Children's Waiver Renewal Information
In Preparation for Stakeholder Engagement Meetings

In preparation for submission of the Children's Waiver renewal, effective April 1, 2022, to the Centers for Medicare and Medicaid Services (CMS), the New York State Department of Health (DOH) is eagerly seeking input from stakeholders. The renewal is an opportunity to evaluate what is working well and what needs improvement regarding the service delivery, processes, and procedures of the Children's Waiver to improve the outcomes for children and youth who need Home and Community Based Services (HCBS) made available through the waiver.

Several stakeholder engagement meetings have been scheduled for stakeholders to share suggestions, ideas, and solutions regarding the Children's Waiver design.

Consumer – Participants and their Families:
Tuesday September 28, 2021, 5:30 pm – 6:30 pm
Wednesday September 29, 2021, 10:00 am -11:00 am
Friday October 1, 2021, 10:00am - 11:00am

Previously Held Sessions:

Health Homes and Care Management Agencies:
Tuesday, September 14, 2021, 10:00 am – 11:00 am

C-YES and Medicaid Managed Care Plans:
Tuesday, September 14, 2021, 11:30 am – 12:30 pm

HCBS Providers:
Tuesday, September 14, 2021, 1:00 pm – 2:00 pm

MRT Children's Subcommittee Members and Advocates:
Wednesday, September 15, 2021, 10:00 am – 11:00 am

Additionally, those individuals or groups that would like to share ideas and solutions in writing can do so through this survey link: https://www.surveymonkey.com/r/9WYRRKC, which is also posted on DOH's newly created 1915c Children's Waiver Renewal webpage at https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1915c_waiver_renewal.htm. All information regarding the Children's Waiver renewal will be made available on this webpage.

Thanks to the feedback previously received from providers, care managers, families, and other stakeholders, page 2 of this document outlines changes already made to the Children's Waiver within the last four amendments submitted and approved by CMS. These improvements will be continued as part of the renewal request. Page 3 summarizes other ideas already being explored and considered for the Children's Waiver renewal.

Thank you to all stakeholders for your hard work and dedication. We look forward to receiving your thoughtful ideas and feedback.

The following changes to the Children's Waiver have *already* been implemented:

- **Respite: revised supervisor qualifications** – in an OPWDD-certified setting, supervisors in the provision of Respite in the Children's Waiver must have over 3 years' experience in the certified setting and such provision is under the oversight of a licensed professional, Qualified Intellectual Disabilities Professional (QIDP), or a master's level professional in a Behavioral Health field.
- Clarified that **Care Managers will meet regularly with waiver participants** in a manner and frequency that is consistent with the participant's Health Home acuity level.
- **Palliative Care – Bereavement and Expressive Therapies**: added generic provider agency qualifications – practitioners must work within a child serving agency or agency with children's behavioral health and health experience, designated through the NYS Children's Provider Designation Review Team to provide the services referenced in the definition. This requires agencies to have the appropriate licenses, certification, and/or approval in accordance with State designation requirements by OMH, OASAS, OCFS, or DOH.
- **Clarified provider qualifications** for Palliative Care - Massage Therapy and Pain & Symptom Management.
- Expand the **definition of Licensed Practitioner of the Healing Arts (LPHA)** to include LPHAs who have the ability to diagnose within their scope of practice under NY State law **or** *who are under supervision of an LPHA who has the ability to diagnose within their scope of practice under NY State law*
- **Removed duplicate documentation of the LPHA risk factors form** being completed after the initial eligibility determination without a break of HCBS.
- Updated the **definition of Adaptive and Assistive Equipment –** removing references to service animals that are not consistent with the American Disabilities Act (ADA). Note that the definition *will* continue to cover the reimbursement for service dogs.

The following changes to the Children's Waiver are *currently pending* CMS approval:

- **Adjusted the Respite and Palliative Care rates** to align with qualifications.
- Modification to the terminology *Assistive and Adaptive Equipment* to ***Assistive and Adaptive Technology***, to align requested terminology.
- **Combined Caregiver/Family Support Services and Training (CFSS) with Community Self-Advocacy Training and Supports (CSAT)** to allow broader provider qualifications for the activities of both of the former services, which are now consolidated to ***Family/Caregiver Support and Advocacy***.
- **Clarified palliative care counseling assessments and plan of care development** for six months and ensure that certain administrative duties are performed (by the HHCM) for additional one month when a child on the waiver passes away.
- **Enhance rates** consistent with the American Rescue Plan spending plan.

The following items are being *explored and considered* for the Children's Waiver renewal:

- **Remove and update all Waiver language** specific to transitioning from the previous waiver or the Department of Health Care at Home waiver.
- **Eliminating the need for an LPHA form** when HCBS referrals for a child/youth being discharged from an institutional level of care (i.e., hospitals, residential, nursing homes, psychiatric centers), as long as all critical waiver eligibility information is obtained.
- Change **Health Home Face to Face (F2F) monitoring requirements** for children and youth who have numerous providers involved in their lives. This will allow children and youth with high acuity to safely reduce the number of in-person contacts required by care managers based on an assessment of Risk/Safety.
- Implement flexible funding of **Participant-Directed Goods and Services** to permit families to purchase services and programming supports such as respite camps.
- **Expand Respite** to include Medical Respite for children/youth who have complex medical needs.
- **Enhance Peer and Family Support service credentialing/training** specific to the Medically Fragile and Developmental Disabilities population.
- **Implement Transition Services and Coordination** supportive services to improve transitions for children from Institutional Levels of Care to Community Based Services and residences.
- **Clarify remote monitoring and telehealth requirements**.