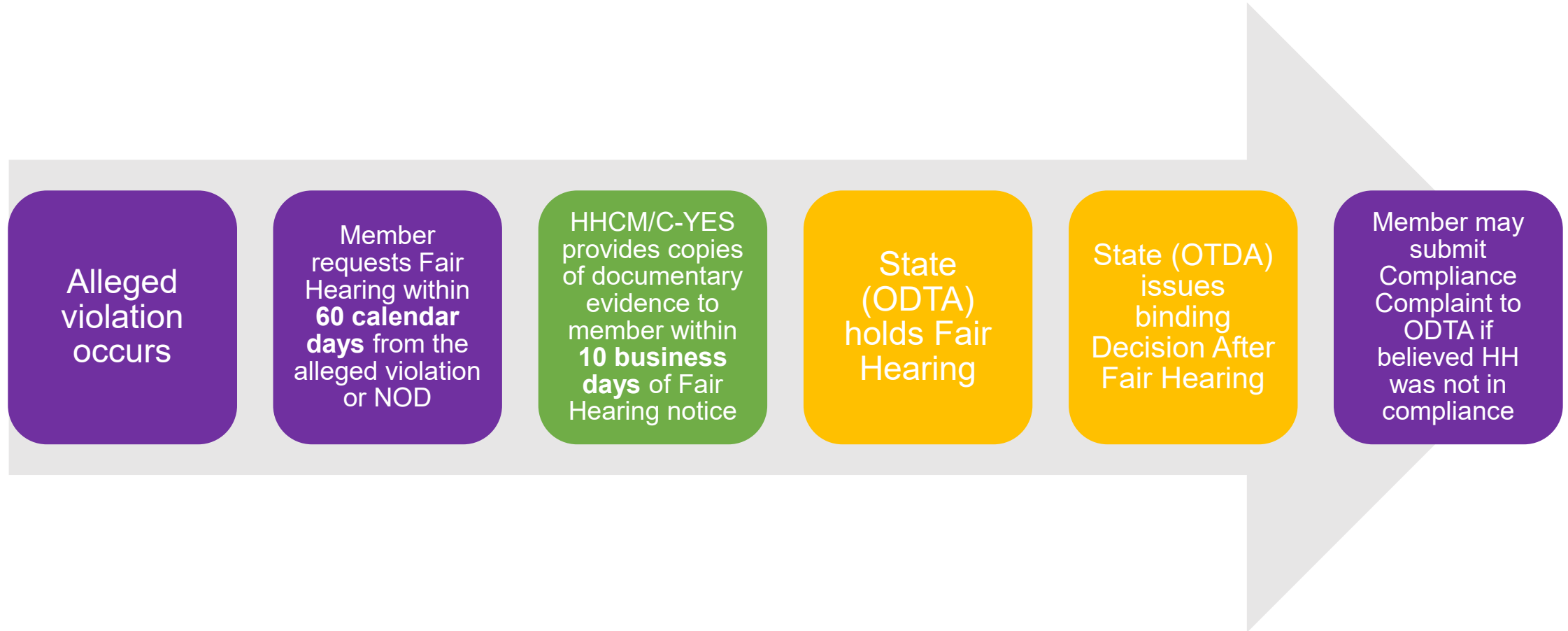
- Was the applicant offered the choice of waiver service(s)?
- Was the applicant or participant denied the waiver service(s) of his or her choice?
- Was the applicant or participant denied the waiver services of an approved waiver service provider that was willing to serve the applicant/participant?
- Was the decision to reduce or eliminate waiver services correct?
- Was the decision of Denial or Intent to Disenroll correct?

## Issues about the Waiver that are NOT addressed through the Fair Hearing process include:

- Was the applicant or participant in need of a Level of Care?
- Does the Waiver have any openings based on the number of participants?
- Was the applicant approved for the Waiver as specified by the federal government?
- Fair Hearings rights cannot be invoked when a member voluntarily discontinues services.



# Fair Hearings Timeline



# Incident Reporting and Management System

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# Incident Reporting & Management System

- As a requirement within the Children's Waiver; tracking and reporting of all Critical Incidents, Complaints, and Grievances must occur
- The HH, C-YES, and MMCP already have policies and processes in place
- The NEW Incident Reporting and Management System (IRAMS) will take the paper process for HHs and C-YES electronically and we will be adding HCBS providers
- More information and training will be issued regarding the system
- Access through the Health Commerce System (HCS) will be used
- HCBS providers will need to identify 1-3 staff to have access to the system – not all staff should have access
  - Access will be given by the HCBS provider's HCS Coordinator
  - The State will be asking for HCBS providers to provide the staff's information







# Appendix

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# 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)
- Questions specific to the HCBS Settings Final Rule can be sent to  
[ChildrensWaiverHCBSFinalRule@health.ny.gov](mailto:ChildrensWaiverHCBSFinalRule@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)

Children's Waiver Website:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/1115\\_waiver\\_amend.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm)



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# Resources: Forms

Freedom of Choice (DOH 5276)

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

Children's Waiver Participant's Rights and Responsibilities

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/childrens\\_waiver\\_rights\\_and\\_responsibilities\\_english.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/childrens_waiver_rights_and_responsibilities_english.pdf)

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

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/nod\\_elig.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/nod_elig.pdf)

Notice of Decision For Discontinuance in the New York State 1915(c) Children's Waiver (DOH 5288)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/nod\\_discont\\_serv.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/nod_discont_serv.pdf)

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

<https://www.health.ny.gov/forms/doh-5275.pdf>



# Resources: Policies

Children's Waiver Participants Rights Policy

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/cw0009\\_participants\\_rights\\_and\\_choice\\_policy.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/cw0009_participants_rights_and_choice_policy.pdf)

Conflict Free Case Management Policy (February 2020)

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/policy/docs/hh0012\\_conflict\\_free\\_care\\_management\\_policy.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/docs/hh0012_conflict_free_care_management_policy.pdf)

Health Home Grievances and Complaints Policy

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/policy/docs/hh0013\\_hhsc\\_complaint\\_and\\_grievance\\_policy.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/docs/hh0013_hhsc_complaint_and_grievance_policy.pdf)

HCBS Provider Complaints and Grievances Policy

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/cw0008\\_hcbs\\_provider\\_complaints\\_and\\_grievances\\_policy.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/cw0008_hcbs_provider_complaints_and_grievances_policy.pdf)

Health Home Reportable Incidents Policy

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/policy/docs/hh0005\\_reportable\\_incidents\\_rev\\_10\\_2019.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/policy/docs/hh0005_reportable_incidents_rev_10_2019.pdf)

HCBS Provider Reportable Incidents Policy

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/cw0004\\_hcbs\\_provider\\_reportable\\_incident\\_policy.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/cw0004_hcbs_provider_reportable_incident_policy.pdf)



# Additional Resources

1915(c) waiver (October 2020)

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/docs/1915c\\_waiver.ny.4125.r05.06.pdf](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/1915c_waiver.ny.4125.r05.06.pdf)

Children's MMCP Plan Requirements and Standards

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/mco\\_qual\\_process.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/mco_qual_process.htm)



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

# 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](mailto: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](mailto:CYESREFERRAL@MAXIMUS.COM). Be sure to include the child/youth's name and contact information.
- [C-YES Referral Form](#)

