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CHILDREN'S WAIVER HCBS FEE-FOR-SERVICE AUTHORIZATION WEBINAR

JANUARY 24, 2025

PURPOSE

To provide information for Children's Home and Community Based Service (HCBS) Providers, C-YES and Care Management Agencies (CMAs) regarding the updated Fee-for-Service (FFS) HCBS authorization process.

Provide an opportunity for Children's HCBS providers, C-YES, and Care Management Agencies (CMAS) to ask questions regarding the updated FFS process.

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Specific Stakeholder Group Topics can be discussed in a monthly meeting with that stakeholder group

AGENDA

- ✓ HCBS Purpose
- ✓ Care Manager role
- ✓ HCBS Provider Role
- ✓ Children’s HCBS FFS review process
- ✓ Conferences and Fair Hearing
- ✓ Review of FAQ
- ✓ Discussion

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HCBS PURPOSE

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HCBS PURPOSE AND ELIGIBILITY

To be eligible for HCBS, participants must have a diagnosed medical condition, developmental disability, and/or serious mental health disorder impacting their daily functioning that places them at imminent risk of hospitalization or institutionalization, or results in the need for supports to return safely home and to their community after discharge from an institutional level of care.

Children's Home and Community Based Services (HCBS) Waiver Enrollment Policy

Participants must be under 21 years of age and enrolled in Medicaid or eligible for Medicaid.

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CARE MANAGER ROLE

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CARE MANAGER

Determine if the participant requires HCBS due to high needs/high risk of institutionalization

Considerations prior to conducting HCBS Eligibility:

- ✓ What other interventions and services have been tried or can be utilized prior to HCBS?
- ✓ Based upon the need of the participant, can other State Plan Services meet their need(s)? *State Plan services **MUST** be used prior to HCBS.*
- ✓ Have the other involved providers/practitioners been consulted and in agreement that HCBS is needed to support the other services involved?
  - Other providers' involvement is essential to support HCBS, the participant, and HCBS providers determined F/S/D.

*HCBS should **not** be the only service the participant is receiving to support their high needs/high risk.*

HCBS REFERRAL

The care manager must know and understand each HCBS, and which service can address the participant's assessed need(s).

When making a referral:

- ✓ The need(s) that the participant want to address must be defined,
- ✓ Specific goal(s) must be identified, and
- ✓ Referrals and goals must align with the service purpose, definition, and how the service can be provided

Once an HCBS provider is selected, there should be ongoing communication between the care manager and HCBS provider. The care manager should share information beyond the referral and ensure that the HCBS provider is invited to Interdisciplinary Team (IDT) meetings.

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PARTICIPANT/FAMILY EDUCATION

The care manager must educate the participant and family on the following:

- ✓ Purpose of HCBS
- ✓ HCBS are supportive and short-term intervention services
- ✓ All services must be delivered in accordance with the Waiver requirements and specific definition
- ✓ Requirements:
  - State Plan Services and other services must be utilized prior to HCBS (For SED, participant must be in mental health treatment)
  - HCBS can supplement other services
  - An annual HCBS eligibility assessment with all appropriate document is needed timely
  - Participant and family contribute to the Plan of Care
  - Participant and family contribute to the HCBS provider Service Plan and participate in services

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CARE MANAGER - RECAP

The care manager should be discussing with the family their need for supports. They should then be evaluating the family's needs and determining which services will best meet the need of the family.

The care manager should be very clear on the purpose of HCBS services including that they are meant to have a short- term duration and are not intended to be replacing childcare.

If a request for HCBS is denied or partially approved the care manager should assist the family, as needed in seeking other supports.

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HCBS PROVIDER ROLE

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HCBS PROVIDER

HCBS providers must understand the purpose of HCBS and have knowledge of the HCBS they are designated to provide.

Referral Evaluation:

- ✓ Are the participant's high needs/high risk clearly outlined?
- ✓ Are the need(s) of the participant identified?
- ✓ Can the identified need(s) be addressed by the referred service?
- ✓ Are the goal(s) outlined, able to be addressed by the service, and align with the service definition?
- ✓ Is there enough information regarding the participant, including their condition, schedule, etc.?

The HCBS provider should only accept the referral, if they believe they can serve the participant and have enough information to schedule a first appointment.

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HCBS PROVIDER

- HCBS providers are designated to provide HCBS based on their expertise in working with varying populations and children/families with high needs.
- HCBS providers and staff must understand the service, how the service can be provided, and how the service can meet the child/family's goals and needs
- HCBS providers must ensure their staff are educated in developing SMART goals and receiving training that would help in goal development with the child/family.
  - Staff HCBS providers need to know how to develop activities/ curriculum/ interventions (objectives) that can demonstrate progress towards goal achievement.

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INITIAL SERVICE PERIOD – SERVICE PLAN

The HCBS provider will work with the care manager and participant/family to schedule the first appointment and subsequent appointments, as needed.

During the initial service period, the HCBS provider will work with the participant and family to:

- ✓ Conduct an intake assessment, identifying how the referred service will help address the identified need(s),
- ✓ Educate the participant and family on the HCBS,
- ✓ Work with the care manager and other professionals to gather information/documentation,
- ✓ Participate in Interdisciplinary Team meetings and collaborate with other involved professionals/services,
- ✓ Finalize service goals and objectives,
- ✓ Determine appropriate frequency, scope, and duration (F/S/D) for the service, **and**
- ✓ **Develop the HCBS Service Plan, within 30 days of the first appointment.**

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IDENTIFYING SERVICE DELIVERY

The participant/family must be involved in the development of the Service Plan and provide feedback surrounding service delivery. However, they **do not dictate** the F/S/D or how the service is provided.

The HCBS provider will validate the participant's need(s), the preferred goals, and that the referred service is appropriate to meet the need(s).

The HCBS provider **will document the approach to service delivery** on the HCBS Service Plan, **outlining goals, objectives, and F/S/D** to address the need(s).

*Noting any preferences of the participant/family.

The HCBS provider will specifically outline the various objectives (activities, curriculum, etc.) that will be provided to meet the specific goal (needs).

Services must be provided in accordance with the service definition, purpose, and Waiver requirements. **F/S/D is dependent upon the need and the specific identified activities and objectives to be provided to achieve the goal(s).**

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AUTHORIZATION DEVELOPMENT

The HCBS Provider must know and understand each HCBS service they are designated to provide, and which address the participant's assessed need(s).

When developing the authorization:

- ✓ The need(s) that the participant want to address must be defined
- ✓ Specific goal(s) must be identified,
- ✓ Objectives/activities must be outlined that indicate **specifically** how the service will be provided to reach the goal,
  - More than one objective can be identified with different timelines to meet a goal,
- ✓ Goals and objectives must align with the service purpose and how they can be provided.
- ✓ **Frequency/Scope/Duration align with the identified implementation of the objectives/activities and service purpose.**

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INITIAL SERVICE PERIOD – SERVICE PLAN

The HCBS Provider must make any needed updates to the service plan resulting from the authorization determination.

REQUEST FULLY APPROVED or DENIED

Notification of authorization finalization is sent through the Portal to the HCBS provider, and the care manager can view this on the daily digest.

REQUEST PARTIALLY APPROVED

The HCBS Provider must notify the care manager outside of the Portal of any adjusted F/S/D. The care manager will use the information provided by the provider to update the Plan of Care.

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CHILDREN'S HCBS FEE-FOR-SERVICE (FFS) PROCESS

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COLLABORATION

The DOH FFS authorization team will work with HCBS providers regarding the completion of authorization, the documentation needed to support Frequency/Scope/Duration and ensuring appropriate service delivery according to needs of the participant and Waiver requirements.

The DOH FFS authorization team will utilize the information within the Uniform Assessment System (UAS), the Medicaid Analytics Performance Portal (MAPP) Health Home Tracking System (HHTS), and EMEDY claims data to support other information needed about the participant/family regarding needs and service history.

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AUTHORIZATION CONSIDERATION

Authorization Evaluation:

- ✓ Are the need(s) of the participant clearly identified?
- ✓ Can the identified need(s) be addressed by the service?
- ✓ Are the goal(s) outlined, able to be addressed by the service, and align with the service definition?
- ✓ Are there clear objectives/activities outlined to understand how the service will be provided?
- ✓ Is there the enough information regarding the participant, including their condition, schedule, other activities, etc.?
- ✓ Does the requested F/S/D (units/hours) align with:
  - ➢ The goal(s) and upon re-authorization request, progress towards the goals?
  - ➢ Align with the objectives/activities identified and upon re-authorization request, progress being made?
  - ➢ Align with other information provided, i.e.; schooling, extracurricular activities, other services including other HCBS?
  - ➢ Are developmentally appropriate

The DOH FFS Authorization team will only approve authorizations that align with the purpose of HCBS, service definition/purpose, DOH policy, and Waiver requirements.

CHILDREN'S HCBS FFS REVIEW PROCESS

- DOH will review the goals and objectives to ensure that they align with the service definition as defined in the Children's Home and Community Based Services Manual .
- DOH will review if the objectives/activities will assist the participant achieve the identified goal(s).
- DOH will review if the objectives/activities/interventions demonstrate how the requested units/hours for the services will be utilized by the HCBS provider and participate.
- DOH will use Children's Waiver HCBS Authorization and Care Manager Notification Form Instructional Guide in reviewing goals and objectives are measurable and progress can be identified utilizing Specific, Measurable, Attainable, Relevant, and Time bound (SMART) format. (See Appendix)
- DOH will review to ensure that each service has at least one goal. Each goal must be accompanied by at least one objective. The goals must be specific to the service definition and what is allowable for the service. Objectives must be specific in how the service will be provided.
  - **DOH will verify if the F/S/D (units/hours) are justified based upon the objectives/activities/interventions, age and development of the participant, the other involved services and the participant's activities, supporting documentation, service history, and progress made (if re-authorization request), as well as all the information noted above.**

CHILDREN'S HCBS FFS REVIEW PROCESS

Additional info:

- The requested service period should be 6 months or less. The Authorization Start date should not be before the requested submission date. An authorization period should align with the child's needs, it does not have to be 6 months.
- The request should be submitted 14 days prior to a current authorization ending
- DOH will provide a determination within 14 calendar days
- If the DOH FFS Team request additional information via the portal, it is important that the provider inputs the requested information and resubmits the request within 5 calendar days. If additional information is not received by DOH FFS Team, then a determination will be made based upon the information available. The DOH FFS Team will only request additional information once.

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REFERRAL & AUTHORIZATION PORTAL

FEEDBACK, IDEAS, SUGGESTIONS

Contact us
Please email *Health Homes* with a subject line:
“IRAMS Questions Only – No PHI*”

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**Protected Health Information (PHI)*

CONFERENCE & FAIR HEARING

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CONFERENCE AND FAIR HEARING

CONFERENCE

When a FFS authorization is approved, partially approved, or denied; a Notice of Decision (NOD) is mailed to the participant and family.

The letter outlines that families have a right to request a conference with the NYS DOH team, by calling 518-473-5569, written notice at the mailing address on the form, or emailing hcbsffsauthorization@health.ny.gov.

Families should request this as soon as possible so that the situation can be reviewed, and resolution can be determined.

Timeframes for conferences are determined by family, HCBS provider and DOH staff availability, but are prompt.

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CONFERENCE AND FAIR HEARING

FAIR HEARING

A fair hearing can also be requested by the participant and family if there are concerns that the determination is not correct.

This is a legal process and hearing.

Directions to request a fair hearing can also be found on the Notice of Decision letter.

Families will need to contact Office of Temporary and Disability Assistance (OTDA) to request a fair hearing.

***Questions regarding timeframes and the Fair Hearing process should be directed to OTDA**

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FREQUENTLY ASKED QUESTIONS (FAQ)

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FAQ

Q: If a partial approval on an authorization was received, however we would like to resubmit to obtain the original requested amount, do we resubmit the full request or just the request for the additional units/hours that were denied?

A: A new full request with the total number of units/hours needs to be submitted with all supporting documentation through a new authorization. The new authorization request will override the original request that was partially approved.

Q: How will the DOH notify the individual regarding approval/denial? Will the notification be sent in the Portal?

A: The DOH FFS Team will notify the requesting HCBS provider of the determination through the Referral and Authorization Portal. The participant/family will be sent a Notice of Decision that is mailed to the address provided on the request.

Q: For FFS are we having to notify DOH the initial appointment as we do for MCO's?

A: Not currently.

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FAQ

Q: Will FFS Authorizations have an authorization number?

A: All FFS requests are assigned a reference number within the Referral and Authorization Portal.

Q: Will claims be denied for clients with FFS involved (either straight Medicaid or secondary to a commercial plan) if the FFS authorization is denied?

A: At this time, there is not a systematic payment block, however DOH has developed a review of claiming against FFS authorization determinations. Additionally, DOH is building a systematic approach to block claims supported by FFS authorizations determinations.

Q: How will the DOH notify the individual regarding approval/denial? Will the notification be sent in the Portal?

A: The DOH FFS Team will notify the requesting HCBS provider of the determination through the Referral and Authorization Portal. The participant/family will be sent a Notice of Decision that is mailed to the address provided on the request.

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FAQ

Q: We sometimes get a partial approval with a different date range than originally requested. Will we have the option to edit the date range as well?

A: A partial approval can be a change in date range. If you have questions regarding a particular authorization, you can contact hcbsffsauthorization@health.ny.gov for specifics.

Q: Is there an appeal process for partially approved authorizations, as there is with the MMCPs?

A: A request for a conference to have the matter reconsidered. Additional information and documentation can be presented at that time.

Q: We have noticed you have to click into the authorization and scroll to the bottom of the approval tab to see the Approver Response. But there isn't usually a lot of information provided.

A: DOH provides a denial reason based on the information that is lacking with the authorization request or if the requested number of units/hours is not supported with the authorizations. The HCBS provider should utilized the DOH guidance and policies that outline what information is needed on an authorization.

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CONTACT US

All **Children's Waiver HCBS FFS Authorization** questions and concerns should be directed to the NYS Department of hcbsffsauthorization@health.ny.gov mailbox or (518) 473-5569. Please do not send PHI to this BML it is not secure. To send PHI please use SFT.

For the **Referral & Authorization Portal** questions, email *Health Homes* with a subject line of "IRAMS Questions Only – No PHI"

HCBS program specific questions, email BH.Transition@health.ny.gov

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QUESTIONS?

Do you have any questions regarding the Children's HCBS FFS authorization process?

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APPENDIX

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DEVELOPING SERVICE GOALS & OBJECTIVES

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DEVELOPING SERVICE GOALS & OBJECTIVES

1. Goals must be Specific, Measurable, Attainable, Relevant, and Timely (SMART).
2. Goals must be specific to the Service definition and what is allowable for the service. Goals should have an overall projected timeframe.
3. Objectives must be specific in how the service will be provided. There may need to be multiple objectives to accomplish one goal, and each objective might have different timeframes based on the specific activities or tasks that will be provided.
4. Reference Resource: Children's Waiver HCBS Authorization and Care Manager Notification Form Instructional Guide (ny.gov)

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DEVELOPING SERVICE GOALS & OBJECTIVES

5 All goals and objectives must be linked to the service description.

6 Services cannot duplicate or replace services otherwise available to a child (e.g., Private Duty Nursing (PDN), Child and Family Treatment and Support Services (CFTSS), Applied Behavior Analysis (ABA), etc.). Services can however be supported and reinforced by HCBS services.

7 If a participant has needs for supports outside the scope of the referred service, the provider should connect with the CM for assistance in connecting the family to a more appropriate resource to meet that need.

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