



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

State Discussion with Children's Waiver HCBS Providers

April 2023

Purpose

- For the Department of Health (DOH) to share updates, guidance, and policy changes, and obtain feedback from Home and Community Based Service (HCBS) providers.
- Provide an opportunity for HCBS providers to discuss barriers and be a part of the problem-solving discussion.
- Have an open dialogue to communicate issues and concerns.

Agenda

- ✓ Documentation Policy
- ✓ Regional Meetings
- ✓ ARPA eFMAP Workforce & Infrastructure Update
- ✓ Future Meetings & Contact Information
- ✓ HCBS Provider Feedback

Documentation Policy

Documentation Policy

- Proposed contents for the Documentation Policy were discussed during the November 2022 Monthly HCBS Provider Meeting; the draft version of the Documentation Policy was updated in response to feedback received.
- DOH is requesting additional feedback on the contents of the Documentation Policy that will be discussed today **by 4/26/23**; the policy will be finalized and issued in following weeks.

Slides will be shared for providers to review when providing feedback.

HCBS Children's Waiver Purpose

The overall purpose of the Children's Waiver is:

- To allow access to an expanded array of services within the Medicaid benefit to address the needs of children/youth.
- To help to maintain children/youth within their home and community and avoid long term residential and institutional stays.
- To provide ample services and supports to children/youth and their families to avoid hospitalizations or out-of-home care for high risk children/youth.
- To assist children/youth within an institution access to supportive services to be able to return back to their home and community.

Provider documentation should support the overall purpose and requirements of the Children's Waiver.

Children's Waiver – HCBS Level of Care

To become eligible and enrolled within the Children's Waiver, an HCBS Level of Care Eligibility Determination must be conducted by either the Health Home care manager or Children and Youth Evaluation Services (C-YES).

This annual assessment has several components that **MUST** be met for eligibility:

1. Target Population criteria
2. Risk Factors, supporting documentation, (if applicable for Target Population)
3. Functional Impact to Daily Living

Purpose and Scope

Intended as ***guidance for HCBS providers on the requirements to document the services that are being delivered*** to Children's Waiver participants, progress toward goals, and significant life events.

HCBS documentation is expected to:

- Demonstrate service quality and compliance with regulatory requirements
- Reflect consistency in the need, focus, and direction of the service
- Support the type, frequency, scope, and duration of the service and interventions provided
- Hold providers accountable to the service goals and needs of participants, applicable State and Federal requirements, and support service claims

Provider Responsibility

Children's Waiver HCBS providers are responsible for ***creating, maintaining, and updating*** various forms of documentation, as outlined in these slides.

- All Children's Waiver HCBS providers are responsible for several types of documentation for **all** children/youth to whom they are providing services:
 1. Intake documentation
 2. Education and choice of the participant/family
 3. Documentation of medical necessity
 4. HCBS Service Plan (inclusive of frequency/scope/duration)
 5. Progress notes
 6. Health and Safety goals/plan
 7. Discharge plan
- Other forms of documentation may be indicated throughout the course of HCBS, such as a transition plan, crisis management plan, documentation of reportable incidents etc. and are required to be completed as events occur.
- Additionally, providers must also maintain documentation to support compliance with requirements outlined in the HCBS Manual, such as the HCBS Final Rule, background checks, etc.



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

Required Documentation

Intake Documentation	Education and Documented Choice	Medical Necessity	HCBS Service Plan
<ul style="list-style-type: none"> Once HCBS and HCBS provider(s) have been identified and referred with the participant/family through the care management person-centered planning process, the identified HCBS provider(s) will set an initial intake appointment with the participant/family. Must conduct and retain documentation of an intake assessment to determine the F/S/D of each HCBS that was referred. Maintain documentation of the referral form. Must have the participant/family sign a consent form granting the provider agency the ability to share information with other involved parties. 	<ul style="list-style-type: none"> HCBS provider must make certain the participant/family understands the services they were referred for and what need(s) is/are to be addressed by the service during the initial meeting(s) with the participant/family. HCBS provider must educate participant/family on the HCBS provider's process and forms that will need to be signed. The participant/family should understand Federal and State HCBS requirements and what is/is not allowable under Children's Waiver HCBS. Must inform children/ and their family/caregiver(s) of their rights as a participant. 	<ul style="list-style-type: none"> Responsibility of the HCBS provider to maintain documentation related to medical necessity to support the provision of services in alignment with the F/S/D outlined for the participant. Service utilization in excess of the unit limits (i.e., annual, daily, dollar amount) must be based on medical necessity. To support ongoing services or services in excess of F/S/D "soft" unit limits, providers must maintain documentation from a third-party professional that outlines the need to exceed the limit for each service. 	<ul style="list-style-type: none"> Once the HCBS provider accepts a referral from a care manager, the HCBS provider will meet with the child/youth and family/caregiver to identify how the services will help to address identified needs. Must be developed within 30 days of the first in-person service date with the participant/family/caregiver. Must be reviewed on a monthly basis with the participant/family and updated at the request of the participant/family



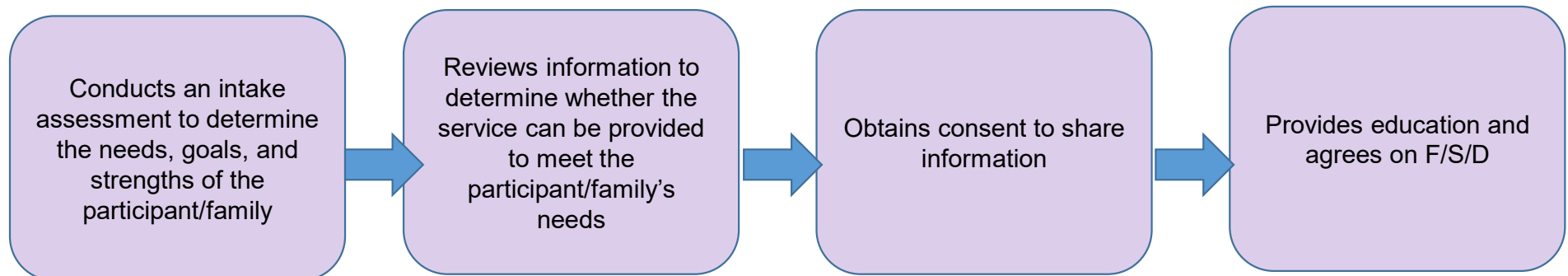
Required Documentation, *Continued*

Progress Notes	Health and Safety Planning	Discharge Plan
<ul style="list-style-type: none"> • A progress note is required for every contact and service delivered to an HCBS participant. • Provide a narrative history of the child/youth's progress along with date of service, intervention provided/utilized, modality, location of service, goal(s)/objective(s), etc. • Must support the F/S/D outlined in the HCBS Service Plan. • Must be entered into the participant's case file within 7 business days of the encounter. 	<ul style="list-style-type: none"> • All professionals involved with Children's Waiver participants must ensure the participant's health and safety through the assessment of the participant's needs and personal goals. • HCBS providers are mandated reporters and required to report critical incidents, grievances, and complaints. • HCBS providers must ensure/minimize identified and/or potential health or safety risks during service delivery. • HCBS providers must work with the HHCM/C-YES if any health or safety concerns arise with the participant; only one formal Health and Safety Plan is needed. 	<ul style="list-style-type: none"> • Dynamic process that takes place throughout the course of service delivery and includes the participation of the participant/family. • Developed at the start of service delivery and amended as needed – HCBS is not intended to be a long-term service. • Two types of discharge plans: <ol style="list-style-type: none"> 1. Discharge from HCBS –participant has achieved their treatment goals OR the participant/family requests to be discharged from HCBS 2. Transfer discharge – participant transfers from one HCBS provider to a different HCBS provider but has not yet achieved all of their treatment goals and is still in need of HCBS



Intake Documentation

- Once HCBS and HCBS provider(s) have been identified and referred with the participant/family through the care management person-centered planning process, the identified HCBS provider(s) will set an initial intake appointment with the participant/family.
- During the initial intake appointment, the HCBS provider:



- The HCBS provider must retain the intake assessment, along with any notes/documentation from the initial intake appointment, the referral, and any other professional communication/multi-disciplinary team meeting, etc. in the participant's case file.

HCBS Service Plan

The purpose of the HCBS Service Plan is to **outline the service(s) that will be/is provided with corresponding goals and objectives that describes the need for the service(s) and the anticipated benefit to the child/youth and family.**

Expectations for Development

- Should begin with the service(s) referred to an HCBS provider based upon the needs identified by the HHCM/C-YES.
- Service Plan should continue the care manager's discussion with the child/youth and family/caregiver while ensuring their involvement in the development.
- The goals outlined by child/youth and family/caregiver must also be captured in the Service Plan and be reflective of the development and physical needs of the child/youth.
- Must be **completed within 30 days of the first-in person service date** with participant/family/caregiver.
- In addition to frequency and duration, the **child/youth's age, availability, and developmental needs** should be considered.
- HCBS **cannot be provided during school/education hours** to school-aged children/youth.
- **Health and Safety Planning documentation** to identify potential risks and determine strategies to mitigate future harm.
- The initial HCBS Service Plan must be **signed by all parties.**

Key Considerations

- Determines the focus of the service(s), while also documenting the scope, duration, and frequency to which each service will be provided.
- Required to outline each of the services the HCBS provider is providing to the child/youth.
- If the child/youth is referred to more than one HCBS provider, then **each provider will have their own Service Plan** for the services they provide.
- Duration of service **should not exceed six months.**
- Should be **monitored regularly every month that services are delivered.**
- HCBS Provider **must communicate with the HHCM/C-YES regarding any changes** to the Service Plan so the HHCM-C-YES can determine whether a change is needed to the participant's POC.
- The HCBS provided must align with the F/S/D outlined in the Service Plan.



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

Components of HCBS Service Plan

The HCBS Service Plan must be developed within 30 days of the first in-person appointment with the child/youth and family/caregiver. The necessary components of the HCBS Service Plan should, at a minimum, include the following:

- a) Child/youth's name
- b) Child/youth's home address and phone number
- c) Date of Birth
- d) CIN (Medicaid #)
- e) Managed Care Plan (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) as identified by the participant/family and other involved professionals, as applicable
- l) Health and Safety Planning documentation
- m) Criteria to indicate the child/youth's readiness for discharge
- n) Scope: The service components and interventions being provided and utilized to address the identified needs of the child/youth
- o) Duration: Describes how long the service will be delivered to the child/youth 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.
- p) Frequency: Outlines how often the service will be offered to the child/youth and/or family. Services may be delivered on a weekly, biweekly or monthly basis, according to the needs of the child/youth and family.

Progress Notes

Key Requirements/Consideration

- HCBS providers are required to **complete a progress note for every contact and service delivered to an HCBS participant.**
- Must be entered into the participant's case **file within seven business days of the encounter.**
- Must be **complete, contemporaneous, accurate, and be related to and in accordance with the services/interventions** identified in the child/youth's HCBS Service Plan.
- Must support the **frequency, scope, and duration** outlined in the HCBS Service Plan. Any variations to F/S/D must be documented as a progress note as well.
- Providers must document instances of coordination with other providers/significant individuals involved in the child/youth's care
- For example, HCBS provider recognizes the need for an assessment that is not within the provider's scope of practice to conduct.
 - Note: **Should contain the name(s) of person(s)/agency with whom services were coordinated, the rationale of coordination, outcome of coordination, and connection with the HCBS Service Plan.**

Components of Progress Notes

- a) Date the note is being recorded
- b) Date of service/contact
- c) Name of the staff member and associated agency providing the service
- d) Duration of service (start/end time)
- e) Type of contact (e.g., telephonic; in-person)
- f) Modality (e.g., individual; family; group)
- g) Type of HCBS provided
- h) Location in which the service was provided
- i) Participants (to whom the service was provided)
- j) Interventions provided/utilized
- k) The child/youth's family/caregiver's response to the interventions
- l) Goal(s) and objective(s) that were addressed, progress made, and any potential barriers identified

Progress Notes for Group Services

In addition to the general progress note requirements above, progress notes for group services must clearly indicate "group" as the service modality provided, the number of participants, and the number of service providers present.



Other Forms of Documentation

Children's HCBS Authorization and Care Manager Form

- Form must be completed if the child/youth will require more than the initial 60 days, 96 units or 24 hours of HCBS to achieve identified goals.
- If child is enrolled in managed care, the completed form must be sent to the MMCP **immediately upon the determination of initial service frequency, scope, duration.**
- For continuing authorization, the form must be sent to the MMCP **at least 14 calendar days prior to the existing HCBS authorization period ending.**

Documentation of Reportable Incidents

- HCBS provider must inform parties of a reportable incident **within 24 hours** of notification or discovery, including known facts and circumstances of incident, date of incident, last contact date and type, and current location, if known.
- HCBS provider must notify the HHCM, C-YES coordinator, and MMCP (if applicable) to ensure the coordination of services, appropriate changes to the POC if needed, and notification of any changes to the HCBS Service Plan.
- All critical incidents must be timely documented within the IRAMS.

Documentation of Complaints/Grievances

- Verbal or written complaint/grievance may be initiated by a participant, their parent(s), guardian, and legally authorized representative **at any time.**
- Must be submitted without jeopardizing the child/youth's participation in HCBS Children's Waiver or HCBS eligibility or services received.
- Should contain information such as name, address, phone number of complainant and location, date, and description of the problem.
- All complaints/grievances must be documented from intake through resolution within the IRAMS and **cannot exceed 45 calendar days from the receipt of complaint/grievance.**



Regional Meetings



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

Regional Meeting Topics and Feedback

- Topics covered during the meetings include:
 - Enrollment and waitlist data by region and county
 - eFMAP Children's attestation updates
 - Goals and accomplishments of HCBS and HH
- Key provider feedback/questions from the meetings include:
 - Further information on the electronic referral process for POC in MAPP
 - Clarity on High Fidelity Wrap (HFW) and Child Adolescent Needs and Strengths (CANS) – NY
 - Understanding HCBS Plan of Care Workflow
 - Services and supports for the Medically Fragile (MF) Target Population



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

Regional Meeting Schedule

Date and Time	Region	Counties	Location
February 8 th 1:00-3:00pm	Central and Southern Tier	Cayuga, Cortland, Madison, Oneida, Onondaga, Oswego, Broome, Chenango, Delaware, Tioga, Tompkins	Elmcrest 960 Salt Springs Rd. Syracuse, NY 13224
February 22 nd 1:00-3:00pm	NYC	Bronx, Kings, New York, Queens, Richmond	Emblem 55 Water Street, NYC
March 8 th 1:00-3:00pm	Mohawk Valley and Capital Region	Fulton, Herkimer, Montgomery, Otsego, Schoharie, Albany, Columbia, Greene, Rensselaer, Saratoga, Schenectady	Integrated Community Alternatives Network (ICAN) Herkimer College 100 Reservoir Road , Herkimer, NY
March 29 th 1:00-3:00	Mid-Hudson	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester	1156 North Broadway Benedict Hall – Andrus Hall Training Room Yonkers, NY 10701
April 5 th 1:00-3:00	Tug Hill and N. Country	Jefferson, Lewis, St. Lawrence, Clinton, Essex, Franklin, Hamilton, Warren, Washington	1704 State Street Watertown, NY 13061
April 27 th 1:00-3:00	Western	Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, Wyoming	Community Services for Every1 1845 Kenmore Ave, Buffalo, NY
April 28 th 1:00-3:00	Finger Lakes	Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates	Hillside's Monroe Ave campus, Eastman Hall building 1250 Highland Ave, Rochester, NY 14620
TBD	Long Island	Nassau, Suffolk	TBD



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

ARPA eFMAP Workforce & Infrastructure Update



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

Workforce & Infrastructure Funding Update

Rate packages are still with DFRS/DOB. We anticipate full approval within the next two weeks. Once approved, plans will receive funds. Plans have 30 days from receipt of funds to pay providers. **Full receipt of funds should be anticipated within 4-8 weeks.**

- Rate Packages are still awaiting approval, but once approval is received, we will green-light payments to plans.
 - This can take **two to three weeks**
- Plans then have **30 days** from receipt of funds to disperse payments to providers.
- **Funds may begin arriving in as soon as 3 weeks, but full receipt of funds may take 4-8 weeks.**



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

Future Meetings & Contact Information

Future Meetings & Agenda

- Next Scheduled Monthly Meetings:
 - *May 17th 1:00 – 2:30 PM*
 - *June 21st 1:00 – 2:30 PM*

- **Register for all these monthly meetings here:**

<https://attendee.gotowebinar.com/rt/6285227798939622667>



- DOH would like to discuss topics of interest to the HCBS providers and also hear suggestions and ideas for improvement.
- Please submit your agenda requests, suggestions, or questions to BH.Transition@health.ny.gov.



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

HCBS Provider Feedback

HCBS Provider Feedback

- Please provide feedback on the supports that are needed (policy/guidance, training, other requests, etc.).
- Feedback can be provided verbally or in the chat.
- If other ideas and feedback come to your mind after this meeting, please reach out to us at the BH.Transition@health.ny.gov mailbox or (518) 473-5569.

All Children's Waiver HCBS questions and concerns, should be directed to the NYS Department of Health at BH.Transition@health.ny.gov mailbox or (518) 473-5569

Questions regarding the HCBS Settings Final Rule can be directed to ChildrensWaiverHCBSFinalRule@health.ny.gov

New York State Department of Health Complaint Line
1-800-206-8125 or managedcarecomplaint@health.ny.gov



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