



Office of
Mental Health

Children's Single Point of Access and Health Homes Serving Children

History, Role, and Children's Waiver HCBS Eligibility Determination

FEBRUARY 14, 2025

What is the C-SPOA History & Role?

Article 41 Mental Hygiene Law

- The Local Government Units (LGUs), led by the Director of Community Services, have a statutory responsibility under NYS Mental Hygiene Law to oversee and manage the local mental hygiene system and develop, implement, and plan for services and supports for adults and children with mental illness, substance use disorder, and developmental disabilities.
- The 3 disability categories intersect at the county level but remain separate at the state level.
- LGU is required to plan for the needs of the entire population, not solely the Medicaid population.
- In 2001, the Children's Single Point of Access (C-SPOA) was embedded in the authority of the LGU with a primary role to link and provide timely access to intensive OMH services and supports based on the identified service needs of a youth with Serious Emotional Disturbance (SED) and their families.

Source: [New York Mental Hygiene Law Section 41.05 – Local governmental unit](#)

Benefits of a Single Point of Access

- Each County/Local Government Unit across NYS has an established C-SPOA to support, prioritize and effectively assure access to children's mental health services.
- C-SPOAs help to ensure accountability across the board. This includes LGU responsibility to:
 - Collaborate across all child-systems to meet the needs of children;
 - Ensure appropriate access to care based on level of need;
 - Prioritize children based on need;
 - Hold providers to established standards, practices and principles; and
 - Ensure accountability of providers and within the system.

Who is the C-SPOA in Each County?

Contact information for LGUs can be found on the website of the Conference of Local Mental Hygiene Directors

[Contact Local Mental Hygiene Departments | NYS Conference of Local Mental Hygiene Directors, Inc.](#)



Role of C-SPOA

- Lead contact in county for Children's Mental Health Services
- Collaborates and coordinates across systems (e.g., primary care, education, peer supports, family court, juvenile justice, foster care, health homes, etc.)
- Assists families and providers in navigating multiple child-serving systems, addressing any challenges with access to services
- Identification of available county resources for families and providers, including both formal and informal supports with the goal of maintaining child/youth in their home communities
- Manages referrals, vacancies, waitlists for intensive services and community programs
- Serves as a vital linkage to home/community for those children/youth placed out of the home pre- and post- treatment placement
- Navigate, refer, and identify services for children without Medicaid

Accessing Intensive Services

- C-SPOA helps to facilitate access for children with the highest, most complex needs to intensive services
- Intensive services include Residential Treatment Facilities (RTF), Children's Community Residences (CCR), Youth Assertive Community Treatment (ACT) and other locally specific services
- Such services have limited availability, with only a certain number of beds or slots
- To access, referents must complete a two-part SPOA Universal Referral Form and supply clinical documentation (e.g.; Psychosocial, psychiatric, psychological, and in some cases physical/medical) [Childrens Single Point of Access Application Part 1 - 9/18/2023 / 2023 - Children's Single Point of Access Application Part 2: Referral Application for OMH Youth ACT, CCRs, and RTFs](#)

C-SPOA & Health Homes

How C-SPOAs Collaborate with Health Home Care Managers

- Make referrals to Health Homes for children in need
- Provide information on local services and availability of services and providers
- Facilitate cross-systems meetings to explore additional resources/services for families
- Serve as a resource for consultation or assistance when children exhibit more complex needs
- Assist in gathering signatures and paperwork from providers when CM encounters a barrier

C-SPOA to complete HCBS Eligibility Determination

- NYSDOH received approval for a Waiver Amendment to expand the qualifications of professionals permitted to perform HCBS Level of Care Eligibility Determinations to include C-SPOA through the Local County Departments of Mental Health for children/youth meeting Serious Emotional Disturbance (SED) criteria.
- This will apply to youth discharging from intensive services, including State Psychiatric Centers, Residential Treatment Facilities (RTF), Children's Community Residences (CCR), and Youth Assertive Community Treatment programs (ACT).
- CSPOA will begin to conduct HCBS Eligibility Determinations for applicable populations on March 3, 2025.

Source: [Application for 1915\(c\) HCBS Waiver: Draft NY.019.06.01 - Nov 01, 2023](#)

C-SPOA to complete HCBS Eligibility Determination –PURPOSE and GOAL

Whenever possible, prior to discharge from an intensive level of care and services:

- Obtain information from children/youth/family, community providers, out-of-home treatment providers, and others as needed
- Educate the child/youth/family regarding services and resources in their county
- Assist with the discharge planning and connection/referral to services and supports
- If needed and appropriate, determine HCBS eligibility
- Assist Health Home care manager with gathering documentation, collaborating with mental health services, coordinating team meeting, connection to High Fidelity Wraparound

DOH Policy HH0020

This policy, issued February 2025, outlines the procedure for the C-SPOA to determine eligibility for Home and Community Based Services for youth that have Medicaid and are not currently connected to a Health Home.

Today, we will discuss three scenarios for youth being discharged from a State Psychiatric Center, Residential Treatment Facility, Children's Community Residence, or Youth ACT

- The child does not have Medicaid
- The child has Medicaid and is already enrolled in HHSC
- The child has Medicaid but is not currently enrolled in HHSC
 - The child has OMH District 97 Medicaid but is not currently enrolled in Health Homes Serving Children

Scenario 1 : THE CHILD DOES NOT HAVE MEDICAID

If the youth does not have Medicaid at the time of discharge and the C-SPOA or treatment provider determines that HCBS is needed and the child/youth may meet the eligibility criteria

The C-SPOA will ensure a referral is made to C-YES

The C-SPOA may make the referral themselves or connect with the referral source to assist them in completing the C-YES referral.

After C-YES has completed their assessment and child/youth is determined *eligible* for HCBS, the C-SPOA will complete the High-Fidelity Wraparound screening tool and request that C-YES refers to a Health Home with HFW capacity.

If the youth is determined *ineligible* for HCBS, the C-SPOA will work with the family to refer to other appropriate services.

Scenario 2 & 2a: THE CHILD HAS MEDICAID, NOT ENROLLED IN HHSC

If the child/youth has Medicaid and the C-SPOA determines that HCBS is needed when working with the discharging agency and the child/youth/family, the C-SPOA will conduct the HCBS Eligibility Determination within the UAS.

The C-SPOA will also complete the HFW screening. If the screening indicates HFW is appropriate, the C-SPOA will work with the Health Home to determine an available HFW care manager and then work with the child/youth/family to determine their interest to enroll in HFW.

This also includes the child/youth having OMH District 97 Medicaid but is not currently enrolled in Health Homes Serving Children

The HCBS Eligibility Process Flow:

C-SPOA will:

- Receive referral/contact from State PC, RTF, CCR, or Youth ACT
- Reach out to family, offer information on available programs and resources
- Allow family to decide which services to refer to, with the child/youth (if age appropriate), and input from providers
- Gather information from family, State PC, hospital, Youth ACT, RTF, or CCR to complete CANS-NY, necessary referrals, and/or HCBS eligibility determination
- Complete HCBS Eligibility Determination in UAS, as well as the HFW screening (as appropriate)
- Host introductory meeting between Health Home provider and family prior to discharge; referral source will be encouraged to attend.

What HHSC should know about the C-SPOA HCBS Eligibility Determination Process:

- Referral source will complete C-SPOA Universal Referral Form (URF) and provide additional documentation as requested
 - [Childrens Single Point of Access Application Part 1 - 9/18/2023 \(ny.gov\)](#), which includes an attestation of SED
- C-SPOA will directly refer to Health Home
- C-SPOA will provide Health Home with all the documentation needed for their member enrollment

Referral Packet Will Include

- C-SPOA referral with verification of SED
- LPHA form, signed by the referral source [doh-5275.pdf](#)
- Discharge Summary, which will include diagnosis and verification of MH treatment (including upcoming appointment(s))
- Health Home Opt-in Form
- Notice of Decision Form [DOH-5287 \(EN\)](#)
- UAS/HCBS Printout
- The HFW screening tool
- The HFW Agreement Form [DOH-5817 \(EN\)](#), if appropriate

What is the Health Home Responsibility?

After receiving the referral packet, the Lead Health Home will:

- Assign the child/youth to an appropriate Care Management Agency (CMA) with capacity to enroll
 - High Fidelity Wraparound (HFW) designated CMAs within the Health Home network must be assigned when the child/youth has screened as eligible for HFW, availability is confirmed, and the child/youth/family agree to enroll.
- The HHSC will contact the referring C-SPOA to provide contact information for the assigned CMA.
- The HH/CMA will assist the family with the Medicaid re-application process and/or Family of One budgeting (District 97), as needed

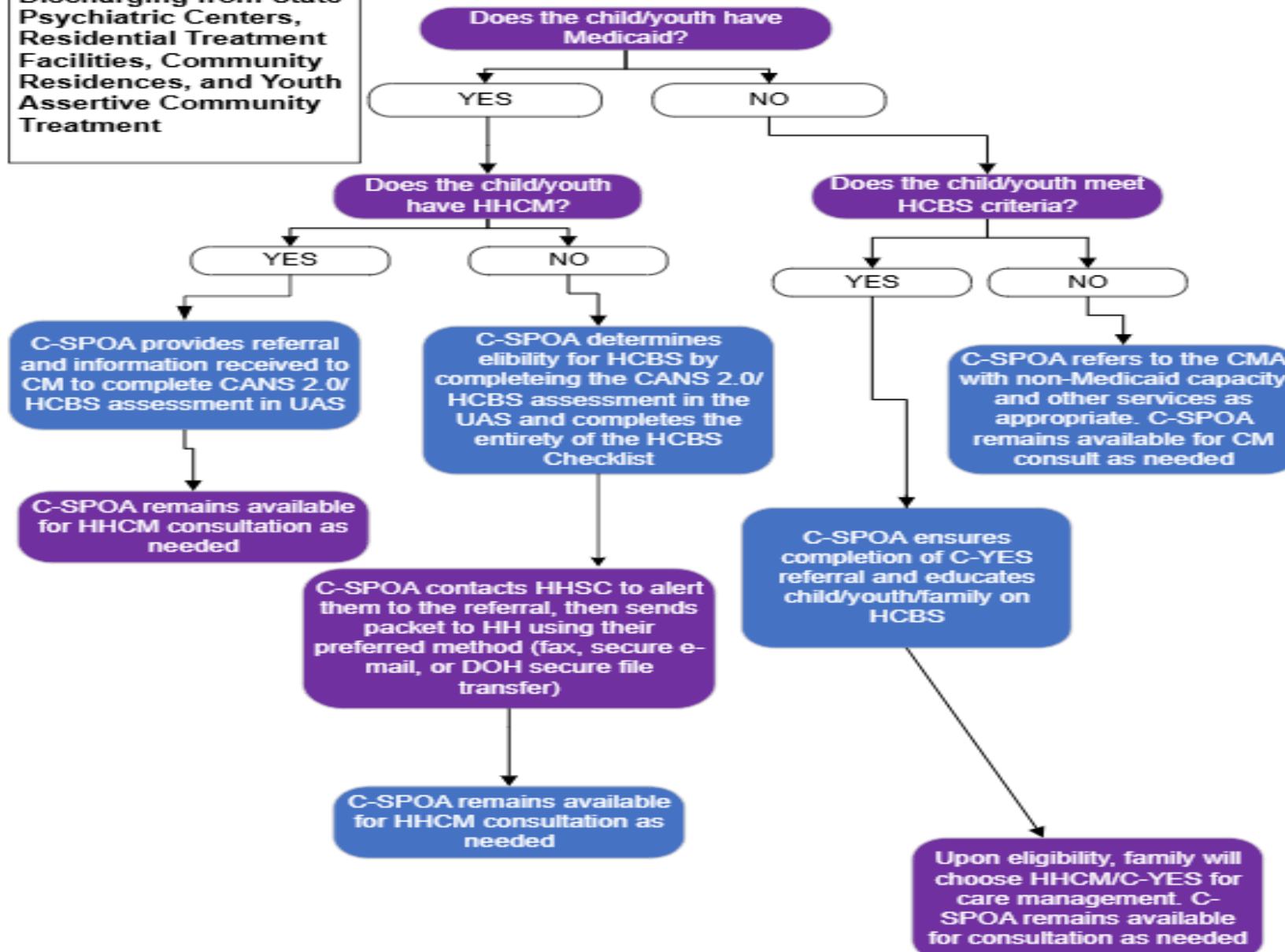
Scenario 3 : THE CHILD HAS MEDICAID AND IS ALREADY ENROLLED IN HHSC

If the C-SPOA can see in MAPP Health Home Tracking System (HHTS) that the child/youth is already enrolled in a Health Home, they will provide the Care Manager Agency with the referral and supporting documentation for the Care Manager to complete the HCBS Eligibility Determination and Significant Life Event CANS-NY (High Fidelity Wraparound screening).

The C-SPOA will remain available for consultation as needed.

The Care Manager should be sure to add C-SPOA to the [DOH-5201](#) Consent form for ongoing communication.

C-SPOA Referral Process For Youth Discharging from State Psychiatric Centers, Residential Treatment Facilities, Community Residences, and Youth Assertive Community Treatment



Referrals NOT from C-SPOA

If the Health Home receives a referral for a child/youth discharging from State PC, RTF, CCR, or Youth ACT:

- Proceed as usual with the Health Home enrollment and HCBS eligibility determination, if appropriate
 - Completing the HFW screening as appropriate

Keep in mind:

- C-SPOA is only *one* of the referral sources
- Please add C-SPOA to the [DOH-5201](#) for ongoing communication or future consultation

Questions?

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**Office of
Mental Health**