



Department
of Health

Office of
Mental Health

Office of Addiction
Services and Supports

Office of Children
and Family Services

Office for People With
Developmental Disabilities

State Discussion with Children's Waiver HCBS Providers

May 2023

Purpose

- For the Department of Health (DOH) to share updates, guidance, and policy changes, and obtain feedback from Home and Community Based Service (HCBS) providers.
- Provide an opportunity for HCBS providers to discuss barriers and be a part of the problem-solving discussion.
- Have an open dialogue to communicate issues and concerns.



Agenda

- ✓ Review of Documentation Policy
- ✓ HCBS SMART Goals & Objectives Guidance
- ✓ HCBS Parent Info Sheets
- ✓ HCBS vs State Plan Services Delivered During School Day Time Update
- ✓ Utilization Management Guidance Update
- ✓ IRAMS Staff Qualifications & Trainings Tracker
- ✓ HCBS Referral Portal
- ✓ Updates and Future Meetings



Documentation Policy

Documentation Policy

- Proposed contents for the Documentation Policy were discussed during the November 2022 Monthly HCBS Provider Meeting; the draft version of the Documentation Policy was updated in response to feedback received and presented during the April State/HCBS Provider Discussion.
- DOH requested providers to submit additional feedback by 4/26/23 – thank you to all who responded!
- DOH is currently finalizing the policy and will issue it in following weeks.



Recent Updates

The following revisions to the ***Documentation Policy*** were made in response to feedback received from providers following the April Monthly HCBS

Provider/State Meeting:

- Revised the submission of progress note timeframe from 7 to 14 days.
- Clarified that progress notes should not refer to multiple services, multiple days of service delivery, or contain information about services delivered by multiple staff members.
- Added clarifying language on the minimal monthly Service Plan review documentation requirements.

HCBS Children's Waiver Purpose

The overall purpose of the Children's Waiver is:

- To allow access to an expanded array of services within the Medicaid benefit to address the needs of children/youth.
- To help maintain a child/youth within their home and community and avoid long term residential and institutional stays.
- To provide ample services and supports to children/youth and their families to avoid hospitalizations or out-of-home care for high-risk children/youth.
- To assist children/youth within an institution access to supportive services to be able to return back to their home and community.

Provider documentation should support the overall purpose and requirements of the Children's Waiver and support the type, frequency, scope, and duration of the service and interventions provided.

Children's Waiver – HCBS Level of Care

To become eligible and enrolled within the Children's Waiver, an HCBS Level of Care Eligibility Determination must be conducted by either the Health Home care manager or Children and Youth Evaluation Services (C-YES).

This annual assessment has several components that **MUST** be met for eligibility:

1. Target Population criteria
2. Risk Factors, supporting documentation, (if applicable for Target Population)
3. Functional Impact to Daily Living

Provider Responsibility

Children's Waiver HCBS providers are responsible for ***creating, maintaining, and updating*** various forms of documentation, as outlined in these slides.

- All Children's Waiver HCBS providers are responsible for several types of documentation for **all** children/youth to whom they are providing services:
 1. Intake documentation
 2. Education and choice of the participant/family
 3. Determination of medical necessity
 4. HCBS Service Plan (inclusive of frequency/scope/duration)
 5. Progress notes
 6. Health and Safety goals/plan
 7. Discharge plan
- Other forms of documentation may be indicated throughout the course of HCBS, such as a transition plan, crisis management plan, documentation of reportable incidents etc. and are required to be completed as events occur.
- Additionally, providers must also maintain documentation to support compliance with requirements outlined in the HCBS Manual, such as the HCBS Final Rule, background checks, etc.



Required Documentation

Intake Documentation

- Once HCBS and HCBS provider(s) have been **identified and referred** with the participant/family through the care management **person-centered planning process**, the identified HCBS provider(s) will set an initial intake appointment with the participant/family.
- Must conduct and retain documentation of an intake assessment to determine the F/S/D of each HCBS that was referred.
- Maintain documentation of the **referral form**.
- Must have the participant/family sign a consent form granting the provider agency the ability to share information with other involved parties and consent to receive the referred HCBS in general.

Education and Documented Choice

- HCBS provider must make certain the participant/family understands **the services they were referred for and what need(s) is/are to be addressed by the service** during the initial meeting(s) with the participant/family.
- HCBS provider must **educate participant/family on the HCBS provider's process and forms that will need to be signed**.
- The participant/family should **understand Federal and State HCBS requirements** and what is/is not allowable under Children's Waiver HCBS.
- Must inform children/ and their family/caregiver(s) of their rights as a participant.

Medical Necessity

- Responsibility of the HCBS provider to maintain documentation related to medical necessity to support the provision of services in alignment with the F/S/D outlined for the participant.
- **Service utilization in excess of the unit limits** (i.e., annual, daily, dollar amount) must be based on medical necessity.
- To support ongoing services or services in excess of F/S/D "soft" unit limits, providers must maintain documentation from a **third-party professional** that outlines the need to exceed the limit for each service.

HCBS Service Plan

- Once the HCBS provider accepts a referral from a care manager, the HCBS provider will meet with the child/youth and family/caregiver to **identify how the services will help to address identified needs**.
- Must be **developed within 30 days of the first in-person service date** with the participant/family/caregiver.
- Must be reviewed on a monthly basis with the participant/family to ensure service goals and interventions remain appropriate.
- Updated at the request of the participant/family and/or in response to changes in F/S/D.



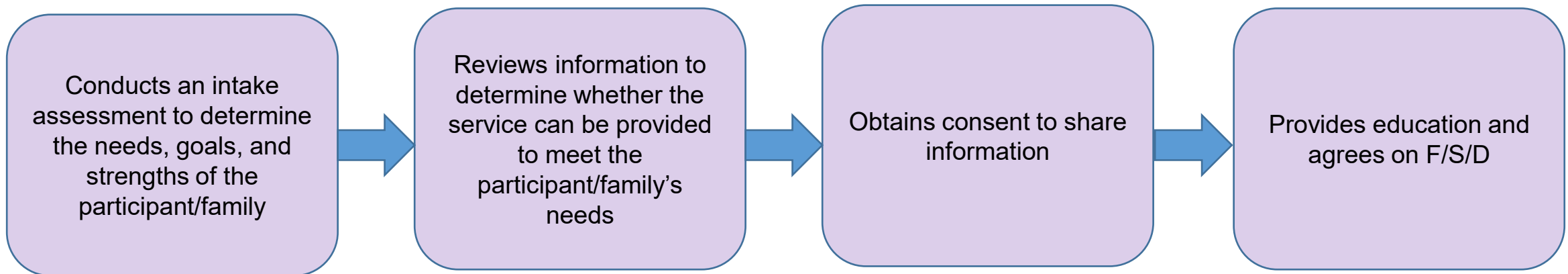
Required Documentation, *Continued*

Progress Notes	Health and Safety Planning	Discharge Plan
<ul style="list-style-type: none"> • A progress note is required for every contact and service delivered to an HCBS participant. • Provide a history of the child/youth's progress along with date of service, intervention provided/utilized, modality, location of service, goal(s)/objective(s), etc. • Must support the F/S/D outlined in the HCBS Service Plan. • Must be entered into the participant's case file within 14 business days of the encounter. 	<ul style="list-style-type: none"> • All professionals involved with Children's Waiver participants must ensure the participant's health and safety through the assessment of the participant's needs and personal goals. • HCBS providers are mandated reporters and required to report critical incidents, grievances, and complaints. • HCBS providers must ensure/minimize identified and/or potential health or safety risks during service delivery. • HCBS providers must work with the HHCM/C-YES if any health or safety concerns arise with the participant; only one formal Health and Safety Plan is needed. 	<ul style="list-style-type: none"> • Dynamic process that takes place throughout the course of service delivery and includes the participation of the participant/family. • Developed at the start of service delivery and amended as needed – HCBS is not intended to be a long-term service. • Two types of discharge plans: <ol style="list-style-type: none"> 1. Discharge from HCBS –participant has achieved their treatment goals OR the participant/family requests to be discharged from HCBS 2. Transfer discharge – participant transfers from one HCBS provider to a different HCBS provider but has not yet achieved all of their treatment goals and is still in need of HCBS



Intake Documentation

- Once HCBS and HCBS provider(s) have been identified and referred with the participant/family through the care management person-centered planning process, the identified HCBS provider(s) will set an initial intake appointment with the participant/family.
- During the initial intake appointment, the HCBS provider:



- The HCBS provider must retain the intake assessment, along with any notes/documentation from the initial intake appointment, the referral, and any other professional communication/multi-disciplinary team meeting, etc. in the participant's case file.



HCBS Service Plan

The purpose of the HCBS Service Plan is to **outline the service(s) that will be/is provided with corresponding goals and objectives that describes the need for the service(s) and the anticipated benefit to the child/youth and family.**

Expectations for Development

- Should begin with the service(s) referred to an HCBS provider based upon the needs identified by the HHCM/C-YES.
- Service Plan should continue the care manager's discussion with the child/youth and family/caregiver while ensuring their involvement in the development.
- The goals outlined by child/youth and family/caregiver must also be captured in the Service Plan and be reflective of the development and physical needs of the child/youth.
- Must be **completed within 30 days of the first-in person service date** with participant/family/caregiver.
- **At least 1 HCBS must be delivered w/in 45 days** from CM's signed POC
- In addition to frequency and duration, the **child/youth's age, availability, and developmental needs** should be considered.
- HCBS **cannot be provided during school/education hours** to school-aged children/youth.
- **Health and Safety Plan** to identify potential risks and determine strategies to mitigate future harm.
- The initial HCBS Service Plan must be **signed by all parties.**

Key Considerations

- Determines the focus of the service(s), while also documenting the scope, duration, and frequency to which each service will be provided.
- Required to outline each of the services the HCBS provider is providing to the child/youth.
- If the child/youth is referred to more than one HCBS provider, then **each provider will have their own Service Plan** for the services they provide.
- Duration of service **should not exceed six months.**
- Should be **monitored regularly every month that services are delivered.** Documentation that this review took place with the HCBS participant/family and staff must be maintained in participant's case file. Documentation may be included in an encounter progress note on the Service Plan itself, or through another appropriate documentation mechanism.
- HCBS Provider **must communicate with the HHCM/C-YES regarding any changes** to the Service Plan so the HHCM-C-YES can determine whether a change is needed to the participant's POC.

Components of HCBS Service Plan

The HCBS Service Plan must be developed within 30 days of the first in-person appointment with the child/youth and family/caregiver. The necessary components of the HCBS Service Plan should, at a minimum, include the following:

- a) Child/youth's name
- b) Child/youth's home address and phone number
- c) Date of Birth
- d) CIN (Medicaid #)
- e) Managed Care Plan (if applicable) and Member ID
- f) Lead Health Home or C-YES
- g) Health Home Care Management Agency or C-YES
- h) Health Home Care Manager or C-YES staff, including their contact information
- i) HCBS Provider: The name of the agency delivering services as well as contact information for the agency/provider
- j) Service Plan development date
- k) Goals and Objectives as identified by the assessment, medical necessity, participant/family and other involved professionals, as applicable
- l) Health and Safety Plan
- m) Criteria to indicate the child/youth's readiness for discharge
- n) Scope: The service components and interventions being provided and utilized to address the identified needs of the child/youth in accordance with the service descriptions
- o) Duration: Describes how long the service will be delivered to the child/youth and/or family. The duration of the service should correspond to the abilities of the child/family and be reflective of the billing unit identified by service.
- p) Frequency: Outlines how often the service will be offered to the child/youth and/or family. Services may be delivered on a weekly, biweekly or monthly basis, according to the needs of the child/youth and family.



Progress Notes

Key Requirements/Consideration

- HCBS providers are required to **complete a progress note for every contact and service delivered to an HCBS participant.**
- Must be entered into the participant's case **file within 14 business days of the encounter.**
- Must be **complete, contemporaneous, accurate, and be related to and in accordance with the services/interventions** identified in the child/youth's HCBS Service Plan.
- Must support the **frequency, scope, and duration** outlined in the HCBS Service Plan. Any variations to F/S/D must be documented as a progress note as well.
- Providers must document instances of coordination with other providers/significant individuals involved in the child/youth's care
- For example, HCBS provider recognizes the need for an assessment that is not within the provider's scope of practice to conduct.
 - Note: **Should contain the name(s) of person(s)/agency with whom services were coordinated, the rationale of coordination, outcome of coordination, and connection with the HCBS Service Plan.**

Components of Progress Notes

- a) Date the note is being recorded
- b) Date of service/contact
- c) Name of the staff member and associated agency providing the service
- d) Duration of service (start/end time)
- e) Type of contact (e.g., telephonic; in-person)
- f) Modality (e.g., individual; family; group)
- g) Type of HCBS provided
- h) Location in which the service was provided
- i) Participants (to whom the service was provided)
- j) Interventions provided/utilized
- k) The child/youth's family/caregiver's response to the interventions
- l) Goal(s) and objective(s) that were addressed, progress made, and any potential barriers identified

Progress Notes for Group Services

In addition to the general progress note requirements above, progress notes for group services must clearly indicate "group" as the service modality provided, the number of participants, and the number of service providers present.



Other Forms of Documentation

Children's HCBS Authorization and Care Manager Form

- Form must be completed if the child/youth will require more than the initial 60 days, 96 units or 24 hours of HCBS to achieve identified goals.
- If child is enrolled in managed care, the completed form must be sent to the MMCP ***immediately upon the determination of initial service frequency, scope, duration.***
- For continuing authorization, the form must be sent to the MMCP ***at least 14 calendar days prior to the existing HCBS authorization period ending.***

Documentation of Reportable Incidents

- HCBS provider must inform parties of a reportable incident ***within 24 hours*** of notification or discovery, including known facts and circumstances of incident, date of incident, last contact date and type, and current location, if known.
- HCBS provider must notify the HHCM, C-YES coordinator, and MMCP (if applicable) to ensure the coordination of services, appropriate changes to the POC if needed, and notification of any changes to the HCBS Service Plan.
- All critical incidents must be timely documented in IRAMS within 72 hours.

Documentation of Complaints/Grievances

- Verbal or written complaint/grievance may be initiated by a participant, their parent(s), guardian, and legally authorized representative ***at any time.***
- Must be submitted without jeopardizing the child/youth's participation in HCBS Children's Waiver or HCBS eligibility or services received.
- Should contain information such as name, address, phone number of complainant and location, date, and description of the problem.
- All complaints/grievances must be documented from intake through resolution within the IRAMS and ***cannot exceed 45 calendar days from the receipt of complaint/grievance.***



HCBS SMART Goals & Objectives Guidance



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HCBS SMART Goals & Objectives Guidance

Intended as **guidance for HCBS Providers on how to develop person-centered, measurable goals and objectives for the participant/family**. This guidance has been added as an Appendix to the Documentation Policy and defines what SMART goals are and includes relevant examples of HCBS SMART goals and objectives.

SMART GOALS- What are they?

SMART Goal framework was designed to help guide goal setting.

- **Specific**- The goal should be clearly defined and focused.
- **Measurable**- The goal should be measurable to track progress and determine when it is to be achieved.
- **Achievable**- The goal should be realistic and attainable, given the resources and constraints available.
- **Relevant**- The goal should be aligned and reflect what's important to the participant/family.
- **Time-bound**- The goals should have a specific deadline or timeline for completion. Define the period in which the goal is to be attained and agree when to check progress.

HCBS SMART Goal & Objective Example

Goal: Drew will master at least 1 independent skill within the next 6 months to assist him with his frustration level which causes him to act out at home and school.

Objective #1- Every time Drew is out in the community, he will interact with and/or ask at least one person for assistance (e.g., asking a store clerk which aisle a desired item is located; holding a door open for someone; saying “thank you” to the cashier who gives him change”).

Objective #2- Drew will practice crossing the street every time he goes outside.

Objective #3- Drew will practice taking public transportation at least 2x a week.



HCBS Parent Info Sheets



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Purpose

Intended as ***guidance for participants/families/caregivers, HCBS providers, MMCPs, and Care Managers to understand at a glance what each HCBS consists of and its purpose.***

HCBS Parent Info Sheets are expected to:

- Streamline services by ensuring the referrals made are for the correct service and support to meet the needs and goals of the member/families.
- Clearly define each HCBS for parents/caregivers and support the HCBS provider when articulating what they can and cannot do.
- Provide relevant examples of each HCBS.
- Outline who is eligible, appropriate settings and hours, and define what is not included in each service, where appropriate.
- Assist with consistent language of all involved providers/professionals.



Parent Info Sheet Example







DOH has engaged both MMCPs and HCBS Providers for feedback and have been working to incorporate this feedback into updated Parent Info Sheets.

Information for Parent/Caregiver/Child/Youth Regarding Home and Community Based Services (HCBS)

What are Supported Employment Services?

This HCBS is a service that helps prepare children/youth with disabilities who are 14 or older for paid work. It is also designed to support children/youth who are already working who need help in being able to maintain a job. The goal of this service is to help children/youth to get and maintain paid work.

What are some examples of Supported Employment Services?

 Transportation to and from a job	 On-site help as the member learns their job	 Finding paper work
 Professional Communication	 Help communicating with the employer on any medical needs the member has	 How to interact with co-workers

What is not included in Supported Employment Services?

The HCBS Service is not designed to help children/youth with volunteer work.

Who is Eligible for Supported Employment Services?

Anyone who is eligible for HCBS can receive Supported Employment Services who is also not receiving similar services through special education, vocational, or other resources.

How many hours of Supported Employment Services can you receive?

The amount of hours is based on the needs of the child/youth and the availability of the family with a maximum of 3 hours per day.

What do I do if my family determines that our goals are not being met by this HCB Service?
Contact your Care Manager and notify them of why this service is not working for you and your child/youth, or if there are things we can change, including what service you are receiving to support you. Or, let your Care Manager know if you decide to withdraw your request.

DRAFT

Updated May 2023



HCBS Versus State Plan Services Delivered During School Day Guidance Updates



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Recent Updates

The [HCBS Versus State Plan Services Delivered During the School Day Guidance](#) has been updated to clarify the following:

- HCBS may be delivered ***during the school day to non-school aged children/youth.***
- HCBS delivered to collateral contacts, such as Caregiver Family Advocacy and Support Services, ***may be delivered to parents/caregivers/collateral contacts of the HCBS enrolled child/youth during the school day.***
- HCBS staff members are ***permitted to attend in-school IEP meetings during the school day*** to accompany parents/caregivers on behalf of the HCBS enrolled child/youth.
- The schedule for HCB Service delivery must be reasonable considering the child/youth's availability, age, needs, and access to additional services/supports.

Utilization Management Guidance Updates



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Recent Updates

The [Utilization Management Guidance](#) was recently updated to clarify the following:

- The MMCP has **14 days from the date of receipt** of the [Children's HCBS Authorization and Care Management Notification Form](#) to review and issue an authorization determination.
- Late submission is ***not an allowable reason*** for MMCPs to deny authorization of services.
- If an HCBS provider submits the form late, and/or less than 14 days prior to the initial or approved service period ending, plans should begin their review starting on the day the form was received and have 14 days to complete their review.
 - Any claims submitted for services provided during a lapse in authorization may be denied by the plan.

IRAMS Staff Qualifications & Training Tracker



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IRAMS Staff Qualifications & Training Tracker

The Children's Waiver requires an annual review and verification of HCBS providers and HH/CYES care managers meeting Waiver Qualifications and Training requirements.

- Due to the Public Health Emergency the initial annual review for the Children's Waiver 2019-2020 was delayed. In 2021, NYS DOH sent out a survey monkey to HCBS providers and Care Management Agencies (CMAs) to verify staff met required Qualifications and Training for Waiver Year 2019-2020 and 2020-2021.
 - This resulted in a small response which led NYS to fail this Performance Measure
- For Waiver Year 2021-2022, NYS DOH sent an excel spreadsheet to HCBS providers and CMAs to complete the information for all staff. This resulted in a better response but was time consuming with a short turnaround time.



IRAMS Staff Qualifications & Training Tracker

For Waiver Year 2022-2023, the Qualification and Training Tracker is being built electronically within the IRAMS platform.

- An announcement will be sent out shortly to all HCBS providers and CMAs to have their HR and or personnel staff get connected to the Health Commerce System (HCS) and IRAMS
- NYS DOH will upload last years spreadsheet, if submitted to assist providers with entering the information for the first time

HCBS providers and CMAs will be able to enter staff information in real time moving forward, to limit administrative burden once a year.

Each year, there will be a reminder when the information must be finalized for the Waiver Year performance measure to be calculated.



HCBS Referral Portal



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Electronic HCBS Referral

HCBS Referral

- DOH has started the development of an electronic HCBS referral between the HHCM/CYES and the HCBS providers, with a tentative go live date of August 2023 (this has been delayed due to the build of the Qualification and Training Tracker)
- Some of the elements that are required for the MCO authorization form are also required for the referral to obtain consistency of information
- HHCM/CYES and DOH will be able to see in real time children/youth waitlisted for services or being served for which service(s), by provider, and location
- DOH will be able to track compliance of timeliness of referrals, acceptance of referrals, and start of services
- Once Frequency/Scope/Duration is authorized by the MMCP, the F/S/D will be entered into the referral portal by the HCBS provider and then transmitted to the MAPP HHTS and placed on the POC
 - A new process will be developed once the MMCP authorization form is developed to become electronic at the end of 2023



Future Meetings & Contact Information



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Future Meetings & Agenda Items

- Next Scheduled Monthly Meetings:

- *June 21st 1:00 – 2:30 PM*
- *July 19th 1:00 – 2:30 PM*
- *August 16th 1:00 – 2:30 PM*
- *September 20th 1:00 – 2:30 PM*



- **Register for all these monthly meetings here:**

[Registration \(gotowebinar.com\)](https://gotowebinar.com)

- DOH would like to discuss topics of interest to the HCBS providers and also hear suggestions and ideas for improvement.
- Please submit your agenda requests, suggestions, or questions to BH.Transition@health.ny.gov.



HCBS Provider Feedback



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HCBS Provider Feedback

- Please provide feedback on the supports that are needed (policy/guidance, training, other requests, etc.).
- Feedback can be provided verbally or in the chat.
- If other ideas and feedback come to your mind after this meeting, please reach out to us at the BH.Transition@health.ny.gov mailbox or (518) 473-5569.



All Children's Waiver HCBS questions and concerns, should be directed to the NYS Department of Health at BH.Transition@health.ny.gov mailbox or (518) 473-5569

Questions regarding the HCBS Settings Final Rule can be directed to ChildrensWaiverHCBSFinalRule@health.ny.gov

New York State Department of Health Complaint Line
1-800-206-8125 or managedcarecomplaint@health.ny.gov



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