



Children's System Definitions



	Term	Definition	Additional Resources
SERVICES	Children and Family Treatment and Support Services (CFTSS)	CFTSS offer opportunities to better meet behavioral health needs in the home or community at earlier junctures in a child/youth's life to prevent the onset or progression of behavioral health conditions. These services also help to prevent the need for more restrictive and higher intensity services for children and youth.	NYS CFTSS Brochure CFTSS Manual CFTSS Webinar
	Home and Community Based Services (HCBS)	HCBS allow children/youth to participate in developmentally and culturally appropriate services through Medicaid in the least restrictive environment possible by providing services and supports to children/youth and their families at home and in the community. HCBS are for people who, if not receiving these services, would require placement in a more restrictive environment such as a long-term care facility or psychiatric inpatient care, and for those at risk of elevating to that level of care.	NYS' HCBS Brochure HCBS Manual HCBS Quick Reference Guide
MEDICAID	Medicaid	A public health insurance program for individuals whose income and/or resources are below certain levels. Medicaid has its own eligibility criteria that must be satisfied for a family/individual to receive benefits. Covered individuals may receive their covered benefits through Medicaid Fee for Service or be enrolled in a Medicaid Managed Care Plan.	NYS Medicaid website NYS Child Health Plus website
	Community Budgeting	When family income (and resources if the child/youth is certified disabled) is included then the household's income is compared to the allowable levels to determine financial eligibility for Medicaid.	Medicaid Eligibility Status Impact on HCBS Eligible Children
	Family of One Budgeting	For children/youth who are not eligible for Medicaid through Community Budgeting and need or want HCBS. Once a child/youth is found HCBS eligible and their family is not Community eligible for Medicaid, then this Medicaid budgeting can be determined for <i>only</i> the child/youth to be found Medicaid eligible. Commonly used to describe a child/youth that becomes eligible for Medicaid through institutional eligibility rules for medically needy individuals. These rules allow a budgeting methodology for children/youth to meet Medicaid financial eligibility criteria using the child/youth's own income and disregarding parental income.	Children's Waiver and Medicaid Case Processing Requirements
CARE MANAGEMENT	Health Homes Serving Children	State-designated program that provides comprehensive care management, care coordination and health promotion, comprehensive transitional care, patient and family support, referral to community supports, and Health Information Technology (HIT) to link services for children/youth who meet Health Home eligibility criteria: 1) must be enrolled in Medicaid; 2) must have two or more chronic conditions or one single qualifying chronic condition of HIV/AIDS, Serious Mental Illness, Serious Emotional Disturbance, or Complex Trauma.	Lead Health Home Resources Health Homes Serving Children Health Home Webinars
	Children and Youth Evaluation Services (C-YES)	C-YES is the State-designated Independent Entity which conducts HCBS/Level of Care (LOC) eligibility determinations and provides Medicaid application assistance for children/youth eligible for HCBS and not yet enrolled in Medicaid. C-YES develops an HCBS POC, refers eligible children/youth for HCBS, and monitors access to care for children/youth who opt out of Health Home.	C-YES website C-YES Webinar 1 C-YES Webinar 2
	Mainstream Medicaid Managed Care Plans (MMCP)	Medicaid Managed Care plans are health insurance organizations that oversee and coordinate the care a member receives and are designed to manage utilization, access to and quality of care. MMCPs provide care management to enrolled children/youth who opt out of Health Home and monitor access to HCBS for children/youth enrolled in the plan.	Children's HCBS POC Workflow Policy

	Term	Definition	Additional Resources
SERVICE BILLING and OVERSIGHT	Medicaid Fee for Service (FFS)	FFS is when the State pays providers directly for covered services received by a Medicaid beneficiary.	Provider Manual
	Medicaid Managed Care Plan (MMCP)	Medicaid managed care plans pay providers for covered services provided to individuals enrolled in the plan. The MMCP authorize services pursuant to the plan of care and may require approval be obtained prior to children's services are continued.	Managed Care website Standards and Children's Care
	HCBS Eligibility Determination	An assessment of multiple factors such as target population, risk factors, and functional criteria for a child/youths to be determine HCBS eligibility. This HCBS/LOC (Level of Care) assessment is completed by Health Home Care Manager or C-YES. For I/DD HCBS/LOC eligibility determination assessment, is collaboratively conducted with the Office for People With Developmental Disabilities (OPWDD).	Medicaid Eligibility Status Impact on HCBS Eligible Children OPWDD DDRO Manual for Children's Waiver
	Local Department of Social Services (LDSS)	LDSS manages local county services, as well as Medicaid applications, eligibility, and renewals. For HCBS Medicaid Fee-for-Service members, the LDSS are also involved in the approval of certain services of Environmental and Vehicle Modifications and Assisted/Adaptive Technology.	LDSS website
	Home or Community	The setting in which children/youth primarily reside or spend time, if it is not a medical or psychiatric hospital, nursing facility, Intermediate Care Facility (ICF), or psychiatric treatment facility.	HCBS Settings Requirements
	Licensed Practitioner of the Healing Arts (LPHA)	Recommends a child/youth for CFTSS, provides Other Licensed Practitioner (OLP) services, and/or attests to a child/youth's target population and risk criterial for HCBS eligibility. The definition of LPHA is slightly different for CFTSS vs. HCBS - see guidance.	Allowable LPHA (definitions for CFTSS and HCBS)
	Medically Necessary	"Medically Necessary" means health care and services that are necessary to prevent, diagnose, manage, or treat conditions in the person that cause acute suffering, endanger life, result in illness or infirmity, interfere with such person's capacity for normal activity, or threaten some significant handicap. For children and youth, medically necessary means health care and services that are necessary to promote normal growth and development and prevent, diagnose, treat, ameliorate or palliate the effects of a physical, mental, behavioral, genetic, or congenital condition, injury or disability.	Appendix D in HCBS Manual