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

November 2022

Purpose

- To have an open dialogue between the State and HCBS providers to communicate issues and concerns.

- HCBS providers to have the ability to discuss barriers and be a part of the problem-solving discussion.

- The State to have the ability to share upcoming changes, guidance, information, and to obtain feedback directly from the HCBS providers.

Agenda

- ✓ eFMAP Updates
- ✓ HCBS Provider Attestation Reminder
- ✓ Electronic Referral and Authorization Form
- ✓ Plan of Care Workflow Policy Requirements
- ✓ Medical Necessity
- ✓ Respite Update
- ✓ Transitional Service Coordination
- ✓ Documentation Policy
- ✓ Upcoming Workgroup Meetings
- ✓ Feedback: Supports HCBS Providers Need (policy/guidance, training, other requests, etc.)
- ✓ Future Meetings & Contact Information

eFMAP Update

eFMAP Children's Activities – Attestation Update

- Attestations for this funding was sent out **LAST WEEK!**
- To receive these funds, interested providers must submit the signed attestation form to DOH **by November 30, 2022**. Providers are encouraged to return the attestation even if declining the funding
- Funds will be distributed to designated HCBS, CFTSS, or 29-I providers in a few different ways and will be based on utilization of certain services from April 2021 – December 2021.
- Designated providers with claims experience for specific services will receive a retroactive rate enhancement for this timeframe via a one-time payment from the Managed Care Plans with whom they are contracted.
- Designated providers who did not meet this criterion will receive a one-time retroactive rate enhancement via a State share only payment.

Attestations have been sent via email to the staff member identified on the Provider Designation application. If your organization did not receive an attestation but provided services from April 2021 – December 2021, or for any additional questions about this process, please send a note to BH.Transition@health.ny.gov.

eFMAP Children's Activities – Attestation Update

- Providers accepting the funding will need to report information regarding how the funding was utilized.
- Funding should be utilized specific to workforce and infrastructure development as outlined in the attestation and specific to the impact of COVID-19. Providers will have a minimum of 1-year to utilize the funding; more guidance will be forthcoming.
- Providers can use the funding both retrospectively & prospectively that meet the specific workforce and infrastructure items and will need to report how the funding was used.

Receipt of funds associated with the eFMAP attestation are contingent upon completion of the HCBS case review

Attestations have been sent via email to the staff member identified on the Provider Designation application. If your organization did not receive an attestation but provided services from April 2021 – December 2021, or for any additional questions about this process, please send a note to BH.Transition@health.ny.gov.

Children’s Services Enhancement

Examples Included in the eFMAP Rates, Workforce, and Infrastructure
Enhanced rates for all services
Assist with student loan repayment or employee benefits
Assist with Evidence Based Practice – maintenance of training and certification
Technology enhancement
Reimbursement for IT, EVV equipment, billing vendors, etc.
Hiring bonuses
Longevity Pay

HCBS Provider Attestation

Provider Designation – Attestation Reminder

- Providers must sign the *Designated Home and Community Based Services (HCBS) Provider Attestation form* and return to BH.Transition@health.ny.gov within 30 days of designation.
  - Outreach will occur to Designated Providers who have not signed the attestation timely. This form is part of designation and must be signed to continue to be designated.
  - Newly designated providers must also complete a self-assessment survey and documentation worksheet to verify and confirm compliance with the HCBS Final Rule as well as complete the EVV Declaration Form.
    - DOH staff will follow up with newly designated providers within the last year who have not gone through this process
- Providers are not required to submit an updated attestation when they make changes to their designation (i.e., addition/removal of a site, service, etc.).
- This form must also be signed completed and submitted again in instances if the provider de-designates and then later re-designates.
- Providers will need to sign this attestation during the Children's Waiver provider re-designation process which is every 3 years. The State will notify providers when a new form needs to be submitted.

Electronic Referral and Authorization Form

Electronic HCBS Referral Form

- The State is working to digitize the HCBS Referral Form with the assistance of, and based on feedback from, HCBS Providers, HHs, CMAs, and MCOs.
    - The goal is to minimize the requirements on the form down to only the fields that are absolutely needed.
    - The form is being reconstructed with the support of workgroups.
- The State has met one time with HCBS providers, HHs/CMAs, and MCOs to get feedback
    - Next meeting with HCBS providers will be Tuesday December 6th at 9 am – a meeting request is forthcoming
    - We will be sharing a template of the Referral form and reviewing the feedback already received
    - Please share your ideas at the meeting or at BH.Transition@health.ny.gov
- The HCBS Referral Form process will shift in accordance with the new requirements.
    - This will be going into effect in the new year 2023

Plan of Care Workflow Policy Requirements

Plan of Care Workflow Policy Requirements

- The POC Workflow was **not** suspended as a result of the Public Health Emergency (PHE). Plans, HCBS providers, and HHCM/C-YES must follow the POC workflow. A reminder announcement was sent out last week.

- This includes, but is not limited to the following:
  - **HH/C-YES Care Managers** MUST complete the *Children's HCBS Referral Form* entirely for the referred member, with all the information required
  - **HCBS providers** must accept the State provided *Children's HCBS Referral Form* from a referring HHCM/C-YES care manager
  - Notification by the **HCBS provider** to the MMCP regarding the HCBS first appointment must be made IMMEDIATELY upon the first appointment being scheduled or completed
  - Timely submission of the *Children's HCBS Authorization and Care Manager Notification Form* by the **HCBS provided** to the Plan
  - Acceptance and Timely review of the *Children's HCBS Authorization and Care Manager Notification Form* by the **MMCP** as outlined in the policy
  - Timely updates to the child/youth's Plan of Care, as needed

Children’s HCBS Billing and Claiming Requirements

On April 4, 2022, a Reminder Notification was sent to HCBS providers and Medicaid Managed Care Plans

Children’s Waiver RR/E K-Code Verification Requirements:

- All children/youth eligible and enrolled in the HCBS Children’s Waiver must have Recipient Restriction/Exemption (RR/E) K1 code and the HCBS providers must verify a child/youth is eligible and enrolled in the Waiver on the date of service
- The MMCP must verify the K-code prior to approving the claim

Identifying Frequency, Scope, and Duration

- The HCBS provider determines the focus of the service(s) and must identify and document the frequency, scope, and duration for each service that will be provided.
- The frequency and duration of service delivery should be tailored to the availability and needs of the child/youth

HCBS Authorization and Care Manager Notification Form Submission

- Timely submission of the form
- Medical Necessity Requirements, if above soft caps or when changes to the services F/S/D

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

Medical Necessity

Medical Necessity

- HCBS should be initially authorized for six months and based on each participant's unique needs.
- Medical necessity must be met to exceed soft unit limits (i.e., annual, daily, dollar amount). Documentation of the medical necessity for extended durations must be kept on file in the child/youth's record.
- The hours and billing units outlined in the HCBS Manual are provided as ***guidance***. If it is necessary to exceed these soft limits:
    - For children/youth enrolled in managed care, providers must contact the MMCP to receive guidance regarding the Plan's specific documentation requirements
    - For children/youth enrolled in FFS, providers need to maintain documentation
        - For specific services: a licensed professional that outlines the need to exceed the service limit (e.g., copy of an assessment from a licensed professional; letter from a licensed professional that clearly describes the need for additional units of service)
        - Further Medical Necessity guidance will be forthcoming to respond to providers request

The State plans to reinstate utilization management requirements for the 1915(c) HCBS Children's Waiver prior to the end of the PHE

Respite Update

Respite Update

Announcement and Manual Update

- Please be aware that Respite Services will not continue to be delivered via telehealth or telephonically to an individual or group; all Respite Services will be required to be delivered in-person, as remote delivery is no longer allowable. (Announcement will be issued by next week)
    - Respite Services may be delivered by qualified practitioners in a home or residence, out-of-home/residence by staff in community-based sites (e.g., community centers, camps, parks), or in allowable facilities.
- Billing for Respite must be based on in-person interactions with the Waiver-enrolled child/youth.
- Planned and Crisis Respite services received may not exceed the 14 days/1,344 15-minute units annual amount without documented medical necessity and approval from the MMCP. (The HCBS manual is being updated to clarify)

Transitional Service Coordination (NEW)

Transitional Service Coordination

- This is a new service that is being proposed as part of the Waiver amendment.
- This is an HCBS and for designated HCBS providers, not a Health Home service
- DOH will be holding a webinar in December/January to provide further details and looking for HCBS providers to be designated
- **Transitional Service Coordination** is for providers to assist children/youth living in institutional levels settings to identify and address barriers that prevent them from returning to their home/community, and to assist in the to transition to home.
    - The service should be provided by the Transitional Service Coordinator and a team of qualified individuals that can include, but is not limited to, social workers, psychologists, care managers, nurses, pediatricians, etc.
- This service will be for individuals residing in institutional settings for one year or longer and could safely discharge within 180 days or less.
    - Medically fragile/medically complex will be the first population to pilot this service

Further information will be forthcoming on how providers can become designated for this service.

Documentation Policy

Documentation Policy

DOH plans to issue a documentation policy with the following topics:

Required Documentation

- Intake assessment
- Referral for Home and Community Based Services (HCBS) to HCBS Provider
- Documentation of participants' rights
- Documentation of medical necessity
- HCBS Service Plan
- Progress notes
- Discharge Plan

Situational Documentation

- Children's HCBS Authorization and Care Manager Notification form
- Documentation of reportable incidents, complaints, and/or grievances
- Transition plan and form for Transition Age Youth (TAY)

Are there additional topic areas that should be covered in the policy?

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Documentation Policy – Required Documentation

Components of Required Documentation include:

- **Intake assessment**
  - Created during the initial appointment and using the person-centered planning process
  - Should there be parameters for when the first intake appointment should occur from the referral?
- **Referral for Home and Community Based Services (HCBS) to HCBS Provider**
  - Form is the process of potential updates based on stakeholder feedback
- **Documentation of participants' rights**
  - HCBS provider must retain documentation that supports that participants were informed of their rights
- **Documentation of medical necessity**
  - Must support the provision of services in alignment with f/s/d
  - providers should adhere to MMCP guidance regarding what constitutes necessary documentation to support this determination
  - would examples of documentation for each HCBS be helpful? (i.e., services that require LPHA assessment and those that do not)?
- **HCBS Service Plan**
  - Comprehensive, person-centered document that is developed within 30 days of the first in-person appointment and in collaboration with the child/youth and family/caregiver and must be signed by all parties
  - Is updated every 6 months at minimum
- **Progress notes**
  - Must be completed within 7 business days of the encounter
  - Needed for both individual and group and services and should substantiate billing
- **Discharge Plan**
  - Required when discharge criteria is indicated
  - Discharge planning should begin immediately upon entry to the Waiver
  - Also includes transfer documentation if participant changes providers

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Documentation Policy

Components of Situational Documentation Include

- **Children's HCBS Authorization and Care Manager Notification form**
  - Required for f/s/d in excess of the initial unit limits
  - Must be sent within 14 days of the initial f/s/d authorization period ending; **however,** providers should not wait until this has been exhausted before proceeding with this step
- **Documentation of reportable incidents, complaints, and/or grievances**
  - Reportable incidents must be documented within IRAMS within 24 hours of notification of discovery
  - Complaints/grievances must be documented within IRAMS within 72 hours of notification
- **Transition plan and form for Transition Age Youth (TAY)**
  - Required for youth ages 18 – 21
  - Transition planning begins at age 14; transition must be included as a service goal for all participants age 14 and older
- **Sharing information related to significant life events**
  - Providers must inform HHCM/C-YES regarding significant life events and/or changes in progress toward Service Plan goals

This policy will be finalized following stakeholder feedback.

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Building Provider Capacity

HCBS Waitlist and Service Evaluation

- While some providers are providing multiple services to children/youth with, at times, large units (i.e., annual, day, dollar amounts), there are a number of HCBS-eligible and enrolled children/youth who are on a waitlist for all, or most, services needed/requested.
- HCBS providers are encouraged to evaluate the services currently being delivered to children/youth and review the needs of children/youth who are placed on a waitlist to determine whether any adjustments are necessary to serve the waitlisted children/youth.
- HCBS providers and HH/C-YES should be regularly communicating regarding the needs of currently served children/youth and those on a waitlist, at *minimum* bi-monthly.

Future Meetings & Contact Information

Future Meetings & Agenda

- Next Scheduled Monthly Meeting:
  - December 14st, 2022 from 1-2:30pm

    NYS DOH will present the HCBS Case Review Findings

Future HCBS Monthly Meetings may be impacted by Regional Meetings once scheduled

This meeting will feature a review of the overall summary of findings from the HCBS case record review*

- **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.

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