



Department
of Health

Office of
Mental Health

Office of Addiction
Services and Supports

Office of Children
and Family Services

Office for People With
Developmental Disabilities

Children's Home and Community Based Services (HCBS)

Adaptive & Assistive Technology- Process the Possibilities

For Health Home Care Managers (HHCM)
Children and Youth Evaluation Services (C-YES)

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Agenda

- ✓ Introduction
- ✓ AT Definitions and Process Overview
- ✓ AT Process Pointers
- ✓ AT Examples
- ✓ Questions
- ✓ Appendix

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Introduction and Housekeeping

Reminders:

- Information and timelines are current as of the date of the presentation
- This presentation is not an official document.

For full details please refer to the following:

[EMOD VMOD AT Policy for Care Managers/CYES](#)

[21 OHIP ADM-01](#)

[Guidelines for Authorizing Adaptive and Assistive Technology](#)



Adaptive and Assistive Technology (AT)

AT is often unfamiliar to participants/families and Care Managers

AT is not requested as frequently as Environmental Modifications (EMods) and Vehicle Modifications (VMods).

By accessing AT, participants/families are able to move beyond daily survival supports to more successful integration in their homes and communities.

Process:

- NYSDOH Intent Notification Email required for all FFS and MMCP members
- Parent/Caregiver Information Sheet Requirement
- Annual soft cap of \$15,000 for AT Requests
- Roles in AT process – HHCM/C-YES, Clinicians, Provider/Vendors
- Clinical Justifications
- Examples of AT already provided to Children's Waiver members
- And More...



Adaptive and Assistive Technology (AT) Definitions

Many people use Assistive Technology and Adaptive Technology as interchangeable terms.

Assistive Technology is the broader “umbrella” category which may be defined as:

“any item, piece of equipment, or product system used to increase, maintain, or improve functional capabilities of an individual with disabilities”

Assistive technology may be successfully used by persons with or without disabilities.

Adaptive Technology is a subset of Assistive Technology.

Adaptive Technology is used by persons with disabilities and is not generally intended for people without disabilities.

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AT vs. Durable Medical Equipment (DME)

- The process for reviewing and obtaining DME is entirely separate from the process of reviewing and obtaining AT.
- AT requests under the Children's Waiver are submitted to the LDSS/MMCP for Fee-for-Service members, while all DME requests are reviewed by Bureau of Medical Review under Fee-for-Service Medicaid
 - Items determined to be DME **MUST** be pursued through the designated DME process
 - Denied DME requests **MAY NOT** be pursued as AT requests under Children's Waiver
 - If a request is determined to be classified as DME and is denied by the Bureau of Medical Review, the family/member with the HHCM/C-YES assistance should pursue all available avenues to conclusion, including but not limited, to any appeals process or Fair Rights Hearing
 - Additional DME guidance can be found here:
<https://www.emedny.org/ProviderManuals/DME/index.aspx>
 - If a request is sent to the Bureau of Medical Review but is determined not to be classified as DME, Children's Waiver AT should be considered to file for the request.



AT vs. Durable Medical Equipment (DME)

- DME and AT requests are funded under completely separate regulations and funding streams. If in doubt about whether to file a request as AT or DME, please send an AT intent notification email for verification to the EModVModAT BML
- The AT intent notification process provides a process for items to be verified as DME or AT. CMs will receive a message from the EModVMod AT BML that:
 - further information is required to verify the request as DME or AT,
 - that the request was received and may move forward as AT, or
 - that the request is determined to be DME and must be pursued with FFS Medicaid with the Bureau of Medical Review
- The intent notification process helps to prevent CMs and families from pursuing requests and potentially wasting time and effort on requests that can't be provided under the Childrens Waiver when they are:
 - Requests that are noncompliant with Waiver regulations
 - Prohibited from being provided under Waiver regulations



AT Request Services May Include:

- Evaluation of the AT needs of a participant, including a functional evaluation of the impact of the provision of AT
- *Clinical justification by child's OT and PT shows mobile arm support will provide member greater independence with various Activities of Daily Living*
- Purchasing, leasing, or providing AT for the participant
- *Member borrows AT item from their local TRAD office to find out if they are able to use item effectively at home and in various environments prior to requesting provision through Waiver*
- Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing AT
- *Open Sesame auto door opener provided for member to open and close doors requires door to be rehung to swing correct direction*
- *Prior approval of required upgrade in software allows AT item to continue to support member's needs*



AT Request Services May Include:

- Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant
- *Member, family, nurses, and school personnel set up a time with an augmentative communication device provider to receive training on the use of the device and how they can support and optimize use across settings with confidence*
- Training or technical assistance for professionals or other individuals who provide services to or are substantially involved in the major life functions of the participant
- *Children's hospital PTs and member's local PTs collaborate with member, family, and provider to develop training and goals for use of the Galileo Kiddy to promote balance and improve muscle strength and agility*

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TRAID Centers

- TRAIID- Technology Related Assistance for Individuals with Disabilities Program
- 12 Regional Centers Statewide covering all 62 NYS counties and 5 boroughs

<https://www.justicecenter.ny.gov/traid-program>

TRAID Centers offer:

- Technology Demonstrations
- Equipment Loans
- AT Information, Referrals, and Training
- Device Donations, Re-utilization of AT Items, and Repair

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Children's Waiver - Examples of AT Provided

Completed Requests:

- Adaptive Bikes and Trikes, including electrical stimulation bike
 - Used for socialization and recreation/exercise
- Electrical stimulation system for hands
 - Used for gaining and maintaining muscle strength
- Shortie Hickman Drysuit
 - Used for bathing, showering, and swimming for members with implanted central line
- Wireless streaming receiver for hearing aid and touchscreen microphone
 - Used for hearing and understanding speech in various settings
- Cubby Bed
 - Used for safety, monitoring, and relaxation to improve sleep of member and family
- Galileo Kiddy
 - Used to improve muscle strength and balance with vibration
- Cooling Vest
 - Used for cooling for members with temperature regulation issues



Children's Waiver - Examples of AT Requested

Anticipated or In Process AT Requests:

- Adaptive Strollers
 - Used for transportation and access to community
- Oral Stimulation System
 - Used for stimulation and strengthening of oral musculature for feeding and speech
- Robotic Gait Trainer Attachment
 - Used for assisting with gait training
- Compression Vest
 - Used for providing pressure to aid with emotional support
- Color Therapy Glasses
 - Used for emotional and mood support
- Digital Magnifier
 - Used for members with low vision for better defined magnification and contrast



How Can HHCM/C-YES Help Obtain Needed AT?

Many times, participants and their family members are unaware of technologies that might be available to assist them with the care of the participant or for the participant to become more self-sufficient

- In most cases, families figure out some process or accommodation to make things work or make life easier for their family and the participant
- Families may be aware of their needs but have limited time or ability to research a solution

HHCM and C-YES should understand what the parent/guardian does with the participant on a daily basis to meet their physical and medical/disability needs

- What accommodations does the family make to assist the participant
- What might be helpful to assist with difficult / stressful tasks

HHCM and C-YES can ask involved medical providers what type of technology or equipment might assist the participant with their medical and or disability needs

- Sharing what is happening in the home or what accommodations the family has made to assist the participant or the things that might be difficult for the family to assist with, can help the medical provider or other clinicians to recommend AT



Who Can Help with Recommending Needed AT?

The list below of professionals who can recommend AT is not exhaustive. HHCM/C-YES may find consulting with more than one professional is necessary to ensure all the member's needs are supported and independence of use of the AT item or device is maximized.

Some clinicians to consider for AT recommendations:

- Member's treating physician and their medical specialists
- Physical therapists
- Occupational therapists
- Speech language pathologists and audiologists
- Orthoptists- Specialists who focus on the function of eyes and their interaction with brain to provide vision
- Teachers of students with visual impairments or low vision and blindness
- Teachers of students who are deaf or with hearing impairments
- Assistive Technology Professionals (ATP)
- And anyone who has specialized knowledge for the care and support of medical needs of the member



Process Overview for Medicaid Managed Care Plan (MMCP) and Fee-For-Service (FFS) Members

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Medicaid Managed Care Plan (MMCP) AND Fee-For-Service (FFS)

- **FFS Participants**

- The County Local Department of Social Services (LDSS) collaborates with the participant, family, and HHCM/C-YES to establish the authorization and payment for AT request
- HHCM/C-YES follows LDSS/NYSDOH Review Process, including sending intent email to NYSDOH and procuring 3 bids

- **MMCP Participants**

- The MMCP collaborates with the participant, family, HHCM/C-YES, and other providers to establish the authorization, approval, and payment for the AT request
- HHCM/C-YES sends intent email to NYSDOH and then follows participant's MMCP's process for EMod/VMod/AT review and provision – **MMCPs are not required to follow bidding process**

➤ ***Regardless of the process and what entity is reviewing and providing, the participant and family has the right to appeal and file a Fair Hearing Request at their discretion***



MMCP/FFS - EMOD, VMOD, and AT Process Overview

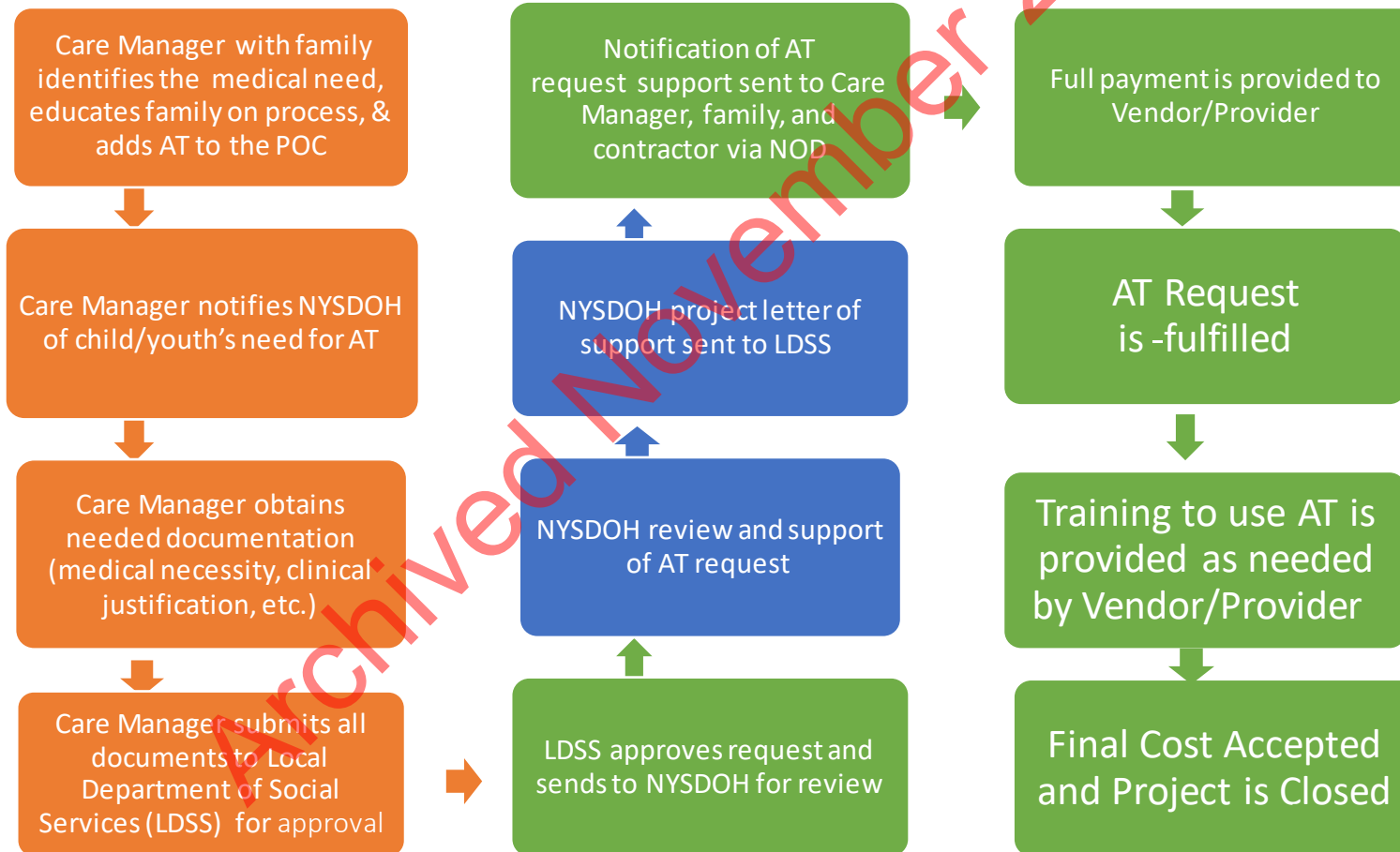
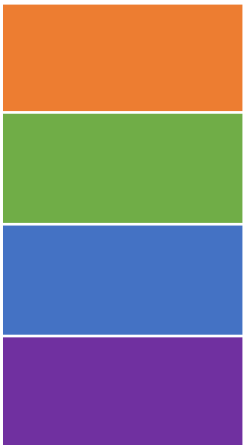


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Request Process Overview- FFS

Primary Responsibility



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MMCP AT Request Review

- Please note that MMCPs are NOT required to obtain bids for requests.
- MMCPs may choose to contract with specific clinicians and providers/vendors or use a bidding process for AT projects.
- If the cost of the AT request exceeds the \$15,000 annual soft cap for AT, approval from the MMCP's Medical Director is required.
- The \$15,000 annual (calendar year) soft cap may be exceeded if deemed medically necessary.

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AT Process and Examples

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AT – Parent/Caregiver Role, Rights, and Responsibilities

- The CM should collaborate with the member, parents, caregivers, clinicians, and other professionals to determine what needs the member has that may be supported with an AT request and to determine any appropriate AT items.
- Parents should assist whenever possible with identifying current treating clinicians appropriate to provide clinical justification for AT
- Parents should provide information to clinician as to how item(s) may support the member in their home and community, especially if the member has had experience using the requested or similar items
- Parents and caregivers may receive item customization and training on the AT item's use from the vendor/provider as needed as part of providing the AT request. Any required customization and training fees or costs are considered part of the total project cost
- There is no direct reimbursement to parent/member of costs incurred – Reimbursement may be provided to provider/contractor/vendors only. No sales taxes may be paid for projects and taxes paid can't be reimbursed under the Children's Waiver



AT Parent/Caregiver Information Sheet

- HHCM/C-YES **are required** to provide families with the AT Parent/Caregiver Info Sheet and educate the participant/family on the general AT request process, specific service request requirements, and help set timeframe and process expectations
 - This should be documented in case notes.
- All three services have Parent/Caregiver Information Sheets available on the [EMod VMod AT](#) page of the NYSDOH website:
 - [Assistive and Adaptive Technology Parent Info Sheet \(ny.gov\)](#)
 - [Environmental Modifications Parent Info Sheet \(ny.gov\)](#)
 - [Vehicle Modifications Parent Info Sheet \(ny.gov\)](#)



AT Email Intent Notification to NYSDOH

The HHCM/C-YES must send NYSDOH an intent notification email for **all FFS and MMCP enrolled Children's Waiver members** within seven (7) business days of adding/updating the POC with the needed AT request.

NYSDOH will monitor the intent request emails to ensure timely service delivery of projects and assist HHCM/C-YES with any identified obstacles/barriers to service delivery.

The HHCM/C-YES intent notification email is sent to EModVModAT@health.ny.gov with the following information:

- Child/youth's name
- Child/youth's CIN #
- Type of request: AT
- The County LDSS or MMCP to which the request will be submitted
- Brief summary of the AT request
- HHCM agency name and HHCM/C-YES contact information
- For HHCMs, the Lead HH should be cc'd on the email



Example:

Marta's AT Request – Parent/Caregiver Information Sheet and Plan of Care Addition

- *The Care Manager (CM) meets with Marta and her family prior to the Plan of Care being updated to discuss priorities and goals to address.*
- *Marta has limited useful speech and uses words and short phrases to communicate. At times, Marta may find it difficult to be understood. Marta can be frustrated with using speech, especially with strangers. Marta and her family are interested in obtaining an augmentative communication device to help Marta communicate more effectively at home and in her community.*
- *The CM provides the family with the Children's Waiver Parent/Caregiver Information Sheet on Adaptive and Assistive Technology Requests. The CM educates the family on the process for requests and answers any questions they have.*
- *The CM adds a goal to Marta's Plan of Care for the AT request and sends an intent notification email to the EModVModAT BML to make NYSDOH aware of the request.*
- *The CM obtains information from the family to reach out to professionals for the clinical justification*



AT - Physician's Order

- The AT service request is initiated by obtaining a **Physician's Order**.
- The physician's order needs to state the child's diagnoses that are directly related to the service request and order the AT item.
 - Physician's Order must be signed and dated by a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) currently treating the member
 - Order may be in the form of letter of medical necessity or prescription with required information
 - Orders provided by Nurse Practitioners, Physician's Assistants, Physical Therapists, or other allied health professions signatures will **NOT** be accepted as Physician's Orders



AT - Clinical Justifications

- The Clinical Justification provides clinical information on the support of the child's identified medical diagnoses and needs for support related to the requested service. It offers justification for the request from a clinical expert.
 - A Clinical Justification is used in place of a pre-project evaluation for AT requests
 - Also used to justify pursuing specific systems/items/modification options where less expensive alternative are available to fulfill medical need or support but would not meet the member's medical need
 - Clinical Justification must use the appropriate clinician (e.g., Occupational/Physical Therapist, Driver Rehabilitation Specialist, etc.). When possible, the clinician should have an established relationship with the member and be aware of the member's familiarity and/or use of the AT item requested

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AT – Clinical Justifications *cont.*

- For **FFS** members, HHCM/C-YES seeks permission from **LDSS** to pursue a clinical justification
- For **MMCP** members, HHCM/C-YES seeks permission from the **MMCP** to pursue a clinical justification
- HHCM/C-YES sets up clinical justification with appropriate clinician(s) to help communicate the request and collaborate with parent/member to find appropriate support for member's medically identified need
- HHCM/C-YES uses pre-project evaluation payment request (PEPR) process for any payment requested for clinical justifications and any other evaluations or assessments that are part of the information necessary for AT request determination
- PEPR form should be provided to LDSS/MMCP prior to or within 5 days after evaluation date to ensure prompt payment for clinicians and evaluators



AT - Clinical Justifications *cont.*

- There may be more than one appropriate clinician depending on the individual and their AT request
- For example, a member with low vision, spastic quadriplegia, seizures, and a communication disability may benefit from an augmentative communication device. You may find input from the teacher of low vision, the PT and/or OT, speech language pathologist, and physician all help to determine the types of devices that the member will be able to use successfully
- HHCM/C-YES are responsible for monitoring the progress of the project to completion.
 - If there are concerns, the HHCM/C-YES should reach out to the LDSS/NYSDOH/MMCP to discuss.

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Pre-Project Evaluation Payment Request (PEPR) Form

- Whenever possible, the Pre-Project Evaluation Payment Request Form should be completed to ensure that Evaluators and Clinicians receive payment for their services without having to await payment until the successful completion of the AT request. PEPR form may be used to pay for any clinical justification as needed.
 - Project evaluators and clinicians must receive payment for services rendered, even if the project is withdrawn, isn't feasible, or doesn't proceed for any reason.
 - HHCM/C-YES sends the Pre-project Evaluation Payment Request (PEPR) form at the time of the clinical justification for AT and within the suggested timeframes for review and processing, not with completed Service Request Packet (SRP).
- *Some counties may have established contracts or approval processes which mandate the use of specific evaluators, clinicians, and vendors/contractors. HHCM/C-YES should check with the LDSS to ensure that pre-project evaluations and bids are being obtained from approved evaluators, clinicians, and vendors/contractors.*



Marta's AT Request – DME Determination, Physician's Order, and Clinical Justification

- NYSDOH receives the intent email from Marta's CM with information on the augmentative communication device being requested. NYSDOH confirms with the Bureau of Medical Review that the device is not classified as Durable Medical Equipment (DME).*
- CM reaches out to the Children's Waiver EMod/Mod AT single point of contact (SPOC) at the county to let them know Marta is seeking an AT request.*
- Dr. Wilbur, Marta's pediatrician, provides a physician's order for Marta's augmentative communication device request and provides diagnoses that directly impact her ability to communicate.*
- Marta's CM, Ms. Martin, provides the physician's order and Marta's current signed POC to the county SPOC, Mr. Francis, and requests permission to seek a clinical justification.*
- Mr. Francis reviews Marta's request for AT and provides permission for a clinical justification. Ms. Martin reaches out to Marta's school speech language pathologist (SLP) to provide the clinical justification.*



Marta's AT Request – AT Clinical Justification Continued

- *Ms. Ramirez, Marta's SLP at school, agrees to provide the clinical justification evaluation for Marta's AT request. She also asks Mr. Jameson, Marta's OT, to help with the evaluation to be sure Marta can manage the touch device with strength required for accurate use.*
- *Marta's mom found a voice bank online and asks if it could be used for Marta's device. Marta has some speech so she would record certain words and phrases. Marta's sister can record her voice to add phrases and words Marta is unable to provide. Marta is excited her voice and her sister's can be blended on the device.*
- *The SLP evaluates Marta for use of various augmentative communication devices and finds one that will provide her with speech capability today and in the future. The device is able to use the voice bank to set up the recording for the device. The OT confirms that Marta is able to independently use the selected device effectively with her muscle strength and make purposeful choices consistently. The SLP and OT write up the clinical justification to provide to Marta's CM.*



AT Annual Soft Cap - \$15,000

- The annual soft cap for AT under the Children's Waiver is \$15,000.
 - NYSDOH determines for FFS Medicaid members if the annual soft cap may be exceeded for request directly related to a medical necessity and supported by relevant diagnoses
 - For MMCP members, the Medical Director of the member's plan will determine if the annual soft cap may be exceeded for demonstrated medical need
 - Annual soft cap amounts may be overridden in support of the member's identified medical need on a case-by-case basis

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AT –Maintenance vs. Replacement

- Costs of maintenance and repairs for AT requests are not covered under the Children's Waiver.
- Total repair/replacement may be covered on a case-by-case basis with prior approval from NYSDOH or MMCP.
- Upgrades needed to keep an AT device or item functional (such as purchase of software updates, etc.,) may be covered on a case by case basis with prior approval from NYSDOH.

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AT - Verifying Medicaid as Payor of Last Resort

- Since Medicaid is the payor of last resort, HHCM/C-YES must exercise due diligence in eliminating alternative payment options first, including but not limited to:
 - Resources such as Third-Party Insurance (TPHI), public and private grants, other government program funding, or community funds
 - For any participant with TPHI, the HHCM/C-YES **MUST** provide a letter of denial with the Service Request Packet (SRP). A copy of the Explanation of Benefits (EOB) or summary of benefits showing request is not covered under the participant's plan may serve as verification of Medicaid as Payor of Last Resort
- HHCM/C-YES should document all attempts made to secure alternate funding (discussion with family on resources, internet research, phone calls, emails, etc.) in their case notes
- If a HHCM/C-YES is unable to find alternate funding resources, a signed and dated statement that diligent attempts were made and no alternative payment sources were available, along with a letter of denial from any applicable TPHI, will satisfy this verification requirement for filing with service request packets (SRP)



Marta's AT Request – Supporting Documentation –TPHI Letter of Denial for Medicaid as Payor of Last Resort

- Marta's CM works on the service request packet (SRP) and gathering supporting documentation. On the next home visit, she brings the Description and Cost Projection form for the family's signatures and discusses the status of the AT request.*
- Marta is covered under third-party health insurance (TPHI) through her father's employment. The CM calls the TPHI company to secure a letter of denial. While the carrier does cover some augmentative communication devices, it declines to cover the device that Marta requires. The letter of denial from the TPHI is part of the verification of Medicaid as payor of last resort needed for the SRP. In addition to this letter, the CM confirms in writing that there are no private or public funding resources that will help pay for the device.*
- The CM discusses with the family that once they receive the device, the family will need to cover any repairs or maintenance needed for the device to be used.*



AT Bids Process and Provision

- HHCM/C-YES seeks permission to secure bids from LDSS/MMCP and ensures submitted bids provide for completion of total approved scope
- Three bids are required for all projects over \$1,000 and at least one bid for projects under \$1,000
 - If less than the required three bids can be secured in a timely fashion, HHCM/C-YES needs to submit written justification of good faith efforts to secure bids and request review of available bids
- No bids with sales tax will be accepted – Bids should be revised without sales tax
- Bids must be itemized to show costs
- Bids may not be bundled. If a contractor is bidding on multiple projects, each project requires an itemized bid.



AT Bids Process and Provision – Continued

- AT bids are often limited to one or two manufacturers who provide unique products to support specific medical needs
- AT may be provided through medical supply companies or direct invoicing as determined by the LDSS internal procurement policies
- *Some counties may have established contracts with vendors/contractors. HHCM/C-YES should check with the LDSS to ensure that bids are being obtained from appropriate vendors/contractors.*

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AT Bids – Single Source Documentation and Payment Requests

- It is common to find that an AT device or item may be manufactured or distributed by a single source. AT may be patented or intellectual property of one inventor or manufacturer or provided through one distributor so there is literally one place to get the item.
- In such cases, the CM will need to document with a written statement that no other devices or items are available to support the member's identified medical need and the sole bid provided is requested to be reviewed.
- Some counties may require a medical supply company to order and receive AT items. Other counties will allow an invoice for payment directly to the company providing the item.
- Most AT companies require payment in full prior to provision of the item, unlike modifications that allow for start-up payments and final payments on project completion.



Marta's AT Request – Bid Process and Written Justification for Provision of Fewer than 3 Bids

- The CM finds there are two companies that provide the device the SLP and OT recommend for Marta, however only one of the companies, Magpie Augmentative Communication Devices, will work with the voice bank Marta and her family want to use in programming the device's voice.*
- The CM asks for bids from both companies for the selected device. The bids are for the same device with the required software capabilities. The Magpie device bid is a little more in cost as Magpie will be working with the voice bank to create Marta's voice.*
- The CM writes a statement asking the county and NYSDOH to consider the bid from Magpie since it will provide the voicebank blended voice for Marta's device.*



Marta's AT Request – Service Request Packet

- *The CM sends the LDSS Marta's AT Service Request Packet to review.*
- *The Service Request Packet for Marta includes:*
 - *Description and Cost Projection form,*
 - *Letter of medical necessity,*
 - *Clinical justification,*
 - *Current signed Plan of Care with AT goal*
 - *CM's written statement of verification of Medicaid as payor of last resort,*
 - *CM's written justification to request review of less than 3 bids and to recommend the Magpie bid as most supportive of Marta's medical needs, and*
 - *Letter of denial from third party health insurance with clear language from carrier re: AT coverage*

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Marta's AT Request – LDSS and NYSDOH Reviews of AT Service Request Packet

- *The LDSS reviews the Service Request Packet and completes their portion of the packet including identifying the Magpie bid as the recommended provider for the AT device on the Description and Cost Projection form.*
- *The LDSS submit the AT Service Request Packet to the Children's Waiver EModVModAT BML for review.*
- *In the AT bid for Magpie, there is a note about device set-up and training for Marta, her family, and her caregivers on the use of the device. NYSDOH requests clarification on whether there will be an additional cost for training and set-up of the device. Training and customization of the device costs would be covered under the Waiver however the CM confirms that these costs are included in the Magpie bid.*

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AT Notice of Decision (NOD)

- A 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
- The form used is the Notice of Decision to Authorize or Deny Assistive and Adaptive Technology, Environmental Modification, and Vehicle Modification
- All NODs are subject to Fair Hearing when requested. This process is explained to the Waiver participant/family via their HHCM/C-YES
- HHCM/C-YES, family/member, and contractor/provider, if identified, receives AT Notice of Decision (NOD) from LDSS regarding determination of proposed project
- HHCM/C-YES provides education and assistance to family/member in the event the family/member wishes to file a Fair Rights Hearing



AT Service Delivery

- The HHCM/C-YES works with the participant/family and the selected contractor/provider to initiate the project/request, including identifying and communicating any barriers to project start-up
- The provider will be responsible for the coordination of the project and will provide detailed information regarding expenditures, compliance requirements, and project timelines
- The HHCM/C-YES will ensure that the item is provided as agreed. Item provision includes any training for the member, family and any caregivers or clinicians and any required item set-up or customization for the member. Any costs for training, item set-up or customization should be included with the project cost.
- HHCM/C-YES communicates any proposed changes in scope to LDSS/NYSDOH/MMCP to obtain prior approval
- Any additional costs incurred as a result of project completion and/or changes to the approved project bid will require **prior approval** by NYSDOH/MMCP with supporting documentation of the need for the revision or risk nonpayment



Marta's AT Request – Funding, NOD, and AT Provision

- NYSDOH reviews Marta's AT Service Request Packet for Waiver compliance and funding. They send a letter of support to the LDSS and request the funds for the augmentative communication device from the Special Project Vouchering (SPV) fund with the next monthly SPV requests.*
- The LDSS receives the letter of support and provides a Notice of Decision (NOD) to Marta and her family, the CM, and Magpie.*
- The county treasurer receives the SPV funding for Marta's AT project.*
- The augmentative communication device is ordered by invoice from Magpie by the county. No sales tax can be paid for Waiver purchases so the invoice is for the cost of the device only.*

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Marta's AT Request – Device Customization and Training

- *Once the family has received the device, Magpie reaches out to the family to set up a time to provide device personalization and training online.*
- *Magpie helps the family optimize the device for Marta's use and train the family on ways they can help Marta to use the device consistently and feel comfortable with the device in different settings.*
- *Marta's SLP and her other caregivers also attend the device training so they can understand the device and how Marta can use her device most successfully in her home and community.*

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AT- Final Cost Form

- Final Cost form should be initiated by HHCM/C-YES to all parties to obtain required signatures and supporting documentation. HHCM/C-YES submits completed Final Cost form with copies of all associated project invoices and copy of post evaluation to LDSS/MMCP within 7 Business Days (BD) of project completion
- LDSS and NYSDOH will each review the completed Final Cost Form and supporting documentation within five (5) Business Days of receipt
 - NYSDOH will issue a Letter of Final Cost Acceptance and Project Closure to the LDSS
 - OR**
 - NYSDOH will contact the LDSS with questions or requests for additional information



AT Repairs, Revisions, and Upgrades

- NYSDOH will not fund repairs or revisions of AT when such repairs, revisions, or upgrades that would have been discovered or provided as a part of maintenance and normal wear and tear use of the item. It is the responsibility of the member and family to maintain AT items
- NYSDOH will not reimburse for repairs or revisions that result from deviations of AT clinical justifications that were not submitted for NYSDOH prior approval. Clinical justifications serve as the scope of project and will be treated with the same weight and effect as pre-project evaluations
- The HHCM/C-YES will ensure that the work is provided as agreed
- Any additional costs incurred as a result of project completion and/or changes to the approved scope of project will require supporting documentation and prior approval by NYSDOH/MMCP or risk nonpayment

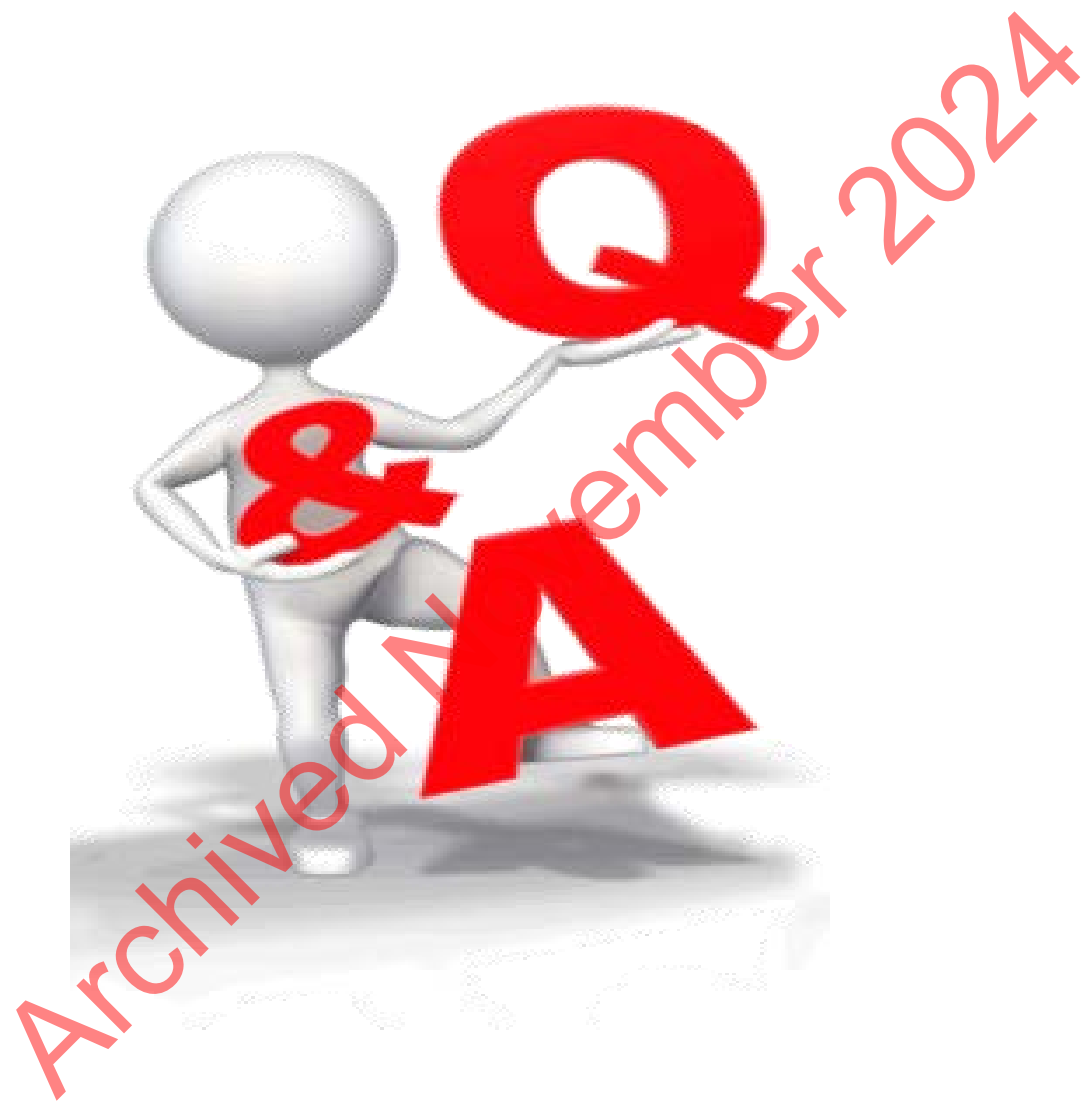
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Marta's AT Request- Final Cost Form and Project Closure

- *The CM asks the family, the clinicians involved in writing the clinical justification, and the provider to sign off on the Final Cost form.*
- *The CM requests a copy of the final invoice and asks the clinicians to write a post evaluation on the device. The clinicians confirm that Marta has received the recommended device, it is set up for her use, and she is consistently successful in using it.*
- *The CM signs off on the Final Cost Form and provides the form with supporting documentation to the LDSS for review and completion.*
- *LDSS reviews and submits the Final Cost form and documentation to NYDOH.*
- *NYSDOH reviews and provides a letter of Final Cost Form Acceptance and Project Closure to the LDSS. NYSDOH provides any additional project funding as needed. Once all evaluators and providers have received their final payments, the project is closed.*





Appendix

Archived November 2024

November 2022



Department of Health

Office of Mental Health

Office of Addiction Services and Supports

Office of Children and Family Services

Office for People With Developmental Disabilities

NYS DOH Website

Find guidance, policies, forms, webinars, and more on the NYS DOH 1915(c) Children's Waiver webpage located at, https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm

Department of Health Individuals/Families Providers/Professionals **Health Facilities** Search

You are Here: [Home Page](#) > [Behavioral Health](#) > 1915(c) Children's Waiver and 1115 Waiver Amendments

1915(c) Children's Waiver and 1115 Waiver Amendments

As part of the Children's Medicaid System Redesign, the 1915(c) Children's Waiver and 1115 Demonstration Waiver work together to offer an array of services to provide the communities in the least restrictive settings. The goals of the Children's Waiver are to keep children/youth on their developmental trajectory, identify needs early and intervene to maintain accountability for improved outcomes and delivery of quality care, and make more services available to children/youth from birth to age 21.

This site provides information related to the Children's Waiver – including guidance and resources for providers, care managers, managed care organizations, families, and BH.Transition@health.ny.gov

IMPORTANT: Please visit our main Health Home page for COVID-19 Updates and Policy Guidance

CANS-NY Information and Resources can be found on the Health Home Serving Children page

Overview of 1915(c) Children's Waiver and 1115 Waiver	Family and Consumer Information	Children's HCBS Waiver Provider Guidance, Policies, & Training	Children's HCBS Manuals and Rates
Capacity Management	Eligibility	Plan of Care	Care Management Guidance, Policies, & Training
Child and Youth Evaluation Services (C-YES)	EMods, VMods, AT, & Non-Medical Transportation	OPWDD Resources	Archive

Adult Behavioral Health

Home

[MRT BH Subcommittees Archive](#)

[Behavioral Health Home and Community Based Services \(BH HCBS\)](#)

[Health Homes for Individuals in HARP and HARP Eligibles in HIV](#)

NEW YORK STATE Department of Health Office of Mental Health Office of Addiction Services and Supports Office of Children and Family Services Office for People With Developmental Disabilities

Resources and Questions

- Questions regarding EMods, VMods, and AT can be directed to EModVModAT@health.ny.gov
- Questions, comments or feedback on Health Homes Serving Children to: hhsc@health.ny.gov or contact the Health Home Program at the Department of Health at 518.473.5569
- Specific Questions/Comments regarding Transition services BH.Transition@health.ny.gov
- Subscribe to the HH Listserv http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm



Department of Health Complaints

- Enrollees and providers may file a complaint regarding managed care plans to DOH
 - 1-800-206-8125
 - managedcarecomplaint@health.ny.gov
- When filing:
 - Identify plan and enrollee
 - Provide all documents from/to plan
 - Medical record not necessary
- Issues not within DOH jurisdiction may be referred
- DOH is unable to arbitrate or resolve contractual disputes in the absence of a specific governing law
- File Prompt Pay complaints with Department of Financial Services:
<https://www.dfs.ny.gov/insurance/provlhow.htm>

