



**New York Children’s Health and Behavioral Health Transition:
Children’s Aligned Home and Community Based Services
Frequently Asked Questions (FAQs)**

Below is an FAQ concerning the Children’s Aligned Home and Community Based Services. Children’s Aligned Home and Community Based Services include Habilitation, Caregiver/Family Supports and Services, Respite, Prevocational Services, Supported Employment, Community Self-Advocacy Training and Supports, Non-Medical Transportation, Adaptive and Assistive Equipment, Accessibility Modifications, Palliative Care and Customized Goods and Services.

The Children’s Medicaid System Transformation for individuals under the age of 21 includes the alignment of the following NY children’s waivers currently accessible under the authority of the 1915(c) amendment of the Federal Social Security Act: Office of Children and Family Services (OCFS) Bridges to Health [B2H Serious Emotional Disturbance (SED), B2H Developmental Disabilities (DD), B2H medically fragile (MedF)], the Office of Mental Health (OMH) SED Waiver, Office for People With Developmental Disabilities (OPWDD) Care at Home (CAH) Waiver and the Department of Health (DOH) operated Care at Home (CAH) I/II Waiver.

To access Aligned HCBS, a child must be determined eligible. Children who are currently receiving HCBS as part of the 1915(c) Medicaid waiver will still have access to HCBS as long as they continue to meet eligibility criteria for 1915(c) waivers.

As of August 2018

#	Topic	Question	State Response
1	Authorization	Do Health Home Care Managers need to wait for managed care plan approval before we can make referrals?	No, referrals to HCBS providers are made simultaneously with the submission of the Plan of Care (POC) to the managed care plan so there is no delay in the child getting services in accordance with available capacity.



#	Topic	Question	State Response
2	Education/Outreach	Is there a process/plan to educate the LDSS (Local Departments of Social Services)?	Yes, there will be outreach and education provided to inform the LDSS including an Administrative Directive.
3	Fee for Service	Can providers continue to provide services on a fee for service basis?	Yes, services will continue to be provided on a fee for service basis for children who are not enrolled in a Medicaid Managed Care Plan (MMCP). However, services must be billed to the MMCP for children enrolled in managed care.
4	Fee for Service	What types of children will need to remain Fee for Service during the transition?	Many children will remain Fee for Service because they are exempt or excluded from Medicaid managed care for reasons that are not impacted by this transition, such as children with comprehensive Third Party Health Insurance and children who are Native American. Children who will be mandatorily enrolled in Medicaid managed care as part of this transition are children who are only exempt due to 1915c waiver enrollment or who are excluded because they are in the care of a voluntary foster care agency (VFCA).
5	Independent Entity	What will the Independent Entity provide?	The Independent Entity will conduct HCBS Eligibility Determinations for children who are not yet enrolled in Medicaid. Additionally, the Independent Entity will conduct HCBS Eligibility Determinations,



#	Topic	Question	State Response
			<p>conduct annual re-determinations, and develop Plans of Care for children who opt out of Health Home Care Management. The Independent Entity will also monitor access to services through the Plan of Care for children who opt out of Health Home who are not enrolled in a Medicaid Managed Care Plan.</p> <p>The Independent Entity is not a provider of HCBS.</p>
6	Capacity	How will capacity be managed?	<p>Capacity will be managed at the State level. Information on the State's capacity management system is available within the posted Draft 1915(c) Children's Waiver. Additional guidance will be released in the near future.</p> <p>https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_waivers_application_ny_4125_r05_02.pdf</p>
7	Capacity	Is waiver capacity remaining the same?	<p>Waiver capacity will remain the same upon the initial implementation. Capacity may be expanded beginning July 2019, based on global spending cap allowances.</p>
8	Treatment Planning	What if the care manager and the family do not agree on what services are needed?	<p>The child and family has choice of services and service providers. Documentation of this choice must be demonstrated by the HH CM or IE. It is a requirement that the care planning process is person-centered and family driven.</p>



#	Topic	Question	State Response
9	Treatment Planning	Can home and community based services be added, as needed, to a Plan of Care?	Yes. The Plan of Care is a fluid document, so for HCBS-eligible children, services can be added as needed based on an identified need and capacity.
10	Treatment Planning	Who is responsible for verifying the first service date for the Plan of Care?	It is the responsibility of the HCBS provider who is delivering the service to notify the MMCP of the first appointment.