



**Office for People With
Developmental Disabilities**

OPWDD DDRO Manual

Eligibility Process for Children's Waiver

August 2019

OPWDD DDRO Manual

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Eligibility Process Flow for Children’s Waiver

Table 1 – Medically Fragile - Redeterminations

Children who have an already established ICF-I/ID Level of Care Eligibility. This includes children who transitioned from the OPWDD CAH Waiver.

Step	Action	Responsible Party
1	Completes MF HCBS LOC in CANS NY. If child meets MF LOC and OPWDD ICF-I/ID Level of Care Eligibility continues to be desired*, HHCM proceeds to step 2 to assist OPWDD in maintaining ICF-I/ID Level of Care Eligibility (using the ICF-I/ID Level of Care Eligibility Determination form).	HHCM/C-YES
2	<p>The HHCM/C-YES will collect the required documentation to submit to OPWDD DDRO for redetermination of ICF-I/ID Level of Care Eligibility Determination (LCED).</p> <p>The required documentation for ICF-I/ID redetermination is:</p> <ul style="list-style-type: none"> • Current general medical report • Copy of child’s Plan of Care • Updated Psychological Report if there is a significant change in child’s functioning. • Statement from Care Manager (attestation field within the Children’s Waiver Transmittal Form) that the documentation required for the LCED redetermination remains valid and reflects the current needs of the child. <p>The required Children Waiver Transmittal Form and documents will be sent in a secure email in one file to the DDRO HCS Secure Email Box (Each of the Regions have their own secure email mailbox).</p> <p>See page 10 for the guidance on the above documentation.</p>	HHCM/C-YES
3	The DDRO reviews documentation and advises HHCM/C-YES if additional documentation is needed through the DDRO HCS Secure Email Box.	DDRO
4	<p>If the child is found ICF-I/ID eligible, the OPWDD Children’s Liaison (CL) signs the ICF-I/ID LCED and e-mails through the DDRO HCS Secure Email Box to securely transfer the LCED documents to the HHCM/C-YES.</p> <p>Notes for DDRO: QIDP/Children’s Liaison can sign off on the LCED Redetermination. For OPWDD internal purposes, CL uploads LCED into CHOICES. For the initial redetermination after the transition to the Children’s Waiver, the CL should upload into CHOICES a copy of the child’s most recent CAH Level of Care (LOC)/Medical Care Screen and a copy of the child’s most recent Doctor’s Orders.</p>	DDRO
4A	The HHCM/C-YES will continue to work with the child/family on their Plan of Care.	HHCM/C-YES
5	If the child no longer meets OPWDD ICF-I/ID LCED eligibility , DDRO sends letter to HHCM/C-YES through the DDRO HCS Secure Email Box with a copy to the child/family. Notification will state that child no longer meets OPWDD ICF-I/ID LCED eligibility.	DDRO

Best Practice – Former OPWDD CAH Children and new enrollees with a DD diagnosis/conditions are not required to establish or maintain the ICF-I/ID LCED to continue Children’s Waiver enrollment using the MF target group. However, there are reasons why the ICF-I/ID LCED should be established/maintained: If the child/family decides to transfer to the OPWDD Comprehensive Waiver at any point, the documentation needs to be up to date (maintained yearly to stay active) If the child is aging out of the Children’s Waiver, the documentation is up to date to appropriately transition to the OPWDD Comprehensive Waiver. Accessing OPWDD Article 16 Clinic services (OT, PT, etc.) If ICF-I/ID LCED lapses (not performed annually), then the child needs to start LCED eligibility process again from the beginning.

Table 2 - Developmentally Disabled/Foster Care – Redeterminations

Children who are in Foster Care and have a Developmental Disability. This includes children who transitioned from the Office of Children and Families (OCFS) Bridges 2 Health (B2H) DD waiver.

Step	Action	Responsible Party
1	<p>The HHCM/C-YES will collect the required documentation to submit to OPWDD DDRO for redetermination of ICF-I/ID Level of Care Eligibility Determination (LCED).</p> <p>If the child is still in foster care, or if the child was originally in Foster Care receiving HCBS, the HHCM/C-YES will work with the VFCA or LDSS County Case Worker whichever applicable, to gather the required documentation to ensure continued Children’s Waiver participation, if deemed appropriate and needed by all parties.</p> <p>The required documentation for ICF-I/ID Level of Care redetermination is:</p> <ul style="list-style-type: none"> • Current general medical report • Copy of child’s Plan of Care • Copy of the last completed and reviewed LCED (with QIDP signatures) ONLY for the initial redetermination post B2H transition • Statement that the child is now in Foster Care or was originally in Foster Care receiving HCBS (within the Children’s Waiver Transmittal Form) • Updated Psychological Report if there is a significant change in child’s functioning • Statement from Care Manager (attestation field within the Children’s Waiver Transmittal Form) that the documentation required for the LCED redetermination remains valid and reflects the current needs of the child. <p>The required Children Waiver Transmittal Form and documents will be sent in a secure email in one file to the DDRO HCS Secure Email Box. (Each of the 5 Regions have their own secure email inbox). If the child is in New York City, ACS should be copied on this transmittal via this email address: OCFH.Waiver@acs.nyc.gov</p> <p>See page 10 for the guidance on the above documentation.</p>	HHCM/C-YES
2	The DDRO reviews documentation and advises HHCM/C-YES if additional documentation is needed through the DDRO HCS Secure Email Box.	DDRO
3	<p>The DDRO will enter the UAS HCBS Eligibility Determination and complete the HCBS/LOC documentation as outlined in training:</p> <p>In UAS: Go into Target Population. Click Yes to meeting DD Foster Care Target Population.</p> <p>Risk Factors: Choose 1 of 2 options. 1) Child is currently in Foster Care or 2) Child was originally in Foster Care when they received HCBS Waiver Services.</p> <p>Functional Criteria – Choose whether the child/youth meets ICF-I/ID LCED If YES the child/youth has HCBS LOC for the Children’s Waiver.</p>	DDRO
4	If the child is found ICF-I/ID LCED eligible , the OPWDD Children’s Liaison signs the ICF-I/ID LCED and e-mails through the HCS secure file transfer HHCM/C-YES securely with scanned copy. (The ICF-I/ID LCED form is the	DDRO & HHCM/C-YES

	<p>OPWDD form documenting that the individual meets ICF-I/ID LOC requirements).</p> <p>The Children’s Liaison also copies in ACS if child is in NYC (to this email address: OCFH.Waiver@acs.ny.gov), and VFCA, if applicable.</p> <p><u>Notes for DDRO:</u> QIDP/Children’s Liaison can sign off on the LCED Redetermination.</p> <p>For OPWDD internal purposes, CL uploads LCED into CHOICES.</p>	
4A	The HHCM/C-YES will continue to work with the child/family surrounding their Plan of Care.	HHCM/C-YES
5	<p>If the child no longer meets ICF-I/ID LCED, DDRO sends notification to HHCM/C-YES with a copy ACS if in New York City (to this email address: OCFH.Waiver@acs.ny.gov), and VFCA if applicable via the secure email box. The HHCM/C-YES will notify the County Case Worker, if applicable.</p> <p>Notification will state that child no longer meets ICF-I/ID LOC and provides contact for follow-up as needed.</p>	DDRO & HHCM/C-YES
6	<p>HHCM needs to work with the child/family to send NOD that describes Fair Hearing rights and continuance of services. The HHCM will notify Capacity Management if discharged.</p> <p>For DD Foster Care children, the HHCM has to notify OPWDD Counsel’s Office (by sending an email to: opwdd.sm.fair.hearings.counsel@opwdd.ny.gov and the respective DDRO (via the HCS Secure Email Box) of any Fair Hearings.</p>	HHCM/C-YES

Table 3 - Potentially DD/MF and Has Medicaid – NET NEW CHILD

These are new children. This process includes children who have Medicaid and 1) are potentially Medically Fragile and 2) are suspected to have a Developmental Disability.

Step	Action	Responsible Party
1	DDRO conducts a triage and refers to Children’s Liaison if appears to be DD/MF.	DDRO
2	The Children’s Liaison offers the child/family options to services (Children’s Waiver vs. OPWDD Comprehensive Waiver – reference comparison chart) and ensure at a future date that the child has access to HCBS services provided under the OPWDD Comprehensive HCBS Waiver.	DDRO
3	Based on family’s decision, CL will refer to OPWDD’s Front Door or (after securing verbal consent) HHCM or C-YES. <ul style="list-style-type: none"> • If OPWDD - to Front Door • If to Children’s Waiver- HHCM/C-YES <ul style="list-style-type: none"> ➢ If family opts out of HHCM, DDRO will discuss with C-YES that the family does not want to go to a Health Home. 	DDRO
3A	CL will discuss the benefits of pursuing OPWDD eligibility and explain process.	DDRO
4	If the choice is the Children’s Waiver, the HHCM or C-YES will conduct the HCBS/LOC MF Eligibility Determination by utilizing the Medically Fragile Target Population.	HHCM/C-YES
5	If the child is found to be HCBS LOC eligible, then the HH CM/C-YES will continue to work with the child/family regarding the development of their POC.	HHCM/C-YES
6	If the child is suspected to have a DD condition and has not had OPWDD or ICF-I/ID eligibility determined, HHCM/C-YES will submit Children’s Waiver Transmittal Form with the documents listed below to OPWDD’s Children’s Liaison. HHCM/C-YES will provide: <u>Documentation Required for OPWDD AND ICF-I/ID Level of Care Eligibility Determination:</u> <ul style="list-style-type: none"> • General medical report completed within the past 365 days • Copy of child’s Plan of Care (POC), social/developmental history, psychosocial report or other report that provides information on developmental history/psychosocial status within the past 365 days. • Current Psychological Report that includes assessment of intellectual and adaptive functioning (most recently available psychological report may be used as long as it accurately reflects the child’s current status). An Early Intervention Multidisciplinary Core Evaluation may be acceptable provided it includes standardized test scores relevant to cognitive, language and communicative, adaptive, social, and motor functioning and includes the participation of a school psychologist or licensed psychologist. • For conditions other than intellectual disability, a medical or specialty report that includes health status and diagnostic findings to support the developmental disability diagnosis. <p>Additional eligibility guidance information can be found here: https://opwdd.ny.gov/sites/default/files/documents/eligibility_important_facts_2.pdf</p>	HHCM/C-YES

7	The DDRO reviews documentation and advises HHCM/C-YES if additional documentation is needed through the DDRO HCS Secure Email Box.	DDRO
8	If the child is found not to be HCBS LOC eligible (MF) and the child is suspected to have a DD condition, then the HHCM/C-YES will educate the child/family about the OPWDD Comprehensive Waiver and if family wants to pursue OPWDD, the HHCM/C-YES will email the DDRO using the HCS Secure Email Box indicating that the child did not meet HCBS MF LOC. The email will include the parents' name, child's name, phone #, DOB. The DDRO Children's Liaison will refer the child to the OPWDD Front Door for ICF-I/ID eligibility and LCED determination. DDRO will then determine if the child meets ICF-I/ID LCED for the OPWDD Comprehensive waiver.	HHCM/C-YES
9	<p>OPWDD DDRO will engage the family in the Front Door Process for OPWDD Eligibility and I/ID LCED determination.</p> <p>See page 10 for guidance on the ICF-I/ID Level of Care Eligibility Determination.</p>	DDRO

Table 4 - Potentially DD/MF and Does Not Have Medicaid – NET NEW CHILD

These are new children. This process includes children who do not have Medicaid established yet and 1) are potentially Medically Fragile and 2) are suspected to have a Developmental Disability.

Step	Action	Responsible Party
1	DDRO conducts a triage and refers to Children’s Liaison if appears to be DD/MF.	DDRO
2	Children’s Liaison will present the child/family options to services (Children’s Waiver vs. OPWDD Comprehensive Waiver – reference comparison chart) and ensure at a future date that the child has access to HCBS services provided under the OPWDD Comprehensive HCBS Waiver	DDRO
2A	With family’s verbal consent, CL refers to C-YES.	DDRO
3	C-YES will conduct the HCBS/LOC Eligibility Determination by utilizing the Medically Fragile Target Population in the UAS/CANS.	C-YES
4	If the child is found to be HCBS/LOC eligible, then C-YES will assist the child/family with their Medicaid packet for the LDSS	C-YES
5	Once the child has active Medicaid, the family chooses HHCM or C-YES. Whichever entity the family chooses will work with the child/family regarding the development of their POC	HHCM/C-YES
6	<p>If the child is suspected to have a DD condition and yet has not been determined by OPWDD using the ICF-I/ID LCED, then C-YES will submit Children’s Waiver Transmittal Form with the documents listed below to OPWDD’s Children’s Liaison. C-YES will provide:</p> <p><u>Documentation Required for OPWDD AND ICF-I/ID Level of Care Eligibility Determination:</u></p> <ul style="list-style-type: none"> • General medical report completed within the past 365 days • Copy of child’s Plan of Care (POC), social/developmental history, psychosocial report or other report that provides information on developmental history/psychosocial status within the past 365 days. • Current Psychological Report that includes assessment of intellectual and adaptive functioning (most recently available psychological report may be used as long as it accurately reflects the child’s current status). An Early Intervention Multidisciplinary Core Evaluation may be acceptable provided it includes standardized test scores relevant to cognitive, language and communicative, adaptive, social, and motor functioning and includes the participation of a school psychologist or licensed psychologist. • For conditions other than intellectual disability, a medical or specialty report that includes health status and diagnostic findings to support the developmental disability diagnosis. <p>Additional eligibility guidance information can be found here: https://opwdd.ny.gov/sites/default/files/documents/eligibility_important_facts_2.pdf</p>	HHCM/C-YES
7	The DDRO reviews documentation and advises HHCM/C-YES if additional documentation is needed through the DDRO HCS Secure Email Box.	DDRO
8	If the child is found not to be HCBS LOC eligible (MF) and the child is suspected to have a DD condition, then the HHCM/C-YES will educate the child/family about the OPWDD Comprehensive Waiver and if family wants to pursue OPWDD, the HHCM/C-YES will email the DDRO using the HCS Secure Email Box indicating that the child did not meet HCBS MF LOC. The email will include the parents’ name, child’s name, phone #, DOB. The DDRO Children’s Liaison will refer the child to the OPWDD Front Door for ICF-I/ID eligibility and LCED determination. DDRO will then determine if the child meets ICF-I/ID LCED for the OPWDD Comprehensive waiver.	HHCM/C-YES

Table 5 - DD FOSTER CARE – NET NEW CHILD

These are new children. This process includes children who are in the Foster Care system already and are suspected to have a Developmental Disability.

Step	Action	Responsible Party
1	<u>Note:</u> All children in Foster Care already have Medicaid established and are in or must be referred to a Health Home to receive the Children’s Waiver.	N/A
2	<p>If the child is suspected to have a Developmental Disability and has not been determined OPWDD eligible, the HHCM/C-YES (working in conjunction with VFCA) will submit the Children’s Waiver Transmittal Form with the documents listed below to OPWDD’s Children’s Liaison.</p> <p>The HHCM/C-YES will provide: <u>Documentation Required for OPWDD AND ICF-I/ID Level of Care Eligibility Determination:</u></p> <ul style="list-style-type: none"> • General medical report completed within the past 365 days • Copy of child’s Plan of Care (POC), social/developmental history, psychosocial report or other report that provides information on developmental history/psychosocial status within the past 365 days. • Current Psychological Report that includes assessment of intellectual and adaptive functioning (most recently available psychological report may be used as long as it accurately reflects the child’s current status). An Early Intervention Multidisciplinary Core Evaluation may be acceptable provided it includes standardized test scores relevant to cognitive, language and communicative, adaptive, social, and motor functioning and includes the participation of a school psychologist or licensed psychologist. • For conditions other than intellectual disability, a medical or specialty report that includes health status and diagnostic findings to support the developmental disability diagnosis. <p>If the child is in New York City, ACS should be copied on this transmittal via this email address: OCFH.Waiver@acs.nyc.gov</p> <p>Additional eligibility guidance information can be found here: https://opwdd.ny.gov/sites/default/files/documents/eligibility_important_facts_2.pdf</p>	HHCM/C-YES (may be with VFCA)
3	The DDRO reviews documentation and advises the HHCM and VFCA Case Planner (if applicable) if additional documentation is needed through the DDRO HCS Secure Email Box.	DDRO
4	DDRO monitors the eligibility determination. Once determination is made, Eligibility letter is sent. If child is determined to be OPWDD eligible, DDRO completes the initial ICF-I/ID LCED. If child is determined OPWDD ineligible, DDRO notifies the HHCM and VFCA (if applicable) for alternative services. DDRO sends eligibility letter to individual.	DDRO
5	If the child is found ICF-I/ID LCED eligible , the OPWDD Children’s Liaison works with the HHCM/C-YES to secure physician signature. The OPWDD Children’s	DDRO

	<p>Liaison signs the ICF-I/ID LCED and e-mails through the HCS secure file transfer HHCM/C-YES securely with scanned copy. The Children's Liaison also copies in ACS if child is in NYC (to this email address: OCFH.Waiver@acs.ny.gov), and VFCA, if applicable.</p> <p>For OPWDD internal purposes, CL uploads LCED into CHOICES.</p>	
6	<p>The DDRO will enter the UAS HCBS Eligibility Determination and complete the HCBS/LOC documentation as outlined in training:</p> <p>In UAS: Go into Target Population. Click Yes to meeting DD Foster Care Target Population.</p> <p>Risk Factors: Choose 1 of 2 options. 1) Child is currently in Foster Care or 2) Child was originally in Foster Care when they received HCBS Waiver Services.</p> <p>Functional Criteria – Choose whether the child/youth meets ICF-I/ID LCED If YES the child/youth has HCBS LOC for the Children's Waiver.</p>	DDRO
7	DDRO communicates results of HCBS/LOC in the UAS/CANS to the HHCM/C-YES via the secure email box.	DDRO
8	HHCM/C-YES contacts Capacity Management to confirm there is capacity in the Children's HCBS Waiver to secure a waiver opportunity.	HHCM/C-YES
9	The HHCM/C-YES will communicate to the family/authorized representative the process, the progress of the HCBS and ICF-I/ID LCED determination and the results. The HHCM/C-YES will note the initial LCED date to ensure materials are submitted for the ICF-I/ID redetermination date.	HHCM/C-YES
10	The HHCM/C-YES will work with the child/family/legally authorized representative on their POC.	HHCM/C-YES

Documentation Required for Annual Redetermination of ICF-I/ID Level of Care Eligibility Determination:

- Current general medical report
- Copy of child's Plan of Care
- Updated Psychological Report if there is a significant change in child's functioning.
Statement from Care Manager that the documentation required for the LCED redetermination remains valid and reflects the current needs of the child.
*Additional documentation, if needed, may be requested by the DDRO.

Documentation Required for Initial ICF-I/ID Level of Care Eligibility Determination:

- General medical report completed within the past 365 days
- Copy of child's Plan of Care (POC), social/developmental history, psychosocial report or other report that provides information on developmental history/psychosocial status within the past 365 days.
- Current Psychological Report that includes assessment of intellectual and adaptive functioning (most recently available psychological report may be used as long as it accurately reflects the child's current status). An Early Intervention Multidisciplinary Core Evaluation may be acceptable provided it includes standardized test scores relevant to cognitive, language and communicative, adaptive, social, and motor functioning and includes the participation of a school psychologist or licensed psychologist.
- For conditions other than intellectual disability, a medical or specialty report that includes health status and diagnostic findings to support the developmental disability diagnosis.

Additional Information can be found here:

https://opwdd.ny.gov/sites/default/files/documents/eligibility_important_facts_2.pdf

*Note: Additional documentation, if needed, may be requested by the DDRO. Additional or more recent evaluations should always be requested by the DDRO if the information is not sufficient to establish eligibility.

OPWDD Provisional Eligibility:

In some cases, based on clinical judgment of a child's needs, the DDRO may determine that a child is provisionally eligible. Provisional eligibility means that a child may receive OPWDD supports or services for a limited period of time. Eligibility for children who are *provisionally* eligible for services must be reviewed again by a DDRO prior to the child's 8th birthday.

For children that are enrolled in the Children's Waiver (either transitioned CAH children or new children) that have OPWDD provisional eligibility, additional information regarding the child's diagnoses and level of functioning must be submitted to the DDRO twelve months prior to the provisional eligibility expiration date (i.e., the child's 8th birthday). The Children's Liaison will need to work with the HHCM/C-YES to obtain this additional clinical documentation in order for the DDRO to determine if the child meets the criteria for full OPWDD eligibility. If updated reports are not provided by the stated deadline, the provisional eligibility will expire as of the child's eighth birthday.

Children's Waiver Transmittal Form

Child's Information:

Individual's name: _____ Date of birth: _____
 Child is Medically Fragile and has Developmental Disability _____ Child is now or was formerly in Foster Care _____
 Medicaid ID: _____ TABS ID, if known: _____

Care Manager Contact Information:

Contact's name: _____ Contact's telephone: _____
 Referring agency: _____
 Referring agency contact: _____ Agency contact email: _____
 Agency referred to: _____ Contact: _____

Action requested: ICF-I/ID redetermination _____ OPWDD eligibility _____ Waiver transfer _____

For LCED redetermination care manager completes this section:

I, _____ attest that the documentation provided for this LCED redetermination request remains valid and reflects the current needs of the child. Date of last LCED: _____

The request for redetermination requires submission of the following documents:

- ___ Current **general medical report**
- ___ Copy of child's most recent **Plan of Care (POC)**
- ___ **Updated psychological** if there is a significant change in the child's functioning

Additional requirements:

Child is, or was originally, in foster care receiving HCBS? Yes ___ No ___

➤ Only for Foster Care initial redetermination post B2H transition:

___ Copy of the last completed and reviewed **LCED (with QIDP signatures and initial authorizing signatures, e.g., physician and DDRO designee)**

➤ ONLY for Medically Fragile initial redetermination post CAH transition:

- ___ Copy of the most recent **Doctor's Orders** from OPWDD CAH waiver
- ___ Copy of last completed and reviewed **OPWDD CAH Level of Care (LOC)/Medical Care Screen**

VFCA Case Planner: _____ VFCA email address: _____

For initial OPWDD eligibility ICF-IID LCED care manager completes this section:

OPWDD Eligibility and Initial ICF-IID LCED requires submission of the following documents:

- ___ Copy of child's **Plan of Care (POC), social/development history, psychological report**, or other report that provides information on developmental history/psychosocial status within the past 365 days
- ___ **A psychological report** that includes an assessment of intellectual and adaptive functioning (most recently available psychological report may be used as long as it accurately reflects the child's current status). An Early Intervention Multidisciplinary Core Evaluation may be acceptable provided it includes standardized test scores relevant to cognitive, language and communicative, adaptive, social, and motor functioning and includes the participation of a school psychologist or licensed psychologist.
- ___ For conditions other than intellectual disability, **a medical or specialty report** that includes health status and diagnostic findings to support the developmental disability diagnosis
- ___ **General medical report** within the past 365 days

Provisional Eligibility:

For children enrolled in the Children's Waiver that have OPWDD provisional eligibility (either transitioned from CAH or new children), additional information regarding the child's diagnoses and level of functioning must be submitted to the DDRO twelve months prior to the provisional eligibility expiration date, (i.e., the child's eighth birthday). If updated reports are not provided by the stated deadline, the provisional eligibility will expire as of the child's eighth birthday.

See *Important Facts for OPWDD Eligibility* for additional information https://opwdd.ny.gov/opwdd_services_supports/eligibility

Care manager completes this section to provide notification of transfer from Children's waiver to OPWDD waiver.

Date individual expressed interest in transfer: ___

Reason for the request: Family's choice ___ No longer meets HCBS LOC ___ Other (comment) ___

Comment: ___

- Did care manager advise family of transfer process: Yes ___ No ___
- OPWDD Eligible: Yes ___ No ___
 - If no, date eligibility documentation sent to Children's Liaison: ___
- Anticipated date of transfer and capacity management notification: ___

Care Manager Signature: _____ **Date:** _____

For OPWDD Purposes Only:

Child meets OPWDD eligibility ____ Child does not meet OPWDD eligibility ____

Date Eligibility determined: ____ Date eligibility letter sent: ____

Provisional eligibility: Yes ____ No ____

Child no longer meets OPWDD ICF-IID LCED ____

Date: _____

Date LCED distributed: _____

LCED distributed to: HHSC ____ C-YES ____ VFCA ____ ACS ____

For DOH to OPWDD Transfers:

Date of phone conference to confirm interest in transfer: ____

Date individual was connected with a CCO: ____

Date of transfer: ____ Date HHSC NOD received: ____ Date changes made to TABS: ____

OPWDD representative's name: _____

Date notification sent: _____

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Transfer Process between Children’s and OPWDD Comprehensive Waiver for Care Management and Waiver Services

The purpose of this document is to outline the procedural steps necessary when an individual is receiving care management/waiver services from either NYS Department of Health (DOH) or NYS Office for People With Developmental Disabilities (OPWDD) and wants to receive services under the other system. When there is a request on behalf of the individual/family to transfer from one program to the other, the following steps must occur to successfully transfer. **Communication and coordination by all parties is necessary for a smooth transition for the individual.**

It is important that the current care manager has explained the various options, services, providers and eligibility processes to the individual/family and that the family has made an informed decision to move to another waiver. Proper consent should be obtained from the individual/family while planning for transition to ensure that the current care manager can share all the necessary information with the parties outlined below to assist in the transition process.

The individual’s current care manager will continue to work with the individual on the current Plan of Care (POC) while transitional activities are occurring to guarantee no disruption in services. Transitional activities will be documented in the individual’s care management notes while eligibility and services will be identified in the POC by the current care manager..

Throughout the transition process, if the individual remains eligible for his or her current Waiver, enrollment should be maintained until such time the individual is found eligible for the new Waiver to ensure no gap in service. Once eligibility and availability for the new Waiver is confirmed (i.e., a slot is available) the transition to the new Waiver can occur. The existing care manager and the new identified care manager (and HHSC or CCO/HH) will work collectively to ensure a specific timeframe and date for the transfer.

The OPWDD Developmental Disabilities Regional Office (DDRO) Children’s Liaison (CL) will remain informed by the person’s care manager and serve as liaison during the process. The DOH Capacity Management Team will assist with coordination alongside the DDRO CL.

Proc ess #1	DOH Children’s Waiver to OPWDD Comprehensive Waiver	Responsible Party
1	<u>Notification of Intent to Transfer</u>	
	The HHCM/C-YES Care Manager notifies the DDRO CL via the HCS secure file transfer that the individual is interested in services under OPWDD’s Waiver. This request must include the following: individual’s name, CIN, OPWDD TABS ID (if known), DOB, and reasons why the change is being pursued (e.g., choice, no-longer meets criteria for the Children’s Waiver, aging out of Children’s Waiver). See DDRO Manual pg. 22 for CL contacts.	HHCM/C-YES
2	<u>Opening Conference and Confirmation of OPWDD Eligibility</u>	
	DDRO CL will schedule a phone conference with the HHCM/C-YES to provide an overview of the next steps. The individual and the parent/guardian/authorized representative should be encouraged to participate in the call. a. If the individual does not have OPWDD eligibility established and a current Level of Care Eligibility Determination (LCED), the DDRO CL will work closely with the	DDRO CL



	<p>HHCM/C-YES to coordinate and assist with the DD eligibility and documentation. Stop here and proceed to the Front Door for eligibility.</p> <p>b. If the individual does have OPWDD ICF-I/ID eligibility established, the HHCM/C-YES works to gather the required documentation.</p>	
3	Selection of OPWDD Care Management (CCO HH or Basic HCBS Plan Support)	
	<p>The DDRO CL will provide information on available CCOs and coordinate with the DDRO Care Coordination Support Liaisons (CCSLs). The CL will advise regarding the choice of available CCOs and the need to choose a CCO for care management services through OPWDD to be able to transition to the new Waiver. Once a CCO is chosen by the individual and his/her parent/guardian/authorized representative, the CCO will begin the processes for CCO enrollment (DDRO CLs refer to CCO Process Model).</p> <p>The CL will coordinate with the OPWDD Front Door to ensure the choice of CCO is documented. The HHCM/C-YES will document in the case record the choice of CCO and other relevant information regarding the transfer decisions and process.</p>	DDRO CL
4	Sharing of the Individual’s Current Plan of Care	
	<p>The HHCM/C-Yes will provide the individual’s current Health Home Plan of Care (POC) inclusive of the HCBS to the CCO. HHCM/C-YES will notify care team members, inclusive of HCBS providers of the choice of the family to transition.</p>	HHCM/C-YES
5	Completion of the OPWDD Comprehensive Waiver Application	
	<p>The HHCM/C-YES, who has current oversight, will assist where necessary, in gathering information that is needed for the OPWDD Waiver application as described below:</p> <p><u>The required Waiver Application information:</u></p> <p>Application for Participation – Completed by HHCM/C-YES https://opwdd.ny.gov/opwdd_regulations_guidance/adm_memoranda/documents/application_hcbs_microsoft_word_fillable</p> <p>Documentation of Choices Form – Completed by HHCM/C-YES https://opwdd.ny.gov/opwdd_regulations_guidance/adm_memoranda/documents/documentation_choices_hcbs_microsoft_word_fillable</p> <p>ICF-I/ID Level of Care Eligibility Determination (LCED) – Provided by DDRO CL if ICF-I/ID LCED eligibility has been established. Also see DDRO Manual pg. 10 https://opwdd.ny.gov/opwdd_resources/opwdd_forms/icf_mr_level_of_care_eligibility_determination_form</p> <p>In-Process Life Plan/Justification of Services – Completed by CCO The CCO will be creating the “In-Process Life Plan” or “Justification for Services” in accordance with CCO Policy Update regarding Service Authorizations and the need for waiver services prior to enrollment in a CCO at the following link: https://opwdd.ny.gov/providers_staff/care_coordination_organizations/providers/cc-manual/memo</p> <p>Distribution: The Application for Participation and the Documentation of Choices form should be sent by the HHCM/C-YES to the DDRO CL. The CL uploads the documents into CHOICES and provides copies to the CCO. The CCO will upload the “In-Process Life Plan” or “Justification for Services” into CHOICES. The LCED should already be uploaded into CHOICES by OPWDD, if not, the CL will make sure it is included.</p>	<p>HHCM/C-YES</p> <p>CCO</p>



6	<p align="center"><u>DDRO HCBS Waiver Coordinator Confirms Eligibility for the OPWDD Waiver</u></p>	
	<p>The DDRO HCBS Waiver Coordinator will review the Waiver Application packet for completeness. When the DDRO HCBS Waiver Coordinator has determined that all enrollment criteria have been satisfactorily met, the DDRO HCBS Waiver Coordinator will confirm eligibility for the OPWDD Waiver. If some requirements for enrollment have not been met, the DDRO CL will follow-up as needed.</p> <p>Note: Eligibility for the OPWDD Waiver means that the individual meets criteria for transfer from the Children’s Waiver and HHSC/C-YES, although no transfer will occur until the effective transfer date is established.</p>	<p>DDRO Waiver Coordinator</p>
7	<p align="center"><u>Establishing and Communicating the Effective Date of the Transfer</u></p>	
	<p>Once the individual’s eligibility for enrollment in the OPWDD Waiver is established by OPWDD, the DDRO CL in collaboration with the HHCM/C-YES and CCO will agree and inform all parties of the effective date of the transfer. The effective date of the transfer must be a future date and must be the first of the month. The parties notified are: the individual and family, DOH Capacity Management and OPWDD Waiver Coordinator.</p>	<p>DDRO CL</p>
8	<p align="center"><u>Notification and System Changes to Implement the Transfer</u></p>	
	<p>The completion of the transfer involves both CCO and HHCM/C-YES issuance of Notices of Decision (NODs) and system changes (R/RE Codes) to allow billing and payment under the new CCO care management and OPWDD HCBS Waiver. As well as proper discharge from the current Children’s Waiver and Health Home Serving Children (HHSC) care management. (as outlined below steps)</p>	
8a	<p align="center"><u>System Coding to Affect Transfer</u></p>	
	<p>The transfer between care management and HCBS Waiver services requires four coding changes in the eMedNY system.</p> <p>Coding Changes for the Transfer <u>From</u> the Children’s Waiver – Effective the end of the Month</p> <ul style="list-style-type: none"> • HHCM ends MAPP segment (R/E A Codes) effective in eMedNY per the agreed upon transfer date. (This can be a future date, e.g., effective the last day of the month and is system automated and generally takes 2 days) • CYES will complete its processes to disenroll the individual • After HHSC/C-YES notification upon the agreed upon date, DOH Capacity Management removes R/E codes (R/E K Codes) effective in eMedNY (This can be a future date, e.g., effective the last day of the month.) <p>Coding Changes for the Transfer <u>into</u> the OPWDD Comprehensive Waiver – Effective the first day of the following month</p> <ul style="list-style-type: none"> • CCO submits CCO 1 in CHOICES/TABS for CCO enrollment • OPWDD Revenue Support Field Office (RSFO) enters the OPWDD HCBS Waiver R/E Code <p>Note: The CCO will not be able to have the correct R/E code put up in the eMedNY system to cover their services until the individual is discharged from HHSC, MAPP segment ended and after DOH first removes the Children’s Waiver R/E codes.</p>	<p>HHCM/C-YES</p> <p>DOH Capacity Management</p> <p>CCO</p> <p>OPWDD RSFO</p>
8b	<p align="center"><u>Notification of Decision (NOD)</u></p>	



	<p>Notices will need to be sent to inform the individual, family and care management providers of the enrollments and disenrollments.</p> <ul style="list-style-type: none"> • HHCM/C-YES sends NOD regarding the closure of Health Home and Children’s Waiver enrollment with additional copy to DDRO CL. • DDRO Waiver Coordinator sends NOD regarding the enrollment in the OPWDD Waiver with additional copy to the DDRO CL • CCO sends NOD regarding the individual’s enrollment in the CCO with copy to the DDRO CL. 	<p>HHCM/C-YES</p> <p>DDRO Waiver Coordinator</p> <p>CCO</p> <p>DDRO CL</p>
9	<u>Enrollment Made Effective in OPWDD Waiver and CCO</u>	
	The individual is now enrolled in the OPWDD Waiver and CCO. The CCO now provides Care Management to the individual.	CCO CM

Process #2	OPWDD’s Comprehensive Waiver to DOH Children’s Waiver	Responsible Party
1	<u>Notification of Intent to Transfer</u>	
	<p>The individual’s CCO Care Manager notifies the DDRO CL that the individual is interested in exploring opportunities with the Children’s Waiver. This request must include the following: individual’s name, CIN, TABS ID, DOB, and reasons why the change is being pursued (e.g., choice). See DDRO Manual pg. 22 for CL contacts.</p> <p>A referral to the Children’s Waiver from CCO/OPWDD’s Waiver can be made for the following two target populations:</p> <ol style="list-style-type: none"> 1. Developmental Disability-Medically Fragile (DD/MF) <ul style="list-style-type: none"> ○ OPWDD DD eligibility ○ Active LCED ○ Evidence that the Individual is medically fragile or appears to have medical needs that would possibly meet criteria for the Children’s Waiver. 2. Developmental Disability-Foster Care (DD/Foster Care) <ul style="list-style-type: none"> ○ OPWDD DD eligibility ○ Active LCED ○ Individual has entered Foster Care: If in Foster Care, the individual cannot remain in the OPWDD Waiver. ○ 	CCO CM
2	<u>Confirmation that Individual Meets Requirements for Children’s Waiver</u>	
	<p>The CCO will send the required information and documentation to complete the Children’s Waiver HCBS/LOC eligibility determination to the DDRO CL.</p> <p>For Medically Fragile Target Population:</p> <ul style="list-style-type: none"> • Verification that the individual meets LCED • The Risk Factor of the Licensed Practitioner of the Healing Arts (LPHA) Attestation form has been waived • Answers to the HCBS subset of the CANS-NY questions for the Medically Fragile Target Population <p>https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/docs/hcbs_loc_functional_algorithm.pdf</p>	DDRO CL



	<p>For DD in Foster Care Target Population:</p> <ul style="list-style-type: none"> • Verification that the individual meets LCED • Documentation of the individual entering foster care <p>The DDRO CL will complete the CANS-NY subset for Medically Fragile to assess potential Children’s Waiver eligibility to ensure continuity of care. The DDRO CL will complete the CANS-NY subset and attest that the child meets Target Population, Risk Factors, and Functional Criteria for Children’s Waiver eligibility.</p> <p>The DDRO CL will confirm that individual meets targeting requirements (is in foster care or is medically fragile). The DDRO CL will inform CCO if transfer can proceed or if additional documentation may be required to confirm eligibility.</p> <p>As per current guidance, DDRO CLs will use the MF Target Population of the HCBS/LOC Eligibility Determination unless instructed otherwise by DOH. Per DOH, the LPHA form is not required for the CL to perform this step in the UAS/HCBS/LOC. The LPHA form is waived only for the transfer process for the DDROs.</p>	
3	<u>Selection of Care Management (HHCM or C-YES)</u>	
	<p>CCO confirms with individual/family that the individual is eligible for services in the Children’s Waiver and educates the individual/family regarding the difference in care coordination for HH CM vs. C-YES so that the individual/family can make an informed decision on what type of care management they want. The CCO will then assists with selection of which HH and or HHCMA or C-YES for Children’s Waiver and make the proper referral. (C-YES Referral Form Instructions: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/c_yes_ref_form_instr.pdf)</p> <p>CCO will complete the referral form for either HH or C-YES according the individual/family selection.</p> <ul style="list-style-type: none"> • If C-YES, the nurse supervisor will be assigned for the conference call (Step 4). The CCO will provide along with the referral the signed Health Home Opt-Out form (DOH 5059) by the individual/family: DOH-5059 form: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/consent_forms-templates.htm • If HH, the lead HH and CMA will be available for the conference call (Step 4). The CCO will provide along with the referral the signed: <ul style="list-style-type: none"> ○ Freedom of Choice Form (DOH-5276) to verify the individual/family choice of HHSC and Children’s Waiver DOH-5276 form: https://www.health.ny.gov/forms/doh-5276.pdf ○ HH Enrollment consent (DOH-5200 or 5055) establishing their agreement to enroll in HHSC. DOH-5200 form: https://www.health.ny.gov/forms/doh-5200.pdf DOH-5055 form: https://www.health.ny.gov/forms/doh-5055.pdf <p>The referrals to either HH/HH CMA/C-YES at this point is not in a system but by phone and referral forms</p>	<p>CCO CM</p> <p>HHCM/C-YES</p>
4	<u>Conference Call to Confirm Transfer Date</u>	



	DDRO CL will contact the DOH Capacity Management Team OPWDD Liaison who will schedule phone conference with the CL, CCO, and HH/HH CMA/C-YES to provide an overview of the next steps that need to occur and collaboratively agree upon a transfer date. The individual/family should be encouraged to attend the conference call.	DDRO CL DOH Capacity Management
5	<u>Sharing of the Individual's Current Plan of Care</u>	
	The CCO will provide the HHCM/C-Yes with the individual's current Life Plan.	CCO
6	<u>Notification and System Changes to Implement the Transfer</u>	
	The completion of the transfer involves both CCO and HHCM/C-YES issuance of Notices of Decision (NODs) and system changes to allow billing and payment under the new HHSC care management and Children's HCBS Waiver. As well as proper discharge from the current OPWDD waiver and CCO care management. (as outlined below steps)	
6a	<u>System Coding to Affect Transfer</u>	
	The transfer between care management and HCBS Waiver services requires four coding changes in the eMedNY system. Coding Changes for the Transfer <u>From</u> the OPWDD Waiver – Effective the end of the Month <ul style="list-style-type: none"> • CCO submits CCO 2 in CHOICES/TABS for CCO disenrollment • OPWDD Revenue Support Field Office (RSFO) takes down the OPWDD HCBS Waiver R/E Code Coding Change for the Transfer <u>into</u> the Children's Waiver – Effective the first day of the following month <ul style="list-style-type: none"> • HHCM adds MAPP segment (R/E A codes) effective in eMedNY (can be a future date). • CYES will complete its processes to enroll the individual • DOH Capacity Management adds R/E codes based upon the agreed upon date (R/E K Codes) effective in eMedNY 	CCO OPWDD RSFO HHCM/C-YES DOH Capacity Management
7b	<u>Notification of Decision (NOD)</u>	
	Notices will need to be sent to inform the individual/family and care management providers of the enrollments and disenrollments. <ul style="list-style-type: none"> • HHCM/C-YES sends NOD regarding the enrollment in Health Home and Children's Waiver. • DDRO Waiver Coordinator sends NOD regarding the disenrollment in the OPWDD Waiver. • CCO sends NOD regarding the individual's disenrollment in the CCO. 	HHCM/C-YES DDRO Waiver Coordinator CCO
8	<u>Enrollment Made Effective in Children's Waiver</u>	
	The individual is now enrolled in the Children's Waiver and HHCM/C-YES. The HHCM/C-YES now provides care management to the individual, updates consents and establish the POC.	HHCM/C-YES

Resources

Children and Youth Evaluation Services (C-YES):

The Children and Youth Evaluation Service (C-YES) is a statewide program that determines whether a child/youth (under age 21) is eligible for Home and Community Based Services (HCBS) for children who do not currently have Medicaid or for children who opt-out of the Health Home Serving Children's program. To make a referral call C-YES at 1-833-333-CYES (1-833-333-2937). TTY: 1-888-329-1541.

To find a Health Home Serving Children in your county:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm

Contact hhsc@health.ny.gov or contact the Health Home Program at the Department of Health at: (518) 473-5569.

HHSC Fact Sheet:

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

Link to Children's Waiver Home and Community-Based Services Providers:

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

NYS Department of Health Children's Transition home page:

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

Office for People With Developmental Disabilities
DDRO Children’s Liaisons Contact List through Secure File Transfer

<u>Counties</u>	Mailbox Email Address:
<u>Region 1:</u> Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming, Yates, Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans	<u>Childrensliaisonregion1@opwdd.ny.gov</u>
<u>Region 2:</u> Broome, Chenango, Delaware, Otsego, Tioga, Tompkins, Cayuga, Cortland, Onondaga, Oswego, Herkimer, Lewis, Madison, Oneida, Clinton, Essex, Franklin, Hamilton, Jefferson, St. Lawrence	<u>Childrensliaisonregion2@opwdd.ny.gov</u>
<u>Region 3:</u> Fulton, Montgomery, Saratoga, Schenectady, Schoharie, Warren, Washington, Albany, Rensselaer, Orange, Sullivan, Rockland, Westchester, Columbia, Dutchess, Greene, Putnam, Ulster	<u>Childrensliaisonregion3@opwdd.ny.gov</u>
<u>Region 4:</u> Queens, Kings, New York, Bronx, Richmond	<u>Childrensliaisonregion4@opwdd.ny.gov</u>
<u>Region 5:</u> Nassau, Suffolk	<u>Childrensliaisonregion5@opwdd.ny.gov</u>

List of Acronyms

ACS = Administration of Children's Services
B2H = Bridges 2 Health (Former OCFS Waiver)
CAH = Care At Home (Former OPWDD Waiver)
CANS-NY = Child and Adolescent Needs and Strengths for New York State
CHOICES = online portal for OPWDD services
CIN = Client Identification Number (Medicaid)
CL = Children's Liaison
CCO/HH = Care Coordination Organization/Health Home (for I/ID)
C-YES = Children and Youth Evaluation Services
DD = Developmentally Disabled
DOB = Date of Birth
DDRO = OPWDD Developmental Disabilities Regional Office
DOH = Department of Health
HCBS = Home and Community-Based Services
HCS = Health Commerce System
HHCM = Health Home Care Manager
ICF-I/ID = Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities
LCED = Level of Care Eligibility Determination
LOC = Level of Care
MF = Medically Fragile
NOD = Notice of Decision
OCFS = Office of Children and Families
OPWDD = Office for People With Developmental Disabilities
POC = Plan of Care
QIDP = Qualified Intellectual Disabilities Professional
RSFO – Revenue Support Field Office (OPWDD)
TABS = Tracking and Billing System (OPWDD)
UAS-NY = Uniform Assessment System – New York
VFCA = Voluntary Foster Care Agency