



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

State Discussion with Children's Waiver HCBS Providers

October 2022

Purpose

- To have an open dialogue between the State and HCBS providers to communicate issues and concerns.
- HCBS providers to have the ability to discuss barriers and be a part of the problem-solving discussion.
- The State to have the ability to share upcoming changes, guidance, information, and to obtain feedback directly from the HCBS providers.

Agenda

- ✓ Case Review & Next Steps
- ✓ eFMAP Updates
- ✓ HCBS Provider Attestation
- ✓ HCBS Frequency, Scope, and Duration
- ✓ Documentation policy
- ✓ Upcoming Workgroup Meetings
- ✓ Feedback: Supports HCBS Providers Need (policy/guidance, training, other requests, etc.)
- ✓ Future Meetings & Contact Information

Case Review & Next Steps

NYSTEC Case Review of HCBS Providers

- The NYSTEC case review team is currently in the process of completing case reviews for waiver year 2021-2022.
 - As of today, 85% of reviews have been completed, and the remaining reviews are expected to run through end of October.
- There is still outstanding documentation for 5 provider agencies.
 - Outreach has been made via SFT and email/phone. Documents need to be sent as soon as possible.
- Summary of Findings (SOF) and Corrective Action Plan (CAP) requests have been sent to 39 agencies and the remaining documents will be sent as case reviews are completed.
 - CAPs are due two weeks from when they are sent through SFT.
 - If you have any questions on CAPs, please send them through SFT for most efficient response. A follow up meeting can be scheduled to discuss, if necessary.
- Reminder. Messages and packages sent through SFT expire after **14 days**, providers are encouraged to download packages once received.
- Overall case review findings will be shared during HCBS provider meeting in November.



eFMAP Update

eFMAP Children's Activities – Attestation Update

- Providers delivering HCBS, CFTSS, or 29-I services between April 1, 2021, and December 31, 2021, are eligible to receive a minimum of \$75,000 for Workforce and/or Infrastructure investments.
 - Eligible providers must use these funds to develop and implement programs and strategies that assist in workforce capacity building and/or agency infrastructure, as described in the approved ARPA Spending Plan; eligible funding activities are detailed in the Attestation.
 - To receive these funds, interested providers must submit the signed attestation form to DOH by the due date.
- ❖ **Receipt of funds associated with the eFMAP attestation contingent upon completion of the case review**
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Attestations will be sent via email to the point of contact on the State's Designation list. Attestations are anticipated to be sent to providers by early November

HCBS Provider Attestation

Provider Designation – Attestation Update

- Providers must sign the [Designated Home and Community Based Services \(HCBS\) Provider Attestation form](#) and return to BH.Transition@health.ny.gov within 30 days of designation.
 - Outreach will occur to Designated Providers who have not signed the attestation timely. This form is part of designation and must be signed to continue to be designated
 - Newly designated providers must also complete a self-assessment survey and documentation worksheet to verify and confirm compliance with the HCBS Final Rule as well as complete the EVV Declaration Form
 - DOH staff will follow up with newly designated providers within the last year who has not gone through this process
- Providers are not required to submit an updated attestation when they make changes to their designation (i.e., addition/removal of a site, service, etc.).
- This form must also be signed completed and submitted again in instances if the provider de-designates and then later re-designates.
- Providers will need to sign this attestation at least every 3 years. The State will notify providers when it's time for them to submit a new form.



HCBS Frequency, Scope, and Duration

Authorization



HCBS Frequency, Scope, and Duration

- **Scope:** As a form of checks against fraud and abuse, service utilization in excess of the "soft" unit (i.e., annual, daily, dollar amount) limits ***must be based on medical necessity***.
- **Duration:** HCBS should be no longer than 6 months.
- Though these parameters are outlined for the broad HCBS population, the individual frequency, scope, and duration is based on each participant's unique needs.
 - If additional authority is needed, then medical necessity needs to be documented and authority received from the MMCPs
- The MMCP may deny submitted claim if the units billed are not supported by the frequency, scope, and duration documented on the HCBS [Authorization and Care Manager Notification Form](#).
 - Since providers are required to submit this form, MMCPs may also deny claims submitted without a corresponding HCBS Authorization and Care Manager Notification Form on file.



Realistic Frequency, Scope, & Duration – Meeting Waiver PM

- HCBS providers determine F/S/D for the member based upon their unique needs
- This information must be shared with the Health Home Care Manager/C-YES to be entered into the Plan of Care that is shared with the Medicaid Managed Care Plan
- Additionally, members MUST receive the level of F/S/D – if not met then Waiver performance measures are not met.
 - Adequate assessment of need, matched by which the service provider can deliver is necessary to be successful
 - Reassessment of need and service level can always be done
 - Stating less than huge amounts to begin with a new member – will have better outcomes and success in meeting Waiver standards



HCBS Billing/Claiming – Medical Necessity

- Service utilization in excess of the unit (i.e., annual, daily, dollar amount) limits as outlined in the HCBS Manual and the Children’s HCBS Authorization and Care Manager Notification Form **must** be based on medical necessity.
- Although, during the PHE the MMCPs cannot conduct “*Utilization Management*”, the MMCP can deny claims with excessive services
- Documentation of the medical necessity for extended durations should be submitted to the MMCP as the payer of services.
- Additionally, all medical necessity documentation must be kept on file in the child/youth’s record.



Documentation Policy



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Documentation Policy

DOH plans to issue a documentation policy with the following topics:

Required Documentation

- Intake assessment
- Referral for Home and Community Based Services (HCBS) to HCBS Provider
- Children's HCBS Authorization and Care Manager Notification form
- Documentation of participants' rights
- Documentation of medical necessity
- HCBS Service Plan
- Progress notes
- Discharge Plan

Situational Documentation

- Documentation of reportable incidents, complaints, and/or grievances
- Transition plan and form for Transition Age Youth (TAY)

Are there additional topic areas that should be covered in the policy?

Upcoming Workgroup Meetings



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Upcoming Workgroups

HCBS Referral Process Workgroup

- DOH is planning to host workgroup meetings for the HCBS referral process.
- If you are interested, please reach out to us in the Behavioral Health (BH) Transition email below.

Palliative Care Workgroup

- DOH is leading a palliative care workgroup to build provider capacity, address and remove as many barriers as possible, and ensure the designation process is as seamless as possible.
- Any additional interested providers should reach out to the BH Transition email below.

Regional Provider Meetings

- All providers, HH, and MCOs will be invited to attend—please let DOH know if your organization has a space that can be used to host these meetings.
- An announcement will be forthcoming including dates, times, and agenda.

Please submit all agenda requests, suggestions, or questions to BH.Transition@health.ny.gov.



HCBS Provider Feedback



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HCBS Provider Feedback

- Please provide feedback on the supports that are needed (policy/guidance, training, other requests, etc.).
- Feedback can be provided verbally or in the chat.
- If other ideas and feedback come to your mind after this meeting, please reach out to us at the BH.Transition@health.ny.gov mailbox or (518) 473-5569.



Future Meetings & Contact Information



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Future Meetings & Agenda

- Next Scheduled Monthly Meetings:
 - November 16th, 2022 from 1-2:30pm
 - December 21st, 2022 from 1-2:30pm

Future HCBS Monthly Meetings may be impacted by Regional Meetings once scheduled

- **Register for all these monthly meetings here:**
<https://attendee.gotowebinar.com/rt/6285227798939622>



- DOH would like to discuss topics of interest to the HCBS providers and also hear suggestions and ideas for improvement.
- Please submit your agenda requests, suggestions, or questions to BH.Transition@health.ny.gov.



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



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