



Department
of Health

NYS Department of Health Nursing Home Transition and Diversion (NHTD) Program

Medicaid Waiver Orientation Training: Unit 4

Waiver Services

Recommended Content

List of NHTD Waiver Services

- Service Coordination
- Assistive Technology (AT)
- Community Integration Counseling (CIC)
- Community Transitional Services (CTS)
- Congregate and Home Delivered Meals
- Environmental Modification Services (E-mod)
- Home and Community Support Services (HCSS)
- Home Visits by Medical Personnel
- Independent Living Skills Training Services (ILST)
- Moving Assistance
- Nutritional Counseling/Educational Services
- Peer Mentoring
- Positive Behavioral Interventions and Supports (PBIS)
- Respiratory Therapy
- Respite Services
- Transportation Services (social transportation)
- Structured Day Program Services (SDP)
- Wellness Counseling Service

NHTD Waiver Services

NHTD Waiver Services are designed to address the unique needs of the participants. All other services including informal supports, non-Medicaid services, federally funded services and Medicaid State Plan services are explored before utilizing waiver services.

The provision of waiver services must be cost effective and necessary to avoid institutionalization.

The following slides provide general definitions of NHTD services.

Service Coordination

Service Coordination is an individually designed intervention which provides primary assistance to the waiver applicant/participant in gaining access to needed waiver and Medicaid State Plan services, as well as other local, state and federally funded educational, vocational, social, medical and any other services. These interventions are expected to result in assuring the waiver participant's health and welfare and increasing independence, integration and productivity.

The Service Coordinator (SC) assists the applicant in becoming a waiver participant (e.g., application) and coordinates and monitors the provision of all services in the Service Plan once the individual is determined eligible. For individuals transferring from nursing facilities, the SC facilitates the necessary supports to maintain the individual's health and well-being sufficient to avoid unwanted nursing home placement.

The SC should explore:

- What are the participant's goals?
- What can be done to help the participant fulfill his/her goals?
- How can the participant be assisted to become a member of the community?
- What can be done to assist the participant to be more independent?

Assistive Technology (AT)

The purpose of this service is to supplement the Medicaid State Plan Service for Durable Medical Equipment and supplies, which provides a broad range of special medical equipment and supplies.

- The Medicaid State Plan and all other resources must be explored and utilized before considering Assistive Technology (AT).
- Durable Medical Equipment covered by the Medicaid State Plan can be found at <https://www.emedny.org/ProviderManuals/> under “DME”.
- An Assistive Technological device may include an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or to improve the functional capabilities of the waiver participants.
- AT services directly assist a waiver participant in the selection, acquisition, or use of an assistive technology device.

Assistive Technology (AT) continued

Assistive technology provides for:

- Services consisting of purchasing, leasing, or otherwise providing for the acquisition of AT devices for participants
- Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing AT devices.
- This service is only approved when the requested equipment and supplies are deemed medically necessary and/or directly contribute to the participant's level of independence, ability to access needed supports and services in the community or are expected to maintain or improve the participant's safety and/or functional limitations as specified in the participant's Service Plan.
- Justification for the AT must indicate how the specific service/device will meet the medical and/or other needs of the participant in the most cost-effective manner.

Assistive Technology (AT) continued

- AT may be obtained at the time the individual becomes enrolled as a participant, no more than 30 days in advance of community placement from a nursing home (prior to the initial NOD), or at the time of an approved service contained within a service plan.
- Requests for AT must be less than \$35,000 per 2-year period, unless approved by NYSDOH waiver staff.
- AT also includes Personal Emergency Response Systems (PERS) that are not supported through state plan services. If service is billed to Medicare or private insurance, the individual will not be eligible for PERS through AT.
- AT must be documented in the Service Plan, approved by the RRDC and provided by agencies approved by NYSDOH waiver staff. The use of the device must be cost-effective.

Community Integration Counseling

Community Integration Counseling (CIC) is an individually designed service intended to assist waiver participants who are experiencing significant problems in managing the emotional difficulties inherent in adjusting to a significant disability and/or living in the community. It is a counseling service provided to the waiver participant who is coping with altered abilities and skills, a revision of long-term expectations, or changes in roles in relation to significant others.

This service is:

- Primarily provided in the provider office or the waiver participant's home
- Available to participants and/or anyone involved in a significant relationship with the participant when the issue to be discussed relates directly to the waiver participant (the participant must be present, face-to-face, at all CIC sessions)
- Is conducted on a short-term basis
- Could occur at the time of transition from a nursing home or throughout the involvement in the program
- Primarily provided one-to-one but may be provided in a family counseling or group counseling setting, when appropriate

Community Integration Counseling continued

- Sharing of information obtained during a CIC session can only be disclosed in accordance with federal standards and accepted professional standards regarding client confidentiality.
- CIC must not be used to assist the participant to become physically integrated into their environment; this function is the responsibility of other service providers, such as SC, Independent Living Skills Training Services (ILST) and Home and Community Support Services (HCSS).
- CIC may not exceed 220 hours annually and 4 hours weekly, for a 2-year duration.
 - If the participant's needs cannot be met within the established limits, a participant may request to exceed the limit by providing sufficient medical justification to the RRDC. The RRDC will approve or deny the request for additional services.

Community Transitional Services

Community Transitional Services (CTS) are defined as individually designed services intended to assist a waiver participant to transition from a nursing home to living in the community.

CTS is a one-time service per waiver enrollment. Should the waiver participant return to nursing home placement and later seek re-entry to waiver services, they may access the service again upon discharge.

CTS provide funding for the reasonable costs of one-time set-up expenses for individuals transitioning from a nursing home to their own home or apartment in the community. Reasonable costs are defined as necessary expenses for an individual to establish their living space.

All CTS expenses must be included in the Initial Service Plan (ISP), approved by the RRDC and provided by agencies that are approved by NYSDOH. Reimbursement is not provided for items purchased prior to RRDC approval.

Community Transitional Services continued

CTS includes:

- The cost of moving furniture and other belongings;
- Security Deposits, including broker's fees to obtain a lease on an apartment or home;
Note: must be returned to the CTS provider and upon return of funds, CTS provider must submit a paid claim void to eMedNY.
- Purchasing essential furnishings (e.g., bed, table, chairs; including delivery and assembly);
- Set up fees or deposits for utility or service access (e.g., telephone, electricity, heating); and
- Health and safety assurances, such as pest removal, allergen control or one-time cleaning prior to occupancy.

CTS may not exceed \$8,000 per waiver enrollment.

Approved costs will be covered by CTS up to thirty (30) days prior to the individual's discharge into the community.

Congregate and Home Delivered Meals

Congregate and Home Delivered Meals is an individually designed service which provides meals to waiver participants who cannot prepare or obtain nutritionally adequate meals for themselves, or when the provision of such meals will decrease the need for more costly supports to provide in-home meal preparation.

While these meals will assist the waiver participant to maintain a nutritious diet, they do not constitute a full nutritional regimen. Therefore, the maximum number of meals the participant may receive per day is two (2). It is not to be used to replace the regular form of "board" associated with routine living in an Adult Care Facility. Individuals eligible for non-waiver nutritional services would access those services first.

This service does not duplicate other services available through the NY Medicaid state Plan.

Environmental Modification Services (E-mods)

There are 2 types of Environmental Modifications (E-mods) that can be requested for the purposes of ensuring the health, welfare and safety of the waiver participant: home modifications and vehicle modifications (V-mods).

E-mods include the performance of necessary assessments and project management to determine the type of modifications needed and the assessment that the adaptation has been completed according to the required specification.

E-mods, including vehicle modifications, have a limit of up to \$45,000 during a 36-month period. All e-mods, including v-mods, must be documented in the Service Plan and completed by providers approved by NYSDOH waiver staff.

- If a participant needs more than one type of E-mod during the 36-month period, the combined cost for this period may not exceed \$45,000.
- This total includes the amount of the approved bid, evaluation costs, project management costs and home evaluation services (which may not exceed 10% of the total cost of the project).
- E-mod requests with a total cost of \$15,000 or more require NYSDOH prior approval.

Environmental Modifications continued

- Only under extraordinary circumstances, with documentation of efforts, NYSDOH may consider approval of E-mods that exceed the \$45,000 limit. However, NYSDOH reserves the right to refuse approval.
- DOH will NOT provide reimbursement for any adaptation or modification that has not followed the request and approval process or which commenced prior to receiving approval.
- The NHTD waiver program, and the E-mod waiver service specifically, do not reimburse for the cost of returning a modification to its original state (whether this be for a home modification or a vehicle modification). This matter must be resolved prior to the service request initiation.

Examples of Allowable Home Modifications

E-mods in the home include the purchase and/or installation of:

- Access ramps
- Widening doorways and hallways
- Hand rails and grab bars
- Automatic or manual door openers and doorbells
- Backup generator for medical equipment
- Stair glides

Bathroom and kitchen modifications, additions or adjustments to allow accessibility or improved functioning, include:

- Roll-in showers
- Sinks and tubs
- Water faucet controls
- Plumbing adaptations to allow for cutouts, toilet/sink adaptations
- Turnaround space changes/adaptations
- Worktables/work surface adaptations
- Cabinet and shelving adaptations
- Lighting and security adaptations

Examples of Allowable & Disallowed Home Modifications

Other home adaptations include:

- Electrical wiring and plumbing systems integral to the approved home adaptation
- Other adaptations necessary to facilitate accessible living arrangements for the participant's independence and daily functioning.

E-mods to the home are **not** to be used to:

- Build any portion of new housing construction
- Build room extensions or additional rooms or spaces beyond the existing structure of a dwelling
- Modify or build rooms for the use of physical therapy equipment
- Purchase swimming pools, hot tubs, whirlpools, steam baths, or saunas for either indoor or outdoor use
- Pave driveways or walkways
- Purchase central air conditioning
- Purchase and install elevators
- Purchase service or maintenance contracts
- Purchase items or make modifications that primarily benefit members of the household other than the waiver participant

E-mods: Vehicle Modifications

Vehicle modifications (V-mods) provide the participant with the means to increase independence and access to services and supports in the community and may include adaptive equipment and/or vehicle modifications.

The vehicle must be the primary source of transportation for the participant, is used to improve the participant's independence and inclusion in the community, is available to the participant without restrictions and is an alternative to Medicaid transportation.

- **V-mods will only be approved for one vehicle and must be done in the most cost effective and least complicated manner while meeting the participant's functional capabilities and safety needs.**
- The vehicle must be owned by the participant, a family member who has consistent and ongoing contact with the participant, or a non-relative who provides primary, long-term support to the participant, and who is not paid to provide such services.
- All vehicles modified under the waiver must be insured (collision and comprehensive) and meet New York State inspection and Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) standards, before and after the modifications are completed
- The participant may only utilize this service after all other resources (e.g., ACCES-VR, Veterans Administration, Workers Compensation, insurances, etc.) have been explored.

Examples of Allowable Vehicle Modifications

Adaptive equipment includes, but is not limited to, the following:

- Hand controls
- Deep dish steering wheels
- Spinner knobs
- Wheelchair lock downs
- Parking brake extensions
- Foot controls
- Wheelchair lifts
- Left foot gas pedals

Vehicle modifications include, but are not limited to, the following:

- Replacement of a roof with an elevated fiberglass top
- Floor cut-outs
- Extension of steering column
- Raised door
- Repositioning of Seats
- Wheelchair floor
- Dashboard adaptations

Home and Community Support Services (HCSS)

Home and Community Support Services (HCSS) are utilized when oversight and/or supervision as a discrete service is necessary to maintain the health and welfare of the participant living in the community.

Oversight and/or supervision may be needed for safety monitoring to prevent an individual from harmful activities (for example wandering or leaving the stove on unattended).

Oversight and/or supervision can be accomplished through cueing, prompting, direction and instruction. If the applicant/participant does not require oversight and/or supervision, HCSS would not be appropriate.

HCSS can also be provided to participants needing oversight and/or supervision who also require assistance with personal care services.

Home and Community Support Services (HCSS) continued

Personal Care services is defined as some or total assistance with Activities of Daily Living (ADL) such as dressing, bathing, hygiene/grooming, toileting, ambulation/mobility, transferring and eating, and/or Instrumental Activities of Daily Living (IADL) such as housekeeping, shopping, meal preparation, laundry, transportation and telephone use essential to the maintenance of the participant's health and welfare in the community. HCSS can support this as long as the discrete oversight and/or supervision component is needed.

HCSS is complementary but not duplicative of other services. HCSS is not to be used as a companion service.

If a participant's oversight/supervision needs warrant HCSS during the night, the HCSS staff must remain awake throughout the duration of time assigned to the participant to assure the appropriate level of oversight/supervision is provided.

Home Visits by Medical Personnel

Home Visits by Medical Personnel are individually designed services to provide diagnosis, treatment and wellness monitoring in order to preserve the waiver participant's functional capacity to remain in his/her own home.

This service is especially beneficial for those waiver participants who have significant difficulty traveling or are unable to travel for needed medical care provided by a physician, physician's assistant or nurse practitioner because of:

- Severe mobility impairments
- Terminal illness
- When travel is contraindicated due to the person's chronic condition
- Severe pain
- When medical providers at a physician's office and/or transportation providers refuse to provide services due to an individual's disruptive behavior
- The home visit is cost-effective
- Where transportation to medical appointments is limited due to geographical considerations

Independent Living Skills Training Services

- Independent Living Skills Training Services (ILST) are individually designed to improve or maintain the ability of the waiver participant to live as independently as possible in the community.
- ILST assists in recovering skills that have decreased as a result of onset of disability. Also, ILST will primarily be targeted to those individuals with progressive illnesses to maintain essential skills. ILST may be provided in the waiver participant's home and in the community, and typically on an individual basis.
- The ILST uses the UAS as the assessment tool that drive the goals.

Independent Living Skills Training Services continued

ILST services may include assessment, training, and supervision of an individual with self-care, medication management, task completion, communication skills, interpersonal skills, socialization, sensory/motor skills, mobility, community transportation skills, reduction/elimination of maladaptive behaviors, problem solving skills, money management, pre-vocational skills and skills to maintain a household.

ILST must be provided in the environment and situation that will result in the greatest positive outcome for the waiver participant. It is expected that this service will be provided in the waiver participant's environment; for example, in the participant's kitchen as opposed to a provider's kitchen

ILST may not exceed 220 hours annually and 4 hours per day.

➤ A participant may request to exceed the limit by providing sufficient medical justification to the RRDC. The RRDC will approve or deny the request for additional services.

Moving Assistance

Moving Assistance services are individually designed services intended to transport a waiver participant's possessions and furnishings.

This service can be used when the participant:

- Must be moved from an inadequate or unsafe housing situation to a viable environment which more adequately meets the waiver participant's health and welfare needs and alleviates the risk of unwanted nursing home placement.
- Is moving to a location where more natural supports will be available, and thus allows the waiver participant to remain in the community in a supportive environment.
- Does not reside in a nursing home, unlike CTS

Moving Assistance must be included in the SP and may not exceed \$5,000 per twelve (12) month period. The SC must obtain three bids from licensed moving companies if the bids are over \$1,000. In a unique situation, any requests over \$5,000 per twelve (12) month period must be approved by DOH.

Nutritional Counseling/Educational Services

Nutritional Counseling/Educational Services is an individually designed service which provides an assessment of the waiver participant's nutritional needs and food patterns, and the planning for the provision of food and drink appropriate for the waiver participant's conditions, or the provision of nutrition education, and counseling to meet normal and therapeutic needs.

In addition, these services may include:

- Assessment of nutritional status and food preferences;
- Planning for the provision of appropriate dietary intake within the waiver participant's home environment and cultural considerations;
- Nutritional education regarding therapeutic diets as part of the development of a nutritional treatment plan;
- Regular evaluation and revision of nutritional plans; and
- The provision of in-service education to the waiver participant, family, advocates, waiver and non-waiver staff as well as consultation on specific dietary problems of the waiver participants.

Peer Mentoring

- Peer Mentoring is an individually designed service intended to improve the waiver participant's self-sufficiency, self-reliance, and ability to access needed services, goods, and opportunities in the community. This is to be accomplished through education, teaching, instruction, information sharing, and self-advocacy training.
- This service is not intended to meet the waiver participant's needs for a mental health professional's services.
- A waiver participant may receive this service as well as CIC or other mental health services as long as the need for both is clearly documented in the Service Plan.

Positive Behavioral Interventions and Supports (PBIS)

- Positive Behavioral Interventions and Supports (PBIS) services are individually designed and are provided to waiver participants who have significant behavioral difficulties that jeopardize their ability to remain in the community of choice due to inappropriate responses to events in their environment.
- The PBIS should be provided in the situation where the significant behavior occurs.
- PBIS is limited to 240 hours annually, not to exceed 8 hours per day. The initial behavioral assessment may not exceed 10 hours per service plan period.
 - A participant may request to exceed the limit by providing sufficient medical justification to the RRDC. The RRDC will approve or deny the request for additional services.

Positive Behavioral Interventions and Supports (PBIS) continued

Positive Behavioral Interventions and Supports (PBIS) services include but are not limited to:

- A comprehensive assessment of the individual's behavior (in the context of their medical diagnosis and disease progression as determined by the appropriate health or mental health professional), skills and abilities, existing and potential natural and paid supports and the environment
- The development and implementation of a holistic structured behavioral treatment plan (Detailed Plan) including specific realistic goals which can also be utilized by other providers and natural supports
- The training of family, natural supports and other providers so they can effectively use the basic principles of the behavioral plan
- Regular reassessments of the effectiveness of the behavioral treatment plan, making adjustments to the plan as needed.

Respiratory Therapy

Respiratory Therapy is an individually designed service, specifically provided in the home, intended to provide preventative, maintenance, and rehabilitative airway-related techniques and procedures

Respiratory Therapy services include:

- application of medical gases, humidity and aerosols
- intermittent positive pressure
- continuous artificial ventilation
- administration of drugs through inhalation and related airway management individual care
- instruction administered to the waiver participant and natural supports

Respite Services

Respite Services is an individually designed service intended to provide relief to natural (informal), non-paid supports who provide primary care and support to a waiver participant.

This is usually provided for participants who are in need of oversight and supervision as a discrete task.

The primary location for the provision of this service is in the waiver participant's home. Respite Services are provided in a 24-hour block of time, not to exceed 30 days per year. Services may be provided in another home in the community if this is acceptable to the waiver participant and the people living in the other dwelling.

If a waiver participant is interested in seeking a brief respite in a nursing home, this can be accomplished through a Scheduled Short-Term Admission and is not considered a Waiver Service.

Transportation Services

Transportation is offered as a direct service to waiver participants in order to enable individuals to gain access to:

- identified community resources,
- other community services, and
- activities as specified in their service plan.

It includes transportation for non-medical activities, which support the participant's integration into the community. All other options for transportation, such as informal supports and community services that provide this service without charge are utilized prior to seeking this service. The least costly and most medically appropriate mode of transportation is utilized.

This service is offered in addition to medical transportation and transportation services under the Medicaid State Plan and shall not replace them.

Structured Day Program Services

- Structured Day Program (SDP) services are individually designed services, provided in an outpatient congregate setting or in the community, to improve or maintain the waiver participant's skills and ability to live as independently as possible in the community. SDP may not exceed 10 hours per day.
- Services may include assessment, training and supervision to an individual with self-care, task completion, communication skills, interpersonal skills, problem-solving skills, socialization, sensory/motor skills, mobility, community transportation skills, reduction/elimination of maladaptive behaviors, money management skills, and skills to maintain a household.
- Structured Day Program services may be used to augment some aspects of other NHTD services and Medicaid State Plan services when reinforcement of skills is necessary. This is permitted due to the difficulty many individuals have with transferring or generalizing skills learned in one setting to other settings and the need for consistent reinforcement of skills. The SP should address how the services are complimentary but not duplicative and ensure consistency.

Wellness Counseling Service

Wellness Counseling Service is an individually designed service intended to assist the medically stable waiver participant in maintaining optimal health status. It is intended to be available to a waiver participant who does not otherwise have access to nursing services.

Through Wellness Counseling, a Registered Professional Nurse assists the waiver participant to identify their health care needs and provides guidance to the waiver participant to minimize, or in some cases prevent, exacerbations of disease.

The Registered Professional Nurse can reinforce or teach healthy habits such as the need for daily exercise, weight control, or avoidance of smoking. Additionally, the Registered Professional Nurse will be able to offer support for control of any diseases or disorders such as high blood pressure, diabetes, morbid obesity, asthma or high cholesterol.

This service is limited to once a month.

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