



Department  
of Health

# 1915(c) Children's HCBS Waiver

Waiver Year 2021-2022

HCBS Provider Review Information Session

May 18, 2022

# Agenda

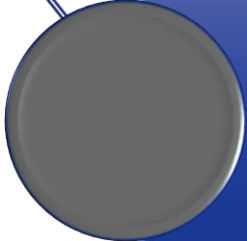
- **Process Overview**
  - Background
  - Case Review General Timeline
  - Case Review Communication
  - Case Review Sampling
  - Review Details
- **Required Documentation**
- **Review Closeout**
  - Case Review Findings
  - Corrective Action Plans (CAPs)
- **Clinical Reviews: Mandated Reporting & Critical Incident Request**
  - Process
  - Performance Measure: Annual Physical Exams
  - Performance Measure: Provider Training Records



# Process Overview

May 2022

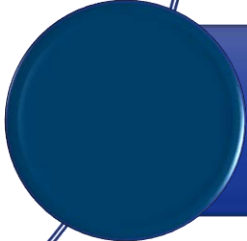
# Background



As of April 1, 2019, the new Children's Waiver was implemented and NYSDOH is required to conduct an annual case review and program audit to be reported to the Centers for Medicare and Medicaid Services (CMS).



WY21-22 case reviews will, for the first time, include reviews of HCBS providers, in part to provide a holistic look at an enrollee's experience in the Children's Waiver.



The first review of HCBS providers will have a strong focus on service plans, care team communication, and receipt of HCB services.

Please refer to the [1915\(c\) Children's Waiver and 1115 Waiver Amendments website](#) for more information for the Waiver requirements and performance measures

# Children's Waiver HCBS Case Reviews

- The first two Waiver years 19-20 and 20-21 case review and audit was conducted at the Health Home and C-YES level of care
  - The third year 21-22 Case Review and Audit will occur at the Health Home/C-YES **and** HCBS provider level, with a strong focus on implementation:
    - For HHs/C-YES- the Plan of Care Workflow and communication between members of the care team.
    - For HCBS Providers – the service plan, HCB service delivery, and communication between members of the care team.
  - There will not be an entrance conference or exit conference held due to the number of reviews being conducted, however, HCBS providers can request a meeting to discuss the review, their CAP, and or Summary of Findings, if needed.

# Case Reviews 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 the dedicated phone at the NYSDOH
    - (518) 474-2741 or
    - by the HCS secure file transfer mailbox, [KidsHCBSCaseReview@health.ny.gov](mailto:KidsHCBSCaseReview@health.ny.gov).
      - ✓ Written communications will be delivered and sent through this mailbox.
      - ✓ Please confirm the accuracy of your agency's Points of Contact included in your Case Review Welcome Package.
- [Waiver and 1115 Waiver Amendments website](#) for more information for the Waiver requirements and performance measures.

# Case Review Communication

- Information on how to use HCS Secure File Transfer can be found at the links below:
  - [Secure File Transfer 2.0 Reference Guide](#)
  - [SFT 2.0 - Frequently asked Questions](#)
- Please supply agency point-of-contact after this meeting, **no later 5/31**.
  - Name, Email/Phone, HCS ID.
  - Send to [KidsHCBCSCaseReview@health.ny.gov](mailto:KidsHCBCSCaseReview@health.ny.gov)
- All communications and requests for additional information should be responded to by no later than one business day unless otherwise noted.
  - Providers are encouraged to reach out with any questions during review process.


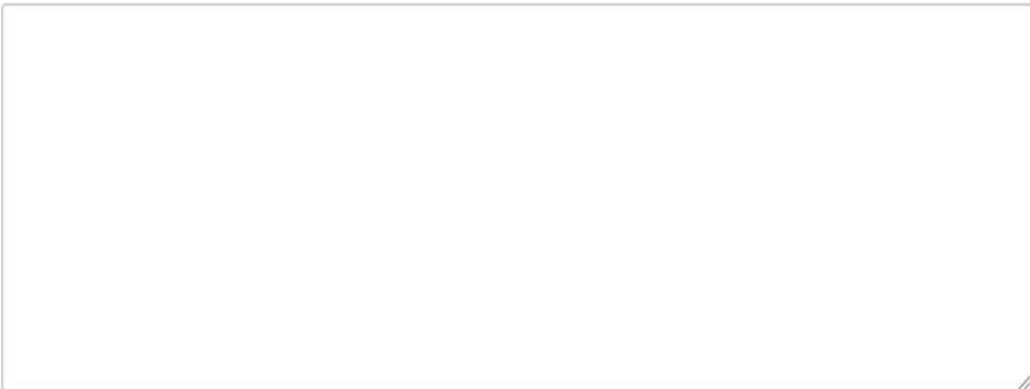
**New Package**


[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...](#)

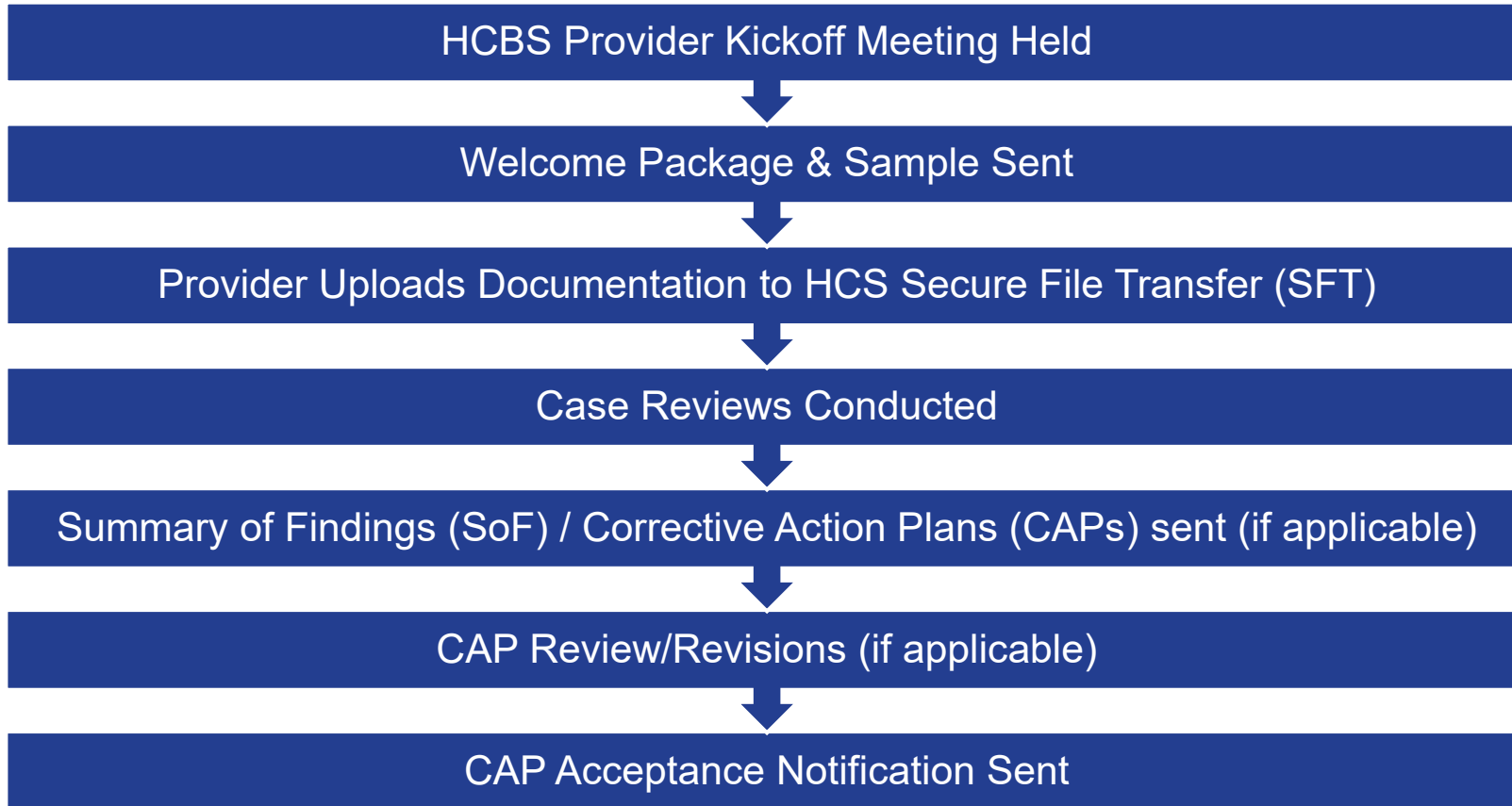
**Subject:**

**Note:**  

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

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

# Case Review General Timeline



- Case reviews will begin in June.
- Providers will receive Welcome Package, including required documentation list, next week.
- Provider will receive sample 2 weeks before beginning of reviews.

May 2022



# Case Review Sampling

- The case review sample was identified by selecting a statistically random sample of unique individuals enrolled in the Children's Waiver from April 1, 2021 – March 31, 2022, who received HCBS from designated HCBS providers.
- Each HCBS Provider will receive their samples via the Health Commerce System (HCS) Secure File Transfer (SFT) around two weeks prior to the beginning of their Review.
  - Once this sample is received, the HCBS Provider will need to review and confirm that all children/youth in their sample received HCB services with their agency.
  - If a child/youth did not, the provider will reach out immediately to work through identifying a replacement oversample for any child/youth not served by that agency.

# Review Details

The HCBS Provider Review Tool was developed collaboratively by the NYS DOH and State partners and evaluates the compliance to the Children's HCBS Provider Manual and quality measures identified in the 1915(c) HCBS Children's Waiver.

The WY21-22 HCBS provider review required documentation list outlines the documentation to be included in the case record.

- Note that not all documents apply for each case, and will depend on the target population, HCB Services, etc.

While most of the evaluation focuses on the documents within the case record, claims data will also be reviewed to verify HCBS delivery.

May 2022

# Required Documentation

May 2022

# Case Review Required Documentation

The WY21-22 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 Secure File Transfer application.

## Notes:

- Multiple files can be sent with each submission.
- Please remember to adhere to the naming conventions outlined in the required documentation list.

# Case Review Required Documentation

## Required Documentation

- Provider Service Plan
- Case Record Notes from 4/1/2021 – 3/31/2022
- HHCM/C-YES Referral for HCBS Services
- Children’s HCBS Authorization and Care Manager Notification Form (ACMNF)
- Patient Information Sharing Consent Forms
- Additional Safety/Emergency Planning, if applicable
- Agency Complaint, Critical Incidents, Complaints and Grievances Form, if applicable

## Naming Convention

- 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 Documentation List
  - Ex: “2021-007-ACMNF”

# Review Closeout

May 2022

# Case Review Findings

## How will Findings be Provided?

- The Summary of Findings (SoF) for each Provider Agency will be provided once all case reviews have been completed.
- Depending on the findings, a Corrective Action Plan (CAP) may be requested.
- Any errors or discrepancies identified with service claim billing, will be brought to the attention of the HCBS Provider.
- NYSDOH will follow-up on any immediate 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 are reported at the state and agency level.

# Corrective Action Plans

- Depending on results of reviews, Corrective Action Plans (CAPs) may be requested.
- CAPs are limited to items determined to be most important to overall program success.
- Of the 49 unique evaluation items, 19 can result in a CAP if percentage is < 85%.
  - Evaluation items that may result in a CAP are highlighted on PDF copy of HCBS Provider Review Tool.
- Summary of Findings and CAP request will be sent approximately 2-3 weeks following the end of review period. CAP will be due back to NYSDOH in 2 weeks.
- CAP will be reviewed, and notification will be sent indicating if plan is accepted or if additional revision is required.



# Clinical Reviews: Mandated Reporting & Critical Incident Request

May 2022

# Mandated Reporting/Critical Incident /Compliant/Grievance 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 Provider's point of contact via SFT.
- The Provider 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 1 business day.
- The Provider is responsible for making reports to SCR or filing a Critical Incident report if this was not already done and is required.

# Additional Review Process Items

May 2022

# Performance Measure: Annual Physical Exams

A Performance Measure required within the Waiver and that all care team members should be aware of – *Waiver participants need an annual physical exam / well-child visit*, and this information is obtained through claims data.

A list of Waiver participants will be shared with HHs/C-YES bi-annually of those participants that do not have an annual physical exam/ well-child visit to encourage proactive discussion with the participant to schedule the exam.

HCBS providers, as a care team member should be aware and or assist when needed to ensure participants obtain annual physical exam / well-child visits and connection to a Primary Care Physician (PCP).

The claims search conducted by the State is up to one quarter prior to or after the start/end of the WY - between 1/1 and 6/30. (Ex. 1/1/2021-6/30/2022) to capture delayed appointments.

May 2022

# Performance Measure: Provider Training Records

- DOH is required to ensure and verify provider qualifications, training, and staffing requirements for the following:
  - Designated HCBS Waiver provider
  - Health Home care management agency
  - Children and Youth Evaluation Services (C-YES)
- To obtain this information, for the first two years of the waiver, a survey monkey was sent out without a good response, and NYS failed this performance measure.
- For WY 21-22 and the future, a *Provider Qualifications, Training, and Staffing Requirements tracker* will be sent to each HCBS Provider and HH/C-YES to be completed for each individual staff working with waiver participants.
  - Guidance and directions will be sent with the *Provider Qualifications, Training, and Staffing Requirements tracker* within the next month.

# Q & A



May 2022