



**Department
of Health**

**Office of
Health Insurance
Programs**

Children and Youth Evaluation Service (C-YES): the State-designated Independent Entity (IE) for Children's HCBS

Part II: An overview of the role of C-YES
beginning April 1, 2019

March, 2019

Purpose of this webinar

- This webinar covers the expanded role of the Children and Youth Evaluation Service (C-YES), the Independent Entity, beginning April 1, 2019
- Since C-YES responsibilities for a child opting out of Health Home care management were covered in Part I, we will focus today on the expanded role of C-YES beginning April 1, 2019: accepting referrals for HCBS Eligibility Determinations for children who are not enrolled in Medicaid

Refresher: Basis for an Independent Entity

- Today, children are transitioning from the care coordination provided through a 1915c waiver, to Health Home care management
 - This transition began on January 1 and will be completed by March 31
- Health Home care management is an optional benefit, but HCBS requires a Plan of Care (POC) and service coordination
- To permit a current 1915c waiver child to opt out of Health Home care management, but still receive aligned children's HCBS, the State designated an Independent Entity to provide HCBS Eligibility Determinations and develop and manage HCBS plans of care

Refresher: Who is the Independent Entity?

- Maximus is the State-designated Independent Entity.
- This program is being branded and marketed as “Children and Youth Evaluation Service (C-YES)”
- C-YES can be contacted at 1-833-333-CYES (1-833-333-2937); TTY: 1-888-329-1541, 8:30-5:30 M-F; 9-12pm Sat
- Web site: nymedicaidchoice.com/information-care-management-agencies
- C-YES has staff across all regions in NYS who will be deployed to meet with the child/family in their home or regional location of their choice
- Field visits: 8am-8pm M-F; 8am-6pm Sat



Refresher: General Overview of C-YES Responsibilities

- C-YES responsibilities include:
 - Delivering HCBS Eligibility Determinations for children who are not enrolled in Medicaid and who opt out of Health Home care management
 - Providing Medicaid application assistance to children who meet Level of Care using the HCBS Eligibility Determination who are not enrolled in Medicaid
 - Developing HCBS plans of care for children who were referred to C-YES without Medicaid and children who opt out of Health Home care management
 - Updating HCBS plans of care and conducting HCBS eligibility re-determinations for children enrolled in Medicaid who opt out of Health Home care management
 - Monitoring plans of care for children in fee-for-service Medicaid

Refresher: Continued Role of C-YES

- For children receiving HCBS who opt out of Health Home care management, C-YES will continue to be responsible for managing HCBS plans of care. This may include:
 - Meeting with the child/family and acquiring signature to the POC
 - Adding new HCBS to the plan of care
 - Making referrals to HCBS providers
 - Updating the plan of care and communicating the plan of care to MMCPs (MMCP will monitor access to care indicated in the plan of care, for children enrolled in a plan)
 - C-YES will conduct future HCBS eligibility re-determinations
- C-YES will only manage HCBS; families with other service needs, including CFTSS, may work with their providers or independently to obtain those services

Expanded Role of C-YES Beginning April 1, 2019

- Beginning April 1, 2019, C-YES will accept referrals for children who are interested in HCBS who are not enrolled in Medicaid
 - C-YES will send a nurse assessor to the child's home (or other setting of their choice) to conduct the HCBS Eligibility Determination, upon receipt of a complete referral
 - C-YES will provide Medicaid application assistance to children who are found to meet Level of Care using the HCBS Eligibility Determination
 - C-YES will provide education about Health Home care management; once the child's Medicaid has been established the child may opt into Health Home care management

Making a referral to C-YES for a child not enrolled in Medicaid

- Anyone can make a referral to C-YES
- To acquire a referral form and consent to share information, call C-YES or visit their website
- The referral form collects information about the child's medical and behavioral health history, which is needed to deliver the HCBS Eligibility Determination
- Before submitting a referral, double check that the following fields are complete and accurate:
 - First name, Last name
 - DOB
 - Social Security Number (SSN)
 - Medicaid Client Identification Number (CIN) (if applicable)
 - Gender
 - Address
 - Signature

Collecting Information for the HCBS Eligibility Determination

- When C-YES receives a referral, they will check to ensure that it is complete
- If the referral is not complete, C-YES will reach out to the child/family or referent to obtain missing information
- C-YES will also talk to practitioners to collect medical and behavioral health information
- When all required information for a complete referral is received by C-YES, C-YES will contact the child/family to schedule the first appointment
- C-YES will meet with the child/family in their home or other location of preference to collect this information
- During the appointment, C-YES will ask questions about the child's medical and behavioral health history; this information will expedite the HCBS Eligibility Determination

Delivering an HCBS Eligibility Determination

- After C-YES has conducted the appointment with the child/family to collect information for the HCBS Eligibility Determination, C-YES will schedule a meeting to conduct the HCBS Eligibility Determination
- C-YES will meet with the child/family in their home or other location of preference to conduct the HCBS Eligibility Determination
- Upon completion, the family will be notified of HCBS eligibility determination and the remaining steps to gain access to HCBS will be reviewed

Capacity Management

- To access aligned children's HCBS, the State must determine that there is capacity to serve the child
- When a child is found to meet Level of Care using the HCBS Eligibility Determination, C-YES will submit a request to the Capacity Management team at NYS Dept. Health to examine whether there is capacity to serve the child
- The Capacity Management team will respond to the inquiry within one business day
- C-YES will issue a formal Notice of Decision to the child/family regarding the HCBS Eligibility Determination, plus information about whether there is immediate capacity to serve the child, upon receipt of response from the Capacity Management team
- A child is not eligible to access HCBS until the State identifies capacity to serve the child

Medicaid Application Assistance

- C-YES will provide Medicaid application assistance to children who have met Level of Care using the HCBS Eligibility Determination
- C-YES will meet with the child/family their respective LDSS office to conduct Medicaid assistance
- C-YES will attach a cover sheet to the completed Medicaid application indicating to the local district that the child has been assessed at Level of Care using the HCBS Eligibility Determination and is pursuing Medicaid and HCBS
- The cover letter will also indicate to the local district whether the State has determined that there is capacity to serve the child

Medicaid Application Processing when Capacity is Available to Serve the Child

- When the local district receives a Medicaid application for a child who has met Level of Care using the HCBS Eligibility Determination, and the State has determined that there is capacity to serve that child, the local district can use special budgeting rules to review the child's eligibility for Medicaid as a "family of one/household of one"
- In these cases, a child's Medicaid eligibility can be reviewed using only the child's income (parent's income is not counted in this process)
- Children who are Medicaid eligible using family of one budgeting rules are fully eligible for Medicaid

Note: Not all children will be eligible for Medicaid using the family of one budgeting methodology. For example, children whose child support or trust funds exceed income-based Medicaid eligibility requirements will not be eligible using this methodology.

Medicaid Application Processing when Capacity is *Not* Available to Serve the Child

- When the local district receives a Medicaid application for a child who has met Level of Care using the HCBS Eligibility Determination, but the State has determined that there is **not** capacity to serve that child, the local district can open a Medicaid case for the child with “spend down”
- In these cases, a child is only eligible for Medicaid after the household income minus medical expenses meets income-based Medicaid eligibility requirements
- Children who are Medicaid eligible with a spend down are **not** fully eligible for Medicaid
- When capacity is identified for the child, the local district can update the existing case (rather than create a brand new case)

Developing an HCBS Plan of Care

- **When capacity has been identified** to serve the child, C-YES will meet with the child/family to develop an HCBS plan of care, including HCBS provider selection
- HCBS plan of care development will happen concurrent with Medicaid application assistance and/or Medicaid application processing at the local district
- HCBS plans of care are person centered
- C-YES will meet with the child/family in their home or other location of preference to develop an HCBS plan of care
- C-YES will also discuss the benefits of Health Home care management with the child/family at this point and will elicit either Health Home opt in or opt out

Making Referrals

- When Medicaid is established, C-YES will
 - Make a referral to Health Home, for children who have made that selection, or
 - Make referrals to HCBS providers selected during the plan of care development process
- If the child/family selected Health Home care management, C-YES will ask if the family has been working with a CMA that they would like to be referred back to,



Contact Information

Questions/Comments:

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