

# APPENDIX K: Emergency Preparedness and Response

## Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.<sup>1</sup> This appendix may be completed retroactively as needed by the state.

## Appendix K-1: General Information

### General Information:

- A. State: New York
  
- B. Waiver Title: 

Office for People with Developmental Disabilities (OPWDD) Comprehensive Home and Community Based Services (HCBS) Waiver
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- C. Control Number: 

NY 0238.R06.01
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D. Type of Emergency (The state may check more than one box):

<input checked="" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state’s mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

1) A new coronavirus – 2019 Novel Coronavirus – is spreading worldwide, causing the disease called COVID-19. Due to both travel-related cases and community contact transmission of COVID-19 in New York State, Governor Andrew Cuomo declared a state of emergency to help
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New York more quickly and effectively contain the spread of the virus. This is a national and global crisis, with the World Health Organization now characterizing COVID-19 as a pandemic.

2) People enrolled in the waiver, providers, and families are affected. The State has identified probable negative impacts on approximately 90,000 participants in OPWDD's Comprehensive 1915(c) HCBS Waiver and their families. This waiver amendment is applicable to only participants and providers affected by COVID-19.

3) Roles of State, local and other entities involved in approved waiver operations are defined in Appendix A in Section A-1 and 2.

4) New York State is requesting temporary expedited changes to its existing OPWDD Comprehensive 1915(c) HCBS Waiver serving people with intellectual and/or developmental disabilities (I/DD). These changes will ensure that the health and safety of waiver participants is the primary focus of staff and administrators, as they accomplish the following objectives:

- a) Allow day services to be delivered in alternative sites;
- b) Allow the services in alternative sites to be authorized prior to updating the participant's Life Plan;
- c) Allow Residential Habilitation services to be provided in alternate sites, including a non-certified location or certified by the State as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID);
- d) Allow Residential Habilitation services to be delivered temporarily out-of-state;
- e) Allow certain habilitation services to be delivered via telehealth in accordance with HIPAA requirements;
- f) Allow a temporary waiver of staff training and qualifications if new staff are needed to provide essential services;
- g) Temporarily extend the timeframes for completion of Level of Care (LOC) assessments and Plan of Care review when the Care Manager cannot safely contact the participant;
- h) Allow modifications to person-centered service planning;
- i) Allow options for retainer day payments for Community Habilitation, Day Habilitation and Prevocational Service providers;
- j) Increase Residential Habilitation services reimbursement to address increase in day-time staffing needs;
- k) Increase fees for Respite and Community Habilitation services to address additional equipment and staff training needs;
- l) Modify incident reporting requirements;
- m) Waive HCBS Setting requirements during the state of emergency;
- n) Postpone OPWDD Division of Quality Improvement (DQI) reviews;
- o) Allow extension of time frames for cost reporting submissions for both State and not-for-profit providers.

In accordance with the above objectives, New York State is requesting immediate implementation to avoid any adverse effect on participants' health and safety, as well as providers' capacity to deliver services. The projected timeline is from 3/7/20-9/7/20. Should a provider be unable to deliver services during this emergency, another enrolled Medicaid HCBS I/DD provider or providers will be authorized immediately, and the participant's Life Plan will be updated.

F. Proposed Effective Date: Start Date: 3/7/20 Anticipated End Date: 9/7/20

G. Description of Transition Plan.

N/A

H. Geographic Areas Affected:

Statewide

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

OPWDD is a member of the New York State Disaster Preparedness Commission, comprised of the commissioners, directors/chairpersons of the 32 State agencies and one volunteer organization – the American Red Cross. The responsibilities of the Disaster Preparedness Commission include: the preparation of State disaster plans; the direction of State disaster operations and coordination with local government operations; and the coordination of Federal, State and private recovery efforts. Information on the State Disaster Plan can be found at the following website: <http://www.dhSES.ny.gov/planning/cemp/>

## Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

### Temporary or Emergency-Specific Amendment to Approved Waiver:

*These are changes that, while directly related to the state’s response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the Waiver Management System (WMS) upon advice from CMS.*

a. \_\_\_ Access and Eligibility:

i. \_\_\_ Temporarily increase the cost limits for entry into the waiver. [Provide explanation of changes and specify the temporary cost limit.]

ii. \_\_\_ Temporarily modify additional targeting criteria. [Explanation of changes]

**b. X Services**

**i. X Temporarily modify service scope or coverage.** [Complete Section A- Services to be Added/Modified During an Emergency.]

The State seeks to modify the service definition and limits for Respite and Community Habilitation services to allow people who live in a certified residence to receive Respite services or Community Habilitation in the residence when the following is true:

- The person’s day service is suspended due to the emergency or the person is unable to participate in the day service;
- No day services can be delivered in the residence, and
- The daily Respite or Community Habilitation billing does not exceed six (6) hours of service per day, five (5) days per week.

Note, that the State is requesting the authority to implement either this provision or the Residential Habilitation rate adjustment based upon operational needs. The State will not implement both Respite and Community Habilitation billing for in-residence services for a Residential Habilitation recipient if the person’s residence has also received the rate adjustment described in Item f below.

For the period of the emergency, the State will allow the remote delivery of the following services through the telephone or other technology in accordance with HIPAA requirements:

- Day Habilitation
- Community Habilitation
- Prevocational Services
- Supported Employment (SEMP)
- Pathway to Employment
- Support Broker

**ii. \_\_\_ Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.**

[Explanation of changes]

**iii. \_\_\_ Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside of the scope of non-emergency transportation or transportation already provided through the waiver).** [Complete Section A-Services to be Added/Modified During an Emergency]

**iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:** [Explanation of modification, and advisement if room and board is included in the respite rate]:

Day Habilitation and Prevocational Services may be delivered temporarily in the participant's residential setting, which is defined as:

- The participant's private home,
- A provider owned or controlled certified residential setting, or
- Other residential emergency setting, such as a hotel.

Residential Habilitation services may be delivered temporarily in another certified location or non-certified location. Certified locations where Residential Habilitation may be provided include a facility licensed by the State as an ICF/IID or a day service location that is appropriately modified for emergency housing purposes. If emergency shelter is provided in a facility licensed by the State as an ICF/IID, there will be no separate Medicaid payment for ICF/IID services, or room and board costs.

Non-certified locations where Residential Habilitation services may be provided include hotels or a private home. In a situation where relocation is necessary for health and safety, the Residential Habilitation staff will continue to provide services to the person in the same scope, frequency and duration as described in the person's Residential Habilitation staff action plan.

Through billing procedures and post payment reviews, OPWDD will ensure that there will be no duplicative payments. There will be no duplication of billing for day services and services otherwise rendered in provider-owned or controlled residential settings.

**v. X Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver).** [Explanation of changes]

If the only temporary, safe, and accessible setting for a person to reside is outside of New York State, the person may receive any waiver service in another adjacent state from an OPWDD authorized HCBS Waiver provider, until it is safe to return to his or her residence. Other than the location/setting requirements, the services provided in another state must still be provided in accordance with the waiver service definition and the person's Life Plan.

**c.     Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver.** Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

**d. X Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).**

**i. X Temporarily modify provider qualifications.** [Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

During the period of the emergency, the following applies to all HCBS Waiver services and OPWDD HCBS Waiver providers:

- Direct Support Professionals may deliver HCBS Waiver services, even if not all training stipulated in 14 NYCRR Part 633.8 may have been completed. This would allow newly hired Direct Support Professionals, and a provider agency’s existing administrative staff who have not yet completed all training requirements to serve in a direct support capacity immediately to meet health and safety needs of participants, if essential staffing is not otherwise available. Within sixty (60) days of the cessation of the state of emergency, any lapsed or missing training must be completed.
- Provider agencies will have an exemption from requirements of 14 NYCRR Part 633, "Protections of Individuals Receiving Services," NY Mental Hygiene law and NY Social Services law regarding Criminal Background Check (CBC) screening, Staff Exclusion List (SEL) check, State Central Register (SCR) check and Mental Hygiene Law 16.34 (MHL 16.34) check. These exemptions allow an employee to begin work prior to the receipt of the CBC results and completion of the training requirements through 60-days after the New York State Governor indicates that the state of emergency is no longer in effect. The new employee is screened against the Medicaid Excluded Provider lists maintained by the NYSDOH and the Health and Human Services Office of the Inspector General. In no event, will an employee be permitted to work unsupervised with individuals until the SEL check is completed and the CBC submitted. If upon the receipt of background check information it is found that the employee is unqualified, the staff person will not be allowed to continue to render services.

**ii. \_\_\_ Temporarily modify provider types.** [Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

**iii. X Temporarily modify licensure or other requirements for settings where waiver services are furnished.** [Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

For locations where Residential Habilitation is provided, the State will not comply with HCBS settings requirements at 42 CFR 441.301(c)(4)(VI)(D) that individuals are able to have visitors of their choosing at any time, for settings added after March 17, 2014, to minimize the spread of infection during the COVID-19 pandemic.

OPWDD’s DQI certification staff may postpone agency site certification reviews for the duration of the emergency.

Capacity limitations for Individualized Residential Alternatives (IRAs), Community Residences (CRs) and Family Care Homes (FCHs) may be waived as per NYS Executive Order 202.5

A Certified Residential or Respite facility may be approved for operation if the provider has applied for and is awaiting certification of the site. Should certification be denied the provider will no longer be qualified to render services at the site as soon as the individual is relocated.

**e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements).** [Describe]

During the period of the state of emergency, the annual LOC recertification may be delayed no more than six (6) months from the original due date.

**f. X Temporarily increase payment rates** [Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

The State is amending Residential Habilitation rates for Supervised residences to compensate providers for additional hours of staffing needed when day services are suspended, or the resident is unable to attend for health and safety reasons. The current rate methodology will be adjusted upward to reflect the enhanced staffing needs in the residence for increased day time staffing hours. Supervised Residential Habilitation providers will not be eligible for this enhanced rate if the provider is also billing a retainer day for the person's day services, or Respite services (see K-2 (b)(i)).

Respite and Community Habilitation providers may receive an increased fee adjustment for the delivery of services throughout the duration of the emergency to allow additional funding for Personal Protective Equipment (PPE) for staff and increased Direct Support Professional training costs regarding COVID-19 procedures.

Fee increases will not exceed more than 25% of the standard fee.

**g. X Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.** [Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

A temporary waiver of face-to-face requirements for Health Home and Basic HCBS Plan Support providers has been instituted by New York State. This temporary waiver will remain in effect until it is rescinded by NYSDOH. In lieu of face-to-face contact, Care Managers may utilize telephonic or telehealth capabilities in accordance with HIPAA requirements

The requirement that at least one (1) face-to-face Life Plan meeting is conducted each year is waived during the period of the state of emergency. The Life Plan meeting may be conducted

using telephonic or other technology in accordance with HIPAA requirements to allow the individual, his or family, the Care Manager, and providers to meet to discuss and approve the person's Life Plan. The State may modify timeframes or processes for the Life Plan as described below:

- Adjustments to the Life Plan may be approved with a retroactive approval date for service needs identified to mitigate harm or risk directly related to COVID-19 impacts. The changes to the service plan, including the amount, duration and scope of the service plan will be updated in the Life Plan as soon as possible but not later than 60 days after the initiation of the service or change.
- The use of e-signatures that meets privacy and security requirements will be added as a method for the participant or legal guardian signing the Life Plan to indicate approval of the plan. Services may start while waiting for the signature to be returned to the case manager, whether electronically or by mail. Signatures will include a date reflecting the Life Plan meeting date.

Signatures are obtained at in-person meetings, via mailed 'hard copies' and electronic signatures may be used. The documentation of verbal approval or e-mail approval of changes and additions to the Life Plan will suffice as authorization for providers to deliver services. Verbal approval is only used to initiate services while awaiting the signed document.

When postponing face-to-face visits, Care Managers should carefully coordinate next steps with the person and other providers. If the person has immediate Care Management needs, for example, the person requires assistance with pharmacy or accessing food and other basic needs, the Care Manager should ensure a frequency of contact sufficient to keep the person healthy and safe.

**h. X Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]**

In an emergency situation, medication administration may be provided by a Direct Support Professional who is not current with medication administration training, if no other staff is available and said service is essential for the person's health and safety.

Agencies must continue to report and investigate incidents in accordance with existing requirements. Any on-site investigations of minor notable occurrences may be delayed, if the health of the investigator might be at risk and a delay in the investigation would not create a concern about the health and safety of individuals served.

**i. \_\_\_ Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when**



**the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings. [Specify the services.]**

**j. X Temporarily include retainer payments to address emergency related issues. [Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]**

Retainer days are limited to the number of days for which the State authorizes a payment for a bed hold in a SNF, which is 14 consecutive days. The state will make retainer payments to agencies with day service utilization below 80% of the average monthly utilization rate for the period of July 2019 through December 2019.

Agencies providing day services including habilitation and prevocational services that include personal care as a service component may bill retainer payments. The rate for retainer payments will be set at 80 percent of the agency’s average monthly payments for the period of July 2019 through December 2019 for the average number of participants served.

- Retainer payments will be provided in circumstances in which facility closures are necessary due to COVID-19 containment efforts.
- Retainer payments attributable to each participant will be provided in circumstances in which attendance and utilization for the service drops to below 80% of the monthly average for the period of July 2019 through December 2019.

Retainer payments will not exceed the anticipated 80 % of monthly average of total billing and will be attributable to individuals and not paid to agencies as a lump sum.

Retainer day payments are not duplicative of services provided during the timeframe covered by the retainer day payment.

Retainer payments may also be made by a Fiscal Intermediary (FI) to retain ‘self-hired’ staff who are unable to work because of the individual receiving services’ or his/her family member’s illness for Community Habilitation services and other services that include personal care as a service component. The retainer payment is limited to the number of days for which the State authorizes a payment for a bed hold in a SNF, which is 14 consecutive days at a schedule not to exceed the schedule outlined in the approved self-directed budget. The FI will need to maintain and provide reporting to OPWDD regarding the usage of retainer payments.

**k. \_\_\_ Temporarily institute or expand opportunities for self-direction. [Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]**

I. \_\_\_ **Increase Factor C.** [Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

m. X **Other Changes Necessary** [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

OPWDD’s DQI certification survey staff may postpone or decrease the sample sizes for the person-centered reviews (PCRs) and agency reviews for the duration of the state of emergency due to redeployment of DQI Surveyor resources to the NYS COVID-19 emergency response. Therefore, the performance metrics and DOH oversight activities related to these DQI reviews described throughout the OPWDD HCBS Waiver will be impacted for future CMS 372 Report submissions.

Consolidated Fiscal Report (CFR) submission deadlines for OPWDD HCBS Waiver providers and NYS will be extended throughout the duration of this state of emergency without financial penalties and penalties for late submissions will be waived for 60-days after the New York State Governor indicates that the state of emergency is no longer in effect. CFR submission is a state regulatory requirement that is described in our HCBS Waiver.

## Contact Person(s)

**A. The Medicaid agency representative with whom CMS should communicate regarding the request:**

**First Name:** Janet  
**Last Name:** Zachary-Elkind  
**Title:** Deputy Director  
**Agency:** New York State Department of Health, Office of Health Insurance Programs  
**Address 1:** 99 Washington Avenue  
**Address 2:** Suite 720  
**City:** Albany  
**State:** New York  
**Zip Code:** 12210  
**Telephone:** 518-473-0919  
**E-mail:** Janet.zachary-elkind@health.ny.gov  
**Fax Number:** 518-486-2495

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

**First Name:** Katherine  
**Last Name** Marlay  
**Title:** Deputy Commissioner  
**Agency:** New York State Office for People With Developmental Disabilities  
**Address 1:** 44 Holland Ave.  
**Address 2:** Click or tap here to enter text.  
**City** Albany  
**State** New York  
**Zip Code** 12229  
**Telephone:** 518-486-6466  
**E-mail** Katherine.Marlay@opwdd.ny.gov  
**Fax Number**

## 8. Authorizing Signature

**Signature:**

**Date:**

\_\_\_\_\_/s/\_\_\_\_\_  
State Medicaid Director or Designee

4/7/2020

**First Name:** Donna  
**Last Name** Frescatore  
**Title:** State Medicaid Director  
**Agency:** New York State Department of Health  
**Address 1:** 99 Washington Avenue  
**Address 2:** Suite 211  
**City** Albany  
**State** New York  
**Zip Code** 12210  
**Telephone:** 518-474-3018  
**E-mail** Donna.frescatore@health.ny.gov  
**Fax Number** 518-486-1346

## Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. 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 Specification	
Service Title:	Day Habilitation
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills including communication, travel and adult education that regularly takes place in a non-residential setting, separate from the person's private residence or other residential arrangement. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, community inclusion, relationship building, self- advocacy and informed choice.</p> <p>Day Habilitation services may also be used to support retirement activities. As some people get older, they may no longer desire to work and may need supports to assist them in meaningful retirement activities in their communities. This might involve altering schedules to allow for more rest time throughout the day, support to participate in hobbies, clubs and/or other senior related activities in their communities.</p> <p>Day Habilitation services may be furnished 2 or more hours per day on a regularly scheduled basis for 1 or more days per week or less frequently as specified in the participant's Life Plan. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).</p> <p>A supplemental version of Day Habilitation is available for individuals who do not reside in a certified 24/7 location. This supplemental Day Habilitation is provided outside the 9am-3pm weekday time period, and includes late afternoon, evenings, and weekends. Day Habilitation and Supplemental Day Habilitation cannot be delivered at the same time.</p> <p>All Day Habilitation services (including Supplemental services) have the same service description and focus on enabling the participant to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational or speech therapies in the Life Plan. In addition, Day Habilitation services may serve to reinforce skills, behaviors or lessons taught in other settings.</p> <p>The day habilitation program is responsible for "to and from" transportation and transportation involved in delivering day habilitation services. There is no separate Medicaid billing for transportation to and from a Day Habilitation service. The NYS Department of Health (DOH) will be sending a one-time budget survey to all Day Habilitation providers requesting "to and from" transportation cost data. This data will be reviewed and a determination of Day Habilitation reimbursement will be made by DOH to be included in the July 1, 2018 rates. Additional details are available in Addendum A of this Waiver application.</p> <p style="background-color: yellow;">Day Habilitation services may be delivered temporarily in the participant's residential setting, which is defined as:</p> <ul style="list-style-type: none"> <li style="background-color: yellow;">The participant's private home,</li> <li style="background-color: yellow;">A provider owned or controlled certified residential setting, or</li> </ul>	

- Other residential emergency setting, such as a hotel.

For the period of the emergency, the State will allow the remote delivery of Day Habilitation services through the telephone or other technology in accordance with HIPAA requirements where:

- a provider exercising good clinical judgment determines a telehealth encounter is appropriate for the delivery of services to an individual;
- the delivery of services can be effectuated via verbal prompting only;
- and the health and safety of the individual continues to be met via this service modality.

This service is open to all participants whether they live in their own home/leased residence or family home or other community locations such as a Family Care home, Individualized Residential Alternative (IRA) or a Community Residence (CR). Providers are encouraged to continue to serve participants and their families/supports with whom they have established relationships. Providers are also encouraged to work with residential providers to ensure that residential providers have sufficient staffing resources.

Services are limited to those necessary to ensure the physical and mental health, safety and community integration of the individual and his/her caregivers for the benefit of the individual. Any modifications to the Life Plan should be made as expeditiously as possible, with a verbal approval only used to initiate services while awaiting signed documents.

For dates of service beginning July 1, 2017 and ending June 30, 2021 provider agencies serving individuals with complex behavioral and/or medical support needs which exceed that of the IDD population at large will have the opportunity to apply for supplemental funding which would be available until the costs of providing care to these individuals are incorporated within their reimbursement rate. This supplemental funding, referred to as “Higher-Needs Funding” would be available to provider agencies serving individuals who are new to a Day Habilitation placement, or individuals that are currently receiving Day Habilitation services and who experienced a significant change in their behavioral and/or medical status (such as; an accident resulting in hospitalization). The interim rate will be based upon the utilization of a separately calculated threshold level that the individual falls within. The only difference between the interim rate and the provider’s rate calculated in accordance with the methodology described in the OPWDD Comprehensive Waiver agreement is the inclusion of additional direct care support hours based on an initial clinical review.

An initial clinical review will be conducted to determine an individual’s threshold level in one of the three “Higher-Needs Funding” threshold levels described below. The “Higher-Needs Funding” (interim rate) will cease when the additional costs for serving the individual(s) with Higher-Needs are included in a Provider’s CFR used for the purpose of rebasing. Following the initial clinical review, individuals who qualify for “Higher-Needs Funding” will be subject to a clinical review every 6 months to determine their current threshold level based upon their needs since their initial clinical review conducted during their Day Habilitation placement or significant change in their medical and/or behavioral status. Using a 10% sample, on an annual basis, the State will verify the fiscal integrity of the Higher-Needs Funding.

The “Higher-Needs Funding” establishes three tiers:

- Tier 1 – individuals who receive Day Habilitation services and have a Developmental Disabilities Profile (DDP-2) with a behavioral or medical score that is at or higher than 1.5 standard deviations from the mean in either category and lower than 2 standard deviations. Funding for an additional .95 direct support hours per unit will be provided.

- Tier 2 - individuals who receive Day Habilitation services and have a DDP-2 with a behavioral or medical score that is at or higher than 2 standard deviations from the mean in either category and lower than 2.5 standard deviations. Funding for an additional 1.89 direct support hours per unit will be provided.
- Tier 3 - individuals who receive Day Habilitation services and have a DDP-2 with a behavioral or medical score that is at or higher than 2.5 standard deviations from the mean in either category. Funding for additional direct support hours will be determined based upon a standardized assessment and core exception process, which is structured by the need of additional staffing, provider qualifications, higher clinical support hours and other influential factors provided for each individual.

Beginning July 1, 2021, OPWDD will utilize blended data from both the Developmental Disabilities Profile-2 (DDP-2) and the Coordinated Assessment System (CAS) to determine individuals' complex needs for "Higher-Needs Funding" reimbursement. The State (OPWDD) will submit an amendment to this waiver to CMS to change the reimbursement methodology for date of service after June 30, 2023 to incorporate the use of a CAS-based methodology and any corresponding reimbursement identified in Addendum A.

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

Day Habilitation services may be delivered one-on-one or to a group of individuals.

Day Habilitation and Supplemental Day Habilitation cannot be billed as overlapping services. Supplemental services are not available to individuals residing in certified residential settings, because the residence is paid for staffing on weekday evenings and anytime on weekends.

OPWDD has established a maximum daily amount of services that are available to individuals based upon their residence. Individuals residing in certified settings are limited to a maximum of six hours of non-residential services (or its equivalent) which must begin no later than 3 pm on weekdays.

Effective with service dates of 7/1/14 Day Habilitation services will not include funding for direct, hands-on physical therapy, occupational therapy, speech therapy, nutrition, or psychology services. In addition, effective 7/1/14 only nutrition services directly related to the habilitation service and psychology services that support the person's need for behavioral supports in the service setting will be included in the rate for the Day Habilitation Service. OPWDD will be eliminating waiver funding for direct hands-on therapies in Day Habilitation programs effective 1/1/16.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				non-profit organization or State

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
non-profit organization or State			OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified

			<p>providers, issues Waiver provider agreements that allow participation in the waiver program, provides the application for eMedNY and issues operating certificates for all waiver services. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in-depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR. For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services.</p> <p>OPWDD directly provides HCBS waiver services through its State Operations Offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.</p> <p>If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the OPWDD and/or the NYS Department of Education under the following regulations and laws:</p> <ul style="list-style-type: none"><li>• Nursing (8 NYCRR Part 64, and Education Law Title 8, Article 139)</li></ul>
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			<ul style="list-style-type: none"><li>• Speech Language Pathologist (8 NYCRR Part 75, and Education Law Title 8, Article 159) • Psychology (8 NYCRR Part 72, and Education Law Title 8, Article 153)</li><li>• Social Work (8 NYCRR Part 74, and Education Law Title 8, Article 154)</li><li>• Rehab Counselor (14 NYCRR Part 679.99)</li><li>• Dietetics/Nutrition (8 NYCRR Part 79, and Education Law Title 8, Article 157)</li><li>• Occupational Therapy (8 NYCRR Part 76, and Education Law Title 8, Article 156)</li><li>• Physical Therapy (8 NYCRR part 77, and Education Law Title 8, Article 136)</li><li>• Applied Behavioral Sciences Specialist (8 NYCRR Part 79, and Education Law Title 8, Article 167)</li><li>• Behavioral Intervention Specialist (14 NYCRR part 633-16.b(32).</li></ul> <p>Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.</p> <p>During the period of the emergency, Direct Support Professionals may deliver HCBS Waiver services, even if not all training stipulated in 14 NYCRR Part 633.8 may have been completed. This would allow newly hired Direct Support Professionals, and a provider agency's existing administrative staff who have not yet completed all training requirements to serve in a direct</p>
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		<p>support capacity immediately to meet health and safety needs of participants, if essential staffing is not otherwise available. Within sixty (60) days of the cessation of the state of emergency, any lapsed or missing training must be completed.</p> <p>During the period of the emergency, provider agencies will have an exemption from requirements of 14 NYCRR Part 633, "Protections of Individuals Receiving Services," NY Mental Hygiene law and NY Social Services law regarding Criminal Background Check (CBC) screening, Staff Exclusion List (SEL) check, State Central Register (SCR) check and Mental Hygiene Law 16.34 (MHL 16.34) check. These exemptions allow an employee to begin work prior to the receipt of the CBC results and completion of the training requirements through 60-days after the New York State Governor indicates that the state of emergency is no longer in effect. The new employee is screened against the Medicaid Excluded Provider lists maintained by the NYSDOH and the Health and Human Services Office of the Inspector General. In no event, will an employee be permitted to work unsupervised with individuals until the SEL check is completed and the CBC submitted. If upon the receipt of background check information it is found that the employee is unqualified, the staff person will not be allowed to continue to render services.</p>
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<b>Verification of Provider Qualifications</b>		
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>	<b>Frequency of Verification</b>
Non-profit organization or State	For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services. The OPWDD approval is based upon its review that the entity is fiscally viable and meets the minimum standards to deliver HCBS waiver services including satisfactory character, competence, education and experience. The FIDA-IDD is responsible for	NYS performs an annual review of all OPWDD providers including providers contracted with the FIDA-IDD Plan. For providers that bill eMedNY directly for waiver services, annual reviews of providers through samples of individuals in the waiver are performed by OPWDD's Division of Quality Improvement (DQI).

	<p>verifying appropriate credentials for professional staff and compliance with applicable State and Federal regulations and requirements when licensed staff deliver waiver services.</p> <p>OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and other applicable requirements.</p>	<p>Providers are reviewed on a yearly basis and may receive an operating certificate for up to a 3-year period of time.</p> <p>OPWDD's Division of Quality Improvement (DQI) certification survey staff may postpone or decrease the sample sizes for the Person-Centered Reviews (PCRs), Agency Reviews, and Site Reviews for the duration of the emergency due to redeployment of DQI Surveyor resources to the NYS COVID-19 crisis response. Therefore, the performance metrics and DOH oversight activities related to these DQI reviews described throughout the OPWDD HCBS Waiver will be impacted for future CMS 372 Report submissions.</p>
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Service Delivery Method				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	X	Provider managed



Service Specification	
Service Title:	Prevocational Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	<p>Prevocational Services are those services that provide learning and work experiences, including volunteering, where participants can develop general, non-job-task-specific strengths and skills that contribute to employability in paid employment in integrated community settings and increase levels of independence. Services are expected to occur over a defined period of time which is determined based upon a person-centered planning process, and with specific outcomes to be achieved, as determined by the individual and their service and supports planning team through an ongoing person-centered planning process.</p>

Individuals receiving prevocational services must have employment-related goals in their person-centered services and supports plan; the general habilitation activities must be designed to support such employment goals.

Competitive, integrated employment in the community for which an individual is compensated at or above minimum wage is considered to be the optimal outcome of prevocational services.

Prevocational services should enable each individual to attain the highest level of work in the most integrated setting and with the job matched to the individual's interests, strengths, priorities, abilities and capabilities, while following applicable federal wage guidelines from the U.S. Department of Labor. Services are intended to develop and teach general skills. Examples include, but are not limited to: ability to communicate effectively with supervisors, co-workers and customers; generally accepted community workplace conduct and dress; ability to follow directions; ability to attend to and complete tasks; punctuality and attendance; appropriate behaviors in and outside the workplace; workplace problem solving skills and strategies; mobility training; career planning; proper use of job-related equipment and general workplace safety.

Services include activities that are not primarily directed at teaching skills to perform a particular job, but at underlying habilitative goals (e.g., attention span, motor skills, interpersonal relations with co-workers and supervisors) that are associated with building skills necessary to perform work and optimally to perform competitive, integrated employment.

Prevocational Services may be delivered temporarily in the participant's residential setting which is defined as:

- The participant's private home,
- A provider owned or controlled certified residential setting, or
- Other residential emergency setting, such as a hotel.

For the period of the emergency, the State will allow the remote delivery of Prevocational services through the telephone or other technology in accordance with HIPAA requirements where:

- a provider exercising good clinical judgment determines a telehealth encounter is appropriate for the delivery of services to an individual;
- the delivery of services can be effectuated via verbal prompting only; and
- the health and safety of the individual continues to be met via this service modality.

This service is open to all participants whether they live in their own home/leased residence or family home or other community locations such as a Family Care home, Individualized Residential Alternative (IRA), or a Community Residence (CR). Providers are encouraged to continue to serve participants and their families/supports with whom they have established relationships. Providers are also encouraged to work with residential providers to ensure that residential providers have sufficient staffing resources.

Services are limited to those necessary to ensure the physical and mental health, safety and community integration of the individual and his/her caregivers for the benefit of the individual. Any modifications to the Life Plan should be made as expeditiously as possible, with a verbal approval only used to initiate services while awaiting signed documents.

Prevocational services do not include vocational services provided in facility-based work settings that are not integrated settings in the general community workforce.

There are two separate types of prevocational services: Site Based Prevocational Services and Community Prevocational Services. Site based prevocational services are prevocational services that are delivered in OPWDD certified non-residential facilities. Community prevocational services are provided primarily in community settings, as regulated by OPWDD. All prevocational services are delivered in the most integrated setting appropriate to the needs of the individual, except under limited circumstances specified in the regulations (e.g. when service delivery in the community may jeopardize the health and safety of individuals).

Prevocational services may not be provided if funding is available under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

The service may be provided in the community or a worksite (where the person makes less than 50% of the minimum or prevailing wage) to introduce the participant to the world of work, use of transportation options and adult education resources that will contribute to learning about employment. Transportation costs may be part of an agency rate depending upon the needs of the individual(s) and the availability of public transportation. The NYS Department of Health (DOH) will be sending a one-time budget survey to all Prevocational Services providers requesting “to and from” transportation cost data. This data will be reviewed, and a determination of Prevocational Services reimbursement will be made by DOH to be included in the July 1, 2018 rates. Additional details are available in Addendum A of this Waiver application.

Community Prevocational Services will be reimbursed at an hourly fee and Site Based Prevocational Services will be reimbursed at a daily fee.

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

OPWDD has established a maximum daily amount of services that are available to individuals based upon their residence. For individuals residing in a non-certified or certified setting site based prevocational services are limited to a maximum of one full unit per day. Community prevocational services are limited to a maximum of 6 hours per day. There are billing limits when combining services in one day and they are outlined in 14 NYCRR 635-10.5.

Individuals residing in certified settings are limited to a maximum of six hours of non-residential services (or its equivalent) which must begin no later than 3 pm on weekdays. The exception to this time of day restriction is employment services, as many individuals have jobs where supports are required on weekday evenings and weekends.

**Provider Specifications**

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Non-profit organization or State

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
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<p>Non-profit organization or State</p>			<p>OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program, provides the application for eMedNY and issues operating certificates for all waiver services. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in-depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR. For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services.</p> <p>OPWDD directly provides HCBS waiver services through its State Operations Offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.</p> <p>If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the OPWDD and/or the NYS Department of</p>
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			<p>Education under the following regulations and laws:</p> <ul style="list-style-type: none"><li>• Nursing (8 NYCRR Part 64, and Education Law Title 8, Article 139)</li><li>• Speech Language Pathologist (8 NYCRR Part 75, and Education Law Title 8, Article 159) • Psychology (8 NYCRR Part 72, and Education Law Title 8, Article 153)</li><li>• Social Work (8 NYCRR Part 74, and Education Law Title 8, Article 154)</li><li>• Rehab Counselor (14 NYCRR Part 679.99)</li><li>• Dietetics/Nutrition (8 NYCRR Part 79, and Education Law Title 8, Article 157)</li><li>• Occupational Therapy (8 NYCRR Part 76, and Education Law Title 8, Article 156)</li><li>• Physical Therapy (8 NYCRR part 77, and Education Law Title 8, Article 136)</li><li>• Applied Behavioral Sciences Specialist (8 NYCRR Part 79, and Education Law Title 8, Article 167)</li><li>• Behavioral Intervention Specialist (14 NYCRR part 633-16.b (32).</li></ul> <p>Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.</p> <p>During the period of the emergency, Direct Support Professionals may deliver HCBS Waiver services, even if not all training stipulated in 14 NYCRR Part 633.8 may have been completed. This would allow newly hired Direct Support Professionals, and a provider agency's existing administrative</p>
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			<p>staff who have not yet completed all training requirements to serve in a direct support capacity immediately to meet health and safety needs of participants, if essential staffing is not otherwise available. Within sixty (60) days of the cessation of the state of emergency, any lapsed or missing training must be completed.</p> <p>During the period of the emergency, provider agencies will have an exemption from requirements of 14 NYCRR Part 633, "Protections of Individuals Receiving Services," NY Mental Hygiene law and NY Social Services law regarding Criminal Background Check (CBC) screening, Staff Exclusion List (SEL) check, State Central Register (SCR) check and Mental Hygiene Law 16.34 (MHL 16.34) check. These exemptions allow an employee to begin work prior to the receipt of the CBC results and completion of the training requirements through 60-days after the New York State Governor indicates that the state of emergency is no longer in effect. The new employee is screened against the Medicaid Excluded Provider lists maintained by the NYSDOH and the Health and Human Services Office of the Inspector General. In no event, will an employee be permitted to work unsupervised with individuals until the SEL check is completed and the CBC submitted. If upon the receipt of background check information it is found that the employee is unqualified, the staff person will not be allowed to continue to render services.</p>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Non-profit organization or State	For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services. The OPWDD approval is based upon its review that the entity is fiscally viable and meets the minimum standards to deliver HCBS waiver services including satisfactory	NYS performs an annual review of all OPWDD providers including providers contracted with the FIDA-IDD Plan. For providers that bill eMedNY directly for waiver services, annual reviews of providers through samples of individuals in the waiver are

	<p>character, competence, education and experience. The FIDA-IDD is responsible for verifying appropriate credentials for professional staff and compliance with applicable State and Federal regulations and requirements when licensed staff deliver waiver services.</p> <p>OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and other applicable requirements.</p>	<p>performed by OPWDD's Division of Quality Improvement (DQI). Providers are reviewed on a yearly basis and may receive an operating certificate for up to a 3-year period of time.</p> <p>OPWDD's Division of Quality Improvement (DQI) certification survey staff may postpone or decrease the sample sizes for the Person-Centered Reviews (PCRs), Agency Reviews, and Site Reviews for the duration of the emergency due to redeployment of DQI Surveyor resources to the NYS COVID-19 crisis response. Therefore, the performance metrics and DOH oversight activities related to these DQI reviews described throughout the OPWDD HCBS Waiver will be impacted for future CMS372 Report submissions.</p>
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**Service Delivery Method**

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	X	Provider managed
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**Service Specification**

Service Title:	Residential Habilitation
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*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

**Service Definition (Scope):**

Individually tailored supports that assist with the acquisition, retention or improvement in skills related to living in the community. These supports include adaptive skill development, assistance with activities of daily living (hands-on), community inclusion and relationship building, training and support for independence in travel, transportation, adult educational supports, social skills, leisure skills, self-advocacy and informed choice skills, and appropriate behavior development that assists the participant to reside in the most integrated setting appropriate to his/her needs. Residential habilitation services are provided to individuals living in the following certified locations: Supervised Individualized Residential Alternatives (Supervised IRAs), Supportive



Residential Alternatives (Supportive IRAs), and Family Care Residences. The services included in the residential habilitation rate for these settings are described below.

Nursing supervision of direct care staff and coordination of residents' health care needs, including prescriptions, medication administration and medication administration training and oversight, coordinating needed medical appointments, follow-up reports from medical appointments, follow-up and interface with hospital staff regarding Emergency Room visits and other hospitalizations.

Professional services of a Registered Nurse or Licensed Practical Nurse, delivered in the residence, may be accessed using State Plan Nursing, under the following conditions:

- The service is ordered by a physician and prior authorized by the Department of Health based upon the health care needs of the person that cannot be met with residential staffing alone (both Direct Support Professionals & clinicians who work for the Residential Habilitation service provider); and
- The Registered Nurse or Licensed Practical Nurse who delivers the State Plan Nursing service is not employed by the agency providing the Residential Habilitation service to the person.

Supervised IRAs: In addition to habilitation, protective oversight, and supervision services delivered at the residence, the Medicaid residential habilitation rate for Supervised IRA homes shall reimburse the additional services and supplies outlined below. Since funding for these services and supplies is included in the residential habilitation rate, there will be no separate Medicaid billing of equivalent State Plan or waiver services on behalf of Supervised IRA residents:

- Program-related transportation, including transportation to and from recreational and community inclusion activities.
- Non-emergency transportation to and from all outpatient medical, dental, and clinical service appointments required by residents.
- Habilitation, protective oversight, and supervision services promoting community inclusion, socialization, and recreational activities outside of the premises during weekday evenings and anytime on weekends.

There is an exception for supported employment, prevocational services, and pathway to employment provided at an integrated work or volunteer site located in the community and not in setting that is certified by OPWDD. An exception is also allowed for community habilitation or personal care services that are provided at the resident's place of integrated, competitive employment.

Effective 4/1/13 and thereafter, the services of personal care attendants, home health aides in the residence on weekdays or in the residence or in other locations on weekday evenings or anytime on weekends (unless related to employment as noted above).

Supportive IRAs: In addition to habilitation, protective oversight, and supervision services delivered at the residence, the Medicaid residential habilitation rate for Supportive IRA homes shall reimburse the additional services outlined below. Since funding for these services is included in the residential habilitation rate, there will be no separate Medicaid billing of equivalent State Plan or waiver services on behalf of Supportive IRA residents:

- Program-related transportation, including transportation to and from recreational and community inclusion activities.
- Non-emergency transportation to and from all outpatient medical, dental, and clinical service appointments required by residents.

- Effective 6/1/14 and thereafter, the following additional services shall be included in the supportive IRA residential habilitation rate:
- Habilitation, protective oversight, and supervision services promoting community inclusion, socialization, and recreational activities outside of the premises during weekday evenings and anytime on weekends. There is an exception of supported employment, prevocational services, and pathway to employment provided at an integrated work or volunteer site located in the community and not in setting that is certified by OPWDD. An exception is also allowed for community habilitation or personal care services that are provided at the resident's place of integrated, competitive employment.
- Services of personal care attendants and home health aides in the residence on weekdays or in the residence and in other locations on weekday evenings or anytime on weekends (unless related to employment as noted above).

Family Care Homes: In addition to habilitation, protective oversight, and supervision services delivered at the residence, the Medicaid residential habilitation rate for Family Care Homes shall reimburse the additional services outlined below. Since funding for these services is included in the residential habilitation rate, there will be no separate Medicaid billing of equivalent State Plan or waiver services on behalf of Family Care Home residents:

- Program-related transportation, including transportation to and from recreational and community inclusion activities.
- Effective 6/1/14 and thereafter, the following additional services shall be included family care residential habilitation rate:
- Habilitation, protective oversight, and supervision services promoting community inclusion, socialization, and recreational activities outside of the premises during weekday evenings and anytime on weekends. There is an exception for supported employment, prevocational services, and pathway to employment provided at an integrated work or volunteer site located in the community and not in setting that is certified by OPWDD. An exception is also allowed for community habilitation or personal care services that are provided at the resident's place of integrated, competitive employment.
- Services of personal care attendants and home health aides in the residence during weekdays or in the residence and in other locations on weekday evenings or anytime on weekends (unless related to employment as noted above).

Residential Habilitation services may be delivered temporarily in another certified location or non-certified location. Certified locations where Residential Habilitation may be provided include a facility licensed by the State as an ICF/IID or a day service location that is appropriately modified for emergency housing purposes. If emergency shelter is provided in a facility licensed by the State as an ICF/IID, there will be no separate Medicaid payment for ICF/IID services, or room and board costs.

Non-certified locations where Residential Habilitation services may be provided include hotels or a private home. In a situation where relocation is necessary for health and safety, the Residential Habilitation staff will continue to provide services to the person in the same scope, frequency and duration as described in the person's Residential Habilitation staff action plan.

Through billing procedures and post payment reviews, OPWDD will ensure that there will be no duplicative payments. There will be no duplication of billing for day services and services otherwise rendered in provider-owned or controlled residential settings

Payment is not made for the cost of room and board, including the cost of building maintenance, upkeep and improvement. The method by which the costs of room and board are excluded from payment for Residential

Habilitation is specified in Appendix I-5. Payment is not made, directly or indirectly, to members of the individual's immediate family, except as provided in Appendix C-2.

For dates of service beginning July 1, 2017 and ending June 30, 2021 provider agencies serving individuals with complex behavioral and/or medical support needs which exceed that of the IDD population at large will have the opportunity to apply for supplemental funding which would be available until the costs of providing care to these individuals are incorporated within their reimbursement rate. This supplemental funding, referred to as "Higher-Needs Funding" would be available to provider agencies serving individuals who are new to an Supervised/Supportive IRA placement, or individuals that are currently living in an Supervised/Supportive IRA and who experienced a significant change in their behavioral and/or medical status (such as; an accident resulting in hospitalization). The interim rate will be based upon the utilization of a separately calculated threshold level that the individual falls within. The only difference between the interim rate and the provider's rate calculated in accordance with the methodology described in the OPWDD Comprehensive Waiver agreement is the inclusion of additional clinical/direct care support hours based on an initial clinical review.

An initial clinical review will be conducted to determine an individual's threshold level in one of the three "Higher-Needs Funding" threshold levels described below. The "Higher-Needs Funding" (interim rate) will cease when the additional costs for serving the individual(s) with Higher-Needs are included in a Provider's CFR used for the purpose of re-basing. Following the initial clinical review, individuals who qualify for "Higher-Needs Funding" will be subject to a clinical review every 6 months to determine their current threshold level based upon their needs since their initial clinical review conducted during their residential placement or significant change in their medical and/or behavioral status. Using a 10% sample, on an annual basis, the State will verify the fiscal integrity of the Higher-Needs Funding.

The "Higher-Needs Funding" establishes three tiers:

- Tier 1 – individuals who live in a Supervised or Supportive IRA and have a Developmental Disabilities Profile (DDP-2) with a behavioral or medical score that is at or higher than 1.5 standard deviations from the mean in either category and lower than 2 standard deviations. Funding for an additional 1,000 annual clinical/direct support hours will be provided for individuals living in a Supervised IRA. Funding for an additional 400 annual clinical/direct support hours will be provided for individuals living in a Supportive IRA.
- Tier 2 - individuals who live in a Supervised or Supportive IRA and have a DDP-2 with a behavioral or medical score that is at or higher than 2 standard deviations from the mean in either category and lower than 2.5 standard deviations. Funding for an additional 2,000 annual clinical/direct support hours will be provided for individuals living in a Supervised IRA. Funding for an additional 800 annual clinical/direct support hours will be provided for individuals living in a Supportive IRA.
- Tier 3 – individuals who live in a Supervised IRA and have a DDP-2 with a behavioral or medical score that is at or higher than 2.5 standard deviations from the mean in either category. Funding for additional annual clinical/direct support hours will be determined based upon a standardized assessment and core exception process, which is structured by the need of additional staffing, provider qualifications, higher clinical support hours and other influential factors provided for each individual.

Beginning July 1, 2021, OPWDD will utilize blended data from both the Developmental Disabilities Profile-2 (DDP-2) and the Coordinated Assessment System (CAS) to determine individuals' complex needs for "Higher-Needs Funding" reimbursement. The State (OPWDD) will submit an amendment to this waiver to CMS to change reimbursement methodology for date of service after June 30, 2023 to incorporate the use of a CAS-based methodology and any corresponding reimbursement identified in Addendum A.

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

Residential Habilitation services are limited to individuals who reside in provider managed or OPWDD certified residential settings including family care.

Effective with service dates of 7/1/14 Residential Habilitation services will not include funding for direct, hands-on physical therapy, occupational therapy, speech therapy, nutritional or psychological services. In addition, effective 7/1/14 only nutrition services directly related to the habilitation service and psychology services that support the person's need for behavioral supports in the service setting will be included in the rate for the Residential Habilitation Service.

Effective 10/1/2015, the Residential Habilitation provider is responsible for the payment of all Aide Services provided in the Residence: personal care services, home health aide services, homemaker services, and consumer directed personal assistance programs. In addition, after 10/1/2015 Supportive IRAs and CRs and Family Care Homes are responsible for the reimbursement of residents' Supplemental Group Day Habilitation. Residents of Supportive IRAs and CRs and Family Care Home can continue to receive Community Habilitation on weekday evenings and anytime on weekends however, the service must be reimbursed by the Residential Habilitation provider.

Effective with service dates of 10/1/2015, the Residential Habilitation provider is responsible for the payment and provision of nutrition and psychology services to residents in Supervised IRAs and CRs. Nutritional services that are related to Residential Habilitation include meal planning and monitoring, assessment of dietary needs and weight changes, development of specialized diets, diet education, and food safety and sanitation. Psychology services such as behavioral assessment and intervention planning, delivery and review or monitoring of behavioral interventions and behavioral support services that are directly related to Residential Habilitation. These services must be provided by Licensed Psychologists, Licensed Clinical Social Workers or Behavioral Intervention Specialists.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Non-profit organization or State
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian

**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Non-profit organization or State			OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program, provides the application for eMedNY and issues operating certificates for all waiver services. The DOH Division of Operations then reviews the completed eMedNY application and

			<p>recommendations made by OPWDD, completes an in-depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR. For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services.</p> <p>OPWDD directly provides HCBS waiver services through its State Operations Offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities. If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the OPWDD and/or the NYS Department of Education under the following regulations and laws:</p> <ul style="list-style-type: none"><li>• Nursing (8 NYCRR Part 64, and Education Law Title 8, Article 139)</li><li>• Speech Language Pathologist (8 NYCRR Part 75, and Education Law Title 8, Article 159) • Psychology (8 NYCRR Part 72, and Education Law Title 8, Article 153)</li><li>• Social Work (8 NYCRR Part 74, and Education Law Title 8, Article 154)</li></ul>
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			<ul style="list-style-type: none"><li>• Rehab Counselor (14 NYCRR Part 679.99)</li><li>• Dietetics/Nutrition (8 NYCRR Part 79, and Education Law Title 8, Article 157)</li><li>• Occupational Therapy (8 NYCRR Part 76, and Education Law Title 8, Article 156)</li><li>• Physical Therapy (8 NYCRR part 77, and Education Law Title 8, Article 136)</li><li>• Applied Behavioral Sciences Specialist (8 NYCRR Part 79, and Education Law Title 8, Article 167)</li><li>• Behavioral Intervention Specialist (14 NYCRR part 633-16. b (32).</li></ul> <p>Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.</p> <p>During the period of the emergency, Direct Support Professionals may deliver HCBS Waiver services, even if not all training stipulated in 14 NYCRR Part 633.8 may have been completed. This would allow newly hired Direct Support Professionals, and a provider agency's existing administrative staff who have not yet completed all training requirements to serve in a direct support capacity immediately to meet health and safety needs of participants, if essential staffing is not otherwise available. Within sixty (60) days of the cessation of the state of emergency, any lapsed or missing training must be completed.</p>
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			<p>During the period of the emergency, provider agencies will have an exemption from requirements of 14 NYCRR Part 633, "Protections of Individuals Receiving Services," NY Mental Hygiene law and NY Social Services law regarding Criminal Background Check (CBC) screening, Staff Exclusion List (SEL) check, State Central Register (SCR) check and Mental Hygiene Law 16.34 (MHL 16.34) check. These exemptions allow an employee to begin work prior to the receipt of the CBC results and completion of the training requirements through 60-days after the New York State Governor indicates that the state of emergency is no longer in effect. The new employee is screened against the Medicaid Excluded Provider lists maintained by the NYSDOH and the Health and Human Services Office of the Inspector General. In no event, will an employee be permitted to work unsupervised with individuals until the SEL check is completed and the CBC submitted. If upon the receipt of background check information it is found that the employee is unqualified, the staff person will not be allowed to continue to render services.</p>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Non-profit organization or State	For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services. The OPWDD approval is based upon its review that the entity is fiscally viable and meets the minimum standards to deliver HCBS waiver services including satisfactory character, competence, education and experience. The FIDA-IDD is responsible for verifying appropriate credentials for professional staff and compliance with applicable State and Federal regulations and requirements when licensed staff deliver waiver services.	<p>NYS performs an annual review of all OPWDD providers including providers contracted with the FIDA-IDD Plan. For providers that bill eMedNY directly for waiver services, annual reviews of providers through samples of individuals in the waiver are performed by OPWDD's Division of Quality Improvement (DQI). Providers are reviewed on a yearly basis and may receive an operating certificate for up to a 3-year period of time.</p> <p>OPWDD's Division of Quality Improvement (DQI)</p>

	<p>OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and other applicable requirements, including physical plant and fire safety.</p>	<p>certification survey staff may postpone or decrease the sample sizes for the Person-Centered Reviews (PCRs), Agency Reviews, and Site Reviews for the duration of the emergency due to redeployment of DQI Surveyor resources to the NYS COVID-19 crisis response. Therefore, the performance metrics and DOH oversight activities related to these DQI reviews described throughout the OPWDD HCBS Waiver will be impacted for future CMS 372 Report submissions.</p>
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Service Delivery Method				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed



Service Specification	
Service Title:	Respite
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Services provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Respite care is not furnished or provided for the purpose of compensating relief or substitute staff in certified community residences.</p>	
<p>The State seeks to modify the service definition and limits for Respite services to allow people who live in a certified residence to receive Respite services in the residence when the following is true:</p>	
<ul style="list-style-type: none"> <li>• The person's day service is suspended due to the emergency or the person is unable to participate in the day service;</li> <li>• No day services can be delivered in the residence, and</li> <li>• The daily Respite billing does not exceed six (6) hours of service per day, five (5) days per week.</li> </ul>	



Note, that the State is requesting the authority to implement either this provision or the Residential Habilitation rate adjustment based upon operational needs. The State will not implement both Respite or Community Habilitation billing for in-residence services for a Residential Habilitation recipient if the person's residence has also received and the rate adjustment described in K-2(f).

Respite services are provided in the following locations: individual's home or place of residence or any other non-certified community location; Family Care home; Medicaid certified ICF/IID; Individualized Residential Alternative (IRA) or Community Residence (CR); and free-standing Respite facility under the auspices of OPWDD.

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

Federal financial participation will not be claimed for the cost of room and board except when provided as part of respite care in a facility approved by the State that is not a private residence.

Respite services are identified as the following models of services:

- In-Home Respite Services – these services are provided in the person's family home and may include staff accompanying the person to community (non-certified) settings.
- Camp Respite Services – these services that are delivered at site-based locations that have been permitted under subpart 7 of the NYS sanitary code. For overnight Camp Respite Services, no more than 14 days of Camp Respite Services per Calendar year may be billed for an individual. For day-only Camp Respite Services, no more than 10 hours of service may be delivered per individual per day.
- Recreational Respite Services - these services focus on recreational activities and community integration activities. Service billing is limited to no more than 10 hours per individual per day.
- Site-Based Respite Services – these services are provided in OPWDD-licensed Free-Standing Respite facilities or in other community sites.
- Intensive Respite Services – there are two types of Intensive Respite services that will be authorized at the OPWDD Regional Office level for individuals with high medical or behavioral needs who are precluded from participating in one of the other four categories of Respite Services. Due to the unique supports of individuals with high medical or behavioral needs, the staff overseeing or providing the service are either licensed professionals, behavioral intervention specialists (BIS) or NYS Systemic, Therapeutic Assessment, Resources and Treatment (START) Clinical Team Leader. The qualifications for START Clinical Team Leaders are described in the Respite Provider Qualifications section of this application. Licensed professionals for individuals with high medical needs include Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). For individuals with high behavioral needs, licensed professionals include psychologists and Licensed Master Social Workers (LMSW). Intensive Respite Services may be delivered in any of the above Respite models (e.g., Intensive Respite may be provided At Home or in a Site-Based Respite program). The billing for Intensive Respite Services is subject to the same limits that apply to billing to the model in which the Intensive Respite Services are provided.

Overnight services may be delivered under the In-Home, and Site Based Models. Reimbursement for Respite Services is identified in Appendix I, Addendum A of this waiver. Beginning July 1, 2017 thru June 30, 2021, Overnight billing and/or 24 hour per day reimbursement will be allowed at the rates identified in Appendix I, Addendum A, for 42 days in a 180-day period. If the Respite overnight/24 hour per day service exceeds 42 days in a 180-day period, the reimbursement for days in excess of 42 will be limited to the provider's Supervised IRA Residential Habilitation daily rate or the regional average daily rate paid for Supervised IRA services. This limit also applies to those individuals who choose to self-direct their Respite services.

Beginning July 1, 2021 all overnight/24 hours reimbursement will be limited to the provider’s Supervised IRA Residential Habilitation daily rate or the regional average daily rate paid for Supervised IRA services.

The State will assess the provider cost of overnight service provision and will reevaluate its funding methodology effective for service dates after June 30, 2021. If needed, the State will submit to CMS a proposed reimbursement method/waiver amendment based on needs assessment and provider cost data.

The time documented and billed as Respite Services begins when the agency provides or pays for the transportation to the Respite service and returns the individual home or to another service setting at the conclusion of Respite service delivery.

Authorization for Respite services will continue to be made by OPWDD Regional Offices based upon an individual’s documented behavioral support and/or medical support needs during the hours that Respite is being provided in order to maintain the health and safety of the individual or others in the Respite environment, such as peers or staff. Intensive Respite Services authorization is based upon the individual’s needs and is not tied to a particular Respite category or Respite setting. Intensive Respite services may be delivered in any Respite site location or as an “In-Home Respite” service, however, there cannot be any duplicative billing. In all cases, when Intensive Respite Services are billed, the provider agency must demonstrate that the staffing and oversight of the Respite service meets the requirements described above.

Individuals who self-direct their Community Habilitation, Respite and Supported Employment services with budget authority, may be eligible for “Special Populations Funding” if they have been discharged from a more restrictive residential setting such as a developmental center as described in Addendum A to this waiver and will be in effect until June 30, 2021. A new PRA approach, to be submitted as a waiver amendment to CMS, will be effective July 1, 2021 and will replace the Special Population Funding for individuals who self-direct their services with budget authority using the Coordinated Assessment System (CAS). As described in Appendix E, the eligible individual’s budget may be increased up to the level of the Special Populations Funding and therefore could be used to fund self-directed, “self-hired” staff who deliver Respite. The rate paid for the self-directed services follows the same limitations as are in place for all Individuals who exercise budget authority. The higher PRA funding is designed to provide additional supports required to assist an individual transitioning to a less restrictive setting.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Non-profit organization or State

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	X	Relative
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Non-profit organization or State	The required qualifications for a START Clinical Team		OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified

	<p>Leader are as follows:</p> <ul style="list-style-type: none"> <li>• Master’s degree in social work, counseling, psychology or human service field with a</li> <li>• Minimum of 2 years’ experience providing services to with people who have IDD and mental health and/or challenging behavior needs</li> <li>• At least one-year supervisory experience</li> <li>• Must be a certified START Coordinator within 12 months of employment as Team Leader</li> <li>• Prior experience as a START Coordinator preferred.</li> <li>• Directly overseen by a START Clinical Director who has a Ph.D. or Psy.D. in psychology or has a master’s degree in mental health, psychology or social work with a minimum of 7 years’ clinical experience working with the IDD/mental health population.</li> </ul>		<p>providers, issues Waiver provider agreements that allow participation in the waiver program, provides the application for eMedNY and issues operating certificates for all waiver services. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in-depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR. For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services.</p> <p>OPWDD directly provides HCBS waiver services through its State Operations Offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include non- profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.</p> <p>If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the OPWDD and/or the NYS Department of Education under the following regulations and laws:</p> <ul style="list-style-type: none"> <li>• Nursing (8 NYCRR Part 64, and Education Law Title 8, Article 139)</li> </ul>
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			<ul style="list-style-type: none"> <li>• Speech Language Pathologist (8 NYCRR Part 75, and Education Law Title 8, Article 159)</li> <li>• Psychology (8 NYCRR Part 72, and Education Law Title 8, Article 153)</li> <li>• Social Work (8 NYCRR Part 74, and Education Law Title 8, Article 154)</li> <li>• Rehab Counselor (14 NYCRR Part 679.99)</li> <li>• Dietetics/Nutrition (8 NYCRR Part 79, and Education Law Title 8, Article 157)</li> <li>• Occupational Therapy (8 NYCRR Part 76, and Education Law Title 8, Article 156)</li> <li>• Physical Therapy (8 NYCRR part 77, and Education Law Title 8, Article 136)</li> <li>• Applied Behavioral Sciences Specialist (8 NYCRR Part 79, and Education Law Title 8, Article 167)</li> <li>• Behavioral Intervention Specialist (14 NYCRR part 633-16. b (32).</li> </ul> <p>Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.</p> <p>During the period of the emergency, Direct Support Professionals may deliver HCBS Waiver services, even if not all training stipulated in 14 NYCRR Part 633.8 may have been completed. This would allow newly hired Direct Support Professionals, and a provider agency's existing administrative staff who have not yet completed all training requirements to serve in a direct</p>
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		<p>support capacity immediately to meet health and safety needs of participants, if essential staffing is not otherwise available. Within sixty (60) days of the cessation of the state of emergency, any lapsed or missing training must be completed.</p> <p>During the period of the emergency, provider agencies will have an exemption from requirements of 14 NYCRR Part 633, "Protections of Individuals Receiving Services," NY Mental Hygiene law and NY Social Services law regarding Criminal Background Check (CBC) screening, Staff Exclusion List (SEL) check, State Central Register (SCR) check and Mental Hygiene Law 16.34 (MHL 16.34) check. These exemptions allow an employee to begin work prior to the receipt of the CBC results and completion of the training requirements through 60-days after the New York State Governor indicates that the state of emergency is no longer in effect. The new employee is screened against the Medicaid Excluded Provider lists maintained by the NYSDOH and the Health and Human Services Office of the Inspector General. In no event, will an employee be permitted to work unsupervised with individuals until the SEL check is completed and the CBC submitted. If upon the receipt of background check information it is found that the employee is unqualified, the staff person will not be allowed to continue to render services.</p>
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<b>Verification of Provider Qualifications</b>		
<b>Provider Type:</b>	<b>Entity Responsible for Verification:</b>	<b>Frequency of Verification</b>
non-profit organization or state	For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services. The OPWDD approval is based upon its review that the entity is fiscally viable and meets the minimum standards to deliver HCBS waiver services including satisfactory character, competence, education and experience. The FIDA-IDD is responsible for	NYS performs an annual review of all OPWDD providers including providers contracted with the FIDA-IDD Plan. For providers that bill eMedNY directly for waiver services, annual reviews of providers through samples of individuals in the waiver are performed by OPWDD's Division of Quality Improvement (DQI).

	<p>verifying appropriate credentials for professional staff and compliance with applicable State and Federal regulations and requirements when licensed staff deliver waiver services.</p> <p>OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and other applicable requirements.</p>	<p>Providers are reviewed on a yearly basis and may receive an operating certificate for up to a 3-year period of time.</p> <p>OPWDD's Division of Quality Improvement (DQI) certification survey staff may postpone or decrease the sample sizes for the Person-Centered Reviews (PCRs), Agency Reviews, and Site Reviews for the duration of the emergency due to redeployment of DQI Surveyor resources to the NYS COVID-19 crisis response. Therefore, the performance metrics and DOH oversight activities related to these DQI reviews described throughout the OPWDD HCBS Waiver will be impacted for future CMS 372 Report submissions.</p>
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**Service Delivery Method**

<b>Service Delivery Method</b> <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed
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**Service Specification**

Service Title:	Community Habilitation
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Community Habilitation is similar in scope to residential habilitation supports and day habilitation supports, however, the focus of this service is directed towards service delivery occurring largely in the community (non-certified) settings to facilitate and promote independence and community integration. Community Habilitation is defined as a face to face service in the waiver and in all guidance issued by OPWDD. Therefore, in order for a service to be billed, the staff must be with the individual.</p> <p>This service provides another option to participants and families who wish to have their habilitation services available in a variety of every-day community settings.</p>	

For the period of the emergency, the State will allow the remote delivery of Community Habilitation services through the telephone or other technology in accordance with HIPAA requirements where:

- a provider exercising good clinical judgment determines a telehealth encounter is appropriate for the delivery of services to an individual;
- the delivery of services can be effectuated via verbal prompting/cueing only; and
- the health and safety of the individual continues to be met via this service modality.

The State seeks to modify the service definition and limits for Community Habilitation services to allow people who live in a certified residence to receive Community Habilitation in the residence when the following is true:

- The person's day service is suspended due to the emergency or the person is unable to participate in the day service;
- No day services can be delivered in the residence, and
- The daily Community Habilitation billing does not exceed six (6) hours of service per day, five (5) days per week.

This service is open to all participants whether they live in their own home/leased residence or family home or other community locations such as a Family Care home, Individualized Residential Alternative (IRA), or a Community Residence (CR). Providers are encouraged to continue to serve participants and their families/supports with whom they have established relationships. Providers are also encouraged to work with residential providers to ensure that residential providers have sufficient staffing resources.

Services are limited to those necessary to ensure the physical and mental health, safety and community integration of the individual and his/her caregivers for the benefit of the individual. Any modifications to the Life Plan should be made as expeditiously as possible, with a verbal approval only used to initiate services while awaiting signed documents.

Community Habilitation will offer skill training and supports as follows: adaptive skill development, assistance with activities of daily living, travel, health, adult educational supports, communication, social skills, leisure skills, money management, socially appropriate behaviors, life safety, hands-on-assistance provided by staff as necessary, professional oversight services as necessary (for example QIDP oversight), self-advocacy, informed choice, community inclusion, and relationship building. Community Habilitation may also include personal care, health care, protective oversight and supervision, including in the person's home, and program-related transportation but these components do not constitute the entirety of the service.

Community Habilitation services are generally not vocational in nature. However, Community Habilitation services do support individuals in their attainment of life goals, including career goals. Therefore, Community Habilitation may include habilitation activities such as volunteering, learning about different types of jobs, visiting job sites and other experiences that are not long-term vocational commitments; yet the person is exposed to the world of work and the experience broadens his or her understanding of the types of employment they may wish to actively pursue in the future.

Once an individual is employed, community habilitation services may be used in a work setting to facilitate and promote independence, community inclusion, relationship building and socially appropriate behaviors.

Community habilitation services cannot be used for job coaching or job development related activities and cannot be provided at the same time as supported employment services.

Through its ongoing review of waiver services, OPWDD's DQI reviews the CH service to ensure that services are provided in accordance with the requirements.

Community Habilitation participants will be offered the opportunity to participant-direct the service as outlined in Appendix E or participants may use a provider managed service delivery model.

Individuals who self-direct their Community Habilitation, Respite and Supported Employment services with budget authority, may be eligible for "Special Populations Funding" if they have been discharged from a more restrictive residential setting such as a developmental center as described in Addendum A to this waiver and will be in effect until June 30, 2021. A new PRA approach, to be submitted as a waiver amendment to CMS, will be effective July 1, 2021 and will replace the Special Population Funding for individuals who self-direct their services with budget authority using the Coordinated Assessment System (CAS). As described in Appendix E, the eligible individual's budget may be increased up to the level of the Special Populations Funding and therefore could be used to fund self-directed, "self-hired" staff who deliver Community Habilitation. The rate paid for the self-directed services follows the same limitations as are in place for all Individuals who exercise budget authority. The higher PRA funding is designed to provide additional supports required to assist an individual transitioning to a less restrictive setting.

The service definition of Community Habilitation will not change with the alignment of the currently approved CFCO State Plan and the fee schedule is realigned with other service systems. Only those services not reimbursable under the currently approved Community First Choice Option (CFCO) State Medicaid Plan will be reimbursable under the HCBS Waiver.

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

Individuals living in their own home/leased residence or family home may receive Community Habilitation services at any time. People living in Family Care homes and IRAs or Community Residences may only receive Community Habilitation Services on weekday days (start time prior to 3:00 pm) unless the CH service is delivered at the person's integrated and competitive job and the CH service allows the person to maintain employment. Services may not be delivered in a certified location.

In addition to payment edits barring weekend CH for individuals receiving residential habilitation services, payment combination edits also preclude payment of CH services for residential habilitation recipients who already have a full contingent of day services on a given day.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				non-profit organization or state

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
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<p>non-profit organization or state</p>			<p>OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program, provides the application for eMedNY and issues operating certificates for all waiver services. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in-depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR. For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services.</p> <p>OPWDD directly provides HCBS waiver services through its State Operations Offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.</p> <p>If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the OPWDD and/or the NYS Department of</p>
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			<p>Education under the following regulations and laws:</p> <ul style="list-style-type: none"><li>• Nursing (8 NYCRR Part 64, and Education Law Title 8, Article 139)</li><li>• Speech Language Pathologist (8 NYCRR Part 75, and Education Law Title 8, Article 159)</li><li>• Psychology (8 NYCRR Part 72, and Education Law Title 8, Article 153)</li><li>• Social Work (8 NYCRR Part 74, and Education Law Title 8, Article 154)</li><li>• Rehab Counselor (14 NYCRR Part 679.99)</li><li>• Dietetics/Nutrition (8 NYCRR Part 79, and Education Law Title 8, Article 157)</li><li>• Occupational Therapy (8 NYCRR Part 76, and Education Law Title 8, Article 156)</li><li>• Physical Therapy (8 NYCRR part 77, and Education Law Title 8, Article 136)</li><li>• Applied Behavioral Sciences Specialist (8 NYCRR Part 79, and Education Law Title 8, Article 167)</li><li>• Behavioral Intervention Specialist (14 NYCRR part 633-16.b(32).</li></ul> <p>Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.</p> <p>During the period of the emergency, Direct Support Professionals may deliver HCBS Waiver services, even if not all training</p>
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			<p>stipulated in 14 NYCRR Part 633.8 may have been completed. This would allow newly hired Direct Support Professionals, and a provider agency's existing administrative staff who have not yet completed all training requirements to serve in a direct support capacity immediately to meet health and safety needs of participants, if essential staffing is not otherwise available. Within sixty (60) days of the cessation of the state of emergency, any lapsed or missing training must be completed.</p> <p>During the period of the emergency, provider agencies will have an exemption from requirements of 14 NYCRR Part 633, "Protections of Individuals Receiving Services," NY Mental Hygiene law and NY Social Services law regarding Criminal Background Check (CBC) screening, Staff Exclusion List (SEL) check, State Central Register (SCR) check and Mental Hygiene Law 16.34 (MHL 16.34) check. These exemptions allow an employee to begin work prior to the receipt of the CBC results and completion of the training requirements through 60-days after the New York State Governor indicates that the state of emergency is no longer in effect. The new employee is screened against the Medicaid Excluded Provider lists maintained by the NYSDOH and the Health and Human Services Office of the Inspector General. In no event, will an employee be permitted to work unsupervised with individuals until the SEL check is completed and the CBC submitted. If upon the receipt of background check information it is found that the employee is unqualified, the staff person will not be allowed to continue to render services.</p>
OPWDD Respite Provider Agencies			<p>OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program, provides the application for eMedNY and issues operating</p>

			<p>certificates for all waiver services. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in-depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR. For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services.</p> <p>OPWDD directly provides HCBS waiver services through its State Operations Offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.</p> <p>If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the OPWDD and/or the NYS Department of Education under the following regulations and laws:</p> <ul style="list-style-type: none"><li>• Nursing (8 NYCRR Part 64, and Education Law Title 8, Article 139)</li><li>• Speech Language Pathologist (8 NYCRR Part 75, and Education Law Title 8, Article 159)</li></ul>
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			<ul style="list-style-type: none"><li>• Psychology (8 NYCRR Part 72, and Education Law Title 8, Article 153)</li><li>• Social Work (8 NYCRR Part 74, and Education Law Title 8, Article 154)</li><li>• Rehab Counselor (14 NYCRR Part 679.99)</li><li>• Dietetics/Nutrition (8 NYCRR Part 79, and Education Law Title 8, Article 157)</li><li>• Occupational Therapy (8 NYCRR Part 76, and Education Law Title 8, Article 156)</li><li>• Physical Therapy (8 NYCRR part 77, and Education Law Title 8, Article 136)</li><li>• Applied Behavioral Sciences Specialist (8 NYCRR Part 79, and Education Law Title 8, Article 167)</li><li>• Behavioral Intervention Specialist (14 NYCRR part 633-16.b(32).</li></ul> <p>Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.</p> <p>During the period of the emergency, Direct Support Professionals may deliver HCBS Waiver services, even if not all training stipulated in 14 NYCRR Part 633.8 may have been completed. This would allow newly hired Direct Support Professionals, and a provider agency's existing administrative staff who have not yet completed all training requirements to serve in a direct support capacity immediately to meet health and safety needs of participants, if</p>
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		<p>essential staffing is not otherwise available. Within sixty (60) days of the cessation of the state of emergency, any lapsed or missing training must be completed.</p> <p>During the period of the emergency, provider agencies will have an exemption from requirements of 14 NYCRR Part 633, "Protections of Individuals Receiving Services," NY Mental Hygiene law and NY Social Services law regarding Criminal Background Check (CBC) screening, Staff Exclusion List (SEL) check, State Central Register (SCR) check and Mental Hygiene Law 16.34 (MHL 16.34) check. These exemptions allow an employee to begin work prior to the receipt of the CBC results and completion of the training requirements through 60-days after the New York State Governor indicates that the state of emergency is no longer in effect. The new employee is screened against the Medicaid Excluded Provider lists maintained by the NYSDOH and the Health and Human Services Office of the Inspector General. In no event, will an employee be permitted to work unsupervised with individuals until the SEL check is completed and the CBC submitted. If upon the receipt of background check information it is found that the employee is unqualified, the staff person will not be allowed to continue to render services.</p>
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Verification of Provider Qualifications		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
non-profit organization or state	For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services. The OPWDD approval is based upon its review that the entity is fiscally viable and meets the minimum standards to deliver HCBS waiver services including satisfactory character, competence, education and experience. The FIDA-IDD is responsible for verifying appropriate credentials for professional staff and compliance with	NYS performs an annual review of all OPWDD providers including providers contracted with the FIDA-IDD Plan. For providers that bill eMedNY directly for waiver services, annual reviews of providers through samples of individuals in the waiver are performed by OPWDD's Division of Quality Improvement (DQI). Providers are reviewed on a yearly basis and may receive an

	<p>applicable State and Federal regulations and requirements when licensed staff deliver waiver services.</p> <p>OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD’s Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and other applicable requirements.</p>	<p>operating certificate for up to a 3-year period of time.</p> <p>OPWDD’s Division of Quality Improvement (DQI) certification survey staff may postpone or decrease the sample sizes for the Person-Centered Reviews (PCRs), Agency Reviews, and Site Reviews for the duration of the emergency due to redeployment of DQI Surveyor resources to the NYS COVID-19 crisis response. Therefore, the performance metrics and DOH oversight activities related to these DQI reviews described throughout the OPWDD HCBS Waiver will be impacted for future CMS 372 Report submissions.</p>
<p>OPWDD Respite Provider Agencies</p>	<p>For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services. The OPWDD approval is based upon its review that the entity is fiscally viable and meets the minimum standards to deliver HCBS waiver services including satisfactory character, competence, education and experience. The FIDA-IDD is responsible for verifying appropriate credentials for professional staff and compliance with applicable State and Federal regulations and requirements when licensed staff deliver waiver services.</p> <p>OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD’s Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and other applicable requirements.</p>	<p>NYS performs an annual review of all OPWDD providers including providers contracted with the FIDA-IDD Plan. For providers that bill eMedNY directly for waiver services, annual reviews of providers through samples of individuals in the waiver are performed by OPWDD’s Division of Quality Improvement (DQI). Providers are reviewed on a yearly basis and may receive an operating certificate for up to a 3-year period of time.</p> <p>OPWDD’s Division of Quality Improvement (DQI) certification survey staff may postpone or decrease the sample sizes for the Person-Centered Reviews (PCRs), Agency Reviews, and Site Reviews for the duration of the emergency due to redeployment of DQI Surveyor resources to the NYS COVID-19 crisis response. Therefore, the performance</p>

		metrics and DOH oversight activities related to these DQI reviews described throughout the OPWDD HCBS Waiver will be impacted for future CMS 372 Report submissions.
Service Delivery Method		
<b>Service Delivery Method</b> <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E
	X	Provider managed



Service Specification	
Service Title:	Support Broker Services
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	
<p>Support Brokers assist waiver participants (or the participant's family or representative as appropriate) to self-direct and manage some or all of their waiver services. Support Brokerage does not duplicate or replace care management services and differs from care management in terms of intensity, frequency, and scope. The Care Manager identifies services, helps the participant make an informed choice of service providers, refers the person/family to the service chosen, and maintains and updates the plan of care. The Support Broker then takes the person beyond just the referral by becoming involved with the participant in the day-to-day management of those services and provides support and training to participants and their families regarding the ongoing decisions and tasks associated with participant direction. The Support Broker provides assistance and practical skills training to the participant in the areas of: understanding and managing the responsibilities involved with self-direction; developing daily implementation of and managing the self-directed plan and budget; monitoring expenditures; negotiating terms and service arrangements with providers in the self-directed plan and budget; employer responsibilities such as recruiting, supervising, and training of participant-hired staff; service documentation requirements to ensure agreement with program and Medicaid standards; risk assessment, planning and ensuring safeguards are identified and met; developing and maintaining the Circle of Support and facilitating Circle of Support meetings.</p> <p>For the period of the emergency, the State will allow the remote delivery of Support Broker services through the telephone or other technology in accordance with HIPAA requirements where:</p> <ul style="list-style-type: none"> <li>• a provider exercising good clinical judgment determines a telehealth encounter is appropriate for the delivery of services to an individual;</li> <li>• the delivery of services can be effectuated via verbal prompting only;</li> <li>• and the health and safety of the individual continues to be met via this service modality.</li> </ul>	
Specify applicable (if any) limits on the amount, frequency, or duration of this service:	
<p>The extent of the assistance provided is determined by the participant and specified in a written agreement between the participant and Support Broker. The broker service also needs to be reflected as part of the person-centered plan (e.g. Life Plan). The participant has the authority to choose among qualified support brokers. A participant may receive Support Brokerage and care management concurrently as long as those services do not duplicate each other. In those instances where nominal overlapping is likely to occur the</p>	



participant's Life Plan will clearly delineate service responsibilities. An agency providing Support Brokerage may provide other services; however, an individual Support Broker is not permitted to provide other waiver services to a participant they serve.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
				Non-profit organization, State, Self-directed with the FI or person employed by the FIDA-IDD
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian

**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Non-profit organization, State, Self-directed with the FI or person employed by the FIDA-IDD			<p>All potential Support Brokers participate in a specialized two-day Broker training (Broker Training Institute) developed by OPWDD and complete specific courses. These additional courses are: Person Centered Planning for Brokers (Introduction to Person Centered Planning and Advanced Person-Centered Planning), Self-Direction Budget Template and Self-advocacy/Self-determination. These trainings are standardized statewide. All brokers are expected to remain actively involved with a local Support Brokerage Learning Network. Active participation includes attendance in 12 hours of annual training.</p> <p>OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program, provides the application for eMedNY and issues operating certificates for all waiver services. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in-depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the</p>

			<p>providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR. For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services.</p> <p>OPWDD directly provides HCBS waiver services through its State Operations Offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include nonprofit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.</p> <p>If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the OPWDD and/or the NYS Department of Education.</p> <p>Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.</p>
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			<p>During the period of the emergency, Direct Support Professionals may deliver HCBS Waiver services, even if not all training stipulated in 14 NYCRR Part 633.8 may have been completed. This would allow newly hired Direct Support Professionals, and a provider agency's existing administrative staff who have not yet completed all training requirements to serve in a direct support capacity immediately to meet health and safety needs of participants, if essential staffing is not otherwise available. Within sixty (60) days of the cessation of the state of emergency, any lapsed or missing training must be completed.</p> <p>During the period of the emergency, provider agencies will have an exemption from requirements of 14 NYCRR Part 633, "Protections of Individuals Receiving Services," NY Mental Hygiene law and NY Social Services law regarding Criminal Background Check (CBC) screening, Staff Exclusion List (SEL) check, State Central Register (SCR) check and Mental Hygiene Law 16.34 (MHL 16.34) check. These exemptions allow an employee to begin work prior to the receipt of the CBC results and completion of the training requirements through 60-days after the New York State Governor indicates that the state of emergency is no longer in effect. The new employee is screened against the Medicaid Excluded Provider lists maintained by the NYSDOH and the Health and Human Services Office of the Inspector General. In no event, will an employee be permitted to work unsupervised with individuals until the SEL check is completed and the CBC submitted. If upon the receipt of background check information it is found that the employee is unqualified, the staff person will not be allowed to continue to render services.</p>
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
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<p>Non-profit organization, State, Self-directed with the FI or person employed by the FIDA-IDD</p>	<p>For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services. The OPWDD approval is based upon its review that the entity is fiscally viable and meets the minimum standards to deliver HCBS waiver services including satisfactory character, competence, education and experience. The FIDA-IDD is responsible for verifying appropriate credentials for professional staff and compliance with applicable State and Federal regulations and requirements when licensed staff deliver waiver services.</p> <p>OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and other applicable requirements.</p>	<p>NYS performs an annual review of all OPWDD providers including providers contracted with the FIDA-IDD Plan. For providers that bill eMedNY directly for waiver services, annual reviews of providers through samples of individuals in the waiver are performed by OPWDD's Division of Quality Improvement (DQI). Providers are reviewed on a yearly basis and may receive an operating certificate for up to a 3-year period of time.</p> <p>OPWDD's Division of Quality Improvement (DQI) certification survey staff may postpone or decrease the sample sizes for the Person-Centered Reviews (PCRs), Agency Reviews, and Site Reviews for the duration of the emergency due to redeployment of DQI Surveyor resources to the NYS COVID-19 crisis response. Therefore, the performance metrics and DOH oversight activities related to these DQI reviews described throughout the OPWDD HCBS Waiver will be impacted for future CMS 372 Report submissions.</p>
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Service Delivery Method				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed



Service Specification	
Service Title:	Pathway to Employment
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

The Pathway to Employment is a person-centered, comprehensive career planning and support service that provides assistance for participants to obtain, maintain or advance in competitive employment or self-employment.

The Pathway to Employment service will be available to individuals expressing an interest in competitive employment or self-employment including (but not limited to) individuals who receive Day Habilitation, Pre-Vocational and Supported Employment services, as well as students leaving high school.

For the period of the emergency, the State will allow the remote delivery of Pathway to Employment services through the telephone or other technology in accordance with HIPAA requirements where:

- a provider exercising good clinical judgment determines a telehealth encounter is appropriate for the delivery of services to an individual;
- the delivery of services can be effectuated via verbal prompting/cueing only; and
- the health and safety of the individual continues to be met via this service modality.

It is a focused, time limited service that engages a participant in identifying a career direction, provides instruction and training in pre-employment skills, and develops a plan for achieving competitive, integrated employment at or above the state minimum wage. Within 12 months, or sooner, the outcome of this service is documentation of the participant's stated career objective; a detailed career plan used to guide individual employment supports; and preparation for supported employment services that assist a participant in obtaining, maintaining or advancing in competitive employment or self-employment.

Pathway to Employment participants must have competitive employment or self-employment as a stated goal in their Life Plan. The Pathway to Employment service will combine an individualized career planning process that identifies the person's support needs with the provision of services that will strengthen the skills needed to obtain, maintain or advance in competitive employment. Services provided under the Pathway to Employment service will be person-centered and may include; but not be limited to: vocational assessment; situational assessment; job readiness training including individualized and appropriate work-related behaviors; community experiences; pre-employment skills including tasks necessary to obtain employment based on the individualized needs of the participant; job related discovery; experiential learning in career exploration and vocational discovery; experiential learning to achieve a specific vocational outcome; assessment for use of assistive technology to increase independence in the workplace; community experiences through paid or unpaid internships, mentorships, apprenticeships, job clubs, work site visits, job placement, and other job exploration modalities; education and counseling around benefits management and employment; person-centered vocational planning; customized job development; individualized, ongoing job coaching; travel training; and behavioral interventions and supports.

The Pathway to Employment service may also provide planning for self-employment. Specific services include: identifying skills that could be used to start a business, and identifying business training and technical assistance that could be utilized in achieving self-employment goals.

Employment Related Goals: All Pathway to Employment participants will develop a specific individualized career plan with the Pathway to Employment provider for services that will focus on the individual's unique employment needs, talents, employment goals, and natural supports. At the end of Pathway to Employment,

the provider in cooperation with the individual will create a formal vocational plan that will allow the individual to have a map of their career path. This Pathway to Employment career plan will outline the responsibilities of the participant and the responsibilities of the provider towards achievement of the employment goals.

It is anticipated that the majority of the Pathway to Employment service will be provided in community settings or at particular work sites. The cost of any reimbursable transportation associated with Pathway to Employment is included in the Pathway to Employment fee.

Services provided under Pathway to Employment are not available if it is funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

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

A detailed vocational career plan and preparation for supported employment services that assist an individual in obtaining competitive, integrated employment at or above the state minimum wage is the expected outcome from this service.

Pathway to Employment services are limited to 1 year, however, providers may request and be approved for an extension of services.

There is a lifetime limit of 556 hours for the service.

**Provider Specifications**

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			Non-profit organization or State	

Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** *(provide the following information for each type of provider):*

Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>
Non-profit organization or State			A Medicaid Provider Agreement is issued by DOH to the HCBS Waiver Provider based on an OPWDD recommendation (based on applicable OPWDD regulations) and in accordance with regulations found at Part 504 of 18 NYCRR. The Medicaid Provider Agreement is issued based on the determination that the agency will have, or continues to have, satisfactory character, competence, education, and experience to deliver waiver services, and that the agency is fiscally responsible and viable.

			<p>OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program, provides the application for eMedNY and issues operating certificates for all waiver services. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in-depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR. For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services.</p> <p>OPWDD directly provides HCBS waiver services through its State Operations Offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include nonprofit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities. If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the OPWDD and/or the NYS Department of Education.</p>
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			<p>Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.</p> <p>During the period of the emergency, Direct Support Professionals may deliver HCBS Waiver services, even if not all training stipulated in 14 NYCRR Part 633.8 may have been completed. This would allow newly hired Direct Support Professionals, and a provider agency's existing administrative staff who have not yet completed all training requirements to serve in a direct support capacity immediately to meet health and safety needs of participants, if essential staffing is not otherwise available. Within sixty (60) days of the cessation of the state of emergency, any lapsed or missing training must be completed.</p> <p>During the period of the emergency, provider agencies will have an exemption from requirements of 14 NYCRR Part 633, "Protections of Individuals Receiving Services," NY Mental Hygiene law and NY Social Services law regarding Criminal Background Check (CBC) screening, Staff Exclusion List (SEL) check, State Central Register (SCR) check and Mental Hygiene Law 16.34 (MHL 16.34) check. These exemptions allow an employee to begin work prior to the receipt of the CBC results and completion of the training requirements through 60-days after the New York State Governor indicates that the state of emergency is no longer in effect.</p>
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			The new employee is screened against the Medicaid Excluded Provider lists maintained by the NYSDOH and the Health and Human Services Office of the Inspector General. In no event, will an employee be permitted to work unsupervised with individuals until the SEL check is completed and the CBC submitted. If upon the receipt of background check information it is found that the employee is unqualified, the staff person will not be allowed to continue to render services.
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**Verification of Provider Qualifications**

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
<p><b>Non-profit organization or State</b></p>	<p>For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services. The OPWDD approval is based upon its review that the entity is fiscally viable and meets the minimum standards to deliver HCBS waiver services including satisfactory character, competence, education and experience. The FIDA-IDD is responsible for verifying appropriate credentials for professional staff and compliance with applicable State and Federal regulations and requirements when licensed staff deliver waiver services.</p> <p>OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD’s Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and other applicable requirements.</p>	<p>NYS performs an annual review of all OPWDD providers including providers contracted with the FIDA-IDD Plan. For providers that bill eMedNY directly for waiver services, annual reviews of providers through samples of individuals in the waiver are performed by OPWDD’s Division of Quality Improvement (DQI). Providers are reviewed on a yearly basis and may receive an operating certificate for up to a 3-year period of time.</p> <p>OPWDD’s Division of Quality Improvement (DQI) certification survey staff may postpone or decrease the sample sizes for the Person-Centered Reviews (PCRs), Agency Reviews, and Site Reviews for the duration of the emergency due to redeployment of DQI Surveyor resources to the NYS COVID-19 crisis response. Therefore, the performance metrics and DOH oversight activities related to these DQI reviews described throughout the OPWDD HCBS Waiver will be</p>

impacted for future CMS 372 Report submissions.

### Service Delivery Method

<b>Service Delivery Method</b> <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	X	Provider managed
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### Service Specification

Service Title: Supported Employment (SEMP)

*Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:*

Service Definition (Scope):

Supported Employment (SEMP) services are the ongoing supports to participants who, because of their disabilities, need on- going support to obtain and maintain a job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage. The outcome of this service is paid employment at or above minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals; as such, career planning is also an allowable service. Supported employment services can be provided through many different service models. Some of these models can include evidence-based supported employment or customized employment for individuals with significant disabilities.

Supported employment services may be provided individually or in groups of two (2) to eight (8) workers with disabilities. Group employment may include training activities and employment services provided in regular business, industry and community settings. Examples include mobile crews and other business-based workgroups employing small groups of workers with disabilities in employment in the community. Supports provided to a group must be provided in a manner that promotes integration into the workplace and interaction between participants and people without disabilities in those workplaces.

Supported employment services may include any combination of the following services: vocational/job-related discovery or assessment, person-centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instruction, job coaching, benefits support, training and planning, transportation, asset development and career advancement services, and other workplace support services including services not specifically related to job skill training that enable the waiver participant to be successful in integrating into the job setting.

SEMP services may also include services and supports that assist the participant in achieving self-employment through the operation of a business including home-based self-employment. However, Medicaid funds are not used to defray the expenses associated with starting up or operating a business. Assistance for self-employment may include: (a) aiding the participant to identify potential business opportunities; (b) assistance in the development of a business plan, including potential sources of business financing and other assistance in developing and launching a business; (c) identification of the supports that are necessary in order for the participant to operate the business; and (d) ongoing assistance, counseling and guidance once the business has been launched.

For the period of the emergency, the State will allow the remote delivery of Supported Employment services through the telephone or other technology in accordance with HIPAA requirements where:

- a provider exercising good clinical judgment determines a telehealth encounter is appropriate for the delivery of services to an individual;
- the delivery of services can be effectuated via verbal prompting/cueing only; and
- the health and safety of the individual continues to be met via this service modality.

SEMP services consist of two distinct phases: Intensive SEMP and Extended SEMP which can be provided on an individual or group basis. Intensive SEMP services include job development and/or intensive job coaching. If an individual is not employed, the service provider must document, in a format prescribed by OPWDD, the individual's need for Intensive SEMP services, including information on how the services will assist the individual in obtaining employment. Extended SEMP services include ongoing job coaching and career development services for individuals who are employed. An individual is eligible for Extended SEMP if he or she is employed in an integrated workplace and earning at least minimum wage.

Individuals receiving supported employment services may also receive prevocational, day habilitation and Pathway to Employment.

Beginning July 1, 2015 SEMP will be reimbursed at an hourly rate. For individuals who are self-directing their SEMP services using 'self-hired' staff, the maximum payment rate allowed is described in Addendum A of this agreement.

Documentation must be maintained indicating that Supported Employment services are not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.). Federal financial participation cannot be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or
2. Payments that are passed through to users of supported employment services.

Supported employment supports do not include vocational services provided in facility-based work settings or other similar types of vocational services furnished in specialized facilities that are not a part of general community workplaces.

Supported employment supports do not include volunteering. Such volunteer learning and un-paid training activities that prepare a person for entry into the paid workforce are addressed through pre-vocational and pre-employment services.

Supported employment supports do not include payment for supervision, training, support and adaptations typically available to other workers without disabilities filling similar positions in the business.

Personal care/assistance may be a component part of the supported employment services but may not comprise the entirety of the service.

Individuals receiving supported employment services may also receive prevocational, day habilitation, and Pathway to Employment. A participant's Life Plan may include two or more types of non-residential habilitation services. However, different types of non-residential habilitation are not billed during the same period of time, unless the allowable services are provided on behalf of the individual when the individual is not present such as contacting a business about a potential job, while the person participates at another non-residential habilitation service.

Individuals who self-direct their Community Habilitation, Respite and Supported Employment services with budget authority, may be eligible for "Special Populations Funding" if they have been discharged from a more restrictive residential setting such as a developmental center as described in Addendum A to this waiver and will be in effect until June 30, 2021. A new PRA approach, to be submitted as a waiver amendment to CMS, will be effective July 1, 2021 and will replace the Special Population Funding for individuals who self-direct their services with budget authority using the Coordinated Assessment System (CAS). As described in Appendix E, the eligible individual's budget may be increased up to the level of the Special Populations Funding and therefore could be used to fund self-directed, "self-hired" staff who deliver Supported Employment). The rate paid for the self-directed services follows the same limitations as are in place for all Individuals who exercise budget authority. The higher PRA funding is designed to provide additional supports required to assist an individual transitioning to a less restrictive setting.

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

OPWDD has established limits in regulation regarding the maximum number of hours of day service that a person can receive based upon where he/she resides. These limits are outlined in 14 NYCRR 635-10.5 and for individuals residing in non-certified settings limit services to no more than 1.5 units of service per day (or its equivalent in hourly unit services) or roughly 8-9 hours of service. Individuals residing in certified settings are limited to the equivalent of six hours of services which can be received only on weekdays beginning prior to 3 pm, except in the instance of non-site-based employment services which can also be received in the evening/weekend within the hourly limit.

Intensive and Extended SEMP services are limited as follows: OPWDD authorizes the number of hours of services across 365 days that can be reimbursed for an individual receiving Intensive SEMP services and must authorize all hours over 200 hours of services across 365 days that can be reimbursed for an individual receiving Extended SEMP services. An individual may receive up to 45 days of Extended SEMP services while unemployed but if not employed within 45 days, an agency must be approved by OPWDD for Intensive SEMP services to continue billing SEMP. If a service provider considers that an individual needs more than 365 days of Intensive or Extended services and/or additional hours, the service provider may submit a written request to OPWDD in accordance with the guidelines established in regulation.

**Provider Specifications**

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Non-profit organization or State

Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
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**Provider Qualifications** (provide the following information for each type of provider):

Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
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<p>Non-profit organization or State</p>			<p>OPWDD establishes standards for providers of waiver services, reviews completed provider applications and for qualified providers, issues Waiver provider agreements that allow participation in the waiver program, provides the application for eMedNY and issues operating certificates for all waiver services. The DOH Division of Operations then reviews the completed eMedNY application and recommendations made by OPWDD, completes an in-depth review that incorporates four different sanction searches: eMedNY Sanction, NYS OMIG, HHS-OIG, and Excluded Parties List on the providers board members and managing employees. If found to be appropriate, the DOH Division of Operations then issues a Medicaid provider agreement to enroll the voluntary provider in the NYS Medicaid program in accordance with regulations found at Part 504 of 18 NYCRR. For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS waiver services.</p> <p>OPWDD directly provides HCBS waiver services through its State Operations Offices. In addition, HCBS waiver services are provided by provider agencies which are non-profit organizations. Non-profit organizations include non-profit corporations formed under New York State Law or authorized to do business in New York, local government units, or organizations created by an act of the New York State Legislature for charitable purposes which include providing services to persons with developmental disabilities.</p> <p>If the provider agency employs professional clinical staff, that staff person must have the appropriate credentials stipulated by the OPWDD and/or the NYS Department of</p>
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			<p>Education under the following regulations and laws:</p> <ul style="list-style-type: none"><li>• Nursing (8 NYCRR Part 64, and Education Law Title 8, Article 139)</li><li>• Speech Language Pathologist (8 NYCRR Part 75, and Education Law Title 8, Article 159)</li><li>• Psychology (8 NYCRR Part 72, and Education Law Title 8, Article 153)</li><li>• Social Work (8 NYCRR Part 74, and Education Law Title 8, Article 154)</li><li>• Rehab Counselor (14 NYCRR Part 679.99)</li><li>• Dietetics/Nutrition (8 NYCRR Part 79, and Education Law Title 8, Article 157)</li><li>• Occupational Therapy (8 NYCRR Part 76, and Education Law Title 8, Article 156)</li><li>• Physical Therapy (8 NYCRR part 77, and Education Law Title 8, Article 136)</li><li>• Applied Behavioral Sciences Specialist (8 NYCRR Part 79, and Education Law Title 8, Article 167)</li><li>• Behavioral Intervention Specialist (14 NYCRR part 633-16.b(32).</li></ul> <p>Direct support professionals must have completed the training stipulated in 14 NYCRR Part 633.8. Provider agencies must comply with 14 NYCRR Part 633, "Protections of Individuals Receiving Services", including Criminal Background Check (CBC) screening. Provider agencies must also comply with the Part 624, "Reportable Incidents and Client Abuse", and Part 635, "General Quality Control and Administrative Requirements". OPWDD directs provider agencies to screen staff against the Medicaid Excluded Provider lists maintained by the Department of Health and the HHS Office of the Inspector General.</p> <p>During the period of the emergency, Direct Support Professionals may deliver HCBS Waiver services, even if not all training</p>
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			<p>stipulated in 14 NYCRR Part 633.8 may have been completed. This would allow newly hired Direct Support Professionals, and a provider agency's existing administrative staff who have not yet completed all training requirements to serve in a direct support capacity immediately to meet health and safety needs of participants, if essential staffing is not otherwise available. Within sixty (60) days of the cessation of the state of emergency, any lapsed or missing training must be completed.</p> <p>During the period of the emergency, provider agencies will have an exemption from requirements of 14 NYCRR Part 633, "Protections of Individuals Receiving Services," NY Mental Hygiene law and NY Social Services law regarding Criminal Background Check (CBC) screening, Staff Exclusion List (SEL) check, State Central Register (SCR) check and Mental Hygiene Law 16.34 (MHL 16.34) check. These exemptions allow an employee to begin work prior to the receipt of the CBC results and completion of the training requirements through 60-days after the New York State Governor indicates that the state of emergency is no longer in effect. The new employee is screened against the Medicaid Excluded Provider lists maintained by the NYSDOH and the Health and Human Services Office of the Inspector General. In no event, will an employee be permitted to work unsupervised with individuals until the SEL check is completed and the CBC submitted. If upon the receipt of background check information it is found that the employee is unqualified, the staff person will not be allowed to continue to render services.</p>
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<b>Verification of Provider Qualifications</b>		
Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Non-profit organization or State	For contracted providers of the FIDA-IDD Plan that deliver waiver services the FIDA-IDD is responsible to ensure that the provider is one that is approved by OPWDD to provide HCBS	NYS performs an annual review of all OPWDD providers including providers contracted with the FIDA-IDD Plan. For providers that

	<p>waiver services. The OPWDD approval is based upon its review that the entity is fiscally viable and meets the minimum standards to deliver HCBS waiver services including satisfactory character, competence, education and experience. The FIDA-IDD is responsible for verifying appropriate credentials for professional staff and compliance with applicable State and Federal regulations and requirements when licensed staff deliver waiver services.</p> <p>OPWDD is responsible to verify provider qualifications. Annual reviews of all providers are performed by OPWDD's Division of Quality Improvement (DQI). During these reviews, DQI reviews provider compliance with the Criminal Background Check (CBC) regulations, the Part 633.8 training requirements, and other applicable requirements.</p>	<p>bill eMedNY directly for waiver services, annual reviews of providers through samples of individuals in the waiver are performed by OPWDD's Division of Quality Improvement (DQI). Providers are reviewed on a yearly basis and may receive an operating certificate for up to a 3-year period of time.</p> <p>OPWDD's Division of Quality Improvement (DQI) certification survey staff may postpone or decrease the sample sizes for the Person-Centered Reviews (PCRs), Agency Reviews, and Site Reviews for the duration of the emergency due to redeployment of DQI Surveyor resources to the NYS COVID-19 crisis response. Therefore, the performance metrics and DOH oversight activities related to these DQI reviews described throughout the OPWDD HCBS Waiver will be impacted for future CMS372 Report submissions.</p>		
<b>Service Delivery Method</b>				
<b>Service Delivery Method</b> <i>(check each that applies):</i>	X	Participant-directed as specified in Appendix E	X	Provider managed

<sup>i</sup> Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.