



**Department
of Health**

Children's HCBS Documentation Policy Webinar

July 17, 2024

Purpose

- For the New York State Department of Health (NYSDOH) to provide an overview of the recently published Children's HCBS Documentation Policy.
- Share information related to HCBS provider requirements associated with the Children's HCBS Documentation Policy.

Agenda

- ✓ Documentation Policy Overview
 - ✓ Documentation Purpose
 - ✓ Provider Responsibility
 - ✓ Required Documentation
 - ✓ Other Forms of Documentation

Documentation Policy

Documentation Policy

The [Provider Service Delivery Documentation Policy for Children's HCBS](#) was posted to the NYSDOH website on July 8, 2024.

This policy supersedes other guidance and webinar presentations issued prior to this policy. Documentation requirements contained within this policy have been effective since the inception of the Children's Waiver in 2019. This policy consolidates and clarifies the existing requirements while adding specific timeframes and due dates associated with individual documentation items. Adherence to the timeframes for completion of documentation requirements are the responsibility of the HCBS provider **by September 1, 2024**

The September 1, 2024; date gives HCBS Providers an opportunity to be able to train all staff/providers and to update providers policies, procedures, and workflow.

HCBS Children's Waiver Purpose

The overall **purpose** of the Children's Waiver is:

To allow **access to an expanded array of services** within the Medicaid benefit to address the needs of participants.

To help to **maintain participants within their home and community** and **avoid long term** residential and institutional stays.

To provide **ample services and supports to participants and their families** to avoid hospitalizations or out-of-home care for high-risk participants.

To **allow participants**, within an institution, **access to supportive services** to be able to return to their home and community.

Provider documentation should support the overall purpose and requirements of the Children's Waiver.

Children's Waiver – Service Delivery

To be eligible and enrolled in the Children's Waiver, an **HCBS Level of Care (LOC) Eligibility Determination** must be conducted by either the Health Home Care Manager (HHCM) or Children and Youth Evaluation Services (C-YES).

Waiver Enrollment and Services:



Supports to reduce risk of institution or to assist with returning to the community from an institution



HCBS Services are short-term interventions to address needs, assist children to remain in their community, and limit on-going risk of institution



Clear specific goals and service interventions defined through Frequency, Scope, and Duration

HCBS Service Providers determine if provision of services are appropriate and must monitor service progress and need, based upon the purpose of HCBS and providing the services as defined

Documentation Purpose and Scope

HCBS providers are required to document the service(s) that are being delivered to Children's Waiver participants, progress toward goals, and significant life events.

HCBS documentation is expected to:

1

Demonstrate **service quality and compliance** with regulatory requirements

3

Support the **type, frequency, scope, and duration (F/S/D)** of the service and interventions provided

2

Reflect consistency in the **need, focus, and direction** of the service

4

Hold HCBS providers accountable to the service goals and needs of participants, applicable State and Federal requirements, and support service claims

Provider Responsibility

Children's Waiver HCBS providers are responsible for **creating, maintaining, and updating** various forms of documentation, as outlined in policy.

All Children's Waiver HCBS providers are responsible for the following types of documentation for **all** participants to whom they are providing services:

**Intake
Documentation**

**Education &
Choice of the
Participant/
Family**

**Determination
of Service
Necessity**

**HCBS Service
Plan (inclusive
of F/S/D)**

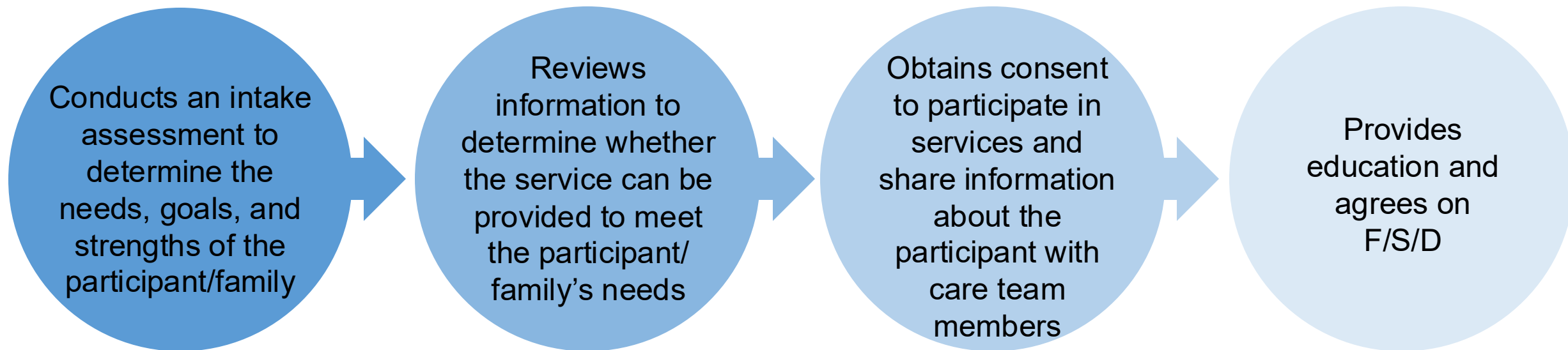
Progress Notes

- Please note the list above is **not all inclusive** – other forms of documentation may be indicated throughout the course of HCBS, such as a transition plan, discharge plan, safety/crisis plan, documentation of reportable incidents, grievances, and complaints, etc. and are required to be completed as events occur.
- Additionally, HCBS providers **must also complete and maintain documentation to support compliance** with requirements outlined in the HCBS Manual, such as the HCBS Final Rule, Designation Attestation, etc.

Required Documentation: Intake Documentation

Once the HCBS and HCBS provider(s) have been identified and referred with the participant/family through the person-centered planning process, the identified HCBS provider(s) will set an initial intake appointment with the participant/family.

During the initial intake appointment, the HCBS provider:



The HCBS provider must retain the intake assessment, along with any notes/documentation from the initial intake appointment, the referral, and any other professional communication/multi-disciplinary team meeting, etc. in the participant's case file.

Required Documentation: Consent

During the initial intake appointment, the HCBS provider must also **obtain signed consent from the participant/family to receive services from the indicated agency** and to grant the agency the **ability to share information** with other involved parties

Signing Consent

- Children's HCBS providers must **develop a consent form** to document participant/caregiver agreement to allow the HCBS provider agency to share information with identified care team members (such as CMs, MMCPs, community and/or specialty providers, and other members of the interdisciplinary team) related to the participant's involvement with HCBS.
 - The consent form must also include **consent to participate in HCBS** as outlined in the HCBS Service Plan.
 - **Specific entities should be named** whenever possible, instead of using general terms such as "pediatrician" or "therapist".
- *HCBS providers cannot use the Health Home or C-YES Consent form*

Required Documentation: Consent

Updating Consent

- Consent forms must be **updated at least annually**, and more frequently, if needed to add and remove providers/professionals deemed appropriate by the participant/family.
- When an update to the consent is made, the participant/family **must re-sign the consent form and/or initial the change** indicating their agreement with any changes made.
- It is the responsibility of the designated provider agency to consult their licensing, regulatory, and applicable legal advisors to determine requirements for inclusion on the agency HCBS consent form.

Required Documentation: Education & Documented Choice of Participant/Family

Education & Documented Choice of the Participant/Family

The HCBS provider must retain documentation that demonstrates that the participant/family has been informed of the following:

- A ***description of the service(s)*** they will receive, their purpose, and limitations,
- Applicable ***state and federal requirements***,
- How the HCBS will be provided in accordance with frequency, scope, and duration (***F/S/D***),
- The ***frequency and duration*** for which the service(s) will be ***provided*** and the need for authorization,
- ***Coordination requirements*** with the Health Home or Children and Youth Evaluation Service (C-YES) care manager and their MMCP, if applicable, and
- Their ***rights as an HCBS participant***, including rights and protections regarding their options to receive care, how to report a complaint and/or grievance, how to report abuse or suspected abuse, and when and how to request a fair hearing

Required Documentation: Service Necessity

Service Necessity

- Responsibility of the HCBS provider to maintain documentation related to service necessity to **support and substantiate the provision of services based on their identified needs and functional limitations** in alignment with the frequency, scope, and duration of services determined for the participant.
- **Service utilization determined to exceed the soft limits** (i.e., annual, daily, dollar amount) must be necessary to prevent institutionalization and support the participant remaining in the home/community and must be justified by documentation from a third-party entity.
- HCBS provider should **work collaboratively with the participant's other involved care professionals to obtain supporting documentation** of service necessity to support the level of service provision and appropriateness for the type of service being offered. This may include assessments completed by the HCBS provider, applicable evaluations conducted by a licensed practitioner, test results, school information, documentation of presenting problem(s), demonstration of functional limitations, and/or the reported need for services.

Required Documentation: HCBS Service Plan

The purpose of the HCBS Service Plan is to outline the service(s) that will be/is provided with corresponding goals/objectives that describe the need for the service(s) and the anticipated benefit to the participant and family.

Overview

- Based on the individualized determination of needs, the results of the initial intake assessment, and information provided by the participant/family, care manager, and other involved professionals, the HCBS provider **must document the approach for service provision on an HCBS Service Plan for the services they expect to provide.**
- The HCBS Service Plan clearly defines the focus of each service, the goal and outcome the service is intended to achieve, the F/S/D in which each service will be provided, and criteria for discharge from the service.
- Whenever a modification is made to the Service Plan, **it must be reviewed** in totality **with the participant/family**. Documentation of this review must be maintained in the participant's record. The HCBS provider must communicate with the HHCM/C-YES and MMCP regarding changes to types of services provided, F/S/D, or goals to the Service Plan in the event a change needs to be made to the participant's POC.

Required Documentation: HCBS Service Plan

Expectations for Development

- Should begin with the service(s) referred to an HCBS provider based upon the needs identified by the HHCM/C-YES.
- Service Plan should continue the care manager's discussion with the participant/family while ensuring their involvement in the development.
- Service Plan should be developed within **30 days** from the date of initial appointment.
- The goals developed by the HCBS provider in collaboration with the participant/family, HHCM/C-YES, and other involved professionals are captured in the Service Plan. All goals must be SMART goals that are reflective of the development and physical needs of the HCBS participant/family.
- The Service Plan is established for ***no longer than a six-month duration*** and should be monitored every month that services are delivered for progress towards goals.
- Development of the Service Plan should include solicitation of feedback from the participant and family, HHCM/C-YES, and other involved professionals, as appropriate. Documentation of this involvement/solicitation of involvement should be maintained in the participant's case record.

Required Documentation: HCBS Service Plan

Key Considerations

- If the participant is referred to more than one HCBS provider, then ***each HCBS provider will have their own Service Plan*** for the services they provide.
- Should be ***monitored regularly every month that services are delivered.***
- HCBS Provider ***must communicate with the HHCM/C-YES regarding significant changes*** to the Service Plan so the HHCM-C-YES can determine whether a change is needed to the participant's POC.
- The HCBS provided ***must align with the F/S/D*** outlined in the Service Plan.
- Service Plan must reflect the F/S/D authorized by the MMCP.

Required Documentation: Progress Notes

Progress Notes

- A progress note is required **for every contact and service delivered** to an HCBS participant and all correspondence regarding the participants services.
- Provide a **narrative history** of the participant's progress along with date of service, intervention provided/utilized, modality, location of service, goal(s)/objective(s), etc.
- Must be **complete, contemporaneous, accurate, and be related to and in accordance with the services provided and the objectives/tasks/ activities** identified in the participant's HCBS Service Plan.
- Must support the **F/S/D** outlined in the HCBS Service Plan.
- Must be entered into the participant's case file **within 10 business days of the encounter**.

Required Documentation: Progress Notes

Components of Progress Notes

- a) Date the note is being recorded
- b) Date of service/contact
- c) Name of the staff member and associated agency providing the service
- d) Duration of service (start/end time)
- e) Type of contact (e.g., telephonic; in-person)
- f) Modality (e.g., individual; family; group)
- g) Type of HCBS provided
- h) Location where the service was provided
- i) Participants or other(s) (to whom the service was provided and present at the time-of-service delivery)
- j) Objectives/tasks/activities utilized to meet the identified goals
- k) The participant/family's response to the interventions
- l) Goal(s) and objective(s) that were addressed, progress made, and any potential barriers identified
- m) Plan or next steps regarding changes to the service or continuation of service
- n) Signature of the individual completing the note (electronic signatures permitted)

Progress Notes for Group Services

In addition to the general progress note requirements above, progress notes for group services must clearly indicate “group” as the service modality provided, the number of participants participating, and the number of service providers present. The note should not include the names of other group members.

Required Documentation: Progress Notes

Components to Include *(as appropriate)*

- a) **Description of any significant events or unusual circumstances** that relate to the participant's progress toward meeting the goals and objectives of the Service Plan
- b) **Recommendations/justifications to changes or additions** to current goals, objectives, and/or methods/services of the Service Plan
- c) **Description of newly identified** strengths, needs, and/or barriers
- d) **Plan of action** (e.g., plan for the continuing work; follow up plan needed to address any changes in functioning or symptoms; safety measures to be taken; rationale for changes or additions needed to current goals, objectives, and interventions)
- e) **Overall safety and well-being** of the participant. If there is a safety plan in place, the status of such plan.

Communication & Coordination

In addition to documenting the services being directly provided, HCBS providers must also document instances of communication/coordination with the care manager, MMCP, and other providers and/or significant individuals involved in the participant's care, with proper consent, such as when the HCBS provider recognizes the need for an assessment that is not within the provider's scope to conduct.

In these instances, the progress note must contain:

- a) **The name(s) of person(s)/agency** with whom services were coordinated
- b) The **rationale** for coordination, **outcome** of coordination, and **connection** with the HCBS Service Plan
- c) The provider must clearly document the **actions taken to ensure linkage** of the participant/family to **the appropriate resource**, its outcome, and any follow-up action(s) needed

Other Forms of Documentation

Children's HCBS Authorization & Care Manager Notification Form

- Form must be completed if the participant will require more than the initial 60 days, 96 units or 24 hours of HCBS to achieve identified goals.
- This form must be kept on file by the HCBS Provider agency for any participant receiving HCBS more than the initial 60 days/96 units/24 hours.
- Providers must submit the request for authorization ***no later than 14 days before the expiration*** of the initial service period.

Documentation of Reportable Incidents

- HCBS provider must document a reportable incident within IRAMS ***within 24 hours*** of notification or discovery, including known facts and circumstances of incident, date of incident, last contact date and type, and current location, if known.
- HCBS provider must notify the HHCM, C-YES coordinator, and MMCP (if applicable) to ensure the coordination of services, appropriate changes to the POC if needed, and notification of any changes to the HCBS Service Plan.
- All critical incidents must be timely documented within the IRAMS.

Other Forms of Documentation, *continued.*

Documentation of Complaints/ Grievances

- Verbal or written complaint/grievance may be initiated by a participant, their parent(s), guardian, and legally authorized representative ***at any time.***
- Must be submitted without jeopardizing the participant's participation in HCBS Children's Waiver or HCBS eligibility or services received.
- Should contain information such as name, address, phone number of complainant and location, date, and description of the problem.
- All complaints/grievances must be documented within IRAMS ***within 72 hours of receiving the complaint/grievance.***

Discharge Plan

- Required situationally, not for every enrolled participant. To determine if a discharge plan is required, refer to the [HCBS Disenrollment/Discharge Policy](#).
- Dynamic process that takes place throughout the course of service delivery and includes the participation of the participant/family and members of the interdisciplinary care team.
- Discharge criteria is established at the start of service delivery and is included in the Service Plan. A formal discharge plan is developed as needed.
- Two types of discharge plans:
 1. **Discharge from HCBS** – participant has achieved their goals OR the participant/family requests to be discharged from HCBS,
 2. **Transfer discharge** – participant transfers from one HCBS provider to a different HCBS provider but has not yet achieved all their goals and is still in need of HCBS.

Other Forms of Documentation, *continued.*

Health & Safety Planning

- The HCBS provider must document **any health and safety concerns that arise** when meeting with the participant or discussing with other care team members.
- It is incumbent upon the HCBS provider to ensure that there are **no identified health or safety risks** to the participant during service delivery.
- HCBS providers are mandated to **report abuse, neglect, and maltreatment** and are required to report critical incidents, grievances, and complaints.
- Steps may be taken within the HCBS Service Plan or safety plan document, to identify potential risks and determine strategies for the child/youth to stay safe and mitigate the risk of future harm.
- When health and safety concerns are identified, **a plan to address these issues** must be documented in a health and safety plan and/or Service Plan and discussed with the HHCM/C-YES.
 - Coordination with involved professionals regarding safety planning and monitoring must occur, the participant should only have one safety plan.

Refer to [Health & Safety Planning Requirements for the Children's Waiver \(ny.gov\)](https://www.ny.gov/health-safety-planning-requirements-for-the-childrens-waiver) for additional guidance.

Other Forms of Documentation, *continued.*

Electronic Visit Verification System (EVV) Notes

An EVV system is used to **electronically collect service delivery information** to verify:

- Service type
- Individual receiving the service
- Date of service
- Location of service delivery
- Individual providing the service
- Begin and end times of service

For the Children's Waiver, EVV requirements **do not apply to Day Habilitation**; EVV requirements **always apply to Community Habilitation** and **may apply to Respite**. EVV requirements apply to Respite when the service is provided under any of the following circumstances:

- During service provision, staff provide assistance/support with Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs), **OR**
- The service begins or ends or is delivered entirely or partially in the participant's home.

AND

- The service is not provided in an applicable congregate facility.

EVV program requirements can be found on the [EVV website](#).

Future Meetings & Contact Information

Future Meetings & Contact Information

- Next Scheduled Monthly HCBS Provider/State Discussion Meetings:
 - *August 21st, 2024, from 1:00 PM – 2:30 PM*
 - *Registration Link:*
 - <https://meetny.webex.com/weblink/register/ree8f48e3d741f4ce7328e9cc74385234>
 - *September 18th, 2024, from 1:00 PM – 2:30 PM*
 - *Registration Link:*
 - <https://meetny.webex.com/weblink/register/rb818e19e2da8930a3d5aff99c5657786>
 - *October 16th, 2024, from 1:00 PM – 2:30 PM*
 - *Registration Link:*
 - <https://meetny.webex.com/weblink/register/r65502cd9319e85e65f70dd237d826414>
- NYSDOH would like to discuss topics of interest to the HCBS providers and hear suggestions and ideas for improvement.
- Please submit your agenda requests, suggestions, or questions to BH.Transition@health.ny.gov.

All Children's Waiver HCBS questions and concerns, should be directed to the NYSDOH at BH.Transition@health.ny.gov mailbox or (518) 473-5569.

Questions regarding the HCBS Settings Final Rule can be directed to ChildrensWaiverHCBSFinalRule@health.ny.gov .

NYSDOH Managed Care Complaint Line
1-800-206-8125 or managedcarecomplaint@health.ny.gov .



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Office of Children
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