



Department
of Health

STATE DISCUSSION WITH CHILDREN'S WAIVER HCBS PROVIDERS

MARCH 19, 2025

PURPOSE



For the Department of Health (the Department) to **share updates, guidance, and policy changes, and obtain feedback** from Home and Community Based Service (HCBS) providers.



Provide an opportunity for HCBS providers to **discuss barriers** and be a part of the **problem-solving discussion**.



Have an **open dialogue** to communicate **issues and concerns**.



AGENDA

- ✓ Provider Designation Reminders
- ✓ HCBS Provider Contact Information
- ✓ HCBS Eligibility Determination Assessment 365-Day Expiration
 - ✓ Claims for Participants with Expired HCBS Eligibility
- ✓ HCBS Providers Without Claims
- ✓ Child Health Plus (CHPlus) Coverage of HCBS
- ✓ IRAMS Reminders & Updates
- ✓ HCBS Authorization
 - ✓ Fee-for-Service (FFS) Authorizations
- ✓ Updated Mandated Reporter Requirements

RECAP

Last Monthly HCBS Provider/State Discussion was in December 2024

- Overview of number of updates were reviewed
- Reminder to submit topics to be covered and discussed during these monthly meetings
- Due to the January and February HCBS provider being canceled, DOH has several updates and reminders to share today

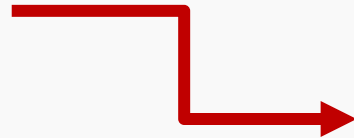
In December 2024 and February 2025 Collaborative Meetings was held

- Participants represented HCBS providers, Health Homes, Care Management Agencies, Medicaid Managed Care Plans, Advocacy Groups
- DOH is determining how often to hold the Collaborative Meetings
- Please submit topics and items to be discussed for the next meeting

HCBS REQUIREMENTS/RESOURCES/INFORMATION

DOH Children's Waiver Website [1115 Waiver/Home and Community Based Services \(HCBS\)](#)

HCBS Manual



Overview of 1915c Children's Waiver and 1115 Waiver	Stakeholder Engagement	Information for Children/Youth and Families	Children's HCBS Waiver Provider Guidance, Policies, & Webinars
Children's HCBS Manuals and Rates	Capacity Management	Eligibility	Plan of Care
Care Management Guidance, Policies, & Webinars	Children and Youth Evaluation Services (C-YES)	EMods, VMods, AT, & Non-Medical Transportation	Critical Incident, Staff Compliance Tracker, & HCBS Referral and Authorization Portal
OPWDD Resources	Archive		

HCBS Provider Resource



HCBS REQUIREMENTS/RESOURCES/INFORMATION

HCBS Provider specific webpage [Children's HCBS Waiver Provider Information](#)

+ Policy

+ Guidance

+ **Webinars and Provider Meetings**

+ Resources

+ HCBS Setting Rule

+ Electronic Visit Verification (EVV)

+ HCBS Case Reviews

Monthly HCBS
Provider/State Discussion
slides

PROVIDER DESIGNATION REMINDERS



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PROVIDER DESIGNATION REMINDERS: DBAS, LEASING AGREEMENTS & DOCUMENTATION

If your agency is using a DBA, that **DBA must be included on your designation.**

If an HCBS provider is engaged in leasing agreements with other organizations, **all communication** about HCBS and its provision must **use the designated agency's name.**

All material related to Children's Waiver HCBS **must be unique to your agency and specifically speak to how your agency** plans to operationalize services, implement policies and ensure compliance to Waiver standards.

Ex: Contractors for compliance, staffing, training

PROVIDER DESIGNATION REMINDERS: COUNTY DESIGNATION

HCBS Providers must be designated for the child/youth's county of residence in order to serve them.

HCBS Providers **must be designated** for the **county the child/youth resides in** to deliver home and community-based services to them and claim for the services.

The county where service provision occurs **must be listed on the claim** ([FIPS/County locator code requirement FAQ](#)).

Questions related to Children's HCBS/CFTSS Designation can be directed to **OMH-Childrens-Designation@omh.ny.gov**.



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PROVIDER DESIGNATION REMINDERS: SITE DESIGNATION

In December 2024, the Department issued an [announcement](#) with the following reminders:

- ✓ Agencies providing HCBS must be designated by the NYS Designation Team
- ✓ Providers are designated for specific services, counties, and sites.
- ✓ **Each agency site that is used for HCBS delivery must be approved and designated and undergo the Final Rule Review per the Waiver and CMS.**

To apply to have an undesignated site added to an agency's designation, or if there are questions related to HCBS designation, contact

OMH-Childrens-Designation@omh.ny.gov

HCBS PROVIDER CONTACT INFORMATION



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HCBS PROVIDER CONTACT INFORMATION

It is the **provider's responsibility to keep the Department apprised of agency contact updates.** The Department maintains a list of names, phone numbers, and emails for the following contacts:

1. Primary Contact
2. Secondary Contact
3. Referral Contact
4. Chief Executive Officer (CEO) Contact

These contacts are used to communicate essential information, request submissions, etc.

Updates to names, phone numbers, or emails of agency primary, secondary, referral, and/or CEO Contacts should be shared with OMH-Childrens-Designation@omh.ny.gov.

In addition to these contacts, DOH maintains an HCBS listserv that shares general information about HCBS updates, webinars, etc. **All agency primary and secondary contacts are automatically added to the HCBS listserv.**

Agencies can request that additional staff be added to this listserv by contacting

BH.Transition@health.ny.gov



HCBS ELIGIBILITY DETERMINATION 365-DAY EXPIRATION & REASSESSMENT



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HCBS CHANGE FOR ELIGIBILITY & ENROLLMENT

On October 11, 2024, *the Department announced* the implementation of a change effective **September 16, 2024**, regarding how the R/RE Children's Waiver K-code "end dates" are placed on enrolled children/youth's Medicaid files.

Newly enrolled HCBS eligible children/youth in the Children's Waiver on or after September 16, 2024, will have their K-codes added for **exactly 365 days**.

For Children/youth found Eligible prior to this date, DOH is reviewing their K-codes and ending them if they do not have a timely Eligibility Reassessment.

If a new HCBS Eligibility Determination has not been completed within 365-days, then the K-Codes will **automatically be removed from the child/youth's file** deeming them no longer eligible for HCBS, *unless there is a filed Fair Hearing with Aid to Continue.*



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HCBS CHANGE FOR ELIGIBILITY & ENROLLMENT

Participants whose K-codes have been entered in the 365-day format will appear as follows:

Name [REDACTED]	CIN [REDACTED]	DOB [REDACTED]	Age 9	Sex MALE	<input checked="" type="checkbox"/> Medicaid Expiration 12/31/9999
<input checked="" type="checkbox"/> HCBS Enrollment Serious Emotional Disturbance K1: 12/09/2024 - 12/08/2025 KK: Not Active	<input checked="" type="checkbox"/> Latest Assessment HCBS Eligible HAMASPIK OF KINGS COUNTY (HH CMA) Outcome Date: 12/09/2024		Fiscal County New York City County	HCBS Designated County Queens County	

Participants whose K-codes have not yet been entered in the 365-day format will appear with the year of “9999” as noted below:

Name [REDACTED]	CIN [REDACTED]	DOB [REDACTED]	Age 12	Sex FEMALE	<input checked="" type="checkbox"/> Medicaid Expiration 06/30/2025
<input checked="" type="checkbox"/> HCBS Enrollment Serious Emotional Disturbance K1: 02/01/2024 - 12/31/9999 KK: Not Active	<input type="checkbox"/> Latest Assessment Not HCBS Eligible ALLEY VALLEY LLC Outcome Date: 02/12/2024		Fiscal County Rockland County	HCBS Designated County Rockland County	

HCBS CHANGE FOR ELIGIBILITY & ENROLLMENT

HCBS cannot be provided to participants without active K-codes. HCBS cannot be provided to participants with expired HCBS Eligibility Determinations. HCBS cannot be provided to participants without active Care Management.

Information on HCBS Eligibility Determination due dates can be found in IRAMS:

Name ██████████	CIN ██████████	DOB ██████████	Age 12	Sex FEMALE	<input checked="" type="checkbox"/> Medicaid Expiration 06/30/2025
<input checked="" type="checkbox"/> HCBS Enrollment Serious Emotional Disturbance K1: 02/01/2024 - 12/31/9999 KK: Not Active	<input type="checkbox"/> Latest Assessment Not HCBS Eligible ALLEY VALLEY LLC Outcome Date: 02/12/2024		Fiscal County Rockland County		HCBS Designated County Rockland County

Children's Waiver Home and Community Based Services (HCBS) Change in Recipient Restriction/Exemptions (R/RE) K-Codes for Eligibility and Enrollment Announcement

EXPIRED HCBS ELIGIBILITY: CARE MANAGEMENT & CLAIMS

- Claims for HCBS with dates of service on or after October 11, 2024; provided to a participant with an expired HCBS eligibility determination or no Care Management **must be voided**.
- The Department is continuously comparing HCBS claims data to HCBS participant eligibility data. Providers found to have submitted claims for participants with an expired eligibility determination will be outreached by the Department.
- Providers must void claims within **30 days** from date of outreach by the Department.

An announcement with additional information will be distributed shortly.

HCBS PROVIDERS WITHOUT CLAIMS



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HCBS PROVIDERS WITHOUT CLAIMS

In an effort to maintain accurate information about providers available to serve HCBS participants, the Department will, as outlined in the [Children's HCBS De-designation Policy](#), identify providers who have not rendered a particular HCBS, per their designation, within the past six months. Providers without claims for specific services within the last six months are at-risk of de-designation per the identified service.

- The Department will contact providers at risk of de-designation via email.
- Providers will have an opportunity to provide a justification and/or request a reconsideration related to their designation.
- If de-designation is deemed appropriate, providers will receive an updated designation/de-designation letter from the NYS Designation Team.

Agencies may be de-designated for some services, while maintaining their designation for other services.

CHILD HEALTH PLUS (CHP) COVERAGE OF HCBS



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CHPLUS PROGRAM BENEFIT ENHANCEMENT

HCBS was integrated into the CHPlus Benefit Package effective **January 1, 2025**. CHPlus plans were asked to **establish internal procedures to identify participants** who have been determined eligible for HCBS (CHPlus participants will not be assigned K-codes).

CHPlus services are all delivered through CHPlus plans
(there is **no FFS** delivery for CHPlus services)

To receive HCBS through CHPlus, participants must meet HCBS eligibility criteria for one of the following Target Populations:

- **Serious Emotional Disturbance (SED)**
 - **Medically Fragile (MF)**

HCBS providers **must continue to work directly with CHPlus Plans** to determine **contracting, billing, and authorization requirements**.



CHPLUS PROGRAM BENEFIT ENHANCEMENT

- A. CHPlus plans will contract with one (1) or more Health Homes (HH) to conduct HCBS eligibility determinations. CHPlus plans will need to contract with designated Children’s Waiver HCBS providers to provide HCBS services to CHPlus participants.
- B. All HCBS eligibility determinations/re-determinations are needed.
- C. CHPlus plans can provide Care Coordination or Case Management for CHPlus participants receiving HCBS services. CHPlus plans may also elect to contract with a HH to provide case management to HCBS participants enrolled in CHPlus.

Please note, the **CHPlus population** eligible for HCBS services **will be small**. Most participants who qualify for HCBS will be Medicaid-eligible, unless they qualify for HCB Services but do not meet Medicaid immigration or income status requirements as a “Family of One”.

Please reach out to the Department at chplus@health.ny.gov for any CHPlus-related questions.



*DOH Children’s Waiver team shared the CHPlus Q&A document this week.

IRAMS UPDATES & REMINDERS



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IRAMS UPDATES & REMINDERS: SERVICE HISTORY & STATUS

The HCBS Case Page now displays the most recent status of each service and the service history for the member.

The screenshot displays two main sections: "Planned Respite" and "MCO Approval Required".

Planned Respite Section:

- Referral ID: [Redacted]
- Referred By: HAND IN HAND DEVELOPMENT INC
- Referral Date: 03/18/2025
- Status: REFERRAL
- HCBS Response Needed
- Referred Agencies table:

Agency	Response Due	Response Made	Expiration Date	Status
Abbott House	03/25/2025		04/05/2025	NO RESPONSE
- Service Menu: View Referral

MCO Approval Required Section:

- Referral ID: [Redacted]
- Referred By: HAND IN HAND DEVELOPMENT INC
- Referral Date: 03/13/2025
- Selection Date: 03/13/2025
- Status: ACTIVE
- MCO Approval Required
- Latest Authorization:

Auth ID	HCBS Agency	Submit Date	Submitter
1760	Abbott House	3/18/25	
- Authorized Services table:

Service Period	Hours	Units	SS150
3/24/25 - 9/24/25	27	108	27 Hours 108 Units
- Service Menu: View Referral, Print Referral, Backstage Child
- View Authorization, Print Authorization

IRAMS UPDATES & REMINDERS: CORRECTIONS

IRAMS does not allow service authorizations to be corrected once entered and finalized. Users must review and confirm accuracy of information prior to finalizing an authorization.

If an error was made when creating the service authorization request, providers can reach out to the Department to request minor adjustments to finalized authorizations.

If the frequency, scope and duration (F/S/D) has changed, a **new service authorization must be entered into IRAMS** for the correct F/S/D. Once an authorization is finalized, it **cannot be deleted** from the system.

To manage and differentiate between authorizations, the portal uses unique Authorization IDs. These IDs help distinguish one authorization from another, **ensuring proper tracking and organization.**

HCBS AUTHORIZATIONS



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AUTHORIZATION REMINDERS FOR MMCPs

Previously, HCBS providers reported instances of MMCPs requiring them to manually write-in authorization requests ***in addition*** to the authorization request from the Referral & Authorization Portal.

MMCPs should **not** require HCBS providers to re-type authorization information already entered in the Referral & Authorization Portal.

MMCPs must utilize official forms and authorization requests as provided by the Department.

The Department shared this requirement with MMCPs and HCBS providers at the launch of the Referral & Authorization Portal.

A reminder announcement on this topic was issued January 22, 2025.

HCBS Provider Feedback: Is this still a factor?



FFS AUTHORIZATIONS



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FFS AUTHORIZATIONS

The Department issued the [Fee-For-Service \(FFS\) Authorization Policy \(#CW0019\)](#) on December 31, 2024.

Purpose: To outline the Children's HCBS authorization process for participants enrolled in Fee-for-Service (FFS) Medicaid.

Policy & Procedure

- ✓ Referral to HCBS Providers
- ✓ Initial Service Period
- ✓ Requests for Authorization & Reauthorization
- ✓ Notification of Authorization Determination
- ✓ Service Plan Updates

[Children's Waiver HCBS Fee-For-Service Authorization Webinar recording](#)
Hosted January 24, 2025

Please note: the previous guidance with the release of the [Referral & Authorization Portal presentation](#) required HCBS providers to submit FFS Authorizations within the Portal starting October 21, 2024.

UPDATED MANDATED REPORTER REQUIREMENTS



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UPDATED MANDATED REPORTER REQUIREMENTS

Effective January 1, 2025, the Department announced all Children's HCBS, Care Management Agencies (CMA), and Children and Youth Evaluation Services (C-YES) staff are required to complete Mandated Reporter Training annually beginning in 2025.

The Department's amended the 1915(c) Children's Waiver to **require all HCBS provider, Health Homes Serving Children (HHSC), CMA, and C-YES staff to complete Mandated Reporter Training annually.**

HCBS provider, HHSC, CMA, and C-YES staff are **mandated to report** suspected **child abuse or maltreatment**, per NYS Social Services Law 413.

HCBS providers, HHSCs, Children's CMAs, and C-YES staff working directly with participants are required to receive Mandated Reporter training **prior to service delivery and annually thereafter.**

The New York State (NYS) Office of Children and Family Services (OCFS) Mandated Reporter Training is required without substitution by other Mandated Reporter trainings.



UPDATED MANDATED REPORTER REQUIREMENTS

An **annual certificate of completion** must be **kept on file** by the HCBS provider, HHSC, CMA, or C-YES, as applicable and entered into the Staff Compliance Tracker within Incident Reporting and Management System (IRAMS).

Annual Mandated Reporter training completion should be entered in IRAMS **within thirty (30) days** of training completion.

All HCBS providers, HHSCs, Children's CMAs, and C-YES **must be compliant with this requirement by July 1, 2025.**

Additional information on maintaining Staff Compliance information within the IRAMS Staff Compliance Tracker can be found in the following resources:

1. Children's Staff Compliance Tracker Updates for Waiver Year 2023-2024 ([Web](#)) - ([PDF](#))
2. Children's Waiver Qualification and Training Tracker Webinar (now called Staff Compliance Tracker) - ([PDF](#)) | [Recording](#) (YouTube)
3. IRAMS Staff Qualification Webinar Q & A - ([Web](#)) - ([PDF](#))
4. Staff Compliance User Guide - ([PDF](#))



FUTURE MEETINGS & CONTACT INFORMATION



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FUTURE MEETINGS & CONTACT INFORMATION

Next Scheduled Monthly Meetings:

- April 16th, 2025, 1:00 – 2:30 ET
[Monthly HCBS Provider/State Discussion registration - State of NY Enterprise Webex](#)
- May 21, 2025, 1:00 – 2:30 ET
[Monthly HCBS Provider/State Discussion registration - State of NY Enterprise Webex](#)
- June 18, 2025, 1:00 – 2:30 ET
[Monthly HCBS Provider/State Discussion registration - State of NY Enterprise Webex](#)

The Department 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

WORKFORCE DEVELOPMENT RESOURCES



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WORKFORCE DEVELOPMENT RESOURCES

- **Beyond Awareness: DC:0-5 Cultural Formulation as a Path to Equity-Informed Infant Mental Health**
 - Date/Time: Friday, March 21, 2025
 - 11:00 AM - 12:30 PM
 - Register Here: <https://registration.nytac.org/event/?pid=4&id=4048>
- **Children’s Waiver/Health Home and OPWDD Waiver/CCO Health Home Transfer Process**
 - Date/Time: Friday, April 4, 2025
 - 9:30 AM – 11:00 AM
 - Registration Link: <https://meetny-gov.webex.com/weblink/register/r8c014afefec95eb79db3a169f92142aa>
- **Online Training Opportunity: Understanding HIV Lab Values- Online Course**
 - Date/Time: At your discretion.
 - Registration Link: <https://www.hivtrainingny.org/User/ConfirmCourse/2792>

CONTACT US

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

Questions related to specific **Fee-for-Service case issues** can be submitted through the Health Commerce System (HCS) Secure File Transfer to hcbsffsauthorization@health.ny.gov

For questions about the **Referral and Authorization Portal, Staff Compliance, and HCBS Critical Incidents/Grievances** email [Health Homes](mailto:HealthHomes@health.ny.gov) with a subject line of "IRAMS Questions Only – No PHI"

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

NYS Department of Health Managed Care Complaint Line
1-800-206-8125 or managedcarecomplaint@health.ny.gov.



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