



# Department of Health

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Executive Deputy Commissioner

**ADMINISTRATIVE DIRECTIVE**

**TRANSMITTAL: 19 OHIP ADM-03**

**TO:** Commissioners of Social Services

**DIVISION:** Office of Health Insurance Programs

**DATE:** June 18, 2019

**SUBJECT: Assistive Technology, Environmental Modifications, and Vehicle Modifications Authorization**

**SUGGESTED DISTRIBUTION:**

Director of Social Services  
Medicaid Staff  
Home Care Staff  
Fair Hearing Staff

**CONTACT:**

Division of Long Term Care:  
518-474-5888

**ATTACHMENTS:**

See Appendix I for Listing of Attachments

**FILING REFERENCES**

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
00 OMM/ADM-4			1915 (c) Children's Waiver NY SS Law 366		

**I. PURPOSE**

This Administrative Directive (ADM) is to provide information to the Local Departments of Social Services (LDSS) so they may authorize and pay for Assistive Technology (AT), Environmental Modifications (E-Mods), and Vehicle Modifications (V-Mods) under the 1915(c) Children's Waiver.

**II. BACKGROUND**

The Home and Community Based Services (HCBS) of AT, E-Mods, and V-Mods are typically provided by contractors or providers that are not able to enroll in the Medicaid program. Accordingly, these providers have no direct pathway to claim for Medicaid reimbursement.

AT, E-Mods, and V-Mods are available to Medicaid recipients through participation in a 1915 (c) waiver program or through New York's Medicaid State Plan, where the recipient meets the service eligibility criteria. Please note that while AT, E-Mods, and V-Mods will not be activated in the Medicaid State Plan until the Community First Choice Option (CFCO) is fully operational, these services are currently available through the 1915 (c) Children's Waiver. To ease implementation, the procedural steps for authorizing AT, E-Mods, and V-Mods, as well as the service definitions, are aligned under both the 1915(c) Children's Waiver and CFCO.

Authorization guidelines are appended to this ADM to explain each of these services and related procedures. Please see Attachment I, *Guidelines for Authorizing Assistive Technology*, Attachment II *Guidelines for Authorizing Environmental Modifications*, and Attachment III, *Guidelines for Authorizing Vehicle Modifications*. They are also available at:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/1115\\_waiver\\_amend.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm) and

[https://www.health.ny.gov/health\\_care/medicaid/redesign/community\\_first\\_choice\\_option.htm](https://www.health.ny.gov/health_care/medicaid/redesign/community_first_choice_option.htm).

**III. PROGRAM IMPLICATIONS**

**A. Key Program Contacts: Fee-For-Service**

The LDSS is responsible for the review and authorization of services for individuals not enrolled in Medicaid Managed Care (MMC) plans. Specific populations for whom the LDSS will be authorizing these services are defined below.

The New York State Department of Health (NYSDOH) will NOT provide reimbursement to the LDSS for any AT, E-Mod, or V-Mod that has not followed the process outlined in this ADM or which commenced prior to receiving approval from the LDSS and/or NYSDOH.

**B. Eligibility**

No changes in determining Medicaid eligibility are required as a result of this ADM.

**IV. APPLICABILITY**

Effective April 1, 2019, the consolidated 1915(c) Children's Waiver became operational across New York State. This waiver consolidated six previous 1915(c) waivers into one 1915(c) waiver that allows children to access an aligned array of HCBS to address their needs, goals and preferences as detailed in their Person- Centered Plan of Care (POC). The previous waivers include:

- Office for Mental Health's (OMH) Serious Emotional Disturbance (SED) HCBS 1915(c) waiver
- Department of Health's Care at Home (CAH) I/II 1915(c) waiver
- Office for People with Developmental Disabilities (OPWDD) CAH 1915(c) waiver
- Office for Children and Family Services (OCFS) Bridges to Health (B2H) SED 1915(c) waiver
- OCFS B2H Medically Fragile (Med Frag) 1915(c) waiver
- OCFS B2H DD 1915(c) waiver

The consolidation ensures that any service that was available to any of the children eligible and enrolled in the previous waivers will be available to all children in the consolidated 1915 (c) Children's Waiver. Most of the services available under the 1915 (c) Children's Waiver are provided by Medicaid-enrolled providers and may be billed/claimed under current processes. AT, E-Mods, and V-Mods are the exceptions.

The 1915 (c) Children's Waiver participants are eligible for Health Home. If the child/family elects to receive care management from a Health Home, the care manager is responsible for assessing the child, conducting person-centered care planning, developing a comprehensive POC, and ensuring the POC supports the child's functional development and inclusion in the community.

For children who opt out of Health Home, the State's Independent Entity (IE), Children and Youth Evaluation Service (C-YES), determines a child's eligibility for Home and Community-Based Services (HCBS) waiver participation and develops a person-centered POC for HCBS only. C-YES provides care coordination of HCBS for waiver children in fee-for-service Medicaid. C-YES will provide care coordination of HCBS for waiver children enrolled in Medicaid managed care (MMC) until the Children's waiver services become part of the MMC benefit package. C-YES also monitors the implementation of the POC for HCBS for every child that is in their case load.

Effective April 1, 2019, the LDSS will be responsible for the authorization of E-Mods, V-Mods, and AT in accordance with the child's POC and this administrative directive for all children participating in the Children's Waiver. The LDSS will be responsible for all service authorization of E-Mods, V-Mods and ATs until these benefits are available to enrollees of MCOs through their benefit package (10/1/19) or in the state plan (1/1/20). Once this is the case, the LDSS will remain responsible for authorizing these services for the Fee for Service population.

The LDSS remains responsible for authorization of these services for the individual until:

- 1) The individual is no longer participating in the Children's waiver, or is otherwise not eligible or in need of the services (pursuant to the POC); or
- 2) The Children's Waiver services have been added to the MMC benefit package and the individual is enrolled in a MMC plan; or
- 3) The individual is eligible for AT, E-Mods, or V-Mods under a State Plan benefit that has been included in the MMC benefit package, and the individual is enrolled in MMC.

For individuals enrolled in MMC, once a service the individual is receiving is added to the MMC benefit package, the LDSS will coordinate with the individual's MMC plan to share information about services authorized for him or her to facilitate a smooth transition of services, with no gaps in service delivery.

- Please note: Any AT, E-Mod, and/or V-Mod approval process that began prior to April 1, 2019 will continue to be processed and paid for by the current processes, even if different than stated below. Services that began prior to April 1, 2019 should not be stopped or delayed due to this transition.

**V. AUTHORIZATION, APPROVAL, AND NOTICE OF DECISION**

The LDSS will use the Guidelines for Authorizing AT, E-Mods, and V-Mods. The authorization process for these services includes working with the Health Homes and/or C-Yes and individuals/families to obtain a completed authorization packet, selecting the lowest responsible bid, finalizing the Description and Cost Projection Form, sending the completed authorization packet and required documentation to the NYSDOH for review and support, denial or request for more information. Where approval is granted, issue a Notice of Decision (NOD) to the service provider, individual/family and the Health Home and/or C-Yes.

Each of these services have a soft cap of \$15,000 per calendar year, meaning that any authorized service that causes this cap to be exceeded must receive prior approval from NYSDOH. The State will take this into account during review of authorization packages.

When a service is requested, the LDSS must submit Attachment IV, the *Description and Cost Projection Form* along with supporting documentation providing detailed project/product specifications including scope, estimated material and labor costs, and other required expenditures, as well as a justification of the request to exceed the limit, if applicable. The NYSDOH CFCO-Children's Approval Unit will process the request and return a determination to the LDSS via the same method as the original submission.

Forms should be sent to NYSDOH using one of the secure options below:

Mail	Fax	HCS
NYS DOH/OHIP Division of Long Term Care Attn: CFCO-Children's Approval Unit OCP 16 <sup>th</sup> Floor 99 Washington Avenue Albany, NY 12210	1-518-408- 6045	CFCO- ChildrensApproval @ Health.ny.gov

A Notice of Decision (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. Upon making a determination about a request for services and receiving NYSDOH approval, the LDSS is responsible for sending a written NOD, indicating authorization, denial, or a reduction of the requested service to the individual, legal guardian (if applicable), authorized representative (if applicable), and the individual's care manager. NODs denying or reducing services must also include information regarding an individual's Fair Hearing rights and how to apply for a Fair

Hearing. LDSS should use Attachment V: *Notice of Decision to Authorize or Deny Assistive Technology, Environmental Modifications, Vehicle Modifications, Community Transitional Services and Moving Assistance.*

**VI. PAYMENT**

The NYSDOH has established a Special Project Fund (SPF) and a process that will eliminate the need for the LDSS to front funds to non-Medicaid enrolled providers in advance of receiving Medicaid reimbursement for LDSS-authorized services.

To obtain advanced payment for an AT, E-Mod, or V-Mod service, the LDSS must submit Attachment IV, the *Description and Cost Projection Form* with all supporting documents to NYSDOH's CFCO-Children's Approval Unit using one of the secure methods above. NYSDOH staff will process the request for a SPF advance, including requesting that a check be issued to the County Treasurer at the LDSS. Please note, the check will be issued from the Office of Temporary and Disability Assistance (OTDA).

This form may also be used to seek prior approval to exceed the annual cap. If either request is not approved, the LDSS will be so notified. If additional information is needed, the disbursement may be delayed pending submission of the additional information. These forms are all appended to this ADM and are also available at:

[https://www.health.ny.gov/health\\_care/medicaid/redesign/behavioral\\_health/children/1115\\_waiver\\_amend.htm](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm) and

[https://www.health.ny.gov/health\\_care/medicaid/redesign/community\\_first\\_choice\\_option.htm](https://www.health.ny.gov/health_care/medicaid/redesign/community_first_choice_option.htm)

Additional instructions on how to request an advance from and/or submit a claim to the Special Project Fund are attached to this ADM. Refer to Attachment VII, *Requirements for Requesting Special Project Fund Advances.*

Once the technology purchase or modification is complete, a *Final Cost Form* (Attachment VI) must be filed with the NYSDOH CFCO-Children's Prior Approval Unit. This form will be used to reconcile any advances from the Special Project Fund.

**VIII. SYSTEMS IMPLICATIONS**

For the Children's Health and Behavioral Health Benefits Transition, a series of new Recipient Restriction/Exception (RR/E) "K" codes were created to identify Medicaid eligible children in receipt of HCBS and the diagnostic group for which they are assessed eligible. These "K" codes will also assist with tracking and HCBS billing purposes. Please see a full description of these codes below. Children participating in the Children's Waiver will have one or more of the following codes appear on their eMedNY record. LDSS responsibility to place or remove these RR/E codes is not addressed in this administrative directive. Additional systems guidance is included in the [Consolidated Children's Waiver and Medicaid Case Processing Requirements ADM \(19-02\)](#).

RR/E Waiver K codes

- K1: HCBS Level of Care
- K2: HCBS Level of Need

K3: HCBS Diagnostic Group - Serious Emotional Disturbance  
K4: HCBS Diagnostic Group - Medically Fragile  
K5: HCBS Diagnostic Group – Developmentally Disabled  
K6: HCBS Diagnostic Group – Developmentally Disabled Medically Fragile  
K7: HCBS Diagnostic Group - Complex Trauma  
K8: Voluntary Foster Care Agency  
K9: Foster Care  
KK: Family of One

**IX. EFFECTIVE DATE**

The provisions in this Administrative Directive are effective April 1, 2019.



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Donna Frescatore  
Medicaid Director  
Office of Health Insurance Programs

**LISTING OF ATTACHMENTS**

- Attachment I: Guidelines for Authorizing Assistive Technology
- Attachment II: Guidelines for Authorizing Environmental Modifications
- Attachment III: Guidelines for Authorizing Vehicle Modifications
- Attachment IV: Description and Cost Projection Form
- Attachment V: Notice of Decision to Authorize or Deny Assistive Technology, Environmental Modifications, Vehicle Modifications, Community Transitional Services, and Moving Assistance
- Attachment VI: Final Cost Form
- Attachment VII: Requirements for Requesting Special Project Fund Advances