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STATE DISCUSSION WITH CHILDREN'S WAIVER HCBS PROVIDERS

April 23, 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

- ✓ Announcements & Reminders
 - Providers Without Claims
 - HCBS Provider Contact Information
 - County and Site Designation
 - CHPlus Reminder
- ✓ HCBS Provider Role & Responsibilities
 - HCBS Eligibility and Enrollment
- ✓ IRAMS and HCBS Authorization Reminders
- ✓ Future Meetings & Contact info
- ✓ Workforce Development Resources

ANNOUNCEMENTS & REMINDERS



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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 has begun outreach to providers who have not rendered a particular HCBS, per their designation, within the past six months.

- Providers will have the 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.

These efforts help ensure provider lists are accurate and reflect HCBS agencies that are available to take new referrals for children enrolled in the HCBS Children’s Waiver.

- ✓ The Department requested providers who have been identified and received outreach to respond by **April 18th**.
- ✓ If the Department does **not receive a response** from agencies identified by **April 25th**, the State will initiate **the de-designation process**.



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Please note, agencies may be de-designated for some services, while maintaining their designation for other services.

HCBS PROVIDERS WITHOUT CLAIMS

When requesting consideration to remain designated, agencies must provide the following information:

- The reason why the agency is not currently providing/claiming for HCBS including information regarding any significant barriers the agency has encountered.
- The agency's plan for addressing these barriers (as applicable).
- A timeline of when barriers will be addressed (as applicable), and service provision is expected to begin.

Agencies that indicate they have begun to provide HCBS must provide proof of claims.

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. and it is **best practice to have different agency staff identified** for each contact.

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



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DESIGNATION – COUNTY AND SITE



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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.**

HCBS designation contact OMH-Childrens-Designation@omh.ny.gov

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**.

CHILD HEALTH PLUS (CHPLUS) COVERAGE OF HCBS



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CHPLUS Reminders

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



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HCBS was integrated into the CHPlus Benefit Package effective January 1, 2025.

- CHPlus services are all delivered through CHPlus plans - there is no FFS delivery for CHPlus services
- HCBS providers must continue to work directly with CHPlus Plans to determine contracting, billing, and authorization requirements.
- 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.

For more information, please review the recently updated [New York State Child Health Plus \(CHPlus\) Program Home and Community Based Services \(HCBS\) Benefit Enhancement Question and Answers](#) guidance.

*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".*

HCBS PROVIDER ROLES & RESPONSIBILITIES



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HCBS ELIGIBILITY AND ENROLLMENT



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HCBS PROVIDER ROLE: HCBS ELIGIBILITY

It is the **responsibility of the HHCM/C-YES** to determine eligibility for the Children's Waiver. This is **not** the responsibility of the HCBS provider.

HCBS providers are **not** expected to obtain/maintain documentation to support HCBS eligibility such as the HCBS LPHA Attestation, documentation to support multi-system involvement, SSI certifications, etc.

HCBS providers are expected to:

- Review HCBS referrals for appropriateness
- Verify active K codes prior to service delivery
- Verify active HCBS eligibility determination prior to service delivery
- Maintain documentation to support service necessity



HCBS ELIGIBILITY & ENROLLMENT REMINDER

The Department updated guidance for [Children's HCBS R/RE K-Codes for Eligibility and Enrollment](#) on March 28, 2025.

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*.

- **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 is inappropriate**.
- The Department has advised HCBS Providers that claims must be voided within **60 days** from date of outreach by DOH.

***MMCPs should not be issuing payments for services rendered to participants with expired HCBS Eligibility Determination and or no K-Codes**



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HCBS CHANGE FOR ELIGIBILITY & ENROLLMENT

HCBS providers have been directed to utilize the Referral & Authorization Portal within IRAMS to determine if services can be provided and claimed.

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 as follows:

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 PROVIDER ROLE: REFERRAL & INITIAL SERVICE PERIOD

Once a member is enrolled & has been provided choice of services & has been referred by HHCM/CYES

The HCBS provider has accepted a service referral in IRAMS

During the initial service period, the HCBS provider **must notify** the HHCM/C-YES and the MMCP, when applicable, of the **first appointment date**.

The HCBS provider will create a service authorization in IRAMS with F/S/D and supporting documentation & updates the service authorization with the **approved F/S/D and attaches supporting documentation** in IRAMS

The HCBS provider develops the Service Plan with **measurable goals and achievable milestones**, including the **criteria to begin discharge planning**



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HCBS PROVIDER ROLE: SERVICE DELIVERY AND COMMUNICATION

HCBS service authorizations can only be for a maximum 6-month period or shorter

Provides HCBS to the participant/family at a **time and location of their preference**

Provides HCBS in **alignment** with the Children's Waiver **service definition**

Communicates with the **participant/family monthly** about the service plan and makes updates as needed

Monthly communication with the care manager and the MMCP, if applicable, about services and if Service Plan remains appropriate, or updates are needed.



HCBS PROVIDER ROLE: ONGOING SERVICES & DISCHARGE

*Prior to seeking re-authorization of services, the HCBS provider will discuss with the participant/family and HHCM/C-YES and the MMCP, if applicable, if a **continuation of services is appropriate.***

Attends Care Team meetings to discuss the **services provided** and the participant/family's **progress towards goal completion.**

Update the Service Plan in **collaboration** with the participant/family and team members, as needed

Notify the HHCM/C-YES and the MMCP, if applicable, of goal completion

Discuss discharge planning with HHCM/C-YES and the MMCP, if applicable, and the participant/family **as milestones are being achieved and goals accomplished**

Graduate from HCBS!

IRAMS AND HCBS AUTHORIZATIONS



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AUTHORIZATION REMINDERS

Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) goals and objectives that match the Childrens Waiver service definition

Objectives must clearly indicate what the HCBS provider will be doing to assist the participant/family in reaching the established goals

Frequency/Scope/Duration (F/S/D) must be considered in relation to the participant's schedule (including daycare attendance), age, and other available supports/resources

The HCBS provider should utilize and train staff according to the [Children's HCBS Authorization and Care Manager Notification Instructional Guide](#) which outlines all the requirements for authorization, inclusive of SMART goals, objectives, and examples.

The Department requests HCBS providers **thoroughly** complete participant service goals and objectives and review the full authorization request before submission.

IRAMS does not currently notify the MMCP of the date of the first appointment. HCBS providers are still required to notify the MMCP of the first HCBS appointment. Once notified of the date of the first appointment, the MMCP will establish the provider in their claim systems to authorize payment for the initial service period up to 60 days, 96 units, or 24 hours



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IRAMS REMINDERS- AUTHORIZATION FINALIZATION

After receiving an authorization determination from the MMCP, the HCBS provider must return to the **Approval Tab** to finalize the authorization.

HCBS Service Authorization ✕

F/S/D Goals Provider Review **Approval** ⌵ Attachments

Authorization Type

Fully Approved Partially Approved Denied

Authorized Service Period

Authorization Begin Date: 4/14/25 Authorization End Date: 10/14/25

Authorized Frequency and Scope

Procedure Code	Approved Hours	Approved Units	Submitted Hours	Submitted Units
Total	0	0	108	432
H2014			54	216
H2015			54	216

[Upload Managed Care Authorization](#)

Managed Care Authorization

Please upload proof of authorization or denial from the managed care organization.

✕ Close Finalize

IRAMS REMINDERS- CFASS AUTHORIZATIONS

HCBS Service Authorization for CFASS level 1 and level 2 can be requested separately in the portal but can be requested within the same authorization. The screenshot below illustrates that CFASS level 1 and level 2 can be placed within the same authorization.

Caregiver/Family Advocacy and Support Services (H2014)							
<i>Caregiver/Family Advocacy and Support Services Level 1</i>							
Scope	Frequency	Modality	Unit Type	Visits	Hours	Units	+ Add Scope/Frequency
2 Hours	1 Every Week	Individual	15 Minute	27	54	216	✎ 🗑️
Total Authorization for H2014				27	54	216	

Caregiver/Family Advocacy and Support Services (H2015)							
<i>Caregiver/Family Advocacy and Support Services Level 2</i>							
Scope	Frequency	Modality	Unit Type	Visits	Hours	Units	+ Add Scope/Frequency
2 Hours	1 Every Week	Group	15 Minute	27	54	216	✎ 🗑️
Total Authorization for H2015				27	54	216	

IRAMS REMINDERS- RESPITE

Depending on the length of the Respite session, different units may be used to provide/bill for Respite

Individual Planned Respite provided for **up to 6 hours**

Billed using **15-minute units**

Rate code: 8023
Procedure code: S5150
Modifier: HA

Individual Planned Respite provided **between 6-12 hours**

Billed using **6-12 hour per diem unit**

Rate code: 8024
Procedure code: S5151
Modifier: HA

Individual Planned Respite provided for **12-24 hours**



Billed using **12-24 hour per diem unit**

Rate code: 8025
Procedure code: S5151
Modifier: HA, HK



IRAMS REMINDERS: RESPITE

Select the most appropriate units in IRAMS:

Planned Respite (S5150)
Planned Respite - Individual (Up to 6 Hours)
Planned Respite - Group of 2 (Up to 6 Hours)
Planned Respite - Group of 3 (Up to 6 Hours)
Planned Respite - Group of 3 (6-12 Hours)

Scope	Frequency	Modality	Unit Type	Visits	Hours	Units	+ Add Scope/Frequency	
1 Hours	1 Every Week	Individual	15 Minute	4	4	16		
Total Authorization for S5150				4	4	16		

Planned Respite (S5151)
Planned Respite - Individual (6-12 Hours)
Planned Respite - Individual (12-24 Hours)
Planned Respite - Group of 2 (6-12 Hours)

Scope	Frequency	Modality	Unit Type	Visits	Hours	Units	+ Add Scope/Frequency	
7 Hours	1 Every Month	Individual	Per Diem	1	7	1		
Total Authorization for S5151				1	7	1		



IRAMS REMINDERS: RE-AUTHORIZATIONS

For HCBS re-authorization requests, HCBS providers must clearly indicate what has changed, what goals are still needed, and why the service continues to be needed.

Information on why the service continues to be needed can be included in the **Justification for Authorization** section:

Justification for Authorization

Provide rationale (service necessity) for the proposed frequency, scope, and duration.*

For re-authorizations, outline why there is a continued need for service. What has been accomplished so far and what is still needed? Identify any obstacles or barriers that have impacted the participant's ability to accomplish their established goals/objectives.

Justification must be given as a narrative response, thoroughly explaining the necessity of service provision at the requested F/S/D. |

 Save

 Cancel



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IRAMS REMINDERS- RE-AUTHORIZATIONS

To demonstrate the need for services, the goal status and the progress made towards objectives must be included on the **Goals** page:

F/S/D Goals Provider Review Attachments

Goals and Objectives

⚠ There must be at least one goal, and every goal must have at least one objective

Goal

The HCBS provider must indicate if each goal was Not Met, Partially Met, Complete, or No Longer Applicable. The Not Met status indicates that the goal set for the individual has not been achieved. Goals that are newly established should be categorized as Not Met. The No Longer Applicable status should be used for previous goals that have not been completed but are no longer needed.

1 Not Met

IRAMS REMINDERS- SHORT FORM CONNECTIONS

PURPOSE of the Short Form Connection (*which was ended on 11/25/24*) was to capture **EXISTING** children/youth being served by an HCBS provider and to reduce duplication when the paper referral form was completed prior to the implementation of the Referral & Authorization Portal.

Children/youth previously referred and or served by the HCBS provider and no longer being served, did not need to be captured in the Referral and Authorization Portal.

Children and Youth who are on the HCBS provider's member list in the Referral and Authorization Portal and are not currently being served or there is no plan to serve the member, should be disenrolled and ensure that the care manager is notified.

Technical Assistance

The Department is available for technical assistance calls with providers if needed.

Some examples of TA topics are:

- IRAMS Navigation/Features
- Authorization Process Questions
- Referral Process Questions

Reach out to BH.Transition@health.ny.gov if you'd like to schedule a time to meet to receive IRAMS TA.

IRAMS DISCUSSION



- Alerts & notifications
- Helpful features
- Functionality enhancements to be more user friendly

- What would you like the system to do?
- How can it help you streamline processes?

We'd like to know! Please send recommendations for discussion to BH.Transition@health.ny.gov

HCBS DISCUSSION



- **What part of the Children’s Home and Community-Based Waiver process would you like us to highlight?**
 - *Please note, DOH is finalizing a Service Necessity Policy that will cover each HCBS. Webinar dates to review this policy will be announced soon.*
- **What topics would you like DOH to discuss and review?**

We’d like to know! Please send recommendations for discussion to BH.Transition@health.ny.gov

FUTURE MEETINGS & CONTACT INFORMATION



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MEETING SCHEDULE

The Department has updated the [2025 HCBS Provider/State Discussion schedule](#). The meeting will now take place bi-monthly on the following dates/times:

Date	Time	Registration Link
Wed, Mar 19, 2025	1:00 PM - 2:30 PM	Register
Wed, Apr 16, 2025	1:00 PM - 2:30 PM	Register
Wed, Jun 18, 2025	1:00 PM - 2:30 PM	Register
Wed, Aug 20, 2025	1:00 PM - 2:30 PM	Register
Wed, Oct 22, 2025	1:00 PM - 2:30 PM	Register
Wed, Dec 17, 2025	1:00 PM - 2:30 PM	Register



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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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>
- **MCTAC 2nd Annual Documentation: In-Person Event in Albany** **Target audience is OMH/OASAS licensed behavioral health providers**
 - Date/Time: Thursday, May 29, 2025
 - 9:00 AM – 3:00 PM
 - Registration Link: <https://registration.nytac.org/event/?pid=10&id=4140>
- **Online Training Opportunity: Understanding HIV Lab Values- Online Course**
 - Date/Time: At your discretion.
 - Registration Link: <https://www.hivtrainingny.org/User/ConfirmCourse/2792>

ADDITIONAL RESOURCES

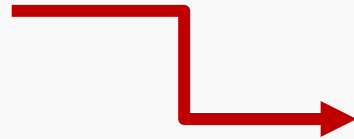


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HCBS REQUIREMENTS/RESOURCES/INFORMATION

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

+ Child Health Plus

Monthly HCBS
Provider/State
Discussion slides



Settings Rule
resources



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HCBS REQUIREMENTS/RESOURCES/INFORMATION

HCBS Setting Rule

- HCBS Final Rule Compliance Policy #CW0016 - ([Web](#)) - ([PDF](#)) - December 3, 2020, *Updated* October 17, 2022
- Children's HCBS Providers Final Rule Documentation Worksheet - ([XLSX](#)) - *Updated* May 2024
- HCBS Final Rule Background and Compliance Review Overview for the Children's Waiver - ([PDF](#)) - ([Recording](#))
- Home & Community-Based Services (HCBS) Final Rule - ([Web](#))
- Children's Waiver HCBS Provider Final Rule Setting Self-Assessment Communication - ([PDF](#)) - December 3, 2020
- Children's Waiver HCBS Final Rule Survey - ([External link](#))
- HCBS Final Rule Statewide Transition Plan - ([PDF](#)) - *Updated* in response to CMS comment received initial approval November 2018 (PDF)
 - [CMS Feedback for Final Approval Letter](#) - Received May 2019
 - [Initial Approval Letter](#) - Received November 2018
- [HCBS Final Rule Statewide Transition Plan](#) - *Updated* May 2018 in response to CMS comment (PDF)
- [HCBS Final Rule Statewide Transition Plan](#) - *Updated* September 2017 (PDF)
- [HCBS Final Rule Statewide Transition Plan](#) - *Updated* January 2017 (PDF)
- **Systemic Compliance Charts** for Waivers that were Subsumed into the Combined 1915(c) Children's Waiver - *please note that these charts contain original systemic review raw data*
 - DOH CAH Waivers NY4125 and NY40176 - ([PDF](#))
 - OMH SED Waiver NY0296 - ([PDF](#))
 - OCFS B2H Waiver NY0469 - ([PDF](#))



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