



Guide to HCBS Provider Manual Updates found in VERSION 2020-1

Update	Page
Designation section added	p.5
Medicaid Enrollment section added	p.6
<p>HCBS Eligibility and Enrollment – additional information:</p> <p>To access Children’s HCBS, a child must meet Level of Care criteria using the HCBS/LOC Eligibility Determination which is housed within the Uniform Assessment System (UAS) along with the Child and Adolescent Needs and Strengths – NY (CANSNY) assessment. Only a HHCM, C-YES, or the OPWDD Developmental Disabilities Regional Office (DDRO) are given access in the UAS to complete the HCBS/LOC Eligibility Determination.</p> <p>Upon the signing and finalizing of the HCBS/LOC Eligibility Determination within the UAS, the assessor will be presented with an outcome of either HCBS/LOC eligible or not HCBS/LOC eligible for the identified target population. The HHCM/C-YES will send the child a Notice of Determination, which will memorialize the outcome of the HCBS/LOC Eligibility Determination and provide information on State Fair Hearing rights.</p> <p>The HCBS/LOC Eligibility Determination is a twelve (12) month (annual) determination. The annual determination date does not change according to the CANS-NY completed for the Health Home Serving Children program. Once the HCBS/LOC Eligibility Determination outcome is complete within the UAS, it remains active for one year from the date of signature and finalized date, with two exceptions:</p> <ol style="list-style-type: none"> 1) Change in circumstance - through person-centered care planning and collaboration with providers, child, and family, if knowledge of the child’s change in circumstances is found as outlined below, a new HCBS/LOC Eligibility Determination is needed: <ul style="list-style-type: none"> • Significant change in child’s functioning (including increase or decrease of symptoms or new diagnosis) • Service plan or treatment goals were achieved • Child admitted, discharged or transferred from hospital/detox, residential setting/placement, or foster care • Child has been seriously injured in a serious accident or has a major medical event • Child’s (primary or identified) caregiver is different than on the previous HCBS /LOC • Significant change in caregiver’s capacity/situation 2) In the event that a child that has been determined HCBS/LOC eligible and initially declines HCBS, but later requests HCBS, or if a child has been determined HCBS/LOC eligible, but has been placed on a wait list due to capacity limitations of the Children’s Waiver: a new HCBS/LOC Eligibility Determination is required if 	p.7-8



<p>an approved/active HCBS/LOC Eligibility Determination is not utilized within six (6) months of the date the HCBS/LOC Eligibility Determination outcomes.</p> <p>If a child/youth is found HCBS/LOC ineligible and there is a change in circumstances, the child/youth can be reassessed at any time, as there is no wait period between assessments.</p> <p>For more information regarding HCBS requirements for independent assessment, see Section 1915(i)(1)(F) of the Social Security Act.</p>	
Notice of Decision section added	p.9-10
HCBS Reauthorization section added	p.10
Participants Placed in an HCBS Restricted Setting section added	p.11
Capacity Management section added	p.11
Care Management and Monitoring Access to Care for HCBS section added	p.12-13
Person-Centered Plan of Care section added	p.13-16
HCBS Plan of Care Workflow section added	p.16-26
Participants Rights and Protections section added including: Freedom of Choice, Fair Hearing, Incident Reporting, Grievances and Complaints, and Conflict Free Care Management	p.27-28
Training Requirements clarified throughout the manual to reflect guidance found here: Children's HCBS Provider Training Requirements Memo (PDF) – May 15, 2019 and in Appendix F	Service Definition pages (29-77)
Updated Caregiver Family Supports and Services Service Components	p.38
Updated Respite Setting	p.42
Updated Service Description for Non-Medical Transportation	p.55
Updated Service Description for Adaptive and Assistive Technology	p.59
Updated Service Description for Vehicle Modifications	p.61-62
Updated Service Description for Environmental Modifications	p.64
Updated Provider Agency Qualifications, Palliative Care Expressive Therapy	p.68
Updated Provider Agency Qualifications, Palliative Care Massage Therapy	p.70
Updated Provider Agency Qualifications, Palliative Care Bereavement Therapy	p.73
Family Peer Supports Services: service definition removed since this service is available as a Children and Family Treatment and Support Service as of 7/1/2019; please reference the CFTSS Manual: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf	p.77
Youth Peer Support and Training: service definition removed since this service is available as a Children and Family Treatment and Support Service as of 1/1/2020; please reference the CFTSS Manual: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf	p.77



Crisis Intervention: service definition removed since this service is available as a Children and Family Treatment and Support Service as of 1/1/2020; please reference the CFTSS Manual: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/updated_spa_manual.pdf	p.77
Appendix A: Glossary of Key Terms – definitions added for Care Team or Multi-disciplinary Team; Child/Children; Children and Youth Evaluation Service (C-YES); Duration; Frequency; HCBS/LOC Eligibility Determination; Health Home (HH); Medicaid Managed Care Plan (MMCP); Parent, guardian, or legally authorized representative; Scope	p.78-83
Multisystem involved: two or more child systems including child welfare, juvenile justice, <i>Department of Homeless Services</i> , OASAS clinics or residential treatment facilities or institutions, OMH clinics or residential facilities or institutions, OPWDD services or residential facilities or institutions, or having an established IEP through the school district.	p.81
Appendix B: HCBS Settings Overview – additional guidance and resources included	p.84
Updated Title of Appendix C and updated the notes column in the grid for Respite for clarification of units	p.87-88
Respite clarification: Individual Planned Respite billing is limited to (4) hours (16 units) per child per day or one per diem claim per day that covers any claim beyond 4 hours and up to 6 hours of service. Group Respite billing is limited to (4) hours (16 units) per child per day. Planned Respite will be authorized for utilization for no more than 7 <i>consecutive</i> days per calendar year. Anything beyond this utilization will require concurrent review.	p.88
Added Appendix E: Community Habilitation Guidelines	p.90-91
Appendix F: Added Training Grid (outlining the requirements) and added CANS-NY Training Requirements; included link to Mandated Reporter Training: https://www.nysmandatedreporter.org/TrainingCourses.aspx	p.92-93
Added Appendix G: Table of Responsibilities for HCBS Workflow	p.94
Added Appendix H: Person-Centered Service Planning Guidance for Managed Care Organizations and Local Departments of Social Services	p.95-106
Added Appendix I: Health Home Plan of Care Policy	p.107-112
Added Appendix J: Health Home Incident Reporting Policy	p.113-118