

The Home and Community-Based Services (HCBS) Nursing Home Transition and Diversion (NHTD) Medicaid Waiver is one of the options available to New Yorkers with disabilities and seniors so they may receive services in the most appropriate, least restrictive setting. This summary provides a general overview of the NHTD waiver.

What is an HCBS Medicaid Waiver?

A waiver:

- Is an opportunity for comprehensive services to be available in the community rather than in an institution.
- Allows states to assemble a package of carefully tailored services to meet the needs of a targeted group in a community-based setting.
- Maintains the waiver participant's health and welfare through an individualized service plan.
- Assures the overall cost of serving waiver participants in the community is less than the cost of serving a similar group in an institution.

Why did New York State develop the NHTD Medicaid Waiver?

- State legislation authorized a new HCBS Medicaid waiver to provide a cost-effective community-based alternative to nursing facility care, reflecting the State's commitment to serve all persons in the least restrictive setting, appropriate to their needs.
- Individuals with disabilities and seniors, their families and other interested persons advocated for additional options for community-based services and supports.
- Otherwise existing Medicaid services and other supports may not be sufficient or most efficient to meet the needs of some individuals with disabilities and seniors to transition into or remain in the community.

What are the expected outcomes?

- Participants will have an additional community-based choice.
- Participants will have opportunities to live meaningful and productive lives in their communities.
- Families and other informal caregivers will have access to additional supports to assist them in their caregiver roles.

To be eligible for the NHTD Medicaid Waiver an individual must:

- Be capable of living in the community with needed assistance from available informal supports, non-Medicaid supports and/or Medicaid State Plan services and be in need of one or more waiver service;
- Be assessed to need a nursing facility level of care;
- Be authorized to receive Medicaid Community Based Long Term Care;
- Be at least 18 years of age, and have a physical disability if between the ages of 18-64;
- Choose to live in the community as a participant in this waiver rather than in a nursing home; and
- Not participate in another HCBS waiver.

Regional Resource Development Centers (RRDC)

The NHTD waiver is administered through a network of Regional Resource Development Centers (RRDC), each covering specific counties throughout the State. The contact person at the RRDC is the Regional Resource Development Specialist (RRDS). Additionally, the RRDC employs a Nurse Evaluator (NE).

Responsibilities of the RRDS include:

- Interviewing potential waiver participants;
- Assisting participants to access approved providers for Service Coordination;
- Reviewing Service Plans for approval;
- Determining whether an applicant/participant meets all non-financial eligibility requirements for the waiver; and
- Issuing Notice of Decision forms to applicants to approve or deny waiver participation and to participants as necessary for ongoing participation.

Responsibilities of the NE include:

- Utilizing clinical expertise to review medically complex Service Plans;
- Providing technical assistance to the RRDS and waiver service providers; and
- Resolving issues associated with level of care determinations.

Available NHTD Waiver Services

NHTD waiver services are used to complement already available sources of support and services. The following provides general definitions. More specific information will be provided to applicants and participants as part of the service planning process. Others may access on the DOH web at http://www.nyhealth.gov/facilities/long_term_care/.

1. Service Coordination

Assistance with the development and implementation of a person-centered individualized Service Plan that will lead to the waiver participant's independence, integration into the community, health and welfare.

2. Assistive Technology

Equipment that will improve the participant's independence, decrease reliance on staff and be a cost-effective aid for community integration. This service supplements Durable Medical Equipment provided through the general Medicaid program.

Service Limit: \$35,000 per 2 year period.

3. Community Integration Counseling

Counseling service provided to waiver participants who are coping with altered abilities and skills, revisions in long term expectations and/or changes in their roles in relation to significant others.

Service Limits: Four (4) hours weekly, not to exceed two hundred twenty (220) hours annually. Goals must be reasonable and attainable and services do not extend beyond a two-year period. Services may be extended in extraordinary cases with sufficient justification and upon review and approval of the RRDC.

4. Community Transitional Services

Assistance in transitioning from a nursing home back to the community, including the cost of moving, essential furnishings, deposits for utilities, security deposits or one-time cleaning services prior to occupancy.

Service Limits: \$8,000 per waiver enrollment.

5. Congregate and Home Delivered Meals

Meals for waiver participants who cannot prepare or obtain nutritionally adequate meals for themselves, or when the provision of such meals will decrease the need for more costly supports to provide in-home meal preparation.

6. Environmental Modifications Services

Internal and external physical adaptations to the home necessary to assure the waiver participant's health and welfare in that setting. Environmental modifications may be made to a residence owned by the participant or to rental units with permission received from the landlord. Vehicle modifications may only be made to the primary vehicle used by the participant for transportation.

Service Limits: Up to \$45,000 per thirty-six (36) month period. This amount may be exceeded if there is enough justification and the request is approved by the New York State Department of Health.

7. Home and Community Support Services

Oversight and/or supervision as a discrete service or in combination with assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL).

Service Limits: Not to exceed the approved total annual number of hours of services included in the service plan.

8. Home Visits by Medical Personnel

Services provided by a physician, nurse practitioner or physician's assistant to diagnose, treat and monitor wellness to preserve the waiver participant's functional capacity to remain at home. An evaluation of the caretaker's ability to maintain his/her role is conducted, as well as an assessment of the living environment to identify if it can support the participant's medical needs.

9. Independent Living Skills Training Services

Training to improve or maintain the waiver participant's ability to live as independently as possible by focusing on essential community living skills such as task completion, money management, interpersonal skills, sensory/motor skills, problem solving skills and the ability to maintain a household.

Service Limits: Four (4) hours per day, not to exceed two hundred twenty (220) hours annually.

10. Moving Assistance

Transport of the participant's possessions and furnishings when moving from an inadequate or unsafe housing situation or to a location where more informal supports will be available.

Service Limits: \$5,000 per twelve (12) month period.

11. Nutritional Counseling/Educational Services

Assessment, planning, education and counseling for the waiver participant's nutritional needs and eating patterns.

12. Peer Mentoring

Improvement of the waiver participant's self-sufficiency, self-reliance, and ability to access needed services, goods and opportunities in the community accomplished through education, teaching, instruction, information sharing, and self-advocacy training, provided by a "peer" (with similar disabilities).

13. Positive Behavioral Interventions and Supports (PBIS)

Services intended to decrease the frequency or intensity of the waiver participant's significant behavioral difficulties that may jeopardize his/her ability to remain in the community of choice due to inappropriate responses to events in his/her environment.

Service Limits: Eight (8) hours per day, not to exceed two hundred forty (240) hours annually.

14. Respiratory Therapy

Services providing preventive, maintenance and rehabilitative airway-related techniques and procedures to the waiver participant in his/her home.

15. Respite Services

Relief for non-paid primary caregivers of a waiver participant provided in a 24-hour block of time in the home.

Service Limits: Provided in 24-hour blocks of time; not to exceed thirty (30) days per year and must be provided in a community setting, preferably your own home.

16. Structured Day Program Services

Outpatient congregate setting providing services designed to improve or maintain waiver participants' skills and abilities to live as independently as possible within the community. Services may include a wide array of interventions and supports ranging from pre-vocational skill building to socially-oriented activities.

Service Limits: Ten (10) hours per day.

17. Transportation Services (Social Transportation)

Provides the means to access non-medical services in the community in order to improve the individual's ability to make use of needed services, and to improve the individual's integration in the community.

18. Wellness Counseling Service

Intermittent evaluation visits to waiver participants who are medically stable to assist them in maintaining optimal health status.

Service Limits: Twelve (12) visits per year, on an as needed basis.