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Home and Community Based Services (HCBS) Eligibility

For Health Home Care Managers (HHCM) & Home and
Community Based Services Providers





February 2021

Agenda

- ✓ HCBS Eligibility Overview
 - Purpose of HCBS
 - General Requirements
- ✓ Target Populations
 - Serious Emotional Disturbance (SED)
 - Medically Fragile (MF)
 - Developmentally Disabled and Medically Fragile (DD/MF)
 - Developmentally Disabled and in Foster Care (DD/FC)
- ✓ Communication and Collaboration with Child/Family
- ✓ Appendix



HCBS Children’s Waiver Training Overview

HCBS Overview	LOC/ Eligibility Determination	Waiver Enrollment	POC Development	Referral	Maintaining Waiver Enrollment / Service Delivery	Transfer / Disenroll
<p> Children’s Medicaid System Overview / Children’s Waiver Overview</p>	<p>CANS-NY/ Eligibility Assessment</p>	<p>Capacity Management</p>	<p>Plan of Care/Person-Centered Planning Requirements</p>	<p>HCBS POC Workflow and MMCP Authorization</p>	<p>Care Management Requirements</p>	<p>Waiver Disenrollment</p>
<p>Health Home Care Management</p>	<p>NODs and Fair Hearing</p>	<p>Participant Rights and Protections / Conflict Free Care Management</p>	<p>Service Delivery</p>		<p>Service Delivery Requirements</p>	<p>Transferring to Adult Services or OPWDD waiver</p>
<p>HCBS Provider Requirements</p>	<p> Children and Youth Evaluation Services (C-YES) – the Role of the Independent Entity</p>	<p>Conflict Free Care Management</p>				
<p> Medicaid Overview / Medicaid and the Children’s Waiver</p>		<p> Transfer Process between C-YES and Health Home Care Management</p>				
<p>Service Definitions</p>						

Required for only Health Home Care Managers
Required for only HCBS Providers
Required for Both
Optional for Both

HCBS Eligibility Overview

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Purpose for Home and Community Based Services (HCBS)

- HCBS purpose:
 1. Enable children/youth to remain at home, and/or in the community, thus decreasing institutional placement
 2. To safely return a child/youth from a higher level of care, back to the community with services to maintain them at home and/or in the community
 3. Expand service options currently available to children and adolescents for better outcomes and to intervene earlier
- HCBS is for high needs and high-risk children/youth and to prevent institutional level of care (i.e. hospitalization, residential, nursing home, etc.)



General Requirements

To be eligible for the Children's Waiver, children/youth must:

- Be under 21 years of age
- Have Medicaid or be eligible for Medicaid
- Meet the Children's Waiver HCBS/Level of Care (LOC) Eligibility Determination criteria for:
 1. Target Population,
 2. Risk Factors, **and**
 3. Functional Criteria

Selections in each of the above components are constructed in a decision tree type format that determine accessibility to the next component; all 3 components **need to be met** to be found eligible for HCBS.

For additional information on HCBS Eligibility and Children's Waiver enrollment, please reference the [**Children's HCBS Waiver Enrollment Policy**](#)



General Requirements

- The HCBS Eligibility Determination must be completed face-to-face by the HHCM/C-YES with the child/family. For more information regarding HCBS requirements for independent assessment, see [Section 1915\(i\)\(1\)\(F\) of the Social Security Act](#).
- HCBS Eligibility Determination is an annual determination, unless there is a significant life event. **Regardless of the timeline of the CANS-NY completion for Health Home, the HCBS Eligibility Determination timeline will remain valid one year from the signing of the HCBS Eligibility Determination Outcomes within the UAS**, unless a significant life event required another HCBS/LOC to be completed, which resets the one-year eligibility clock.
 - Re-Assessment/Determination should begin two months prior to the due date, for the HHCM/C-YES to have time to gather the appropriate documentation
- Should the member, who was previously determined HCBS eligible, refuse HCBS and/or leave HCBS and later request service, a HCBS/LOC Eligibility re-determination will be needed if the last HCBS/LOC Eligibility Determination conducted was **six (6) months ago or longer**.
- Should a child/youth be determined not HCBS/LOC eligible, if there is a change in the child/youth's circumstances and/or condition, the child/family and/or providers can request another HCBS/LOC assessment to be conducted - there is no required waiting period.



HCBS/LOC Reassessment Reasons: Change of Circumstances/Significant Life Event

Through person-centered care planning and collaboration with providers, child/youth, and family, the care manager gains knowledge of the child/youth's change in circumstances, as outlined below, a new HCBS/LOC Eligibility Determination is needed:

- Significant change in child/youth's functioning (including increase or decrease of symptoms or new diagnosis)
- Service plan or treatment goals were achieved
- Child/youth admitted, discharged, or transferred from hospital/detox, residential setting/placement, or foster care
- Child/youth has been seriously injured in an accident or has a major medical event
- Child/youth's (primary or identified) caregiver is different than from the previous HCBS/LOC
- Significant change in caregiver's capacity/situation



Three Components of the HCBS/LOC Eligibility Determination

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Target Population

What is Target Population?

The child's/youth's needs, behaviors, and/or condition will determine the **Target Population** that the HHCM/C-YES chooses.

Each **Target Population** has specific outlined diagnoses, conditions, and/or requirements that must be obtained and documented within the child/youth's case record prior to being able to conduct the HCBS/LOC Eligibility Determination.

Upon request for HCBS, the child/youth may already have provider involvement and documentation of diagnosis or condition.

- If the child/youth does not already have an involved professional(s), a diagnosis, or a presenting condition(s), then these should be in place before the HCBS/LOC eligibility is conducted. Connecting the child/youth to community services and providers is important; then care managers should work with the involved professionals and the child/youth/family to determine if HCBS is needed and appropriate.



Risk Factors

Risk Factors differ based upon the Target Population selected.

Risk Factors are to point out the high needs or high risk of the child/youth that indicate that HCBS is warranted and appropriate.

Several of the Target Populations have a **Risk Factor** requirement that a Licensed Practitioner of the Healing Arts (LPHA) needs to attest that they have determined that the child/youth, in the absence of HCBS, is at risk of treatment in a more restrictive setting (such as an institutional placement).

Functional Criteria / Limitations

The **Functional Criteria** determines that the child's/youth's diagnosis, behavior, and/or condition impacts the child's/youth's daily living.

Each Target Population outlines the area of functioning that would need to be impacted to meet the Functional Criteria.

- Several of the Target Populations have a subset of CANS-NY questions specific to the Target Population, with a specific algorithm which determines the level of functioning of the child/youth and the impact on their daily living (functioning).
- For one Target Population the Functional Criteria is determined by OPWDD.



HCBS Eligibility – Target Population

HCBS/LOC Eligibility Criteria Under Age 21 – Target Population Criteria
Serious Emotional Disturbance (SED)
Medically Fragile Children (MF)
Developmental Disability (DD) and Medically Fragile (MF) (Work in collaboration with the Developmental Disabilities Regional Offices to determine)
Developmental Disability (DD) and in Foster Care (Work in collaboration with the Developmental Disabilities Regional Offices to determine)

- Children may be HCBS/LOC eligible under one or more Target Population – the HHCM/C-YES must decide what Target Population to pursue based upon diagnosis and other information provided.
 - If believed eligible through a different Target Population due to multiple conditions/ diagnoses/complex needs, then another HCBS/LOC Eligibility Determination can be completed once the information and proper documentation is gathered for that specific Target Population.



HCBS/LOC Eligibility – Process

- The HCBS/LOC Eligibility Determination is conducted as part of a collaborative process with the child/youth and family to obtain the necessary information and documentation to determine HCBS eligibility.
- Based on the different requirements for each **Target Population**, the HHCM/C-YES will work with the family and other providers to gather all the necessary information/documentation and complete the HCBS/LOC Eligibility Determination in the Uniform Assessment System (UAS).

For the DD Target Populations (DD-MF & DD-Foster Care), the HCBS/LOC eligibility determination will be completed by the Office for People With Developmental Disabilities (OPWDD)

- **HHCM/C-YES need to work with OPWDD Regional Staff to determine Children's Waiver's HCBS/LOC but ALSO maintain or obtain their OPWDD Level of Care Eligibility Determination (LCED)**

OPWDD Manual for the Children's Waiver:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/ddro_manual_for_childrens_waiver.pdf

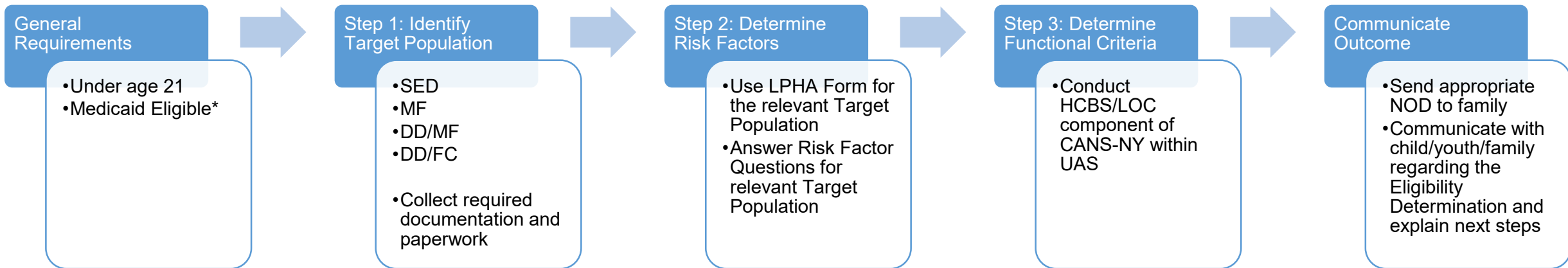


HCBS/LOC Eligibility – Process, (cont.)

- The HHCM/C-YES will obtain relevant documentation pertaining to **Risk Factors**. SED, MF, and DD/MF populations require a determination by a Licensed Practitioner of the Healing Arts (LPHA) to attest to the need for HCBS (using the [LPHA Attestation Form](#)). SED and DD in Foster Care have additional or different Risk Factor documentation needed.
- The HHCM/C-YES then completes answers to the **Functional Criteria** in the CANS-NY specific to the child/youth's **Target Population** of SED, MF, and DD/MF.
- Once all 3 components have been completed, the HHCM/C-YES will sign and finalize the HCBS/LOC Eligibility Determination within the UAS and will be presented with an outcome whether the child/youth is HCBS/LOC eligible for the identified Target Population.
 - The HHCM/C-YES **MUST** then sign the HCBS Outcomes to trigger the one-year eligibility clock until re-assessment is needed.
 - HHCMs/C-YES must notify the child/youth of the outcome via a formal Notice of Decision (NOD) within 3 – 5 days.
- If the child/youth is found not to be HCBS/LOC eligible, then the child/family will need to receive NOD for the HCBS/LOC Eligibility Determination, complete with Fair Hearing Rights.



HCBS/LOC Eligibility – Process, (cont.)



*Children/youth already enrolled in Medicaid should be referred to Health Home (if they are not already enrolled) – unless they opt-out;

*Children/youth not already enrolled in Medicaid should be referred to Children and Youth Evaluation Services (C-YES) for their HCBS Eligibility Determination and Medicaid application assistance.



Target Populations

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Target Population:

Serious Emotional Disturbance (SED)

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HCBS/LOC Eligibility – SED Target Population Criteria

To meet the SED **Target Population**, **all 3** criteria must be met:

1. Child/youth is younger than 21 years of age.
2. Child has Serious Emotional Disturbance (SED) as defined by the diagnosis of a designated mental illness according to the most current Diagnostic and Statistical Manual of Mental Disorders (DSM):

- Schizophrenia Spectrum and Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma – and Stressor – Related Disorders
- Feed and Eating Disorders
- Disruptive, Impulse-Control and Conduct Disorders

- Personality Disorders
- Paraphilic Disorders
- Gender Dysphoria
- Elimination Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Medication- Induced Movement Disorders
- Attention Deficit/Hyperactivity Disorder
- Tic Disorder

Criteria 3 on next slide



HCBS/LOC Eligibility – SED Criteria (*cont.*)

3. Child/youth has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis, as determined by a Licensed Mental Health Professional. The functional limitations must be **moderate** in at least **two** of the following areas or **severe** in at least **one** of the following areas:
- Ability to care for self (e.g. personal hygiene; obtaining/eating food; dressing; avoiding injuries); **or**
 - Family life (e.g. capacity to live in a family or family-like environment; relationships with parents or substitute parents, siblings, and other relatives; behavior in family setting); **or**
 - Social relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors, and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); **or**
 - Self-direction/self-control (e.g. ability to sustain focused attention for a long enough period of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability); **or**
 - Ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school)

(Same criteria for Health Home eligibility)



HCBS/LOC Eligibility – SED Risk Factors

Once the Target Population information has been obtained and documented, the **Risk Factors** must be noted with the supporting documentation obtained.

SED Risk Factors have two factors to establish:

1. For the SED Target Population, there is a list of risk factor questions/criteria specific to this Target Population (*outlined on the next slide*).
2. A Licensed Practitioner of Healing Arts (LPHA) who has the ability to diagnose within his or her scope of practice under state law, or a Licensed Practitioner under the supervision of an LPHA, has determined in writing that the child/youth, in the absence of HCBS, is at risk of treatment in a more restrictive setting. The LPHA has submitted written clinical documentation to support the determination.



Risk Criteria – SED Risk Factor Requirement

It is the responsibility of the HHCM/C-YES to obtain the documentation that supports the chosen Risk Factor below, through placement/hospital records and/or provider information.

The child/youth meets one of the factors 1 – 4:

1. The child/youth is currently in an out-of-home placement, including psychiatric hospital, **or**
2. The child/youth has been in an out-of-home placement, including psychiatric hospital within the past six months, **or**
3. The child/youth has applied for an out-of-home placement, including placement in psychiatric hospital within the past six (6) months, **or**
4. The child/youth currently is multi-system involved (i.e. two or more systems) and needs complex services/supports to remain successful in the community

Note: Out-of-home placement in LOC Risk Factor #1-4 includes: Residential Rehabilitation Services for Youth (RRSY), Residential Treat Facility (RTF), Residential Treatment Center (RTC), or other congregate care setting such as Substance Use Disorders (SUD) residential treatment facilities, group residences, institutions in the Office of Children and Family Services (OCFS) system or hospitalization. Multi-system involved means two or more child systems including examples of: child welfare, juvenile justice, Office of Addiction Services And Supports (OASAS) clinics or residential treatment facilities or institutions, Office of Mental Health (OMH) clinics or residential facilities or institutions, OPWDD services or residential facilities or institutions or having an established Individualized Education Program (IEP) through the school district.



HCBS/LOC Eligibility – SED Functional Criteria

Once the Target Population and Risk Factors information has been obtained and documented, then the **Functional Criteria** must be established to finalize the HCBS/LOC Eligibility Determination.

SED Level of Care (LOC) Functional Criteria:

- Functional Criteria is a subset of questions from the CANS-NY tool completed by the HHCM/C-YES.
- It is the responsibility of the HHCM/C-YES to obtain the documentation that supports the answers to the subset of the CANS-NY to meet the HCBS/LOC Functional Criteria.
- If a full valid CANS-NY has already been completed for the child, then the HHCM can either link to an existing CANS-NY (as outlined in the appendix) or complete the subset of the questions within the HCBS/LOC tool.



SED Functional Criteria 0 – 5

Relationship to child

14. Decision-Making, 15. Parenting Stress, 24. Care/Treatment Involvement

Child Strengths

30. Social Relationships, 31. Relationship Stability

Child Needs and Functioning

36. Attachment, 37. Living Situation, 43. Social Functioning

Child Development

45. Agitation, 58. Sensory Reactivity, 59. Emotional Control, 60. Frustration, 61. Temperament

Risk Behaviors

69. Self-Harm, 70. Aggressive Behavior, 71. Fire Setting, 72. Problematic Social Behavior

Trauma Symptoms Module

A. Traumatic Grief, B. Re-experiencing, C. Hyperarousal, D. Avoidance, E. Numbing, F. Dissociation, G. Affective or Physiological Dysregulation

Behavior Health Module

A. Attention/Concentration, B. Impulsivity, C. Depression, D. Anxiety, E. Oppositional, F. PICA, G. Anger Control

Preschool/Child Care Functioning Module

B. Preschool/Child Care Behavior, D. Preschool/Child Care Attendance



SED Functional Criteria 6 – 21

Relationship to child

14. Decision-Making, 15. Parenting Stress, 24. Care/Treatment Involvement

Child Strengths

30. Social Relationships, 31. Relationship Stability

Child Needs and Functioning

40. Living Situation, 43. Decision-Making-Judgement

School/Academic Functioning

50. School Behavior, 52. School Attendance

Risk Behavior

54. Suicide Risk, 55. Self-Injurious Behavior, 56. Other Self-Harm, 57. Danger to Others, 58. Fire Setting, 59. Sexually Reactive Behavior, 60. Sexual Aggression, 61. Delinquent Behavior, 62. Bullying, 63. Runaway, 64. Problematic Social Behavior, 65. Eating Disturbance

Trauma Symptoms Module

A. Traumatic Grief, B. Re-experiencing, C. Hyperarousal, D. Avoidance, E. Numbing, F. Dissociation, G. Affective or Physiological Dysregulation

Behavior Health Module

A. Psychosis, B. Attention/Concentration, C. Impulsivity, D. Depression, E. Anxiety, F. Oppositional, G. Conduct, H. Emotional Control, I. Anger Control, J. Attachment



Target Population:

Medically Fragile (MF)

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HCBS/LOC Eligibility – Medically Fragile Criteria

To meet the MF **Target Population**, the following criteria must be met:

1. Child/youth is younger than 21 years of age.
2. The child/youth must have documented physical disability using the following protocols:
 - a) Current SSI Certification, **or**
 - b) [DOH-5144 form](#) disability certificate (replaced LDSS-639), **or**
 - c) Forms: [DOH 5151](#), [DOH 5152](#) and [DOH 5153](#) completed by appropriate professionals and caregivers to be reviewed and approved by an LPHA (replaced OHIP 0005, OHIP 0006, and OHIP 0007)

For the annual HCBS/LOC Eligibility Determination, current/updated documentation is needed for eligibility **each time the HCBS/LOC is conducted.**



Target Population - Medically Fragile

For the Medically Fragile **Target Population**, **only one of the three options** needs to be identified and documented to meet the Target Population.

1. **Current SSI Certification** as determined by New York State Office of Temporary and Disability Assistance (OTDA), NYS Supplemental Program (SSP) for either Supplemental Security Income (SSI) or Social Security Disability (SSD).
 - For a child before the age of 18 it is every 3 years if the diagnosis may improve
 - For adults it is every 3 years for diagnosis that may improve and every 7 years for long term diagnosis
2. **DOH 5144 Disability Certificate**
 - The length of disability coverage varies from case to case. The minimum is usually 12 months and the maximum can be as long as 10 years
3. **Forms DOH 5151, 5152 and 5153**
 - DOH 5151 - "Childhood Medical Report" ***completed by physician***
 - DOH 5152 - "Questionnaire of School Performance" ***completed by teacher (if applicable)***
 - DOH 5153 – "Description of Child's Activities Report" ***completed by parent/guardian***
 - These forms would need to be completed yearly for the annual redetermination of HCBS/LOC Eligibility
 - All forms must be completed by appropriate professionals and caregivers to be reviewed
 - These forms would accompany the [LPHA Attestation](#) that needs to be completed for the Medically Fragile Risk Factors to be reviewed by the LPHA



HCBS/LOC Eligibility – MF Risk Factors

Once the Target Population information has been obtained and documented, the **Risk Factors** must be noted with the supporting documentation obtained.

Medically Fragile Risk Factors have one factor to establish:

A Licensed Practitioner of Healing Arts (LPHA) who has the ability to diagnose within his or her scope of practice under state law, or a Licensed Practitioner under the supervision of an LPHA, has determined in writing that the child/youth, in the absence of HCBS, is at risk of treatment in a more restrictive setting. The LPHA has submitted written clinical documentation to support the determination.

For the Risk Factor for Medically Fragile, institutionalization is defined as hospitalization or nursing facility



HCBS/LOC Eligibility – MF Functional Criteria

Once the Target Population and Risk Factors information has been obtained and documented, then the **Functional Criteria** must be established to finalize the HCBS/LOC Eligibility Determination.

MFC Level of Care (LOC) Functional Criteria:

- Functional criteria is a subset of questions from the CANS-NY tool completed by the HHCM/C-YES.
- It is the responsibility of the HHCM/C-YES to obtain the documentation that supports the answers to the subset of the CANS-NY to meet the HCBS/LOC Functional Criteria.
- If a full valid CANS-NY has already been completed for the child/youth, then the HHCM/C-YES can either link to an existing CANS-NY (as outlined in the appendix) or complete the subset of the questions within the HCBS/LOC tool.



HCBS/LOC Eligibility - MF

For the MF Target Population to meet functional criteria of the HCBS/LOC Eligibility Determination, the following subsets of the CANS-NY assessment are utilized:

CANS-NY Subset for ages 0-5
D. Child Development
53. Eating
54. Mobility
55. Positioning
56. Transferring
57. Elimination
93. Medical Health Module
A. Life Threatening
B. Chronicity
E. Impairment in Functioning
F. Intensity of Treatment

CANS-NY Subset for ages 6-21
88. Medical Health Module
A. Life Threatening
B. Chronicity
E. Impairment
F. Intensity of Treatment
89. Self-Care Activities of Daily Living Module
A. Eating
B. Toileting
F. Mobility
G. Positioning
H. Transferring

The HHCM/C-YES will work with the family to understand the strengths and needs related to these assessment items.



Target Populations:
**Developmental Disability
and Medically
Fragile (DD/MF) *AND*
Developmental Disability
and Foster Care (DD/FC)**

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DD/MF or DD/Foster Care

These HCBS/LOC Eligibility Determination tracks are completed in collaboration between the HHCM/C-YES and OPWDD Developmental Disabilities Regional Offices (DDROs).

- If the child/youth is suspected to have a Developmental Disability (DD) but has not yet been determined OPWDD eligible, the HHCM/C-YES will contact the OPWDD's Children's Liaison and provide any necessary information/documentation.
 - The DDRO will review the documentation and connect with the HHCM/C-YES if additional documentation is needed through the DDRO HCS Secure Email Box
- If the child/youth has already been determined by OPWDD to have a Developmental Disability **AND** Level of Care Eligibility Determination (LCED), the HHCM/C-YES must obtain such documentation from the DDROs and will be able to complete the Children's Waiver HCBS/LOC Eligibility Determination



DD/MF

This HCBS/LOC Determination track is completed in collaboration between the HHCM/C-YES and OPWDD Developmental Disabilities Regional Offices (DDROs).

DD/MF:

- There are two parts of the DD/MF HCBS/LOC Eligibility - the child/youth need to be found Developmentally Disabled **AND** Medically Fragile
- For children/youth who are Medically Fragile with a suspected DD that has not yet been determined by OPWDD **OR** have a determination of DD by OPWDD but the child/youth has not yet met OPWDD Level of Care Eligibility Determination (LCED):
 - **The HHCM/C-YES are encouraged to access the Medically Fragile Target Population for HCBS/LOC eligibility determination**
 - This will ensure a timelier HCBS/LOC determination and access to services
 - However, this does not eliminate the requirement of the HHCM/C-YES to work with OPWDD to obtain and annually maintain LCED
- OPWDD DDROs **cannot** complete the HCBS/LOC Eligibility Determination in the UAS for this Target Population, as they do not know the information to answer the subset of CANS-NY questions for the MF determination. If the HHCM/C-YES has the OPWDD LCED determination in hand at the time of the HCBS/LOC Eligibility Determination, then the HHCM/C-YES can complete the Target Population of DD/MF within the UAS



MF is Part of the DD/MF Eligibility

For the MF Target Population to meet functional criteria of the HCBS/LOC Eligibility Determination, the following subsets of the CANS-NY assessment are utilized:

CANS-NY Subset for ages 0-5
D. Child Development
53. Eating
54. Mobility
55. Positioning
56. Transferring
57. Elimination
93. Medical Health Module
A. Life Threatening
B. Chronicity
E. Impairment in Functioning
F. Intensity of Treatment

CANS-NY Subset for ages 6-21
88. Medical Health Module
A. Life Threatening
B. Chronicity
E. Impairment
F. Intensity of Treatment
89. Self-Care Activities of Daily Living Module
A. Eating
B. Toileting
F. Mobility
G. Positioning
H. Transferring

The HHCM/C-YES will work with the family to understand the strengths and needs related to these assessment items.



DD/Foster Care

This HCBS/LOC Determination track is completed in collaboration between the HHCM/C-YES and OPWDD Developmental Disabilities Regional Offices (DDROs).

DD/Foster Care:

This Target Population can be chosen if the child/youth is found Developmentally Disabled by OPWDD

AND

1. Currently in Foster Care

OR

2. Was previously in Foster Care at the time they were enrolled in HCBS (Children's Waiver or B2H)
(During re-assessment for this Target Population there cannot be a break in HCBS enrollment, otherwise this Target Population can no longer be used, unless the child/youth comes back into foster care)

- OPWDD DDROs **can/should** complete the HCBS/LOC Eligibility Determination in the Uniform Assessment System (UAS) for this Target Population.



Referral Process to the DDROs for DD/MF and DD/Foster Care

The HHCM/C-YES makes referrals and communicates with the Regional DDROs through the HCS secure file transfer [Secure File Transfer 2.0 Quick Reference Guide](#) (PDF)

The HHCM/C-YES collects the necessary information, completes the referral information, and transfers all documentation to the DDROs

The DDROs will review the information provided and share the DD and LCED paperwork with the HHCM/C-YES

*The DDROs can complete the HCBS/LOC Eligibility within the UAS for DD in Foster Care

NOTE: The OPWDD DDRO Eligibility process and collaboration with HHCM/C-YES is outlined in the [DDRO Manual for Children's Waiver](#)



**Level of Care (LOC) HCBS Eligibility Determination Criteria for:
Developmental Disability and Medically Fragile
& Developmental Disability and Foster Care**

**Target
Criteria
DD/MF
and
DD/Foster
Care**

1. Child/youth is younger than 21 years of age.
2. Child/youth has developmental disability as defined by OPWDD which meets one of the criteria a-c *as well as* criteria d, e and f.
 - a. is attributable to intellectual disability, cerebral palsy, epilepsy, neurological impairment, familial dysautonomia, Prader-Willi syndrome or autism; **or**
 - b. is attributable to any other condition of a child found to be closely related to intellectual disability because such condition results in similar impairment of general intellectual functioning or adaptive behavior of a child with intellectual disability or requires treatment and services similar to those required for such children; **or**
 - c. is attributable to dyslexia resulting from a disability described above; **and**
 - d. originates before such child attains age 22; **and**
 - e. has continued or can be expected to continue indefinitely; **and**
 - f. constitutes a substantial handicap to such child's ability to function normally in society



Developmental Disability Checklist

The DDRO will need this information to determine if a person is HCBS/LOC eligible:

- The [Transmittal for Determination of Developmental Disability Form](#) must accompany all requests sent to the DDRO for eligibility determinations.
- A psychological report which includes an assessment of intellectual functioning (“IQ test”). This report should include all summary scores from the assessment (Full Scale, Index, Part and Subtest scores). *For people with IQ scores above 60*, an interpretive report of a standardized assessment of adaptive behavior, including summary, composite, scale, and domain scores, is required. *For people with IQ scores below 60*, an adaptive assessment may be based on an interpretive report using information gathered from interviews with caregivers, records review, and direct observations.
- For conditions other than Intellectual Disability, a medical or specialty report that includes health status and diagnostic findings to support the diagnosis. If available, a recent general medical report should be included in all eligibility requests.
- A social/developmental history, psychosocial report or other report that shows that the person became disabled before age 22. This is required for all eligibility requests. In some cases, the DDRO may require additional information to determine eligibility. The DDRO may request additional information or further evaluation and may either recommend where additional assessments may be done or arrange for them to be done.



DD MF Services Options

Following a determination, DDROs will communicate the potential options with the HHCM/C-YES.

DD and MF eligible (DD LCED eligible and MF):

- Eligible for both the Children's Waiver and the OPWDD Comprehensive Waiver.
- Child/family should review the comparison of each waiver and determine where they prefer to receive services.

DD and MF ineligible (DD LCED eligible but not MF):

- Not eligible for the Children's Waiver for HCBS but eligible for the OPWDD Comprehensive Waiver.
- If already enrolled in Medicaid, the child may be eligible for Health Home Serving Children (HHSC) if meeting Chronic Conditions and Appropriateness requirements.
- Child/family should review the services under the Comprehensive Waiver vs. HHSC care management only and determine where they prefer to receive services.

DD and MF ineligible (DD LCED ineligible and not MF):

- Not eligible for the Children's Waiver or OPWDD Comprehensive Waiver.
- If already enrolled in Medicaid, the child may be eligible for Health Home Serving Children (HHSC) if meeting Chronic Conditions and Appropriateness requirements.



HCBS/LOC Eligibility Determination Outcomes

- If the child/youth is **not** found eligible for the Children's Waiver but is also believed or is diagnosed with a DD condition, then the child/youth should be referred to OPWDD for the potential determination of DD eligibility and LCED for the OPWDD Comprehensive Waiver.
- If the child/youth **is** found eligible for the Children's Waiver, then to ensure the child/youth has access to Adult HCBS provided under the OPWDD Comprehensive HCBS Waiver and other State Plan clinic services, the child/youth should also subsequently seek OPWDD determination of DD eligibility and LCED.
 - As part of providing care management and planning transition care, HHCMs/C-YES must ensure this referral and determination is well before the child's 21st birthday
- **For children/youth who are in foster care, it is important, that once determined DD/MF or DD in Foster Care that this Target Population eligibility is maintained.**
- Additionally, HHCM/C-YES should be working in collaboration with the child welfare worker/LDSS (upstate) and foster care case planner and Administration for Children Services (ACS) (downstate) regarding HCBS eligibility and services.



Communication and Collaboration with Child/Family

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Collaboration with the Child/Family

Prior to HCBS/LOC eligibility being pursued by the HHCM/C-YES, the child/family must indicate that they are interested in pursuing HCBS eligibility. This must be documented within the case record – the HHCM/C-YES cannot determine on their own to pursue HCBS eligibility.

- When the HCBS Eligibility Determination process is completed, a [Notice of Decision](#) and Fair Hearing rights must be sent.
- **Each time** the HCBS Eligibility Determination process is completed, and the child/youth is found eligible, the HHCM/C-YES obtains consent that child/family accepts HCBS:
 - *Freedom of Choice* form must be signed by the child/family - [Freedom of Choice – DOH-5276](#)
 - Choice of HCBS instead of Institutional / Residential care
 - Choice of Services and Providers
 - Choice of Health Home or C-YES
- HHCM/C-YES educates child/family on next steps including the HCBS service array.
 - Consent from the child/family must be obtained for HCBS referral and to share the Plan of Care (POC) and other pertinent information.
- HHCM/C-YES engages the child/family in identification of goals and development of POC.



Enrollment Forms

Category	Forms and Letters	Form Description	Form Completed By	Time Requirement for Member Notification
Enrollment	<ul style="list-style-type: none"> Serious Emotional Disturbance (SED) LPHA Attestation (DOH 5275) Medically Fragile (MF) LPHA Attestation (DOH 5275) Developmental Disabled who are Medically Fragile (DDMF) LPHA Attestation (DOH 5275) 	Needs to complete prior to completing HCBS LOC in UAS	HHCM/C-YES	Done prior to completing HCBS LOC with the child/youth/family and in the UAS Note: Completed for initial enrollment; only completed annually if there is a break in service
	Children's Waiver Participant's Rights	Form informing member of their rights		Should be signed during a meeting with care manager Note: Completed annually
	Freedom of Choice (DOH 5276)	Confirming member choice		Should be signed during a meeting with care manager Note: Completed annually

DOH 5276 – 1915(c) Children's Waiver Freedom of Choice

- Confirms receipt of available alternatives
- Confirms participation in the Waiver and the right to choose HH or C-YES as well as providers

This is a thumbnail of the '1915(c) Children's Waiver Freedom of Choice' form. It includes sections for 'About this form', 'Important information', 'Instructions', and 'Member information'. The form is designed to be completed by the member or their representative, confirming their understanding of the waiver and their choice of services and providers.

DOH 5275 – Licensed Practitioner of the Healing Arts (LPHA) Attestation

- Fulfills the Risk Factor criteria for the child/youth's eligibility into HCBS
- Attests that the child/youth would be at risk of hospitalization without HCBS
- There are now separate LPHA forms for each target population

This is a thumbnail of the 'Licensed Practitioner of the Healing Arts (LPHA) Attestation' form. It includes sections for 'Instructions', 'Member information', and 'Attestation'. The form is designed to be completed by a licensed practitioner (LPHA) who is providing services to the member, attesting to the member's risk of hospitalization without HCBS.





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Resources and Questions

- HHCMs and HH CMAs should first talk with their Lead Health Home regarding questions and issues they may have
- Questions, comments or feedback on Health Homes Serving Children to: hhsc@health.ny.gov or contact the Health Home Program at the Department of Health at 518.473.5569
- **Specific Questions/Comments regarding the Children's Waiver and services** BH.Transition@health.ny.gov
- Subscribe to the HH Listserv
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm



Appendix

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K Codes

Recipient Restriction/Exemption (RR/E) codes - or K-codes for the Children's Waiver – indicate the Target Population

- K1 HCBS LOC
- K2 HCBS LON (not in use currently)
- K3 HCBS Serious Emotional Disturbance (SED)
- K4 HCBS Medically Fragile (MF)
- K5 HCBS Developmentally Disabled and Foster Care (DD/FC)
- K6 HCBS Developmentally Disabled and Medically Fragile (DD & MF)
- K7 HCBS Complex Trauma (not in use currently)
- K9 Foster Care
- KK Family of One
- A1 Children's Health Home: the member is in outreach or enrolled with a Care Management Agency (CMA)
- A2 Children's Health Home: the member is in outreach or enrolled with a Health Home (HH)



LPHA Attestation Form

- **The Licensed Practitioner of the Healing Arts (LPHA) Attestation Form** is required to meet the Risk Factor for the annual HCBS/LOC Eligibility Determination for several of the Target Populations (SED, MF, & DD/MF).
- The LPHA Attestation Form **only** needs to be completed during the initial HCBS/LOC Assessment and does not need to be completed again at the annual reassessment, **unless there is a break in services** (Dis-enrollment and Re-enrollment). At the time of the annual reassessment, the previous LPHA Attestation form can be used.
- The list of allowable LPHA practitioners who may complete this attestation form has been expanded to include LPHA's who have the ability to diagnose within their scope of practice under NY State law **OR** *who are under supervision of an LPHA who has the ability to diagnose within their scope of practice under NY State law*. Refer to Appendix A on the form for a list of allowable practitioners.
- To allow for easier completion and limit confusion on part of the practitioner completing the LPHA Attestation, there are now *separate* forms for each target population:
 - [Serious Emotional Disturbance \(SED\)](#)
 - [Medically Fragile \(MF\)](#)
 - [Developmental Disability who are Medically Fragile \(DD/MF\)](#)

Please refer to the [Instructions](#) for additional information on completing the LPHA Attestation Form.



Link to CANS-NY

Certain Target Populations collect Functional Criteria data using the same items that are used in the CANS-NY. The assessor can save time and effort by linking to a recently completed CANS-NY assessment within the UAS.

- This process utilizes items and related responses from the most recently signed/finalized CANS-NY assessment

To determine if a CANS-NY assessment is *eligible* to be linked to a HCBS/LOC Eligibility Determination, the CANS-NY assessment must:

- Be the most recently signed and finalized assessment for the child/youth
- Have a finalization date less than 6 months old
- Be for the same age range as the HCBS/LOC Eligibility Determination
- Have the Target Population Selection in HCBS/LOC Eligibility Determination answered

Additional information found in the online [UAS CANS-NY Training](#) site and on the [DOH CANS-NY](#) webpage



Link to CANS-NY (cont.)

+ Add **Refresh** **Delete** **Check Missing** **Share** **Merge Assessment**

Consumer Name
Identification Info
Assessments

- 01/19/2019 HCBS/LOC Elig 0-5
 - Reference Date
 - Target Pop Selection
 - Link to CANS-NY**
 - Intake/Demographics
- + HCBS/LOC Eligibility 0-5
 - Sign/Finalize
 - Assessment Outcomes
- + 01/15/2019 CANS-NY 0-5

Link to CANS-NY

You may link to the most recently finalized CANS-NY if it aligns with the target population selection. Otherwise, the Add Link to CANS-NY button will be disabled. Linking to a CANS-NY will copy Intake/Demographics data and Functional Criteria data into this assessment. **Be sure to review the CANS-NY data before linking to it.**

Linked CANS-NY assessment

Department of Health Complaints

- Enrollees and providers may file a complaint regarding managed care plans to DOH
 - 1-800-206-8125
 - managedcarecomplaint@health.ny.gov
- When filing:
 - Identify plan and enrollee
 - Provide all documents from/to plan
 - Medical record not necessary
- Issues not within DOH jurisdiction may be referred
- DOH is unable to arbitrate or resolve contractual disputes in the absence of a specific governing law
- File Prompt Pay complaints with Department of Financial Services:
<https://www.dfs.ny.gov/insurance/provlhow.htm>





Referral Form Instructions

- The Children and Youth Evaluation Service (C-YES) accepts referrals from individuals and providers including a parent, wider family member, doctor, therapist, school guidance counselor, CBOs and others:
- Individuals and families should call C-YES so that we can send you a Referral Form and a pre-paid return envelope in the mail right away! You can mail back the form in the envelope at no cost to you. Call C-YES at 1-833-333-CYES (1-833-333-2937). TTY: 1-888-329-1541
- Providers and Organizations with secure email protocols can download the Referral Form below. Return the form to: CYESREFERRAL@MAXIMUS.COM. Be sure to include the child/youth's name and contact information.
- [C-YES Referral Form](#)



Reference Slide

Disability Review Team Certificate - DOH-5144 form
<https://www.health.ny.gov/forms/doh-5144.pdf>

Childhood Medical Disability Report - DOH 5151
<https://www.health.ny.gov/forms/doh-5151.pdf>

Questionnaire of School Performance - DOH 5152
<https://www.health.ny.gov/forms/doh-5152.pdf>

Description of Child's Activities - DOH 5153
<https://www.health.ny.gov/forms/doh-5153.pdf>

Freedom of Choice – DOH-5276
<https://www.health.ny.gov/forms/doh-5276.pdf>

Licensed Practitioner of the Healing Arts Attestation – DOH-5275
<https://www.health.ny.gov/forms/doh-5275.pdf>

Disability Review Team Certificate - DOH 5144
<https://www.health.ny.gov/forms/doh-5144.pdf>



Reference Slide (cont.)

Current SSI Certification

<https://otda.ny.gov/programs/ssp/>

Transmittal for Determination of Developmental Disability Form

<http://www.opwdd.ny.gov/node/1018>

Secure File Transfer 2.0 Quick Reference Guide

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/sft_instruct.pdf

DDRO Manual for Children's Waiver

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/ddro_manual_for_childrens_waiver.pdf

Notice of Decision For Enrollment or Denial of Enrollment in the New York State 1915(c) Children's Waiver

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/nod_elig.pdf

Notice of Decision For Discontinuance in the New York State 1915(c) Children's Waiver

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/nod_discont_serv.pdf

DOH website

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm



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