Application for a §1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in section 1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The state has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid state plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the state, service delivery system structure, state goals and objectives, and other factors. A state has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

1. Request Information

A. The **State** of **New York** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.

B. Program Title:
Nursing Home Transition & Diversion Waiver

C. Waiver Number:NY.0444
Original Base Waiver Number: NY.0444.

D. Amendment Number:NY.0444.R03.04

E. Proposed Effective Date: *(mm/dd/yy)*
07/01/25

Approved Effective Date: 07/01/25
Approved Effective Date of Waiver being Amended: 07/01/23

2. Purpose(s) of Amendment

Purpose(s) of the Amendment. Describe the purpose(s) of the amendment:

The purpose of this amendment is to increase the number of unduplicated participants served in waiver years three through five.

3. Nature of the Amendment

A. Component(s) of the Approved Waiver Affected by the Amendment. This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently *(check each that applies):*

Component of the Approved Waiver	Subsection(s)
☐ **Waiver Application**	
☐ **Appendix A - Waiver Administration and Operation**	

Component of the Approved Waiver	Subsection(s)
☑ Appendix B - Participant Access and Eligibility	B-3-a
☐ Appendix C - Participant Services	
☐ Appendix D - Participant Centered Service Planning and Delivery	
☐ Appendix E - Participant Direction of Services	
☐ Appendix F - Participant Rights	
☐ Appendix G - Participant Safeguards	
☐ Appendix H	
☐ Appendix I - Financial Accountability	
☑ Appendix J - Cost-Neutrality Demonstration	J-2-a, J-2-d

B. Nature of the Amendment. Indicate the nature of the changes to the waiver that are proposed in the amendment *(check each that applies):*

☐ **Modify target group(s)**

☐ **Modify Medicaid eligibility**

☐ **Add/delete services**

☐ **Revise service specifications**

☐ **Revise provider qualifications**

☑ **Increase/decrease number of participants**

☐ **Revise cost neutrality demonstration**

☐ **Add participant-direction of services**

☐ **Other**

Specify:

Application for a §1915(c) Home and Community-Based Services Waiver

1. Request Information (1 of 3)

A. The **State** of **New York** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of section 1915(c) of the Social Security Act (the Act).

B. Program Title (*optional - this title will be used to locate this waiver in the finder*):

Nursing Home Transition & Diversion Waiver

C. Type of Request: amendment

Requested Approval Period:*(For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)*

○ **3 years** ◉ **5 years**

Original Base Waiver Number: NY.0444
Waiver Number:NY.0444.R03.04
Draft ID: NY.033.03.04

D. Type of Waiver *(select only one):*

Regular Waiver

E. Proposed Effective Date of Waiver being Amended: 07/01/23
Approved Effective Date of Waiver being Amended: 07/01/23

PRA Disclosure Statement

The purpose of this application is for states to request a Medicaid Section 1915(c) home and community-based services (HCBS) waiver. Section 1915(c) of the Social Security Act authorizes the Secretary of Health and Human Services to waive certain specific Medicaid statutory requirements so that a state may voluntarily offer HCBS to state-specified target group(s) of Medicaid beneficiaries who need a level of institutional care that is provided under the Medicaid state plan. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0449 (Expires: July 31, 2027). The time required to complete this information collection is estimated to average 163 hours per response for a new waiver application and 78 hours per response for a renewal application, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

1. Request Information (2 of 3)

F. Level(s) of Care. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid state plan (*check each that applies*):

☐ **Hospital**

Select applicable level of care

○ **Hospital as defined in 42 CFR § 440.10**

If applicable, specify whether the state additionally limits the waiver to subcategories of the hospital level of care:

○ **Inpatient psychiatric facility for individuals age 21 and under as provided in 42 CFR § 440.160**

☑ **Nursing Facility**

Select applicable level of care

- (●) **Nursing Facility as defined in 42 CFR § 440.40 and 42 CFR § 440.155**
  If applicable, specify whether the state additionally limits the waiver to subcategories of the nursing facility level of care:

- ( ) **Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR § 440.140**

☐ **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR § 440.150)**
If applicable, specify whether the state additionally limits the waiver to subcategories of the ICF/IID level of care:

1. Request Information (3 of 3)

G. Concurrent Operation with Other Programs. This waiver operates concurrently with another program (or programs) approved under the following authorities
Select one:

- ( ) **Not applicable**
- (●) **Applicable**

Check the applicable authority or authorities:

☐ **Services furnished under the provisions of section 1915(a)(1)(a) of the Act and described in Appendix I**

☐ **Waiver(s) authorized under section 1915(b) of the Act.**
Specify the section 1915(b) waiver program and indicate whether a section 1915(b) waiver application has been submitted or previously approved:

Specify the section 1915(b) authorities under which this program operates *(check each that applies):*

☐ **section 1915(b)(1) (mandated enrollment to managed care)**

☐ **section 1915(b)(2) (central broker)**

☐ **section 1915(b)(3) (employ cost savings to furnish additional services)**

☐ **section 1915(b)(4) (selective contracting/limit number of providers)**

☐ **A program operated under section 1932(a) of the Act.**
Specify the nature of the state plan benefit and indicate whether the state plan amendment has been submitted or previously approved:

☐ **A program authorized under section 1915(i) of the Act.**

☐ **A program authorized under section 1915(j) of the Act.**

☑ **A program authorized under section 1115 of the Act.**
Specify the program:

CMS approved an amendment to New York State's Medicaid section 1115 demonstration, Partnership Plan (11-W-00114/2) to provide home and community-based services to medically needy individuals, who have a community spouse and to whom the spousal impoverishment eligibility and post-eligibility rules under section 1924 of the act are applied. The New York State Medicaid Director received authorization for the Home and Community-Based Services Expansion Program (HCBS Expansion Program) on April 8, 2010 to continue to serve such individuals now enrolled in the Nursing Home Transition and Diversion (NHTD) waiver, as well as, enroll new participants using the same eligibility processes. The HCBS Expansion Program provides home and community-based services identical to those provided under the NHTD waiver.

H. Dual Eligiblity for Medicaid and Medicare.

Check if applicable:

☑ **This waiver provides services for individuals who are eligible for both Medicare and Medicaid.**

2. Brief Waiver Description

Brief Waiver Description. *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.

The Nursing Home Transition and Diversion (NHTD) waiver provides community-based long term care services, as an alternative to institutional care, for seniors and individuals with physical disabilities. Individuals with physical disabilities must be at least eighteen (18) years old at the time of application, seniors must be age sixty-five (65) or older at time of application and all require a nursing facility level of care. The goal of the waiver program is to assure access to the least restrictive, most community integrated care appropriate.

The NHTD waiver is operated statewide. The New York State Department of Health (NYSDOH), as the Single State Medicaid Agency, administers and provides oversight of the waiver program. The Medicaid Director of the Office of Health Insurance Programs (OHIP) is the Director of the Medicaid Program and, in that capacity, is the signatory to the NHTD waiver application. The Director of the Center for Aging and Long Term Care Finances and Supports is responsible for policy development and administration of the waiver.

In accordance with sections 201 and 206 of the New York State Public Health Law, sections 363-a, 365, and 366(6-a) of the New York State Social Services Law Sections and the Medicaid (MA) State Plan, Local Departments of Social Services (LDSS) are charged with implementing the MA program, determining applicants' financial eligibility for waiver participation, and authorizing some MA State Plan services.

NYSDOH contracts with qualified not-for-profit agencies for the daily operation of the waiver in regions established by NYSDOH across the State. These agencies serve as Regional Resource Development Centers (RRDC) and employ Regional Resource Development Specialists (RRDS) to enroll participants and service providers, approve participant service plans, organize local outreach and informational efforts, develop regional resources, train service providers, and otherwise administer the NHTD waiver in each respective region. In order to assure the health and welfare of waiver participants, each RRDC employs a Nurse Evaluator (NE) to review and/or assess waiver applicants' level of care, and, as necessary, the need for MA State Plan waiver services.

A Service Coordinator works with the participant to develop and implement a plan for MA State Plan and waiver services, and other resources necessary to enable the participant to transition to the community or to remain in their home. Waiver services are delivered via traditional fee for service methods by waiver providers selected by the participant.

Based on language approved in the Appendix K amendment associated with this waiver, due to the COVID pandemic, a quality review report was not completed for the previous waiver cycle. Additionally, 372 reports due during the emergency have not been submitted. As a result of the expiration of the Appendix K amendment, NYS-DOH Is in the process of gathering data and submitting the quality review in addition to any outstanding 372 reports as quickly as the required information can be gathered and analyzed. If necessary, the state will submit waiver amendments based on identified deficiencies in the quality review report and/or 372 report(s) within 90 days of receiving the final quality review report and 372 report acceptance decision.

3. Components of the Waiver Request

The waiver application consists of the following components. *Note: Item 3-E must be completed.*

A. Waiver Administration and Operation. Appendix A specifies the administrative and operational structure of this waiver.

B. Participant Access and Eligibility. Appendix B specifies the target group(s) of individuals who are served in this waiver, the number of participants that the state expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.

C. Participant Services. Appendix C specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

D. Participant-Centered Service Planning and Delivery. Appendix D specifies the procedures and methods that the state uses to develop, implement and monitor the participant-centered service plan (of care).

E. Participant-Direction of Services. When the state provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):

- ○ **Yes. This waiver provides participant direction opportunities.** *Appendix E is required.*
- ● **No. This waiver does not provide participant direction opportunities.** *Appendix E is not required.*

F. Participant Rights. Appendix F specifies how the state informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.

G. Participant Safeguards. Appendix G describes the safeguards that the state has established to assure the health and welfare of waiver participants in specified areas.

H. Quality Improvement Strategy. Appendix H contains the quality improvement strategy for this waiver.

I. Financial Accountability. Appendix I describes the methods by which the state makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.

J. Cost-Neutrality Demonstration. Appendix J contains the state's demonstration that the waiver is cost-neutral.

4. Waiver(s) Requested

A. Comparability. The state requests a waiver of the requirements contained in section 1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid state plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B**.

B. Income and Resources for the Medically Needy. Indicate whether the state requests a waiver of section 1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy *(select one)*:

- ○ **Not Applicable**
- ○ **No**
- ● **Yes**

C. Statewideness. Indicate whether the state requests a waiver of the statewideness requirements in section 1902(a)(1) of the Act *(select one)*:

- ● **No**
- ○ **Yes**

If yes, specify the waiver of statewideness that is requested *(check each that applies)*:

☐ **Geographic Limitation.** A waiver of statewideness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the state.
Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:

☐ **Limited Implementation of Participant-Direction.** A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the state. Participants who reside in these areas may elect to direct their services as provided by the state or receive comparable services through the service delivery methods that are in effect elsewhere in the state.
Specify the areas of the state affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:

5. Assurances

In accordance with 42 CFR § 441.302, the state provides the following assurances to CMS:

A. Health & Welfare: The state assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:

1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;

2. Assurance that the standards of any state licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The state assures that these requirements are met on the date that the services are furnished; and,

3. Assurance that all facilities subject to section 1616(e) of the Act where home and community-based waiver services are provided comply with the applicable state standards for board and care facilities as specified in **Appendix C**.

B. Financial Accountability. The state assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.

C. Evaluation of Need: The state assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community-based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.

D. Choice of Alternatives: The state assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:

1. Informed of any feasible alternatives under the waiver; and,

2. Given the choice of either institutional or home and community-based waiver services. **Appendix B** specifies the procedures that the state employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.

E. Average Per Capita Expenditures: The state assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid state plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.

F. Actual Total Expenditures: The state assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the

waiver by the state's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.

G. Institutionalization Absent Waiver: The state assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

H. Reporting: The state assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid state plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

I. Habilitation Services. The state assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

J. Services for Individuals with Chronic Mental Illness. The state assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the state has not included the optional Medicaid benefit cited in 42 CFR § 440.140; or (3) age 21 and under and the state has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

6. Additional Requirements

Note: Item 6-I must be completed.

A. Service Plan. In accordance with 42 CFR § 441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including state plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

B. Inpatients. In accordance with 42 CFR § 441.301(b)(1)(ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/IID.

C. Room and Board. In accordance with 42 CFR § 441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the state that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.

D. Access to Services. The state does not limit or restrict participant access to waiver services except as provided in **Appendix C**.

E. Free Choice of Provider. In accordance with 42 CFR § 431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the state has received approval to limit the number of providers under the provisions of section 1915(b) or another provision of the Act.

F. FFP Limitation. In accordance with 42 CFR Part 433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. If a provider certifies that a particular legally liable third-party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

G. Fair Hearing: The state provides the opportunity to request a Fair Hearing under 42 CFR Part 431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the state's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR § 431.210.

H. Quality Improvement. The state operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the state assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The state further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the state will implement the quality improvement strategy specified in **Appendix H**.

I. Public Input. Describe how the state secures public input into the development of the waiver:

As this is a technical amendment to only increase the unduplicated count (Factor C) for waiver years three through five, no public comment is required.

J. Notice to Tribal Governments. The state assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the state of the state's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

K. Limited English Proficient Persons. The state assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the state assures meaningful access to waiver services by Limited English Proficient persons.

7. Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

Last Name: Bassiri

First Name: Amir

Title: Medicaid Director

Agency: New York State Department of Health

Address: 99 Washington Avenue

Address 2: One Commerce Plaza

City: Albany

State: **New York**

Zip: 12260

Phone: (518) 486-3609 **Ext:** ☐ **TTY**

Fax: (518) 474-8646

E-mail: amir.bassiri@health.ny.gov

B. If applicable, the state operating agency representative with whom CMS should communicate regarding the waiver is:

Last Name: Michael

First Name: Jabonaski

Title: Director, Division of Community Integration and Alzheimer's Disease

Agency: New York State Department of Health

Address: 99 Washington Avenue 1 Commerce Plaza

Address 2: Room 1610

City: Albany

State: **New York**

Zip: 12260

Phone: (518) 474-5271 **Ext:** ☐ **TTY**

Fax: (518) 474-7067

E-mail: michael.jabonaski@health.ny.gov

8. Authorizing Signature

This document, together with the attached revisions to the affected components of the waiver, constitutes the state's request to amend its approved waiver under section 1915(c) of the Social Security Act. The state affirms that it will abide by all provisions of the waiver, including the provisions of this amendment when approved by CMS. The state further attests that it will continuously operate the waiver in accordance with the assurances specified in Section V and the additional requirements specified in Section VI of the approved waiver. The state certifies that additional proposed revisions to the waiver request will be submitted by the Medicaid agency in the form of additional waiver amendments.

Signature: Amir Bassiri

State Medicaid Director or Designee

Submission Date: May 11, 2026

Note: The Signature and Submission Date fields will be automatically completed when the State

Medicaid Director submits the application.

Last Name: Bassiri

First Name: Amir

Title: Medicaid Director

Agency: NYS Department of Health

Address: 99 Washington Ave

Address 2: One Commerce plaza 1715

City: Albany

State: **New York**

Zip: 12210

Phone: (518) 474-3018 **Ext:** ☐ **TTY**

Fax: (518) 474-3018

E-mail: Amir.Bassiri@health.ny.gov

Attachments

Attachment #1: Transition Plan

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

☐ **Replacing an approved waiver with this waiver.**

☐ **Combining waivers.**

☐ **Splitting one waiver into two waivers.**

☐ **Eliminating a service.**

☐ **Adding or decreasing an individual cost limit pertaining to eligibility.**

☐ **Adding or decreasing limits to a service or a set of services, as specified in Appendix C.**

☐ **Reducing the unduplicated count of participants (Factor C).**

☐ **Adding new, or decreasing, a limitation on the number of participants served at any point in time.**

☐ **Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.**

☐ **Making any changes that could result in reduced services to participants.**

Specify the transition plan for the waiver:

Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):

Conflict of Interest Compliance information continued from D.1 b

NYSDOH continues to implement the steps necessary to transition service coordination functions to a structure that is compliant with Conflict of Interest (COI) standards. The Corrective Action Plan is amended to indicate activities necessary to ensure compliance is achieved by March 1, 2024.

As of March 1, 2024, all renewed service plans will be compliant with COI unless the individual's service plan meets the only willing and qualified provider protocol.

The Regional Resource Development Centers (RRDC) serve as the authorizing agent on behalf of NYSDOH for all services contained within the service plan. Services cannot be provided without the prior authorization of the RRDC, through the approval of a service plan. Effective via a 2016 contract amendment, RRDC contractors are restricted from direct provision of waiver services. Additionally, the RRDC facilitates all eligibility and Level of Care determinations and determines waiver eligibility for all service applicants. All waiver service providers must be approved by NYSDOH. The RRDC must approve each service selection of providers requested by waiver participants prior to the provision of waiver services. The RRDCs provide a critical oversight function of waiver providers, participants and stakeholders in the region. The RRDCs will be responsible for facilitating the steps necessary to implement Conflict of Interest (COI) standards with providers and participants. This oversight will help to ensure that providers comply with COI guidance.

Currently, the RRDC obtains and reviews all Freedom of Choice documents, provider selection forms and approves each service plan indicating service providers. Any discrepancies are discussed with the participant, provider and NYSDOH.

As providers move towards COI compliance, first and foremost, waiver participants must be ensured continuity of services and continued access to care. A smooth transition to any new service provider is an existing program requirement. Current program protocols guarantee sufficient prior notification to ensure due process and sufficient protections for the individual. These protocols include, but are not limited to: thirty (30) day notice of change/termination of Service Coordination services, Notice of Decision (NOD) indicating an increase or reduction in services, complaint line protocols and participant satisfaction surveys.

NYSDOH will issue guidance to the RRDCs on August 18, 2023. Guidance will be issued by NYSDOH to providers via a webinar with a question and answer segment on September 6, 2023. Providers will be given ongoing support in the process via regularly scheduled RRDC provider meetings, at which DOH may attend if requested by the region.

NYSDOH will train all RRDCs in the compliance criteria for providers and oversight responsibilities of the RRDC.

Any case directly impacted by the new COI criteria that requires re-assignment will be identified for transition. Any cases requiring transition to a new provider will be successfully transitioned according to the corrective action plan negotiated by CMS. Initial Service Plans with conflicted providers will not be approved on or after March 1, 2024. A provider entity providing direct services to an individual can only conduct service planning/case management for that individual when it is the only willing and qualified entity to do so.

Continued from I-2a

II. Reporting Requirements pertaining to periods on and after January 1, 2021
a. The Non-State Government Providers and Private Providers shall identify provider costs in accordance with Generally Accepted Accounting Principles (GAAP).
b. Effective January 1, 2021 and thereafter: using a standard reporting tool, a process will be implemented for cost reporting. These cost reports will be used to review the Medicaid payments for this waiver. The process will demonstrate that NYS' costs are economic and efficient.
c. The Cost Report will include costs for Agency Information, Program/Site Data, Agency Administration, Salaried Personal Services and Contracted Personal Services (Direct Care, Clinical, Support, Program Administration, etc.).
  i. Costs will be reported in the Cost Report by Waiver service.

III. Services Paid via Fee Schedule: Prior to 3/1/24 Statewide Rates for all providers (average upstate and downstate)
1. Service Coordination Initial:
  a. Long Term Nursing Home Stay - $5390.35
  b. Short Term Nursing Home Stay - $3788.95
  c. Diversion - $1250.01
2. Service Coordination Monthly $462.12
3. Assistive Technology - Per Occurrence

4. Community Integration Counseling - Hourly $82.84
5. Community Transitional Services - Per NF Discharge
6. Environmental Modification - Per Modification
7. Home and Community Supports - Hourly $27.82
8. Home Visits by Medical Personnel - 20 Minutes $40.00
9. Independent Living Skills - Hourly $41.42
10. Positive Behavioral Interventions and Supports - Hourly $62.13
11.Respite - Per diem (24 hour block of time) $334.37
12.SDP - Hourly $20.20
13. Waiver Transportation (per trip)

B. Services Paid Via Fee Schedule: On and after 3/1/24 statewide rates for all providers can be found here: https://www.health.ny.gov/facilities/long_term_care/waiver/docs/approved_rates.pdf
These rates may be adjusted to incorporate funding to reflect cost-of Living (COLA), compensation increases, or any other adjustments authorized pursuant to NYS law.

Cost reporting for non-profit waiver service providers will be subject to review. The Cost report will be submitted to CMS within 16 months after the close of the reporting period. The use of retrospective reimbursement, using service provider cost requires a reconciliation of any and all interim payments to the final allowable Medicaid cost for each rate year. FFP would be limited to the actual cost of the service(s) at the service provider level, or if reimbursement payments to the service provider were less and/or ultimately less than actual cost, FFP would be limited to the lower of these to actual cost or actual payments. If such total payments for any Waiver Service, subject to the annual reconciliation, exceed the final allowable Medicaid reimbursement for such rate period, the State will treat any overage as an overpayment of the federal share, and any overpayment shall be returned to CMS on the next calendar quarter CMS-64 expenditure report. If the total payments for a Waiver Service, subject to annual reconciliation, are less than the allowable Medicaid reimbursement for such rate period, the State shall be entitled to submit a claim for the federal share of such difference.

The Department sought to increase NHTD providers' rates for select services, effective 11/1/14 upon approval by CMS and the Division of Budget. In addition, there were additional increases effective April 1, 2015.

The State of New York reimburses these services through the use of rates that are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area as required by § 1902(a)(30)(A) of the Social Security Act and 42 CFR § 447.200-205.

For HCSS, Effective January 1, 2017, and thereafter, rates of payment for services were increased to address the implementation of Chapter 54 of the Laws of 2016 for New York State, amending Section 652 of the Labor Law. To the extent possible, the minimum wage adjustment was developed and implemented based on provider attested data and were incorporated into the NHTD fees using an add-on inclusive of associated fringe. Because the reimbursement methodology for the NHTD waiver is fee based, the adjustment did not vary by provider.

On October 21, 2019, the Centers for Medicare & Medicaid Services (CMS) approved an amendment to the NHTD 1915(c) waiver application, which provided for a rural rate adjustment to the waiver service of Home and Community Support Services (HCSS), retroactive to August 1, 2019.

All rates were derived from rates in effect during the previous waiver period (2018-2023). Please note that the waiver year 5 rate in the currently approved application has been amended through Appendix K actions pursuant to the COVID-19 public health emergency. The current effective average rate for HCSS has been increased because of New York State minimum wage requirements which impacts only HCSS on the waiver. Future amendments may be required to accommodate future minimum wage requirements and Appendix K unwind activities.

NYS recognized the increase in provider costs for provision of Medicaid waiver services, and the compounding effect of the COVID-19 PHE on provider costs. The New York State budget for State Fiscal Year 2022-23 was adopted on April 9, 2022 effective April 1, 2022. The budget increased the Medicaid trend factor by 1% to recognize provider increases. Subsequently, upon the approval of a pending Appendix K amendment, effective April 1, 2022, the following NHTD and TBI waiver services received a 1% rate increase to address these rising costs:
• Service Coordination
• Community Integration Counseling (CIC)
• Home and Community Support Services (HCSS)

• Independent Living Skills and Training Services (ILST)
• Positive Behavioral Interventions and Support Services (PBIS)
• Respite
• Structured Day Program Services (SDP)

NYS continues to monitor the status of rates and the need for rate increases on an on-going basis, conducting a full rate review at least every five years.

IV. Services paid using a Contract Amount
a. Waiver Transportation
Transportation costs reflect non-medical trips captured by the service coordinators and transportation contractors for NHTD waiver participants, through the New York State Department of Health's contracted transportation system.

V. Trend Factors
a. The trend factor used will be the applicable years from the Medical Care Services Index for the period April to April of each year from www.bls.gov/cpi; Table 1 CPI-U; U.S. city average, by expenditure category and commodity and service group.

Continued from I-2d.

The New York State EVV implementation does not utilize a claim pre-payment review method. EVV data submission and claims submission are matched post payment.

d. In the event that claims including FFP require correction, the values of the adjusted claims are automatically carried forward in the quarterly MMIS expenditure reports that the State uses to support its CMS-64 reports so that if a claim previously included FFP, the value of that claim would be negated by the correction in the subsequent quarterly MMIS/CMS-64 report. In cases where manual payments incorrectly charged FFP, a cash adjustment would be made through a General Ledger Journal Entry in the State's Statewide Financial System (SFS), and the documentation used to support that cash adjustment would then be used to support a corresponding negative adjustment in the appropriate federal reporting category on the CMS-64 report.

Appendix A: Waiver Administration and Operation

1. **State Line of Authority for Waiver Operation.** Specify the state line of authority for the operation of the waiver (*select one*):

- (●) **The waiver is operated by the state Medicaid agency.**

  Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program *(select one)*:

  - (●) **The Medical Assistance Unit.**

    Specify the unit name:

    The Office of Health Insurance Programs

    (Do not complete item A-2)

  - ( ) **Another division/unit within the state Medicaid agency that is separate from the Medical Assistance Unit.**

    Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

    (Complete item A-2-a).

- ( ) **The waiver is operated by a separate agency of the state that is not a division/unit of the Medicaid agency.**

  Specify the division/unit name:

  In accordance with 42 CFR § 431.10, the Medicaid agency exercises administrative discretion in the administration

and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. *(Complete item A-2-b).*

Appendix A: Waiver Administration and Operation

2. Oversight of Performance.

a. Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency. When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities:
As indicated in section 1 of this appendix, the waiver is not operated by another division/unit within the state Medicaid agency. Thus this section does not need to be completed.

b. Medicaid Agency Oversight of Operating Agency Performance. When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:
As indicated in section 1 of this appendix, the waiver is not operated by a separate agency of the state. Thus, this section does not need to be completed.

Appendix A: Waiver Administration and Operation

3. Use of Contracted Entities. Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

- **Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).**
  Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.:*

NYSDOH Office for Aging and Long Term Care (OALTC) Bureau of Community Integration and Alzheimer's Disease (BCIAD) contracts with qualified not-for-profit organizations known as Regional Resource Development Centers (RRDCs) in regions established by NYSDOH across the state for the local administration of the waiver program. Each RRDC must demonstrate experience in working with individuals with physical disabilities and/or the elderly, extensive knowledge of community-based long-term care services, an understanding of person-centered planning and choice, and the ability to provide culturally competent services.

NYSDOH has the responsibility to assure informed choice of providers for all participants. The waiver participant is the primary decision maker in the development of goals, and selection of supports and individual service providers. The RRDC has the principle role in providing participant choice between community-based services and institutional care. This includes information regarding the applicant/participant's right to choose home and community-based care and to select and/or change waiver service providers. All providers, including those already approved to provide Medicaid State Plan or services under another Medicaid waiver, are required to be enrolled specifically as an NHTD waiver provider, and to meet all State licensure and credentialing requirements specific to the services for which they apply as established in the NHTD Program Manual. The RRDC provides the potential participant with a list of approved Service Coordination providers and encourages him/her to interview potential Service Coordinators. The Service Coordinator is responsible for assuring that the service plan is implemented appropriately and supporting the participant to become an effective self-advocate and problem solver. Together they work to develop and implement the service plan, which reflects the participant's goals and choice of provider. In the event of coercion by providers, the provider will be subject to appropriate corrective actions. NYSDOH waiver staff utilize several audit functions to review and confirm these processes. These include file reviews, review of information contained on the statewide database, desk audits of billing practices, RRDC quarterly reports and meetings, participant satisfaction surveys and complaint monitoring.

RRDCs perform waiver operational and administrative functions on behalf of NYSDOH. These include:

• Disseminating information about waiver services to community agencies, families and potential waiver participants by conducting informational meetings and community outreach events.
• Oversight and implementation of waiver participant enrollment: RRDC staff meet with each potential waiver participant to discuss waiver services; explain participants' rights and responsibilities; discuss participant choice and determine if the individual meets waiver eligibility criteria. Those individuals choosing to apply for waiver services receive a list of approved Service Coordination agencies that will assist the individual to select needed services and develop an Initial Service Plan (ISP). These intake meetings may be held via telephone, virtually, or face-to-face at the convenience of the applicant/participant.
• Monitoring waiver services and expenditures: RRDC staff review all service plans to ensure cost effectiveness and track and ensure timely submission of Level of Care (LOC) assessments.
• Reviewing participant service plans: RRDC staff review and approve all ISPs to establish program eligibility. Revised Service Plans (RSPs) are reviewed and approved on an annual basis.
• Recruiting providers: RRDC staff assess the need for services in their regions and conduct outreach to potential providers. They encourage current providers to expand their scope of waiver services when appropriate. Potential providers are interviewed and referred to NYSDOH for enrollment.
• Conducting training and technical assistance: RRDC staff provide technical assistance to providers, participants, advocates, community services and other RRDCs.
• Receipt, oversight and investigation of participant complaint calls: The RRDC is responsible for investigation, review and resolution of complaints. By having the RRDC assess complaints at the local level, issues are addressed more quickly and the complainant is contacted directly by the RRDC. Complaints related to the RRDC are received directly by NYSDOH and the phone number is maintained on the waiver participant contact sheet posted in the participant's home. A copy of the complaint protocol and complaint line phone numbers are maintained on the NYSDOH website. Participants are informed of the outcome of the review of the complaint in writing. NYSDOH reviews complaint data on a quarterly basis and analyzes the information for trends and recurring issues. The Complaint protocol indicates: "if the subject of the complaint is the RRDC or another service within the New York State Department of Health (NYSDOH), NYSDOH NHTD waiver staff will address the complaint or initiate review of the matter. For such complaints, please call the NYSDOH NHTD Program at 518-474-5271." Any individual may contact NYSDOH to discuss concerns of any nature or if unsatisfied with the complaint resolution.

No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).

Appendix A: Waiver Administration and Operation

4. Role of Local/Regional Non-State Entities. Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*Select One*):

○ **Not applicable**

● **Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions. Check each that applies:

☐ **Local/Regional non-state public agencies** perform waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between the state and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

Specify the nature of these agencies and complete items A-5 and A-6:

☑ **Local/Regional non-governmental non-state entities** conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Specify the nature of these entities and complete items A-5 and A-6:

NYSDOH OALTC, BCIAD, in accordance with section 163 of the New York State Finance law, contracts with not-for-profit organizations in regions established by NYSDOH across the State to conduct waiver operational functions and activities. The contractors must demonstrate to NYSDOH their experience providing services and conducting activities for the NHTD target population through a Request for Application process. A copy of the Request for Applications (RFA) which becomes part of the contract document is located at the NYSDOH website: https://www.health.ny.gov/funding/rfa/inactive/18146/index.htm and is located in the NHTD waiver program area.

As contractually stipulated, the Regional Resource Development Center (RRDC) staff determine applicants' non-financial eligibility for waiver participation, enroll applicants and service providers, organize local outreach and informational efforts, develop regional resources, train waiver service providers about waiver related processes and procedures, and otherwise assist in administering, under NYSDOH's direction, the NHTD waiver in each respective region. NYSDOH waiver staff provide direct oversight of the RRDCs and their operations. Each RRDC provides a quarterly report that describes the measurable outcomes identified in the contract workplan. Additionally, every month each RRDC provides a statistical report of intakes, discharges, enrollment and service plan reviews. This information is reviewed by NYSDOH waiver staff on a daily and ongoing basis. Level of Care evaluations, Service Plan approvals and service authorizations are tracked on a statewide database and monitored by NYSDOH daily.

Appendix A: Waiver Administration and Operation

5. Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities. Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

The single State Agency responsible for assessing the performance of non-state entities that conduct waiver operational and administrative functions is the NYSDOH, OHIP and OALTC.

Appendix A: Waiver Administration and Operation

6. **Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:

NYSDOH oversees the operation of the NHTD waiver, and the fulfillment of Regional Resource Development Center (RRDC) contractual obligations in accordance with section 366 (6-a) of the Social Service Law. NYSDOH waiver staff monitor RRDC contractors' administration of the program. The RRDCs employ Regional Resource Development Specialists (RRDSs). NYSDOH requires that each RRDC employ one full time RRDS who works exclusively on the NHTD waiver. This position is designated by NYSDOH as the Lead RRDS. NYSDOH also requires that each RRDC employ a Nurse Evaluator. Program specific clauses of the RRDC contract memorialize the minimum experience and qualifications for the Lead RRDS and Nurse Evaluator. The contract further defines that any candidate under consideration for these positions must be approved by NYSDOH prior to employment. If the contractor fails to fill the vacancy with a qualified professional acceptable to NYSDOH, the contract may be terminated immediately. With reasonable notice and written justification, NYSDOH may require the contractor to remove from the contract any employee justified by NYSDOH as being incompetent, otherwise unacceptable, or whose employment on the contract is considered contrary to the best interests of the public or the State. The contract and the NHTD Program Manual also establish the roles and responsibilities of the RRDC. The RRDC is responsible for the development, management, administration and monitoring of the NHTD waiver on a regional level.

NYSDOH monitors the performance of the RRDCs on an ongoing basis. NYSDOH waiver staff maintain daily contact with the RRDCs. Specifically, RRDC performance is assessed through the following activities:

• NYSDOH waiver staff, via the RRDC, conduct retrospective reviews of a random sample of service plans to assure quality performance of these entities. A standardized form is distributed by NYSDOH and utilized on a statewide basis. NYSDOH waiver staff monitor for correct completion of the Initial Applicant Interview and Acknowledgement, Level of Care, Freedom of Choice, Service Coordinator Selection, Provider Selection, Participant Rights and Responsibilities forms in the record. The service plan review is based on a statistically appropriate sample size to allow valid analysis and conclusions to be drawn from the results. Sample size will be set to ensure a ninety five percent (95%) confidence level with a margin of error of ± five percent (5%) as established by Raosoft.

• NYSDOH waiver staff conduct RRDC annual site visits, as needed, to assess operational and administrative performance and to assure quality performance of these entities on an annual basis, or as needed. During RRDC site visits or audit reviews, NYSDOH waiver staff review a random sample of participant records to assure the presence of a completed and signed Referral, Intake, Initial Applicant Interview and Acknowledgement, Freedom of Choice, Service Coordinator Selection, Provider Selection, and Participant Rights and Responsibilities forms.

• Designated in the RRDC contract work plan is the requirement that each RRDC maintain a specific phone number to receive complaints. Service Coordinators are responsible to inform participants of the phone number and to review the process for filing a complaint with the participant. The complaint number is identified on the waiver participant's contact list posted in the participant's home. The complaint line is available to NHTD waiver participants, their families and advocates for registering complaints and concerns. The complaint protocol and phone numbers are available on the NYSDOH website and can be found at: http://www.health.ny.gov/facilities/long_term_care/. Information can be found under the header entitled "Complaint Process for Medicaid Long Term Care Waivers". Information retrieved via complaint lines is reviewed by NYSDOH to monitor complaints.

• Each RRDC completes an annual participant satisfaction survey. NYSDOH issues the format and the RRDC is responsible for the distribution of the survey to all waiver participants and receipt of responses, to assure that a minimum statistically appropriate sample size of a ninety five percent (95%) confidence level with a margin of error of ± five percent (5%) is collected. NYSDOH compiles the statewide aggregate data collected from each RRDC and completes a comparative analysis to prior years' data.

• NYSDOH waiver staff regularly assess RRDC performance through review of required contractor quarterly reports on provider and participant enrollment activity and other contractual obligations. NYSDOH waiver staff review and analyze the reports, evaluate contractual performance and waiver implementation trends, and may request a financial audit if expenditure discrepancies cannot be resolved or additional concerns are raised. Quarterly payments to RRDC contractors may be withheld pending the resolution of performance or compliance issues.

• NYSDOH waiver staff also meet with RRDC contractors on a quarterly basis to review NYSDOH policies, discuss community resources, review performance measures and for training.

• NYSDOH waiver staff conduct monthly statewide RRDC conference calls. Conference calls with individual RRDC

contractors are conducted as needed. These calls are used to share methods to enhance program performance, evaluate training methods, discuss participant and provider issues, and review trends in research or services related to NHTD.

• NYSDOH reviews supplemental reports completed by the RRDSs. These reports include monthly statistical data reflecting intakes, referrals, plan reviews, discharges and enrollments. Quarterly complaint reports and quarterly reports of Serious Reportable Incident data are completed by the RRDCs. These reports reflect aggregate data from approved providers in the region who submit an individual provider report to the RRDC. In addition to providing significant information related to waiver operations, the reports help NYSDOH evaluate the RRDC's contractual performance and statewide waiver implementation trends.

• NYSDOH waiver staff receive calls from waiver participants, Local Department of Social Services (LDSS) staff and other stakeholders that contribute to NYSDOH waiver staff's assessment of the RRDC.

• A standard statewide database of participant and provider enrollment, service plan development and cost of services enables NYSDOH waiver staff to evaluate and monitor program activity at the RRDC contractor level. NYSDOH staff complete random reviews of the participant database to ensure that RRDC staff are entering the required information and LOC determinations are completed per required time frames. NYSDOH waiver staff also analyze data to identify regional and statewide trends, to evaluate current policy, and to identify and implement programmatic changes.

• Each RRDC has established an internal tracking system for pertinent information such as intake, referrals, service plans and incidents to supplement existing NYSDOH data systems. NYSDOH staff review the RRDC contractors' internal tracking systems and discuss internal procedures.

• As established in their contracts, RRDCs are responsible for recruiting and maintaining NHTD waiver providers. NYSDOH monitors the number, type and location of newly developed providers in each region by monitoring the database and reviewing each region's provider list on a quarterly basis. By contract, the RRDC is required to maintain sufficient provider capacity to ensure the delivery or waiver services in the region, and offer sufficient participant choice in providers. NYSDOH reviews provider application packets to ensure that all appropriate transaction forms and letters of incorporation are complete, accurate and include correctly dated information prior to submission to OHIP's Bureau of Provider Enrollment.

• NYSDOH monitors participant requests for fair hearings and the disposition of the case. RRDCs are monitored by NYSDOH to ensure that they have properly prepared and presented the case. This includes a review of the case summary, supporting documentation, and the reason for the action. All RRDC related fair hearings are tracked by NYSDOH.

• RRDC and NYSDOH waiver staff work with NYSDOH Office of Primary Care and Health Systems Management (OPCHSM) surveillance staff to facilitate on-site surveys for a sample of providers. RRDCs are provided with a copy of the deficiency report and notification of the accepted plan of correction.

Any RRDC contractor operational deficiency will be addressed in a timely manner, whether informally through direct communication with the contractor, or by a formal investigation. In the latter situation, NYSDOH waiver staff notify the RRDC Executive Director in writing of the findings, and request a specified corrective action within ten business days.

NYSDOH waiver staff oversight of contracted entities or local/regional non-state entities includes all relevant functions.

Remediation of identified problems or risk factors specific to an RRDC is initiated within 24 hours of discovery. Identified quality improvements and corrective action steps to address trends and at-risk practices are addressed statewide at RRDC quarterly meetings, and during interim conference calls.

Appendix A: Waiver Administration and Operation

7. **Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*):
In accordance with 42 CFR § 431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than*

one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function. Note: Medicaid eligibility determinations can only be performed by the State Medicaid Agency (SMA) or a government agency delegated by the SMA in accordance with 42 CFR § 431.10. Thus, eligibility determinations for the group described in 42 CFR § 435.217 (which includes a level-of-care evaluation, because meeting a 1915(c) level of care is a factor of determining Medicaid eligibility for the group) must comply with 42 CFR § 431.10. Non-governmental entities can support administrative functions of the eligibility determination process that do not require discretion including, for example, data entry functions, IT support, and implementation of a standardized level-of-care evaluation tool. States should ensure that any use of an evaluation tool by a non-governmental entity to evaluate/determine an individual's required level-of-care involves no discretion by the non-governmental entity and that the development of the requirements, rules, and policies operationalized by the tool are overseen by the state agency.

Function	Medicaid Agency	Contracted Entity	Local Non-State Entity
Participant waiver enrollment	☑	☑	☐
Waiver enrollment managed against approved limits	☑	☑	☐
Waiver expenditures managed against approved levels	☑	☑	☐
Level of care waiver eligibility evaluation	☑	☑	☑
Review of Participant service plans	☑	☑	☐
Prior authorization of waiver services	☑	☑	☑
Utilization management	☑	☐	☐
Qualified provider enrollment	☑	☑	☐
Execution of Medicaid provider agreements	☑	☑	☐
Establishment of a statewide rate methodology	☑	☐	☐
Rules, policies, procedures and information development governing the waiver program	☑	☐	☐
Quality assurance and quality improvement activities	☑	☑	☐

Appendix A: Waiver Administration and Operation

Quality Improvement: Administrative Authority of the Single State Medicaid Agency

As a distinct component of the state's quality improvement strategy, provide information in the following fields to detail the state's methods for discovery and remediation.

a. Methods for Discovery: Administrative Authority

The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

i. Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance, complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application. *As necessary and applicable, performance measures should focus on:*

- Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver
- Equitable distribution of waiver openings in all geographic areas covered by the waiver
- Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014)

Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of services that are delivered in accordance with the service plan including type, amount, scope, duration and frequency as specified in the approved service plan (numerator: Number of services delivered in accordance with the service plan including type, amount, scope, duration and frequency as specified in the approved service plan/denominator: Number of service plans reviewed

Data Source (Select one):
Other
If 'Other' is selected, specify:
RRDC submission of service plans, eMedNY service utilization and payments

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% with a +/- 5% error margin http://www.raosoft.com/samplesize.html
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of participant service plans that were timely submitted and approved in accordance with the NHTD Program Manual (numerator: Number of service plans timely submitted and approved in accordance with the NHTD Program Manual/denominator: Number of service plans reviewed.)

Data Source (Select one):
Other
If 'Other' is selected, specify:
Each RRDC completes an annual self-audit (retrospective review) of records. NYSDOH distributes a standardized form to be used by the RRDCs. NYSDOH database.

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% with a +/- 5% error margin http://www.raosoft.com/samplesize.html
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:

	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☑ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☑ **Other** Specify: RRDC	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of records identified by NYSDOH waiver staff during annual site visits that were consistent with findings of the region's self-audit. (numerator: Number of records identified by NYSDOH waiver staff during annual site visits that were consistent with the findings of the region's self-audit/denominator: Number of records reviewed.

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data	**Frequency of data**	**Sampling Approach***(check*

collection/generation*(check each that applies):*	**collection/generation***(check each that applies):*	*each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% with a +/- 5% error margin http://www.raosoft.com/samplesize.html
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	☐ **Other** Specify:

Performance Measure:
Number and percent of initial level of care (LOC) determination forms present in RRDC records, which indicate that the initial LOC was completed within ninety days of the notice of decision (NOD) (numerator: Number of initial LOC forms present in RRDC records, which indicate that the initial LOC was completed within ninety days of the NOD/denominator: Number of LOCs reviewed)

Data Source (Select one):
Other
If 'Other' is selected, specify:
RRDC self-audit, NYSDOH database

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% with +/-5% error margin http://www.raosoft.com/samplesize.html
☑ **Other** Specify: RRDC	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of participant service plans reviewed, which indicate that the Revised Service Plan (RSP) was reviewed at the six month Team Meeting (numerator: Number of participant service plans, which indicate that the RSP was reviewed at the six month Team Meeting/denominator: Number of participant service plans reviewed).

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval =

		95% with a +/- 5% error margin http://www.raosoft.com/samplesize.html
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Other
If 'Other' is selected, specify:
RRDC self-audit

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% with a 5% error margin http://www.raosoft.com/samplesize.html
☑ **Other** Specify: RRDC	☑ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:

	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of waiver applicant Fair Hearings that resulted in a disposition rendered by the Court (numerator: Number of waiver applicant Fair Hearings that resulted in a disposition rendered by the Court/denominator: Total number of Fair Hearings requested.)

Data Source (Select one):
Other
If 'Other' is selected, specify:
Daily notices from the Office of Temporary Disability Assistance

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**

☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the state to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

NYSDOH monitors the RRDC to ensure the contractor fulfills its contractual obligations and performance measures. This oversight includes, but is not limited to: technical assistance, monitoring of the RRDC administration of the program, identification of needed corrective action, and implementation and completion of those actions.

NYSDOH waiver staff review the discharge/enrollment data with the RRDCs at quarterly meetings in conjunction with projected enrollment data in the waiver application. If data presented indicates the RRDSs need to expedite intakes, monitor service coordinator selection by applicants, and facilitate approval of initial service plans, then a plan to remedy the problem is established.

Participant enrollment and discontinuation data is reviewed at each Quarterly RRDC meeting.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the state's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction and the state's method for analyzing information from individual problems, identifying systemic deficiencies, and implementing remediation actions. In addition, provide information on the methods used by the state to document these items.

Pursuant to Prompt Payment provisions in the State Finance Law, state agencies must pay expenditure vouchers within thirty (30) calendar days of receipt or the State is required to pay interest to the contractor for the period beyond the allowable thirty (30) days. This "30-day clock", however, is stopped when the State identifies outstanding issues which need to be resolved. NYSDOH waiver staff request that payment be held pending a plan of corrective action for any noted RRDC deficiencies.

NYSDOH may request a financial audit if program discrepancies cannot be resolved or additional concerns are raised.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines

When the state does not have all elements of the quality improvement strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.

- ◉ **No**
- ○ **Yes**

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix B: Participant Access and Eligibility

B-1: Specification of the Waiver Target Group(s)

a. Target Group(s). Under the waiver of Section 1902(a)(10)(B) of the Act, the state limits waiver services to one or more groups or subgroups of individuals. Please see the instruction manual for specifics regarding age limits. *In accordance with 42 CFR § 441.301(b)(6), select one or more waiver target groups, check each of the subgroups in the selected target group(s) that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup:*

Target Group	Included	Target Sub Group	Minimum Age	Maximum Age	
				Maximum Age Limit	No Maximum Age Limit
☑ **Aged or Disabled, or Both - General**					
	☑	**Aged**	65		☑
	☑	**Disabled (Physical)**	18	64	
	☐	**Disabled (Other)**			
☐ **Aged or Disabled, or Both - Specific Recognized Subgroups**					
	☐	**Brain Injury**			☐
	☐	**HIV/AIDS**			☐
	☐	**Medically Fragile**			☐
	☐	**Technology Dependent**			☐
☐ **Intellectual Disability or Developmental Disability, or Both**					
	☐	**Autism**			☐
	☐	**Developmental Disability**			☐
	☐	**Intellectual Disability**			☐
☐ **Mental Illness**					
	☐	**Mental Illness**			☐
	☐	**Serious Emotional Disturbance**			

b. Additional Criteria. The state further specifies its target group(s) as follows:

The applicant must be at least aged 18 at the time of applying for services. Once enrolled in the program there is no maximum age limit to receive services. If the individual is between the ages of 18-64, they must have a physical disability. Individuals with a physical disability will remain eligible until a redetermination establishes the physical disability is no longer applicable.

The individual must be a Medicaid beneficiary with Medicaid coverage that supports community-based long-term care.

The individual must be assessed to need nursing home level of care (LOC) as established by the currently approved patient assessment instrument, the Uniform Assessment System - New York Community Assessment (UAS-NY).

The individual must choose to participate in the waiver and be able to identify a residence in which they will be residing when receiving waiver services. Residential settings of four or more unrelated individuals are excluded. Waiver participants residing in a setting of four or more unrelated individuals at the time of the approval of the previous waiver application (NY.0444.R02.00) will remain under the old criteria until they move. The services and supports available through the waiver and other sources must be sufficient to maintain the individual's health and welfare in the community.

c. Transition of Individuals Affected by Maximum Age Limitation. When there is a maximum age limit that applies to individuals who may be served in the waiver, describe the transition planning procedures that are undertaken on behalf of participants affected by the age limit *(select one):*

- ○ **Not applicable. There is no maximum age limit**
- ● **The following transition planning procedures are employed for participants who will reach the waiver's maximum age limit.**

Specify:

Individuals may continue to participate in the waiver once age 65 is reached.

Appendix B: Participant Access and Eligibility

B-2: Individual Cost Limit (1 of 2)

a. Individual Cost Limit. The following individual cost limit applies when determining whether to deny home and community-based services or entrance to the waiver to an otherwise eligible individual *(select one)*. Please note that a state may have only ONE individual cost limit for the purposes of determining eligibility for the waiver:

- ● **No Cost Limit.** The state does not apply an individual cost limit. *Do not complete Item B-2-b or item B-2-c.*
- ○ **Cost Limit in Excess of Institutional Costs.** The state refuses entrance to the waiver to any otherwise eligible individual when the state reasonably expects that the cost of the home and community-based services furnished to that individual would exceed the cost of a level of care specified for the waiver up to an amount specified by the state. *Complete Items B-2-b and B-2-c.*

  The limit specified by the state is *(select one)*

  - ○ **A level higher than 100% of the institutional average.**

    Specify the percentage:
  - ○ **Other**

    Specify:

- ○ **Institutional Cost Limit.** Pursuant to 42 CFR § 441.301(a)(3), the state refuses entrance to the waiver to any

otherwise eligible individual when the state reasonably expects that the cost of the home and community-based services furnished to that individual would exceed 100% of the cost of the level of care specified for the waiver. *Complete Items B-2-b and B-2-c.*

○ **Cost Limit Lower Than Institutional Costs.** The state refuses entrance to the waiver to any otherwise qualified individual when the state reasonably expects that the cost of home and community-based services furnished to that individual would exceed the following amount specified by the state that is less than the cost of a level of care specified for the waiver.

Specify the basis of the limit, including evidence that the limit is sufficient to assure the health and welfare of waiver participants. Complete Items B-2-b and B-2-c.

The cost limit specified by the state is *(select one)*:

○ **The following dollar amount:**

Specify dollar amount:

The dollar amount *(select one)*

○ **Is adjusted each year that the waiver is in effect by applying the following formula:**

Specify the formula:

○ **May be adjusted during the period the waiver is in effect. The state will submit a waiver amendment to CMS to adjust the dollar amount.**

○ **The following percentage that is less than 100% of the institutional average:**

Specify percent:

○ **Other:**

Specify:

Appendix B: Participant Access and Eligibility

B-2: Individual Cost Limit (2 of 2)

Answers provided in Appendix B-2-a indicate that you do not need to complete this section.

b. Method of Implementation of the Individual Cost Limit. When an individual cost limit is specified in Item B-2-a, specify the procedures that are followed to determine in advance of waiver entrance that the individual's health and welfare can be assured within the cost limit:

c. Participant Safeguards. When the state specifies an individual cost limit in Item B-2-a and there is a change in the participant's condition or circumstances post-entrance to the waiver that requires the provision of services in an amount that exceeds the cost limit in order to assure the participant's health and welfare, the state has established the following safeguards to avoid an adverse impact on the participant *(check each that applies)*:

☐ **The participant is referred to another waiver that can accommodate the individual's needs.**

☐ **Additional services in excess of the individual cost limit may be authorized.**

Specify the procedures for authorizing additional services, including the amount that may be authorized:

☐ **Other safeguard(s)**

Specify:

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (1 of 4)

a. Unduplicated Number of Participants. The following table specifies the maximum number of unduplicated participants who are served in each year that the waiver is in effect. The state will submit a waiver amendment to CMS to modify the number of participants specified for any year(s), including when a modification is necessary due to legislative appropriation or another reason. The number of unduplicated participants specified in this table is basis for the cost-neutrality calculations in Appendix J:

Table: B-3-a

Waiver Year	Unduplicated Number of Participants
Year 1	4200
Year 2	5859
Year 3	14079
Year 4	14079
Year 5	14079

b. Limitation on the Number of Participants Served at Any Point in Time. Consistent with the unduplicated number of participants specified in Item B-3-a, the state may limit to a lesser number the number of participants who will be served at any point in time during a waiver year. Indicate whether the state limits the number of participants in this way: *(select one)*:

◉ **The state does not limit the number of participants that it serves at any point in time during a waiver year.**

○ **The state limits the number of participants that it serves at any point in time during a waiver year.**

The limit that applies to each year of the waiver period is specified in the following table:

Table: B-3-b

Waiver Year	Maximum Number of Participants Served At Any Point During the Year
Year 1	
Year 2	
Year 3	
Year 4	
Year 5	

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (2 of 4)

c. Reserved Waiver Capacity. The state may reserve a portion of the participant capacity of the waiver for specified purposes (e.g., provide for the community transition of institutionalized persons or furnish waiver services to individuals experiencing a crisis) subject to CMS review and approval. The state *(select one)*:

- (●) **Not applicable. The state does not reserve capacity.**
- ( ) **The state reserves capacity for the following purpose(s).**

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (3 of 4)

d. Scheduled Phase-In or Phase-Out. Within a waiver year, the state may make the number of participants who are served subject to a phase-in or phase-out schedule *(select one)*:

- (●) **The waiver is not subject to a phase-in or a phase-out schedule.**
- ( ) **The waiver is subject to a phase-in or phase-out schedule that is included in Attachment #1 to Appendix B-3. This schedule constitutes an intra-year limitation on the number of participants who are served in the waiver.**

e. Allocation of Waiver Capacity.

Select one:

- (●) **Waiver capacity is allocated/managed on a statewide basis.**
- ( ) **Waiver capacity is allocated to local/regional non-state entities.**

Specify: (a) the entities to which waiver capacity is allocated; (b) the methodology that is used to allocate capacity and how often the methodology is reevaluated; and, (c) policies for the reallocation of unused capacity among local/regional non-state entities:

f. Selection of Entrants to the Waiver. Specify the policies that apply to the selection of individuals for entrance to the waiver:

NHTD waiver provides supported community-based long-term services to Medicaid eligible seniors and individuals with physical disabilities, aged eighteen (18) years or older, who require a nursing facility level of care. Accordingly, participants must be determined financially eligible for Medicaid services, and medically in need of a nursing facility level of care.

Assurance of participant choice is integral to the 1915(c) HCBS waiver program. Therefore, if eligible, an individual must choose and then sign the applicable forms to participate in the waiver program. Entrance to the waiver is further based on completion of a service plan, signed by the applicant, that satisfactorily addresses all identified applicant resources available to address applicant needs in order to be safely and appropriately cared for in a community setting. Applicants are enrolled in the NHTD program only when all necessary services are in place, and the health and welfare of the individual can reasonably be assured.

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served - Attachment #1 (4 of 4)

Answers provided in Appendix B-3-d indicate that you do not need to complete this section.

Appendix B: Participant Access and Eligibility

B-4: Eligibility Groups Served in the Waiver

a. **1. State Classification.** The state is a *(select one)*:

- (•) **Section 1634 State**
- ( ) **SSI Criteria State**
- ( ) **209(b) State**

2. Miller Trust State.

Indicate whether the state is a Miller Trust State *(select one)*:

- (•) **No**
- ( ) **Yes**

b. Medicaid Eligibility Groups Served in the Waiver. Individuals who receive services under this waiver are eligible under the following eligibility groups contained in the state plan. The state applies all applicable federal financial participation limits under the plan. *Check all that apply*:

Eligibility Groups Served in the Waiver (excluding the special home and community-based waiver group under 42 CFR § 435.217)

- [ ] **Parents and Other Caretaker Relatives (42 CFR § 435.110)**
- [ ] **Pregnant Women (42 CFR § 435.116)**
- [ ] **Infants and Children under Age 19 (42 CFR § 435.118)**
- [x] **SSI recipients**
- [ ] **Aged, blind or disabled in 209(b) states who are eligible under 42 CFR § 435.121**
- [x] **Optional state supplement recipients**
- [ ] **Optional categorically needy aged and/or disabled individuals who have income at:**

  Select one:

  - ( ) **100% of the Federal poverty level (FPL)**
  - ( ) **% of FPL, which is lower than 100% of FPL.**

  Specify percentage: [ ]

- [ ] **Working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in section 1902(a)(10)(A)(ii)(XIII)) of the Act)**

☑ **Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in section 1902(a)(10)(A)(ii)(XV) of the Act)**

☑ **Working individuals with disabilities who buy into Medicaid (TWWIIA Medical Improvement Coverage Group as provided in section 1902(a)(10)(A)(ii)(XVI) of the Act)**

☐ **Disabled individuals age 18 or younger who would require an institutional level of care (TEFRA 134 eligibility group as provided in section 1902(e)(3) of the Act)**

☐ **Medically needy in 209(b) States (42 CFR § 435.330)**

☑ **Medically needy in 1634 States and SSI Criteria States (42 CFR § 435.320, § 435.322 and § 435.324)**

☑ **Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the state plan that may receive services under this waiver)**

Specify:

Individuals who qualify under 1902(a)(10)(A)(i)(II)(bb) qualified severely impaired;

Disabled Adult Children (DAC) beneficiaries who are eligible under 1634 (c) of the Social Security Act;

Disabled widow/widowers who are eligible under 1634(b) and early widows/widowers eligible under 1634 (d) of the SSA;

Individuals who are eligible under Section 503 of Public Health Law 94-566 (Pickles);

Infants and children under Age 19 (42 CFR 435.117 and 42 CFR 435.118);

Pregnant Women (42 CFR 435.116);

Mandatory Coverage of Parents and other Caretaker Relatives (42 CFR 435.110);

Children for whom an adoption agreement is in effect or foster care maintenance payments are being made under Title IV-E (42 CFR 435.145);

Children who qualify for State adoption assistance (42 CFR 435.227).

Special home and community-based waiver group under 42 CFR § 435.217) *Note: When the special home and community-based waiver group under 42 CFR § 435.217 is included, Appendix B-5 must be completed*

◉ **No. The state does not furnish waiver services to individuals in the special home and community-based waiver group under 42 CFR § 435.217.** *Appendix B-5 is not submitted.*

○ **Yes. The state furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR § 435.217.**

Select one and complete Appendix B-5.

○ **All individuals in the special home and community-based waiver group under 42 CFR § 435.217**

○ **Only the following groups of individuals in the special home and community-based waiver group under 42 CFR § 435.217**

Check each that applies:

☐ **A special income level equal to:**

Select one:

○ **300% of the SSI Federal Benefit Rate (FBR)**

○ **A percentage of FBR, which is lower than 300% (42 CFR § 435.236)**

Specify percentage:

A dollar amount which is lower than 300%.

Specify dollar amount:

Aged, blind and disabled individuals who meet requirements that are more restrictive than the SSI program (42 CFR § 435.121)

Medically needy without spend down in states which also provide Medicaid to recipients of SSI (42 CFR § 435.320, § 435.322 and § 435.324)

Medically needy without spend down in 209(b) States (42 CFR § 435.330)

Aged and disabled individuals who have income at:

Select one:

100% of FPL

% of FPL, which is lower than 100%.

Specify percentage amount:

Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the state plan that may receive services under this waiver)

Specify:

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (1 of 7)

In accordance with 42 CFR § 441.303(e), Appendix B-5 must be completed when the state furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR § 435.217, as indicated in Appendix B-4. Post-eligibility applies only to the 42 CFR § 435.217 group.

a. Use of Spousal Impoverishment Rules. Indicate whether spousal impoverishment rules are used to determine eligibility for the special home and community-based waiver group under 42 CFR § 435.217:

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (2 of 7)

Note: The following selections apply for the time period after September 30, 2027 (or other date as required by law).

b. Regular Post-Eligibility Treatment of Income: Section 1634 State and SSI Criteria State after September 30, 2027 (or other date as required by law).

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (3 of 7)

Note: The following selections apply for the time period after September 30, 2027 (or other date as required by law).

c. Regular Post-Eligibility Treatment of Income: 209(b) State or after September 30, 2027 (or other date as required by law).

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (4 of 7)

Note: The following selections apply for the time period after September 30, 2027 (or other date as required by law).

d. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules after September 30, 2027 (or other date as required by law)

The state uses the post-eligibility rules of section 1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care if it determines the individual's eligibility under section 1924 of the Act. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the state Medicaid Plan. The state must also protect amounts for incurred expenses for medical or remedial care (as specified below).

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (5 of 7)

Note: The following selections apply for the period beginning January 1, 2014 and extending through September 30, 2027 (or other date as required by law).

e. Regular Post-Eligibility Treatment of Income: Section 1634 State or SSI Criteria State - January 1, 2014 through September 30, 2027 (or other date as required by law).

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (6 of 7)

Note: The following selections apply for the period beginning January 1, 2014 and extending through September 30, 2027 (or other date as required by law).

f. Regular Post-Eligibility Treatment of Income: 209(b) State - January 1, 2014 through September 30, 2027 (or other date as required by law).

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (7 of 7)

Note: The following selections apply for the period beginning January 1, 2014 and extending through September 30, 2027 (or other date as required by law).

g. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules - January 1, 2014 through September 30, 2027 (or other date as required by law).

The state uses the post-eligibility rules of section 1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the state Medicaid Plan. The state must also protect amounts for incurred expenses for medical or remedial care (as specified below).

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-6: Evaluation/Reevaluation of Level of Care

As specified in 42 CFR § 441.302(c), the state provides for an evaluation (and periodic reevaluations) of the need for the level(s) of care specified for this waiver, when there is a reasonable indication that an individual may need such services in the near future (one month or less), but for the availability of home and community-based waiver services.

a. Reasonable Indication of Need for Services. In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. Specify the state's policies concerning the reasonable indication of the need for services:

i. Minimum number of services.

The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is: 1

ii. Frequency of services. The state requires (select one):

- (•) **The provision of waiver services at least monthly**
- ( ) **Monthly monitoring of the individual when services are furnished on a less than monthly basis**

If the state also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency:

b. Responsibility for Performing Evaluations and Reevaluations. Level of care evaluations and reevaluations are performed (*select one*):

- ( ) **Directly by the Medicaid agency**
- ( ) **By the operating agency specified in Appendix A**
- ( ) **By an entity under contract with the Medicaid agency.**

Specify the entity:

- (•) **Other**

Specify:

The LOC must be finalized and signed by licensed NYS Registered Professional Nurses who have completed all necessary UAS-NY on-line training modules.

The Hospital and Community Patient Review Instrument (HC-PRI), which will continue to be used in the institutional setting, must be completed by PRI trained and certified licensed Registered Professional Nurses.

c. Qualifications of Individuals Performing Initial Evaluation: Per 42 CFR § 441.303(c)(1), specify the educational/professional qualifications of individuals who perform the initial evaluation of level of care for waiver applicants:

The UAS-NY must be finalized by a licensed NYS Registered Professional Nurse who has successfully completed all necessary UAS-NY online training. An individual completing the PRI also has to be a licensed Registered Professional Nurse who has successfully completed the NYS approved PRI Training program. Other professionals (e.g. social worker, case manager) may contribute to the assessment in accordance with program rules.

d. Level of Care Criteria. Fully specify the level of care criteria that are used to evaluate and reevaluate whether an individual needs services through the waiver and that serve as the basis of the state's level of care instrument/tool. Specify the level of care instrument/tool that is employed. State laws, regulations, and policies concerning level of care criteria and the level of care instrument/tool are available to CMS upon request through the Medicaid agency or the operating agency (if applicable), including the instrument/tool utilized.

Participation in the NHTD waiver is restricted to individuals who require a nursing facility level of care (LOC) assessed through completion of the UAS-NY for those who reside in the community. The purpose of this tool is to consistently evaluate an individual's functional status, strengths, care needs and preferences to guide the development of individualized long-term care service plans to ensure that individuals receive needed care, within the setting and in a timeframe appropriate to their needs and wellbeing, as well as to maximize efficiency and minimize duplication through automation. It will determine if the individual is at nursing facility level of care for individuals in the community.

The UAS-NY uses the needs assessment tools developed by the interRAI organization, which contain a comprehensive set of items, domains, scales, and other outcomes.

The The Hospital and Community Patient Review Instrument (HC-PRI) will be utilized for individuals who are transitioning out of a nursing home or hospital. The HC-PRI instrument is used to identify medical events, including current medical diagnosis, prognosis, capabilities of the individual to perform Activities of Daily Living (ADL), and behavioral difficulties. The UAS-NY assessment will be conducted on these individuals within 90 days of his/her enrollment into the waiver.

e. Level of Care Instrument(s). Per 42 CFR § 441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care *(select one)*:

- ○ **The same instrument is used in determining the level of care for the waiver and for institutional care under the state plan.**
- ● **A different instrument is used to determine the level of care for the waiver than for institutional care under the state plan.**

Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

The Hospital and Community Patient Review Instrument (HC-PRI) is still utilized for nursing home placement in NYS. The HC-PRI will be utilized for enrollment on individuals who are in a nursing facility or hospital at time of application to the waiver. Within ninety (90) days of enrollment into the waiver, the UAS-NY will be conducted on these individuals.

NYS has done testing and compared the HC-PRI to the UAS-NY and the outcomes of the assessment tools were equivalent. The UAS-NY contained more information, which can assist in the service plan development. NYSDOH engaged internal and external statisticians to conduct field studies on the various tools (i.e., HC-PRI) against the uniform LOC algorithm produced by the UAS-NY. Field tests conducted by an external group were validated against data from the UAS-NY Beta test conducted during the summer of 2012. Statisticians found the UAS-NY algorithm generated an LOC score consistent with other instruments.

f. Process for Level of Care Evaluation/Reevaluation: Per 42 CFR § 441.303(c)(1), describe the process for evaluating waiver applicants for their need for the level of care under the waiver. If the reevaluation process differs from the evaluation process, describe the differences:

When an applicant begins the formal NHTD intake process, the NYSDOH contracted Regional Resource Development Specialist (RRDS) completes a preliminary eligibility assessment. Unless a LOC assessment has been recently completed for the applicant, a HC-PRI evaluation and any other documentation identified by NYSDOH must be completed if the applicant is in a nursing home or hospital, whereas a UAS-NY will be conducted if the applicant resides in the community, and the required LOC determined. The UAS-NY assessment will be conducted on individuals who transitioned from a nursing home or hospital within 90 days of their enrollment into the waiver. Waiver participants are reevaluated at least annually or at any time the participant experiences a significant change in condition.

The SC and the RRDS are responsible for assuring that the initial and annual LOC assessment is completed by qualified assessors in a manner timely to waiver participation requirements. The assessors of the annual LOC are licensed NYS Registered Professional Nurses who have successfully completed the NYS PRI training and/or UAS-NY training. The UAS-NY requires a Registered Professional Nurse to complete and finalize an assessment. Other professionals (e.g. social worker, case manager) may contribute to the assessment in accordance with program rules.

The LOC evaluation process does not differ from the reevaluation process of the waiver applicants/participants.

For the purposes of waiver eligibility determinations and redeterminations, and in compliance with guidance issued by the Department of Health, the UAS can be conducted remotely via a secure audio-visual connection with the participant.

g. Reevaluation Schedule. Per 42 CFR § 441.303(c)(4), reevaluations of the level of care required by a participant are conducted no less frequently than annually according to the following schedule *(select one)*:

- ○ **Every three months**
- ○ **Every six months**
- ● **Every twelve months**
- ○ **Other schedule**

  Specify the other schedule:

h. Qualifications of Individuals Who Perform Reevaluations. Specify the qualifications of individuals who perform reevaluations *(select one)*:

- ● **The qualifications of individuals who perform reevaluations are the same as individuals who perform initial evaluations.**
- ○ **The qualifications are different.**

  Specify the qualifications:

i. Procedures to Ensure Timely Reevaluations. Per 42 CFR § 441.303(c)(4), specify the procedures that the state employs to ensure timely reevaluations of level of care *(specify):*

NYSDOH employs a number of procedures to ensure timely re-evaluations of NFLOC.

Late submission of a service plan and LOC assessment can result in the interruption of services to a participant and penalties to the provider agency.

NFLOC assessment dates are entered into NYSDOH database and monitored regularly.

All LOC determinations reviewed by the RRDS are documented on the RRDS Revised Service Plan Review form.

The UAS-NY system includes a number of available reporting mechanisms which is monitored by NYSDOH.

The RRDS provides monthly reports to NYSDOH indicating the review of LOC assessments.

The dates of assessments are also tracked on the waiver database and are monitored by the RRDC and NYSDOH.

j. Maintenance of Evaluation/Reevaluation Records. Per 42 CFR § 441.303(c)(3), the state assures that written and/or electronically retrievable documentation of all evaluations and reevaluations are maintained for a minimum period of 3 years as required in 45 CFR § 92.42. Specify the location(s) where records of evaluations and reevaluations of level of care are maintained:

The UAS-NY assessments will be available, with privacy protections, on the NYSDOH Health Commerce System (HCS) website for at least six (6) years. Each Regional Resource Development Center (RRDC) and service coordination agency maintains a copy for their records and maintains for six (6) years after the individual is discharged from the waiver.

Appendix B: Evaluation/Reevaluation of Level of Care

Quality Improvement: Level of Care

As a distinct component of the state's quality improvement strategy, provide information in the following fields to detail the state's methods for discovery and remediation.

a. Methods for Discovery: Level of Care Assurance/Sub-assurances

The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.

i. Sub-Assurances:

a. ***Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.***

Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Number and percent of applicants for whom there is reasonable indication that services may be needed in the future who received an LOC evaluation. (Numerator: Number of applicants for whom there is reasonable indication that services may be needed in the future that received an LOC evaluation/ Denominator: Total number of applicants)

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:
NYSDOH review a sample of records that include files from the RRDC self-audit. The RRDC reviews 100% of all initial determinations and LOC assessments at the time of application.

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: RRDC	☑ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Other
If 'Other' is selected, specify:

RRDC reviews 100% of all initial determinations at the time of application.

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: RRDC	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify:	☑ **Annually**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
RRDC	
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.***

Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

c. ***Sub-assurance: The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.***

Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of assessments completed by a trained assessor. (percent = numerator: number of assessments completed by a trained assessor /denominator: total number of assessments reviewed)

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data	**Frequency of data**	**Sampling Approach**

collection/generation*(check each that applies):*	**collection/generation***(check each that applies):*	*(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% confidence level with a +/-5% error margin http://www.raosoft.com/samplesize.html
☑ **Other** Specify: RRDC	☑ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **Other** Specify: RRDC	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of initial assessments completed using the required assessment tool (UAS-NY) and applied appropriately as required by NYSDOH (percent = numerator: number of initial assessments completed using the required assessment tools (UAS-NY) and applied appropriately as required by NYSDOH/denominator: total number of initial assessments completed)

Data Source (Select one):
Other
If 'Other' is selected, specify:
100% of LOC assessments are reviewed by the RRDC at the time of application and annual reevaluation.

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:

RRDC		
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% with a 5% error margin http://www.raosoft.com/samplesize.html
☑ **Other** Specify: RRDC	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:

	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the state to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Regional Resource Development Specialists (RRDS) complete site visits to waiver service providers to discuss issues and to complete a random sample review of participant files. Any issues discovered by the RRDS are presented to NYSDOH waiver staff and may prompt additional review by the Office of Primary Care and Health Systems Management (OPCHSM) surveillance staff.

The Service Coordinator and the RRDS are both responsible for the safe retention of all records for at least six (6) years following termination of services to a participant. The records are maintained in their agency ensuring that they are readily retrievable if requested by CMS or NYSDOH.

Each Regional Resource Development Center (RRDC) completes an annual self-audit (retrospective review) of records. The number of files reviewed is a statistically reliable sample with a 95% confidence interval. All data is sent to NYSDOH waiver staff for completion of statewide data aggregation and analysis.

During on-site surveys of Service Coordination agencies, NYSDOH OPCHSM surveillance staff conduct random participant record reviews to assure compliance with the appropriate NFLOC criteria.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the state's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction and the state's method for analyzing information from individual problems, identifying systemic deficiencies, and implementing remediation actions. In addition, provide information on the methods used by the state to document these items.

When the Service Coordinator is facing unforeseen circumstances that may prevent the submission of the LOC assessment and service plan within the required timeframe, the Service Coordinator immediately contacts the RRDS for technical assistance. A plan is established to prevent disruption of services to the participant, potential penalties to the Service Coordination agency, and billing concerns for all waiver service providers.

A Late Letter is sent to the Service Coordination agency supervisor by the RRDC any time a LOC assessment and service plan packet are not submitted to the RRDS within the required timeframe.

Repeated submission of late, incomplete and/or unacceptable service plan packets and/or LOC assessments results in the initiation of corrective action. Failure to comply may lead to the initiation of a Vendor Hold process. Vendor Hold restricts the Service Coordination agency from accepting any new NHTD referrals.

NYSDOH waiver staff retrain RRDC staff at quarterly RRDC meetings to ensure that services do not continue without a timely and valid LOC determination.

NYSDOH waiver staff conduct discussions with RRDC staff via monthly conference calls regarding timely submission of service plans and LOC assessments.

NYSDOH includes specific objectives and deliverables in the RRDC contract workplans targeted at LOC requirements. Should review of the quarterly report indicate deficiencies (e.g. number of overdue plans) a plan of correction is requested by NYSDOH waiver staff.

Retrospective reviews of a statistically reliable sample are completed by the RRDCs on an annual basis. Trends are reviewed on a statewide and regional basis. Providers with ongoing issues are required to remedy the problem or jeopardize their continued participation as a service provider for waiver services.

Service Providers are required to maintain self monitoring systems to ensure timely submission of service plans and assessments. These systems are reviewed at survey and a plan of correction of any deficiencies is required.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☑ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines

When the state does not have all elements of the quality improvement strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Level of Care that are currently non-operational.

- (●) **No**
- ( ) **Yes**

Please provide a detailed strategy for assuring Level of Care, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix B: Participant Access and Eligibility

B-7: Freedom of Choice

Freedom of Choice. *As provided in 42 CFR § 441.302(d), when an individual is determined to be likely to require a level of care for this waiver, the individual or his or her legal representative is:*

i. informed of any feasible alternatives under the waiver; and
ii. given the choice of either institutional or home and community-based services.

a. Procedures. Specify the state's procedures for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver and allowing these individuals to choose either institutional or waiver services. Identify the form(s) that are employed to document freedom of choice. The form or forms are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Potential NHTD waiver applicants and/or their legal representatives are informed of available long-term care options, including feasible alternatives to institutional care, their right to choose to participate in the community-based waiver program, and the services available to them through the waiver program. This information is provided at the initial meeting with the Regional Resource Development Specialist (RRDS). Each waiver applicant signs a Freedom of Choice form, signifying their preference for participating in the waiver program.

b. Maintenance of Forms. Per 45 CFR § 92.42, written copies or electronically retrievable facsimiles of Freedom of Choice forms are maintained for a minimum of three years. Specify the locations where copies of these forms are maintained.

Upon enrollment, completed Freedom of Choice forms are maintained in the waiver participant's record maintained at the RRDC and SC's office, and will be readily retrievable if requested by CMS and/or NYSDOH waiver staff.

Appendix B: Participant Access and Eligibility

B-8: Access to Services by Limited English Proficiency Persons

Access to Services by Limited English Proficient Persons. Specify the methods that the state uses to provide meaningful access to the waiver by Limited English Proficient persons in accordance with the Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003):

Waiver participants with limited fluency in English must have access to services without undue hardship. NYS General Information System Notice 11/MA/013 dated 08/09/11 informs local departments of social services (LDSS) that NYSDOH, the Office of Children and Family Services and the Office of Temporary and Disability Assistance have developed a new language identification tool. The tool assists people who do not speak or read English proficiently to identify their primary language when seeking access to LDSS' programs. Executive Order 26 signed by New York State Governor Cuomo on October 6, 2012, ensures that language access services are implemented in a cost effective and efficient manner. A copy of the Executive Order may be found at: https://www.governor.ny.gov/sites/default/files/atoms/files/EO26_0.pdf. In addition, NYS Executive Order #26 mandates that vital records are written in "plain language."

RRDC staff make arrangements to provide interpretation or translation services for waiver participants who require these services. This may be accomplished through a variety of means, including: employing bilingual staff, resources from the community (e.g. local colleges), and contracted interpreters. Non-English speaking waiver participants may bring a translator of their choice with them to meetings with waiver providers and/or the RRDS. However, waiver applicants or participants are not required to bring their own translator, and waiver applicants or participants cannot be denied access to waiver services on the basis of an RRDC contractor's difficulty in obtaining qualified translators.

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

a. Waiver Services Summary. *List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:*

Service Type	Service		
Statutory Service	**Respite**		
Statutory Service	**Service Coordination (SC)**		
Extended State Plan Service	**Assistive Technology**		
Extended State Plan Service	**Community Transitional Services (CTS)**		
Extended State Plan Service	**Environmental Modification Services**		
Extended State Plan Service	**Moving Assistance Services**		
Extended State Plan Service	**Transportation Services**		
Other Service	**Community Integration Counseling Services (CIC)**		
Other Service	**Congregate and Home Delivered Meal Services**		
Other Service	**Home and Community Support Services (HCSS)**		
Other Service	**Home Visits by Medical Personnel**		
Other Service	**Independent Living Skills Training Services (ILST)**		
Other Service	**Nutritional Counseling/Educational Services**		
Other Service	**Peer Mentoring**		
Other Service	**Positive and Behavioral Interventions and Support Services (PBIS)**		
Other Service	**Respiratory Therapy Services**		
Other Service	**Structured Day Program (SDP)**		
Other Service	**Wellness Counseling Services**		

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Respite

Alternate Service Title (if any):

HCBS Taxonomy:

Category 1:	Sub-Category 1:
09 Caregiver Support	09012 respite, in-home
Category 2:	**Sub-Category 2:**
09 Caregiver Support	09011 respite, out-of-home
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*

Respite is an individually designed service intended to provide scheduled relief to non-paid supports who provide primary care and support to a waiver participant. The service is provided in a 24-hour block of time as required.

The primary location for the provision of this service is in the waiver participant's home, but Respite services may also be provided in another non-congregate care community dwelling acceptable to the waiver participant. Receipt of respite services does not preclude a participant from receiving other services on the same day.

Payment may not be made for respite furnished at the same time when other services that include care and supervision are provided (HCSS).

Providers of Respite must meet the same standards and qualifications as the direct care providers of Home and Community Support Services (HCSS). All HCSS/Respite services are provided by Licensed Home Care Services Agencies (LHCSA) under Article 36 of NYS Public Health Law. All regulations governing the LHCSA are in effect for the provision of Respite services. The type of care and services supported in the service plan are also to be included in the plan for Respite Services and will be reimbursed separately from Respite Services.

Each service plan contains an approved number of annual service units a provider is authorized to deliver. The provider cannot exceed the number of approved annual hours of service contained in the service plan.

Respite Services are documented in the service plan, approved by the RRDC prior to implementation and provided by agencies approved as a provider of waiver services by NYSDOH. The cost effectiveness of this service is demonstrated in Appendix J.

New York Medicaid is required by federal law to implement an Electronic Visit Verification (EVV) system for certain home and community-based services such as Respite. The law, referred to as the 21st Century Cures Act can be found in Public Law 114-255, Section 12006(a)(4)(B). The goals of EVV are to ensure timely service delivery for members, including real-time service gap reporting and monitoring, to reduce the administrative burden associated with paper timesheet processing, and generate cost savings from the prevention of fraud, waste, and abuse. Under this regulation, within the NHTD waiver, providers of Respite must implement an EVV system for the provision and oversight of EVV services.

EVV is an electronic system that verifies when provider visits occur and captures:
• The date and time of the visit;
• The location of the visit;
• The person who received the services;
• The person who provided the services; and
• The services provided.

In most cases, a signature or voice verification from the individual receiving the services can also be captured.

For more information on the New York State Department of Health's (NYSDOH's) EVV policy, please go to: https://www.health.ny.gov/health_care/medicaid/redesign/evv/index.htm.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Respite services are provided in 24-hour blocks of time, not to exceed thirty (30) days per year.

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**

☑ **Provider managed**

☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Agencies approved to provide Home and Community Support Services (HCSS): LHCSA

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Respite

Provider Category:

Agency

Provider Type:

Agencies approved to provide Home and Community Support Services (HCSS): LHCSA

Provider Qualifications

License *(specify):*

Licensed under Article 36 of the NYS Public Health Law or exempt from licensure pursuant to 10 NYCRR Section 765-2.1(c).

Certificate *(specify):*

Other Standard *(specify):*

Supervising Registered Nurse must:
(A) Be a Registered Professional Nurse licensed and currently certified to practice as a Registered Professional Nurse in New York State.
(B) Meet physical health requirements set forth by NYSDOH for employees of Licensed Home Care Service Agencies.

Respite Staff must:
• Be at least 18 years old;
• Be able to follow written and verbal instructions;
• Have the ability and skills necessary to meet the waiver participant's needs that will be addressed through this service;
• Meet physical health requirements set forth by NYSDOH for employees of Licensed Home Care Service Agencies
• Have a valid certificate to indicate successful completion of a forty (40) hour training program for Level II PCA or PCA Alternate Competency Demonstration equivalency testing that is approved by NYSDOH; and
• Attend six (6) hours of in-service education per year.

Respite providers are required to be a Licensed Home Care Service Agency (LHCSA), HCSS aides must be supervised by a Registered Professional Nurse (licensed by the NYS Education Department) in compliance with Licensed Home Care Service Agency (LHCSA) regulations.

Staff must meet the requirements of Title 10 NYCRR 766.11 Personnel and have completed a criminal history check to the extent required by section 10 NYCRR 400.23; Program staff must act under the direction of an individual who meets the qualifications listed in (A), (B), and one of the qualifications listed in (C) of this section.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Statutory Service

Service:

Case Management

Alternate Service Title (if any):

Service Coordination (SC)

HCBS Taxonomy:

Category 1:	Sub-Category 1:
01 Case Management	01010 case management
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*

Service Coordination is an individually designed service which provides primary assistance to the waiver

applicant/participant in gaining access to needed waiver and Medicaid State Plan services, as well as other local, state, and federally funded educational, vocational, social, and medical services. The Service Coordinator assists the applicant in becoming a waiver participant and coordinates and monitors the provision of all services in the service plan once the individual is determined eligible. For individuals transferring from nursing facilities, the Service Coordinator assists the applicant in obtaining and coordinating services that are necessary to return to the community. For those individuals residing in the community, the Service Coordinator facilitates the necessary supports to maintain the individual's health and well-being sufficient to avoid unwanted nursing home placement.

There are four types of Service Coordination available to the waiver participant. The cost of Money Follows the Person (MFP) Demonstration participant Service Coordination will be reimbursed through the demonstration appropriation.

1. Initial Service Coordination, Diversion: Provided to individuals who are newly enrolled in the waiver and reside in the community. Encompasses those activities involved in assisting individuals seeking application for waiver services and developing the documentation included in the Application Packet. Providers may only bill for this service upon the person's enrollment into the waiver. This will occur only once per waiver enrollment.
2. Initial Service Coordination, Transition-Short Term Nursing Home Stay: Provided to individuals who are newly enrolled in the waiver and have been residing in a nursing home for less than six (6) months. Assistance needed to transition from a nursing home, an individual, who has been institutionalized for less than six (6) months, is often less complicated than for those who have longer nursing facility stays. Encompasses those activities involved in assisting individuals seeking application for waiver services and developing the documentation included in the Application Packet. Providers may only bill for this service upon the person's enrollment into the waiver. This will occur only once per waiver enrollment.
3. Initial Service Coordination, Transition-Long Term Nursing Home Stay: Provided to individuals who are newly enrolled in the waiver and have been residing in a nursing home for six (6) months or more. Nursing home residents with lengthy stays need additional assistance to negotiate a safe discharge and community care plan often requiring many more cross agency interactions and a higher degree of coordination. Encompasses those activities involved in assisting individuals seeking application for waiver services and developing the documentation included in the Application Packet. Providers may only bill for this service upon the person's enrollment into the waiver. This will occur only once per waiver enrollment.

4. Ongoing Service Coordination: Ongoing Service Coordination begins as soon as the individual is determined eligible for waiver services. The Service Coordinator is responsible for the timely and effective implementation of the approved service plan. The Service Coordinator is responsible for assuring that there is adequate coordination, effective communication, and maximum cooperation between all sources of support and services for the participant. This type of service coordination is provided to waiver participants on an ongoing, monthly basis.

The Service Coordinator is responsible for:
• Facilitating the Initial Service Plan (ISP) and waiver program eligibility
• Coordinating multiple services among multiple providers
• Securing initial and annual level of care assessments
• Assuring that Team Meetings are scheduled and held as designated in the service plan
• Facilitating the acquisition, oversight, and delivery of service
• Ensuring annual service plans (Revised Service Plans/RSPs) are completed at least annually
• Facilitating the completions of the Plan of Protective Oversight (PPO) and ensuring it supports the service plan
• Contacting participants at least monthly and conducting an in-home visit with the participant no less than once a quarter, or more as needed
• Maintaining records for at least six (6) years after termination of waiver services
• Responding to participant crises and emergencies
• Addressing problems in service provision

The Service Coordinator (SC) is responsible for the development of the service plan and assuring that the participant and individuals chosen by the participant are involved in the process. The plan must include current summaries of all services provided, including relevant medical information and assessments.

The SC does not conduct LOC assessments. Contained within the service plan the SC must provide a detailed explanation of the applicant's/participant's choices and needs, including information regarding relationships, desired living situation, recreation or community activities, physical and mental strengths or limitations, and goals for vocational training, and employment or community service. A description of why the waiver services are needed to prevent placement in a nursing home must also be included. The SC must be knowledgeable about all waiver services, Medicaid State Plan services, and non-Medicaid services. Informal supports are often a crucial factor if the participant is to live a satisfying life and remain in the community. The SC must be skilled in incorporating all of these resources into the waiver participant's service plan.

The service plan identifies services in 12 month intervals. The Service Coordinator is responsible for ensuring that the participant and all service providers receive a copy of the approved service plan and are aware of the content of the overall plan and goals. Services in a service plan cannot be initiated until prior approval is given by the RRDC; service changes or additions proposed in a RSP cannot be initiated without prior approval from the RRDC.

Team Meetings are scheduled based on the service needs of the participant. At the meeting, the SC must discuss with the participant and other participating individual(s) any proposed changes to the participant's existing service plan.

Participants and providers may participate in a team meeting in person in various locations (offices, clinics, day programs, home) or may use other alternative means. This may include the use of a telephone for audio communication only, internet access via a personal computer, smartphone, tablet or other similar device for video conferencing. Recording of the meeting will not be permitted without the express permission of the applicant/participant. The SC will be on-site with the applicant/participant or on-call, depending on the individual's preference. The decision to provide or not provide the team meeting through alternative means is made in conjunction with the applicant/participant and supported by what is clinically in the best interest of the individual. Any identified service delivery and/or care issues must be addressed by the Service Coordinator with the participant, caregivers, family, provider, other necessary parties and/or RRDC, as appropriate. This information must be documented in the Service Coordinator's case notes and made available to the RRDC as needed. Services such as Community Transitional Services, Assistive Technology, Open Doors and/or TRAID will be available to support the applicant/participant in accessing support through remote (virtual) means including providing an applicant/participant a mechanism to obtain and secure devices which will ensure their necessary HIPAA protections. Any use of remote technologies must be done in accordance with HIPAA.

SCs are responsible for ensuring that the applicant/participant has access and means to participate in the activity. Any devices are the property of the individual. The applicant/participant will be provided instruction in the use of the device upon receipt, just as they would with any other AT. In certain cases, staff and/or family members may be required to be present with the individual to help facilitate the process.

If virtual team meetings are the participant's choice, they will identify secure locations where these meetings can be conducted and where their devices will be safely stored. This information will be identified in the participant's plan of protective oversight (PPO) included in their service plan. Written consent to utilize remote technology will not be required. There will be no cameras/monitors placed in bedrooms or bathrooms.

The SC is responsible for the timely submission and distribution of all service plans and for the ongoing monitoring of services identified and approved in the participant's service plans.

An SC's caseload may not exceed twenty-five (25) NHTD waiver participants. The SC must have monthly contact and a quarterly in-home face to face visit with each NHTD waiver participant on their caseload.

All Service Coordination services must be documented in the service plan and provided by individuals or agencies approved as a provider of waiver services by NYSDOH.

All agencies employing two (2) or more SCs must provide supervision by an individual who fully meets the qualifications as a Service Coordinator. The supervisor is expected to sign off on all service plans completed by those they supervise and must meet waiver participants prior to the completion of the service plan. The meeting can occur either in person or via alternative means, which may include the use of a telephone for audio communication only, internet access via a personal computer, smartphone, tablet or other similar device for video conferencing. Recording of the meeting will not be permitted without the express permission of the applicant/participant. They are also expected to have supervisory meetings with staff on at least a monthly basis. A supervisor may maintain an active caseload of waiver participants. This caseload must be reduced from the maximum limit allowed in relation to their supervisory responsibilities.

The provision of Service Coordination under this waiver is cost effective and necessary to avoid institutionalization. This service does not duplicate other services available through the New York Medicaid State Plan. The cost effectiveness of this service is demonstrated in Appendix J.

Any provider currently providing Service Coordination Services approved pursuant to the qualifications in the waiver dated 9/1/2010-8/31/2015 is approved to continue providing services until their employment ends with the current employer. New employees/providers are required to meet the new qualifications.

The following activities are excluded from Service Coordination as a waiver service:
• Services that constitute the administration of another program such as protective services, parole and probation functions,

legal services, and public guardianship.
• Representative payee functions.
• Other activities identified by the Department.

Service Coordination must be conflict free and may only be provided by agencies and individuals employed by agencies who are not:
• Related by blood or marriage to the participant or to any paid service provider of the participant
• Financially or legally responsible for the participant.
• Empowered to make financial or health-related decisions on behalf of the participant.
• Sharing any financial or controlling interest in any entity that is paid to provide care for or conduct other activities on behalf of the participant.
• Individuals employed by agencies paid to render direct or indirect services (as defined by the Department) to the participant, or an employee of an agency that is paid to render direct or indirect services to the participant.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

All levels of Initial Service Coordination are paid on a one-time basis.

A Service Coordinator's caseload may not exceed twenty-five (25) NHTD waiver participants. The Service Coordinator must have monthly contact and a quarterly in-home face to face visit with each NHTD waiver participant on their caseload.

NYSDOH is in the process of preparing to transition all service coordination functions into a structure that is compliant with Conflict of Interest standards.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**
- ☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Individual	Independent Provider
Agency	Not-For-Profit Health and Human Service Agency
Agency	For Profit Health and Human Service Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Service Coordination (SC)

Provider Category:

Individual

Provider Type:

Independent Provider

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Persons employed as Service Coordinators must be a/an:
• Licensed Master Social Worker (Licensed by the NYS Education Department);
• Licensed Clinical Social Worker (Licensed by the NYS Education Department);
• Individual with a Doctorate or Master of Social Work;
• Individual with a Doctorate or Master of Psychology;
• Individual with a Master of Gerontology;
• Licensed Physical Therapist (Licensed by the NYS Education Department);
• Registered Professional Nurse (Licensed by the NYS Education Department);
• Certified Teacher of Students with Disabilities (Certified by the NYS Education Department);
• Certified Rehabilitation Counselor (Certified by the Commission of Rehabilitation Counselor Certification);
• Licensed Speech Pathologist (Licensed by the NYS Education Department); or
• Licensed Occupational Therapist (Licensed by the NYS Education Department);
OR
Individual with a Bachelor's degree and one (1) year of experience providing case management/service coordination and information, linkages and referrals regarding community-based services for individuals with disabilities and/or seniors;
OR
Individual with an Associate's degree and two (2) years of experience providing case management/service coordination, information, linkages and referrals regarding community-based services for individuals with disabilities and/or seniors.

Paid employment and unpaid experience (such as documented volunteer work, internships, etc.) providing case management/service coordination, information, linkages and referrals regarding community-based services for individuals with disabilities and/or seniors can be used to fulfill the requirements for being employed as a Service Coordinator.

All agencies that employ two (2) or more Service Coordinators must provide supervision by an individual who fully meets the qualifications as a Service Coordinator.

Supervisors are responsible for providing ongoing supervision and training to staff.

Any currently employed Service Coordinator who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH
Any currently employed Service Coordinator who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of enrollment. Independent Providers requiring licensure and/or certification are responsible for maintaining the required credentials.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Service Coordination (SC)

Provider Category:

Agency

Provider Type:

Not-For-Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.

Other Standard *(specify):*

Persons employed as Service Coordinators must be a/an:
• Licensed Master Social Worker (Licensed by the NYS Education Department);
• Licensed Clinical Social Worker (Licensed by the NYS Education Department);
• Individual with a Doctorate or Master of Social Work;
• Individual with a Doctorate or Master of Psychology;
• Individual with a Master of Gerontology;
• Licensed Physical Therapist (Licensed by the NYS Education Department);
• Registered Professional Nurse (Licensed by the NYS Education Department);
• Certified Teacher of Students with Disabilities (Certified by the NYS Education Department);
• Certified Rehabilitation Counselor (Certified by the Commission of Rehabilitation Counselor Certification);
• Licensed Speech Pathologist (Licensed by the NYS Education Department); or
• Licensed Occupational Therapist (Licensed by the NYS Education Department);
OR
Individual with a Bachelor's degree and one (1) year of experience providing case management/service coordination and information, linkages and referrals regarding community-based services for individuals with disabilities and/or seniors;
OR
Individual with an Associate's degree and two (2) years of experience providing case management/service coordination, information, linkages and referrals regarding community-based services for individuals with disabilities and/or seniors.

Paid employment and unpaid experience (such as documented volunteer work, internships, etc.) providing case management/service coordination, information, linkages and referrals regarding community-based services for individuals with disabilities and/or seniors can be used to fulfill the requirements for being employed as a Service Coordinator.

All agencies that employ two (2) or more Service Coordinators must provide supervision by an individual who fully meets the qualifications as a Service Coordinator.

Supervisors are responsible for providing ongoing supervision and training to staff.

Any currently employed Service Coordinator who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

All agencies that employ two (2) or more Service Coordinators must provide supervision by an individual who fully meets the qualifications as a Service Coordinator.

Supervisors are responsible for providing ongoing supervision and training to staff.

Any currently employed Service Coordinator who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Statutory Service
Service Name: Service Coordination (SC)

Provider Category:

Agency

Provider Type:

For Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Limited Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*

Persons employed as Service Coordinators must be a/an:
• Licensed Master Social Worker (Licensed by the NYS Education Department);
• Licensed Clinical Social Worker (Licensed by the NYS Education Department);
• Individual with a Doctorate or Master of Social Work;
• Individual with a Doctorate or Master of Psychology;
• Individual with a Master of Gerontology;
• Licensed Physical Therapist (Licensed by the NYS Education Department);
• Registered Professional Nurse (Licensed by the NYS Education Department);
• Certified Teacher of Students with Disabilities (Certified by the NYS Education Department);
• Certified Rehabilitation Counselor (Certified by the Commission of Rehabilitation Counselor Certification);
• Licensed Speech Pathologist (Licensed by the NYS Education Department); or
• Licensed Occupational Therapist (Licensed by the NYS Education Department);
OR
Individual with a Bachelor's degree and one (1) year of experience providing case management/service coordination and information, linkages and referrals regarding community-based services for individuals with disabilities and/or seniors;
OR
Individual with an Associate's degree and two (2) years of experience providing case management/service coordination, information, linkages and referrals regarding community-based services for individuals with disabilities and/or seniors.

Paid employment and unpaid experience (such as documented volunteer work, internships, etc.) providing case management/service coordination, information, linkages and referrals regarding community-based services for individuals with disabilities and/or seniors can be used to fulfill the requirements for being employed as a Service Coordinator.

All agencies that employ two (2) or more Service Coordinators must provide supervision by an individual who fully meets the qualifications as a Service Coordinator.

Supervisors are responsible for providing ongoing supervision and training to staff.

Any currently employed Service Coordinator who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service

Service Title:

Assistive Technology

HCBS Taxonomy:

Category 1:	Sub-Category 1:
14 Equipment, Technology, and Modifications	14010 personal emergency response system (PERS)
Category 2:	**Sub-Category 2:**
14 Equipment, Technology, and Modifications	14031 equipment and technology
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*

The Assistive Technology (AT) waiver service supplements the Medicaid (MA) State Plan Service for durable medical equipment and supplies not available under the State Plan. MA State Plan and all other resources must be explored and utilized before considering a request for Assistive Technology. All other sources must be explored utilized and/or exhausted before seeking Assistive Technology services.

Assistive Technology includes the costs associated with acquisition of the assistive technology, the evaluation of the

assistive technology needs of a participant, implementation and oversight of the technology, including a functional evaluation of the impact of the provision of appropriate assistive technology to the participant in the customary environment of the participant and/or the services consisting of the selecting, designing, project management, fitting, customizing, adapting, maintaining, repairing, or replacing Assistive Technology devices. In addition, the service may provide for training or technical assistance for the participant, family members, guardians, paid staff, advocates, or others who are utilizing or assisting with the implementation of the technology.

This service is only approved when the requested equipment and supplies are deemed medically necessary, and/or directly contribute to the participant's level of independence, ability to access needed supports and services in the community, or are expected to maintain or improve the participant's safety and/or functional limitations as specified in the participant's service plan. The service includes the performance of assessments to identify the type of equipment needed by the participant.

Justification for the Assistive Technology must indicate how the specific service/device will meet the medical and/or other needs of the participant in the most cost effective manner.

Assistive Technology may be obtained at the time the individual becomes enrolled as a participant, no more than thirty (30) days in advance of community placement from a nursing home (prior to the initial NOD), or at the time of an approved service contained within a service plan. Requests for Assistive Technology must be less than $35,000 per two (2) year period, unless approved by NYSDOH waiver staff.

Requests for service must include all assessments made to identify the necessary Assistive Technology, including an assessment of the participant's unique functional needs, the intended purpose and expected use of the requested Assistive Technology, and documentation that the identified need has been matched to the features of the products requested to assure the desired outcome. Justification must show how and why the service or product is needed and what rehabilitative or sustaining function it serves. It is anticipated that equipment loan programs or trial periods of non-customized equipment, if available, may be explored before extensive commitments are made to provide/purchase products.

Assistive Technology also includes Personal Emergency Response Systems (PERS) that are not supported through state plan services: home devices that connect the person to a 24-hour call center with the push of a button. PERS are utilized as an integral part of a Medicaid personal care plan, and to supplement waiver services. If service is billed to Medicare or private insurance, the individual will not be eligible for PERS services through Assistive Technology.

Reimbursement is one hundred percent (100%) of the approved cost payable to the AT provider for coordinating the purchases on behalf of the participant.

Assistive Technology must be documented in the Service Plan, approved by the RRDC and provided by agencies approved by NYSDOH waiver staff. The cost effectiveness of this service is demonstrated in Appendix J.

Any provider currently providing Assistive Technology Services approved pursuant to the qualifications in the waiver dated 9/1/2010-8/31/2015 is approved to continue providing services until his/her employment ends with the current employer. New employees/providers are required to meet the new qualifications.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Limit of up to $35,000 per two (2) year period. A request for Assistive Technology that exceeds $35,000 must be approved by NYSDOH waiver staff.

For Assistive Technology costing up to $2,000, only one bid is required.
For Assistive Technology costing $2,000 or more, three bids are required.

Due to the needs of the target population, provisions contained within this service allow for costs that may exceed CFCO state plan services.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**
- ☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	For Profit Health and Human Service Agency
Agency	Not-For-Profit Health and Human Service Agency
Agency	Approved providers of PERS
Agency	Licensed Pharmacy

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

For Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Limited Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*

Any for profit health and human service agency that has both the personnel and expertise to provide Assistive Technology and is an approved Medicaid provider may provide Assistive Technology or may
subcontract with a qualified person or entity to provide Assistive Technology.

Any currently employed Assistive Technology provider who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

Not-For-Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.

Other Standard *(specify):*

Any not for profit health and human service agency that has both the personnel and expertise to provide Assistive Technology and is an approved Medicaid provider may provide Assistive Technology or may subcontract with a qualified person or entity to provide Assistive Technology.

Any currently employed Assistive Technology provider who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

Approved providers of PERS

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Provider of PERS under contract with the Local Department of Social Services (LDSS).

Any currently employed Assistive Technology provider who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Assistive Technology

Provider Category:

Agency

Provider Type:

Licensed Pharmacy

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

An establishment registered as a pharmacy by the State Board of Pharmacy pursuant to Article 137 of the NYS Education Law.

Any currently employed Assistive Technology provider who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service

Service Title:

Community Transitional Services (CTS)

HCBS Taxonomy:

Category 1:	Sub-Category 1:
16 Community Transition Services	16010 community transition services
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*

Community Transitional Services (CTS) are individually designed services intended to assist a waiver participant to transition from a nursing home to living in the community. CTS is a one-time service per waiver enrollment. If the waiver participant is discontinued from the program and re-enters a nursing home, he/she can access this service again upon discharge, if he/she is later able to apply to become a participant.

This service is only provided when transitioning from a nursing home. These funds are not available to move from the participants home in the community to another location in the community. The funding limits for this service are separate and apart from the limits applied to Moving Assistance, and the two services cannot be used at the same time in any approved Service Plan.

This service includes: the cost of moving furniture and other belongings; security deposits; broker's fees required to obtain a lease on an apartment or home; purchasing essential furnishings (e.g. bed, table, chairs, and eating utensils; including delivery and assembly); set-up fees or deposits for utility or service access (e.g. telephone, electricity, heating); and health and safety assurances such as pest removal, allergen control or one time cleaning prior to occupancy.

Security deposits funded through this service, and returned upon vacating the residence or dwelling, must be returned to the CTS provider. Upon return of the funds, the CTS provider must submit a paid claim void to eMedNY.

The service will not be used to purchase recreational items such as televisions, DVD players, or music systems.

Approved costs are covered by CTS up to thirty (30) days prior to the individual's discharge from the nursing home into the community. Reimbursement is one hundred percent (100%) of the approved cost.

All CTS expenses must be included in the approved Initial Service Plan and provided by agencies approved by NYSDOH. Reimbursement is not provided for items purchased prior to RRDS approval.

Any provider currently providing CTS approved pursuant to the qualifications in the waiver dated 9/1/2010-8/31/2015 is approved to continue providing services until his/her employment ends with the current employer. New employees/providers are required to meet the new qualifications.

CTS must be documented in the Service Plan, approved by the RRDC and provided by agencies approved by NYSDOH waiver staff. The cost effectiveness of this service is demonstrated in Appendix J.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Maximum up to $8,000 per waiver enrollment.

Due to the needs of the target population, provisions contained within this service allow for costs that may exceed CFCO state plan services.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**
- ☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Not-For-Profit Housing Agency or Local Housing Authority
Agency	Licensed Pharmacy
Agency	Not-For-Profit Health and Human Service Agency
Agency	For Profit Health and Human Service Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Community Transitional Services (CTS)

Provider Category:

Agency

Provider Type:

Not-For-Profit Housing Agency or Local Housing Authority

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Any not for profit housing agency or local housing authority that has both the personnel and expertise to provide the Community Transitional Services may provide Community Transitional Services or may subcontract with a qualified person or entity to provide Community Transitional Services.

A not for profit housing agency or local housing authority upon application is eligible to provide CTS services.

There are no minimum staff qualifications to provide Community Transitional Services. The qualifications are specific to the licensure and registration of the provider agency as a whole.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Community Transitional Services (CTS)

Provider Category:

Agency

Provider Type:

Licensed Pharmacy

Provider Qualifications

License *(specify):*

An establishment registered as a pharmacy by the State Board of Pharmacy pursuant to Article 137 of the NYS Education Law.

Certificate *(specify):*

Other Standard *(specify):*

There are no minimum staff qualifications to provide Community Transitional Services. The qualifications are specific to the licensure and registration of the provider agency as a whole.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Community Transitional Services (CTS)

Provider Category:

Agency

Provider Type:

Not-For-Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.

Other Standard *(specify):*

Any not-for-profit health and human service agency that has both the personnel and expertise to provide the Community Transitional Services and is an approved Medicaid provider may provide Community Transitional Services or may subcontract with a qualified person or entity to provide Community Transitional Services.

There are no minimum staff qualifications to provide Community Transitional Services. The qualifications are specific to the licensure and registration of the provider agency as a whole.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH and its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Community Transitional Services (CTS)

Provider Category:

Agency

Provider Type:

For Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Limited Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*

Any for profit health and human service agency that has both the personnel and expertise to provide the Community Transitional Services and is an approved Medicaid provider may provide Community Transitional Services or may subcontract with a qualified person or entity to provide Community Transitional Services.

There are no minimum staff qualifications to provide Community Transitional Services. The qualifications are specific to the licensure and registration of the provider agency as a whole.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH and its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service

Service Title:

Environmental Modification Services

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
14 Equipment, Technology, and Modifications	14020 home and/or vehicle accessibility adaptations
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*

Environmental Modifications (E-mods) are internal and external physical adaptations to the home, that are necessary to assure the health, welfare and safety of the waiver participant. These modifications enable the waiver participant to function with greater independence and prevent institutionalization. E-mods may include: installation of ramps and grab bars; widening of doorways; modifications of bathroom facilities; installation of specialized electrical or plumbing systems to accommodate necessary medical equipment; or any other modification necessary to assure the waiver participants health, welfare or safety. E-mods include the performance of necessary assessments and project management to determine the type of modifications needed and the assessment that the adaptation has been completed according to the required specifications.

Repairs for home modifications which are medically necessary, support the waiver participant's independence in the home or community, and that are cost effective may be allowed. Repair and/or replacement of environmental modifications must be contingent upon developing and implementing a plan to minimize repeated damage.

E-mods do not include improvements to the home (e.g. carpeting, roof repair, central air conditioning), that are not medically needed or do not promote the waiver participant's independence in the home or community.

An E-mod may alter the basic configuration of the waiver participant's home if such alteration is necessary to successfully complete the modification, but may not add to the total square footage of the home.

Home modifications must be provided where the waiver participant lives. If a waiver participant is moving to a new location, needed modifications may be completed prior to the waiver participant's move. For individuals residing in an institution at the time of application, E-mods may be initiated up to thirty (30) days prior to the initial Notice of Decision (NOD)/discharge from the facility and reimbursed after the NOD is issued. All modifications must meet State and local building codes and may be subject to independent review.

For modifications with an estimated cost for $5,000.00 or more a Home Evaluation is required. The evaluation is completed in three phases:

Initial: The home evaluator visits the home to identify the current needs of the participant and any potential safety issues. The evaluator also assesses the structure of the home in order to identify any potential issues that may hinder the completion of the E-mod project. The home evaluator determines the specifications of the adaptation/modification.

Mid Project: The home evaluator visits the home to monitor the implementation of the project to ensure adequate progress is being made and to assess for any additional safety or functional issues.

Final: The final home visit is conducted at the completion of the project. The home evaluator inspects the project to ensure all E-mods are completed and accessible to the participant. This visit is required before payment is released to the service provider.

With the approval of the home evaluator and RRDC, payments may be made in three increments: 1) upon execution of the contract, 2) half way through the completion of the project, and 3) upon completion of the project and approval of the project by the RRDC and Home Evaluator. All phases of a home modification must be inspected and approved by the home evaluator and/or RRDC or NYSDOH waiver staff prior to payment.

Modifications may also be made to a vehicle if it is the primary means of transportation for the waiver participant and is available to the participant without restrictions. This vehicle may be owned by the waiver participant, or a family member who has consistent and ongoing contact with the waiver participant, or a non-relative who provides primary, long term support to the waiver participant. These modifications are approved only when the vehicle is used to improve the waiver participant's independence and access to services and supports in the community. Upkeep and maintenance of the modifications/adaptations made to the vehicle may be included in this waiver service with the approval of the RRDS, but does not include the routine maintenance of the vehicle.

All vehicles modified under the waiver must be insured (collision and comprehensive) and meet New York State inspection standards before and after the modifications are completed. NYSDOH is the payer of last resort. Any insurance claim for replacement equipment must be exhausted prior to seeking this waiver service.

Equipment that is available from the dealer by factory installation as standard or optional features of the vehicle is not reimbursable as a waiver service. These items, as well as routine maintenance and repair of the vehicle, are the responsibility of the participant.

Modifications may not exceed the Blue Book or current market value of the vehicle. The value of the vehicle at the time of the modification must be equal or more than the cost of the modification.

The vehicle must be inspected by the RRDC prior to the approval of the modification request and upon completion of the modification.

The vehicle must be structurally sound and not in need of mechanical repairs.

The vehicle must not have any rust or deficiencies in the areas to be modified or in the areas already modified.

Adaptive equipment and vehicle modifications may only be provided if the following conditions are met:
a. The participant is not eligible for these services through any other resource (e.g., ACCES-VR, Veterans Administration, Workers Compensation, insurances, etc.);
b. There is an acceptable written recommendation and justification by an ACCES-VR approved evaluator/Driver Rehabilitation Specialist indicating the modification is essential for the participant to drive or
be transported in a motor vehicle; and the participant and the owner of the vehicle must sign the statement, indicating that the vehicle is available to the participant without restrictions.

Reimbursement is not provided for vehicle modifications completed prior to RRDS inspection and approval and without the written recommendations of a Driver Rehabilitation Specialist.

This service does not include general repairs or maintenance of a vehicle. All warranties and guarantees associated with the vehicle and adaptive device(s) must be fully utilized prior to seeking this service. Requests for repairs to E-mods for the vehicle must follow the same procedure as initial vehicle modification applications. This service will only support replacement items for damages beyond normal wear and tear.

Reimbursement will not be provided for modifications completed prior to RRDS approval.

Any provider currently providing Environmental/Vehicle Modification Services approved pursuant to the qualifications in the waiver dated dated 9/1/2010-8/31/2015 is approved to continue providing services until his/her employment ends with the current employer. New employees/providers are required to meet the new qualifications.

All E-mods and vehicle modifications must be documented in the Service Plan and provided by agencies approved by NYSDOH waiver staff. The cost effectiveness of this service in demonstrated in Appendix J.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

E-mod and Vehicle modifications must be less than $45,000 per thirty-six (36) month period, unless approved by NYSDOH.

Home Evaluation services may not exceed ten percent (10%) of the total cost of the project.

Driver Rehabilitation Specialist services may not exceed ten percent (10%) of the total cost of the project.

Any request for a modification with a total cost of $15,000 or more requires prior approval from NYSDOH.

For E-mod and Vehicle modifications costing up to $2,000, only one (1) bid is required. All bids must be completed using the Waiver Program bid form.

For E-mod and Vehicle modifications costing $2,000 or more, three (3) bids are required. All bids must be completed using the Waiver Program bid form.

Due to the needs of the target population, provisions contained within this service allow for costs that may exceed CFCO state plan services.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**
- ☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	For Profit Health and Human Service Agency
Agency	Not-For-Profit Health and Human Service Agency
Agency	Not-For-Profit Housing Agency or Local Housing Authority

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Environmental Modification Services

Provider Category:

Agency

Provider Type:

For Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Limited Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*

Any for profit health and human service agency that has both the personnel and expertise to complete the E-mod and is an approved Medicaid provider may provide Environmental Modifications or may subcontract with a qualified person or entity to provide Environmental Modifications.

Persons employed/contracted as a Home Evaluation Specialist must be a:
1. Certified Aging in Place Specialist and have experience in recommending and implementing assistive technology or durable medical equipment in the home health care domain;
2. Certified Environmental Access Consultant in the field of environmental modification with experience in recommending and implementing assistive technology or durable medical equipment in the home health care domain;
3. Licensed Occupational Therapist (licensed by NYS Education Department);
4. Universal Design/Barrier Free/Accessibility Specialist;
5. An independent contractor with expertise in universal design; or
6. Licensed Physical Therapist (licensed by NYS Education Department).

Persons employed/contracted as a Driver Rehabilitation Specialist must be one of the following:
1. Approved as a Driver Rehabilitation Specialist by Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR);
2. Licensed Occupational Therapist (Licensed by the NYS Education Department);
3. Licensed Physical Therapist (Licensed by the NYS Education Department); or
4. An individual with a Bachelor's degree certified as a Certified Driver Rehabilitation Specialist under the auspices of the Association of Driver Rehabilitation Specialists (ADED).

In addition, the individual must document three (3) years of experience providing driver rehabilitation services as defined by ACCES-VR.

The E-mod provider must ensure that individuals working on the E-mod are appropriately qualified and/or licensed to comply with any state or local rules. All materials and products used must meet any state and local construction requirements. Providers must adhere to safety issues addressed in Article 18 of the New York State Uniform Fire Prevention and Building Code Act as well as local building codes.

Any currently employed Environmental Modifications provider who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs)for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee or subcontractors, the employer/contractor is responsible for verifying that the individual(s) have the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Environmental Modification Services

Provider Category:

Agency

Provider Type:

Not-For-Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.

Other Standard *(specify):*

Any not-for-profit health and human service agency that has both the personnel and expertise to complete the E-mod and is an approved Medicaid provider may provide Environmental Modifications or may subcontract with a qualified person or entity to provide Environmental Modifications.

Persons employed/contracted as a Home Evaluation Specialist must be a:
1. Certified Aging in Place Specialist and have experience in recommending and implementing assistive technology or durable medical equipment in the home health care domain;
2. Certified Environmental Access Consultant in the field of environmental modification with experience in recommending and implementing assistive technology or durable medical equipment in the home health care domain;
3. Licensed Occupational Therapist (licensed by NYS Education Department);
4. Universal Design/Barrier Free/Accessibility Specialist;
5. An independent contractor with expertise in universal design; or
6. Licensed Physical Therapist (licensed by NYS Education Department).

Persons employed/contracted as a Driver Rehabilitation Specialist must be one of the following:
1. Approved as a Driver Rehabilitation Specialist by Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR);
2. Licensed Occupational Therapist (Licensed by the NYS Education Department);
3. Licensed Physical Therapist (Licensed by the NYS Education Department); or

4. An individual with a Bachelor's degree certified as a Certified Driver Rehabilitation Specialist under the auspices of the Association of Driver Rehabilitation Specialists (ADED).

In addition, the individual must document three (3) years of experience providing driver rehabilitation services as defined by ACCES-VR.

The E-mod provider must ensure that individuals working on the E-mod are appropriately qualified and/or licensed to comply with any state or local rules. All materials and products used must meet any state and local construction requirements. Providers must adhere to safety issues addressed in Article 18 of the New York State Uniform Fire Prevention and Building Code Act as well as local building codes.

Any currently employed Environmental Modifications provider who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee or subcontractors, the employer/contractor is responsible for verifying that the individual(s) have the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Environmental Modification Services

Provider Category:

Agency

Provider Type:

Not-For-Profit Housing Agency or Local Housing Authority

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Any not-for-profit housing agency or local housing authority that has both the personnel and expertise to complete the E-mod and is an approved Medicaid provider may provide Environmental Modifications or may subcontract with a qualified person or entity to provide Environmental Modifications.

Persons employed/contracted as a Home Evaluation Specialist must be a:
1. Certified Aging in Place Specialist and have experience in recommending and implementing assistive technology or durable medical equipment in the home health care domain;
2. Certified Environmental Access Consultant in the field of environmental modification with experience in recommending and implementing assistive technology or durable medical equipment in the home health care domain;

3. Licensed Occupational Therapist (licensed by NYS Education Department);
4. Universal Design/Barrier Free/Accessibility Specialist;
5. An independent contractor with expertise in universal design; or
6. Licensed Physical Therapist (licensed by NYS Education Department).

Persons employed/contracted as a Driver Rehabilitation Specialist must be one of the following:
1. Approved as a Driver Rehabilitation Specialist by Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR);
2. Licensed Occupational Therapist (Licensed by the NYS Education Department);
3. Licensed Physical Therapist (Licensed by the NYS Education Department); or
4. An individual with a Bachelor's degree certified as a Certified Driver Rehabilitation Specialist under the auspices of the Association of Driver Rehabilitation Specialists (ADED).

In addition, the individual must document three (3) years of experience providing driver rehabilitation services as defined by ACCES-VR.

The E-mod provider must ensure that individuals working on the E-mod are appropriately qualified and/or licensed to comply with any state or local rules. All materials and products used must meet any state and local construction requirements. Providers must adhere to safety issues addressed in Article 18 of the New York State Uniform Fire Prevention and Building Code Act as well as local building codes.

Any currently employed Environmental Modifications provider who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs)for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee or subcontractors, the employer/contractor is responsible for verifying that the individual(s) have the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service

Service Title:

Moving Assistance Services

HCBS Taxonomy:

Category 1: **Sub-Category 1:**

Category 2: **Sub-Category 2:**

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Service Definition *(Scope):*

Moving Assistance Services are individually designed to pack and transport a waiver participant's possessions and furnishings when he/she must be moved from an inadequate or unsafe housing situation to a viable environment that more adequately meets the waiver participant's health and welfare needs. Moving Assistance may also be utilized when the waiver participant is moving to a location where more informal supports will be available, thus allowing the waiver participant to remain in the community.

Moving Assistance is only available to waiver participants who already reside in the community. It differs from Community Transitional Services (CTS) as CTS is only available to waiver participants who are transitioning from a nursing home. The funding limits for this service are separate and apart from the limits applied to CTS, and the two services cannot be used at the same time in any approved service plan.

Moving Assistance must be documented in the Service Plan, approved by the RRDC and provided by agencies approved by NYSDOH waiver staff. The cost effectiveness of this service is demonstrated in Appendix J.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Limit of up to $5,000 per twelve (12) month period.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**
- ☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	For Profit Health and Human Service Agency
Agency	Not-For-Profit Health and Human Service Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Moving Assistance Services

Provider Category:

Agency

Provider Type:

For Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Limited Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*

Any for profit health and human service agency that has both the personnel and expertise to provide Moving Assistance and is an approved Medicaid provider may provide Moving Assistance or may subcontract with a qualified person or entity to provide Moving Assistance.

There are no minimum staff qualifications to provide Moving Assistance. The qualifications are specific to the licensure and registration of the provider agency as a whole.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Moving Assistance Services

Provider Category:

Agency

Provider Type:

Not-For-Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.

Other Standard *(specify):*

Any for not-for-profit health and human service agency that has both the personnel and expertise to provide Moving Assistance and is an approved Medicaid provider may provide Moving Assistance or may subcontract with a qualified person or entity to provide Moving Assistance.

There are no minimum staff qualifications to provide Moving Assistance. The qualifications are specific to the licensure and registration of the provider agency as a whole.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Extended State Plan Service

Service Title:

Transportation Services

HCBS Taxonomy:

Category 1:	Sub-Category 1:
15 Non-Medical Transportation	15010 non-medical transportation
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*

Transportation is offered as a direct service to waiver participants in order to enable individuals to gain access to identified community resources, other community services, and activities as specified in their service plan. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the Medicaid State Plan,

defined in 42 CFR 440.170(a) (if applicable), and shall not replace them. It includes transportation for non-medical activities, which support the participant's integration into the community. All other options for transportation, such as informal supports and community services that provide this service without charge are utilized prior to seeking this service. The least costly and most medically appropriate mode of transportation is utilized.

NYSDOH 96 Local Commissioners Memorandum (LCM) -37 states: If there is an established need for transportation to and from non-medical services, activities or events, the waiver participant and the Service Coordinator must first explore the use of informal supports to provide the transportation without charge and the use of existing transportation. If these are not viable options, transportation may be included in the participant's service plan as a waiver service.

Waiver transportation services/locations are subject to NYSDOH prior approval. A description of required social transportation services is included in each participant's service plan. The RRDC approves the total number annual units of trips and destinations as part of the service plan approval. The trip cost is derived from NYS approved Medicaid transportation rates and may be a calculation of a base rate, approved mileage and other approved NYS costs. NYSDOH contracts with a transportation provider to arrange and provide services. The Transportation Manager will use the Grid included in the service plan coupled with Medicaid transportation policies to arrange travel as appropriate.

Transportation services are administered by a contracted Medicaid Transportation Manager. When a friend or family member is available to transport a waiver participant, this friend or family member should be used for social transportation. Within reason, the same mode of transportation used by the waiver participant for standard medical trips should be used for social trips. The most cost effective means of transportation needs to be considered. The mode of transportation should support the needs of the participant identified in the service plan.

Waiver transportation is available to all persons enrolled in the waiver program where providers are available. A determination must be made by the appropriate prior authorization official prior to utilizing this service. Prior approval by NYSDOH and the RRDC must be obtained for all identified trips contained within the service plan. Transportation will only be available to a location that is identified in the service plan and/or the approved transportation service request grid and is directly related to functional needs and/or goals identified in the service plan. Each service plan should identify the common market area commutation. Travel outside the common marketing area can be allowed when acceptable justification is presented. The Service Coordination agency is ultimately responsible to ensure that the travel identified in a waiver participant's individualized service plan is an appropriate and judicious use of public funds. Reimbursement for travel can be denied when the prior authorization official determines that the destination does not support the participant's integration into the community. The RRDS approves the service and the service limits with the approval of the plan. The RRDS needs to maintain an open line of communication with the Transportation Contractor and Service Coordinator to discuss usage and appropriateness of the request. The prior authorization official can always request additional information from the service coordinator to assist with the decision to approve or disapprove the request for social transportation services.

The need for transportation must be documented in the service plan. Whenever possible, family members, neighbors, friends or community agencies which can provide this service without charge will be utilized. A waiver participant's service plan outlines the general parameters of his or her social transportation needs. However, these needs can change or be amended based upon the waiver participant's stated goals and/or successful ongoing integration into the community.

Transportation providers will only be reimbursed when acceptable records verifying a trip's occurrence are complete and available to auditors upon request. All payments are made through eMedNY as authorized by the Medicaid Transportation Contractor.

Payment is not made for waiver transportation if the participant does not receive prior authorization for the transport. Prior authorization is obtained from the contracted Medicaid Transportation Manager and must be included in the service plan and approved by the RRDC.

All documentation is reviewed by the Service Coordinator prior to submission to the RRDC and Transportation Management Contractor.

The Service Coordination agency is ultimately responsible to ensure that the travel identified in a waiver participant's approved service plan is an appropriate and judicious use of public funds.

Reimbursement for travel is denied when the prior authorization official determines that the destination does not support the participant's integration into the community and is not reflected in the service plan.

Requests for service are submitted to the RRDC and upon approval by the RRDC is forwarded to the Transportation

Management Contractor.

All waiver transportation services are documented in the service plan and provided by providers approved by NYSDOH and/or its contractors.

The Service Coordinator, RRDC and the Transportation Contractor are responsible for maintaining complete and current records related to the request and provision of waiver transportation services.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The duration of the service should be specified in the participant's service plan. Social Transportation may be used to help initiate a new activity or skill for a participant. An individual may also use social transportation for a reoccurring activity if it is detailed in his/her service plan; however the time frame and frequency for using transportation in this capacity must be outlined. There must be an articulated frequency and start and endpoint for using social transportation to achieve a specific goal. Once the specific goal is met, the service for that activity should be discontinued. If the participant has more than one goal in his/her service plan that includes the use of social transportation, it is reasonable to expect a participant to complete his/her needs tied to each goal in the same location if possible on the same day during the week.

Before a transport is provided to a waiver participant, the transportation provider verifies the person's eligibility for Medicaid on the date of service. Reimbursement is not made for services rendered to ineligible persons. The Service Coordinator and/or RRDC must consult the Transportation Management Contractor prior to requesting a trip. Trip cost is derived from using the NYS Fee schedule at http://www.emedny.org/ProviderManuals/Transportation/index.html.

Due to the needs of the target population, provisions contained within this service allow for services that may exceed CFCO state plan services.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**
- ☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Common Carrier & specialized transportation

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Extended State Plan Service
Service Name: Transportation Services

Provider Category:

Agency

Provider Type:

Common Carrier & specialized transportation

Provider Qualifications

License *(specify):*

To participate in the New York State Medicaid Program, a provider must meet all applicable State, County and Municipal requirements for legal operation.

Department regulation at Title 18 of the New York Code of Rules and Regulations (NYCRR) Section 505.10, which applies to Medicaid transportation services, can be found at:
http://www.health.ny.gov/regulations/nycrr/title_18/.

Title 18 NYCRR §505.10(e)(6) indicates that providers must, regardless of Medicaid enrollment status, comply with applicable regulatory requirements. For ambulette, taxi and livery companies, this may include local licensure by a municipality or a Taxi and Limousine Commission.

Certificate *(specify):*

Other Standard *(specify):*

Any currently approved provider of State Plan Medicaid Transportation is eligible to provide NHTD waiver transportation.

https://www.emedny.org/ProviderManuals/Transportation/PDFS/Transportation_Manual_Policy_Section.pdf

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH Office of Health Insurance Programs Medicaid Transportation Unit

Frequency of Verification:

Qualifications are verified on an ongoing basis by the Medicaid Transportation contractor and monitored by the Medicaid Transportation Unit.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Community Integration Counseling Services (CIC)

HCBS Taxonomy:

Category 1:	Sub-Category 1:
10 Other Mental Health and Behavioral Services	10060 counseling
Category 2:	**Sub-Category 2:**
10 Other Mental Health and Behavioral Services	10070 psychosocial rehabilitation
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*

Community Integration Counseling Services (CIC) is an individually designed service intended to assist waiver participants who are experiencing significant problems in managing the emotional difficulties inherent in adjusting to a significant disability and/or living in the community. It is a counseling service provided to the waiver participant who is coping with altered abilities and skills, a revision of long term expectations, or changes in roles in relation to significant others. This service is primarily provided in the provider's office or the waiver participant's home.

The service is designed for individuals experiencing significant problems in managing the emotional difficulties inherent in adjusting to a significant disability and living in the community. The efficacy of a treatment must be reviewed if successful intervention and significant progress has not occurred within two (2) years. At that time, alternative methods require consideration or continued services must be documented as a medical necessity. A transition plan will be implemented prior to the termination of services. Services may be extended in extraordinary cases with sufficient medical justification and upon review and approval of the RRDC.

While CIC Services are primarily provided in one-to-one counseling sessions, there are times when it is appropriate to provide this service to the waiver participant in a family counseling or group counseling setting. It is available to participants and/or anyone involved in an ongoing significant relationship with the consent of the participant when the issues discussed relate directly to the participant. The participant must be present at all CIC sessions. At the request of the participant, CIC may be conducted either in person (face-to-face) or via telehealth or other secure modality which includes a live video stream of both the CIC and the participant(s). The provision of CIC via remote modalities requires the prior approval of the RRDC. "Collateral counseling" is not permitted without the participant present. Regarding client confidentiality, the sharing of information obtained during a CIC session can only be disclosed in accordance with accepted professional standards regarding client confidentiality.

CIC must not be used to assist the participant to become physically integrated into their environment. This function is the responsibility of other service providers, such as Service Coordination, ILST and HCSS.

This service does not duplicate other services available through the New York Medicaid State Plan. Therefore, once the counseling is no longer specific to community integration and becomes general therapeutic counseling, the service will terminate. Upon initiation of the service, an initial assessment must be completed and include specific counseling goals.

The provision of CIC under this waiver is cost effective and necessary to avoid institutionalization. The cost effectiveness of this service is demonstrated in Appendix J.

Any provider currently providing Community Integration Counseling Services approved pursuant to the qualifications in the waiver dated 9/1/2010-8/31/2015 is approved to continue providing services until their employment ends with the current employer. New employees/providers are required to meet the new qualifications.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Upon initiation of the service, as a transition service, an initial assessment must be completed. The assessment indicates the proposed number of hours of service and justifies the need for the service. The assessment is limited to five (5) hours of direct service with the participant present. Goals must be reasonable and attainable and services do not extend beyond a two-year period.

Prior to the termination of services a transition plan will be implemented. Services may be extended in extraordinary cases with sufficient justification and upon review and approval of the RRDC.

Services may not exceed 220 hours annually/4 hours weekly.

In all cases, service limits are soft limits that may be exceeded due to medical necessity. If the individual's needs cannot be met within the established limits, a participant may request to exceed the limit by providing sufficient medical justification to the RRDC. The RRDC will approve or deny the request for additional services.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**
- ☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Not-For-Profit Health and Human Service Agency
Agency	For Profit Health and Human Service Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Integration Counseling Services (CIC)

Provider Category:

Agency

Provider Type:

Not-For-Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.

Other Standard *(specify):*

Persons employed as a Community Integration Counselor must be a/an:
1. Licensed Psychiatrist (Licensed by the NYS Education Department);
2. Licensed Psychologist (Licensed by the NYS Education Department);
3. Licensed Master Social Worker (Licensed by the NYS Education Department);
4. Licensed Clinical Social Worker (Licensed by the NYS Education Department);
5. Individual with a Doctorate degree in Psychology;
6. Licensed Mental Health Practitioner (Licensed by the NYS Education Department) (This includes Creative Arts Therapists, Marriage and Family Therapists, Mental Health Counselors, and Psychoanalysts);
7. Certified Rehabilitation Counselor (Certified by the Commission on Rehabilitation Counselor Certification);
8. Individual with a Master of Social Work;
9. Individual with a Master of Psychology;
10. Certified Teacher of Students with Disabilities (certified by the NYS Education Department); or
11. Individual with a Master of Gerontology

AND

Must have, at a minimum, two (2) years of experience providing adjustment related counseling to seniors and/or individuals with physical and/or cognitive disabilities and their families to be considered qualifying experience.

Any currently employed Community Integration Counselor who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license,

registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Community Integration Counseling Services (CIC)

Provider Category:

Agency

Provider Type:

For Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law; Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*

Persons employed as a Community Integration Counselor must be a/an:

1. Licensed Psychiatrist (Licensed by the NYS Education Department);
2. Licensed Psychologist (Licensed by the NYS Education Department);
3. Licensed Master Social Worker (Licensed by the NYS Education Department);
4. Licensed Clinical Social Worker (Licensed by the NYS Education Department);
5. Individual with a Doctorate degree in Psychology;
6. Licensed Mental Health Practitioner (Licensed by the NYS Education Department) (This includes Creative Arts Therapists, Marriage and Family Therapists, Mental Health Counselors, and Psychoanalysts);
7. Certified Rehabilitation Counselor (Certified by the Commission on Rehabilitation Counselor Certification);
8. Individual with a Master of Social Work;
9. Individual with a Master of Psychology;
10. Certified Teacher of Students with Disabilities (certified by the NYS Education Department); or
11. Individual with a Master of Gerontology

AND

Must have, at a minimum, two (2) years of experience providing adjustment related counseling to seniors and/or individuals with physical and/or cognitive disabilities and their families to be considered qualifying experience.

Any currently employed Community Integration Counselor who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of enrollment. For

Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Congregate and Home Delivered Meal Services

HCBS Taxonomy:

Category 1:	Sub-Category 1:
06 Home Delivered Meals	06010 home delivered meals
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*

Congregate and Home Delivered Meals is an individually designed service that provides meals to 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 supported in-home meal preparation. While the meals are intended to assist the waiver participant maintain a nutritious diet, they do not constitute a full nutritional regimen.

The service is not to be used to replace the regular form of board associated with routine living in an Adult Care Facility. Individuals eligible for non-waiver nutritional services should access those services first.

Note: This service does not duplicate other services available through the New York MA State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**
- ☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Area Agencies on Aging and/or their contracted Congregate and/or Home Delivered Meal providers

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Congregate and Home Delivered Meal Services

Provider Category:

Agency

Provider Type:

Area Agencies on Aging and/or their contracted Congregate and/or Home Delivered Meal providers

Provider Qualifications

License *(specify):*

Pursuant to NYCRR Title 18 Parts 461 and 488; NYCRR Title 10, Part 14

Certificate *(specify):*

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider credentials at the time of provider enrollment.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDCs).

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the

Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Home and Community Support Services (HCSS)

HCBS Taxonomy:

Category 1:	Sub-Category 1:
08 Home-Based Services	08010 home-based habilitation
Category 2:	**Sub-Category 2:**
08 Home-Based Services	08030 personal care
Category 3:	**Sub-Category 3:**
08 Home-Based Services	08040 companion
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*

Home and Community Support Services (HCSS) are the combination of personal care services (ADLs and IADLs) with oversight/supervision services or oversight/supervision as a discrete service primarily in a participant's home. HCSS is provided to a waiver participant who requires assistance with personal care services tasks and whose health and welfare in the community is at risk because oversight/supervision of the participant is required even when no personal care task is being performed. Services may compliment, but not duplicate, other services.

HCSS is utilized when oversight and/or supervision as a discrete service is necessary to maintain the health and welfare of the participant living in the community. Oversight and/or supervision may be needed for safety monitoring to prevent an individual from harmful activities (for example wandering or leaving the stove on unattended). Oversight and/or supervision can be accomplished through cueing, prompting, direction and instruction. If the applicant/participant does not require oversight and/or supervision, HCSS would not be appropriate.

HCSS is provided under the direction and supervision of a Registered Professional Nurse (RN). The supervising RN is responsible for developing a plan of care and for orienting the HCSS staff providing this service. The RN is also responsible for obtaining physician orders to support the need for HCSS as approved in the service plan. Physician orders must include documentation of the need for oversight and/or supervision as a discrete service based on medical diagnosis.

HCSS is provided by Licensed Home Care Services Agencies (LHCSA) under Article 36 of NYS Public Health Law. All regulations governing the LHCSA are in effect for the provision of this service.

HCSS is reimbursed on an hourly basis. HCSS staff must attend team meetings as needed. Each service plan contains an approved number of annual service units a provider is authorized to deliver. The provider cannot exceed the number of approved annual hours of service contained in the service plan.

Regularly scheduled Team Meetings with the participant and service providers are an essential part of assuring the participant's health and welfare. This meeting is instrumental in the development and implementation of the service plan. Failure to attend Team Meetings may jeopardize the ability of the waiver provider to continue to provide waiver services. Participation at the team meeting is to garner information from the participant and informal supports about needed services, change in physical or cognitive status, discussion about individual progress and to make recommended service changes. It is a direct service to the participant. Team Meetings may be held virtually, via telephone or in person at the request of the participant.

HCSS differs from Personal Care Services provided under the Medicaid State Plan in that oversight/supervision is not a discrete task for which personal care services are authorized. Personal care services are not billed as a separate component of HCSS.

The provision of HCSS under this waiver is cost effective and necessary to avoid institutionalization.

All Home and Community Support Services must be documented in the service plan and provided by agencies approved as a provider of wavier services by the NYSDOH. The cost effectiveness of this service is demonstrated in Appendix J.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Services cannot exceed the approved total annual number of hours of services included in the service plan.

The RN assessment and supervision visit(s) are billable within this service definition. RN visits are not to exceed 12 hours per service plan year.

HCSS staff must participate in team meetings as needed. Participation in the meeting is included in the total number of approved annual hours of service.

On-the-job training is considered administrative costs and is not billable as HCSS.

The selected provider's supervising Registered Professional Nurse will be responsible for supervising HCSS staff. The selected provider's supervising Registered Professional Nurse must conduct an initial home visit on the day and time HCSS staff begins providing services to the participant. The focus of this visit is for the selected provider's supervising Registered Professional Nurse to introduce the staff to the participant, assure services established during the initial assessment continue to be sufficient and, if necessary, complete the environmental portion of the preliminary assessment tool. Any changes indicated will be communicated to the SC and/or MD as appropriate.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**
- ☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Licensed Home Care Services Agencies

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Home and Community Support Services (HCSS)

Provider Category:

Agency

Provider Type:

Licensed Home Care Services Agencies

Provider Qualifications

License *(specify):*

Licensed under Article 36 of the NYS Public Health Law or exempt from licensure pursuant to 10 NYCRR Section 765-2.1(c).

Certificate *(specify):*

Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.

Other Standard *(specify):*

Supervising Registered Nurse must:

(A) Be a Registered Professional Nurse licensed and currently certified to practice in New York State.
(B) Meet requirements set forth by NYSDOH for employees of Licensed Home Care Services Agencies.

HCSS Staff must:

- Be able to follow written and verbal instructions;
- Have the ability and skills necessary to meet the waiver participant's needs that will be addressed through this service;
- Meet physical health requirements set forth by NYSDOH for employees of Licensed Home Care Services Agencies
- Have a valid certificate to indicate successful completion of a forty (40) hour training program for Level II PCA or PCA Alternate Competency Demonstration equivalency testing that is approved by NYSDOH
- Attend six (6) hours of in-service education per year

All providers of HCSS are required to be a Licensed Home Care Service Agency (LHCSA), HCSS aides must be supervised by a Registered Professional Nurse (licensed by the NYS Education Department) in compliance with Licensed Home Care Service Agency (LHCSA) regulations.

Staff must meet the requirements of Title 10 NYCRR 766.11 Personnel and have completed a criminal history check to the extent required by section 10 NYCRR 400.23; Program staff must act under the direction of an individual who meets the qualifications listed in (A) and (B) above.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Home Visits by Medical Personnel

HCBS Taxonomy:

Category 1:	Sub-Category 1:
11 Other Health and Therapeutic Services	11010 health monitoring
Category 2:	**Sub-Category 2:**
11 Other Health and Therapeutic Services	11020 health assessment
Category 3:	**Sub-Category 3:**
11 Other Health and Therapeutic Services	11030 medication assessment and/or management
Category 4:	**Sub-Category 4:**
11 Other Health and Therapeutic Services	11050 physician services

Service Definition *(Scope):*

Home Visits by Medical Personnel are individually designed services to provide diagnosis, treatment and wellness monitoring in order to preserve the waiver participant's functional capacity to remain in the community.

Wellness monitoring is important to the overall health of waiver participants. Wellness monitoring includes disease prevention, the provision of health education and the identification of modifiable health risks. Through increased awareness and education, waiver participants may make healthy lifestyle choices that will decrease the likelihood of unnecessary institutionalization. The frequency of wellness monitoring will be contingent on the waiver participant's needs.

Home Visits by Medical Personnel are expected to decrease the likelihood of exacerbation of chronic medical conditions and unnecessary and costly emergency room visits, hospitalizations and nursing facility placement. In addition to assessing the waiver participant, this service will also include the evaluation of the home environment from a medical perspective, and the waiver participant's informal support system's ability to maintain and/or assume the role of caregiver. The provider's assessment of the informal support system/caregivers will focus on the relationship to the waiver participant in terms of the physical, social and emotional assistance that is currently provided or may be provided in the future. Based on the outcome of this assessment, the provider of this service can make referrals for or request that the Service Coordinator make referrals for additional assistance as appropriate to maintain the waiver participant's ability to remain at home or in the least restrictive setting.

Home Visits by Medical Personnel differs from what is offered under the State Plan because this waiver service is used for wellness monitoring, the assessment of the informal support system and/or caregiver ability to provide assistance to the waiver participant, and/or the evaluation of the waiver participant's home environment from a medical perspective. This preventive activity decreases the likelihood of accidents in the home, lowers the waiver participant's and caregiver's stress levels, increases the quality of medical care provided to the waiver participant and increases the efficiency of medication management, all of which promote the waiver participant's ability to remain at home.

This service is especially beneficial for those waiver participants who have significant difficulty traveling or are unable to travel for needed medical care provided by a physician, physician assistant or nurse practitioner because of one or more of the following: (1) severe pain; (2) severe mobility impairments; (3) terminal illness; (4) a chronic condition that can be exacerbated by travel; (5) medical providers at a physician's office and/or transportation providers refusing to provide services because an individual's disruptive behavior; (6) the home visit is cost-effective or (7) transportation to medical appointments is limited due to geographical or medical considerations.

The Medical Personnel are an integral part of the waiver participant's service provider team and have the responsibility to inform the Service Coordinator of any recommendations for services to meet the waiver participant's medical needs and/or other significant findings. The Service Coordinator will utilize this information in revising the waiver participant's service plan.

Note: This service does not duplicate other services available through the New York MA State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**
- ☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Physician
Agency	Physician Assistant
Agency	Nurse Practitioner

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Home Visits by Medical Personnel

Provider Category:

Agency

Provider Type:

Physician

Provider Qualifications

License *(specify):*

Licensed and registered to practice medicine in New York State pursuant to Article 131 of the New York State Education Law.

Certificate *(specify):*

If practicing as a professional services corporation, a certificate of incorporation pursuant to Article 15 of the New York State Business Corporation Law; if practicing as a professional services limited liability company, articles of organization pursuant to Section 1203 of the New York State Limited Liability Law.

Other Standard *(specify):*

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credential at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Home Visits by Medical Personnel

Provider Category:

Agency

Provider Type:

Physician Assistant

Provider Qualifications

License *(specify):*

Registered as a physician assistant pursuant to Article 131-B of the New York State Education Law.

Certificate *(specify):*

Other Standard *(specify):*

Must be working under the supervision of a licensed physician and performing only such acts and duties within the scope of practice of such supervising physician.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credential at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Home Visits by Medical Personnel

Provider Category:

Agency

Provider Type:

Nurse Practitioner

Provider Qualifications

License *(specify):*

Certified as a nurse practitioner pursuant to Article 139 of the New York State Education Law.

Certificate *(specify):*

If practicing as a professional services corporation, a certificate of incorporation pursuant to Article 15 of the New York State Business Corporation Law; if practicing as a professional services limited liability company, articles of organization pursuant to Section 1203 of the New York State Limited Liability Law.

Other Standard *(specify):*

Must be working in a specialty area in collaboration with a licensed physician qualified to work in that specialty and in accordance with a written practice agreement and written practice protocols.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credential at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Independent Living Skills Training Services (ILST)

HCBS Taxonomy:

Category 1:	Sub-Category 1:
08 Home-Based Services	08010 home-based habilitation
Category 2:	**Sub-Category 2:**
13 Participant Training	13010 participant training
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*

Independent Living Skills Training (ILST) services are individually designed to improve or maintain the ability of the waiver participant to live as independently as possible in the community. ILST will primarily be targeted to those individuals with progressive illnesses to maintain essential skills. Services may include the following: assessment, training, and supervision of an individual with issues related to self-care, medication management, task completion, communication skills, interpersonal skills, socialization, sensory/motor skills, mobility, community transportation skills, reduction/elimination of maladaptive behaviors, problem solving, money management, pre-vocational skills and ability to maintain a household.

ILST must be provided in the environment and situation that will result in the greatest positive outcome for the waiver participant and in an environment where the trained skills are most commonly used. For example, in the waiver participant's kitchen rather than a provider's kitchen. ILST cannot be provided in the Structured Day Program.

The ILST provider utilizes the comprehensive functional assessment of the waiver participant provided through the UAS-NY to identify the participant's strengths and weaknesses in performing Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) related to his/her established goals. The UAS-NY assessment is the basis for developing an ILST plan that describes the milestones and interim steps necessary to attain these goals. The UAS-NY assessment also includes a determination of the participant's manner of learning new skills and responses to various interventions. This comprehensive and functional assessment is conducted at least annually from the date of the last assessment and approved by the RRDS in conjunction with the service plan. The UAS-NY is used to develop the detailed plan and service goals for ILST services.

Only in extraordinary situations where the participant benefits specifically from a group setting will this service be approved by the RRDS on other than an individual basis. This arrangement requires prior approval from the RRDC. In such situations, the provider may bill for a pro-rated percentage of the time spent with a participant (total hourly unit(s) divided by the total number of participants in the group). Training time provided to informal supports or waiver or non-waiver service providers must be designated in the service plan in order to be reimbursed and the participant must be present at the time of training.

This service is also used to assist a waiver participant in returning to employment, or expanding the waiver participant's involvement in meaningful activities such as volunteering. The use of this service for these purposes occur only after it is determined that the waiver participant is not eligible for services provided through the New York State Education Adult Career and Continuing Education Services Vocational Rehabilitation (ACCES-VR) or the Commission for the Blind and Visually Handicapped (CBVH); that ACCES-VR and CBVH services have been exhausted; or the activity is not covered by ACCES-VR or CBVH services. ILST is not used as "job coaching", but to provide training in other skills that support vocational opportunities.

This service may continue only when the waiver participant has reasonable and attainable goals. It is used for training purposes and not ongoing long term supports. Justification to provide or continue this service must be clearly stated in a service plan and approved by the RRDS.

ILST is not intended to be a long-term support. Independent Living Skills Training and Development under this waiver is cost-effective and necessary to avoid institutionalization.

At the request of the participant, ILST services may be conducted either in person (face-to-face) or via telehealth or other secure modality which includes a live video stream of both the ILST staff and the participant. The provision of this service via remote modalities requires the prior approval of the RRDC.

ILST providers must participate in Team Meetings and are reimbursed at the hourly rate for their time at the Team Meeting. Meeting time is included in the service plan. Each service plan contains an approved number of annual service units a provider is authorized to deliver. Regularly scheduled Team Meetings with the participant and service providers are an essential part of assuring the participant's health and welfare. This meeting is instrumental in the development and implementation of the service plan. Failure to attend Team Meetings may jeopardize the ability of the waiver provider to continue to provide waiver services. Participation at the team meeting is to garner information from the participant and informal supports about needed services, change in physical or cognitive status, discussion about individual progress and to make recommended service changes. It is a direct service to the participant. Team Meetings may be held virtually, via telephone or in person at the request of the participant.

The provider cannot exceed the number of approved annual hours of service contained in the service plan.

All agencies that employ two (2) or more ILST staff must provide supervision by an individual who fully meets the qualifications as an ILST provider. The supervisor is expected to meet any waiver participants prior to approving the training plan developed by an ILST under their supervision. This meeting can occur either in person or via alternative means, which may include the use of a telephone for audio communication only, internet access via a personal computer, smartphone, tablet or other similar device for video conferencing. Recording of the meeting will not be permitted without the express permission of the applicant/participant.

ILST supervisors are also expected to have supervisory meetings with staff on at a monthly basis, and review and sign-off on all training plans. A supervisor may maintain an active caseload of waiver participants.

All ILST services must be documented in the service plan and provided by individuals or agencies approved as a provider of waiver services by the NYSDOH. The cost effectiveness of this service is demonstrated in Appendix J.

Any provider currently providing ILST services approved pursuant to the qualifications in the waiver dated 9/1/2010-8/31/2015 is approved to continue providing services until his/her employment ends with the current employer. New employees/providers are required to meet the new qualifications.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

No additional hours are allowed to complete initial and re-assessments. Not to exceed 220 hours annually/4 hours per day.

In all cases, service limits are soft limits that may be exceeded due to medical necessity. If the individual's needs cannot be met within the established limits, a participant may request to exceed the limit by providing sufficient medical justification to the RRDC. The RRDC will approve or deny the request for additional services.

Providers will not be reimbursed for time spent writing ILST plans, reviewing data or writing assessment reports.

The participant must be present at service delivery.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**
- ☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	For Profit Health and Human Service Agency
Agency	Not-For-Profit Health and Human Service Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Independent Living Skills Training Services (ILST)

Provider Category:

Agency

Provider Type:

For Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Limited Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS

Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*

Persons employed as an Independent Living Skills and Training provider must be a/an:
1. Licensed Master Social Worker (licensed by the NYS Education Department);
2. Licensed Clinical Social Worker (licensed by the NYS Education Department);
3. Individual with a Doctorate or Master of Social Work;
4. Individual with a Doctorate or Master of Psychology;
5. Licensed Physical Therapist (licensed by the NYS Education Department);
6. Registered Professional Nurse (registered by the NYS Education Department);
7. Certified Teacher of Students with Disabilities (certified by the NYS Education Department);
8. Certified Rehabilitation Counselor (certified by the Commission on Rehabilitation Counselor Certification);
9. Licensed Speech Pathologist (licensed by the NYS Education Department); or
10. Registered Occupational Therapist (registered by the NYS Education Department); or
11. Individual with a Master of Gerontology.

AND

Must have, at a minimum, one (1) year of experience completing functional based assessments of ADLs and IADLs, developing comprehensive treatment plans and teaching individuals with disabilities and/or seniors to be more functionally independent.

OR

Be an individual with a Bachelor's degree and three (3) years of experience completing functional based assessments of ADLs and IADLs, developing comprehensive treatment plans and teaching individuals with disabilities and/or seniors to be more functionally independent;

OR

Be an individual with an Associate's degree and five (5) years of experience completing functional based assessments of ADLs and IADLs, developing a comprehensive treatment plan, and teaching individuals with disabilities and/or seniors to be more functionally independent.

The ILST provider agency must make every possible effort to match the skills and experience of the individual provider to the specific goals of the participant.

Any currently employed Independent Living Skills Trainer who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Independent Living Skills Training Services (ILST)

Provider Category:

Agency

Provider Type:

Not-For-Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.

Other Standard *(specify):*

Persons employed as an Independent Living Skills and Training provider must be a/an:
1. Licensed Master Social Worker (licensed by the NYS Education Department);
2. Licensed Clinical Social Worker (licensed by the NYS Education Department);
3. Individual with a Doctorate or Master of Social Work;
4. Individual with a Doctorate or Master of Psychology;
5. Licensed Physical Therapist (licensed by the NYS Education Department);
6. Registered Professional Nurse (registered by the NYS Education Department);
7. Certified Teacher of Students with Disabilities (certified by the NYS Education Department);
8. Certified Rehabilitation Counselor (certified by the Commission on Rehabilitation Counselor Certification);
9. Licensed Speech Pathologist (licensed by the NYS Education Department); or
10. Registered Occupational Therapist (registered by the NYS Education Department); or
11. Individual with a Master of Gerontology.

AND

Must have, at a minimum, one (1) year of experience completing functional based assessments of ADLs and IADLs, developing comprehensive treatment plans and teaching individuals with disabilities and/or seniors to be more functionally independent.

OR

Be an individual with a Bachelor's degree and three (3) years of experience completing functional based assessments of ADLs and IADLs, developing comprehensive treatment plans and teaching individuals with disabilities and/or seniors to be more functionally independent;

OR

Be an individual with an Associate's degree and five (5) years of experience completing functional based assessments of ADLs and IADLs, developing a comprehensive treatment plan, and teaching individuals with disabilities and/or seniors to be more functionally independent.

The ILST provider agency must make every possible effort to match the skills and experience of the individual provider to the specific goals of the participant.

Any currently employed Independent Living Skills Trainer who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Nutritional Counseling/Educational Services

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
11 Other Health and Therapeutic Services	11040 nutrition consultation
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*

Nutritional Counseling/Educational Services is an individually designed service which provides an assessment of the waiver participant's nutritional needs and food patterns, the planning for the provision of food and drink appropriate for the waiver participant's conditions, or the provision of nutrition education, and counseling to meet normal and therapeutic needs. In addition, these services may include planning for the provision of appropriate dietary intake within the waiver participant's home environment and cultural considerations; nutritional education regarding therapeutic diets as part of the development of a nutritional treatment plan; regular evaluation and revision of nutritional plans; and the provision of in-service education to the waiver participant, family, advocates, waiver and non-waiver staff as well as consultation on specific dietary problems of the waiver participant.

Note: This service does not duplicate other services available through the New York MA State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**
- ☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Not-For-Profit Health and Human Service Agency
Agency	For Profit Health and Human Service Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Nutritional Counseling/Educational Services

Provider Category:

Agency

Provider Type:

Not-For-Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.

Other Standard *(specify):*

Staff providing Nutritional Counseling/Educational Services must be a certified Dietician or certified Nutritionist pursuant to Article 157 of the NYS Education Law, or certified by the Commission of Dietetic Registration.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Nutritional Counseling/Educational Services

Provider Category:

Agency

Provider Type:

For Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*

Other standards are the same as above.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Peer Mentoring

HCBS Taxonomy:

Category 1:	Sub-Category 1:
11 Other Health and Therapeutic Services	11130 other therapies
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*

Peer Mentoring is an individually designed service intended to improve the waiver participant's self-sufficiency, self-reliance, and ability to access needed services, goods, and opportunities in the community. This will be accomplished through education, teaching, instruction, information sharing, and self-advocacy training.

This service is for seniors and people with disabilities who are struggling to regain a self-satisfying life and may benefit from relating to another person who has been successful in this effort. A Peer Mentor is able to assist the waiver participant to overcome barriers that he/she may face in the community.

The provider of Peer Mentoring will develop an ongoing relationship with local providers of health services for mutual training, and when appropriate, referral by one entity to the other to assure that waiver participants receive the most appropriate services.

This service is provided on an individual basis; specific goals must be established for individuals receiving this service.

Peer Mentoring will primarily be available to waiver participants who have recently transitioned into the community from a nursing home or during times of crisis.

Note: This service does not duplicate other services available through the New York MA State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**
- ☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	For Profit Health and Human Service Agency
Agency	Not-For-Profit Health and Human Service Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Peer Mentoring

Provider Category:

Agency

Provider Type:

For Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Limited Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*

Persons providing Peer Mentoring must be a senior or have a disability, successfully demonstrated the ability to maintain a productive life in the community and have at least one (1) year of paid or unpaid experience providing peer mentoring or other equivalent experience working with seniors and/or people with disabilities.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying qualifications of employees.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Peer Mentoring

Provider Category:

Agency

Provider Type:

Not-For-Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.

Other Standard *(specify):*

Other standards are the same as above.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying qualifications of employees.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Positive and Behavioral Interventions and Support Services (PBIS)

HCBS Taxonomy:

Category 1:	Sub-Category 1:
10 Other Mental Health and Behavioral Services	10040 behavior support
Category 2:	**Sub-Category 2:**
10 Other Mental Health and Behavioral Services	10070 psychosocial rehabilitation
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*

Positive Behavioral Interventions and Support Services (PBIS) are individually designed for waiver participants who have significant behavioral difficulties that jeopardize their ability to remain in the community of choice due to inappropriate responses to events in their environment. The primary goal of PBIS is to decrease the intensity or frequency of targeted behaviors and to teach more socially appropriate behaviors.

These services include but are not limited to: a comprehensive assessment of the participant's behavior (in the context of their medical diagnosis and disease progression as determined by the appropriate health or mental health professional), skills and abilities, existing and potential informal and paid supports and environment; development and implementation of a holistic structured behavioral treatment plan (Detailed Plan), including specific realistic goals which can also be utilized by other providers and informal supports; the training of family, informal supports and other providers so that they can also effectively use the basic principles of the behavioral plan; and regular reassessment of the effectiveness of the behavioral treatment plan, and adjustments to the plan as needed. The participant must be present whenever services are provided.

A comprehensive assessment of the individual's behavior is completed in the context of their medical diagnosis, abilities/disabilities, and the environment which precipitates the behaviors. The number of hours utilized to complete this assessment must be included in the service plan and may not exceed ten (10) hours. This assessment must be consistent with information contained within the UAS-NY assessment.

A detailed behavioral treatment plan including a clear description of successive levels of intervention must be developed for the individual. All plans must be written in a manner that all informal and paid supports are able to follow the plan and be consistent with the NYSDOH format. An emergency intervention plan is warranted when there is the possibility of the waiver participant becoming a threat to themselves or others. The plan must be consistent with information presented in the Plan of Protective Oversight (PPO). The plan will be reassessed at least every six (6) months upon review at the Team Meeting, when significant changes in behavior occur or the medical status of the participant changes.

PBIS staff must attend Team Meetings as needed. Each service plan contains an approved number of annual service units a provider is authorized to deliver. The provider cannot exceed the number of approved annual hours of service contained in the service plan. Regularly scheduled Team Meetings with the participant and service providers are an essential part of assuring the participant's health and welfare. This meeting is instrumental in the development and implementation of the service plan. Failure to attend Team Meetings may jeopardize the ability of the waiver provider to continue to provide waiver services. Participation at the team meeting is to garner information from the participant and informal supports about needed services, change in physical or cognitive status, discussion about individual progress and to make recommended service changes. PBIS is a direct service to the participant. Team Meetings may be held virtually, via telephone or in person at the request of the participant.

Training of informal supports, waiver and non-waiver service provider staff by the Behavior Specialist or PBIS Director will be provided to effectively use the basic principles of the behavioral plan. The number of training hours must be designated within the approved service plan in order to be reimbursed. Training hours cannot exceed ten (10) hours per service plan period. PBIS services are provided in the situation where the significant maladaptive behavior occurs. The waiver participant must be present when training occurs.

At the request of the participant, PBIS services may be conducted either in person (face-to-face) or via telehealth or other secure modality which includes a live video stream of both the PBIS staff and the participant. The provision of this service via remote modalities requires the prior approval of the RRDC.

The provider must complete regular reassessments of the effectiveness of the plan and modify the plan as needed.

The two key positions in PBIS are the Program Director and the Behavioral Specialist. The Director may work as a Behavioral Specialist, or the provider may hire a Behavioral Specialist who must receive ongoing supervision from the Program Director. The Behavioral Specialist is responsible for implementation of the detailed behavioral treatment plan under the direction of the Program Director. Any approved service provider with two (2) or more Behavioral Specialists must have a Program Director.

All agencies that employ two (2) or more Behavior Specialists must provide supervision by an individual who fully meets the qualifications as Program Director. The Program Director is expected to meet any waiver participants prior to approving the behavior plan developed by a Behavior Specialist under their supervision. This meeting can occur either in person or via alternative means, which may include the use of a telephone for audio communication only, internet access via a personal computer, smartphone, tablet or other similar device for video conferencing. Recording of the meeting will not be permitted without the express permission of the applicant/participant. PBIS directors are also expected to have supervisory meetings with staff on at a monthly basis, and review and sign-off on all behavior plans. A supervisor may maintain an active caseload of waiver participants.

Any provider currently providing Positive Behavioral Interventions and Support Services approved pursuant to the qualifications in the waiver dated 9/1/2010-8/31/2015 is approved to continue providing services until their employment ends with the current employer. New employees/providers are required to meet the new qualifications.

The provision of PBIS under this waiver is cost effective and necessary to avoid institutionalization. The cost effectiveness of this service is demonstrated in Appendix J.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The number of hours utilized to complete the initial behavioral assessment must be included in the service plan and may not exceed ten (10) hours per service plan period. Hours are not provided to write the plan. The service is limited to 240 hours annually not to exceed 8 hours per day.

Training hours cannot exceed ten (10) hours per service plan period and are contained in the approved number of annual service units a provider is authorized to deliver. The provider cannot exceed the number of approved annual hours of service contained in the service plan.

In all cases, service limits are soft limits that may be exceeded due to medical necessity. If the individual's needs cannot be met within the established limits, a participant may request to exceed the limit by providing sufficient medical justification to the RRDC. The RRDC will approve or deny the request for additional services.

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**

☑ **Provider managed**

☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Not-For-Profit Health and Human Service Agency
Agency	For Profit Health and Human Service Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive and Behavioral Interventions and Support Services (PBIS)

Provider Category:

Agency

Provider Type:

Not-For-Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.

Other Standard *(specify):*

The two key positions in PBIS service are the Program Director and the Behavioral Specialist. Each PBIS provider must employ a Program Director.

The Program Director is responsible for assessing the member and developing the PBIS plan for each member. The Program Director may perform the function of a Behavioral Specialist or supervise the Behavioral Specialist. The Behavioral Specialist is responsible for the development and/or implementation of the Detailed Plan under the direction of the Program Director.

If a provider has more than one individual who meets the qualifications for Program Director, each of these qualified individuals can develop PBIS plans.

Persons employed as a PBIS Program Director must be a:

1. Licensed psychiatrist (licensed by the NYS Education Department);
2. Licensed psychologist (licensed by the NYS Education Department);
3. Doctorate or Master Degree in Psychology;
4. Licensed Master Social Worker (licensed by the NYS Education Department);
5. Licensed Clinical Social Worker (licensed by the NYS Education Department);
6. Certified Teacher of Students with Disabilities (certified by the NYS Education Department);
7. Licensed Behavior Analyst (Licensed by the NYS Education Department)
8. Individual with a Master of Social Work; or
9. Individual with a Master of Gerontology.

AND
Must have two (2) years of experience developing and implementing intensive behavioral plans.

Persons employed as a Behavioral Specialist must be a/an:
1. Individual with a Bachelor's degree in psychology;
2. Registered Professional Nurse (Registered by the NYS Education Department);
3. Licensed Occupational Therapist (Licensed by the NYS Education Department);
4. Licensed Physical Therapist (Licensed by the NYS Education Department);
5. Certified Behavior Analyst Assistant (Certified by the NYS Education Department);
6. Individual with a Bachelor's degree and a Certified TBI Specialist;
7. Certified Rehabilitation Counselor (Certified by the Commission on Rehabilitation Counselor Certification);
8. Individual with a Bachelor's degree and certified in Applied Behavioral Analysis (ABA);
9. Individual with a Bachelor's degree and a Certified Dementia Practitioner; or
10. Individual with a Bachelor's degree and a CARES Dementia Specialist.
AND
Must have two (2) years of experience developing and implementing intensive behavioral treatment plans.

All agencies that employ two (2) or more Behavioral Specialists, regardless of credentials, must provide supervision by an individual who meets the criteria for PBIS Program Director.

Any currently employed Positive Behavioral Intervention Specialist who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Positive and Behavioral Interventions and Support Services (PBIS)

Provider Category:

Agency

Provider Type:

For Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization
pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of

the NYS Limited Liability Law (Professional Services Limited Liability Company); Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*

The two key positions in PBIS service are the Program Director and the Behavioral Specialist. Each PBIS provider must employ a Program Director.

The Program Director is responsible for assessing the member and developing the PBIS plan for each member. The Program Director may perform the function of a Behavioral Specialist or supervise the Behavioral Specialist. The Behavioral Specialist is responsible for the development and/or implementation of the Detailed Plan under the direction of the Program Director.

If a provider has more than one individual who meets the qualifications for Program Director, each of these qualified individuals can develop PBIS plans.

Persons employed as a PBIS Program Director must be a:

1. Licensed psychiatrist (licensed by the NYS Education Department);
2. Licensed psychologist (licensed by the NYS Education Department);
3. Doctorate or Master Degree in Psychology;
4. Licensed Master Social Worker (licensed by the NYS Education Department);
5. Licensed Clinical Social Worker (licensed by the NYS Education Department);
6. Certified Teacher of Students with Disabilities (certified by the NYS Education Department);
7. Licensed Behavior Analyst (Licensed by the NYS Education Department)
8. Individual with a Master of Social Work; or
9. Individual with a Master of Gerontology.

AND

Must have two (2) years of experience developing and implementing intensive behavioral plans.

Persons employed as a Behavioral Specialist must be a/an:

1. Individual with a Bachelor's degree in psychology;
2. Registered Professional Nurse (Registered by the NYS Education Department);
3. Licensed Occupational Therapist (Licensed by the NYS Education Department);
4. Licensed Physical Therapist (Licensed by the NYS Education Department);
5. Certified Behavior Analyst Assistant (Certified by the NYS Education Department);
6. Individual with a Bachelor's degree and a Certified TBI Specialist;
7. Certified Rehabilitation Counselor (Certified by the Commission on Rehabilitation Counselor Certification);
8. Individual with a Bachelor's degree and certified in Applied Behavioral Analysis (ABA);
9. Individual with a Bachelor's degree and a Certified Dementia Practitioner; or
10. Individual with a Bachelor's degree and a CARES Dementia Specialist.

AND

Must have two (2) years of experience developing and implementing intensive behavioral treatment plans.

All agencies that employ two (2) or more Behavioral Specialists, regardless of credentials, must provide supervision by an individual who meets the criteria for PBIS Program Director.

Any currently employed Positive Behavioral Intervention Specialist who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH

waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Respiratory Therapy Services

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
11 Other Health and Therapeutic Services	11110 respitory therapy
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*

Respiratory Therapy is an individually designed service, specifically provided in the home, intended to provide preventative, maintenance, and rehabilitative airway-related techniques and procedures. Respiratory Therapy services include application of medical gases, humidity and aerosols; intermittent positive pressure; continuous artificial ventilation; administration of drugs through inhalation and related airway management; individual care; and instruction administered to the waiver participant and informal supports.

Note: This service does not duplicate other services available through the New York MA State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method *(check each that applies)*:

☐ **Participant-directed as specified in Appendix E**

☑ **Provider managed**

☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Providers of Respiratory Therapy and Equipment
Agency	Certified Home Health Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Respiratory Therapy Services

Provider Category:

Agency

Provider Type:

Providers of Respiratory Therapy and Equipment

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Other Standard *(specify):*

Staff providing Respiratory Therapy must be currently licensed as a Respiratory Therapist pursuant to Article 164 of the NYS Education Law.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Respiratory Therapy Services

Provider Category:

Agency

Provider Type:

Certified Home Health Agency

Provider Qualifications

License *(specify):*

Licensed under Article 36 of the NYS Public Health Law.

Certificate *(specify):*

Other Standard *(specify):*

Staff providing Respiratory Therapy must be currently licensed as a Respiratory Therapist pursuant to Article 164 of the NYS Education Law.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Structured Day Program (SDP)

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
04 Day Services	04020 day habilitation
Category 2:	**Sub-Category 2:**
04 Day Services	04060 adult day services (social model)
Category 3:	**Sub-Category 3:**
04 Day Services	04070 community integration

Category 4: **Sub-Category 4:**

Service Definition *(Scope):*

Structured Day Program (SDP) services are individually designed services provided to facilitate acquisition, retention, or improvement in self-help, socialization, and adaptive skills and takes place in a non-residential setting separate from the participant's private residence or other living arrangement.

Services may include assessment, training, supervision, or assistance to an individual with issues related to self-care, attention deficit, memory loss, task completion, communication skills, interpersonal skills, problem-solving skills, socialization, sensory/motor skills, mobility, community, and transportation skills. Unlike ILST services, SDP services are provided in a socialized group setting outside of the home. This service may continue only when the waiver participant has reasonable and attainable goals. It is used for training purposes and not ongoing long term supports. Justification to provide or continue this service must be clearly stated in a service plan and approved by the RRDS.

SDP services may be used to reinforce aspects of other NHTD waiver and Medicaid State Plan services. This is addressed due to the difficulty many individuals have transferring or generalizing skills learned in one setting to other settings and the need for consistent reinforcement of skills. This service is intended to provide an opportunity for the participant to continue to strengthen skills that are necessary for greater independence, improved productivity and/or increased community inclusion.

SDP services may be provided in a variety of settings and with very different goals. However, each day program must provide a site where participants can meet when arriving and departing from the day program. There must also be a site available where participants can receive services if they choose not to go out into the community. SDP cannot be provided in the participant's home. The SDP is responsible for providing appropriate and adequate space to meet the functional needs of the waiver participants served. The program must provide adequate protection for waiver participants' safety, and is located in a building that meets all provisions of the NYS Uniform Fire Prevention and Building Codes. In addition, access to the program adheres to requirements of the Americans with Disabilities Act. The RRDS and/or NYSDOH staff determine the appropriateness of the physical space for the NHTD waiver participants by completing a site visit.

SDP staff must attend team meetings as needed. Team Meetings are participant centered and not staff meetings or staff training.

Regularly scheduled Team Meetings with the participant, family, informal supports and service providers are an essential part of assuring the participant's health and welfare. This meeting is instrumental in the development and implementation of the service plan. Failure to attend Team Meetings may jeopardize the ability of the waiver provider to continue to provide waiver services. Participation at the team meeting is to garner information from the participant and informal supports about needed services, change in physical or cognitive status, discussion about individual progress and to make recommended service changes. It is a direct service to the participant and scheduled at least every six (6) months or when the needs or the condition of the participant warrant review and potential amendment to their service plan. Team Meetings may be held virtually, via telephone or in person at the request of the participant.

The provision of SDP services under this waiver is cost effective and necessary to avoid institutionalization. This service differs from adult day health care services available under the Medicaid State Plan in that services are not required to be provided under the direct order of a physician. This service is reimbursed on an hourly basis, not to exceed ten (10) hours per day. Participation in Team Meetings is reimbursed at the hourly rate and included in the total number of approved annual hours of service.

Any provider currently providing SDP approved pursuant to the qualifications in the waiver dated 9/1/2010-8/31/2015 is approved to continue providing services until his/her employment ends with the current employer. New employees/providers are required to meet the new qualifications.

Each service plan contains an approved number of annual service units a provider is authorized to deliver. The provider cannot exceed the number of approved annual hours of service contained in the service plan.

The SDP must be documented in the service plan and provided by agencies approved as a provider of waiver services by NYSDOH. The cost effectiveness of this service is demonstrated in Appendix J.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

This service is reimbursed on an hourly basis, not to exceed ten (10) hours per day.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**
- ☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

- ☐ **Legally Responsible Person**
- ☐ **Relative**
- ☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Not-For-Profit Health and Human Service Agency
Agency	For Profit Health and Human Service Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Structured Day Program (SDP)

Provider Category:

Agency

Provider Type:

Not-For-Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation filed with the NYS Department of State pursuant to Section 402 of the NYS Not-for-Profit Corporation Law for the purposes of providing health and/or human services related activities.

Other Standard *(specify):*

Persons employed as a Structured Day Program Director must be a/an:

• Licensed Master Social Worker (licensed by the NYS Education Department);
• Licensed Clinical Social Worker (licensed by the NYS Education Department);
• Individual with a Doctorate or Master of Social Work;
• Individual with a Doctorate or Master of Psychology;
• Licensed Physical Therapist (licensed by the NYS Education Department);
• Registered Professional Nurse (licensed by the NYS Education Department);
• Certified Teacher of Students with Disabilities (certified by the NYS Education Department);
• Certified Rehabilitation Counselor (certified as a Certified Rehabilitation Counselor (CRC) by the Commission on Rehabilitation Counselor Certification);
• Licensed Speech Pathologist (licensed by the NYS Education Department);
• Licensed Occupational Therapist (licensed by the NYS Education Department); or
• Individual with a Master of Gerontology.

AND

Must have one (1) year of experience developing and implementing day habilitation plans; providing vocational education services; providing residential habilitation services; or providing job coaching or supportive employment services.

OR
Individual with a Bachelor's degree and two (2) years of experience developing and implementing day habilitation plans; providing vocational education services; providing residential habilitation services; or providing job coaching or supportive employment services.

The SDP must be available to provide hands-on assistance to members, and therefore, must have at least one (1) employee with previous training as a PCA or CNA available to members at all times. In addition to a required Program Director and staff with PCA/CNA training, a SDP may employ additional program staff.

Persons employed as Program Staff must:
• Be at least 18 years old with a minimum of a High School Diploma or equivalent (i.e. GED);
• Be able to follow written and verbal instructions, and have the ability, skills, training and supervision necessary to meet the waiver participant's needs that will be addressed through this service to assure the health and welfare of the waiver participant.

Any currently employed Structured Day Program provider who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Structured Day Program (SDP)

Provider Category:

Agency

Provider Type:

For Profit Health and Human Service Agency

Provider Qualifications

License *(specify):*

Certificate *(specify):*

Certificate of Incorporation pursuant to Section 402 of the NYS Business Corporation Law; Certificate of Incorporation pursuant to Section 1503 of the NYS Business Corporation Law; Articles of Organization
pursuant to Section 203 of the NYS Limited Liability Company Law; Articles of Organization pursuant to Section 1203 of the NYS Limited Liability Law (Professional Services Limited Liability Company);
Certificate of Limited Partnership pursuant to Section 121-201 of the NYS Revised Limited Partnership Act; or Certificate of Registration pursuant to Section 121-1500(a) of the NYS Partnership Act, for the purpose of providing health and/or human services related activities.

Other Standard *(specify):*

Persons employed as a Structured Day Program Director must be a/an:

• Licensed Master Social Worker (licensed by the NYS Education Department);
• Licensed Clinical Social Worker (licensed by the NYS Education Department);
• Individual with a Doctorate or Master of Social Work;
• Individual with a Doctorate or Master of Psychology;
• Licensed Physical Therapist (licensed by the NYS Education Department);
• Registered Professional Nurse (licensed by the NYS Education Department);
• Certified Teacher of Students with Disabilities (certified by the NYS Education Department);
• Certified Rehabilitation Counselor (certified as a Certified Rehabilitation Counselor (CRC) by the Commission on Rehabilitation Counselor Certification);
• Licensed Speech Pathologist (licensed by the NYS Education Department);
• Licensed Occupational Therapist (licensed by the NYS Education Department); or
• Individual with a Master of Gerontology.
AND
Must have one (1) year of experience developing and implementing day habilitation plans; providing vocational education services; providing residential habilitation services; or providing job coaching or supportive employment services.

OR
Individual with a Bachelor's degree and two (2) years of experience developing and implementing day habilitation plans; providing vocational education services; providing residential habilitation services; or providing job coaching or supportive employment services.

The SDP must be available to provide hands-on assistance to members, and therefore, must have at least one (1) employee with previous training as a PCA or CNA available to members at all times. In addition to a required Program Director and staff with PCA/CNA training, a SDP may employ additional program staff.

Persons employed as Program Staff must:
• Be at least 18 years old with a minimum of a High School Diploma or equivalent (i.e. GED);
• Be able to follow written and verbal instructions, and have the ability, skills, training and supervision necessary to meet the waiver participant's needs that will be addressed through this service to assure the health and welfare of the waiver participant.

Any currently employed Structured Day Program provider who met waiver application qualifications upon hire, will be issued a certificate allowing them to continue providing the same services at both their current location of employment and/or any change they have in future employment locations/agencies. This certificate has no expiration date and only applies to the waiver service they were qualified for upon hire. Certificates may be terminated at the discretion of NYSDOH

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors (RRDCs) for provider (practitioner) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Wellness Counseling Services

HCBS Taxonomy:

Category 1:	**Sub-Category 1:**
11 Other Health and Therapeutic Services	11130 other therapies
Category 2:	**Sub-Category 2:**
Category 3:	**Sub-Category 3:**
Category 4:	**Sub-Category 4:**

Service Definition *(Scope):*

Wellness Counseling is an individually designed service intended to assist the medically stable waiver participant in maintaining an optimal health status. A Registered Professional Nurse (RN) assists the waiver participant to identify his/her health care needs and provides guidance to minimize, or in some cases prevent acute episodes of disease and utilize health care resources efficiently and effectively.

This service differs from Medicaid (MA) State Plan Nursing Service as the wellness counseling is provided as a discrete service to medically stable individuals.

Through Wellness Counseling, the RN can reinforce or teach healthy habits such as the need for daily exercise, weight control, or avoidance of smoking. Additionally, the RN is able to offer support for control of diseases or disorders such as high blood pressure, diabetes, morbid obesity, asthma or high cholesterol.

In addition to these services, the RN can assist the waiver participant to identify signs and symptoms that may require intervention to prevent further complications from the disease or disorder. If potential complications are identified, the RN will counsel the waiver participant about appropriate interventions including the need for immediate medical attention or contact the waiver participant's physician for referral to traditional MA State Plan services.

Note: This service does not duplicate other services available through the New York MA State Plan.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

It will be limited to no more than twelve (12) visits in a calendar year and will occur on an as needed basis.

Service Delivery Method *(check each that applies)*:

- ☐ **Participant-directed as specified in Appendix E**
- ☑ **Provider managed**
- ☐ **Remote/via Telehealth**

Specify whether the service may be provided by *(check each that applies)***:**

☐ **Legally Responsible Person**

☐ **Relative**

☐ **Legal Guardian**

Provider Specifications:

Provider Category	Provider Type Title
Agency	Certified Home Health Agency
Agency	Licensed Home Care Services Agency

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Wellness Counseling Services

Provider Category:

Agency

Provider Type:

Certified Home Health Agency

Provider Qualifications

License *(specify):*

Licensed under Article 36 of the NYS Public Health Law.

Certificate *(specify):*

Other Standard *(specify):*

Staff providing Wellness Counseling Service must be a Registered Professional Nurse pursuant to Article 139 of the NYS Educational Law.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors (RRDCs) for provider (practitioners) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Wellness Counseling Services

Provider Category:

Agency

Provider Type:

Licensed Home Care Services Agency

Provider Qualifications

License *(specify):*

Licensed under Article 36 of the NYS Public Health Law.

Certificate *(specify):*

Other Standard *(specify):*

Staff providing Wellness Counseling Service must be a Registered Professional Nurse pursuant to Article 139 of the NYS Educational Law.

Verification of Provider Qualifications

Entity Responsible for Verification:

NYSDOH waiver staff and/or its contractors (RRDCs) for provider (practitioners) credentials at the time of provider enrollment. For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification.

Frequency of Verification:

Upon signed provider agreement. The waiver service provider must report any subsequent change in status to NYSDOH waiver staff and/or its contractors (RRDC). For Employer-Employee, the employer is responsible for verifying that the individual(s) maintain the needed license, registration or certification. NYSDOH Office of Aging and Long Term Care (OALTC) surveillance staff and/or NYS Office of the Medicaid Inspector General (OMIG) staff verify employee qualifications and certifications through surveys and/or audits.

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

b. Provision of Case Management Services to Waiver Participants. Indicate how case management is furnished to waiver participants (*select one*):

- ○ **Not applicable** - Case management is not furnished as a distinct activity to waiver participants.
- ◉ **Applicable** - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

- ☑ **As a waiver service defined in Appendix C-3.** *Do not complete item C-1-c.*
- ☐ **As a Medicaid state plan service under section 1915(i) of the Act (HCBS as a State Plan Option).** *Complete item C-1-c.*
- ☐ **As a Medicaid state plan service under section 1915(g)(1) of the Act (Targeted Case Management).** *Complete item C-1-c.*
- ☐ **As an administrative activity.** *Complete item C-1-c.*
- ☐ **As a primary care case management system service under a concurrent managed care authority.** *Complete item C-1-c.*
- ☐ **As a Medicaid state plan service under section 1945 and/or section 1945A of the Act (Health Homes Comprehensive Care Management).** *Complete item C-1-c.*

c. Delivery of Case Management Services. Specify the entity or entities that conduct case management functions on behalf of waiver participants and the requirements for their training on the HCBS settings regulation and person-centered planning requirements:

d. Remote/Telehealth Delivery of Waiver Services. Specify whether each waiver service that is specified in Appendix C-1/C-3 can be delivered remotely/via telehealth.

No services selected for remote delivery

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

a. Criminal History and/or Background Investigations. Specify the state's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (select one):

- ○ **No. Criminal history and/or background investigations are not required.**
- ● **Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

Chapter 769 of the Laws of 2005, as amended by Chapters 331 and 673 of the Laws of 2006, imposed the requirement for review of the criminal history record of certain prospective employees of residential health care facilities licensed under Article 28 of the Public Health Law (PHL) and Certified Home Health Agencies (CHHAs), Licensed Home Care Services Agencies (LHCSAs) or long term home health care programs certified, licensed, or authorized under PHL Article 36 who are hired or used on or after September 1, 2006 and who will provide direct care or supervision to patients, residents or clients of such providers.

The only providers that can and must request criminal history checks on covered employees through the Department of Health are nursing homes licensed under PHL Article 28, home care services agencies licensed under PHL Article 36 and any adult home, enriched housing program or residence for adults licensed under Article 7 of the Social Services Law (SSL). Article 36 home care services agencies which include LHCSAs and CHHAs must request criminal history record checks on covered employees. Each provider shall assure that criminal history information is requested, received, reviewed, and acted upon in a timely manner.

The NYSDOH Criminal History Record Check (CHRC) Unit reviews any unlicensed individual employed by or used by a subject employer (above) who provides direct care or supervision to a patient or resident or who has access to a patient or resident, their living quarters or their property is subject to CHRC. This includes aides to professionals licensed under Title 8 of the NYS Education Law (dietary aides, rehabilitation and other therapy aides, etc.), certified nursing assistants (CNAs), home health aides (HHAs), personal care aides (PCAs), home attendants, hairdressers (if paid by provider), maintenance workers, etc. Also subject to CHRC are LPNs and RNs working out of title. Each employer submits the background/fingerprint request to the NYSDOH CHRC Unit through their own agency account established in the Health Commerce System (HCS). Each provider must designate at least two staff with access to the system.

Providers are required to have written policies and procedures for CHRC. These policies and procedures should include, but are not limited to: determining who is subject to a background check according to regulations. These protocols are reviewed upon survey by the NYSDOH Office of Primary Care and Health Systems Management (OPCHSM). In addition to reviewing the protocols, OPCHSM verifies employee rosters, the agency's process for requesting and obtaining Livescan fingerprinting within fifteen (15) calendar days of date of hire; supervision of staff pending final determination; the process for reporting terminations and separations, retention, confidentiality and separation of personnel records.

To the extent permitted by law, a provider shall request from a prospective employee a sworn statement disclosing any prior finding of patient or resident abuse, or a criminal conviction in this State or any other jurisdiction. Providers shall evaluate such statements in all hiring decisions, including any temporary employment.

The provider shall inform the potential employee in writing that:

(1) the provider is required to request a check of his or her criminal history information and review the results of such criminal history record check; and
(2) the individual has the right to obtain, review and seek correction of his or her criminal history information pursuant to rules and regulations established by the Division and the FBI.

The provider shall obtain the signed, informed consent of the individual in the form and format specified by the Department which indicates that the individual has:

• been informed of the right and procedures necessary to obtain, review and seek correction of his or her criminal history information;
• been informed of the reason for the request for his or her criminal history information;
• consented to the request for a criminal history record check; and
• supplied on the form a current mailing or home address.

An individual may withdraw his or her application for employment, without prejudice, at any time before employment is offered or declined, regardless of whether the subject individual or provider has reviewed the summary of the subject individual's criminal history information.

The provider must submit an electronic submission of the CHRC as soon as possible. The background check must

be submitted immediately, or as soon as possible, once the employer reasonably expects to hire, employ or use the individual. Providers may temporarily approve the prospective employee (temporary employee) pending completion of a CHRC and employment eligibility determination. If the individual has been previously reviewed by the CHRC Unit an expedited review is conducted using available information. New fingerprinting is not required. If the individual has not been previously reviewed by CHRC, fingerprinting is required and the provider will receive an Appointment Letter in the HCS document viewer. Providers check the viewer daily and take appropriate action as directed in the correspondence. Appointments for fingerprinting may be made either online or via telephone and should be scheduled at a time and location convenient for the prospective employee. A State contractor provides all fingerprinting service to CHRC under a contract with the Division of Criminal Justice Services (DCJS). The fingerprint vendor provides these services at over 90 locations statewide.

A provider may temporarily approve a prospective employee while the results of the criminal history record check are pending. The provider shall implement the supervision requirements applicable to the provider, during the period of temporary employment. A temporary employee who has not received approval for hire must be supervised until the CHRC determination has been received. Such temporary employees must be directly observed and evaluated and the supervision must be documented by a member of the provider's staff weekly. The provider is required to produce written documentation of supervision. This documentation should be completed by the individual who has performed the supervision. Documentation must include how the supervision was performed, those involved in the supervision and the dates the supervision occurred. This documentation is reviewed upon survey.

The provider is responsible for paying the fingerprinting fee. By law, costs associated with fingerprinting cannot be charged to the prospective employee. The results of the CHRC are posted to the provider's account in HCS via a weekly acknowledgement Report, monthly reports and upon survey.

The provider:

• identifies the name of each person for whom the provider requests a criminal record check, and attests that each such person is a prospective employee of the provider,
• identifies the specific duties of the subject individual which qualify the provider to request a check,
• attests that the provider, its agents, and employees are aware of and will abide by the confidentiality requirements and all other provisions of Public Health Law Article 28-E and Executive Law section 845-b,
• shall require that the prospective employee present two forms of identification in obtaining fingerprints. Examples of such identification are a valid driver's license or a Department of Motor Vehicle ID, a current passport, valid military identification or valid school identification. At least one of the two (2) forms of identification shall have a photograph of the prospective employee.

Where the criminal history information of a prospective employee reveals a felony conviction at any time for a sex offense, a felony conviction within the past ten years involving violence, or a conviction for endangering the welfare of an incompetent or physically disabled person pursuant to section 260.25 of the Penal Law, or where the criminal history information concerning such prospective employee reveals a conviction at anytime of any class A felony, a conviction within the past ten years of any class B or C felony, any class D or E felony defined in articles 120, 130, 155, 160, 178 or 220 of the Penal Law or any crime defined in sections 260.32 or 260.34 of the Penal Law or any comparable offense in any other jurisdiction, the Department shall propose disapproval of such person's eligibility for employment unless the Department determines, in its discretion, that the prospective employee's employment will not in any way jeopardize the health, safety or welfare of patients, residents or clients of the provider. In cases where the Department determines that the prospective employee's employment will not in any way jeopardize the health, safety or welfare of patients, residents or clients of the provider and therefore neither issues a disapproval of eligibility for employment nor directs the provider to issue a disapproval, the provider may act on the application in its own discretion.

Only an authorized person(s) or their designee who shall be employed by the provider and the individual shall have access to criminal history information received by a provider.

Each authorized person(s) and any other party to whom such criminal history information is disclosed shall keep criminal history information strictly confidential.

Each provider shall establish, maintain, and keep current, all records. Records shall be maintained in a manner that

ensures the security of the information contained therein, but which also assures the Department of immediate and unrestricted access to such information upon its request, for the purpose of monitoring compliance. At the time of surveillance, NYSDOH surveyors from OPCHSM review a sample, as determined by the surveillance staff, of recently hired employees which includes employees/applicants with a negative determination report. If a provider is found to be not in compliance with the regulations, a statement of deficiency(ies) is issued for which the provider must provide a plan of correction. LHCSAs and CHHAs are surveyed, at a minimum, once every three (3) years.

b. Abuse Registry Screening. Specify whether the state requires the screening of individuals who provide waiver services through a state-maintained abuse registry (select one):

- (●) **No. The state does not conduct abuse registry screening.**
- ( ) **Yes. The state maintains an abuse registry and requires the screening of individuals through this registry.**

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; (c) the process for ensuring that mandatory screenings have been conducted; and (d) the process for ensuring continuity of care for a waiver participant whose service provider was added to the abuse registry. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

Note: Required information from this page is contained in response to C-5.

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

d. Provision of Personal Care or Similar Services by Legally Responsible Individuals. A legally responsible individual is any person who has a duty under state law or regulations to care for another person (e.g., the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child). At the option of the state and under extraordinary circumstances specified by the state, payment may be made to a legally responsible individual for the provision of personal care or similar services. *Select one*:

- (●) **No. The state does not make payment to legally responsible individuals for furnishing personal care or similar services.**
- ( ) **Yes. The state makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.**

Specify: (a) the types of legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) the method for determining that the amount of personal care or similar services provided by a legally responsible individual is ***"extraordinary care"***, exceeding the ordinary care that would be provided to a person without a disability or chronic illness of the same age, and which are necessary to assure the health and welfare of the participant and avoid institutionalization; (c) the state policies to determine that the provision of services by a legally responsible individual is in the best interest of the participant; (d) the state processes to ensure that legally responsible individuals who have decision-making authority over the selection of waiver service providers use substituted judgement on behalf of the individual; (e) any limitations on the circumstances under which payment will be authorized or the amount of personal care or similar services for which payment may be made; (f) any additional safeguards the state implements when legally responsible individuals provide personal care or similar services; and, (g) the procedures that are used to implement required state oversight, such as ensuring that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for*

which payment may be made to legally responsible individuals under the state policies specified here.

e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians. Specify state policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one*:

- (●) **The state does not make payment to relatives/legal guardians for furnishing waiver services.**
- ( ) **The state makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.**

  Specify the types of relatives/legal guardians to whom payment may be made, the services for which payment may be made, the specific circumstances under which payment is made, and the method of determining that such circumstances apply. Also specify any limitations on the amount of services that may be furnished by a relative or legal guardian, and any additional safeguards the state implements when relatives/legal guardians provide waiver services. Specify the state policies to determine that that the provision of services by a relative/legal guardian is in the best interests of the individual. When the relative/legal guardian has decision-making authority over the selection of providers of waiver services, specify the state's process for ensuring that the relative/legal guardian uses substituted judgement on behalf of the individual. Specify the procedures that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

- ( ) **Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.**

  Specify the controls that are employed to ensure that payments are made only for services rendered.

- ( ) **Other policy.**

  Specify:

f. Open Enrollment of Providers. Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR § 431.51:

NYSDOH waiver staff and/or its contractors (RRDCs) conduct regional meetings, open forums, and information sessions in order to educate the community at large about the NHTD waiver. The RRDS is directed by NYSDOH to facilitate meetings with potential providers to inform them of the opportunities to provide waiver services.

The approved NHTD waiver application and program manual are posted on the NYSDOH website, providing ready access to the necessary information for all potential providers. Providers may seek to enroll at any time during the the approved waiver period.

The RRDC contract work plans include goals for community outreach and provider enrollment. Throughout the contract year, the RRDC develops and implements an outreach plan to identify available providers for each of the waiver services in the region and to ensure participant choice in each county within the region.

Throughout the contract year, the RRDC recruits and submits application packets to NYSDOH for providers for each of the waiver services to ensure participant choice and sufficient provider capacity.
Throughout the contract year, the RRDC conducts targeted recruitment for areas that are assessed as "difficult to serve" geographic locations. The RRDC also provides technical assistance and support to new and approved service providers on NHTD waiver policies and procedures. A "difficult to serve area" is a geographic area that due to demographics such as: socio economic/cultural status, population density, poverty, transportation disparities, poor health of the population, high utilization of emergency care, and a limited number of social service agencies to sufficiently maintain the care of the citizens residing in the locale requires special consideration when developing providers.

At the end of each contract quarter, the RRDC develops and implements alternatives to experienced barriers to maximize provider enrollment and training. On an ongoing basis, the RRDCs gather information from waiver service providers on barriers experienced related to enrollment and training. The RRDC adjusts its recruitment practices based on this information.

The RRDC facilitates the provider application process by providing tools, technical assistance, help with developing policies and procedures, and training.

Prior to approval of a waiver service provider, the RRDC receives a letter of intent from the provider listing the services, counties, and the region in which it is seeking to provide services. The letter includes a brief description of the agency's history of providing services to the elderly or individuals with physical disabilities.

Waiver providers are responsible to assure their staff meet all qualification requirements established in the waiver. Prior to arranging an interview with the potential provider, the RRDS reviews the Provider Enrollment Application Packet and determines preliminary eligibility. This includes reviewing and verifying the provider meets the licensure, certification, and staff qualifications to support the services requested for approval.

The RRDS conducts an interview with each potential waiver service provider, which includes evaluation of employee resumes to ensure employees meet the required qualifications.

All RRDC contractors utilize the same forms and practices for provider enrollment. The RRDS is responsible for reviewing the provider's application and the request to provide specific services based on: personnel qualifications as established in the NHTD Program Manual and waiver application; the capacity of the agency to develop and maintain high quality services; and the provider's willingness to adhere to the philosophy and policies of the waiver. Upon review of all supporting documentation, the RRDS determines the provider enrollment packet is complete and refers the application to NYSDOH for final review and approval.

Any willing and qualified provider may, at any time, seek approval to add services. If a provider seeks approval for additional services, the RRDS interviews the provider and reviews the qualifications of staff providing the additional services.

NYSDOH waiver staff verify the accuracy of the Federal Employee Identification Number (FEIN) and incorporation status, provider agreement, eMedNY application, and ensure the paperwork is accurately executed. NYSDOH waiver staff also review the employee qualifications to verify the provider attestation of employee qualifications. Attached to the signed Employee Verification of Qualifications form is the individual's resume and license/diploma/certification, as required. Upon review of the complete application and supporting documents, NYSDOH waiver staff approve the

application.

The Office of Health Insurance Programs (OHIP) assigns a provider identification number and uploads the information into the provider's eMedNY file. This number is dedicated solely to NHTD waiver providers and assures that only enrolled waiver providers are billing for services. Each waiver service is assigned a unique rate code. This allows the provider to bill electronically through the system via eMedNY. NHTD waiver staff are advised of the provider ID number and then provides OHIP with the approved rate codes.

Waiver services will not be provided to individuals living in enriched housing, residential health care facilities and adult care facilities.

g. State Option to Provide HCBS in Acute Care Hospitals in accordance with Section 1902(h)(1) of the Act. Specify whether the state chooses the option to provide waiver HCBS in acute care hospitals. *Select one*:

- **No, the state does not choose the option to provide HCBS in acute care hospitals.**
- **Yes, the state chooses the option to provide HCBS in acute care hospitals under the following conditions.** *By checking the boxes below, the state assures:*
  - ☐ **The HCBS are provided to meet the needs of the individual that are not met through the provision of acute care hospital services;**
  - ☐ **The HCBS are in addition to, and may not substitute for, the services the acute care hospital is obligated to provide;**
  - ☐ **The HCBS must be identified in the individual's person-centered service plan; and**
  - ☐ **The HCBS will be used to ensure smooth transitions between acute care setting and community-based settings and to preserve the individual's functional abilities.**

*And specify:***(a) The 1915(c) HCBS in this waiver that can be provided by the 1915(c) HCBS provider that are not duplicative of services available in the acute care hospital setting;(b) How the 1915(c) HCBS will assist the individual in returning to the community; and(c) Whether there is any difference from the typically billed rate for these HCBS provided during a hospitalization. If yes, please specify the rate methodology in Appendix I-2-a.**

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the state's quality improvement strategy, provide information in the following fields to detail the state's methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i. Sub-Assurances:

a. ***Sub-Assurance: The state verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.***

Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
 # and % of new licensed/certified waiver providers that meet NHTD licensure/certification standards upon enrollment & adhere to other standards prior to furnishing waiver services (# of new licensed/certified providers that meet NHTD licensure/certification standards upon enrollment & adhere to other standards prior to furnishing waiver services / total # of new licensed/certified NHTD providers)

Data Source (Select one):
Other
If 'Other' is selected, specify:
Documentation submitted to the RRDC and NYSDOH by the provider

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of all licensed/certified providers that continue to meet NHTD waiver qualifications and standards upon survey/audit (numerator: number of licensed/certified providers that continue to meet NHTD waiver provider qualifications and standards upon survey/audit/denominator: Total number of approved licensed/certified NHTD providers surveyed and audited)

Data Source (Select one):
Other
If 'Other' is selected, specify:
Surveillance reports

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =

☑ **Other** Specify: RRDC, OMIG, OPCHSM Surveillance	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC, OMIG, OPCHSM Surveillance	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-Assurance: The state monitors non-licensed/non-certified providers to assure adherence to waiver requirements.***

For each performance measure the state will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of all non-licensed/non-certified NHTD waiver providers that meet NHTD waiver qualifications upon application (percentage = numerator: number of non/licensed/non-certified NHTD waiver providers that meet NHTD waiver qualifications upon application/denominator: total number of newly enrolled non-licensed/non-certified NHTD providers)

Data Source (Select one):
Other
If 'Other' is selected, specify:
Documentation submitted to the RRDC and NYSDOH by the provider

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☐ **Other** Specify:	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of all non-licensed/non-certified providers that continue to meet NHTD waiver qualifications upon survey (percentage = numerator: number of non-licensed/non-certified providers that meet NHTD waiver provider qualifications upon survey / denominator: total number of approved non-licensed/non-certified NHTD providers surveyed)

Data Source (Select one):
Other
If 'Other' is selected, specify:
Surveillance reports

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =

☑ **Other** Specify: RRDC, OMIG, OPCHSM Surveillance	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC, OMIG, OPCHSM Surveillance	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

c. ***Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.***

For each performance measure the state will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of all approved providers meeting training requirements by attending eight training sessions per calendar year per region (percentage = numerator: number of approved providers meeting training requirements by attending eight training sessions per calendar year per region/ denominator: total number of approved providers per region)

Data Source (Select one):
Other
If 'Other' is selected, specify:
Surveillance reports

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: RRDC, OMIG, OPCHSM Surveillance	☑ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the state to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

NYSDOH waiver staff obtain reasonable assurances that the applying agency is capable of delivering services in accordance with the operational standards and intent of this waiver. NYSDOH waiver staff contact other New York State agencies to gather information about the current status and background of the potential provider, including any past experience in providing HCBS waiver services. NYSDOH waiver staff review information about providers through Automated Survey Processing Environment (ASPEN), the Attorney General's (AG) office, Office of Medicaid Inspector General (OMIG), Office of Inspector General (OIG) and web searches prior to approving providers.

NYSDOH monitors non-licensed/non-certified providers to assure adherence to waiver requirements through the RRDC and the NYSDOH Office of Primary Care and Health Systems Management (OPCHSM). NYSDOH waiver staff review information about providers through Automated Survey Processing Environment (ASPEN), AG, OMIG, OIG and web searches. If there are questions about the provider's ability to meet the standards the following action may be taken: request for a plan of corrective action, referral made to OMIG or request an additional survey of the provider.

Any Certified Home Health Agency (CHHA) or Licensed Home Care Services Agency (LHCSA), licensed or authorized under Article 36 of the Public Health law to provide services to patients of clients, shall request a criminal history record check for each prospective employee to provide direct care or supervision to patients, or clients. Due to this standard, the only waiver service requiring background checks is HCSS. The checks are required as a standard of licensure and at the time of survey.

RRDCs maintain attendance sheets of all provider trainings. These documents are reviewed by NYSDOH during site visits. RRDCs include provider training data in the RRDC Quarterly report.

Waiver providers are responsible for maintaining ongoing training for their staff to assure that waiver compliance standards are met. This information is reviewed upon survey.

RRDC staff provides NYSDOH with an annual schedule of all provider meetings. A master schedule is maintained by NYSDOH. Provider meetings are utilized as a mechanism for program updates and include at least one training topic per meeting. Samples of training materials and agenda are provided to NYSDOH.

If, at any time, a provider is unable to maintain qualified staff for a service, it is no longer able to provide that service. The waiver provider must report any changes in status to the appropriate RRDC.

Providers who have not provided waiver services in two (2) or more years and wish to resume providing services must contact the appropriate RRDC to reapply as a waiver provider with current and appropriate documentation.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the state's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction and the state's method for analyzing information from individual problems, identifying systemic deficiencies, and implementing remediation actions. In addition, provide information on the methods used by the state to document these items.

NYSDOH waiver staff provide ongoing technical assistance to RRDC staff and providers about the qualifications and criteria necessary to be an approved NHTD waiver provider.

NYSDOH may terminate the approval of an entity to provide any or all waiver services with at least sixty (60) days written notice.

Provider enrollment practices are reviewed on an ongoing basis at Quarterly RRDC meetings.

A provider database system is maintained by NYSDOH to track information throughout the provider enrollment process as well as maintain critical information that facilitates the monitoring of providers and the survey process.

Information received via NHTD complaint lines is maintained and used as a source to identify ongoing issues or trends in service provision related to specific providers.

NYSDOH and/or RRDCs review training materials used by a waiver provider to train their staff and make recommendations for changes or improvements.

NYSDOH and/or RRDCs attend waiver service provider trainings as necessary.

NYSDOH waiver staff designate time in each RRDC quarterly meeting to provide training by subject matter experts on a variety of waiver implementation issues.

Documentation of remediation activities is accomplished by the following measures: correspondence among NYSDOH waiver staff, the RRDC, participants and their legal guardians, and/or service providers; amended service plans; findings from retrospective record reviews and reports of follow-up meetings with participants; and the results of NYSDOH site visits.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other**

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
	Specify:

c. Timelines

When the state does not have all elements of the quality improvement strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

- (•) **No**
- ( ) **Yes**

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

a. Additional Limits on Amount of Waiver Services. Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

- (•) **Not applicable**- The state does not impose a limit on the amount of waiver services except as provided in Appendix C-3.
- ( ) **Applicable** - The state imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

- [ ] **Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
  Furnish the information specified above.

- [ ] **Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
  Furnish the information specified above.

☐ **Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
Furnish the information specified above.

☐ **Other Type of Limit.** The state employs another type of limit.
Describe the limit and furnish the information specified above.

Appendix C: Participant Services

C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 §§ CFR 441.301(c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings in which 1915(c) HCBS are recieved. *(Specify and describe the types of settings in which waiver services are received.)*

2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and in the future as part of ongoing monitoring. *(Describe the process that the state will use to assess each setting including a detailed explanation of how the state will perform on-going monitoring across residential and non-residential settings in which waiver HCBS are received.)*

3. *By checking each box below, the state assures that the process will ensure that each setting will meet each requirement:*

☐ **The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.**

☐ **The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board. *(see Appendix D-1-d-ii)***

☐ **Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.**

☐ **Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.**

☐ **Facilitates individual choice regarding services and supports, and who provides them.**

☐ **Home and community-based settings do not include a nursing facility, an institution for mental diseases, an**

intermediate care facility for individuals with intellectual disabilities, a hospital; or any other locations that have qualities of an institutional setting.

Provider-owned or controlled residential settings. (*Specify whether the waiver includes provider-owned or controlled settings*.)

- ○ **No, the waiver does not include provider-owned or controlled settings.**
- ○ **Yes, the waiver includes provider-owned or controlled settings.** (By checking each box below, the state assures that each setting, *in addition to meeting the above requirements, will meet the following additional conditions*):
  - ☐ **The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the state, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the state must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.**
  - ☐ **Each individual has privacy in their sleeping or living unit:**
    - ☐ **Units have entrance doors lockable by the individual.**
    - ☐ **Only appropriate staff have keys to unit entrance doors.**
    - ☐ **Individuals sharing units have a choice of roommates in that setting.**
    - ☐ **Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.**
  - ☐ **Individuals have the freedom and support to control their own schedules and activities.**
  - ☐ **Individuals have access to food at any time.**
  - ☐ **Individuals are able to have visitors of their choosing at any time.**
  - ☐ **The setting is physically accessible to the individual.**
  - ☐ **Any modification of these additional conditions for provider-owned or controlled settings, under § 441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan*(see Appendix D-1-d-ii of this waiver application).***

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (1 of 8)

State Participant-Centered Service Plan Title:

Initial and Revised Service Plan

a. Responsibility for Service Plan Development. Per 42 CFR § 441.301(b)(2), specify who is responsible for the development of the service plan and the qualifications of these individuals. Given the importance of the role of the person-centered service plan in HCBS provision, the qualifications should include the training or competency requirements for the HCBS settings criteria and person-centered service plan development. *(Select each that applies):*

- ☐ **Registered nurse, licensed to practice in the state**
- ☐ **Licensed practical or vocational nurse, acting within the scope of practice under state law**
- ☐ **Licensed physician (M.D. or D.O)**
- ☑ **Case Manager** (qualifications specified in Appendix C-1/C-3)
- ☐ **Case Manager** (qualifications not specified in Appendix C-1/C-3).
  Specify qualifications:

☐ **Social Worker**
Specify qualifications:

☐ **Other**
Specify the individuals and their qualifications:

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (2 of 8)

b. Service Plan Development Safeguards. Providers of HCBS for the individual, or those who have interest in or are employed by a provider of HCBS; are not permitted to have responsibility for service plan development except, at the option of the state, when providers are given responsibility to perform assessments and plans of care because such individuals are the only willing and qualified entity in a geographic area, and the state devises conflict of interest protections. *Select one:*

○ **Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.**

◉ **Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.** ***Explain how the HCBS waiver service provider is the only willing and qualified entity in a geographic area who can develop the service plan:***

The NHTD waiver makes every effort to promote the right of waiver applicants and participants to choose participation in the NHTD waiver, identify needed services, and select their service providers. Agencies that provide Service Coordination must adhere to conflict of interest (COI) requirements established by the Department. Compliance with these practices promotes the independence of the Service Coordinator (SC) and ensures participant choice. The SC is responsible for providing unbiased and comprehensive information to the participant about available services and service providers. A SC may not "steer" business and may not recommend or indicate a preference for a service provider.

Conflict of Interest Compliance information is included in Main B. Optional.

The SC assists the prospective participant in securing waiver eligibility, coordinates service provision and monitors the delivery of all services in the service plan. Services may include Medicaid State Plan services, non-Medicaid federal, state and locally funded services, as well as educational, vocational, social, and medical services. Additionally, the SC must initiate and oversee the assessment and reassessment of the participant's level of care and on-going review of the service plan.

The following safeguards ensure that the service plan development is conducted in the best interest of the waiver participant and assurance of provider choice:

1. The applicant first meets with staff from the RRDC, which is a contractual agent of NYSDOH. The RRDC staff provides information about the waiver services, waiver service providers and explains to the applicant that they have a choice of all waiver service providers and encourages the applicant to interview SC agencies in order to make an informed choice;

2. The applicant selects a Service Coordination provider and signs a Service Coordination Selection Form indicating that they understand that they are entitled to choose a SC and choose approved providers for other waiver services;

3. The SC is responsible for providing unbiased and comprehensive information to the participant about available services and service providers. The SC provides the applicant with a list of all approved waiver providers;

4. The applicant signs the Provider Selection Form. By signing the form, the applicant is affirming that they were given a choice of approved waiver providers;

5. On an annual basis, the participant reviews and signs the Participant Rights and Responsibilities Form, which describes the right to choose and change waiver service providers as requested. The participant maintains a copy of the signed form, as does the RRDC and SC in the participant's record;

6. The applicant's signature is required on the Initial Service Plan, Revised Service Plan(s), and any addenda to the service plan. The participant's signature indicates that the participant agrees with the information that is included in the service plan, and includes the services requested and the chosen providers of the services;

7. The participant has the right to change waiver providers at any time during the period covered by an approved service plan. With the assistance of their SC, the participant completes a Change of Provider Form, which is then sent to the Regional Resource Development Specialist (RRDS). If the participant wishes to change SCs, the participant contacts the RRDS. The RRDS provides information to the participant about SC providers and assists the participant with completing the Change of Provider Form;

8. The RRDS reviews each service plan to assure it meets the assessed needs of the participant and reflects waiver participant choice;

9. A complaint line has been established for participants to call if they believe their rights are being violated. All calls will be investigated promptly;

10. The participant is given a contact list that contains the phone numbers of the RRDS and NYSDOH waiver staff in case any concerns arise;

11. Participants are surveyed using a standardized survey tool to obtain feedback about the services and supports that

they receive under the NHTD waiver. This survey includes questions about the waiver participant's satisfaction with the amount of choice and control that the participant has over their services and over his or her providers of service;

12. NYSDOH waiver staff, via the RRDC, conducts a random retrospective record review using a statistically appropriate sample size determined by the software program available at the Raosoft website to allow valid analysis and conclusions to be drawn from the results. Sample size will be based on a ninety-five (95%) confidence level with a margin of error of ± 5% (p is less than or equal to .05).

NYSDOH has the responsibility to assure informed choice of providers for all participants. In the event of coercion by providers, the provider will be subject to corrective actions.

(Complete only if the second option is selected) The state has established the following safeguards to mitigate the potential for conflict of interest in service plan development. *By checking each box, the state attests to having a process in place to ensure:*

- ☐ **Full disclosure to participants and assurance that participants are supported in exercising their right to free choice of providers and are provided information about the full range of waiver services, not just the services furnished by the entity that is responsible for the person-centered service plan development;**
- ☐ **An opportunity for the participant to dispute the state's assertion that there is not another entity or individual that is not that individual's provider to develop the person-centered service plan through a clear and accessible alternative dispute resolution process;**
- ☐ **Direct oversight of the process or periodic evaluation by a state agency;**
- ☐ **Restriction of the entity that develops the person-centered service plan from providing services without the direct approval of the state; and**
- ☐ **Requirement for the agency that develops the person-centered service plan to administratively separate the plan development function from the direct service provider functions.**

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (3 of 8)

c. Supporting the Participant in Service Plan Development. Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

The Regional Resource Development Specialist (RRDS) provides detailed information to the applicant and/or legal guardian during the intake process regarding the purpose of the NHTD waiver, the philosophy of the NHTD waiver, available services, the application and service plan development process, role of the Service Coordinator (SC), a list of available waiver providers, and the fair hearing process. Service plans address many aspects of the applicant/participant's life, including safety, independent living skills, and medical and cognitive needs. As a result, family members, friends and informal supports are encouraged to provide input into the applicant/participant's service goals. The applicant/participant may include any person of his/her choosing to assist in the development of the service plan.

It is the responsibility of the SC to invite representatives of the applicant/participant's choice to be involved in service plan development. The SC is required to include the applicant/participant, their advocate, and any other family or friends they select. Additionally, at the mid-year Team Meeting, a representative from each of participant's service providers is required to participate in the meeting. Team Meetings may be held virtually, via telephone or in person at the request of the participant. It is ultimately the decision of the participant and their advocate to decide who will participate in the service plan development process.

The Waiver Participant's Rights and Responsibilities form must be signed and dated by the potential participant. The original document is included in the Application Packet. A copy is given to the participant to be maintained in an accessible location in his/her home. The document is reviewed with him/her on an annual basis; it advises that, as a waiver participant, he/she has the right to:
• Be provided with an explanation of all services available in the NHTD waiver and other health and community resources that may benefit the individual;
• Have assistance reviewing and understanding waiver material;
• Have the opportunity to participate in the development, review, and approval of all service plans, including any changes to the service plan;
• Determine who the individual wishes to include in the service planning process;
• Freely choose his/her service provider.

The SC must provide a detailed explanation of the applicant/participant's choices and needs in the service plan, including information regarding relationships, desired living situation, recreation or community inclusion time activities, physical and mental strengths or limitations, spiritual needs and goals for vocational training, employment or community service. A description of why the waiver services are needed to prevent placement in a nursing home must also be included. The Initial Service Plan (ISP) will identify services for the first year of waiver participation.

Waiver applicants/participants with limited fluency in English must have access to services without undue hardship. RRDC staff make arrangements to provide interpretation or translation services for applicants/participants who require these services. This may be accomplished through a variety of means, including: employing bi-lingual staff, resources from the community (e.g. local colleges), and contracted interpreters. Non-English speaking applicants/participants may bring a translator of their choice with them to meetings with waiver providers and/or the RRDS. However, applicants/participants are not required to bring their own translator, and applicants/participants cannot be denied access to waiver services on the basis of a RRDC contractor's difficulty in obtaining qualified translators.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (4 of 8)

d. i. Service Plan Development Process. In four pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available under the waiver; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how waiver and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; (g) how and when the plan is updated, including when the participant's needs changed; (h) how the participant engages in and/or directs the planning process; and (i) how the state documents consent of the person-centered service plan from the waiver participant or their legal representative. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

There are two types of service plans utilized by the NHTD waiver: Initial Service Plan (ISP) and Revised Service Plan (RSP). Both documents may be updated or amended by an Addendum to the existing service plan. The ISP is developed upon admission to the waiver and is valid for one year. Subsequent service plans are "Revised Service Plans" developed annually after the ISP. The Service Coordinator (SC) is responsible for completing the ISP/RSP.

The Regional Resource Development Specialist (RRDS) provides information about the waiver services and waiver service providers to waiver applicants. The RRDS explains to the applicant that he/she has a choice of all waiver service providers and encourages the waiver applicant to interview SC agencies in order to make an informed choice.

The applicant signs a Service Coordination Selection form indicating that he/she understands that he/she is entitled to choose a SC and choose approved providers for other waiver services.

The RRDS forwards the Service Coordinator Selection form to the selected provider for their signature, indicating that they are willing and able to accept the applicant.

The applicant, and anyone they may choose, works with the SC to develop an ISP and complete the Application Packet.

The SC must identify and coordinate all non-waiver services deemed appropriate and necessary for the applicant. If the applicant is not currently receiving necessary non-waiver services, the SC must work with the applicant and all necessary partners to obtain any necessary referrals, assessments and approvals/authorizations.

If the applicant is currently receiving non-waiver services, the SC must work with the individual and all necessary parties to obtain any necessary referrals, reassessment and re-approvals/re-authorizations for the potential continuation of these services.

It is the SC's responsibility to maintain a current understanding of the processes required to obtain necessary referrals, reassessments and re-approvals for non-waiver services. This includes understanding which services under Medicaid require a physician order and reauthorizations. When service plans include State Plan services, the SC must work closely with the Local Department of Social Services (LDSS), assuring there is no duplication of services and that roles and responsibilities are clearly defined.

The SC reviews the services with the applicant and presents options for meeting his/her needs and preferences. Once the applicant is enrolled in waiver services, the SC monitors the provision of all services in the service plan.

The service plan reflects coordination between all providers involved with the applicant/participant. It is necessary to obtain input from agencies directly or indirectly involved in the provision of services. Participant choice is inherent to the service plan development process. The SC is responsible for providing unbiased and comprehensive information to the applicant/participant about available services and service providers. This includes a summary of all waiver services available to the applicant/participant.

The ISP contains an assessment of the individual's strengths, limitations, and goals. It identifies what services are necessary to support and maintain the individual in the community. For waiver applicants residing in a nursing/rehabilitation facility or hospital, the ISP includes current summaries of all services provided and a discharge summary from the facility, including relevant medical reports and assessments.

A detailed explanation of the individual's choices and needs and a description of why the waiver services are needed to prevent institutionalization or re-entry to an institution is also included in the service plan. The ISP identifies the recommended services for the first twelve (12) months of waiver participation.

The applicant/participant is the primary decisionmaker in the development of goals, and selection of supports and providers. The completed and approved plan is designed to address needs associated with his/her health and welfare, independence, productivity, and an ability to return to or remain in the community.

The SC sends the completed Application Packet and any supporting documentation to the RRDS.

The RRDS reviews the Application Packet and either approves the applicant for waiver eligibility or requests, in writing, revisions and/or additional information needed for approval or denies the application.

A Notice of Decision (NOD) Authorization is issued by the RRDS for an approved waiver applicant. The NOD Authorization indicates the start date for the initial twelve (12) months of waiver participation. Ongoing program participation is based on the participant's choice to remain in the waiver, continued Medicaid and Level of Care (LOC) eligibility, and the completion of subsequent RSPs on an annual basis and approval by the RRDS. Every NOD includes information regarding an individual's fair hearing rights. The RRDC notifies the LDSS of the applicant's date of waiver eligibility.

A NOD Denial is sent when an individual is not eligible to receive waiver services.

Service plans are expected to evolve as the participant experiences life in the community, requests revisions, experiences significant life changes, or as new service options become available.

Each service plan includes an assessment of the individual to determine the services needed to prevent institutionalization or return to a facility. This assessment includes demographic information, description of the individual in person centered terms, psychosocial history and a needs assessment.

The assessment also includes an evaluation of risk factors that will be addressed in the Plan for Protective Oversight (PPO). The PPO explicitly states the individuals who are responsible for assisting the participant with daily activities/emergencies, medication management, financial transactions, fire/safety issues and back-up plans are also included. The PPO establishes a plan to reduce risk and address safety issues. The PPO addresses back-up issues for activities that are directly related to health and welfare.

The Uniform Assessment System New York (UAS-NY) not only establishes nursing facility LOC, but also offers a summary of the individual's strengths, weaknesses and level of functioning. This information is incorporated into the service plan as identified training or support goals.

Assessments are completed by service providers or additional outside assessments may be procured on behalf of the participant. The RRDS reviews each service plan to assure it meets the assessed needs of the participant and reflects waiver participant choice.

A formal review must be conducted on an annual basis when the RSP is due. Other events that may trigger a review include:
• The participant requests a change in services or service providers;
• There are significant changes in the participant's physical, cognitive, or behavioral status;
• A new provider is approved or the participant is interested in either changing providers or adding newly available services; and
• The expected outcomes of the services are either realized or need to be altered.

The service plan identifies services for one (1) year of waiver participation. If the participant's level of skill changes, there is an appropriate adjustment in the type and amount of the waiver services provided and an addendum to the plan is executed. The SC develops the Addendum in collaboration with the participant, authorized representative(s), and specific service provider(s) whenever there is a change needed in identified services, frequency or duration of a service.

The service plan specifies all supports to be provided to the participant, including: informal caregivers (i.e. family, friends, and informal supports), federal and state funded services, Medicaid State Plan services and waiver services. Waiver services are provided when informal or formal supports are not available to meet the participant's needs. Waiver services may also be accessed when it is more efficient or cost-effective than Medicaid State Plan services.

Each service plan identifies the participant's primary care physician, and other medical providers. Medications are listed and reviewed as part of the service plan development. Assessments may indicate medical follow-up or additional services and this information is explained and identified in the service plan. Supportive services are developed around the individual's medical and behavioral needs.

All medication regimes are reviewed on an annual basis in conjunction with the service plan, upon discharges from hospitals and rehabilitative services or when the needs/conditions of the participant change significantly.

The service plan is the essential tool that clearly states responsibility for each of the services and supports that the participant needs based on a comprehensive, person centered assessment. The service plan includes the description of methods for addressing the participant's goals and objectives and identifies persons and/or services responsible for implementing and monitoring the plan. These methods are discussed and evaluated at each service plan review.

The RSP is due to the Regional Resource Development Center (RRDC) at least sixty (60) days prior to the last day of the twelve (12) months of the most recently approved service plan. An update to the service plan is developed in the following situations:
• At least every twelve (12) months if the participant chooses to continue waiver services;
• When a participant has been institutionalized or hospitalized for an extended period; or
• Any time there is a need for a significant change in the level, type or amount of services.

The RSP contains a review and evaluation of the participant's previous twelve (12) months of waiver services. It addresses how waiver services continue to prevent institutionalization and indicates whether these services should continue unchanged, be modified or discontinued.

Individual Service Reports (ISR) are required by the SC for the development of the RSP. The SC is responsible for informing the waiver service providers that the ISR is due.

The ISR documents the progress of the participant in relation to provided services, justifies the continuation of the services and represents the provider's request for continued approval to provide the services. In order for the RRDS to justify approval/continuation of a service, the ISR must clearly describe how the continuation of this service will help to maintain the participant in the community.

The RSP must be reviewed and signed by the participant, the SC and the SC Supervisor before being forwarded to the RRDS for final review and sign-off.

To assure services are provided in the most integrated and efficient manner, providers attend regularly scheduled (at least every six (6) months) Team Meetings to discuss progress toward the participant's goals, identify any impediments to achieving projected milestones and address any issues affecting the participant. Regularly scheduled Team Meetings with the participant and service providers are an essential part of assuring the participant's health and welfare. There must be at least one (1) Team Meeting every six (6) months from the date of approval of the service plan.

The service plan (RSP) is re-written and approved by the RRDC annually, reviewed every six (6) months at a Team Meeting, when there is a significant change in the participant's needs for support and services or his/her life situation, or when requested by a participant. The RRDS reviews the Team Meeting Summaries and if necessary, informs the SC of required changes in the service plan and the need for an addendum.

Schedules included with the service plan serve as proposed time frames for service delivery and are dictated by the participant. Providers are required to remain within the total approved hours on an annual basis and not a bi-weekly schedule. RRDCs maintain monitoring mechanisms to review usage to ensure that services are provided on a timely basis.

The applicant/participant's signature is required on the ISP, the RSP(s), and any addenda to the service plan. The participant's signature indicates that he/she has contributed to the development of the service plan, and agrees with the information that is included in the service plan, the services requested and the chosen providers of the services. By signing the service plan, the participant acknowledges that he/she was actively involved in the development of the plan.

If the participant does not want to sign the service plan, he/she is given the opportunity for a conference with the RRDC and/or a fair hearing.

The RRDS conducts a comprehensive review of all submitted service plans and completes the RSP Review form

assuring the plan meets the participant's needs that allow the him/her to live safely in the community. The RRDS may request amendments to the plan and return it to the SC for revision. The participant must be advised of any changes to the plan. Upon receipt of the final version of the plan from the SC, the RRDS reviews and approves the RSP, documenting the effective date of the new service plan period.

The SC is responsible for ensuring that all service providers receive a copy of the approved service plan and are aware of the plan and goals. The approved plan must be forwarded to each waiver service provider within three (3) calendar days of receipt by the SC.

The SC regularly reviews the service plan with the participant. This review is a natural component of the monthly meetings between the participant and SC.

Late submission of a service plan can result in the interruption of services to a participant and penalties to the waiver service provider.

Participants are surveyed using a statewide satisfaction survey tool to obtain feedback about the services and supports that they receive through the NHTD waiver. This survey includes questions about the participant's satisfaction with the amount of choice and control that the participant has over his/her services and service providers.

ii. HCBS Settings Requirements for the Service Plan. *By checking these boxes, the state assures that the following will be included in the service plan:*

☐ **The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.**

☐ **For provider owned or controlled settings, any modification of the additional conditions under 42 CFR § 441.301(c)(4)(vi)(A) through (D) must be supported by a specific assessed need and justified in the person-centered service plan and the following will be documented in the person-centered service plan:**

- ☐ **A specific and individualized assessed need for the modification.**
- ☐ **Positive interventions and supports used prior to any modifications to the person-centered service plan.**
- ☐ **Less intrusive methods of meeting the need that have been tried but did not work.**
- ☐ **A clear description of the condition that is directly proportionate to the specific assessed need.**
- ☐ **Regular collection and review of data to measure the ongoing effectiveness of the modification.**
- ☐ **Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.**
- ☐ **Informed consent of the individual.**
- ☐ **An assurance that interventions and supports will cause no harm to the individual.**

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (5 of 8)

e. Risk Assessment and Mitigation. Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

The NHTD waiver recognizes the waiver participant's dignity and right to personal risk, and balances this with the State's responsibilities to assure health and welfare, and the waiver participant's right to select their services and providers. Obtaining an accurate picture of what services and supports are needed to maintain the health and welfare of the participant is critical. Through the development of the service plan, which includes the detailed plan completed by each waiver provider, a comprehensive understanding of the participant's level of skills is obtained. This provides the background to understand the areas of activities that may present risks to the participant and the extent of that risk. Each waiver provider is responsible for providing feedback to the participant. Every effort is made to assist the participant in understanding the risks that may be associated with their performance of Activities of Daily Living (ADL). The participant has the right to accept or reject assistance with or modifications to these activities.

During service plan development, risk factors and safety considerations are identified by the Service Coordinator (SC), the participant, family members and treating professionals. Interventions such as PERS or other assistive technology devices, services such as HCSS, or environmental modifications to minimize isolation, are incorporated into the service plan with consideration of the participant's assessed preferences. Individuals, family members and/or designated others participate in the service plan development to assure identification of realistic strategies that will mitigate foreseeable risk with consideration of the participant's unique desires and goals.

When the waiver participant's choices are such that the waiver program will not be able to assure their health and welfare in the community, the RRDC may deny or discontinue waiver services. The waiver participant may present a risk to themselves, staff, family and informal supports. This concern is discussed with the waiver participant and could occur at a Team Meeting where the participant is present. In addition to the participant, all waiver service providers are invited to participate in Team Meetings. Team Meetings are held at least every six (6) months, any time that the service plan is revised and any time necessary to discuss and mitigate participant risk. Team meetings may be held virtually, via telephone or in person at the request of the participant. If the waiver participant's health and welfare can be assured, then the waiver participant can remain in the waiver. If this is not possible, then the waiver participant is issued a Notice of Decision, indicating discontinuance from the waiver with Fair Hearing rights attached.

Every service plan and addendum also includes a signed Plan of Protective Oversight (PPO). The PPO explicitly states the individuals who are responsible for assisting the waiver participant with daily activities, medication management, and financial transactions. Key activities that directly impact safety issues and the health and welfare of the participant, including back-up plans in the event of unscheduled absence of informal supports or services, are also included. The PPO clearly identifies the individual(s) responsible for providing the needed assistance to the participant in the event of an emergency or disaster.

The SC is responsible for assuring that the activities outlined in the PPO are carried out and are sufficient to protect the participant's health and welfare. Any PPO must be signed and dated by all the individuals listed as supports to the waiver participant. Should any information regarding the participant's situation change that directly affects information in the PPO, the SC is responsible for amending the PPO and acquiring new signatures from the participant and any individuals listed as Informal Supports to the participant.

A copy of the approved PPO is provided by the SC to the participant and to each waiver service provider listed in the current service plan. The PPO must be maintained in the participant's record.

In addition, the PPO must be reviewed by the SC with the participant at each Addendum. If there are no changes to the PPO, the participant and the SC sign the last page of the Addendum indicating that the PPO was reviewed and there were no changes. The PPO is attached to the Addendum for RRDS review.

Review of Serious Reportable Incidents, complaints and staff notes also provide indicators of participant risk while living in the community. Participant risk and safety considerations are identified and potential interventions considered. When necessary, additional service referrals may be made to address risk issues and/or behavioral interventions identified.

Back up arrangements may include the availability and use of family members or other informal supports, i.e. neighbor or friend of the participant's choice, to assist the participant with Activities of Daily Living skill development, medication management or other interventions directly related to health and safety.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (6 of 8)

f. Informed Choice of Providers. Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

The waiver applicant/participant has the right to select a new provider at any time during the application process and the approved service plan period. Participants are informed of this right during discussions with the Regional Resource Development Specialist (RRDS), during the development of the service plan, upon signing of Waiver Participant Rights Form and periodically by the Service Coordinator (SC).

The RRDS is responsible for providing the applicant with a list of SC agencies and encourages him/her to select an agency on the basis of the interviewing process. The RRDS is also responsible to review all completed selection forms to assure participant choice is provided.

The SC is responsible for ensuring that an applicant signs a SC Selection form during the application process, indicating that he/she has been informed of all approved waiver providers within his/her region. The Participant Rights and Responsibilities Form, which is signed by the participant annually, describes the participant's right to choose and change waiver providers. The SC is responsible for assuring that the participant knows about his/her ability to choose or change waiver providers, and assisting the participant in doing so, if necessary. A process and forms are in place to facilitate transition to a new provider.

Should the RRDC receive complaints regarding the quality of service provision from a participant, the RRDC will assist the participant in resolving the problem and offer a change in provider as an option for the participant.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (7 of 8)

g. Process for Making Service Plan Subject to the Approval of the Medicaid Agency. Describe the process by which the service plan is made subject to the approval of the Medicaid agency in accordance with 42 CFR § 441.301(b)(1)(i):

NYSDOH monitors service plan development in accordance with its policies and procedures through protocols clearly defined in the NHTD Program Manual. This multi-level process includes the participant, Service Coordinator (SC), waiver providers, Regional Resource Development Specialist (RRDS), and NYSDOH. The NHTD Program Manual outlines specific procedures with timelines for each level of service plan development, review and approval.

The RRDS reviews and approves all service plans. Once the initial service plan is developed and agreed to by the applicant, the RRDS makes a determination as to waiver enrollment.

During the interim period, service plans are revised through an addendum process as needed due to a change in the participant's condition, or at the request of the waiver participant. RRDS reviews the service plans to assure that waiver services are utilized appropriately, are cost-effective, and the waiver participant's health and welfare are maintained. The reviews are documented on the service plan review sheet which is also distributed to SC as a mechanism to indicate areas in need of revision or questions the RRDC may have regarding the content of the service plan. These review sheets are subject to review by NYSDOH waiver staff at the time of the annual site visit.

The SC is responsible for tracking and informing waiver service providers that the Revised Service Plan (RSP) is due. A complete, acceptable RSP is submitted to the RRDS for approval at least sixty (60) calendar days prior to the last day of the twelve (12) month period of the current service plan. Late submission of the RSP by the SC can result in the disruption of services to a participant and potentially lead to administrative action by NYSDOH.

The RRDS conducts a comprehensive review of all submitted service plans and completes the RSP Review form assuring the plan meets the participant's needs that allow him/her to live safely in the community. The RRDS may request amendments to the plan and return it to the SC for revision. Upon receipt of a final version of the plan from the SC, the RRDS reviews and approves the RSP, documenting the effective date of the new service plan period.

Services in a service plan cannot be initiated until approval is given by the RRDS; service changes or additions proposed in an RSP cannot be initiated without approval from the RRDS.

NYSDOH waiver staff monitor entries in the NHTD database and monthly reports to assure timely development and review of service plans.

NYSDOH waiver staff, via the RRDC, conduct an annual retrospective review of service plans based on a statistically significant random sample, determined by the software program available at the Raosoft website. However, no less than five-percent (5%) of cases per region will be reviewed to assure that service plans are being appropriately approved. Included in this review is a historical review of service plan information and the most recent service plan including but not limited to: Team Meeting minutes, cost projection grids, signature pages, Plans of Protective Oversight (PPO) and Individual Service Reports (ISRs). NYSDOH waiver staff conduct a review of the self-audit documents to confirm validity of reporting data. In addition, the NYSDOH waiver staff reserve the right to review service plans at any time.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (8 of 8)

h. Service Plan Review and Update. The service plan is subject to at least annual periodic review and update, when the individual's circumstances or needs change significantly, or at the request of the individual, to assess the appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan:

- ○ **Every three months or more frequently when necessary**
- ○ **Every six months or more frequently when necessary**
- ◉ **Every twelve months or more frequently when necessary**
- ○ **Other schedule**

Specify the other schedule:

i. **Maintenance of Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR § 92.42. Service plans are maintained by the following *(check each that applies):*

☐ **Medicaid agency**

☐ **Operating agency**

☑ **Case manager**

☑ **Other**

Specify:

Service Coordination Agency
Approved Providers

Appendix D: Participant-Centered Planning and Service Delivery

D-2: Service Plan Implementation and Monitoring

a. **Service Plan Implementation and Monitoring.** Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan, participant health and welfare, and adherence to the HCBS settings requirements under 42 CFR §§ 441.301(c)(4)-(5); (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

NYSDOH assures that services are delivered in accordance with the service plan, including type, scope, amount, frequency and duration specified in the service plan. Providers maintain documentation of participant outcomes. Such documentation is in the form of outcome measurements or documentation of success in goal attainment or encounter data from one service plan period to the next. Review of service notes, Individual Service Reports (ISR) and Detailed Plans are completed by the Service Coordinator (SC) and Regional Resource Development Center (RRDC) to determine if the participant's goals are met. Each waiver provider is responsible for the delivery of services in accordance with the approved service plan. This information is also reviewed upon survey by the Office of Aging and Long Term Care (OALTC), and upon audit by the Office of Medicaid Inspector General (OMIG) or the Office of Inspector General (OIG).

The Regional Resource Development Specialist (RRDS) is responsible for the review of every service plan, revised service plan and addendum to assure they are meeting the participant's health and welfare and that they are cost-effective.

Once the service plan has been approved by the RRDS, the SC is responsible for ensuring that all service providers receive a copy of the approved service plan and are aware of the overall content of the plan and goals. The approved plan is forwarded to each service provider within three (3) calendar days of receipt of the approved plan by the SC. The provider must be in receipt of the approved plan prior to implementing services.

The SC is also responsible for monitoring implementation of the service plan and the participant's health and welfare. As with all waiver services, Service Coordination is included in the service plan with, at a minimum, one contact with the participant per month. At least quarterly, a face-to-face visit must occur in the participant's home in order to assure receipt of required care.

Participants are informed by the SC of their right to contact any waiver entity when there are concerns regarding the delivery of services. All waiver providers are responsible for maintaining open communication with the SC when concerns or changes with the participant occur that potentially affect the provision of services.

The participant and his/her legal guardian, if applicable, reviews and signs the written plan before the SC submits it to the RRDS for review. The service plan is also signed by the SC and the SC supervisor prior to submission to the RRDC. Services are not implemented without a signed and executed service plan.

A Team Meeting can be called at any time by the RRDC staff, SC or other providers of waiver or non-waiver services, and at the request of the participant. The purpose of this Meeting is an opportunity to allow for collaboration among the service providers and the participant regarding his/her current needs and to ensure his/her health and welfare. A Team Meeting is required every six (6) months.

The SC assists participants in developing service plans that include services from a variety of sources. The NHTD waiver is built on the premise that all participants will first utilize available informal supports, available non-Medicaid community-based services, available Medicaid State Plan services and, finally, NHTD waiver services. NHTD waiver services are utilized as a last resort to eliminate any gaps in assuring the participant's health and welfare in the community or when the NHTD waiver services are more effective than MA State Plan services.

Once the service plan is developed, the SC is then responsible for monitoring the implementation of the service plan, including participant access to non-waiver services such as vocational services, MA State Plan services and other non-Medicaid community-based services. For example, the SC is responsible for ensuring that the participant obtains follow-up medical care, if needed, and that the participant attends routine medical appointments.

Monitoring of the service plan is conducted by informal supports, non-Medicaid community-based service providers, MA State Plan service providers and NHTD waiver providers, including the SC collaborating with the participant, other interested parties and service providers. The SC maintains regular contact with the participant as indicated in the participant's service plan. The service plan can be revised with an addendum if needed, due to changes in the participant's condition or situation.

The RRDS also meets, as needed, with the team to discuss the provision of services and monitors service plans. The RRDS will report any major problems that affect a participant's health and welfare to NYSDOH waiver staff with an immediate phone call. The RRDS will also contact NYSDOH waiver staff for technical assistance on major problems.

Providers notify the SC when a participant repeatedly refuses a service or repeatedly asks that the service be rescheduled.

The SC reviews the service plan with the participant to determine if it needs to be revised to more accurately reflect the goals and abilities of the participant and/or scheduling issues. Revisions to the schedule should allow enough time for the provider to make the necessary arrangements. When a participant refuses all waiver services, it is necessary to evaluate his/her continued participation in the waiver. Waiver participants must actively participate in waiver services to maintain eligibility.

NYSDOH waiver staff retrospectively reviews a random sample of service plans. This information is compiled in a centralized database to track statewide trends, determine the level of intervention that needs to occur (i.e. at the provider, regional or statewide level) and develop best practices. NYSDOH waiver staff inform the RRDS regarding any interventions that are needed at the provider, regional or statewide level.

Service plans are also monitored through the annual Participant Satisfaction Survey conducted by NYSDOH waiver staff. As part of this survey, participants are asked if they received the services in their service plan and their experiences with the services. These results are compiled and evaluated for trends. In addition, each waiver provider agency, as required in the NHTD waiver program manual, must conduct its own participant satisfaction survey to ascertain the experiences of their waiver clients. The SC works with the participant to remedy any problems that are identified through the survey process.

Monitoring of the service plan is also done through the Incident Reporting Process. All Serious Reportable Incidents (SRI) are reported to the SC and the RRDC. When an SRI involves issues affecting the participant's health, such as unplanned hospitalizations or medication errors or refusals, follow-up includes the SC working with the participant to review the service plan to see if an addendum or revised service plan is necessary. The RRDC includes data on SRIs in the quarterly reports to NYSDOH waiver staff. This data is compiled to identify statewide trends.

When a problem is identified as a result of an SRI, complaint or failure of a back-up plan, prompt follow-up and remediation must occur. The type of situation that has occurred will determine the person responsible for follow-up. For example, if a complaint call is received, then NYSDOH waiver staff will conduct follow-up on the situation. If the problem pertains to the SC, the RRDS will work with the participant and/or legal guardian to rectify the situation. Depending on the nature of the identified problem, appropriate remediation may range from a meeting between the participant and the waiver service provider to a change in the waiver service provider.

If an agreeable solution is not found, then a team meeting may be called to further discuss the issue. In addition, the participant can contact a provider agency, the RRDS, or NYSDOH waiver staff at any time to discuss an issue. If the problem is a fair hearable issue, then a fair hearing may be requested.

If a service needs to be added, modified or deleted, an addendum to the service plan must be made. With every addendum, the participant must sign a Plan of Protective Oversight (see Appendix D-1-e for description of Plan of Protective Oversight or "PPO"). Monitoring of the PPO is done through the Serious Reportable Incident process, complaints, calls from RRDC staff, providers, participants, and informal supports, as well as through Participant Satisfaction Surveys. In addition, the PPO is reviewed for effectiveness at team meetings and by the Service Coordinator and during participant visits.

Different entities are responsible for the monitoring and implementation of service plans, beginning with the SC.

During face-to-face visits with the participant, SCs discuss the provision of services, both waiver and non-waiver (Medicare, State Plan or private insurance), to assure he/she is receiving services in accordance with services approved in the service plan. During Team Meetings, the SC reviews the PPO with the participant and waiver providers to assure the backup plan is sufficient to support health and welfare.

In order to assure the participant's right to choose waiver providers, the RRDC reviews service plans for both a participant signature acknowledging participation in service plan development, including use of non-waiver services, and for signed provider selection form(s), to indicate participant freedom of choice in provider selection. The participant may change his/her waiver providers at any time during the approved service plan period, including Service Coordinators. If a participant chooses to change a waiver provider, a Change of Provider form is completed. The RRDC approves all requests for Change of Providers. The RRDC also reviews the service plan to assure services meet the participant's health and welfare and the backup plan reflects appropriate supports.

As part of the process for overseeing the SRI process, the RRDC staff receives all SRI reports, and directs the investigation of allegations. RRDC staff monitors outcomes from investigations to assure that any necessary changes in participant service plans and PPO are implemented promptly and appropriately.

Each RRDC conducts yearly participant record reviews of active participants that are randomly selected by NYSDOH waiver staff. Each RRDC verifies that participants meet appropriate level of care requirements, and have signed freedom of choice forms reflecting selection of providers and services as identified in the current service plan.

NYSDOH waiver staff review service plans against paid claim reports to assure services and sufficient backup plans are in place in accordance with service plans. NYSDOH waiver staff routinely review reports obtained from the SRI database and contact RRDC staff when trends are identified that require remediation activities.

NYSDOH waiver staff receive complaint calls from participants, legal guardians or other designees regarding provision or access to services. Depending on the nature of the complaint, NYSDOH waiver staff notify the appropriate RRDC staff, NYSDOH OPCHSM and/or makes other referrals as deemed necessary, such as to the LDSS.

RRDSs also make random home visits to participants to discuss complaints or address service issues.

NYSDOH OPCHSM surveillance staff monitors waiver providers on site. Waiver providers maintain billing and personnel records as well as participant service plans, which are subject to review. Written reports of surveillance findings are forwarded to NYSDOH waiver staff for review and necessary follow up.

Comprehensive billing audits are completed by the NYS OMIG of waiver service providers. This review includes billing information and supporting documents to compare needed service identification to service utilization.

b. Monitoring Safeguard. Providers of HCBS for the individual, or those who have interest in or are employed by a provider of HCBS; are not permitted to have responsibility for monitoring the implementation of the service plan except, at the option of the state, when providers are given this responsibility because such individuals are the only willing and qualified entity in a geographic area, and the state devises conflict of interest protections. *Select one:*

- ◉ **Entities and/or individuals that have responsibility to monitor service plan implementation, participant health and welfare, and adherence to the HCBS settings requirements may not provide other direct waiver services to the participant.**
- ○ **Entities and/or individuals that have responsibility to monitor service plan implementation, participant health and welfare, and adherence to the HCBS settings requirements may provide other direct waiver services to the participant because they are the only the only willing and qualified entity in a geographic area who can monitor service plan implementation.** *(Explain how the HCBS waiver service provider is the only willing and qualified entity in a geographic area who can monitor service plan implementation).*

(Complete only if the second option is selected) The state has established the following safeguards to mitigate the potential for conflict of interest in monitoring of service plan implementation, participant health and welfare, and adherence to the HCBS settings requirements. *By checking each box, the state attests to having a process in place to ensure:*

- ☐ **Full disclosure to participants and assurance that participants are supported in exercising their right to free choice of providers and are provided information about the full range of waiver services, not just the services furnished by the entity that is responsible for the person-centered service plan development;**
- ☐ **An opportunity for the participant to dispute the state's assertion that there is not another entity or individual that is not that individual's provider to develop the person-centered service plan through a clear and accessible alternative dispute resolution process;**
- ☐ **Direct oversight of the process or periodic evaluation by a state agency;**
- ☐ **Restriction of the entity that develops the person-centered service plan from providing services without the direct approval of the state; and**

☐ **Requirement for the agency that develops the person-centered service plan to administratively separate the plan development function from the direct service provider functions.**

Appendix D: Participant-Centered Planning and Service Delivery

Quality Improvement: Service Plan

As a distinct component of the state's quality improvement strategy, provide information in the following fields to detail the state's methods for discovery and remediation.

a. Methods for Discovery: Service Plan Assurance/Sub-assurances

The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

i. Sub-Assurances:

a. ***Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.***

Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of service plans that adequately ensure the health and welfare of waiver participants by including a complete and accurate Plan of Protective Oversight (PPO) (numerator: Number of service plans that adequately ensure the health and welfare of waiver participants by including a complete and accurate PPO/ denominator: total number of service plans overseen by the RRDC)

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =

☑ **Other** Specify: RRDC	☑ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of service plans that adequately address the participant's assessed needs and personal goals as determined by the RRDC (percentage=

numerator: number of service plans that adequately address the participant's assessed needs and personal goals as determined by the RRDC/ denominator: total number of service plans overseen by the RRDC)

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: RRDC	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-assurance: Service plans are updated/revised at least annually, when the individual's circumstances or needs change significantly, or at the request of the individual.***

Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

c. ***Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration, and frequency specified in the service plan.***

Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
 # and % of service plans updated/revised at least annually or when warranted by changes in the participant's needs in accordance with NHTD program requirements (numerator = Number of service plans updated/revised at least annually or when

warranted by changes in the participant's needs in accordance with NHTD program requirements/ denominator = total number of service plans overseen by the RRDC)

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: RRDC	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

d. ***Sub-assurance: Participants are afforded choice between/among waiver services and providers.***

Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of services that are delivered in accordance with the service plan including type, amount, scope, duration and frequency (percentage = numerator: Number of services that are delivered in accordance with the service plan including type, amount, scope, duration, and frequency/ denominator: total number of sampled plans)

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**

☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% confidence level with a +/-5% error margin http://www.raosoft.com/samplesize.html
☐ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Analyzed collected data (including surveys, focus group, interviews, etc)
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval =

		95% with a 5% error margin http://www.raosoft.com/samplesize.html
☑ **Other** Specify: RRDC	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

e. ***Sub-assurance: The state monitors service plan development in accordance with its policies and procedures.***

Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and % of participant records that contain Freedom of Choice forms, Service Coordination Selection forms and Provider Selection forms signed by the participant/legal guardian (numerator: Total number of participant records that contain FOC forms, SC selection forms and Provider Selection forms signed by the participant/legal guardian / denominator: total number of service plans reviewed)

Data Source (Select one):
Record reviews, off-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: RRDC	☑ **Annually**	☐ **Stratified** Describe Group:
	☐ **Continuously and Ongoing**	☐ **Other** Specify:

	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☑ **Annually**
	☐ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the state to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

Each RRDC maintains a database for tracking service plan periods, service plan type (ISP/RSP), service plan due dates, and type of Notice of Decision (NOD) issued.

RRDC staff report the status of service plan reviews on a monthly basis to NYSDOH.

RRDCs generate reports from the database of upcoming and overdue service plan reviews. On an annual basis the RRDC completes a record audit of a statistically reliable sample of files to assess compliance. Regional data is provided to NYSDOH waiver staff who complete a statewide aggregate summary.

The Office of Primary Care and Health Systems Management (OPCHSM) completes surveys of approved providers and reviews service notes. The provider must document each encounter with the participant. Survey results are posted on ASPEN.

The Office of the Medicaid Inspector General (OMIG) has established protocols for the review of NHTD provider payment records as per NYSDOH Medicaid Update January 2005, Vol 20, No1, OMM. OMIG reports are posted on its website.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the state's method for addressing individual problems as they are discovered. Include information

regarding responsible parties and GENERAL methods for problem correction and the state's method for analyzing information from individual problems, identifying systemic deficiencies, and implementing remediation actions. In addition, provide information on the methods used by the state to document these items.

Compliance rates for specific performance measures are established and reviewed with the RRDCs at a quarterly meeting.

Each RRDC develops a plan to remedy any regional deficiencies identified through performance measure reviews. A time frame to remedy the deficiency is established by NYSDOH.

NYSDOH waiver staff assist with the remedy by conducting site visits, offering training, linking the RRDC with another successful RRDC to discuss systems and improvements.

NYSDOH ensures remedial actions are effective by completing a comparative analysis of aggregated data between the previous year and the current year.

Review of monthly and quarterly reports offers an ongoing summary of performance measures.

RRDC staff develop internal procedures to ensure participant choice and adequate services are provided in a timely manner. The providers are also required to respond to the participant's request for services in a timely manner. RRDC staff, in addition to NYSDOH Surveillance staff, complete site visits to providers and offer technical assistance.

Performance measures such as the Participant Satisfaction Survey and complaint processing are continuously refined to better measure participant feedback regarding services.

Quality improvement activities are discussed at quarterly RRDC meetings and monthly conference calls.

Forms and procedures are modified to facilitate a better work product from Service Coordinators and increase involvement by participants.

RRDCs utilize provider meetings as training opportunities to enhance skills and understanding of protocols.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

c. Timelines

When the state does not have all elements of the quality improvement strategy in place, provide timelines to design

methods for discovery and remediation related to the assurance of Service Plans that are currently non-operational.

- (●) **No**
- ( ) **Yes**

  Please provide a detailed strategy for assuring Service Plans, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix E: Participant Direction of Services

Applicability *(from Application Section 3, Components of the Waiver Request)*:

- ( ) **Yes. This waiver provides participant direction opportunities.** Complete the remainder of the Appendix.
- (●) **No. This waiver does not provide participant direction opportunities.** Do not complete the remainder of the Appendix.

CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both.

Appendix E: Participant Direction of Services

E-1: Overview (1 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (2 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (3 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (4 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (5 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (6 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (7 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (8 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (9 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (10 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (11 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (12 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (13 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant Direction (1 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (2 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (3 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (4 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (5 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (6 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix F: Participant Rights

Appendix F-1: Opportunity to Request a Fair Hearing

The state provides an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E to individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care specified in Item 1-F of the request; (b) are denied the service(s) of their choice or the provider(s) of their choice; or, (c) whose services are denied, suspended, reduced or terminated. The state provides notice of action as required in 42 CFR §431.210.

Procedures for Offering Opportunity to Request a Fair Hearing. Describe how the individual (or his/her legal representative) is informed of the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E. Specify the notice(s) that are used to offer individuals the opportunity to request a Fair Hearing. State laws, regulations, policies and notices referenced in the description are available to CMS upon request through the operating or Medicaid agency.

During the initial Intake meeting with the potential waiver participant, the Regional Resource Development Specialist (RRDS) provides information regarding the Notice of Decision (NOD), Case Conference, and Fair Hearing processes. Additionally, the Service Coordinator (SC) ensures that the waiver applicant understands his/her rights regarding Case Conferences and Fair Hearings as they proceed through the waiver enrollment process, and throughout the duration of the participant's waiver enrollment. The NOD regarding participation in the waiver program provided by the RRDS to the participant includes a description of Fair Hearing rights.

Both the RRDS initially, and the SC thereafter, provide information to waiver applicants to assure their awareness and understanding of the Fair Hearing process. This is important, as the application process can be lengthy and reiteration of certain information provides assurance that important consumer rights and activities are remembered and understood by waiver applicants and participants.

An individual has the right to seek a Medicaid Fair Hearing for many reasons including issues related to the NHTD waiver. Decisions regarding Medicaid eligibility are addressed through the Fair Hearing process with the Local Department of Social Services (LDSS). As established in 18 NYCRR 358, the NYS Office of Temporary and Disability Assistance (OTDA) Office of Administrative Hearings presides over the Fair Hearing process.

A Notice of Decision (NOD) is provided by the Regional Resource Development Center (RRDC) when an individual is determined eligible for waiver services; denied or discontinued from waiver services; or waiver services are added, increased, decreased or discontinued. The provider must adhere to the effective date of the decision when implementing or terminating services for a participant. The RRDC approval of a service plan authorizes the provision of services documented in the plan.

Individuals receiving an NOD for issues related to the waiver are eligible for a Fair Hearing and, in certain circumstances, may request aid continuing (18NYCRR 358-3.6: The right to have assistance or services continue unchanged until the Fair Hearing decision is issued). The NOD format is standardized for the program and contains language regarding continuation of benefits. All NODs include information regarding an individual's Fair Hearing rights. For example, included is the statement: "If you do not agree with this decision, you can ask for a conference, a Fair Hearing or both. Please read the back of this notice and find out how you can request a conference and/or a Fair Hearing."

The NOD confirms the participant right to a conference with the RRDS to review the actions implemented as a result of the NOD, right to request a Fair Hearing if the participant believes the action is wrong, and the methods and time frames to request the Fair Hearing.

The notice also provides guidance for acquiring free legal assistance and explains how the participant may gain access to his/her file and secure copies of documents.

An NOD - Denial/Discontinuation will be provided when an individual is not eligible to receive waiver services for such reasons, including but not limited to:
• NYSDOH/RRDC establishes the applicant/participant chooses not to receive waiver services.
• NYSDOH/RRDC establishes the applicant/participant is not at least eighteen (18) years of age upon application.
• NYSDOH/RRDC establishes the applicant/participant is not a recipient of Medicaid coverage that supports community based long term care services.
• NYSDOH/RRDC establishes the applicant/participant is not able to identify an HCBS compliant community residence where waiver services will be provided.
• NYSDOH/RRDC establishes that informal supports, non-Medicaid supports, State Plan Medicaid services, and/or waiver services are not sufficient to safely serve the individual in the community.
• NYSDOH/RRDC establishes that the applicant/participant does not require nursing home Level of Care (LOC), based on the LOC assessment.
• NYSDOH/RRDC establishes the services and supports available through the waiver and all other sources are not sufficient to maintain the individual's health and welfare in the community.
• NYSDOH/RRDC establishes the applicant/participant chooses to receive services, or may be more appropriately served, by another Home and Community Based Services Medicaid Waiver.
• NYSDOH/RRDC establishes the participant is hospitalized for more than thirty (30) days and there is no scheduled discharge date.
• NYSDOH/RRDC establishes the participant is admitted to a nursing home, psychiatric, rehabilitation, assistive living or other congregate care/institutional setting for other than a short term.
• NYSDOH/RRDC establishes the participant is incarcerated for more than thirty (30) days.
• NYSDOH/RRDC establishes the participant is residing outside the State of New York for more than thirty (30) days.
• NYSDOH/RRDC establishes the participant is not actively participating in waiver services and/or does not receive ongoing

Service Coordination.

The right to conference/administrative meeting provides for the following:
Applicants/Participants may have a conference with the RRDS to review the actions established in the NOD.
The applicant/participant or their legal guardian is also informed that requesting a conference is not a prerequisite or substitute for a Fair Hearing.

At the conference, if the RRDS discovers that an incorrect/inaccurate decision was made or because of additional information provided by the applicant/participant, the RRDS may reverse the decision or arrange a settlement. Upon agreement, a new NOD will be issued. Through discussion and negotiation, it may be possible to resolve issues without a Fair Hearing.
Applicants/Participants that ask for a conference are still entitled to a fair hearing.

Applicants/Participants may request a Fair Hearing by calling a statewide toll free number (1-800-342-3334), faxing a copy of the notice (on the back of the NOD) to OTDA or by mailing the request to OTDA.
When seeking services while the Fair Hearing process proceeds, the participant must request aid continuing from OTDA.
NYCRR Title 18 358-2.5 Aid continuing: Aid continuing means the right to have public assistance, medical assistance, food stamp benefits or services continued unchanged until the fair hearing decision is issued.

Applicants/Participants have sixty (60) days from the date of the notice to request a fair hearing. OTDA notifies the appellant of the time and place of the hearing at least ten (10) calendar days prior to the hearing date.

Applicants/Participants are notified that they have the right to be represented by legal counsel, a relative, a friend or other person or to represent themselves. They are advised they may be able to obtain legal assistance by contacting the Legal Aid Society or other legal advocacy groups.

In preparation for the hearing, applicants/participants are advised they have a right to review their file. The RRDS will provide the appellant with copies of documents from their file which may be required for the hearing. Documents may be mailed or are available for review at the RRDC.

At the hearing, appellants are afforded the opportunity to present written or oral evidence to demonstrate why the action should not be taken, as well as the opportunity to question any persons who appear at the hearing. Appellants have the right to bring witnesses to speak in favor of their position. Any documents that may be helpful in supporting the appellant's case may be presented.

The Applicant Interview Acknowledgement Form signed by the applicant and/or legal guardian or Authorized Representative informs the applicant/participant of his/her rights to a Fair Hearing.

The Waiver Participant Rights and Responsibilities Form signed by the applicant/participant upon waiver eligibility and annually thereafter advises the applicant/participant of his/her right to a Fair Hearing. The Service Coordinator must review the Participant Rights and Responsibilities form with the applicant/participant and it is signed and dated. A copy is given to the applicant/participant to be maintained in an accessible location in the home. This form includes the participant's right to choose between and among waiver services and providers.

The RRDS provides a copy of the NOD to the participant and to the SC. The SC is responsible for reviewing the form with the participant and/or legal guardian to assure the participant's understanding of the right to request a Conference and/or Fair Hearing. In addition, the SC reviews information included in the NOD form with the participant regarding his/her right to continue services during the period while the participants appeal is under consideration. The waiver participant is advised that a request for a Fair Hearing must be submitted within sixty (60) days of the Notice Date in the NOD form. In circumstances where aid continuing applies, the waiver participant is also informed of his/her right to request aid continuing if the request is made before the Effective Date stated in the NOD, which is within ten (10) days of the Notice Date.

A copy of the NOD with the Conference and Fair Hearing information is kept in the participant's record, maintained by the RRDS and SC.

Appendix F: Participant-Rights

Appendix F-2: Additional Dispute Resolution Process

a. Availability of Additional Dispute Resolution Process. Indicate whether the state operates another dispute resolution process that offers participants the opportunity to appeal decisions that adversely affect their services while preserving their right to a Fair Hearing. *Select one:*

- (●) **No. This Appendix does not apply**
- ( ) **Yes. The state operates an additional dispute resolution process**

• **Description of Additional Dispute Resolution Process.** Describe the additional dispute resolution process, including: (a) the state agency that operates the process; (b) the nature of the process (i.e., procedures and timeframes), including the types of disputes addressed through the process; and, (c) how the right to a Medicaid Fair Hearing is preserved when a participant elects to make use of the process: State laws, regulations, and policies referenced in the description are available to CMS upon request through the operating or Medicaid agency.

Do not complete this item.

Appendix F: Participant-Rights

Appendix F-3: State Grievance/Complaint System

a. Operation of Grievance/Complaint System. *Select one:*

- ( ) **No. This Appendix does not apply**
- (●) **Yes. The state operates a grievance/complaint system that affords participants the opportunity to register grievances or complaints concerning the provision of services under this waiver**

• **Operational Responsibility.** Specify the state agency that is responsible for the operation of the grievance/complaint system:

A waiver participant may file a grievance/complaint through the NHTD Complaint Line at any time. All calls received through the NHTD Complaint Line are forwarded to NYSDOH waiver staff responsible for the operation of this grievance/complaint system.
The Regional Resource Development Center (RRDC) is responsible for receiving complaints and grievances on the regional complaint phone line. Approved NHTD service providers must also establish a method for receiving and addressing complaints. NYSDOH also receives complaints and monitors the response and outcomes of the RRDC and provider complaint processes.

The following information is on the participant's Waiver Contact List, which is maintained in the participant's home:
Waiver Complaint Line (Name of RRDC)
NYS Department of Health NHTD Waiver Program
NYS Department of Health Home Care Complaint Line (LHCSA issues)
NYS Department of Health Medicaid Helpline
NYS Office of Temporary and Disability Assistance Fair Hearings
NYS Justice Center
Poison Control Center

Additionally, NYSDOH maintains the following call centers:
Adult Home Complaint Hotline
Home Care/Hospice Hotline
Nursing Home Abuse Hotline

• **Description of System.** Describe the grievance/complaint system, including: (a) the types of grievances/complaints that participants may register; (b) the process and timelines for addressing grievances/complaints; and, (c) the mechanisms that are used to resolve grievances/complaints. State laws, regulations, and policies referenced in the description are

available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Information regarding the State Grievance/Complaint System is provided by the Service Coordinator (SC) to the potential waiver participant during the enrollment process, and at other times throughout enrollment, as appropriate. The participant/legal guardian is informed that filing a complaint/grievance is not a prerequisite or substitute for a Fair Hearing.

A complaint may include issues regarding the quality, type, delivery and frequency of services provided, problematic issues regarding the RRDC staff, SC, waiver service providers, or general concerns about the waiver program.

Each Regional Resource Development Center (RRDC) maintains a designated phone line to accept complaints on behalf of NHTD waiver participants about the services they receive. Participants are encouraged to discuss their concerns with their SC or to file a complaint using the specific RRDC complaint number listed on their Waiver Contact List.

If the subject of the complaint is the RRDC or another service within NYSDOH, NHTD waiver staff will address the complaint or initiate an independent review of the matter. Participants are provided the phone number for the NYSDOH NHTD Program waiver office on their Waiver Contact List (518-474-5271). If the individual cannot make this call because it is a long distance toll call, they are encouraged by their SCs to call the RRDC and ask that the NYSDOH NHTD Program return their call.

NYSDOH also operates a Home Health Care Hotline that affords individuals the opportunity to register grievances or complaints about the services they receive. Participants are provided a toll-free hotline at 1-800-628-5972 to register a complaint. All complaints are forwarded to the NYSDOH Regional Office, who then reaches out to NHTD waiver staff to address.

The NHTD Program Manual establishes that providers must assure participant's right of choice, as well as establish and maintain a process for surveying participant satisfaction of their service. This process includes obtaining information from the participant about their satisfaction of the service provided, staff availability to make appointments, timeliness and whether services are provided as agreed upon in the service plan.

A participant's safety must always be the primary concern of the provider agency, SC and the RRDC. Whatever measures appear to be reasonable and prudent to ensure the protection of a person from further harm, injury, or abuse, and to provide prompt treatment or care, are taken. When appropriate, an employee, intern, volunteer, consultant, or contractor alleged to have abused a person shall be removed from direct contact and immediate proximity to, or responsibility for, the participant.

Each provider must also establish and maintain a method for recording and addressing complaints made by waiver participants, families, legal guardians and others; this information is included in an annual report stating the number and types of complaints made/received, including an analysis of these complaints and the provider's response.

Waiver participants are informed by the RRDS and SC that filing a grievance/complaint is not a prerequisite or substitute for a Conference or Fair Hearing and they may do so without jeopardizing the provision of services established in their service plan.

The RRDC or NYSDOH waiver staff responsible for follow up of complaints or grievances contact the complainant to acknowledge receipt of the complaint and to advise that review of the matter is in process. The final outcome of the complaint review is communicated in writing to the person initiating the complaint, as appropriate, and allowed by the Health Insurance Portability and Accountability Act (HIPAA). The protocol is as follows:

1. The RRDC accepts the call, identifies the caller and presents the issues on behalf of the caller in a clear, concise and objective manner on the Complaint Intake Form.

2. The RRDC presents the complaint on the Complaint Intake Form. All fields of the form are completed and the status of the waiver participant confirmed via the NHTD Waiver database.

3. The RRDC staff responsible for the complaint follow-up contacts the participant within two (2) business days of receipt of the complaint and advises that the complaint has been received and review/investigation is in process.

4. If the RRDC determines the matter to be a Serious Reportable Incident (SRI), the complaint is reclassified by the

RRDC as an SRI. Within forty-eight (48) hours after identifying the matter as an SRI, the RRDC assigns the incident to the appropriate investigating agency (i.e. Service Coordination agency, service provider), to begin a review of the incident. The investigating agency begins an immediate investigation and provides an initial follow-up report within seven (7) days of the incident assignment. The RRDC sends a letter to the complainant advising him/her of the reclassification of the complaint to an SRI.

5. All complaints are tracked by the RRDC via a complaint database.

6. The RRDC contacts NYSDOH regarding any extraordinary complaints or sensitive issues within twenty-four (24) hours of receipt of the complaint.

7. When NHTD waiver staff receive a complaint from a participant/service provider or family member regarding the RRDC or another service outside the scope of the RRDC, NHTD waiver staff are responsible to address the complaint or initiate an investigation.

8. The RRDC or responsible entity investigates the complaint. The complaint review/investigation process and report includes: a brief description/summary of the complaint as well as pertinent demographic information of the participant and any other people related to the complaint; a summary of all completed interviews or statements of fact; a summary of documents and any evidence reviewed; a description of the investigator's findings and analysis of the event; all corrective actions taken; and the current status of the complaint and any conclusions indicated by the investigation.

9. Once the investigation/review is completed, the RRDC informs the complainant of investigation findings as "Substantiated," "Unsubstantiated," or "Inconclusive," and of any implemented necessary corrective and/or preventive action either via a phone call or in writing. The RRDC advises the complainant of the findings.

10. The RRDC follows up with a letter to the complainant and provides a summary of the investigation findings.

11. The Complaint Form is completed to indicate the final status and disposition of the complaint (i.e. unsubstantiated/substantiated/inconclusive) and the date the complainant was notified of the outcome.

12. The RRDC tracks the status of all complaints every thirty (30) days.

13. The RRDC provides a quarterly report of complaints, analyzing any trends and providing a summary of the complaint information to NYSDOH.

NYSDOH waiver staff may provide policy clarification and/or present alternative resolutions at any time during the investigation process. NYSDOH waiver staff may meet with the waiver participant and anyone the waiver participant would like to have present, at the earliest and most convenient time for all interested parties. The investigation must be completed within a maximum of thirty (30) calendar days from receipt of the complaint.

Appendix G: Participant Safeguards

Appendix G-1: Response to Critical Events or Incidents

a. Critical Event or Incident Reporting and Management Process. Indicate whether the state operates Critical Event or Incident Reporting and Management Process that enables the state to collect information on sentinel events occurring in the waiver program.*Select one:*

- (●) **Yes. The state operates a Critical Event or Incident Reporting and Management Process** *(complete Items b through e)*
- ( ) **No. This Appendix does not apply** *(do not complete Items b through e)*

If the state does not operate a Critical Event or Incident Reporting and Management Process, describe the process that the state uses to elicit information on the health and welfare of individuals served through the program.

b. State Critical Event or Incident Reporting Requirements. Specify the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the state requires to be reported for review and follow-up action by an appropriate authority, the individuals and/or entities that are required to report such events and incidents and the timelines for reporting. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

A Serious Reportable Incident (SRI) is any situation in which someone has knowledge that the safety and well-being of the waiver participant is compromised. It is a significant event or situation endangering a person's well-being, and because of the severity or sensitivity of the situation, must be reported to the Regional Resource Development Center (RRDC) and/or NYSDOH.

Abuse: The maltreatment or mishandling of a participant that would endanger their physical or emotional well-being through the action or inaction of anyone associated with the participant, whether or not they are or appear to be injured or harmed. Abuse subcategories include: physical, sexual, psychological, seclusion, restraint (or restrictive intervention), mistreatment and/or aversive conditioning. The state includes events of exploitation under the category of abuse.

Neglect: A condition of deprivation in which the participant receives insufficient, inconsistent, or inappropriate services, treatment or care to meet his/her needs; failure to provide an appropriate and/or safe environment for receiving services; and/or failure to provide appropriate services, treatment or care by gross error in judgment, inattention or ignoring.

Violation of a participant's civil rights: Any action or inaction that deprives a participant of the ability to exercise their legal rights, under state or federal law.

Missing person: The unexpected or unauthorized absence of a participant, taking into consideration the their habits, deficits, health problems and capabilities.

Death of a waiver participant: Death due to circumstances unrelated to the natural cause of illness or disease or proper treatment in accordance with accepted medical standards; an apparent homicide or suicide; or an unexplained or accidental death. Deaths due to natural causes must be reported to the RRDC within twenty-four (24) hours; the RRDC will determine if it will be categorized as an SRI.

Unplanned hospitalization: Any injury or illness that results in a hospital admission of a participant for treatment or observation for greater than twenty-four (24) hours due to the injury/illness.

Possible criminal action: Actions which are, or appear to be, a crime under New York State or federal law. This includes criminal victimization, activity involving law enforcement and financial exploitation.

Medication error/refusal: A situation in which a participant displays marked adverse effects or his/her health or welfare is in jeopardy due to incorrect dosage, administration or refusal to take prescribed medication.

A Recordable incident is an event that does not present an immediate threat to the participant and does not meet the level of severity of an SRI, but may compromise his/her safety and well-being if not noted, reported and addressed. These incidents warrant an internal investigation by the provider and are monitored by the provider agency's quality assurance unit for trends and outcomes. Recordable incidents are not reported to NYSDOH. These incidents are reported annually to the RRDC and are subject to review upon site visit by the RRDC and/or NYSDOH Office of Primary Care and Health Systems Management (OPCHSM). Recordable incidents may include, but are not limited to, the following:

Injury: Any suspected or confirmed harm to a participant caused by an act or person accidental in nature or one that the cause cannot be identified which results in a participant requiring medical or dental treatment and such treatment is more than first aid. The RRDC will determine if it will be categorized as a Recordable Incident.

Death of a waiver participant: due to natural causes when in a treatment facility or hospice environment. Deaths due to natural causes must be reported to the RRDC within twenty-four (24) hours and the RRDC will determine if it will be categorized as a Recordable Incident.

Sensitive Situation: any situation related to a waiver participant that needs to be monitored for a potential adverse outcome. This includes events that attract media attention or inappropriate activity which could threaten the participant's ability to remain in the community. The RRDC will determine if it will be categorized as a Recordable Incident.

Each waiver provider has policies and procedures in place to protect the health and welfare of the participant prior to approval as a waiver service provider. Agencies are required to develop policies and procedures in accordance to the NHTD Program Manual and other NYSDOH policies and procedures. This information is submitted to the RRDC for review as part of the provider enrollment process. The RRDC will contact NYSDOH waiver staff for technical assistance

if there is any concern regarding the provider agency's policies and procedures.

Every RRDC and approved NHTD provider is responsible for the oversight and reporting of Recordable and Serious Reportable Incidents. This includes, but is not limited to, the reporting, recording, investigation, review and monitoring of incidents. The RRDC notifies NYSDOH of any extraordinary events within twenty-four (24) hours of receipt of the incident report.

The process for Incident Reporting begins with the occurrence of an 'event', which is defined as an expressed or witnessed occurrence with a potentially negative impact or actual harm to the participant. Once discovered and reported, it is the role of the NHTD provider to evaluate what has occurred, and to determine a proper course of action. This decision may be done with the assistance of the RRDC and/or NYSDOH. The RRDC receives the initial report (24 hours) and reviews it to determine if the incident has been adequately investigated and determines if the incident is closed, or if further investigation is warranted and the investigation must remain open. Within one (1) week of the initial report, the provider agency must submit sufficient follow-up information related to the initial incident.

Any approved NHTD provider or an employee of an approved provider who witnesses, discovers or gains knowledge of any action or lack of action that may constitute an incident as described above is responsible for initiating the reporting process. Should it be determined that the matter is an SRI, it is the responsibility of the provider who has the most first-hand knowledge (witness) of the incident to complete the Serious Reportable Incident 24-Hour Provider Report. Some agencies may have internal reporting procedures for incidents and it may not be the initial "reporter" who will notify both the RRDC staff and the Service Coordinator (SC) of the incident. If there is a question about whether the event meets the definition of an SRI, the provider must contact the RRDC to discuss the matter. The 24-Hour Provider Report serves as initial notification to the RRDC of the incident. Each provider is responsible to initiate the initial review and investigation of the incident, which is monitored and reviewed by the RRDC.

The purpose of reporting, investigating, correcting and/or monitoring certain events or situations is to enhance the quality of care provided to participants and to protect them (to the extent possible) from further harm.

If determined an SRI, the reporting waiver provider must complete the 24-Hour Provider Report and send it via fax or encrypted email to the RRDC within twenty-four (24) hours of knowledge/discovery of the incident. At the same time, if the SC agency is not the reporting waiver provider, a copy of the report must also be faxed or sent via encrypted email by the reporting agency to the SC.

The SC is responsible for notifying the waiver participant and/or his/her legal guardian within twenty-four (24) hours of receiving the report that an incident has been reported and is being investigated. The SC is also responsible for notifying other program or waiver providers of the incident when the evidence of injury or incident may impact services or the waiver provider.

A participant's safety must always be the primary concern of the provider agency, SC and the RRDC. Whatever measures appear to be reasonable and prudent to ensure the protection of a person from further harm, injury, or abuse, and to provide prompt treatment or care are taken. When appropriate, an employee, intern, volunteer, consultant, or contractor alleged to have abused a person shall be removed from immediate proximity to, or responsibility for, the participant and may not work with other participants, until the investigation is completed.

Upon receipt of the 24-Hour Provider Report, the RRDC reviews it within twenty-four(24) hours and completes the RRDC Initial Response form, assigning an incident number to the case. The RRDC assigns responsibility for the investigation generally to the provider reporting the incident (investigating waiver provider). If there is concern regarding a potential conflict of interest or appearance of a conflict, the RRDC will assign another waiver provider who provides services to the individual to conduct the investigation. The RRDS and/or Nurse Evaluator will conduct the investigation if the scope of the incident goes beyond one service provider, there is an appearance of conflict of interest among the providers, the provider has demonstrated non-compliance with program manual standards or improper procedures or the NYSDOH requests the RRDC complete the investigation. The RRDC will request technical assistance from the NYSDOH at any time when necessary. When the provider completes the investigation, the report is provided to the RRDC. The RRDC completes the investigation and provides the report to NYSDOH upon request. NYSDOH waiver staff complete the investigation when a complaint/allegation is made directly to the Department, when the scope of the incident goes beyond the role of the RRDC, the complaint/allegation is about the RRDC or referral or support of outside entities such as the Office of Medicaid Inspector General (OMIG) or the Office of the Attorney General (AG) is needed.

NYSDOH may refer completed investigations to the attention of OMIG, AG, or Adult Protective Services (APS). If the RRDC determines that the investigation is not sufficient, the RRDC will request additional review/intervention of the incident by the provider and request the investigation be amended or expanded. The RRDS and/or Nurse Evaluator will supplement or complete a separate investigation if he/she determines the provider's investigation is not sufficient and additional review is required. When NYSDOH, the RRDC and/or the provider completes the investigation, a summary of the investigation findings is provided to the complainant. Additional review and response may include NYSDOH, the RRDC and other state protection agencies (AG/OMIG/APS) as appropriate.

At least one individual will be designated by the provider or the RRDC as the "lead investigator" responsible for conducting a thorough and objective investigation of the incident. The investigator must have experience and training in conducting investigations. Those conducting the investigation may not be: directly involved in the incident; an individual providing a statement related to the investigation; or an individual who directly supervises or is related to the "subject" of the investigation. The provider must utilize the statewide investigation format developed by NYSDOH for completing the investigation report.

Every approved NHTD provider must have a Serious Incident Review Committee (SIRC) to provide oversight and review of the investigation process and investigation outcomes. The SIRC must contain at least five individuals. Participation of a cross section of staff, including professional staff, direct care staff and at least one member of the administrative staff is strongly recommended. The SIRC must review incidents within thirty (30) days of the date of the initial report.

The Executive Director of the provider agency completing the investigation shall not serve as a member of the SIRC, but may be consulted by the SIRC in its deliberations.

Independent NHTD waiver providers (SC) must also form a SIRC to review SRIs. One way to accomplish this is to partner with other independent providers or existing agencies.

Within seven (7) calendar days from the date of the RRDC Initial Response, the investigating waiver provider must submit a Provider Follow Up Report to the RRDC. The RRDC must forward a copy to the SC.

Within thirty (30) days of the initial report made to the RRDC, the investigating provider must complete a Status Report indicating whether the case submitted to the RRDC for investigation remains open. In order for an investigation to be considered closed, the final investigation report must be submitted to the RRDC and the provider's SIRC must have met, reviewed the investigation and indicated that the incident is closed. Upon review of the investigation, the RRDC will send a written notice to the investigating agency and Service Coordinator indicating the incident is considered closed. If it is to remain open, the reasons for that decision must be identified by the RRDC in the Status Report.

If the investigation remains open, the RRDC provides directions for further investigative action. The RRDC forwards a copy of the RRDC Status Report to the SC and the investigating waiver provider. Included in this report will be the anticipated date the investigation will be completed.

No incident investigation may remain open for more than ninety (90) days from the date of the initial report without the expressed approval of the SIRC, RRDC and/or NYSDOH. This approval will occur in only the most atypical circumstances, e.g. criminal investigation, civil litigation, etc.

Upon completion of the investigation and completed review by the RRDC, the involved waiver participant receives written notice completed by the investigating provider and/or RRDC informing him/her of the outcome of the investigation. The RRDC must notify the participant within seven (7) calendar days that the investigation has been completed. Although details of the investigation are not disclosed, the final outcome is provided to the participant/legal guardian. Any further contact with the participant will be made at the discretion of the RRDC depending on the outcome of the investigation or consistent with the plan of corrective action or recommendations included in the final investigation report.

A standard investigation format is used by all providers. The format contains a series of questions/issues that must be addressed in the report. The RRDC reviews the report and the supporting document to determine if the investigation process has been sufficient. If the RRDC has a question about the substance of the investigation it will refer the report to NYSDOH for review and guidance. The RRDC returns the investigation report to the provider, requesting additional

clarification or information. The investigation is not closed until the RRDC determines it is closed.

Each approved NHTD waiver provider must submit a report detailing its SRIs on a quarterly basis. These reports are submitted to the RRDC for inclusion in a regional report; the regional summary is then submitted to NYSDOH for review and compilation of statewide data and trend analysis.

Each agency's SIRC must submit an annual report to the RRDC regarding Serious and Recordable Incidents, corrective, preventive and/or disciplinary action pertaining to identified trends. This report must include the name and position of each of the members of the SIRC, documentation of any changes in the membership during the reporting period and the dates of the SIRC meetings.

Recordable Incidents are maintained by the approved NHTD waiver provider.

Each NHTD waiver provider agency has policies and procedures regarding Recordable Incidents to include the following:
• The process for reporting, investigating and resolving Recordable Incidents within the agency. This should include the title and name of the individual responsible for the oversight of Recordable Incident reporting for the organization.
• The process for identifying patterns of incidents involving a specific participant or staff within the agency that threaten the health and welfare of participants in general.
• The system for tracking the reporting, investigating and outcome of all Recordable Incidents and recommending action for changes in policy and procedures.
• The criteria used to determine when a Recordable Incident should be upgraded to a Serious Reportable Incident.

During survey of waiver providers, NYSDOH evaluates incident processes to assure the waiver providers have complied with all policies/procedures regarding incidents, incident review committees and reporting timeframes. If non-compliance is evident, the waiver provider is issued a statement of deficiencies and must submit a plan of correction to NYSDOH.

NYSDOH waiver staff work cooperatively with other state agencies that provide services to individuals with disabilities, informing them when mutual providers experience significant or numerous SRIs.

Upon request, RRDC staff provides NYSDOH with any additional documentation obtained during an investigation for cases of abuse, neglect, death or any event that is determined to be an SRI.

At any time during the SRI process, notification to Adult Protective Services (APS) or law enforcement may occur. The State mandates that all Local Department of Social Services (LDSS) offices follow standards for Protective Service for Adults (PSA) as set forth in Section 473 of the Social Services Law, NYCRR 18 -457.1(b), and this policy is communicated to providers in Administrative Directive 90-ADM-40. Referrals are made when a waiver participant's health and welfare appears to be at risk and can be made by anyone, including the participant's family members, RRDC, and/or the SC. PSA staff work with other agencies including aging, health, mental health, legal and law enforcement in order to assure a safe plan for the individual. SC and RRDC staff are encouraged to utilize this resource when a participant is at risk and unable to understand the potential harm and consequences of the situation.

c. Participant Training and Education. Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation, including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

The NHTD waiver program ensures participant training and education in a variety of ways.

The waiver applicant first receives information concerning protections and rights when meeting with the Regional Resource Development Specialist (RRDS). The RRDS informs the applicant, family and/or legal guardian of the Complaint Line, the philosophy of the waiver, participant rights and responsibilities, and contact phone numbers. This information is delineated in the Waiver Participant's Rights and Responsibilities form and the Waiver Contact List. The Waiver Participant's Rights and Responsibilities form is provided to each participant at the time of enrollment. It is also provided annually, and any time review of the information is needed.

The Waiver Contact List is provided upon enrollment, reviewed any time there is a new service plan, and updated whenever there is a change in contact information. The Waiver Contact List includes the name, title, phone number and address of all providers, as well as information on how to contact RRDC staff and the Complaint Line at the RRDC.

In addition, the Service Coordinator (SC) will assist the waiver participant with completing the individualized Plan of Protective Oversight (PPO). The PPO is a document that includes informal supports, protective measures and the emergency back-up plan that is in place to meet the participant's health and welfare needs. The PPO is provided upon enrollment, reviewed with each new service plan, and updated as needed, to keep information in the document current.

Participants are trained at intake and annually on critical incident and event reporting including identification of Abuse, neglect, and exploitation via the Service Coordinator. The review of the Waiver Participant Rights and Responsibilities at intake and annually constitutes training and education on incident reporting procedures. At the time of the review, the participant is informed of the process for reporting concerns to the service provider, the Regional Resource Development Center, and/or the New York State Department of Health NHTD Waiver Unit. Service Coordinators are responsible for ensuring that participants are informed of the process for incident reporting and investigation at application and at least annually thereafter.

Service Coordinators are required to meet with participants monthly to review waiver services and discuss any potential issues related to the waiver. A quarterly home visit is required to ensure the safety and comfort of the home environment. Participant safeguards are discussed during these visits.

The RRDSs also meet with participants, their service providers, as well as their family members, if applicable. The participants have the opportunity to raise questions or concerns regarding their services, rights and protections during team meetings, which are conducted every six (6) months.

All waiver providers are responsible for protecting and promoting the ability of the participant to exercise all rights identified in the Waiver Participant Rights and Responsibilities form.

d. Responsibility for Review of and Response to Critical Events or Incidents. Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and the processes and time-frames for responding to critical events or incidents, including conducting investigations.

The entities that receive reports of critical events or incidents specified in G-1b include the Regional Resource Development Center (RRDC) staff, the Service Coordinator (SC), the investigating agency and the agency's Serious Incident Review Committee (SIRC). When it is deemed appropriate to contact Adults Protective Services (APS), or law enforcement as part of the investigation, the RRDC staff will assure this has been done. Any entity involved in the investigation may initiate contact with APS. All contacts with APS and/or law enforcement must be documented as part of the investigation process.
The State's current process for determining whether follow-up action is warranted is as follows:
The RRDC will document on the RRDC Initial Response acceptance of the original classification or, if indicated, the re-classification of the incident. If the RRDC determines that the incident does not meet the definition of an SRI and re-categorizes the incident as a Recordable Incident, this must be noted on the RRDC Initial Response. In this instance, the case is considered CLOSED.
The RRDC also completes the RRDC Status Report form.
The RRDC will send the participant/legal guardian a close-out letter within seven (7) calendar days, indicating that the incident has been closed as an SRI and re-categorized as a Recordable Incident, which will be investigated internally by the waiver service provider.
If a waiver service provider is involved in the Recordable Incident, that agency must conduct an internal investigation and maintain documentation regarding the investigatory process and outcomes on file at the agency.
The RRDC provides a copy of the RRDC Initial Response and the RRDC Status Report to the discovering waiver service provider (if different from the investigating waiver service provider) and the Service Coordinator. The RRDC will also send a copy of the close-out letter to the Service Coordinator.

The reporting waiver provider agency provides a copy of the 24-Hour Provider Report to the RRDC within twenty-four (24) hours if the agency determines that the event is an SRI. The report may be sent via fax or email. A copy of this form is also sent to the SC by the reporting provider agency if the SC agency is not the discoverer.

Within twenty-four (24) hours of receiving notification that a SRI has occurred, the SC must notify the waiver participant and/or his or her legal guardian that an incident occurred and is being investigated. This contact is documented in the Service Coordination Notification Report and a copy forwarded to the RRDC staff.

The SC notifies other programs or waiver providers whose services are part of the participant's Service Plan (SP), and which may be impacted by the incident.

RRDC staff must complete and send a copy of the RRDC Initial Response form to the investigating provider within twenty-four (24) hours of receiving the 24-Hour Provider Report. Completion of this form includes the incident number assigned to the case by RRDC staff, the provider agency responsible to conduct the investigation, and the due dates of the seven (7) and thirty (30) day follow-up reports required from the investigating provider. If the investigating agency is different from the reporting agency, the RRDC staff will also provide the investigating provider with a copy of the 24-Hour Provider Report. In addition, the RRDC staff will provide a copy of RRDC Initial Response form to the SC.

If the RRDC staff is concerned that the waiver provider deemed responsible for investigating the SRI is not in a position to conduct an objective, thorough investigation, the RRDC staff has the discretion to assign another waiver provider to conduct the investigation.

The investigating waiver provider is responsible for notifying the agency's SIRC that an investigation has been initiated and its involvement is required. The investigating waiver provider must designate at least one (1) individual to be responsible for conducting a thorough and objective investigation. The investigator is required to have documented experience and/or training in conducting investigations. Those conducting the investigation may not be directly involved in the incident (e.g. an individual whose testimony is incorporated in the investigation; or individuals who are the supervisor, supervisee, spouse, significant other or immediate family member of anyone involved in the investigations).

Within seven (7) calendar days of receiving the 24-Hour Provider Report and the RRDC Initial Response form (if appropriate), the investigating waiver provider must submit a Provider Follow-Up Report to the RRDC staff with documentation regarding its investigation efforts.

Within seven (7) calendar days of receiving the 7-Day Provider Follow-Up Report, the RRDC staff must review the form and provide written response to the investigating provider regarding whether the information received is sufficient to close the incident or requires additional information. The RRDC staff completes and sends the RRDC Status Report to the investigating provider and SC.

If the investigation remains open, the investigating provider must submit a Provider Follow-Up Report within thirty (30) calendar days as designated on the RRDC Initial Response form. A copy of the Provider Follow-Up Report is also provided to the SC by the RRDC staff. Within seven (7) calendar days of receiving the 30-day Provider Follow-Up Report, the RRDC staff completes the RRDC Status Report, indicating whether the case is closed or remains open for further investigation. If the case remains open, the reasons why are documented. The RRDC sends a copy of the report is sent to the SC and investigating provider.

If the incident is considered open for additional investigation beyond the first thirty (30) calendar days, continued follow-up and investigation by the investigating waiver provider is required. For each thirty (30) calendar days that the case remains open, the investigating waiver provider must submit a Provider Follow-Up Report to the RRDC staff each month, based on the date of the first thirty (30) day Provider Follow-Up Report. A copy of each report received is forwarded to the SC by RRDC staff. In each case, the RRDC staff must review the monthly report and provide a completed RRDC Status Report to the investigating provider and the SC within seven (7) calendar days of receiving the monthly report.

Monthly reporting will continue until the RRDC staff determines the investigation can be closed. When this is determined, RRDC staff must complete the RRDC Status Report, which includes of outcomes and whether the investigation could be substantiated or not. RRDC staff sends a copy of the RRDC Status Report to the investigating provider and to the SC.

Once the investigating entity receives the final RRDC Status Report, it must send written notice to the participant/guardian within 7 days that the investigation has completed, indicating the final outcome without disclosing the details of the investigation. A copy of the letter is sent to the RRDC and SC.

RRDC staff may ask NYSDOH waiver staff to provide technical assistance/guidance at any time during the investigation process.

e. Responsibility for Oversight of Critical Incidents and Events. Identify the state agency (or agencies) responsible for overseeing the reporting of and response to critical incidents or events that affect waiver participants, how this oversight is conducted, and how frequently.

As a quality measure, the RRDC staff must utilize information obtained from a Serious Reportable Incident (SRI) outcome when reviewing subsequent service plans, especially when the SRI investigation results in changes to the service plan through an Addendum or Revised Service Plan (RSP) aimed at ensuring the event does not reoccur. The RRDC staff will provide ongoing monitoring of trends and participant status. If negative trends are identified, immediate remediation will be required by the provider agency and monitored by both the RRDC and NYSDOH waiver staff.

Waiver providers must submit reports to the RRDC on a quarterly basis. The reports will contain information regarding all SRI investigations by the agency during the prior quarter and identify trends that might negatively impact participants and remediation efforts (e.g. changes in provider policies or practices).

RRDC staff compare information from SRI investigations and outcomes against participant service plans to assure appropriate follow up and service plan changes, necessary to support the participant's health and welfare, are implemented to prevent reoccurrence. Through analysis of this data, RRDC staff identify agency and regional level trends and direct the providers regarding additional needed remediation activities.

In addition, waiver providers submit annual reports to the RRDC regarding the activities of the agency in the investigation process, outcomes, and remediation activities. The report provides details on incidents by type, trends identified, and the effectiveness of any changes or improvement in policies and/or practices that occurred during the year. Any discrepancies noted in these reports compared to RRDC data is discussed with the waiver provider for corrective action.

Findings from quarterly and annual waiver provider reports are reported by RRDC staff to NYSDOH waiver staff, including recommendations for regional changes/improvements to prevent reoccurrence. Negative trends are discussed by NYSDOH waiver and RRDC staff to determine the need for appropriate remediation. In addition, NYSDOH waiver staff review SRI activities during RRDC site visits. NYSDOH analyzes data from regional SRI trend reports to determine whether any statewide trends are identified. Based on outcomes, NYSDOH waiver staff oversee any remediation activities.

NYSDOH waiver staff complete a comprehensive annual report incorporating data and information from the provider agency and RRDC reports for analysis on a statewide basis.

During surveillance of provider agencies, the NYSDOH Office of Primary Care and Health Systems Management (OPCHSM) surveillance staff review incident reports maintained by the agency. The review encompasses policy and procedural compliance of the NHTD SRI process, review of SRI investigation outcomes, and implementation of corrective and preventive action to reduce or eliminate reoccurrence. Surveillance staff ensure that there is ongoing monitoring of trends and participant status. If negative trends are identified, immediate remediation will be required by the provider agency and monitored by RRDC and NYSDOH waiver staff.

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (1 of 3)

a. Use of Restraints. *(Select one)*: *(For waiver actions submitted before March 2014, responses in Appendix G-2-a will display information for both restraints and seclusion. For most waiver actions submitted after March 2014, responses regarding seclusion appear in Appendix G-2-c.)*

- (●) **The state does not permit or prohibits the use of restraints**

  Specify the state agency (or agencies) responsible for detecting the unauthorized use of restraints and how this oversight is conducted and its frequency:

The NHTD program supports the use of positive approaches that are consistent with standards of professional practice as the preferred method for addressing maladaptive or inappropriate behavior. Participants of NHTD may benefit from specific behavioral interventions. These techniques should emphasize positive approaches in modifying behavior, focus on teaching new behaviors, and provide persons with the skills needed to enhance their everyday functions and quality of life.

Positive Behavioral Interventions and Supports (PBIS) services help staff develop an awareness of the needs of seniors or persons with physical disabilities and offer methods for preventing crises or inappropriate behavior.

The use of mechanical devices to manage maladaptive behaviors is prohibited. Use of any restraint is reported as a Serious Reportable Incident (SRI) and investigated.

Restraint is defined as the act of limiting or controlling a participant's behavior through the use of any device that prevents the free movement of any limb for the expressed purpose of controlling behavior which renders the person unable to satisfactorily participate in services, community inclusion or other activities.

This does not preclude the use of mechanical supports prescribed by a physician to provide stability necessary for therapeutic measures, such as immobilization of fractures, administration of intravenous fluids, or other medically necessary procedures.

Detailed Plans and/or Behavior Plans for PBIS, signed by the participant, are included in service plans for participants receiving this service. These plans contain a functional behavioral analysis, targeted behaviors for remediation, preventative and crisis intervention methods, safeguards, desired outcomes and ongoing assessment strategies. These plans are reviewed and approved by the RRDC on an annual basis or whenever a significant change in the participant's behavior or health occurs.

Seclusion is prohibited and is considered a form of abuse, and must always be reported as an SRI. Seclusion is defined as the placement of the waiver participant alone in a locked room or area from which he/she cannot leave at will, or from which his/her normal egress is prevented by someone's direct and continuous physical action.

The provider agency providing services at the time the incident occurred or who has first-hand knowledge of this incident is responsible for recording, reporting, and conducting the initial investigation of incident. The RRDC receives initial reports of all incidents.

All instances of use of restraint and seclusion are investigated through the SRI process with necessary action(s) taken by NYSDOH waiver staff, RRDC staff, or both.

If at any time the RRDC discovers deficiencies or issues of concern with regard to these issues and a waiver provider, the RRDC will present the findings to NYSDOH who will obtain reasonable assurances that the agency is capable of delivering services in accordance with the operational standards and the intent of the NHTD waiver. If there are questions about the provider's ability to meet these standards NYSDOH waiver staff will request an additional investigation of the provider.

When the RRDC experiences issues or concerns regarding provider performance, this information will also be relayed to NYSDOH via quarterly reports, emails, and/or by phone. Should a specific provider demonstrate significant problems, NYSDOH may choose to restrict the provider's services. If the matter is not successfully resolved, NYSDOH waiver staff will determine the appropriate action and may initiate the provider disenrollment process.

The use of restraints is permitted during the course of the delivery of waiver services. Complete Items G-2-a-i and G-2-a-ii.

i. Safeguards Concerning the Use of Restraints. Specify the safeguards that the state has established concerning the use of each type of restraint (i.e., personal restraints, drugs used as restraints, mechanical restraints). State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

ii. State Oversight Responsibility. Specify the state agency (or agencies) responsible for overseeing the use of restraints and ensuring that state safeguards concerning their use are followed and how such oversight is conducted and its frequency:

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (2 of 3)

b. Use of Restrictive Interventions. *(Select one)*:

- **The state does not permit or prohibits the use of restrictive interventions**

  Specify the state agency (or agencies) responsible for detecting the unauthorized use of restrictive interventions and how this oversight is conducted and its frequency:

  NYSDOH is the State agency responsible for overseeing policy compliance regarding the use of restrictive interventions by service providers. NYSDOH, in conjunction with the RRDC, provides review and oversight of service providers to ensure the safety of participants. These processes are the same as the oversight of incidents related to restraints, seclusion, and abuse.

  Any individual or waiver provider witnessing the unauthorized use of restrictive interventions is required to report this incident as a Serious Reportable Incident (SRI), in accordance with the SRI policies and procedures. Investigation and resolution of the incident would follow the SRI procedures and time frames outlined in Appendix G-1-b and e.

- **The use of restrictive interventions is permitted during the course of the delivery of waiver services** Complete Items G-2-b-i and G-2-b-ii.

  i. Safeguards Concerning the Use of Restrictive Interventions. Specify the safeguards that the state has in effect concerning the use of interventions that restrict participant movement, participant access to other individuals, locations or activities, restrict participant rights or employ aversive methods (not including restraints or seclusion) to modify behavior. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency.

  ii. State Oversight Responsibility. Specify the state agency (or agencies) responsible for monitoring and overseeing the use of restrictive interventions and how this oversight is conducted and its frequency:

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (3 of 3)

c. Use of Seclusion. *(Select one)*: *(This section will be blank for waivers submitted before Appendix G-2-c was added to WMS in March 2014, and responses for seclusion will display in Appendix G-2-a combined with information on restraints.)*

◉ **The state does not permit or prohibits the use of seclusion**

Specify the state agency (or agencies) responsible for detecting the unauthorized use of seclusion and how this oversight is conducted and its frequency:

The NHTD waiver supports the use of positive approaches that are consistent with standards of professional practice as the preferred method for addressing maladaptive or inappropriate behavior. NHTD participants may benefit from specific behavioral interventions. These techniques should emphasize positive approaches in modifying behavior, focus on teaching new behaviors, and provide participants with the skills needed to enhance their everyday functions and quality of life.

Detailed Plans and/or Behavior Plans for Positive Behavioral Intervention and Supports, signed by the participant, are included in service plans for participants receiving this service. These plans contain a functional behavioral analysis, targeted behaviors for remediation, preventative and crisis intervention methods, safeguards, desired outcomes and ongoing assessment strategies. These plans are reviewed and approved by the RRDC on an annual basis, or whenever a significant change in the participant's behavior or health occurs.

Seclusion is prohibited and is considered a form of abuse, and must always be reported as a Serious Reportable Incident (SRI). Seclusion is defined as the placement of the waiver participant alone in a locked room or area from which he/she cannot leave at will, or from which his/her normal egress is prevented by someone's direct and continuous physical action.

All instances of use of restraint and seclusion are investigated through the SRI process with necessary action(s) taken by NYSDOH waiver staff, RRDC staff, or both.

The provider agency providing services at the time the incident occurred or who has first hand knowledge of this incident is responsible for recording, reporting, and conducting the initial investigation of incident. The RRDC receives initial reports of all incidents.

○ **The use of seclusion is permitted during the course of the delivery of waiver services**. Complete Items G-2-c-i and G-2-c-ii.

i. Safeguards Concerning the Use of Seclusion. Specify the safeguards that the state has established concerning the use of each type of seclusion. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

ii. State Oversight Responsibility. Specify the state agency (or agencies) responsible for overseeing the use of seclusion and ensuring that state safeguards concerning their use are followed and how such oversight is conducted and its frequency:

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (1 of 2)

This Appendix must be completed when waiver services are furnished to participants who are served in licensed or unlicensed

living arrangements where a provider has round-the-clock responsibility for the health and welfare of residents. The Appendix does not need to be completed when waiver participants are served exclusively in their own personal residences or in the home of a family member.

a. Applicability. Select one:

- (●) **No. This Appendix is not applicable** *(do not complete the remaining items)*
- ( ) **Yes. This Appendix applies** *(complete the remaining items)*

- **Medication Management and Follow-Up**

Do not complete this section

i. Responsibility. Specify the entity (or entities) that have ongoing responsibility for monitoring participant medication regimens, the methods for conducting monitoring, and the frequency of monitoring.

ii. Methods of State Oversight and Follow-Up. Describe: (a) the method(s) that the state uses to ensure that participant medications are managed appropriately, including: (a) the identification of potentially harmful practices (e.g., the concurrent use of contraindicated medications); (b) the method(s) for following up on potentially harmful practices; and, (c) the state agency (or agencies) that is responsible for follow-up and oversight.

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (2 of 2)

c. Medication Administration by Waiver Providers

Answers provided in G-3-a indicate you do not need to complete this section

i. Provider Administration of Medications. *Select one:*

- ( ) **Not applicable.** *(do not complete the remaining items)*
- ( ) **Waiver providers are responsible for the administration of medications to waiver participants who cannot self-administer and/or have responsibility to oversee participant self-administration of medications.** *(complete the remaining items)*

- **State Policy.** Summarize the state policies that apply to the administration of medications by waiver providers or waiver provider responsibilities when participants self-administer medications, including (if applicable) policies concerning medication administration by non-medical waiver provider personnel. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- **Medication Error Reporting.** *Select one of the following:*

- ( ) **Providers that are responsible for medication administration are required to both record and report medication errors to a state agency (or agencies).**

Complete the following three items:

(a) Specify state agency (or agencies) to which errors are reported:

(b) Specify the types of medication errors that providers are required to *record:*

(c) Specify the types of medication errors that providers must *report* to the state:

Providers responsible for medication administration are required to record medication errors but make information about medication errors available only when requested by the state.

Specify the types of medication errors that providers are required to record:

- **State Oversight Responsibility.** Specify the state agency (or agencies) responsible for monitoring the performance of waiver providers in the administration of medications to waiver participants and how monitoring is performed and its frequency.

Appendix G: Participant Safeguards

Quality Improvement: Health and Welfare

As a distinct component of the state's quality improvement strategy, provide information in the following fields to detail the state's methods for discovery and remediation.

a. Methods for Discovery: Health and Welfare

The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare.

i. Sub-Assurances:

a. ***Sub-assurance: The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death.***

Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of investigations of abuse, neglect, exploitation, and unexplained death completed within required parameters. (Numerator: number of investigations of abuse, neglect, exploitation, and unexplained death completed within required parameters/ Denominator: total number of investigations of abuse, neglect, exploitation, and unexplained death reviewed)

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% confidence level with a +/-5% error margin http://www.raosoft.com/samplesize.html
☑ **Other** Specify: RRDC	☑ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
 # and % of participant records that include confirmation of annual review of the PPO, contact list and rights and responsibilities signed by the waiver participant (numerator: # of participant records that include confirmation of annual review of the PPO, contact list and rights and responsibilities signed by the waiver participant/denominator: total # of participant records overseen by the RRDC)

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative**

		Sample Confidence Interval =
☑ **Other** Specify: RRDC	☑ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Source (Select one):
Analyzed collected data (including surveys, focus group, interviews, etc)
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify:	☑ **Annually**	☐ **Stratified** Describe Group:

RRDC		
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☑ **Other** Specify: RRDC	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

b. ***Sub-assurance: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.***

Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to

analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of critical incidents where root cause was identified, as evidenced by a closed investigation within program parameters (numerator = number of critical incidents in which the root cause was identified, as evidenced by a closed investigation within program parameters/total number of critical incidents)

Data Source (Select one):
Other
If 'Other' is selected, specify:
RRDC reports

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: RRDC	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

c. ***Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.***

Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
The number and percent of allegations of abuse and neglect related to physical restriction or seclusion investigated and not affirmed (percentage = numerator: number of allegations of abuse and neglect related to physical restriction or seclusion investigated and not affirmed/ denominator: total number of alleged incidents of abuse and neglect)

Data Source (Select one):
Critical events and incident reports
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*

☐ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☑ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: RRDC	☑ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☑ **Other** Specify: RRDC	☑ **Annually**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and Percent of providers with policies prohibiting the use of restrictive interventions including seclusion and restraint included in their approved training curriculum (numerator: no. of providers with policies prohibiting the use of restrictive interventions including seclusion and restraint included in their approved training curriculum/ denominator: total approved providers)

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☑ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☐ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☐ **Representative Sample** Confidence Interval =
☑ **Other** Specify: RRDC	☐ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:

	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☐ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

d. ***Sub-assurance: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.***

Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
The number and percent of approved services plans that indicate the participant's primary care physician (percentage = numerator: the number of approved services plans that indicate the participant's primary care physician/ denominator: total number of approved service plans reviewed)

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% confidence level with a +/-5% error margin http://www.raosoft.com/samplesize.html
☑ **Other** Specify: RRDC	☑ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

Performance Measure:
Number and percent of service plans that include the name/address and phone number of the participant's primary care physician (percentage = numerator: the number of service plans that include the name/address and phone number of the participant's primary care physician / denominator: total number of approved service plans reviewed)

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☐ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval =

		95% confidence level with a +/-5% error margin http://www.raosoft.com/samplesize.html
☑ **Other** Specify: RRDC	☑ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other** Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☐ **Other** Specify:	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*

Performance Measure:
Number and percent of participants who had a physical examination within the last year as evidenced on the service plan (percentage = numerator: number of participants who had a physical examination within the last year as evidenced on the service plan / denominator: number of participant records reviewed)

Data Source (Select one):
Record reviews, on-site
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	**Frequency of data collection/generation***(check each that applies):*	**Sampling Approach** *(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**	☐ **100% Review**
☐ **Operating Agency**	☐ **Monthly**	☑ **Less than 100% Review**
☐ **Sub-State Entity**	☐ **Quarterly**	☑ **Representative Sample** Confidence Interval = 95% confidence level with a +/-5% error margin http://www.raosoft.com/samplesize.html
☑ **Other** Specify: RRDC	☑ **Annually**	☐ **Stratified** Describe Group:
	☑ **Continuously and Ongoing**	☐ **Other** Specify:
	☐ **Other**	

	Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☐ **Quarterly**
☑ **Other** Specify: RRDC	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the state to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

As described in the NHTD waiver Provider Agreement, the Department and its representative(s) (i.e., the RRDS or others identified as such by the NHTD waiver staff) have the authority to investigate the conduct, performance and/or alleged neglect of duties of administrators or employees of any agency or an individual serving as a NHTD waiver provider. This level of intervention will occur when there are concerns that the provider has not followed the procedures described in this policy. If the provider is found to be noncompliant with these policies, the State will take appropriate action that may include terminating the Provider Agreement.

Any employee under investigation for Serious Reportable Incidents (SRI) by NYSDOH, RRDC or another State agency is not permitted to provide service to any NHTD waiver participant until the investigation is completed and the incident is closed.

The RRDC informs NYSDOH waiver staff of issues related to serious incidents and the provider's response to these incidents on an ongoing basis. NYSDOH waiver staff serve as an external monitor to ensure the quality of care provided to participants and to maintain the participants' health and welfare. NYSDOH staff monitor the incident database that tracks incident categories, report responses and incident closures. The RRDC reviews provider quarterly incident reports and identifies trends and outcomes. This information is submitted to NYSDOH waiver staff, who compile the data into a statewide analysis. This information assists NYSDOH to identify trends in incidents within agencies, take corrective measures to minimize the probability of a recurrence of the same or similar situations, and develop and implement appropriate staff training programs.

The RRDC tracks the status of incidents, reviews all pertinent reports and approves the closure of the investigation. Failure to comply with the investigation and reporting process may result in vendor hold for the provider.

The RRDCs review Serious Incident Review Committee (SIRC) meeting minutes for abuse incidents.

NYSDOH conducts on-site surveys of NHTD waiver service providers, reviewing their policies and procedures for managing SRIs. According to the NHTD Program Manual, the waiver provider must maintain a system for tracking the reporting, investigation and outcome of each incident.

The RRDC reviews the agency policies and procedures pertaining to SRI and Recordable Incidents during the provider enrollment process to assure it meets the requirements set forth in the NHTD Program Manual. The RRDC confirms this to NYSDOH by completing and signing the Waiver Service Provider Interview form.

RRDC/NYSDOH waiver staff responsible for the complaint follow-up will contact the complainant to acknowledge receipt of the complaint and to advise that review of the matter is in process. If the complaint is determined to be an SRI by the RRDC, it is reclassified as an SRI and an investigation is initiated by the responsible entity, e.g. Service Coordination agency, waiver provider (ILST, CIC). The RRDC sends a letter to the complainant advising him/her of the reclassification of the complaint to an SRI.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the state's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction and the state's method for analyzing information from individual problems, identifying systemic deficiencies, and implementing remediation actions. In addition, provide information on the methods used by the state to document these items.

NYSDOH waiver staff review the findings of the RRDC quarterly and annual trend reports, which include best practices noted and remedial activities.

RRDC staff conduct meetings and home visits with participants and family members to discuss complaints.

Service providers consistently suspend staff who are involved in an incident of abuse or other situation that presents a risk to the participant, pending the outcome of the investigation.

At a Quarterly RRDC meeting, RRDC staff are provided training on Serious Reportable Incidents and Investigation. A standardized report format developed by NYSDOH is distributed and utilized by all NHTD waiver service providers.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☐ **Monthly**
☐ **Sub-State Entity**	☑ **Quarterly**
☑ **Other** Specify: RRDC	☑ **Annually**
	☑ **Continuously and Ongoing**
	☐ **Other** Specify:

Responsible Party*(check each that applies):*	**Frequency of data aggregation and analysis***(check each that applies):*

c. Timelines

When the state does not have all elements of the quality improvement strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of health and welfare that are currently non-operational.

- (•) **No**
- ( ) **Yes**

Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix H: Quality Improvement Strategy (1 of 3)

Under Section 1915(c) of the Social Security Act and 42 CFR § 441.302, the approval of an HCBS waiver requires that CMS determine that the state has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the state specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver quality improvement strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the state is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a quality improvement strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the quality improvement strategy.

Quality Improvement Strategy: Minimum Components

The quality improvement strategy (QIS) that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QIS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I) , a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances; and
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances.

In Appendix H of the application, a state describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the OIS* and revise it as necessary and appropriate.

If the state's QIS is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its QIS, including the specific tasks the state plans to undertake during the period the waiver is in effect, the major

milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the QIS spans more than one waiver and/or other types of long-term care services under the Medicaid state plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the QIS. In instances when the QIS spans more than one waiver, the state must be able to stratify information that is related to each approved waiver program. Unless the state has requested and received approval from CMS for the consolidation of multiple waivers for the purpose of reporting, then the state must stratify information that is related to each approved waiver program, i.e., employ a representative sample for each waiver.

Appendix H: Quality Improvement Strategy (2 of 3)

H-1: Systems Improvement

a. System Improvements

i. Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

As the State Medicaid agency, NYSDOH maintains ultimate administrative authority and responsibility for the operation, performance and oversight of all waiver functions by local/regional non-State agencies.

NYSDOH's ongoing continuous evaluation of effectiveness of the Quality Improvement Strategy (QIS) process is as follows:
• The NHTD and MMIS databases offer reports regarding Level of Care, service plan development, discharge and transfer data, billing data and provider enrollment.
• Regional Resource Development Center (RRDC) staff complete site visits to providers.
• The NYSDOH Office of Primary Care and Health Systems Management (OPCHSM) completes surveys of NHTD providers. The survey cycle is every three (3) years.
• Providers are responsible for self-compliance activity, as reported to the NYS Office of the Medicaid Inspector General (OMIG).
Daily:
• NYSDOH waiver staff maintain contact with the RRDCs, provider community, waiver participants and stakeholders.
Monthly:
• NYSDOH conducts monthly conference calls with the RRDCs, monitors monthly referral, enrollment and discharge data.
Quarterly:
• NYSDOH meets with the RRDCs to discuss issues and provide training. This includes discussion regarding Quality Improvement (QI) issues and the implementation of new strategies to remedy procedural deficiencies.
• NYSDOH reviews quarterly SRI Trend Reports and Complaint Reports.
• RRDC staff submit quarterly reports, identifying and discussing their service deliverables as established in their contracts.
Annually:
• NYSDOH conducts site visits to the RRDCs, as needed.
• RRDC staff complete an annual self-audit of participant records.
• Participant Satisfaction Surveys are conducted by the RRDCs and the findings are submitted to NYSDOH for a statewide analysis.
• NYSDOH completes a comparative review of service plan costs against billing data.
Information garnered from these activities are used to:
o Identify issues/areas requiring systemic remediation;
o Remedy statewide deficiencies;
o Monitor the efficacy of the changes and amend as needed; and
o Establish methodology for evaluation of identified systemic remediation.
As Needed:
• NYSDOH works with the RRDC to resolve participant identified issues;
• NYSDOH monitors all identified participant, providers and stakeholder issues to ensure thorough resolution.

As the State Medicaid Agency, NYSDOH's primary focus is ensuring that the operation and administration of the NHTD waiver adheres to the waiver assurances.

The RRDS reviews one hundred percent (100%) of all Initial Service Plans (ISP), and supporting documentation, necessary to support waiver eligibility, and reviews/approves all Revised Service Plans (RSP) and LOC evaluations on an annual basis.

NYSDOH waiver staff conduct random retrospective record reviews, analyzing information and data available in the NHTD database and Electronic Medicaid System of New York (eMedNY).

The RRDS reviews one hundred percent (100%) of all LOC assessments for assurance that the participant has been reassessed in a timely manner and continues to meet the required nursing home LOC criteria.

Each RRDC must maintain the NHTD database for tracking service plan periods, service plan type (ISP/RSP), LOC assessments, service plan due dates, and type of NOD issued.

RRDCs and waiver service providers assess waiver participant satisfaction regarding services by conducting annual Participant Satisfaction Surveys.

NYSDOH waiver staff monitor entries in the NHTD database to assure timely development and review of service plans.

Waiver service providers' participant records are reviewed during surveys conducted by NYSDOH Office of Primary Care and Health Systems Management (OPCHSM) surveillance staff.

NYSDOH waiver staff monitor the number of pending intake, discharges, referrals and service plan reviews completed on a monthly basis.

NYSDOH waiver staff conduct reviews of service plans against paid claims data acquired through eMedNY to determine if the frequency, type and amount of services claimed and reimbursed were in accordance with the approved service plan.

Comprehensive billing audits may be completed by the Office of Inspector General (OIG) and NYS Office of Medicaid Inspector General (OMIG) of waiver service providers. This review includes billing information and supporting documents to compare needed service identification to service utilization.

NYSDOH waiver staff utilize the NHTD database to track information throughout the provider enrollment process as well as maintain critical information that facilitates the survey process.

RRDCs conduct eight (8) to ten (10) meetings per year to provide updates on waiver policies, procedures and programmatic issues for waiver service providers.

The NHTD Program Manual requires that each waiver provider have policies and procedures in place to protect the health and welfare of the participant prior to approval as a waiver service provider. The NYSDOH OPCHSM reviews these procedures during its surveillance activities of providers.

The RRDC tracks the status of Serious Reportable Incidents, reviews all pertinent reports, determines that the matter has been appropriately addressed and approves the closure of the investigation. If a provider fails to comply with the investigation and reporting process, NYSDOH may impose a "Vendor Hold" for the provider. As per NYS laws and regulations, NYSDOH has the ability to impose restrictions as needed, including suspension of a waiver service provider's ability to accept new participants and/or termination of a waiver provider's ability to provide NHTD waiver services (Vendor Hold).

The RRDC maintains a complaint line and has an established complaint protocol to address issues presented by waiver participants and their advocates. When the RRDC receives a complaint, it is forwarded to providers to be addressed or investigated. The RRDC may also conduct independent investigations. All complaints are tracked by the RRDC and monitored by NYSDOH waiver staff.

Waiver providers must submit quarterly reports to the RRDC that present all incident data. RRDC staff compile regional data and submit information to NYSDOH waiver staff. NYSDOH waiver staff analyze the data for trends, and if needed, make recommendations to the RRDC staff, and/or implement systems changes or enhancements to the waiver program protocols and/or RRDC operations.

A review of a statistically reliable random sample of all active participant files is completed through the RRDC self-audits. This includes verification that the Plan of Protective Oversight (PPO) and Waiver Contact List are contained in the participant's file and updated as required. Findings of the audits are reviewed by NYSDOH waiver staff.

Oversight of the performance of waiver functions by local/regional non-State agencies is established in statute and regulations that define the respective roles and responsibilities of the State and the Local Department of Social Services (LDSS). See: NYS Public Health Law, Article 2 Title 1 Section 201 and 206, Social Service Law Article 2 Section 20, Article 5 Title 11 Sections 363,363-a, and 363-e.

In addition, NYS bulletins, specifically General Information System (GIS) and Office of Health Insurance Programs (OHIP) Administrative Directives (ADM), are issued to provide ongoing guidance regarding Medicaid

program administration, including eligibility determination, system management, provider reimbursement, monitoring, and corrective actions to LDSS.

NYSDOH oversees the RRDC in the fulfillment of its contractual obligations and provides program policy and guidance. This oversight includes, but is not limited to: technical assistance, monitoring of the RRDC administration of the program, identification of needed corrective actions, and implementation of those actions. The RRDC responsibilities include: interviewing potential providers in its region and making recommendations for provider enrollment to NYSDOH waiver staff; review of the LOC assessments to assure all individuals meet LOC criteria; review and approve all service plans; review proof of Medicaid eligibility and assure that participants' health and welfare needs are met.

Additionally, NYSDOH waiver staff oversee the performance of RRDC contractors through annual retrospective reviews of participant service plans; providing analysis of data generated from participant and provider satisfaction surveys and/or complaints, and produce trend reports; conduct RRDC quarterly meetings; review RRDC quarterly, annual and other pertinent reports; facilitate monthly RRDC conference calls; offer training in fair hearing procedures and decision resolution; establish internal regional policies and procedures; oversee the database and tracking system development and maintenance; implement provider training; and conduct onsite visits with the RRDC staff.

NYSDOH waiver staff review all fair hearing requests and subsequent dispositions, and give RRDC staff direction on how best to present and resolve the case. They ensure that the action taken by the RRDC can be supported by the evidence and facts of the case. If the actions of the RRDC cannot be supported, NYSDOH waiver staff recommend a case conference to resolve the matter.

NYSDOH maintains operational control over the waiver service providers through the provider agreement that is signed upon application to become a waiver service provider.

NYSDOH assures that financial oversight and accountability is in place to confirm Medicaid waiver claims are coded and paid in accordance with the approved reimbursement methodology specified in the approved waiver. This is accomplished through a set provider enrollment identification process, a coding system of unique numeric identifiers for each authorized provider and waiver service, and a centralized electronic payment process that is routinely monitored by NYSDOH and audited by OMIG.

The responsibilities of OMIG include, among other responsibilities, the Medicaid audit function with respect to fraud, waste and abuse. NHTD waiver providers are audited at will by the OMIG. NYSDOH waiver staff may also recommend waiver providers be audited, based upon its concerns or recommendations by RRDC staff. NYSDOH waiver staff provide additional clarification regarding OMIG interpretation and application of NHTD Program Manual standards.

The NYS Office of the Attorney General (AG), acting through its Medicaid Fraud Control Unit (MFCU), has the authority to investigate issues of improper Medicaid payments, Medicaid fraud, waste and abuse and violations of quality of care standards. The AG may institute provider audits and civil proceedings to recover Medicaid overpayments and criminal prosecutions. NYSDOH waiver staff may provide information and evidence to support these audits.

NYSDOH waiver staff may compile data received from internal queries, audits of claim detail reports, OMIG and OIG audits. Data is analyzed for regional and statewide trends.

ii. System Improvement Activities

Responsible Party*(check each that applies):*	**Frequency of Monitoring and Analysis***(check each that applies):*
☑ **State Medicaid Agency**	☐ **Weekly**
☐ **Operating Agency**	☑ **Monthly**

Responsible Party*(check each that applies):*	**Frequency of Monitoring and Analysis***(check each that applies):*
☐ **Sub-State Entity**	☑ **Quarterly**
☐ **Quality Improvement Committee**	☑ **Annually**
☑ **Other** Specify: RRDC	☐ **Other** Specify:

b. System Design Changes

i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the state's targeted standards for systems improvement.

The quantitative data generated by NYSDOH waiver staff, the RRDCs, the Office of Primary Care and Health Systems Management (OPCHSM), and approved NHTD waiver providers, includes but is not limited to: Quarterly complaint reports, Quarterly Serious Reportable Incident Reports, RRDC Quarterly Reports, Monthly Data Reports indicating enrollments, discharges, referrals and plan reviews, data garnered from participant satisfaction surveys, retrospective record reviews, site visit findings, observations of training sessions, observation of provider meetings, review of fair hearing dispositions, analysis of ongoing discharges, and enrollment trend reports. NYSDOH waiver staff compile aggregate data and analyze the findings for statewide trends and service indicators. NYSDOH waiver staff compare this information to prior years' performance to assess service improvements and/or deficiencies. These findings are reviewed with the RRDCs, NYSDOH management, and provider alliances.

NYSDOH uses several approaches for systems improvement. If trend analyses indicate a persistent and pervasive problem, the matter is identified for remediation. Issues related to health and welfare take precedent for any targeted improvements. The remedial action may address a specific performance measure or require a system redesign. In both cases, a process to remedy the deficiency is established. A specific time frame to accomplish the remediation activity is established and the responsible person/entity is identified to monitor the implementation of the remedy. Sanctions may be imposed for non-compliance or remediation not conducted in a timely manner.

NYSDOH works collaboratively with stakeholders to identify and quantify the effectiveness of implemented systems design changes. As service providers and participants utilize services, their comments and recommendations are considered when exploring system changes.

NYSDOH waiver staff also collaborate with OPCHSM surveillance staff to monitor newly implemented system design changes that affect service providers. Surveillance findings are shared with NYSDOH waiver staff and disseminated to NYSDOH senior management and RRDC staff to gauge overall effectiveness of waiver operations.

NYSDOH waiver staff conduct quarterly RRDC meetings and monthly conference calls to discuss procedural and performance issues. RRDCs are encouraged to provide recommendations for systems change. In turn, the RRDCs conduct meetings with service providers at least eight (8) times a year to discuss protocols, update providers regarding NYSDOH policy, and to seek their input and perspective regarding issues related to service delivery and systems improvements.

Results of system change evaluation efforts are communicated to stakeholders, including participants, families, providers, agencies and other interested parties through participation in regional forums, updated information and information posted on the NYSDOH website. A LISTSERV of NHTD service providers is maintained by NYSDOH and is an effective communication tool. The RRDCs and Service Coordinators remain the primary conduit for information to participants. Findings generated from participant satisfaction surveys and comparative analysis of this data over time is an excellent indicator of systems improvements. NYSDOH utilizes the monthly Medicaid Update and the Health Commerce System as its primary communication tool to reach Medicaid providers. NYSDOH maintains an NHTD mailbox, where any member of the public or stakeholder can submit questions or provider commentary.

In addition, NYS bulletins, specifically General Information System (GIS) and OHIP Administrative Directives (ADM), may be issued to provide ongoing guidance regarding Medicaid program administration, including eligibility determination, system management, provider reimbursement, monitoring, and corrective actions to Local Departments of Social Services.

ii. Describe the process to periodically evaluate, as appropriate, the quality improvement strategy.

Quality improvement (QI) is a continuous process of assessing performance measures, continued sampling and retrospective review. When NYSDOH's ongoing review indicates that there is a problem with consistent non-compliance, or there is a problem in achieving a remedy for a deficiency, then the quality improvement strategy warrants reassessment. Monthly statewide conference calls and quarterly meetings with the RRDCs are utilized as an open forum to discuss quality improvement actions/projects throughout the year.

NYSDOH is responsible for the design, oversight and implementation of the waiver's quality improvement strategy by providing ongoing program policy guidance and technical assistance; annual monitoring of the RRDC's administration of the program through site visits and case record reviews; identifying necessary corrective actions based on monitoring activities; and monitoring the effectiveness of the remediation activities through follow-up site visits, conference calls or case record reviews.

NYSDOH is responsible for ensuring that:
• necessary safeguards are in place to ensure the health and welfare of the individuals the waiver serves. This includes the review of incident reports, trend reports, investigations and communication with the RRDCs and providers;
• applicants are screened in a timely manner, meet waiver eligibility and are afforded choice of community services vs institutional care;
• service plans reflect the needs of the participant and are developed and implemented, per waiver and NYSDOH policy;
• a sufficient provider base is available for participants to choose as waiver providers;
• waiver services continue to be cost effective and do not exceed the cost of institutional care; and
• timely submission of annual reports and technical amendments to the Centers for Medicare and Medicaid Services (CMS).

On an ongoing basis, NYSDOH waiver staff review the efficacy of the Quality Management Strategy. Reports and audits are completed on a routine cycle (monthly, quarterly and annual basis). RRDC performance measures are assessed on a quarterly basis. NYSDOH waiver staff, at a minimum, conduct a comprehensive review of the Quality Improvement Strategy during the fourth year of the waiver renewal period prior to application for renewal. On an annual basis, NYSDOH waiver staff review audit/assessment findings with the RRDCs including, but not limited to: Statewide SRI trends, Annual complaint findings, Statewide Satisfaction Survey findings and Statewide file audits.

NYSDOH waiver staff have responsibility for coordinating information obtained from ongoing and annual performance measures, as well as input received during the year from the range of parties involved with the NHTD waiver. (Depending on the issue(s) this includes, but is not limited to: the RRDCs, participants and their representatives, providers and their representatives, NYSDOH surveillance staff, and OMIG.) On an annual basis, information is reviewed and analyzed using eMedNY reporting systems and other available database information. Findings and recommendations are summarized and assessed. Changes may include: requests for technical amendments to the waiver, revised policies/procedures or forms, Program Manual revisions, and RRDC operational protocols. Based upon specific outcomes from the data, NYSDOH waiver staff make decisions that impact the service delivery system statewide.

NYSDOH and the RRDCs continue to have monthly conference calls and quarterly meetings to include quality monitoring discussions. Topics discussed include findings of reports and trends in the areas of health and welfare, incident management, qualified providers, service plans, fiscal accountability, level of care assurances, as well as any follow up to required remediation and QI strategies.

If review of monthly data reports by NYSDOH waiver staff reveals delays in eligibility determinations, a high volume of waiver discharges or delays in service plan approvals, then a system failure is identified. If these comparative analyses suggest that remedial activities have not been successful, the systems change process is evaluated and tracked and a new course of action is established. Identified outcomes that indicate a need to strengthen/refine the QI process are reported to NYSDOH senior management, along with steps, if necessary, for corrective action. Modifications to the program are made as needed.

The NHTD waiver's quality improvement strategy is reevaluated at least annually, in conjunction with the CMS 372 reporting.

Based on language approved in the Appendix K amendment associated with this waiver, due to the COVID pandemic, a quality review report was not completed for the previous waiver cycle. Additionally, 372 reports due during the emergency have not been submitted. As a result of the expiration of the Appendix K amendment, NYS-DOH Is in the process of gathering data and submitting the quality review in addition to any outstanding 372 reports as quickly as the required information can be gathered and analyzed. If necessary, the state will submit waiver amendments based on identified deficiencies in the quality review report and/or 372 report(s) within 90 days of receiving the final quality review report and 372 report acceptance decision.

The comprehensive quality improvement strategy may be found in the NHTD Waiver Program Manual, located at the NYSDOH website.

Appendix H: Quality Improvement Strategy (3 of 3)

H-2: Use of a Patient Experience of Care/Quality of Life Survey

a. Specify whether the state has deployed a patient experience of care or quality of life survey for its HCBS population in the last 12 months *(Select one):*

- ○ **No**
- ◉ **Yes** *(Complete item H.2b)*

b. Specify the type of survey tool the state uses:

- ○ **HCBS CAHPS Survey :**
- ○ **NCI Survey :**
- ○ **NCI AD Survey :**
- ◉ **Other** *(Please provide a description of the survey tool used):*

Waiver participant satisfaction survey

Appendix I: Financial Accountability

I-1: Financial Integrity and Accountability

Financial Integrity. *Describe the methods that are employed to ensure the integrity of payments that have been made for waiver services, including: (a) requirements concerning the independent audit of provider agencies; (b) the financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits; and, (c) the agency (or agencies) responsible for conducting the financial audit program. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).*

NYSDOH is the single State agency responsible for monitoring payments made under the New York State Medicaid program. NYSDOH Office of Audit Services is responsible for conducting the periodic independent audit of the waiver program under the provisions of the Single Audit Act. Statewide audits of Medicaid funded programs are conducted by the Office of the State Comptroller (OSC), the Office of the Attorney General (AG), the Department of Health, and the Office of the Medicaid Inspector General (OMIG). In addition, the operating agency and local counties also conduct reviews and audits of Medicaid funded programs.

A primary function of the Office of the Medicaid Inspector General (OMIG) is to conduct Medicaid audits. Audits are done to determine the scope of medical services billed to the Medicaid program, assess compliance with applicable Federal and State laws, rules and policies governing the program, and verify that:

- *Medicaid reimbursable services were rendered for the dates billed*
- *Appropriate rate or procedure codes were billed for services rendered*
- *Patient related records contained the documentation required by the regulations*
- *Claims for payment were submitted in accordance with Department of Health regulations and the appropriate provider manuals*

Criteria used during reviews are called protocols. Protocols reflect guidance, rules and regulations that structure the Medicaid program.
The audit protocols for this waiver can be found at: https://omig.ny.gov/audit/audit-protocols

The Office of the Medicaid Inspector General's regulations are found within Title 18 of the New York Codes, Rules and Regulations (NYCRR). The regulations are in Parts within Subchapter E in Chapter II of Title 18, titled Medical Care.

Audit protocols are applied to a specific provider type or category of service in the course of an audit and involve OMIG's application of articulated Medicaid agency policy and the exercise of agency discretion. Audit protocols are used as a guide in the course of an audit to evaluate a provider's compliance with Medicaid requirements and to determine the propriety of Medicaid expended funds. In this effort, OMIG will review and consider any relevant contemporaneous documentation maintained and available in the provider's records to substantiate a claim.
The NHTD waiver program does not dictate the sampling methods conducted by OMIG.

Both on-site and claims reviews are completed by OMIG and are determined by OMIG.

The audit process includes and is not limited to:
An Entrance Conference
Review by auditors
Exit conference
Draft audit report
Final audit report
If necessary:
A repayment agreement
Providers may request a hearing
Hearing decision

The final audit report and/or the cover letter accompanying it must clearly advise the provider:
(1) of the nature and amount of the audit findings, the basis for the action and the legal authority therefore;
(2) of the action which will be taken;
(3) of the effective date of the intended action which will be not less than 20 days from the date of the final audit report;
(4) of the right to appeal the audit findings set forth in the final audit report and of the requirements and procedures for requesting an administrative hearing;
(5) that the request may not address issues regarding the methodology used to determine the rate or any issue that was raised or could have been raised at a proceeding to appeal a rate determination but shall be limited to those issues relating to determinations contained in the final audit report.

An audit agency may direct a provider to void an original claim. Claims may be adjusted or voided. A corrected claim is appropriate to submit when the provider made an error in the information initially submitted on a claim. If a provider resubmits a claim that has been denied, the new claim will be denied as a duplicate claim. A claim must be submitted within 30 days from the date of notification of eligibility. This delay reason is valid for resubmitted claims when the original claim was not denied or rejected for any timeliness edits. The corrected claim must be submitted within 60 days of the date of notification.

In the case where claims are voided, adjustment in eMedNY will be made in the amount of the audit finding (based on the disallowed claims) and the federal share of the claim would be returned to CMS.

The Office of the State Comptroller has the constitutional authority (Articles V and X) to conduct financial, compliance, and performance audits of all State and New York City agencies, including their associated facilities, institutions, boards, and program activities, as well as virtually all public benefit corporations (authorities). In addition to the Constitution, the legal basis for the Comptroller's authority is contained in various statutes, including the State Finance Law and New York City's General Municipal Law. The Comptroller also has the authority to audit the records of private firms and non-profit organizations that are awarded contracts or grants by, or receive funding from, these government entities. During the audit, the Comptroller's staff require unrestricted access to records, files, and other information to complete the audit effectively. This may include information that various laws define as confidential and/or proprietary. The Comptroller's right to access this information required for audit purposes is derived from the State Constitution, State Finance Law, and General Municipal Law.

The New York State Medicaid Fraud Control Unit ("MFCU") is a division of the Office of the New York State Attorney General and has statewide authority to investigate and prosecute all violations of applicable state laws regarding fraud in the provision of medical assistance under the Medicaid program. Federal regulations require States to create Medicaid fraud control units to combat fraud, waste, and abuse in the Medicaid Program. In doing so, the MFCU has wide-ranging investigative powers in healthcare settings.

Delinquent Cost Reporting for Non-State Providers

Providers are required to file an annual Cost Report to the State within 120 days (150 with a requested extension) following the end of the provider's fiscal reporting period. Providers are not required to secure an independent financial audit. If a provider fails to file a complete and compliant Cost Report within 60 days of the due date, the State will impose a 2% penalty on all of the provider's Medicaid billing for the waiver.

Oversight of Service Delivery and Billings and Claims:

Each year in January, NYSDOH will establish an audit pool that includes all waiver service providers with waiver service billings. Paid claims will be audited for the period of October 1 to September 30 of the previous year to ensure that providers are appropriately billing for authorized services, correct reimbursement rates/fees, and for the correct number of units of service. NYSDOH conducts an annual review of less than 100% of records of individuals actively enrolled in the NHTD waiver at the time of audit using a statistically reliable sample with a 95% confidence interval and a 5% margin of error using Raosoft formulas. Information is collected from the RRDCs, eMedNY and other reports that are reviewed via a desk audit and site visits as needed when sufficient Waiver Management Staff is available.

The sample is garnered from paid claims data presented in eMedNY. In conjunction with this review, paid claims will be cross referenced to Service Plans to ensure billing is consistent with services in the approved plans. Audit protocols are applied to a specific provider type or category of service in the course of an audit. Audit protocols are used as a guide in the course of an audit to evaluate a provider's compliance with Medicaid requirements and to determine the propriety of Medicaid expended funds. All services provided upon the approval of the waiver are subject to service provider audits.

Any systemic deficiencies will be identified and a plan of correction developed which may result in the following: new directives to providers, procedural remedy, specific vendor intervention (vendor hold and/or termination), or amendment to the waiver application. Improperly paid claims will be reimbursed to the state and FFP will be returned to CMS.

Electronic Visit Verification Implementation

On 1/1/23, New York State implemented a post payment review process to improve the integrity of the Electronic Visit Verification (EVV) Program. The goals of EVV are to ensure timely service delivery for members, including real-time service gap reporting and monitoring; reduce the administrative burden associated with paper timesheet processing; and generate cost savings from the prevention of fraud, waste, and abuse. Services that are subject to EVV include HCSS and Respite.
NYSDOH utilized the existing Medicaid Management Information System (MMIS), eMedNY, to build the statewide aggregator and facilitate collection of EVV data. The submission of EVV data to the NYS EVV Data Aggregator is done via the eMedNY EVV webservice and is separate from claims submission at this time.

Appendix I: Financial Accountability

Quality Improvement: Financial Accountability

As a distinct component of the state's quality improvement strategy, provide information in the following fields to detail the state's methods for discovery and remediation.

a. Methods for Discovery: Financial Accountability Assurance:
The state must demonstrate that it has designed and implemented an adequate system for ensuring financial accountability of the waiver program.

i. Sub-Assurances:

a. Sub-assurance: The state provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered.

Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Number and percent of file reviews of billed and paid services that are consistent with the approved hours of services in the participant's service plan. (Percent = numerator: number of file reviews of billed and paid services that are consistent with the approved hours of services in the participant's service plan/ denominator: total number of file reviews reviewed)

Data Source *(Select one):*
Other
If 'Other' is selected, specify:
Surveillance reports

Responsible Party for data collection/generation*(check each that applies):*	***Frequency of data collection/generation****(check each that applies):*	***Sampling Approach*** *(check each that applies):*
☑ ***State Medicaid Agency***	☐ ***Weekly***	☐ ***100% Review***
☐ ***Operating Agency***	☐ ***Monthly***	☑ ***Less than 100% Review***
☐ ***Sub-State Entity***	☐ ***Quarterly***	☑ ***Representative Sample*** *Confidence Interval =*

		95% confidence level with a +/-5% error margin http://www.raosoft.com/samplesize.html
☑ ***Other*** *Specify:* *OMIG*	☐ ***Annually***	☐ ***Stratified*** *Describe Group:*
	☑ ***Continuously and Ongoing***	☐ ***Other*** *Specify:*
	☐ ***Other*** *Specify:*	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	***Frequency of data aggregation and analysis****(check each that applies):*
☑ ***State Medicaid Agency***	☐ ***Weekly***
☐ ***Operating Agency***	☐ ***Monthly***
☐ ***Sub-State Entity***	☐ ***Quarterly***
☑ ***Other*** *Specify:* *OMIG*	☐ ***Annually***
	☑ ***Continuously and Ongoing***
	☐ ***Other*** *Specify:*

Performance Measure:
Number and percent of provider claims which are appropriately coded and paid in accordance with the reimbursement methodology laid out in this waiver: (numerator = number of provider claims coded and paid in accordance with the reimbursement methodology laid out in this waiver /denominator = total number of provider claims reviewed)

Data Source *(Select one):*
Other
If 'Other' is selected, specify:
Participant specific reports from the Data Warehouse of billed services for the period of time indicated by the approved service plan.

Responsible Party for data collection/generation*(check each that applies):*	***Frequency of data collection/generation****(check each that applies):*	***Sampling Approach*** *(check each that applies):*
☑ ***State Medicaid Agency***	☐ ***Weekly***	☐ ***100% Review***
☐ ***Operating Agency***	☐ ***Monthly***	☑ ***Less than 100% Review***
☐ ***Sub-State Entity***	☐ ***Quarterly***	☑ ***Representative Sample*** *Confidence Interval =* *95% with a +/-5% error margin* *http://www.raosoft.com/samplesize.html*
☐ ***Other*** *Specify:*	☑ ***Annually***	☐ ***Stratified*** *Describe Group:*
	☐ ***Continuously and Ongoing***	☐ ***Other*** *Specify:*
	☐ ***Other*** *Specify:*	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	***Frequency of data aggregation and analysis****(check each that applies):*
☑ ***State Medicaid Agency***	☐ ***Weekly***
☐ ***Operating Agency***	☐ ***Monthly***
☐ ***Sub-State Entity***	☐ ***Quarterly***
☐ ***Other*** *Specify:*	☑ ***Annually***
	☐ ***Continuously and Ongoing***
	☐ ***Other*** *Specify:*

b. Sub-assurance: The state provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.

Performance Measures

For each performance measure the state will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the state to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:
Percent of year-end cost reports submitted using the correct format and submitted in a timely manner (numerator: number of year-end cost reports submitted using the correct format and submitted in a timely manner/ denominator: the total number of approved providers submitting claims for services)

Data Source *(Select one):*
Reports to State Medicaid Agency on delegated
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	***Frequency of data collection/generation****(check each that applies):*	***Sampling Approach*** *(check each that applies):*
☐ ***State Medicaid Agency***	☐ ***Weekly***	☑ ***100% Review***

☐ ***Operating Agency***	☐ ***Monthly***	☐ ***Less than 100% Review***
☐ ***Sub-State Entity***	☐ ***Quarterly***	☐ ***Representative Sample*** *Confidence Interval =*
☑ ***Other*** *Specify:* *Providers will identify provider costs in accordance with Generally Accepted Accounting Principles (GAAP) using the certified cost reporting system, a standardized reporting method.*	☑ ***Annually***	☐ ***Stratified*** *Describe Group:*
	☐ ***Continuously and Ongoing***	☐ ***Other*** *Specify:*
	☐ ***Other*** *Specify:*	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	***Frequency of data aggregation and analysis****(check each that applies):*
☑ ***State Medicaid Agency***	☐ ***Weekly***
☐ ***Operating Agency***	☐ ***Monthly***
☐ ***Sub-State Entity***	☐ ***Quarterly***
☐ ***Other*** *Specify:*	☑ ***Annually***

Responsible Party for data aggregation and analysis *(check each that applies):*	***Frequency of data aggregation and analysis****(check each that applies):*
	☐ ***Continuously and Ongoing***
	☐ ***Other*** *Specify:*

Performance Measure:
Number and percent of claims for services which are paid at the correct rate as approved in the waiver application (Numerator = number of claims for services which are paid at the correct rate as approved in the waiver application/denominator = total number of claims for services)

Data Source *(Select one):*
Reports to State Medicaid Agency on delegated
If 'Other' is selected, specify:

Responsible Party for data collection/generation*(check each that applies):*	***Frequency of data collection/generation****(check each that applies):*	***Sampling Approach*** *(check each that applies):*
☐ ***State Medicaid Agency***	☐ ***Weekly***	☑ ***100% Review***
☐ ***Operating Agency***	☐ ***Monthly***	☐ ***Less than 100% Review***
☐ ***Sub-State Entity***	☐ ***Quarterly***	☐ ***Representative Sample*** *Confidence Interval =*
☑ ***Other*** *Specify:*	☑ ***Annually***	☐ ***Stratified*** *Describe Group:*

Providers will identify provider costs in accordance with Generally Accepted Accounting Principles (GAAP) using the certified cost reporting system, a standardized reporting method.		
	☐ ***Continuously and Ongoing***	☐ ***Other*** *Specify:*
	☐ ***Other*** *Specify:*	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis *(check each that applies):*	***Frequency of data aggregation and analysis****(check each that applies):*
☑ ***State Medicaid Agency***	☐ ***Weekly***
☐ ***Operating Agency***	☐ ***Monthly***
☐ ***Sub-State Entity***	☐ ***Quarterly***
☐ ***Other*** *Specify:*	☑ ***Annually***
	☐ ***Continuously and Ongoing***
	☐ ***Other*** *Specify:*

ii. *If applicable, in the textbox below provide any necessary additional information on the strategies employed by the state to discover/identify problems/issues within the waiver program, including frequency and parties responsible.*

NYSDOH waiver staff compare billed services to the service plan. Any case that presents a 20% deviation (above or under), the projected cost of services in the service plan is identified for additional review.

b. Methods for Remediation/Fixing Individual Problems

i. *Describe the state's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction and the state's method for analyzing information from individual problems, identifying systemic deficiencies, and implementing remediation actions. In addition, provide information on the methods used by the state to document these items.*

The remediation process is initiated when the Regional Resource Development Specialist (RRDS) or NYSDOH waiver staff identifies a lack in the quality of provided services or any other significant issue related to the administration of the NHTD waiver.

Remediation of financial issues begins immediately upon the discovery of any impropriety. NYSDOH waiver staff, and other Department staff such as staff within the Fiscal Management Group (FMG), Provider enrollment and others, as appropriate, immediately initiate remediation of any inappropriate claims processed through eMedNY. Remediation may include voiding payments, adjusting paid claims, assigning penalties, and sanctioning providers through collaboration with OMIG and the Attorney General.

If the deficiency involves a service provider and implementation of the plan of correction does not sufficiently meet program requirements, the provider may be deemed unfit to continue to provide NHTD services. In such circumstances, NYSDOH waiver staff will issue a letter to the provider terminating the provider's NHTD waiver provider status.

Documentation of remediation activities is accomplished by the following measures: correspondence among NYSDOH waiver staff, the RRDC, participants and their parents/legal guardians, and/or service providers; amended plans of care; and the results of NYSDOH annual reviews. All such documents are maintained in the participant's case file and, as appropriate, by NYSDOH/DLTC.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party*(check each that applies):*	***Frequency of data aggregation and analysis*** *(check each that applies):*
☑ ***State Medicaid Agency***	☐ ***Weekly***
☐ ***Operating Agency***	☐ ***Monthly***
☐ ***Sub-State Entity***	☐ ***Quarterly***
☐ ***Other*** *Specify:*	☑ ***Annually***
	☐ ***Continuously and Ongoing***
	☐ ***Other*** *Specify:*

c. Timelines

When the state does not have all elements of the quality improvement strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational.

◉ ***No***

Yes

Please provide a detailed strategy for assuring Financial Accountability, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (1 of 3)

a. Rate Determination Methods. *In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).*

The Bureau of Mental Hygiene Rate Setting within the Division of Finance and Rate Setting in NYSDOH OHIP is responsible for rate setting and oversight.

Pursuant to 29 USC Ch 8, the Fair Labor Standards Act (FLSA), the state was required effective October 13, 2015 to compensate for overtime and travel between service recipients. Rate methodology is amended to ensure compliance with FLSA requirements to be effective the date the federal regulation required implementation. A trend will be applied at the discretion of the State and will result in updating the fiscal integrity demonstration and fee tables. The trend factor used will be the applicable year from the Medical Care Services Index for the period April to April of each year from www.bls.gov/cpi; Table 1 Consumer Price Index for All Urban Consumers (CPI-U); U.S. city average, by expenditure category and commodity and service group, or as prescribed in State statute.

Provider Reimbursement of Waiver Services

Prior to 3/1/2024: NHTD HCBS services are provided by Non-State Government and Private provider agencies and sole proprietors. Private provider agencies are nonprofit organizations, for-profit organizations or proprietary agencies. The rates for Service Coordination (SC), Community Integration Counseling (CIC), Home & Community Support Services (HCSS), Independent Living Skills Training (ILST), Nutritional Counseling/Educational Services, Peer Mentoring, Positive Behavioral Interventions & Supports (PBIS), Wellness Counseling Service, Respiratory Therapy, Respite Services and Structured Day Program (SDP) are based on cost reports that include the costs of labor, administration and overhead with adjustments for utilization factors. The rate for Congregate & Home Delivered Meals is based on the NYS Office of Aging contract with providers. The rates for Assistive Technology (AT), Community Transitional Services (CTS), Congregate & Home Delivered Meals, Environmental Modifications (E-Mods) and Moving Assistance are based on actual costs.

On and after 3/1/2024: NHTD HCBS services are provided by Non-State Government and Private provider agencies and sole proprietors. Private provider agencies are nonprofit organizations, for-profit organizations or proprietary agencies. The rates for Service Coordination (SC), Community Integration Counseling (CIC), Home & Community Support Services (HCSS), Independent Living Skills Training (ILST), Nutritional Counseling/Educational Services, Peer Mentoring, Positive Behavioral Interventions & Supports (PBIS), Wellness Counseling Service, Respiratory Therapy, Respite Services and Structured Day Program (SDP) are based on 2019 provider cost reports which are informed by the providers to include utilization and expenditure data for the period 1/1/2018-12/31/2018 for providers headquartered outside NYC, or 7/1/2018-6/30/2019 for providers headquartered within NYC and which include the costs of labor, administration, overhead and hours worked, with adjustments for regional factors, inflationary trends, and incorporates Federal and State legislative initiatives such as minimum wage and cost of living adjustments.

Rate information is made available to waiver participants in their Service Plans, which describe the frequency and duration of each service, the annual amount of units, the rate per unit and the total annual cost of each service. All approved NHTD service providers receive notice of the rates for their approved services at the time of provider enrollment.

NYSDOH gives public notice required by the State Administrative Procedure Act and other State Laws of any amendment to its regulations regarding the rate-setting methodology. SAPA requires that a Notice of Proposed Rulemaking include a name, public office address and telephone number for an agency representative to whom written views and arguments may be submitted. Public comment information is available in Main 6-I.

NYS will be reviewing the existing provider payment rate structure to address 2022 NYS Budget initiatives targeted to strengthen and expand the healthcare (waiver service) workforce and provider base. These initiatives may warrant a change in rates and require future amendments to the waiver application. NYS will seek to implement wage and rate parity across the NHTD and TBI waiver programs.

Prompted by a decline in Personal Care and HCBS waiver services in rural counties, NYS passed legislation in SFY 18/19 requiring NYSDOH to study to determine if any actions should be taken to address the situation. The study determined that providers are under reimbursed in rural areas due to long driving distances, which increases the transportation component of cost and reduces billable hours. The proposed rural adjustment applied only to HCSS (rate code 9879-9883) and consisted of an $8.00 per hour add-on to the rate which applied only to Allegany, Clinton, Delaware, Essex, Franklin, Hamilton and St. Lawrence counties, which are comprised of zip codes designated as "Frontier and Remote" by the USDA Economic Research Service. The add-on took effect on September 1, 2019.

I. Definitions Applicable to this Section

a. Cost Report: On and after January 1, 2021, the cost report is the report and associated instructions utilized by all government and non-government providers to communicate annual costs incurred as a result of operating NHTD waiver services, along with related patient utilization and staffing statistics.

b. Rate: A reimbursement amount based on a computation using annual provider reimbursable cost divided by the applicable annual units of service.

c. Units of Service: The unit of measure varies by the type of service, i.e., hourly or one-time occurrence.

The unit of measure used for the following waiver services are:

• Respite, In Home: Per diem (24 hours)
• SC: Initial & Monthly
• AT: Per Occurrence
• CTS: Per NF Discharge
• E-Mods: Per Modification
• Moving Assistance: Per Occurrence
• Transportation Services: Per person per year
• CIC: Hourly
• Cong/Home Delivered Meals: Per Meal
• HCSS: Hourly
• Home Visits by Medical Personnel: Per 20 minutes
• ILST: Hourly
• Nutritional Counseling/Ed. Services: Per Visit
• Peer Mentoring: Hourly
• PBIS: Hourly
• Respiratory Therapy: Per Visit
• SDP: Hourly
• Wellness Counseling: Per Visit

NYSDOH has assigned separate rate codes for each of these services to track the amount/cost of each service provided. This allows the waiver provider to bill, through the eMedNY system, the specific number of units which reflects the cost for these services. Providers of ILST, PBIS, CIC, HCSS and SDP are not required to accrue time until one full unit is achieved and may bill using 1/4 units (.25, .5, .75, 1) using no less than a 1/4 (.25) unit.

Transportation costs reflect non-medical trips captured by the service coordinators and transportation contractors for NHTD waiver participants, through NYSDOH's contracted transportation system.
NHTD Regions: Each provider must seek approval to provide services in each statewide region designated by NYSDOH. Services are provided as reported on the cost report. Fee schedules are based on the following geographic indicators:

a. Downstate for all waiver services, except HCSS: The counties of New York, Kings, Queens, Richmond, Bronx, Nassau, Suffolk, Rockland, and Westchester.
b. Upstate for all waiver services, except HCSS: All other counties of the state that are not included in the downstate region.

Regional indicators for HCSS service rates, with the consideration of minimum wage requirements, are as follows:

NYC (Bronx, Kings, NY, Queens, Richmond)
Long Island (Nassau, Suffolk, Westchester)
Rockland
Rest of State
Rural (Allegany, Clinton, Delaware, Essex, Franklin, Hamilton, St. Lawrence)

The statewide $15 minimum wage was enacted as part of the 2016-17 State Budget. As of December 31, 2016, the first in a series of wage increases went into effect. Rates differ based on region and industry because the increases are calibrated to provide businesses ample time to adjust .The minimum wage rates are scheduled to increase each year on 12/31 until they reach $15.00 per hour. Future increases will be based on an indexed schedule to be set by the Director of the Division or Budget in consultation with the Department of Labor following an annual review of the impact and until such time that state reaches statewide compliance with the law. Effective January 1, 2017, and thereafter, NHTD rates of payment for services have been increased to address the implementation of Chapter 54 of the Laws of 2016 for New York State, amending Section 652 of the Labor Law (minimum wage adjustment - see table below).

To the extent possible, the minimum wage adjustment has been developed and implemented based on provider attested data and will be incorporated into the NHTD fees using an add-on inclusive of associated fringe. Because the reimbursement methodology for the NHTD waiver is fee based, the adjustment did not vary by provider. After the end of each calendar year, the Department of Health will survey providers to obtain the necessary information to reconcile the annual minimum wage reimbursement to actual provider expenditures and to assure that providers have fully complied with the minimum wage statutory requirements by passing the additional reimbursement along to their hourly employees.

Minimum Wage Table

Home Care Aide Minimum Wage Schedule as of SFY24

Date	*NYC*	*Nassau/Suffolk/Westchester*	*Rest of State*
10/1/2022	*$17.00*	*$17.00*	*$15.20*
1/1/2023	*$17.00*	*$17.00*	*$16.20*
1/1/2024	*$18.55*	*$18.55*	*$17.55*
1/1/2025	*$19.10*	*$19.10*	*$18.10*
1/1/2026	*$19.65*	*$19.65*	*$18.65*
1/1/2027 Ongoing with exceptions	*inflation*	*inflation*	*inflation*

All trending is based on the BLS CPI for All Urban consumers.

Amendment Effective March 1, 2024
The services being chosen to be delivered via remote modalities are those that can be offered with the same efficacy as in person, as evidenced both by research and the state's experience in implementing remote services during the PHE through Appendix K flexibilities. The decision was also influenced by public comments from participants who stand to lose services because of the loss of remote modalities due to their location being difficult to serve via traditional means. The state does not expect a significant impact on the number of users or the number of units of service used as a result of the change to remote modalities, as the definition of the services and the goals of the service remain the same.

Service Coordination, Independent Living Skills Training (ILST) and Positive Behavioral Interventions and Supports (PBIS) services now offer virtual or remote modality supervisory visits.

I-2a Information is Continued in Main B. Additional Needed Information (Optional)

b. Flow of Billings. *Describe the flow of billings for waiver services, specifying whether provider billings flow directly from providers to the state's claims payment system or whether billings are routed through other intermediary entities. If billings flow through other intermediary entities, specify the entities:*

The New York State Medicaid Management Information System (MMIS), Electronic Medicaid System of New York (eMedNY) system is a computerized system for claims processing. The eMedNY design is based on the recognition that Medicaid processing can be highly automated and that provider relations and claims resolution require an interface with experienced program knowledgeable people. This approach results in great economies through automation, yet eliminates the frustration that providers frequently encounter in dealing with computerized systems.

The provider enrollment application includes a series of forms, and a signature and affirmation section that the provider signs and agrees to comply with all Medicaid rules, regulations and official directives. Furthermore, to submit claims, the provider must obtain the Electronic/Paper Transmitter Identification Number and submit a notarized certification statement. The statement is renewed annually by the provider. Failure to renew the statement results in denial of the provider's claims by the eMedNY system.

Each waiver provider is assigned a provider identification number in eMedNY, which is dedicated solely to the NHTD waiver and assures only enrolled waiver providers can bill for services. Each waiver service is assigned a unique rate code.

Providers must verify Medicaid eligibility prior to provision of services and obtain authorization for specific services. A participant must present an official Common Benefit Identification Card (CBIC) to the provider when requesting services. The issuance of an Identification Card does not constitute full authorization for provision of medical services and supplies. The participant's eligibility must be verified through eMedNY to confirm the participant's eligibility for services and supplies. A provider not verifying eligibility prior to provision of services will risk the possibility of nonpayment for those services.

The Medicaid provider is responsible for ensuring the accuracy of appropriate Medicaid data, such as the Medicaid provider ID, Medicaid recipient ID, date of service, that the service was provided to an approved waiver participant and the rate code for the services provided. The eMedNY system adjudicates the claim and reimbursement is issued directly to the provider.

All Medicaid claims submitted to eMedNY are subject to a series of edits to ensure validation of data, including waiver participant Medicaid eligibility; enrollment of the service recipient in the waiver on the date of service; and enrollment of the waiver service provider at the time of service. Claims submitted after two (2) years from the date of service will be rejected.

Financial accountability is built into the fiscal and claiming process with systems controls and edits developed to enforce proper claiming activity. The claims process is the same used for all Medicaid claims. The claims for NHTD waiver services are submitted by the agencies enrolled as providers through the eMedNY system for payment. Electronic system controls allow only NHTD enrolled Medicaid providers to be paid for claims for NHTD services on NHTD participants as identified by the R/E Code 60. All providers must maintain records that adequately support all billing for waiver services.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (2 of 3)

c. Certifying Public Expenditures *(select one):*

- ◉ ***No. state or local government agencies do not certify expenditures for waiver services.***
- ○ ***Yes. state or local government agencies directly expend funds for part or all of the cost of waiver services and certify their state government expenditures (CPE) in lieu of billing that amount to Medicaid.***

Select at least one:

☐ ***Certified Public Expenditures (CPE) of State Public Agencies.***

Specify: (a) the state government agency or agencies that certify public expenditures for waiver services; (b) how it is assured that the CPE is based on the total computable costs for waiver services; and, (c) how the state verifies that the certified public expenditures are eligible for Federal financial participation in accordance with

42 CFR § 433.51(b).(Indicate source of revenue for CPEs in Item I-4-a.)

☐ ***Certified Public Expenditures (CPE) of Local Government Agencies.***

Specify: (a) the local government agencies that incur certified public expenditures for waiver services; (b) how it is assured that the CPE is based on total computable costs for waiver services; and, (c) how the state verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR § 433.51(b). (Indicate source of revenue for CPEs in Item I-4-b.)

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (3 of 3)

d. Billing Validation Process. *Describe the process for validating provider billings to produce the claim for federal financial participation, including the mechanism(s) to assure that all claims for payment are made only: (a) when the individual was eligible for Medicaid waiver payment on the date of service; (b) when the service was included in the participant's approved service plan; and, (c) the services were provided:*

Claims for all HCBS waiver services are adjudicated by eMedNY. The eMedNY system identifies HCBS enrollees with codes (Restriction/Exemption/RE) that identify the person as HCBS enrolled and the effective date of the enrollment. Payment system edits require the client record to indicate active Medicaid eligibility and HCBS Waiver enrollment for all dates of service billed. All billings are processed either through eMedNY or through direct payment to the transportation contractors through the NYSDOH contracted transportation system.

Claims for federal financial participation (FFP) in the costs of waiver services are based on State payments for waiver services rendered to waiver participants, authorized in the service plan, and properly billed by qualified, NYSDOH approved waiver providers in accordance with the approved waiver. FFP claims for these waiver services are subject to the same policies and procedures that the NYSDOH through the eMedNY system uses to claim federal financial participation for all other Medicaid services.

Providers must verify Medicaid eligibility prior to provision of services and obtain authorization for specific services. A provider not verifying eligibility prior to provision of services will risk the possibility of nonpayment for those services.

When the payment claim is submitted to eMedNY there are a series of edits performed that ensure the validation of the data. Some of the edits include: whether the waiver participant is Medicaid eligible; whether the individual was enrolled in the waiver program; and whether the service providers are enrolled as waiver service providers in New York State. The edits also ensure that a participant is eligible for waiver services and verifies that the participant was eligible on the date the service was provided. In addition, all waiver claims paid through eMedNY are subject to all the common payment integrity edit tests, as well as those specific to waiver transactions.

NYSDOH waiver staff conduct a random retrospective record audit annually This review focuses on whether the services provided were part of the approved service plan and whether the amount of services was prior approved. NYSDOH waiver staff run queries to review participant service plans and compare them with claims data from the eMedNY system. The billing queries run on the same dates as the approved service plans. Each service plan contains a projected cost of services. A comparison of the projected costs to the billed claims is completed. Any service plan with a deviation of twenty percent (20%) above or below the projected cost to the billed amount is set aside for additional review and follow-up by the RRDC.

To ensure that claims meet the essential test that billed waiver services have actually been provided to waiver participants, the OMIG conducts waiver provider audits to verify that all Medicaid claims for reimbursement are supported with a record of the services provided. The record includes: name of participant; date of service; staff performing the activity; time and attendance records; the start and end time of each session; a description of the activities performed during the session; the participant's service goals that are being worked on and the participant's progress toward attaining those goals.

Upon completion of each OMIG audit, final reports are written disclosing deficiencies pertaining to claiming, record keeping and provision of service. These final audit reports are sent to the waiver provider and are available on the OMIG website for routine review by NYSDOH waiver staff.

Furthermore, as part of the claim submission process, providers must sign a Claim Certification Statement which includes certification that services were furnished and records pertaining to services are kept for a minimum of 6 years.

Claims are potentially subject to post-claim review by the department. Inappropriate billing identified upon audit will result in the department requiring an adjustment, disallowance, recoupment, or reduction of the claim. Inappropriate claims identified by providers would result in providers adjusting/voiding identified inappropriate historical claims.

In the Participant Satisfaction Survey, participants are asked about their experiences with the services that they have received. Responses to the Survey are provided to the RRDC and NYSDOH waiver staff. NYSDOH waiver staff follow up on areas of concerns if the response suggests that a participant did not receive services identified in their service plan. RRDSs also make home visits to waiver participants to discuss service delivery issues.

To ensure providers of Environmental Modifications (E-mods), Assistive Technology (AT), and Community Transitional Services (CTS) are billing properly, providers are required to submit projected cost estimates and final cost reports to the Service Coordinator. Each specific payment is made based on the tasks performed or the equipment or parts purchased on behalf of the participant. These reports are provided to the RRDC for approval. Payment reports for these

services are reviewed by NYSDOH and the RRDC annually to ensure the billed amount is the same as the amount approved. If there is a difference between the projected and actual costs, the RRDC requires an Addendum to the Service Plan to justify the increase.

All NHTD waiver service providers are responsible for keeping records sufficient to substantiate any Medicaid claims. These providers are audited on the accuracy and validity of such records to ensure that claim amounts are accurate and valid. Upon approval of the application, NYSDOH waiver staff will issue further billing direction to providers and RRDCs in its Program Manual and will develop more detailed billing guidelines for posting on the eMedNY Provider manual site: https://www.emedny.org/ProviderManuals/index.aspx

See Main Optional I -2 d. for more information

e. Billing and Claims Record Maintenance Requirement. *Records documenting the audit trail of adjudicated claims (including supporting documentation) are maintained by the Medicaid agency, the operating agency (if applicable), and providers of waiver services for a minimum period of 3 years as required in 45 CFR § 92.42.*

Appendix I: Financial Accountability

I-3: Payment (1 of 7)

a. Method of payments -- MMIS *(select one):*

- ***Payments for all waiver services are made through an approved Medicaid Management Information System (MMIS).***
- ***Payments for some, but not all, waiver services are made through an approved MMIS.***

  Specify: (a) the waiver services that are not paid through an approved MMIS; (b) the process for making such payments and the entity that processes payments; (c) and how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

- ***Payments for waiver services are not made through an approved MMIS.***

  Specify: (a) the process by which payments are made and the entity that processes payments; (b) how and through which system(s) the payments are processed; (c) how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

- ***Payments for waiver services are made by a managed care entity or entities. The managed care entity is paid a monthly capitated payment per eligible enrollee through an approved MMIS.***

  Describe how payments are made to the managed care entity or entities:

Appendix I: Financial Accountability

I-3: Payment (2 of 7)

b. Direct payment. *In addition to providing that the Medicaid agency makes payments directly to providers of waiver services, payments for waiver services are made utilizing one or more of the following arrangements (select at least one):*

☐ ***The Medicaid agency makes payments directly and does not use a fiscal agent (comprehensive or limited) or a managed care entity or entities.***

☑ ***The Medicaid agency pays providers through the same fiscal agent used for the rest of the Medicaid program.***

☐ ***The Medicaid agency pays providers of some or all waiver services through the use of a limited fiscal agent.***

Specify the limited fiscal agent, the waiver services for which the limited fiscal agent makes payment, the functions that the limited fiscal agent performs in paying waiver claims, and the methods by which the Medicaid agency oversees the operations of the limited fiscal agent:

☐ ***Providers are paid by a managed care entity or entities for services that are included in the state's contract with the entity.***

Specify how providers are paid for the services (if any) not included in the state's contract with managed care entities.

Appendix I: Financial Accountability

I-3: Payment (3 of 7)

c. Supplemental or Enhanced Payments. *Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to states for expenditures for services under an approved state plan/waiver. Specify whether supplemental or enhanced payments are made. Select one:*

◉ ***No. The state does not make supplemental or enhanced payments for waiver services.***

○ ***Yes. The state makes supplemental or enhanced payments for waiver services.***

Describe: (a) the nature of the supplemental or enhanced payments that are made and the waiver services for which these payments are made; (b) the types of providers to which such payments are made; (c) the source of the non-Federal share of the supplemental or enhanced payment; and, (d) whether providers eligible to receive the supplemental or enhanced payment retain 100% of the total computable expenditure claimed by the state to CMS. Upon request, the state will furnish CMS with detailed information about the total amount of supplemental or enhanced payments to each provider type in the waiver.

Appendix I: Financial Accountability

I-3: Payment (4 of 7)

d. Payments to state or Local Government Providers. *Specify whether state or local government providers receive payment for the provision of waiver services.*

- (●) ***No. State or local government providers do not receive payment for waiver services.*** *Do not complete Item I-3-e.*
- ( ) ***Yes. State or local government providers receive payment for waiver services.*** *Complete Item I-3-e.*

Specify the types of state or local government providers that receive payment for waiver services and the services that the state or local government providers furnish:

Appendix I: Financial Accountability

I-3: Payment (5 of 7)

e. Amount of Payment to State or Local Government Providers.

Specify whether any state or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed its reasonable costs of providing waiver services and, if so, whether and how the state recoups the excess and returns the Federal share of the excess to CMS on the quarterly expenditure report. Select one:

Answers provided in Appendix I-3-d indicate that you do not need to complete this section.

- ( ) ***The amount paid to state or local government providers is the same as the amount paid to private providers of the same service.***
- ( ) ***The amount paid to state or local government providers differs from the amount paid to private providers of the same service. No public provider receives payments that in the aggregate exceed its reasonable costs of providing waiver services.***
- ( ) ***The amount paid to state or local government providers differs from the amount paid to private providers of the same service. When a state or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed the cost of waiver services, the state recoups the excess and returns the federal share of the excess to CMS on the quarterly expenditure report.***

Describe the recoupment process:

Appendix I: Financial Accountability

I-3: Payment (6 of 7)

f. Provider Retention of Payments. *Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by states for services under the approved waiver. Select one:*

- (●) ***Providers receive and retain 100 percent of the amount claimed to CMS for waiver services.***
- ( ) ***Providers are paid by a managed care entity (or entities) that is paid a monthly capitated payment.***

Specify whether the monthly capitated payment to managed care entities is reduced or returned in part to the state.

Appendix I: Financial Accountability

I-3: Payment (7 of 7)

g. Additional Payment Arrangements

i. Voluntary Reassignment of Payments to a Governmental Agency. *Select one:*

- ***No. The state does not provide that providers may voluntarily reassign their right to direct payments to a governmental agency.***
- ***Yes. Providers may voluntarily reassign their right to direct payments to a governmental agency as provided in 42 CFR § 447.10(e).***

Specify the governmental agency (or agencies) to which reassignment may be made.

Any agency that qualifies as governmental such as the Dormitory Authority.

ii. Organized Health Care Delivery System. *Select one:*

- ***No. The state does not employ Organized Health Care Delivery System (OHCDS) arrangements under the provisions of 42 CFR § 447.10.***
- ***Yes. The waiver provides for the use of Organized Health Care Delivery System arrangements under the provisions of 42 CFR § 447.10.***

Specify the following: (a) the entities that are designated as an OHCDS and how these entities qualify for designation as an OHCDS; (b) the procedures for direct provider enrollment when a provider does not voluntarily agree to contract with a designated OHCDS; (c) the method(s) for assuring that participants have free choice of qualified providers when an OHCDS arrangement is employed, including the selection of providers not affiliated with the OHCDS; (d) the method(s) for assuring that providers that furnish services under contract with an OHCDS meet applicable provider qualifications under the waiver; (e) how it is assured that OHCDS contracts with providers meet applicable requirements; and, (f) how financial accountability is assured when an OHCDS arrangement is used:

iii. Contracts with MCOs, PIHPs or PAHPs.

- ***The state does not contract with MCOs, PIHPs or PAHPs for the provision of waiver services.***
- ***The state contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of section 1915(a)(1) of the Act for the delivery of waiver and other services. Participants may voluntarily elect to receive waiver and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the state Medicaid agency.***

Describe: (a) the MCOs and/or health plans that furnish services under the provisions of section 1915(a)(1); (b) the geographic areas served by these plans; (c) the waiver and other services furnished by these plans; and, (d) how payments are made to the health plans.

- ***This waiver is a part of a concurrent section 1915(b)/section 1915(c) waiver. Participants are required to obtain waiver and other services through a MCO and/or prepaid inpatient health plan (PIHP) or a prepaid***

ambulatory health plan (PAHP). The section 1915(b) waiver specifies the types of health plans that are used and how payments to these plans are made.

○ ***This waiver is a part of a concurrent section 1115/section 1915(c) waiver. Participants are required to obtain waiver and other services through a MCO and/or prepaid inpatient health plan (PIHP) or a prepaid ambulatory health plan (PAHP). The section 1115 waiver specifies the types of health plans that are used and how payments to these plans are made.***

○ ***If the state uses more than one of the above contract authorities for the delivery of waiver services, please select this option.***

In the text box below, indicate the contract authorities. In addition, if the state contracts with MCOs, PIHPs, or PAHPs under the provisions of section 1915(a)(1) of the Act to furnish waiver services: Participants may voluntarily elect to receive waiver and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the state Medicaid agency. Describe: (a) the MCOs and/or health plans that furnish services under the provisions of section 1915(a)(1); (b) the geographic areas served by these plans; (c) the waiver and other services furnished by these plans; and, (d) how payments are made to the health plans.

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (1 of 3)

a. State Level Source(s) of the Non-Federal Share of Computable Waiver Costs. *Specify the state source or sources of the non-federal share of computable waiver costs. Select at least one:*

☑ ***Appropriation of State Tax Revenues to the State Medicaid Agency***

☑ ***Appropriation of State Tax Revenues to a State Agency other than the Medicaid Agency.***

If the source of the non-federal share is appropriations to another state agency (or agencies), specify: (a) the state entity or agency receiving appropriated funds and (b) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if the funds are directly expended by state agencies as CPEs, as indicated in Item I-2-c:

The General Fund (state tax revenue supported) state share for Medicaid is also appropriated in the NYS Office of Mental Health (OMH), Office of People with Developmental Disabilities (OPWDD), Office of Children and Family Services, Office of Alcoholism and Substance Abuse Services, and State Education Department budgets. Funds are transferred from these agencies, upon approval from the NYS Director of Budget, to the Department of Health using the certificate of approval process [funding control mechanism specified in the State Finance Law, or through journal transfers, to the Department of Health (DOH)].

☑ ***Other State Level Source(s) of Funds.***

Specify: (a) the source and nature of funds; (b) the entity or agency that receives the funds; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by state agencies as CPEs, as indicated in Item I-2-c:

In addition to the State's General Fund-Local Assistance Account appropriation, NYSDOH has two HCRA Resources Fund appropriated accounts (the Indigent Care Account and the Medical Assistance Account) and a Miscellaneous Special Revenue Fund appropriation (Medical Assistance Account) that fund the state share of Medicaid. The HCRA accounts are funded with HCRA revenues as specified in sections 2807-k, 2807-w, 2807-v, and 2807-l of the NYS Public Health Law. Revenue for the Medical Assistance Account results from assessments on the gross cash receipts of nursing homes, hospitals, certified home health agencies, long term home health care providers and personal care providers (as specified in sections 2807-d, 3614-a and 3614-b of the NYS Public Health Law and section 367-i of the Social Services Law.) In addition, the Local Assistance Account receives a refund of appropriation from drug rebates, audit recoveries and refunds, and third party recoveries.

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (2 of 3)

b. Local Government or Other Source(s) of the Non-Federal Share of Computable Waiver Costs. *Specify the source or sources of the non-federal share of computable waiver costs that are not from state sources. Select One:*

○ ***Not Applicable****. There are no local government level sources of funds utilized as the non-federal share.*

● ***Applicable***

Check each that applies:

☑ ***Appropriation of Local Government Revenues.***

Specify: (a) the local government entity or entities that have the authority to levy taxes or other revenues; (b) the source(s) of revenue; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement (indicate any intervening entities in the transfer process), and/or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2-c:

Counties in New York State and the City of New York have the authority to levy taxes and other revenues. These local entities may raise revenue in a variety of ways including taxes, surcharges and user fees. The State, through a state/county agreement, has an established system by which local entities are notified at regular intervals of the local share of Medicaid expenditures for those individuals for which they are fiscally responsible. In turn, the local entities remit payment of these expenditures directly to the State.

☐ ***Other Local Government Level Source(s) of Funds.***

Specify: (a) the source of funds; (b) the local government entity or agency receiving funds; and, (c) the mechanism that is used to transfer the funds to the state Medicaid agency or fiscal agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2-c:

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (3 of 3)

c. Information Concerning Certain Sources of Funds. *Indicate whether any of the funds listed in Items I-4-a or I-4-b that make up the non-federal share of computable waiver costs come from the following sources: (a) health care-related taxes or fees; (b) provider-related donations; and/or, (c) federal funds. Select one:*

● ***None of the specified sources of funds contribute to the non-federal share of computable waiver costs***

○ ***The following source(s) are used***

Check each that applies:

☐ ***Health care-related taxes or fees***

☐ ***Provider-related donations***

☐ ***Federal funds***

For each source of funds indicated above, describe the source of the funds in detail:

Appendix I: Financial Accountability

I-5: Exclusion of Medicaid Payment for Room and Board

a. Services Furnished in Residential Settings. *Select one:*

◉ ***No services under this waiver are furnished in residential settings other than the private residence of the individual.***

○ ***As specified in Appendix C, the state furnishes waiver services in residential settings other than the personal home of the individual.***

b. Method for Excluding the Cost of Room and Board Furnished in Residential Settings. *The following describes the methodology that the state uses to exclude Medicaid payment for room and board in residential settings:*

Do not complete this item.

Appendix I: Financial Accountability

I-6: Payment for Rent and Food Expenses of an Unrelated Live-In Caregiver

Reimbursement for the Rent and Food Expenses of an Unrelated Live-In Personal Caregiver. *Select one:*

◉ ***No. The state does not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who resides in the same household as the participant.***

○ ***Yes. Per 42 CFR § 441.310(a)(2)(ii), the state will claim FFP for the additional costs of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who resides in the same household as the waiver participant. The state describes its coverage of live-in caregiver in Appendix C-3 and the costs attributable to rent and food for the live-in caregiver are reflected separately in the computation of factor D (cost of waiver services) in Appendix J. FFP for rent and food for a live-in caregiver will not be claimed when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services.***

The following is an explanation of: (a) the method used to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver and (b) the method used to reimburse these costs:

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (1 of 5)

a. Co-Payment Requirements. *Specify whether the state imposes a co-payment or similar charge upon waiver participants for waiver services. These charges are calculated per service and have the effect of reducing the total computable claim for federal financial participation. Select one:*

- ◉ ***No. The state does not impose a co-payment or similar charge upon participants for waiver services.***
- ○ ***Yes. The state imposes a co-payment or similar charge upon participants for one or more waiver services.***

i. Co-Pay Arrangement.

Specify the types of co-pay arrangements that are imposed on waiver participants (check each that applies):

Charges Associated with the Provision of Waiver Services *(if any are checked, complete Items I-7-a-ii through I-7-a-iv):*

- ☐ ***Nominal deductible***
- ☐ ***Coinsurance***
- ☐ ***Co-Payment***
- ☐ ***Other charge***

Specify:

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (2 of 5)

a. Co-Payment Requirements.

ii. Participants Subject to Co-pay Charges for Waiver Services.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (3 of 5)

a. Co-Payment Requirements.

iii. Amount of Co-Pay Charges for Waiver Services.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (4 of 5)

a. Co-Payment Requirements.

iv. Cumulative Maximum Charges.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (5 of 5)

b. Other State Requirement for Cost Sharing. *Specify whether the state imposes a premium, enrollment fee or similar cost sharing on waiver participants. Select one:*

- (●) ***No. The state does not impose a premium, enrollment fee, or similar cost-sharing arrangement on waiver participants.***
- ( ) ***Yes. The state imposes a premium, enrollment fee or similar cost-sharing arrangement.***

Describe in detail the cost sharing arrangement, including: (a) the type of cost sharing (e.g., premium, enrollment fee); (b) the amount of charge and how the amount of the charge is related to total gross family income; (c) the groups of participants subject to cost-sharing and the groups who are excluded; and, (d) the mechanisms for the collection of cost-sharing and reporting the amount collected on the CMS 64:

Appendix J: Cost Neutrality Demonstration

J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

Composite Overview. *Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2-d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2-d have been completed.*

Level(s) of Care: Nursing Facility

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Col 7 less Column4)
1	117689.33	40046.99	157736.32	146279.51	30048.01	176327.52	18591.20
2	125497.38	41248.40	166745.78	150667.89	30949.45	181617.34	14871.56
3	141694.89	42485.85	184180.74	155187.93	31877.93	187065.86	2885.12
4	141617.89	43760.43	185378.32	159843.57	32834.27	192677.84	7299.52
5	141639.66	45073.24	186712.90	164638.87	33819.30	198458.17	11745.27

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (1 of 9)

a. Number Of Unduplicated Participants Served. *Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:*

Table: J-2-a: Unduplicated Participants

Waiver Year	Total Unduplicated Number of Participants (from Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)
		Level of Care:
		Nursing Facility
Year 1	4200	4200
Year 2	5859	5859
Year 3	14079	14079
Year 4	14079	14079
Year 5	14079	14079

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (2 of 9)

b. Average Length of Stay. *Describe the basis of the estimate of the average length of stay on the waiver by participants in item J-2-a.*

The average length of stay is based on data from 2018-2020 which was gleaned from the NYS Medicaid Data Warehouse (MDW) which is New York's repository for claims data. Since no significant additional capacity nor any participant flow variation is expected, this average length of stay was applied to the recipients' utilization projected for all the projected renewal years.

The average length of stay calculated per above is 314.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (3 of 9)

c. Derivation of Estimates for Each Factor. *Provide a narrative description for the derivation of the estimates of the following factors.*

i. Factor D Derivation. *The estimates of Factor D for each waiver year are located in Item J-2-d. The basis and methodology for these estimates is as follows:*

For Waiver Year 1: Factor D was calculated using the average of actual paid waiver claims data and service utilization stored in MDW For the period 2020-2022. The Consumer Price Index of 3% for Medical Care Services for all urban consumers retrieved March 2023 from the Bureau of Labor Statistics was applied to factor D as the trend factor.

Amendment Effective March 1, 2024:
For Waiver Years 2-5: Factor D was calculated using the average of actual paid waiver claims data and service utilization stored in MDW For the period 2020-June 2023. A constant model with double exponential smoothing was used to trend the figures in order to accurately reflect the influx of individuals onto the waiver.
Rates in years 2-5 have been impacted by the rate rebasing initiative effective 3/1/24. Rates were determined using cost reports filed by providers for 2019. More recent data were not used because of irregularities in provider costs during the COVID-19 pandemic.

The rates included in the base waiver for years 2-5 were calculated based on an erroneous formula and were incorrectly trended. Waiver year 1 rates remain correct, and waiver years 2-5 have been corrected in the action effective March 1, 2024.

The same data set and methodology as described above was used to determine the estimates for number of users, average units per user, and average cost per unit for each service.

ii. Factor D' Derivation. *The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:*

Factor D' was calculated using the average of actual Medicaid costs for all services furnished to NHTD waiver participants in addition to waiver services for the period 2020-2022. The Consumer Price Index of 3% for Medical Care Services for all urban consumers retrieved March 2023 from the Bureau of Labor Statistics was applied to factor D' as the trend factor.

iii. Factor G Derivation. *The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:*

Factor G was calculated using actual nursing home costs for the population of individuals which includes non-dual members who have utilized Nursing Home Services for 12 months in SFY22 and are not enrolled in the NHTD Waiver as reflected by paid claims stored in MDW. The Consumer Price Index of 3% for Medical Care Services for all urban consumers retrieved March 2023 from the Bureau of Labor Statistics was applied to factor G as the trend factor.

iv. Factor G' Derivation. *The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:*

Factor G' was calculated using actual costs for all non-institutional services accessed while in a Nursing Home for the population of individuals which includes non-dual members who have utilized Nursing Home Services for 12 months in SFY22 and are not enrolled in the NHTD Waiver as reflected by paid claims stored in MDW. The Consumer Price Index of 3% for Medical Care Services for all urban consumers retrieved March 2023 from the Bureau of Labor Statistics was applied to factor G' as the trend factor.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (4 of 9)

Component management for waiver services. *If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select "manage components" to add these components.*

Waiver Services	
Respite	
Service Coordination (SC)	
Assistive Technology	
Community Transitional Services (CTS)	
Environmental Modification Services	
Moving Assistance Services	
Transportation Services	
Community Integration Counseling Services (CIC)	
Congregate and Home Delivered Meal Services	
Home and Community Support Services (HCSS)	
Home Visits by Medical Personnel	
Independent Living Skills Training Services (ILST)	
Nutritional Counseling/Educational Services	
Peer Mentoring	
Positive and Behavioral Interventions and Support Services (PBIS)	
Respiratory Therapy Services	
Structured Day Program (SDP)	
Wellness Counseling Services	

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (5 of 9)

d. Estimate of Factor D.

ii. Concurrent section 1915(b)/section 1915(c) waivers, or other authorities utilizing capitated arrangements (i.e., 1915(a), 1932(a), Section 1937). *Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1*

Composite Overview table.

Waiver Year: Year 1

Waiver Service/ Component	*Capi-tation*	*Unit*	*# Users*	*Avg. Units Per User*	*Avg. Cost/ Unit*	*Component Cost*	*Total Cost*
Respite Total:							***33437.00***
Respite	☐	*Per Day*	*20*	*5.00*	*334.37*	***33437.00***	
Service Coordination (SC) Total:							***18074402.94***
Initial Service Coordination Transition - Long Term Nursing Home Stay	☐	*per admission*	*86*	*1.00*	*5390.35*	***463570.10***	
Initial Service Coordination Transition - Short Term Nursing Home Stay	☐	*per admission*	*73*	*1.00*	*3788.95*	***276593.35***	
Initial Service Coordination - Diversion	☐	*per admission*	*921*	*1.00*	*1250.01*	***1151259.21***	
On-going Service Coordination	☐	*Per Month*	*3891*	*9.00*	*462.12*	***16182980.28***	
Assistive Technology Total:							***20970000.00***
Assistive Technology	☐	*Per Occurrence*	*466*	*9.00*	*5000.00*	***20970000.00***	
Community Transitional Services (CTS) Total:							***184000.00***
Community Transitional Services (CTS)	☐	*Per NF Discharge*	*23*	*1.00*	*8000.00*	***184000.00***	
Environmental Modification Services Total:							***9800000.00***
Environmental Modification Services	☐	*Per Modification*	*35*	*14.00*	*20000.00*	***9800000.00***	
Moving Assistance Services Total:							***20000.00***
Moving Assistance Services	☐	*Per Occurrence*	*4*	*1.00*	*5000.00*	***20000.00***	
Transportation Services Total:							***5189600.00***
Transportation Services	☐	*Per person per year*	*998*	*1.00*	*5200.00*	***5189600.00***	
Community Integration Counseling Services (CIC) Total:							***479266.20***
Community Integration Counseling Services (CIC)	☐	*Per Hour*	*155*	*36.00*	*85.89*	***479266.20***	

GRAND TOTAL: ***494295184.48***

Total: Services included in capitation:

Total: Services not included in capitation: *494295184.48*

Total Estimated Unduplicated Participants: ***4200***

Factor D (Divide total by number of participants): ***117689.33***

Services included in capitation:

Services not included in capitation: *117689.33*

Average Length of Stay on the Waiver: *314*

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Congregate and Home Delivered Meal Services Total:							**25680.00**
Congregate and Home Delivered Meal Services	☐	Per Meal	8	321.00	10.00	**25680.00**	
Home and Community Support Services (HCSS) Total:							**437977067.50**
Home and Community Support Services (HCSS)	☐	Per Hour	2542	5075.00	33.95	**437977067.50**	
Home Visits by Medical Personnel Total:							**2160.00**
Home Visits by Medical Personnel	☐	20 Minutes	3	18.00	40.00	**2160.00**	
Independent Living Skills Training Services (ILST) Total:							**775922.84**
Independent Living Skills Training Services (ILST)	☐	Per Hour	187	98.00	42.34	**775922.84**	
Nutritional Counseling/Educational Services Total:							**47855.50**
Nutritional Counseling/Educational Services	☐	Per Visit	10	55.00	87.01	**47855.50**	
Peer Mentoring Total:							**1050.00**
Peer Mentoring	☐	Per Hour	7	6.00	25.00	**1050.00**	
Positive and Behavioral Interventions and Support Services (PBIS) Total:							**150408.00**
Positive and Behavioral Interventions and Support Services (PBIS)	☐	Per Hour	30	80.00	62.67	**150408.00**	
Respiratory Therapy Services Total:							**1503.00**
Respiratory Therapy Services	☐	Per Visit	3	6.00	83.50	**1503.00**	
Structured Day Program (SDP) Total:							**561571.50**
Structured Day Program (SDP)	☐	Per Hour	79	350.00	20.31	**561571.50**	
Wellness Counseling Services Total:							**1260.00**
Wellness Counseling Services	☐	Per Visit	7	6.00	30.00	**1260.00**	

GRAND TOTAL: 494295184.48

Total: Services included in capitation:

Total: Services not included in capitation: 494295184.48

Total Estimated Unduplicated Participants: 4200

Factor D (Divide total by number of participants): 117689.33

Services included in capitation:

Services not included in capitation: 117689.33

Average Length of Stay on the Waiver: 314

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (6 of 9)

d. Estimate of Factor D.

ii. Concurrent section 1915(b)/section 1915(c) waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. *Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.*

Waiver Year: Year 2

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite Total:							**130984.00**
Respite	☐	Per Day	32	5.00	818.65	**130984.00**	
Service Coordination (SC) Total:							**33146052.17**
Initial Service Coordination Transition - Long Term Nursing Home Stay	☐	per admission	119	1.00	5389.16	**641310.04**	
Initial Service Coordination Transition - Short Term Nursing Home Stay	☐	per admission	101	1.00	3788.09	**382597.09**	
Initial Service Coordination - Diversion	☐	per admission	1272	1.00	1249.73	**1589656.56**	
On-going Service Coordination	☐	Per Month	5374	9.00	631.28	**30532488.48**	
Assistive Technology Total:							**28980000.00**
Assistive Technology	☐	Per Occurrence	644	9.00	5000.00	**28980000.00**	
Community Transitional Services (CTS) Total:							**256000.00**
Community Transitional Services (CTS)	☐	Per NF Discharge	32	1.00	8000.00	**256000.00**	
Environmental Modification Services Total:							**13720000.00**
Environmental Modification Services	☐	Per Modification	49	14.00	20000.00	**13720000.00**	
Moving Assistance Services Total:							**30000.00**
Moving Assistance	☐					**30000.00**	

GRAND TOTAL: 735289170.33

Total: Services included in capitation:

Total: Services not included in capitation: 735289170.33

Total Estimated Unduplicated Participants: 5859

Factor D (Divide total by number of participants): 125497.38

Services included in capitation:

Services not included in capitation: 125497.38

Average Length of Stay on the Waiver: 314

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Services		Per Occurrence	6	1.00	5000.00		
Transportation Services Total:							**7380568.00**
Transportation Services	☐	Per person per year	1378	1.00	5356.00	**7380568.00**	
Community Integration Counseling Services (CIC) Total:							**867701.52**
Community Integration Counseling Services (CIC)	☐	Per Hour	214	36.00	112.63	**867701.52**	
Congregate and Home Delivered Meal Services Total:							**32100.00**
Congregate and Home Delivered Meal Services	☐	Per Meal	10	321.00	10.00	**32100.00**	
Home and Community Support Services (HCSS) Total:							**647167654.00**
Home and Community Support Services (HCSS)	☐	Per Hour	3512	5075.00	36.31	**647167654.00**	
Home Visits by Medical Personnel Total:							**4464.72**
Home Visits by Medical Personnel	☐	20 Minutes	4	18.00	62.01	**4464.72**	
Independent Living Skills Training Services (ILST) Total:							**1559517.12**
Independent Living Skills Training Services (ILST)	☐	Per Hour	258	98.00	61.68	**1559517.12**	
Nutritional Counseling/Educational Services Total:							**65018.80**
Nutritional Counseling/Educational Services	☐	Per Visit	14	55.00	84.44	**65018.80**	
Peer Mentoring Total:							**1822.80**
Peer Mentoring	☐	Per Hour	10	6.00	30.38	**1822.80**	
Positive and Behavioral Interventions and Support Services (PBIS) Total:							**351464.80**
Positive and Behavioral Interventions and Support Services (PBIS)	☐	Per Hour	43	80.00	102.17	**351464.80**	
Respiratory Therapy Services Total:							**2377.20**

GRAND TOTAL: 735289170.33

Total: Services included in capitation:

Total: Services not included in capitation: 735289170.33

Total Estimated Unduplicated Participants: 5859

Factor D (Divide total by number of participants): 125497.38

Services included in capitation:

Services not included in capitation: 125497.38

Average Length of Stay on the Waiver: 314

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respiratory Therapy Services	☐	Per Visit	4	6.00	99.05	2377.20	
Structured Day Program (SDP) Total:							1589280.00
Structured Day Program (SDP)	☐	Per Hour	110	350.00	41.28	1589280.00	
Wellness Counseling Services Total:							4165.20
Wellness Counseling Services	☐	Per Visit	12	6.00	57.85	4165.20	

GRAND TOTAL: 735289170.33
Total: Services included in capitation:
Total: Services not included in capitation: 735289170.33
Total Estimated Unduplicated Participants: 5859
Factor D (Divide total by number of participants): 125497.38
Services included in capitation:
Services not included in capitation: 125497.38
Average Length of Stay on the Waiver: 314

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (7 of 9)

d. Estimate of Factor D.

ii. Concurrent section 1915(b)/section 1915(c) waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. *Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.*

Waiver Year: Year 3

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite Total:							135077.25
Respite	☐	Per Day	33	5.00	818.65	135077.25	
Service Coordination (SC) Total:							82876197.87
Initial Service Coordination Transition - Long Term Nursing Home Stay	☐	per admission	131	1.00	5389.16	705979.96	
Initial Service Coordination Transition - Short Term Nursing Home Stay	☐	per admission	111	1.00	3788.09	420477.99	

GRAND TOTAL: 1994922323.15
Total: Services included in capitation:
Total: Services not included in capitation: 1994922323.15
Total Estimated Unduplicated Participants: 14079
Factor D (Divide total by number of participants): 141694.89
Services included in capitation:
Services not included in capitation: 141694.89
Average Length of Stay on the Waiver: 314

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Initial Service Coordination - Diversion	☐	per admission	1408	1.00	1249.73	1759619.84	
On-going Service Coordination	☐	Per Month	14079	9.00	631.28	79990120.08	
Assistive Technology Total:							50580000.00
Assistive Technology	☐	Per Occurrence	1124	9.00	5000.00	50580000.00	
Community Transitional Services (CTS) Total:							456000.00
Community Transitional Services (CTS)	☐	Per NF Discharge	57	1.00	8000.00	456000.00	
Environmental Modification Services Total:							23800000.00
Environmental Modification Services	☐	Per Modification	85	14.00	20000.00	23800000.00	
Moving Assistance Services Total:							35000.00
Moving Assistance Services	☐	Per Occurrence	7	1.00	5000.00	35000.00	
Transportation Services Total:							13295198.80
Transportation Services	☐	Per person per year	2410	1.00	5516.68	13295198.80	
Community Integration Counseling Services (CIC) Total:							1520505.00
Community Integration Counseling Services (CIC)	☐	Per Hour	375	36.00	112.63	1520505.00	
Congregate and Home Delivered Meal Services Total:							38520.00
Congregate and Home Delivered Meal Services	☐	Per Meal	12	321.00	10.00	38520.00	
Home and Community Support Services (HCSS) Total:							1816012878.75
Home and Community Support Services (HCSS)	☐	Per Hour	9855	5075.00	36.31	1816012878.75	
Home Visits by Medical Personnel Total:							4464.72
Home Visits by Medical Personnel	☐	20 Minutes	4	18.00	62.01	4464.72	
Independent Living Skills Training Services (ILST)							2720088.00

GRAND TOTAL: 1994922323.15

Total: Services included in capitation:

Total: Services not included in capitation: 1994922323.15

Total Estimated Unduplicated Participants: 14079

Factor D (Divide total by number of participants): 141694.89

Services included in capitation:

Services not included in capitation: 141694.89

Average Length of Stay on the Waiver: 314

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Total:							
Independent Living Skills Training Services (ILST)	☐	Per Hour	450	98.00	61.68	**2720088.00**	
Nutritional Counseling/Educational Services Total:							**74307.20**
Nutritional Counseling/Educational Services	☐	Per Visit	16	55.00	84.44	**74307.20**	
Peer Mentoring Total:							**2187.36**
Peer Mentoring	☐	Per Hour	12	6.00	30.38	**2187.36**	
Positive and Behavioral Interventions and Support Services (PBIS) Total:							**604846.40**
Positive and Behavioral Interventions and Support Services (PBIS)	☐	Per Hour	74	80.00	102.17	**604846.40**	
Respiratory Therapy Services Total:							**2971.50**
Respiratory Therapy Services	☐	Per Visit	5	6.00	99.05	**2971.50**	
Structured Day Program (SDP) Total:							**2759568.00**
Structured Day Program (SDP)	☐	Per Hour	191	350.00	41.28	**2759568.00**	
Wellness Counseling Services Total:							**4512.30**
Wellness Counseling Services	☐	Per Visit	13	6.00	57.85	**4512.30**	

GRAND TOTAL: **1994922323.15**

Total: Services included in capitation:

Total: Services not included in capitation: 1994922323.15

Total Estimated Unduplicated Participants: **14079**

Factor D (Divide total by number of participants): **141694.89**

Services included in capitation:

Services not included in capitation: 141694.89

Average Length of Stay on the Waiver: 314

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (8 of 9)

d. Estimate of Factor D.

ii. Concurrent section 1915(b)/section 1915(c) waivers, or other concurrent managed care authorities utilizing capitated payment arrangements.*Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.*

Waiver Year: Year 4

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite Total:							**147357.00**
Respite	☐	Per Day	36	5.00	818.65	**147357.00**	
Service Coordination (SC) Total:							**81369564.49**
Initial Service Coordination Transition - Long Term Nursing Home Stay	☐	per admission	144	1.00	5389.16	**776039.04**	
Initial Service Coordination Transition - Short Term Nursing Home Stay	☐	per admission	123	1.00	3788.09	**465935.07**	
Initial Service Coordination - Diversion	☐	per admission	110	1.00	1249.73	**137470.30**	
On-going Service Coordination	☐	Per Month	14079	9.00	631.28	**79990120.08**	
Assistive Technology Total:							**50580000.00**
Assistive Technology	☐	Per Occurrence	1124	9.00	5000.00	**50580000.00**	
Community Transitional Services (CTS) Total:							**456000.00**
Community Transitional Services (CTS)	☐	Per NF Discharge	57	1.00	8000.00	**456000.00**	
Environmental Modification Services Total:							**23800000.00**
Environmental Modification Services	☐	Per Modification	85	14.00	20000.00	**23800000.00**	
Moving Assistance Services Total:							**35000.00**
Moving Assistance Services	☐	Per Occurrence	7	1.00	5000.00	**35000.00**	
Transportation Services Total:							**13694053.80**
Transportation Services	☐	Per person per year	2410	1.00	5682.18	**13694053.80**	
Community Integration Counseling Services (CIC) Total:							**1520505.00**
Community Integration Counseling Services (CIC)	☐	Per Hour	375	36.00	112.63	**1520505.00**	
Congregate and Home Delivered Meal Services Total:							**44940.00**
Congregate and Home	☐					**44940.00**	

GRAND TOTAL: **1993838235.82**

Total: Services included in capitation:

Total: Services not included in capitation: *1993838235.82*

Total Estimated Unduplicated Participants: **14079**

Factor D (Divide total by number of participants): **141617.89**

Services included in capitation:

Services not included in capitation: *141617.89*

Average Length of Stay on the Waiver: 314

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Delivered Meal Services		Per Meal	14	321.00	10.00		
Home and Community Support Services (HCSS) Total:							**1816012878.75**
Home and Community Support Services (HCSS)	☐	Per Hour	9855	5075.00	36.31	**1816012878.75**	
Home Visits by Medical Personnel Total:							**4464.72**
Home Visits by Medical Personnel	☐	20 Minutes	4	18.00	62.01	**4464.72**	
Independent Living Skills Training Services (ILST) Total:							**2720088.00**
Independent Living Skills Training Services (ILST)	☐	Per Hour	450	98.00	61.68	**2720088.00**	
Nutritional Counseling/Educational Services Total:							**78951.40**
Nutritional Counseling/Educational Services	☐	Per Visit	17	55.00	84.44	**78951.40**	
Peer Mentoring Total:							**2187.36**
Peer Mentoring	☐	Per Hour	12	6.00	30.38	**2187.36**	
Positive and Behavioral Interventions and Support Services (PBIS) Total:							**604846.40**
Positive and Behavioral Interventions and Support Services (PBIS)	☐	Per Hour	74	80.00	102.17	**604846.40**	
Respiratory Therapy Services Total:							**2971.50**
Respiratory Therapy Services	☐	Per Visit	5	6.00	99.05	**2971.50**	
Structured Day Program (SDP) Total:							**2759568.00**
Structured Day Program (SDP)	☐	Per Hour	191	350.00	41.28	**2759568.00**	
Wellness Counseling Services Total:							**4859.40**
Wellness Counseling Services	☐	Per Visit	14	6.00	57.85	**4859.40**	

GRAND TOTAL: **1993838235.82**

Total: Services included in capitation:

Total: Services not included in capitation: 1993838235.82

Total Estimated Unduplicated Participants: **14079**

Factor D (Divide total by number of participants): **141617.89**

Services included in capitation:

Services not included in capitation: 141617.89

Average Length of Stay on the Waiver: 314

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (9 of 9)

d. Estimate of Factor D.

ii. Concurrent section 1915(b)/section 1915(c) waivers, or other concurrent managed care authorities utilizing capitated payment arrangements. *Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. If applicable, check the capitation box next to that service. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.*

Waiver Year: Year 5

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Respite Total:							**155543.50**
Respite	☐	Per Day	38	5.00	818.65	**155543.50**	
Service Coordination (SC) Total:							**81254048.33**
Initial Service Coordination Transition - Long Term Nursing Home Stay	☐	per admission	131	1.00	5389.16	**705979.96**	
Initial Service Coordination Transition - Short Term Nursing Home Stay	☐	per admission	111	1.00	3788.09	**420477.99**	
Initial Service Coordination - Diversion	☐	per admission	110	1.00	1249.73	**137470.30**	
On-going Service Coordination	☐	Per Month	14079	9.00	631.28	**79990120.08**	
Assistive Technology Total:							**50580000.00**
Assistive Technology	☐	Per Occurence	1124	9.00	5000.00	**50580000.00**	
Community Transitional Services (CTS) Total:							**456000.00**
Community Transitional Services (CTS)	☐	Per NF Discharge	57	1.00	8000.00	**456000.00**	
Environmental Modification Services Total:							**23800000.00**
Environmental Modification Services	☐	Per Modification	85	14.00	20000.00	**23800000.00**	
Moving Assistance Services Total:							**35000.00**
Moving Assistance Services	☐	Per Occurrence	7	1.00	5000.00	**35000.00**	
Transportation Services Total:							**14104886.50**

GRAND TOTAL: **1994144747.80**

Total: Services included in capitation:

Total: Services not included in capitation: 1994144747.80

Total Estimated Unduplicated Participants: **14079**

Factor D (Divide total by number of participants): **141639.66**

Services included in capitation:

Services not included in capitation: 141639.66

Average Length of Stay on the Waiver: 314

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Transportation Services	☐	Per person per year	2410	1.00	5852.65	14104886.50	
Community Integration Counseling Services (CIC) Total:							1520505.00
Community Integration Counseling Services (CIC)	☐	Per Hour	375	36.00	112.63	1520505.00	
Congregate and Home Delivered Meal Services Total:							44940.00
Congregate and Home Delivered Meal Services	☐	Per Meal	14	321.00	10.00	44940.00	
Home and Community Support Services (HCSS) Total:							1816012878.75
Home and Community Support Services (HCSS)	☐	Per Hour	9855	5075.00	36.31	1816012878.75	
Home Visits by Medical Personnel Total:							6697.08
Home Visits by Medical Personnel	☐	20 Minutes	6	18.00	62.01	6697.08	
Independent Living Skills Training Services (ILST) Total:							2720088.00
Independent Living Skills Training Services (ILST)	☐	Per Hour	450	98.00	61.68	2720088.00	
Nutritional Counseling/Educational Services Total:							78951.40
Nutritional Counseling/Educational Services	☐	Per Visit	17	55.00	84.44	78951.40	
Peer Mentoring Total:							2369.64
Peer Mentoring	☐	Per Hour	13	6.00	30.38	2369.64	
Positive and Behavioral Interventions and Support Services (PBIS) Total:							604846.40
Positive and Behavioral Interventions and Support Services (PBIS)	☐	Per Hour	74	80.00	102.17	604846.40	
Respiratory Therapy Services Total:							3565.80
Respiratory Therapy Services	☐	Per Visit	6	6.00	99.05	3565.80	
Structured Day Program (SDP) Total:							2759568.00

GRAND TOTAL: 1994144747.80

Total: Services included in capitation:

Total: Services not included in capitation: 1994144747.80

Total Estimated Unduplicated Participants: 14079

Factor D (Divide total by number of participants): 141639.66

Services included in capitation:

Services not included in capitation: 141639.66

Average Length of Stay on the Waiver: 314

Waiver Service/ Component	Capi-tation	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Structured Day Program (SDP)	☐	Per Hour	191	350.00	41.28	2759568.00	
Wellness Counseling Services Total:							4859.40
Wellness Counseling Services	☐	Per Visit	14	6.00	57.85	4859.40	

GRAND TOTAL: 1994144747.80

Total: Services included in capitation:

Total: Services not included in capitation: 1994144747.80

Total Estimated Unduplicated Participants: 14079

Factor D (Divide total by number of participants): 141639.66

Services included in capitation:

Services not included in capitation: 141639.66

Average Length of Stay on the Waiver: 314