



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

ADMINISTRATIVE DIRECTIVE

TRANSMITTAL: 21 OHIP ADM-01

TO: Commissioners of Social Services

DIVISION: Office of Health Insurance Programs

DATE: May 17, 2021

SUBJECT: Children’s Waiver Adaptive and Assistive Technology, Environmental Modifications, and Vehicle Modifications Authorization

SUGGESTED DISTRIBUTION:

Director of Social Services
Medicaid Staff
Fair Hearing Staff

CONTACT:

Division of Program Development and Management, Office of Health Insurance Programs
518-473-5569

ATTACHMENTS:

See Appendix I for Listing of Attachments

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
19 OHIP/ADM-03	19 OHIP ADM-03		1915(c) Home and Community Based Services Children’s Waiver NY SS Law 366		

I. PURPOSE

The information in this directive supersedes information previously provided in 19 ADM-03

This Administrative Directive (ADM) is to provide updated information to the Local Departments of Social Services (LDSS) so they may authorize and pay for Adaptive and Assistive Technology (AT), Environmental Modifications (EMods), and Vehicle Modifications (VMods) under the 1915(c) Home and Community Based Services (HCBS) Children's Waiver. This updated ADM outlines specific timelines to be met in the EMods, VMods, and/or AT application and approval process.

This administrative directive is for all children/youth enrolled in FFS Medicaid and participating in the Children's Waiver. The LDSS is responsible for the authorization of EMods, VMods, and AT in accordance with the person-centered POC for Children's Waiver eligible and enrolled children/youth.

II. BACKGROUND

Effective April 1, 2019, the consolidated 1915(c) Children's Waiver became operational across New York State. This waiver consolidated six previous 1915(c) waivers into one 1915(c) waiver that allows children to access an aligned array of HCBS to address their needs, goals and preferences as detailed in their Person-Centered Plan of Care (POC). The previous waivers include:

- Office for Mental Health's (OMH) Serious Emotional Disturbance (SED) HCBS waiver
- Department of Health's Care at Home (CAH) I/II waiver
- Office for People with Developmental Disabilities (OPWDD) CAH waiver
- Office for Children and Family Services (OCFS) Bridges to Health (B2H) SED waiver
- OCFS B2H Medically Fragile (Med Frag) waiver
- OCFS B2H Developmental Disability (DD) in Foster Care waiver

The consolidation ensures that any service that was available to any of the children eligible and enrolled in the previous waivers will be available to all children in the consolidated 1915(c) Children's Waiver. Most of the services available under the 1915(c) Children's Waiver are provided by Medicaid-enrolled providers and may be billed/claimed under current processes. Providers for AT, EMods, and VMods may not be Medicaid providers and therefore will work and/or contract with the LDSS to receive payment for their labor and/or equipment for the Children's Waiver AT, EMods, and VMods projects as outlined in the process below.

The 1915(c) Children's Waiver participants must receive care management services and are eligible for Health Home Serving Children (HHSC) services. If the child/family elects to receive care management from a Health Home, the Health Home Care Manager (HHCM) determines a child's eligibility for Home and Community Based Services (HCBS) waiver participation by conducting person-centered care planning, developing a comprehensive Plan of Care (POC), and ensuring the POC supports the child's functional development and inclusion in the community.

For children who opt out of Health Home, the State's Independent Entity (IE), Children and Youth Evaluation Service (C-YES), determines a child's eligibility for Home and Community-Based Services (HCBS) waiver participation and develops a person-centered POC for HCBS **only**. C-YES provides care coordination of HCBS for waiver children in Medicaid Fee-For-Service (FFS). C-YES will monitor care coordination of HCBS for waiver children enrolled in a Medicaid Managed Care Plan (MMCP). C-YES also monitors the implementation of the POC for HCBS for every child that is in their case load.

III. **PROGRAM IMPLICATIONS**

The LDSS is responsible for ensuring access to AT, EMods, and VMods, by procuring, contracting, and reimbursing providers for these services for children/youth who are **not** enrolled in a Medicaid Managed Care Plan (MMCP).

New York State Department of Health (NYSDOH) is responsible for the disbursement of funds to cover the costs of EMods, VMods, and AT requests.

NYSDOH will NOT provide reimbursement to the LDSS for any AT, EMods or VMods that has not followed the process outlined in this ADM or which commenced prior to receiving approval from the LDSS and/or NYSDOH.

No changes in determining Medicaid eligibility are required because of this ADM.

IV. **APPLICABILITY**

AT, EMods, and VMods are available to Medicaid recipients who participate in the 1915(c) Children's Waiver program, when the recipient meets the service eligibility and enrollment criteria. The recipient will have a [Restriction Exception \(R/E\) Code](#) of K1 demonstrating Children's Waiver enrollment. Information on R/E codes related to the Children's Waiver are found in Section V of this ADM.

Updated authorization guidelines are appended to this ADM to explain each of these services and related procedures. Please see:

- Attachment I: Guidelines for Authorizing Adaptive and Assistive Technology
- Attachment II: Guidelines for Authorizing Environmental Modifications
- Attachment III: Guidelines for Authorizing Vehicle Modifications
- Attachment IV: Description and Cost Projection Form
- Attachment V: Notice of Decision to Authorize or Deny Adaptive and Assistive Technology, Environmental Modifications, Vehicle Modifications
- Attachment VI: Final Cost Form
- Attachment VII: Requirements for Requesting Special Project Vouchering Funds
- Attachment VIII: Pre-Project Evaluation Payment Request Form
- Attachment IX: Guidance on Environmental Modifications to Support Behaviorally Health Challenged Members

They are also available at: [Environmental Modifications \(EMods\)](#), [Vehicle Modifications \(VMods\)](#), [Adaptive and Assistive Technology \(AT\)](#), and [Non-Emergency Medical Transportation \(ny.gov\)](#)

PROCESS SUMMARY

The table below outlines each step, in order of the AT, EMods, and VMods process, including application, documentation, review, approval, and payment requests. Additionally, the steps indicate the required timeframes and the responsible party within the process. Although, there may be times when incomplete information is submitted, the chart does not identify the additional time it might take to bring items into compliance. After the chart, each section below outlines if additional time is allotted when information is found to be incomplete, please reference the appropriate section and requirements when there is a compliance delay.

In the below table, BD refers to Business Days.

Steps	Submitted By	Submitted To	Timeframe for Submitter
<u>AUTHORIZATION, REVIEW, AND NOTICE OF DECISION</u>			
A. Determination of Need Email	HHCM/C-YES	DOH	7 BD from date the need is added to the Plan of Care (POC)
B. Pre-Project Evaluation Payment Request Form	HHCM/C-YES	LDSS	5 BD from the completion of the pre-project evaluation
Pre-Project Evaluation payment Request Form	LDSS	DOH	5 BD from receipt from HHCM/C-YES
Pre-Project Evaluation Payment Request	DOH	OTDA	5 BDs from receipt from LDSS
Pre-Project Evaluation Payment	OTDA	LDSS	Next check release
Pre-Project Evaluation Payment	LDSS	Contractor	30 BD from receipt of payment from OTDA
C, D, & E. Service Request Packet	HHCM/C-YES	LDSS	
Review of Service Request Packet submitted by the HHCM/C-YES	LDSS	DOH	10 BD from receipt of complete Service Request Packet from HHCM/C-YES
Review Service Request Packet and LDSS Authorization	DOH	OTDA	7 BD from receipt of complete Request for Service packet from LDSS
Issue Letter of Support	DOH	LDSS	
F. Notice of Decision	LDSS	HHCM/C-YES, Family, Contractor	3 BD from receipt of Letter of Support
<u>PAYMENT</u>			
A. Special Project Vouchering (SPV) Fund Payment Request	LDSS	DOH	Submitted along with Service Request Packet
B, C, & D. Final Cost and Payment	HHCM/C-YES	LDSS	7 BD from project completion
Final Cost Form	LDSS	DOH	5 BD from receipt
Final Cost Form Payment	DOH	OTDA	5 BD from receipt from LDSS
Final SPV Fund Payment, if applicable	OTDA	LDSS	Next check release
Contractor Payment	LDSS	Contractor	30 BD from receipt of funds from OTDA
Project Cost Claiming	LDSS	OTDA	The quarter following the LDSS payment to contractor

AUTHORIZATION, REVIEW, AND NOTICE OF DECISION

The LDSS will use the ***Guidelines for Authorizing AT, EMods, and VMods (Attachment I, II, III)***. This process must be collaborative between the LDSS, HHCM/C-YES, and individuals/families to ensure timely authorization and receipt of the AT, EMod, and/or VMod. The process is outlined below.

A. HHCM/C-YES Determination of the Needed EMod, VMod, and/or AT:

The HHCM/C-YES will notify NYSDOH of the identified need and the anticipated request for an AT, EMod, and/or VMod within seven (7) business days of adding/updating the POC with the needed AT, EMod, and/or VMod and starting the application process. The HHCM/C-YES will send an email to EModVModAT@health.ny.gov with the following information:

1. Child's/youth's name
2. Child's/youth's CIN #
3. Type of request: AT, EMod, or VMod
4. The County LDSS to which the request will be submitted
5. Brief summary of the request
6. HHCM agency name and HHCM/C-YES contact information
7. For HHCMs, the Lead HH should be cc'd on the email

B. Pre-Project Evaluation Submission and Approval:

Pre-Project Evaluation Payment Request Form should be completed to ensure that Evaluators receive payment for their services without having to await payment until the successful completion of the EMod, VMod, and/or AT. Project Evaluators must receive payment for their services even if the project does not move forward to completion.

1. A ***Pre-Project Evaluation Payment Request Form*** should be submitted when a pre-project evaluation is completed. This form should be completed by the HHCM/C-YES and submitted to the LDSS for approval. Only one ***Pre-Project Evaluation Payment Request Form*** may be submitted per project. Additional requests will be considered on a case-by-case basis.

The LDSS must date stamp the ***Pre-Project Evaluation Payment Request Form*** when it is received. The LDSS will have five (5) business days from receipt to review the ***Pre-Project Evaluation Payment Request Form***.

- a. If the form is complete, the LDSS will submit to NYSDOH for review via secure email EModVModAT@health.ny.gov.
 - b. If the form is incomplete, the LDSS will return the form to the HHCM/C-YES for completion.
2. ***Pre-Project Evaluation Payment Request Form*** is received and reviewed by NYSDOH
 - a. If the ***Pre-Project Evaluation Payment Request Form*** is complete, NYSDOH will submit a request for payment to OTDA within five (5) business days of receipt and notify the submitting LDSS.
 - b. If the ***Pre-Project Evaluation Payment Request Form*** requires additional information, NYSDOH will return the form to the submitting LDSS via email with requests for missing information within five (5) business days.
 - c. Any assessments and/or evaluations associated with project review should be paid within thirty (30) business days of the LDSS receiving initial SPV funding. *Assessment and/or evaluations associated with project review can be paid prior to paying for the final cost of the project.*

C. HHCM/C-YES Completion of the *Service Request Packet*

The HHCM/C-YES will work with the child/youth/family to obtain the documentation and contractors/evaluators/vendors to secure the information needed and required to complete the ***Service Request Packet*** to submit to the LDSS. A ***Service Request Packet*** complete for LDSS submission will include:

- a. Completed ***Description and Cost Projection form (Attachment IV)***, signed by all necessary parties, including documentation of Medicaid as the payor of last resort
- b. ***Physician's Orders*** for the request
- c. ***Clinical justification*** for the request
- d. The child/youth's most recent ***Plan of Care (POC)***
- e. ***Any necessary evaluations*** for the project/equipment
- f. A screenshot of the child/youth's ***R/E codes indicating HCBS eligibility***
- g. ***Three bids*** for the project/equipment, or a justification as to why three bids could not be obtained

D. LDSS Review and Authorization of the EMod, VMod, and/or AT

The LDSS must adhere to the following timeframes for handling EMod/VMod/AT requests to ensure timely delivery of services:

1. The LDSS must date stamp an EMod, VMod and/or AT ***Service Request Packet*** on the day that the packet is received.
2. Within five (5) business days of receipt, the LDSS must review the EMod, VMod, and/or AT ***Service Request Packet*** for completeness. A request may be deemed incomplete if it is missing any of the following items:
 - a. A completed ***Description and Cost Projection form (Attachment IV)***, signed by all necessary parties, including documentation of Medicaid as the payor of last resort. **LDSS to include the Special Project Vouchering (SPV) fund request Attachment VII.**
 - b. ***Physician's Orders*** for the request
 - c. ***Clinical justification*** for the request
 - d. The child/youth's most recent ***Plan of Care (POC)***
 - e. ***Any necessary evaluations*** for the project/equipment
 - f. A screenshot of the child/youth's ***R/E codes indicating HCBS eligibility***
 - g. ***Three bids*** for the project/equipment, or a justification as to why three bids could not be obtained by the HHCM/C-YES.
3. If the request is incomplete, the LDSS **MUST** successfully contact the submitting entity within five (5) business days of receipt of the ***Service Request Packet***, to indicate that the request is incomplete and to explain what is needed.
4. If the original submission is complete, the LDSS must review the request within ten (10) business days of receipt of ***Service Request Packet*** to determine if the request will be:
 - a. Authorized and submitted to NYSDOH immediately with the approved bid. **The LDSS will include the Special Project Vouchering (SPV) Attachment VII** fund request along with the ***Service Request Packet***.

OR

 - b. If denied, the LDSS will send a Notice of Decision (NOD) (Attachment V) immediately to the HHCM/C-YES, member/family, and provider (if applicable).

The complete **Service Request Packet**, including all required documentation should be sent to NYSDOH using the secure email: EModVModAT@health.ny.gov

E. **NYSDOH REVIEW**

1. Once NYSDOH receives the LDSS submission of the **Service Request Packet** from the LDSS, NYSDOH will review the request and provide feedback to the LDSS within seven (7) business days.
 - a. If the packet requires additional information, NYSDOH will make a request to the LDSS. The LDSS has seven (7) business days from the date of the NYSDOH request, to provide additional information or status of the needed information.
 - b. If the packet is complete, NYSDOH will issue a Letter of Support to the LDSS that the request will be submitted for payment.
 - c. If the request is found to be non-compliant with Federal regulations, NYSDOH will issue a letter of non-compliance to the LDSS.
2. NYSDOH will submit to OTDA a request for payment to be made to the LDSS for approved and supported request.

F. **LDSS will send Notice of Decision (NOD) (Attachment V)**

1. Within three (3) business days of receiving written notice from NYSDOH, the LDSS will issue a Notice of Decision (NOD) to the HHCM/C-YES, member and family, and the provider/contractor (if applicable).
2. The LDSS will use Attachment V: Notice of Decision to Authorize or Deny Adaptive and Assistive Technology, Environmental Modifications, Vehicle Modifications.
3. A Notice of Decision (NOD) is a written document that notifies the individual of an action being taken by the LDSS, including an explanation of the reasons for the action. Upon making a determination about a request for services, the LDSS is responsible for sending a written NOD, indicating authorization, denial, or an adjustment of the requested service to the individual/parent, guardian/legally authorized representative, the individual's care manager, and the provider (if appropriate). A NOD denying services must also include information regarding an individual's Fair Hearing rights and how to apply for a Fair Hearing.

PAYMENT

NYSDOH has established a Special Project Vouchering (SPV) Fund for the 1915(c) Children's Waiver, in order to ensure that the LDSS can obtain funding for these services in advance of reimbursing providers/contractors for LDSS-authorized services.

A. **LDSS Submitting Special Project Vouchering (SPV) Fund Request (Attachment VII)**

To obtain SPV Funding for an AT, EMod or VMod project, the LDSS must submit to NYSDOH Attachment IV, the **Description and Cost Projection Form** with all supporting documents to EModVModAT@health.ny.gov at the time of the submission of the **Service Request Packet** to NYSDOH.

PLEASE NOTE: The *Pre-Project Evaluation Payment Request Form (Attachment VIII)* is used to expedite payment to pre-project evaluators. The *Pre-Project Evaluation Payment Request Form* can be submitted prior to submitting the *Service Request Packet*.

NYSDOH will process the SPV fund payment received, including requesting that a check be issued to the County Treasurer at the LDSS. Please note, the check will be issued from the Office of Temporary and Disability Assistance (OTDA).

If additional information is needed, the disbursement may be delayed pending submission of the additional information. Required forms are appended to this ADM.

B. LDSS Final Cost Form (Attachment VI) Submission

Once the technology/equipment purchase or modification is complete, a **Final Cost Form (Attachment VI)** must be completed by the HHCM/C-YES (as outlined below) and sent by the LDSS to the NYSDOH Children's Waiver Prior Approval Unit at EModVModAT@health.ny.gov. This form will be used to reconcile disbursements from the Special Project Voucher Fund.

The information requested for inclusion on the **Final Cost Form** includes all documentation necessary to support the costs of the project, along with the relevant RF17 claiming information.

1. The **Final Cost Form (Attachment VI)** will be completed by the HHCM/C-YES and submitted to the LDSS within seven (7) business days of project completion. Along with the **Final Cost Form**, the HHCM/C-YES will provide a post-project evaluation, and any invoices for the project.
2. The LDSS must date stamp the **Final Cost Form** upon receipt. The LDSS will review the **Final Cost Form** within five (5) business days of receipt of the completed **Final Cost Form** and invoice(s) submitted by the family/HHCM/C-YES.
3. The LDSS will then submit the **Final Cost Form** and invoice(s) to NYSDOH. upon the LDSS' successful review.
4. Within the LDSS' submission to NYSDOH (as outlined in the **Final Cost Form Attachment VI**), information requested for inclusion on the **Final Cost Form** includes all documentation necessary to support the costs of the project, along with the relevant RF17 claiming information. The RF17 claiming information should include the month of the submission ('Effective Date'), the 'Package Type' ('Original' or 'Supplemental'), and Sequence Number.
 - a. For example, a reference to the November 2020 Supplemental RF17 claim would be as follows: "**RF17 November 2020 Supp 2.**"

Final Cost Form Attachment VI information requested will be sent by the LDSS to the NYSDOH Children's Waiver Prior Approval Unit at EModVModAT@health.ny.gov

C. DOH Final Cost Form (Attachment VI) Payment

The **Final Cost Form** and RF17 information will be reviewed by NYSDOH within five (5) business days of submission from the LDSS to NYSDOH. Upon NYSDOH review of the **Final Cost Form** and invoices, any outstanding costs will be paid by SPV funds issued by OTDA to the LDSS.

D. LDSS Finalize Project and Payment to Contractor

1. If the estimated project cost covers the final project cost, the LDSS payment must be made to all providers/contractors within thirty (30) business days of NYSDOH review and acceptance of the **Final Cost Form**.
2. If the final project cost is greater than the estimated project cost, the LDSS will receive SPV funds for outstanding project costs. The LDSS will have thirty (30) business days to issue final payments to providers/contractors after receipt of final payment.
3. If the final project cost is less than the value of SPV funds received, the Department shall recoup the value of the excess funding through a reduction to the amount owed to the county in question in a subsequent monthly settlement.

Each of the three services have a soft cap of \$15,000 per calendar year/per individual. Any authorized request or combination of authorized requests of the same type that exceed this cap must receive prior approval from NYSDOH. The LDSS and NYSDOH will take this into account during review of project requests.

Additional instructions on how to request funds and/or submit a claim to the Special Project Voucher Fund are attached to this ADM. Refer to Attachment VII, **Requirements for Requesting Special Project Funds**.

PROJECT COST CLAIMING

The LDSS must use the RF-17 claim package for special project fund claiming. The costs must be identified as RF-17 functional costs and reported in the RF-2A claim package on the Schedule D "DSS Administrative Expenses Allocation and Distribution by Function and Program (LDSS-2347)" in the F17 column. The individual project costs must also be reported under the project label [CCW] on the LDSS-4975A "RF-17 Worksheet, Distribution of Allocated Costs to Other Reimbursable Programs."

Program costs must be reported as object of expense 37 – Special Project Program Expense on the LDSS-923B Summary – Program (page 2) "Schedule of Payments for Expenses Other Than Salaries for Other Reimbursable Programs."

Further instructions for completing the Schedule D and RF-17 claim package can be found in Chapters 7 and 18, respectively, of the Fiscal Reference Manual (FRM) Volume 3.

The FRMs are available online at <http://otda.state.nyenet/bfdm/finance/>.

V. SYSTEMS IMPLICATIONS

For the Children's Health and Behavioral Health Benefits Transition, a series of new Recipient Restriction/Exception (RR/E) "K" codes were created to identify Medicaid eligible children in receipt of HCBS and the diagnostic group for which they are assessed eligible. These "K" codes will also assist with tracking and HCBS billing purposes. Please see a full description of these codes below. Children participating in the Children's Waiver will have one or more of the following codes appear on their eMedNY record. LDSS' responsibility to place or remove these RR/E codes is not addressed in this administrative directive. Additional systems guidance is included in the [Consolidated Children's Waiver and Medicaid Case Processing Requirements ADM \(19-02\)](#).

RR/E Waiver K codes

- K1: HCBS Level of Care
- K2: HCBS Level of Need
- K3: HCBS Diagnostic Group - Serious Emotional Disturbance
- K4: HCBS Diagnostic Group - Medically Fragile
- K5: HCBS Diagnostic Group - Developmentally Disabled in Foster Care
- K6: HCBS Diagnostic Group - Developmentally Disabled Medically Fragile
- K7: HCBS Diagnostic Group - Complex Trauma
- KK: Family of One

VI. EFFECTIVE DATE

The provisions in this Administrative Directive are effective May 17, 2021.



Donna Frescatore
Medicaid Director
Office of Health Insurance Programs

LISTING OF ATTACHMENTS

- Attachment I: Guidelines for Authorizing Adaptive and Assistive Technology
- Attachment II: Guidelines for Authorizing Environmental Modifications
- Attachment III: Guidelines for Authorizing Vehicle Modifications
- Attachment IV: Description and Cost Projection Form
- Attachment V: Notice of Decision to Authorize or Deny Adaptive and Assistive Technology, Environmental Modifications, Vehicle Modifications
- Attachment VI: Final Cost Form
- Attachment VII: Requirements for Requesting Special Project Funds
- Attachment VIII: Pre-Project Evaluation Payment Request Form
- Attachment IX: Guidance on Environmental Modifications to Support Behaviorally Health Challenged Members