



Department  
of Health

# 1915(c) Children's HCBS Waiver

HCBS Provider Review Information Session

September 18, 2024

# Agenda

## Background.

- Case Review Logistics
- Case Review Sampling

## Communication

- Case Review Package

## Required Documentation

## Clinical Reviews

## Case Review Findings & CAP Implementation Process

- Summary of Findings
- Corrective Action Plans (CAPs)
- Self-Audit Plans



# Background

September 2024

# Background

The NYS Department of Health (NYSDOH) is required to provide monitoring and oversight of the Children's Waiver to confirm each participant's timely and appropriate HCBS Eligibility, quality of service delivery, safety and well-being. NYSDOH ensures HCBS providers are qualified, and that all Children's Waiver and Medicaid rules, regulations, and performance measures are met.

**Annual and periodic** site visits, case and fiscal reviews are some of the methods for NYSDOH to evaluate the program, services, and providers.

Additionally, each waiver year, NYSDOH must report to the Centers of Medicare and Medicaid Services (CMS) on waiver performance measures and submit a corrective action plan if standards are not met.

# Process



HCBS Provider reviews were first conducted in Fall 2022, with additional reviews and site visits occurring in Winter 2024.



Updates have been made to the case review tool for the upcoming case reviews based on Waiver Year (WY) 21-22 outcomes, and to better reflect waiver requirements.



The upcoming reviews will introduce an enhanced Corrective Action Plan (CAP) Implementation Assessment process to further drive program improvement.

# Case Review Logistics

NYSDOH has established an annual case review process for HCBS providers

- All eligible providers will be reviewed annually.
- Reviews will be conducted cyclically, with a different group of providers reviewed each quarter.
- Selected providers for the upcoming quarter will be informed several weeks prior to the start of new quarter.
- Once notified, the provider will receive information regarding the case review process, due dates, timelines, and their case sample.
- October 2024 will start this new process, and providers selected will be notified this week and will need to confirm the notification.

# Case Review Tool

- The HCBS Provider Review Tool was developed collaboratively by the NYSDOH and State partners using the Children's HCBS Provider Manual and quality measures identified in the 1915(c) HCBS Children's Waiver.
- The case review focuses on the documents within the case record, however, claims data will also be reviewed to verify HCBS delivery.
- Pending the results of the case and claim review, additional reviews may occur such as, but not limited to policies, procedures, training, staff qualifications, site visit, etc.

# Case Review Sampling

- The case review sample will be identified by selecting a statistically random sample of unique individuals enrolled in the Children's Waiver who received HCBS from designated HCBS providers.
- Reviews will cover a 12-month period and specific review periods will cycle with the quarterly reviews.
- HCBS Providers will receive their samples via the HCS SFT and will have two to three weeks to submit their sample documentation (dependent upon how large the requested sample).
  - Once the sample is received, the HCBS Provider must review and confirm that all children/youth in their sample received HCB services with their agency during the review period.
  - If a child/youth did not, the provider will reach out immediately to [KidsHCBSCaseReview@health.ny.gov](mailto:KidsHCBSCaseReview@health.ny.gov) via HCS SFT to work through identifying a replacement oversample for any child/youth not served by that agency.



# Communication

September 2024

# Case Review Staffing & Communication

- NYSDOH has contracted with NYSTEC to perform these reviews in conjunction with the NYSDOH children's team and State partners of OCFS, OMH, OPWDD, and OASAS.
  - Throughout the process, please contact NYSDOH through the Health Commerce System (HCS) Secure File Transfer (SFT) mailbox, [KidsHCBSCaseReview@health.ny.gov](mailto:KidsHCBSCaseReview@health.ny.gov).
    - ✓ The Announcement Letter will be sent via email, and all additional written communications will be sent and received through HCS SFT.
    - ✓ Note, messages **cannot** be sent to the above mailbox through standard email and MUST be sent through HCS SFT.
  - Please confirm the accuracy of your agency's Points of Contact included in your Case Review Package.
    - ✓ More than one contact person per agency should be provided.
- More information on Waiver requirements can be found at the [Waiver and 1115 Waiver Amendments Website](#).

# Case Review Communication

- Information on how to use HCS Secure File Transfer can be found at the link below:
  - [Secure File Transfer Quick Reference Guide](#)
- Please confirm or update agency Points of Contact upon receipt of the Case Review Announcement Letter **within 5 business days**.
  - Name, Email/Phone, HCS ID.
  - Send though HCS SFT to [KidsHCBCSCaseReview@health.ny.gov](mailto:KidsHCBCSCaseReview@health.ny.gov)
- All communications and requests for additional information should be acknowledged within one business day unless otherwise noted.
  - Providers are encouraged to reach out with any questions during the review process.


**New Package**

[Send](#) [Preview](#) [Check Recipients](#) [Cancel](#) [Save As Draft](#) [Save As Template](#)


From: James Meddleton - jym41 - NYSDOH OHIP ▾

To: KidsHCBCSCaseReview@health.ny.gov  
[Show Cc/Bcc](#) [Manage Contacts...](#)

Subject:

Note: 

Files: (Optional)

 Drop files to upload or use [Upload Files](#) dialog.

Total: 0 B of 4 GB used. (0%)

# Case Review Announcement Package

## HCBS Provider Review Announcement Letter

- This document includes a description of the review, timeframe, and agency Points of Contact.
- Please respond with receipt of the letter and confirming Points of Contact.
- Each agency should have more than one Point of Contact.

## HCBS Provider Review Required Documentation List

- A list of documents and associated naming conventions that the agency is required to submit for review.

## HCBS Provider Case Review Scope

- This includes additional information on how the case reviews are conducted.

# Required Documentation

September 2024

# Case Review Required Documentation

The *HCBS Provider Review Required Documentation List* outlines the types of documentation providers are required to submit so that the case review team can complete HCBS provider reviews.



Required documentation includes all pertinent forms and case notes maintained in the participant's record.



The *HCBS Provider Review Required Documentation List* also details the naming convention to use when submitting documents through the HCS SFT.

## Notes:

- Multiple files can be sent with each HCS SFT submission.
- Please remember to adhere to the naming conventions outlined in the *HCBS Provider Review Required Documentation List*.

# Case Review Required Documentation

## Required Documentation Examples

- HCBS Provider-Specific Information Sharing Consent Forms.
- HCBS Provider Service Plans.
- NYSDOH HCBS HHCM/C-YES to HCBS Provider Referral forms.
- HCBS Authorization and Care Manager Notification Forms.
- HCBS Provider Case Notes/Service Notes from the review period *with all notes in one file per service.*

## Naming Convention Example

- Submitted documents must follow naming convention to ensure efficient review.
- Case ID will be provided with requested sample.
- Specific naming conventions for each document can be found in the *HCBS Review Required Documentation List*.
  - Ex: “RY24Q4-007\_ACMNF”

# Clinical Reviews: Mandated Reporting & Critical Incident Information Requests

September 2024



# Mandated Reporting/Critical Incident /Complaint/Grievance Information Request Process

Throughout a case review, a possible instance of mandated reporting and/or critical incident may be discovered.

- If it is not clear through case record documentation present that the incident was addressed appropriately, a Clinical Analyst will review the case internally.
- If additional information and/or action is needed, the Clinical Analyst will contact the agency's Point of Contact via SFT.
- The agency will receive a request for additional information on the possible critical incident or mandated reporting event.
- Again, all requests for information should be responded to within one business day.
- The agency is responsible for making reports to Statewide Central Register (SCR) and/or filing a Reportable Incident within the Incident Reporting and Management System (IRAMS) if this was not already done and is required.

# Case Review Findings & Corrective Action Plan (CAP) Implementation Process

September 2024

# Case Review General Timeline

Case Review Announcement Letter

Case Review Package with Sample sent to providers and  
Provider sends documentation through HCS Secure File  
Transfer (SFT)

Case Reviews conducted

Summary of Findings (SoF) sent and if applicable,  
immediate action steps

CAP requested  
CAP Implementation Assessment begins

# Case Review Findings

## How will Findings be Provided?

- A Summary of Findings (SoF) for each agency will be provided once all case reviews have been completed.
- Depending on the findings, a Corrective Action Plan (CAP) may be required.
- Any errors or discrepancies identified with service claim billing will be brought to the attention of the HCBS Provider.
- NYSDOH will immediately follow up on any concerns posing a threat to the health and safety of the participant.

## How Will Findings be Used?

- This data will be used to calculate quality measures which are used to drive continuous improvement for the Children's Waiver.
- These findings are reported at the state and provider level.

# Corrective Action Plans

- Depending on results of reviews, Corrective Action Plans (CAPs) may be required.
- CAPs will be required for evaluation items that result in less than 65% compliance, unless otherwise noted in the Summary of Findings.
  - Note: Program requirement is 85% and in future reviews this threshold will be used.
- Summary of Findings and CAP request (if applicable) will be sent following the end of the review period.
  - Dependent upon the findings, immediate action steps may be required, and additional evaluation or review may need to occur.
- Providers will have 3 weeks from the receipt of the Summary of Findings to submit their CAP.
- CAPs will be reviewed, and notification will be sent to the provider indicating the submitted plan will address the areas of deficiencies or if additional remediation actions are required.

# Corrective Action Plan Template

- The CAP template has been updated and is an Excel workbook.
- The CAP items will be pre-populated with instructions on how to complete the required information.
- An example of how to complete the CAP template is provided in the workbook.

<p>Identify and clearly define actions, processes, and/or procedures that the agency plans to enact or implement to address or remediate this finding.  This could include a new training, process, procedure, agency policy, etc. A combination of these implementation strategies may be used to create a Performance Plan Proposal.  Any impact on policies, procedures, workflows, etc. must be identified, as well as a plan to address those identified items.</p>	<p>Identify the title(s)/name(s) of each new training, process, procedure, agency policy, etc. indicated in the Performance Plan Proposal (Column C).</p>	<p>Identify how the information and changes identified in the Performance Plan Proposal (Column C) will be made known to staff.</p>	<p>Identify how often each step of the Performance Plan Proposal (Column C) will occur. This can occur once or on an on-going basis. If it will be occurring on an on-going basis, identify the frequency/schedule in which it will occur.  It should also be detailed below how each new training, process, procedure, agency policy, etc. will be incorporated into onboarding for new staff.</p>	<p>Identify the month and year for each implementation step of the Performance Plan Proposal (Column C).  This date can be reflective of steps already implemented.</p>	<p>Identify the month and year for when each implementation step of the Performance Plan Proposal (Column C) is intended to be complete.  The target completion date must be no more than 3 months of the CAP submission.</p>	<p>Identify how the agency will ensure compliance with each step of the Performance Plan Proposal (Column C). This must include a plan to monitor and track the Performance Plan Proposal implementation to ensure it is effective, as well as a plan to review and update the Performance Plan Proposal over time.  This must define the frequency that the Performance Plan Proposal will be monitored and tracked.</p>	<p>To ensure case records are in compliance following the implementation of your Proposed Performance Plan (Column C), all records must be reviewed and corrected for applicable deficiencies within 30 days of the Target Completion Date (Column H).  In the applicable cells below in Column J, please select the dropdown of "Acknowledged" to confirm the requirement is understood and will be met.  In the cells where "Not Applicable" is selected, this item does not need to be acknowledged.</p>	<p>The name and title of the person(s) responsible for implementing the approved CAP, as well as their contact information.</p>
Performance Plan Proposal	Title(s)/Name(s)	Distribution Plan	Occurrence Schedule/Frequency Plan	Target Start Month/Year	Target Completion Month/Year	Compliance Plan	Case Record Compliance	Person(s) Responsible for CAP

# Self-Audit Plan

Depending on the results of Case Reviews, a Self-Audit plan may be required. Self-Audit plans should include, at minimum:

- Address the noted case deficiencies from the case review.
- Outline a case review/audit process with a review period of at least one year, where applicable.
- Timeline for completing self-audit reviews.
- Defined criteria for scope expansion based on findings.
- How to address deficiencies found.
- How results will be reported.
- How compliance will be monitored in the future with an on-going Continuous Improvement Audit Plan.



# CONTACTS

Anything Case Review Related, Send through HCS SFT to [KidsHCBSCaseReview@health.ny.gov](mailto:KidsHCBSCaseReview@health.ny.gov)

HCBS Questions, Send to [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov) – do not send any PHI



# Q & A



September 2024