



**Office for People With  
Developmental Disabilities**

# **OPWDD DDRO Manual**

## **Eligibility Process for Children's Waiver**

**June 2019**

# Eligibility Process for Children’s Waiver

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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).	<b>HHCM/C-YES</b>
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"> <li>• Current general medical report</li> <li>• Copy of child’s Plan of Care</li> <li>• Updated Psychological Report if there is a significant change in child’s functioning.</li> <li>• 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.</li> </ul> <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 <b>page 10</b> for the guidance on the above documentation.</p>	<b>HHCM/C-YES</b>
3	The DDRO reviews documentation and advises HHCM/C-YES if additional documentation is needed through the DDRO HCS Secure Email Box.	<b>DDRO</b>
4	<p><b>If the child is found ICF-I/ID eligible</b>, 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><b>Note for DDRO:</b> QIDP/Children’s Liaison can sign off on the LCED Redetermination. For OPWDD internal purposes, CL uploads LCED into CHOICES.</p>	<b>DDRO</b>
4A	The HHCM/C-YES will continue to work with the child/family on their Plan of Care.	<b>HHCM/C-YES</b>
5	<b>If the child no longer meets OPWDD ICF-I/ID LCED eligibility</b> , 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.	<b>DDRO</b>

**\*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"> <li>• Current general medical report</li> <li>• Copy of child’s Plan of Care</li> <li>• Copy of the last completed and reviewed LCED (with QIDP signatures) ONLY for the initial redetermination post B2H transition</li> <li>• Statement that the child is now in Foster Care or was originally in Foster Care receiving HCBS (within the Children’s Waiver Transmittal Form)</li> <li>• Updated Psychological Report if there is a significant change in child’s functioning</li> <li>• 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.</li> </ul> <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:  <a href="mailto:OCFH.Waiver@acs.nyc.gov">OCFH.Waiver@acs.nyc.gov</a></p> <p>See <b>page 10</b> 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.	<b>DDRO</b>
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 <b>Target Population</b>. Click Yes to meeting DD Foster Care Target Population.</p> <p><b>Risk Factors:</b> 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><b>Functional Criteria</b> – Choose whether the child/youth meets ICF-I/ID LCED            If YES the child/youth has HCBS LOC for the Children’s Waiver.</p>	<b>DDRO</b>
4	<b>If the child is found ICF-I/ID LCED eligible</b> , 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	<b>DDRO &amp; HHCM/C-YES</b>

	<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: <a href="mailto:OCFH.Waiver@acs.ny.gov">OCFH.Waiver@acs.ny.gov</a>), 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>	
<b>4A</b>	<p>The HHCM/C-YES will continue to work with the child/family surrounding their Plan of Care.</p>	<b>HHCM/C-YES</b>
<b>5</b>	<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: <a href="mailto:OCFH.Waiver@acs.ny.gov">OCFH.Waiver@acs.ny.gov</a>), 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>	<b>DDRO &amp; HHCM/C-YES</b>
<b>6</b>	<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: <a href="mailto:opwdd.sm.fair.hearings.counsel@opwdd.ny.gov">opwdd.sm.fair.hearings.counsel@opwdd.ny.gov</a> and the respective DDRO (via the HCS Secure Email Box) of any Fair Hearings.</p>	<b>HHCM/C-YES</b>

**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"> <li>• If OPWDD - to Front Door</li> <li>• If to Children’s Waiver- HHCM/C-YES <ul style="list-style-type: none"> <li>➢ If family opts out of HHCM, DDRO will discuss with C-YES that the family does not want to go to a Health Home.</li> </ul> </li> </ul>	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"> <li>• General medical report completed within the past 365 days</li> <li>• 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.</li> <li>• 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.</li> <li>• For conditions other than intellectual disability, a medical or specialty report that includes health status and diagnostic findings to support the developmental disability diagnosis.</li> </ul> <p>Additional eligibility guidance information can be found here:  <a href="https://opwdd.ny.gov/sites/default/files/documents/eligibility_important_facts_2.pdf">https://opwdd.ny.gov/sites/default/files/documents/eligibility_important_facts_2.pdf</a></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.	<b>DDRO</b>
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.	<b>HHCM/C-YES</b>
9	OPWDD DDRO will engage the family in the Front Door Process for OPWDD Eligibility and I/ID LCED determination.  See <b>page 10</b> for guidance on the ICF-I/ID Level of Care Eligibility Determination.	<b>DDRO</b>

**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.

<b>Step</b>	<b>Action</b>	<b>Responsible Party</b>
<b>1</b>	DDRO conducts a triage and refers to Children’s Liaison if appears to be DD/MF.	<b>DDRO</b>
<b>2</b>	Children’s Liaison will offer 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	<b>DDRO</b>
<b>2A</b>	With family’s verbal consent, CL refers to C-YES.	<b>DDRO</b>
<b>3</b>	C-YES will conduct the HCBS/LOC Eligibility Determination by utilizing the Medically Fragile Target Population in the UAS/CANS.	<b>C-YES</b>
<b>4</b>	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	<b>C-YES</b>
<b>5</b>	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	<b>HHCM/C-YES</b>
<b>6</b>	<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"> <li>• General medical report completed within the past 365 days</li> <li>• 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.</li> <li>• 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.</li> <li>• For conditions other than intellectual disability, a medical or specialty report that includes health status and diagnostic findings to support the developmental disability diagnosis.</li> </ul> <p>Additional eligibility guidance information can be found here:  <a href="https://opwdd.ny.gov/sites/default/files/documents/eligibility_important_facts_2.pdf">https://opwdd.ny.gov/sites/default/files/documents/eligibility_important_facts_2.pdf</a></p>	<b>HHCM/C-YES</b>
<b>7</b>	The DDRO reviews documentation and advises HHCM/C-YES if additional documentation is needed through the DDRO HCS Secure Email Box.	<b>DDRO</b>
<b>8</b>	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.	<b>HHCM/C-YES</b>



**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.

<b>Step</b>	<b>Action</b>	<b>Responsible Party</b>
1	<p><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.</p>	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"> <li>• General medical report completed within the past 365 days</li> <li>• 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.</li> <li>• 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.</li> <li>• For conditions other than intellectual disability, a medical or specialty report that includes health status and diagnostic findings to support the developmental disability diagnosis.</li> </ul> <p>If the child is in New York City, ACS should be copied on this transmittal via this email address: <a href="mailto:OCFH.Waiver@acs.nyc.gov">OCFH.Waiver@acs.nyc.gov</a></p> <p>Additional eligibility guidance information can be found here:  <a href="https://opwdd.ny.gov/sites/default/files/documents/eligibility_important_facts_2.pdf">https://opwdd.ny.gov/sites/default/files/documents/eligibility_important_facts_2.pdf</a></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	<p>DDRO monitors the eligibility determination. Once determination is made, Eligibility letter is sent.</p> <p>If child is determined to be OPWDD eligible, DDRO completes the initial ICF-I/ID LCED.</p> <p>If child is determined OPWDD ineligible, DDRO notifies the HHCM and VFCA (if applicable) for alternative services. DDRO sends eligibility letter to individual.</p>	DDRO
5	<b>If the child is found ICF-I/ID LCED eligible</b> , 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: <a href="mailto:OCFH.Waiver@acs.ny.gov">OCFH.Waiver@acs.ny.gov</a>), 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 <b>Target Population</b>. Click Yes to meeting DD Foster Care Target Population.</p> <p><b>Risk Factors:</b> 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><b>Functional Criteria</b> – 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](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.

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## 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 for foster care redeterminations:

- Child is, or was originally, in foster care receiving HCBS? Yes \_\_\_\_ No \_\_\_\_
- Copy of the last completed and reviewed LCED (with QIDP signatures) **ONLY** for the initial redetermination post B2H transition. Yes \_\_\_\_ No \_\_\_\_

VFCA Case Planner: \_\_\_\_\_ VFCA email address: \_\_\_\_\_

### For initial OPWDD eligibility ICF-I/ID LCED care manager completes this section:

#### OPWDD Eligibility and Initial ICF-I/ID 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

See *Important Facts for OPWDD Eligibility* for additional information [https://opwdd.ny.gov/opwdd\\_services\\_supports/eligibility](https://opwdd.ny.gov/opwdd_services_supports/eligibility)

## Children's Waiver Transmittal Form

**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-I/DD 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:** \_\_\_\_\_

## **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](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm)

Contact [hhsc@health.ny.gov](mailto: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](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](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](https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/index.htm)

## 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  
CL = Children's Liaison  
C-YES = Children and Youth Evaluation Services  
DD = Developmentally Disabled  
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  
UAS-NY = Uniform Assessment System – New York  
VFCA = Voluntary Foster Care Agency