



Department
of Health

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Mental Health

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Office of Children
and Family Services

Office for People With
Developmental Disabilities

Health Home and Planning for Children's Home Community Based Services (HCBS) in the Comprehensive Plan of Care (POC)

April 3, 2019

Agenda

- Children's Transition Timeline
- Brief Recap: Home and Community Based Services and Eligibility
- Considerations for Completing the HCBS Eligibility Determination Process
- HCBS Workflow- Person Centered Perspective
 - HCBS LOC Eligibility Determination
 - Development of Person Centered Plan of Care
 - Referral to HCBS
 - Children/youth access services
 - Ongoing Monitoring of the Plan of Care
- Q&A



Current Timeline

Children's Transition Timeline	Scheduled Date
<ul style="list-style-type: none"> Implement three of the six new Children and Family Treatment and Support Services (CFTSS) (Other Licensed Practitioner, Psychosocial Rehabilitation, Community Psychiatric Treatment and Supports) in Managed Care and Fee-For-Service 	January 1, 2019 COMPLETED
<ul style="list-style-type: none"> Waiver agencies must obtain the necessary LPHA recommendation for CFTSS that crosswalk from historical waiver services and revise service names in Plan of Care for transitioning waiver children. This is the last billable date of waiver services that crosswalk to CPST and/or PSR. 	January 31, 2019 COMPLETED
<ul style="list-style-type: none"> Transition from Waiver Care Coordination to Health Home Care Management 	January 1- March 31, 2019 COMPLETED
<ul style="list-style-type: none"> 1915(c) Children's Consolidated Waiver is effective and former 1915c Waivers will no longer be active 	April 1, 2019
<ul style="list-style-type: none"> Implement Family Peer Support Services as State Plan Service in managed care and fee-for-service BH services already in managed care for adults 21 and older are available in managed care for individuals 18-20 (e.g. PROS, ACT, etc.) SSI children begin receiving State Plan behavioral health services in managed care Three-year phase in of Level of Care (LOC) expansion begins 	July 1, 2019 July 1, 2019 July 1, 2019 July 1, 2019
<ul style="list-style-type: none"> 1915(c) Children's Consolidated Waiver Services carved-in to managed care Children enrolled in the Children's 1915(c) Waiver are mandatorily enrolled in managed care Voluntary Foster Care Agency Article 29-I per diem and services carved-in to managed care Children residing in a Voluntary Foster Care Agency are mandatorily enrolled in managed care 	October 1, 2019 October 1, 2019 October 1, 2019 October 1, 2019
<ul style="list-style-type: none"> Implement Youth Peer Support and Training and Crisis Intervention as State Plan services in managed care and fee-for-service 	January 1, 2020

Home and Community Based Services and Eligibility



What are Children's Home and Community Based Services (HCBS)?

- Help keep children and youth with complex health or mental health needs in their home and community
- Can be provided where children/youth and families/caregivers are most comfortable - at home or in the community
- Support children and youth as they work toward goals and achievements to be successful at home, in school, and in other environments
- Person- Centered, strength-based, planning process that offers individual, flexible services to meet the health, mental health, and/or developmental needs of each child/youth



Who Can Get Children's HCBS?

- Children's HCBS are for children and youth (under age 21) who are:
 1. Enrolled in Medicaid
 - Some children without Medicaid may be eligible and can be assessed for eligibility through Children and Youth Evaluation Services (C-YES).
 - C-YES is the State Designated Independent Entity who will serve children who opt-out of Health Home and children without Medicaid who want or need HCBS
 2. Need extra care at home or in the community to avoid the need for care in a long-term care or psychiatric inpatient facility. Your Health Home Care Manager (HH CM), or C-YES, will do an assessment to see if a child/youth is eligible.



New 1915c Children's Waiver

As of April 1, 2019, the new consolidated 1915c Children's Waiver will give authority to provide Home and Community Based Services (HCBS) to all children who meet HCBS Level of Care determination under one waiver:

- One set of service descriptions and rates for all eligible children
- Consistent Health Home Care Management services
- One State Medicaid agency with partner agency team to support delivery, monitoring and oversight
- Expanded array of services for all HCBS children
- One process for services to families and children



HCBS LOC Eligibility Determination Process

- HCBS/Level of Care (LOC) Eligibility Determination is comprised of meeting three factors: Target Population, Risk Factors, and Functional criteria as outlined within the 1915(c) Children's Waiver Amendment
- **As of April 1, 2019:** Those children/adolescents who are already enrolled in Health Homes Serving Children (HHSC) and are believed to be HCBS eligible and or in need of HCBS, their HH CM can complete the HCBS eligibility process.
- Those children/adolescents, with Medicaid, believed to be HCBS eligible and or in need of HCBS, but not yet in Health Homes, will be referred to HH. HH CM will work with the child, family, and providers to determine HCBS eligibility.
- Those children/adolescents, without Medicaid, believed to be in need of HCBS, will be referred to CYES



HCBS Eligibility – Target Population

Children may be eligible for LOC HCBS under one or more of the following Target Populations, however only one Target Population is necessary to pursue to reach HCBS services

Effective April 1, 2019 – LOC HCBS Eligibility Criteria: Under Age 21 – Target Population Criteria

Serious Emotional Disturbance (SED)

Medically Fragile Children (MFC)

Developmental Disability (DD) and Medically Fragile

Developmental Disability (DD) and in Foster Care

Each Target Population has specific outlined diagnoses, conditions and or requirements that must be obtained and documented within the individual's case record prior to being able to move forward with the HCBS Eligibility Determination



HCBS Eligibility – Risk Factors

Once the Target Population information has been obtained and documented, the Risk Factors must be noted with supporting documentation as outlined below.

Level of Care (LOC) Risk Factors include:

- A list of risk factors specific to each Target population Criteria (See HCBS Eligibility Webinar from March 13, 2019 at: <https://ctacny.org/training/childrens-aligned-hcbs-loc-eligibility-determination>)
- A Licensed Practitioner of Healing Arts (LPHA) who has the ability to diagnose within his or her scope of practice under state law has determined in writing that the child, in the absence of HCBS, is at risk of treatment in a more restrictive setting. The LPHA has submitted written clinical documentation to support the determination.
 - A NYS developed form will be utilized as the documentation from the LPHA, to be placed in the case record



HCBS Eligibility – Functional Criteria

Once the Target Population and Risk Factors information has been obtained and documented, then the Functional Criteria must be established to finalize the HCBS Eligibility Determination

Level of Care (LOC) Functional Criteria:

Functional criteria is a subset of questions from the CANS-NY tool except for the following LOC Target Populations:

- Developmental Disability (DD) and Medically Fragile (MFC)
 - Developmental Disability (DD) and in Foster Care
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- ❖ The two above Target Populations will be determined by the OPWDD DDRO
 - ❖ The DDRO will work in conjunction with the HH care manager and the Independent Entity to determine HCBS eligibility



Considerations for When to Complete the HCBS Eligibility Determination Process



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Conducting a HCBS Eligibility Determination

- Not all children on Medicaid or enrolled in Health Home will need HCBS
- **HCBS Purpose:**
 1. Enable children to remain at home and/or in the community, thus avoiding the need for institutional (i.e. hospital) placement
 2. To safely return a child from a higher level of care/out-of-home placement, back to the community with services to maintain them at home and/or in the community
 3. Expand Service Options currently available to children, adolescents and young adults with significant medical, developmental or behavioral health needs for better outcomes



When Should a Health Home Care Manager Initiate a HCBS Eligibility Determination?



Items to Consider

- The following items should be considered prior to determining a HCBS eligibility determination is necessary
 - Have Child Family Treatment Services and Supports been utilized?
 - Is the child/family connected with community resources?
 - HCBS are utilized for children whose behavioral health or medical conditions are impacting their daily functioning
 - Has the impact on daily functioning exceeded the family's ability to meet the child's needs?
 - Would the addition of HCBS help the child to increase their functioning in the home, at school and in the community?



Considerations for Children with SED

Do any of the children/youth you are working with have any of the following:

- A SED and complex needs, whom-need additional support and services available from HCBS?
- Do they have acute psychiatric needs that have resulted in or put them at risk of ER visits and/or inpatient hospitalization?
- Have you tried other community based services and supports and still found them insufficient to meet the needs of the youth?
- Do they continue to struggle with functioning, being successful in their home, school and community?
- Do you have a youth with SED who was just discharged from an inpatient psychiatric hospital (State or local)?
- Do you have a youth with SED who was just discharged from a Residential Treatment Facility or Community Residence?
- Services and support needs that cannot be met by one agency or child-serving system?



Case example for a Child w/with SED

- Jon is a 10 year old boy currently receiving outpatient mental health treatment. Jon was referred to clinic by the school social worker due to ongoing disruptive behaviors. He is also currently being evaluated by the Committee on Special Education.
- Jon's mother, Beth, receives outpatient mental health treatment for depression. Beth struggles to manage Jon's behavior at home and when out in the community. Beth is concerned for the safety of her three year old daughter and has filed a petition with Family Court for a Person in Need of Supervision.
- Beth is having difficulties in making all of the appointments with school, Family Court, Jon's treatment and her own treatment. Resulting in numerous missed appointments with Jon's therapist.
- To assist Beth in coordinating all of Jon's services his therapist made a referral to Health Home. A Health Home Care Manager spoke with the family regarding Health Home Care Management and Beth agreed Health Home Care Management would be helpful.



Case example for a Child w/with SED

- The HHCM referred the child to a CPST designated provider to assist in identifying the child's triggers, developing a safety plan and identifying natural supports for Jon and his family.
- Even with the additional support of the Health Home Care Manager and CFTSS, Jon continued to struggle. Jon had an aggressive outburst at school and the police were called. He was unable to regain control and was taken to ER for observation and an evaluation.
- Jon also demonstrated unsafe behaviors at home that put his ability to stay within the home in jeopardy. Jon's mother, Beth, was also concerned about her ability to manage Jon in the community. Beth shared that she could use additional training for herself, so that she can support Jon in being successful in community based activities.
- After the HHCM spoke with the family and therapist, they all decided a higher level of service was needed to avoid continued ER visits and future possible hospitalization or out of home placement. The HHCM educated the family on HCBS - family agreed, HHCM completed the HCBS eligibility determination process.



Considerations for Children with Developmental Disabilities who are also in Foster Care

Does the child/youth have any of the following:

- A developmental disability or indication of a developmental disability, placed in foster care and in need of additional supports and services available from HCBS?
- Developmental disability need that puts them at risk of ER and/or hospitalization?
- Severe behavior problems on a regular occurrence affecting functioning? in their homes and communities?
- Recently discharged from a hospital and could be maintained in a home with HCBS services and supports?
- A substantial handicap that impact the child/youth's ability to function normally in society?



Case example for a Child in Foster Care with a Developmental Disability

- John is 3 years old and has lived with his foster family for the past year. He was placed in foster care when his mother was unable to care for him. She gave up all rights; his father is unknown. He is well adjusted to this home and his foster parents are open to adoption.
- John's foster parents have concerns as he seems to have some delays in development. At three years old, he is not doing some of the things that their older son David was doing at the same age. When he is presented with toys, he doesn't seem to be interested. He also twirls his hands in front of his head and turns away from his caregivers when they try to engage with him.



Considerations for Medically Fragile Children

Does the child/youth have any of the following:

1. A medical condition and in need of additional supports and services available from HCBS?
2. A chronic debilitating medical condition(s) need that puts them at risk of ER and/or hospitalization?
3. Recently discharged from a hospital and could be maintained in a home with HCBS services and supports?
4. May or may not be hospitalized or institutionalized, and may require one or more of the
 - a. Technology to support their life or health sustaining functions?
 - b. Dependent upon a complex medication regimen or medical interventions to maintain or to improve their health status?
 - c. Ongoing assessment or intervention to prevent serious deterioration of their health status or medical complications that place their life, health or development at-risk?



Case Example for a Medically Fragile Child

- 9 year old Gregory has multiple medical issues and conditions. Gregory remains on continuous O2, monitored on pulse ox and requires frequent suctioning. He receives his nutrition via a G-Tube.
- He continues to have increased seizure activity, and his family is considering VNS. His scoliosis is monitored and he has had no recent changes. He is non-ambulatory and requires a wheelchair for ambulation and total assist with positioning. He requires adaptive equipment, for transfers.
- He is followed by a Cardiologist, neurologist, ENT, orthopedic, ophthalmology, GI, and pulmonologist, along with his primary care physician. He receives schooling at home, provided by the district. He also receives OT, PT, Speech and Nursing services in the home. He is mostly non-verbal. Gregory is legally blind.
- Gregory's parents are very diligent with his care and there is a strict protocol regarding entering the home, to decrease the risk of illness. This is primary to his plan to continue his care at home and avoid hospitalizations.
- Gregory's parents recently purchased a new vehicle and are in the process of obtaining a vehicle modification under the HCBS Waiver for a lift so that he can safely access the community for his medical appointments.



HCBS Eligibility Determination Process

- If you answered yes to any of the questions on the previous slides, HCBS should be considered
- HHCM should educate the child/family/youth on HCBS, including program intent, philosophy, service array and eligibility determination process
- Once a child/family provides informed consent for HCBS- the HHCM should proceed with the HCBS LOC eligibility determination process*

*For how, see slide #10 for link to the HCBS Eligibility Determination Webinar



HCBS Workflow

Person-Centered Perspective



Overview of HCBS Workflow

Step 1: Individual is determined HCBS LOC eligible

Step 2: Development of Person Centered Plan of Care

Step 3: Referrals to HCBS providers are made

Step 4: Children Access Services

Step 5: Ongoing Monitoring of the Plan of Care



Overview of HCBS Workflow

Step 1: Individual is determined HCBS LOC Eligible

- HHCM notifies child/family they have been found eligible for HCBS
 - Formal *Notice of Decision* letter will need to be sent to the child/family with fair hearing rights
 - HHCM obtains consent that child/family would like to obtain HCBS
 - *Freedom of Choice* form must be signed by the child/family
 - Choice of HCBS instead of Institutional / Residential care
 - Choice of Services and Providers
 - Choice of Health Home or C-YES
 - HHCM educates child/family on next steps including HCBS service array
 - *Consent* from the child/family must be obtained for HCBS referral and to share the Level of Care and other pertinent information
 - HHCM engages family in identification of goals
- ☐ *The State has developed Forms and Letters mentioned to provided to providers*



Overview of HCBS Workflow

Step 2: Development of Person-Centered Comprehensive Plan of Care

- A Person-Centered Comprehensive Plan of Care (POC) is:
 - person-centered driven by the child/youth/family
 - strength based, focuses on the child/youth/family values and goals
 - emphasizes member's preferences of choice:
 - Service Goal
 - Needs to be Addressed
 - Services
 - Providers
 - includes the services needed to support the identified goals



Overview of HCBS Workflow

Step 2: Development of Person Centered Comprehensive Plan of Care - cont.

- The POC is developed through: discussions with the child, their family, supports and involved providers, coordination of information from the CANS-NY, the HH comprehensive assessment, the HCBS Eligibility Determination, and the inter-disciplinary team meeting
- Health Home care managers develop a single Health Home comprehensive plan of care that includes all services including: medical/health, behavioral health, community and social supports, specialty services and HCBS
- The POC must be signed by the parent, guardian or legally authorized representative and the child/adolescent, if age appropriate. All involved providers, will be given the opportunity to sign the POC
- See guidance for further information:
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/services_access_documentation.pdf



Overview of HCBS Workflow

Step 3: Referrals to HCBS providers are made

- The Health Home Care Manager will review HCBS array with child/family
- Educate child/family on HCBS that may assist them in addressing their needs, and those needs identified by the CANS-NY, and assist them in attaining their identified goals
- HHCM will provide the child/family the names of agencies who have been designated to provide the service in their community
- Support the child/family's ability to make an informed choice on HCBS and HCBS providers

Please see the Children's Aligned HCBS Webinar Series for detailed information on each HCBS:

<https://ctacny.org/childrensystemtransformation> (for HCBS series, scroll down to "Services – CFTSS and HCBS" and look under "Home and Community Based Services").



Overview of HCBS Workflow

Step 3: Referrals to HCBS providers are made

- The HHCM will obtain consent and makes referrals based on family choice of HCBS services and providers
- The HHCM will work to keep the child and family engaged during the referral process, ensuring linkage to service.
- The HHCM will monitor referral status with HCBS provider and update the family on provider availability



Aligned HCBS Array

Community Habilitation	Adaptive and Assistive Equipment
Day Habilitation	Vehicle Modifications
Caregiver/Family Supports and Services	Environmental Modifications
Respite	Palliative Care – Expressive Therapy
Prevocational Services	Palliative Care – Massage Therapy
Supported Employment	Palliative Care – Bereavement Service
Community Self-Advocacy Training and Supports	Palliative Care Pain and Symptom Management
Non-Medical Transportation	Family Peer Supports Services *
Crisis Intervention*	Youth Peer Supports*

*CFTS services that will transition to a State Plan benefit (for all Medicaid recipients who meet medical necessity criteria) will initially only be available under HCBS starting 4/1/19.

For more detailed information regarding the services:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/draft_hcbs_manual.pdf



Pending CFTSS Process Until Implementation

- Additional State Plan Services of CFTSS will be implemented:
 - Family Peer Support and Services on July 1, 2019
 - Youth Peer Support and Training in January 1, 2020
 - Crisis Intervention in January 1, 2020
- However, these services will continue to be authorized in the 1915c Children's waiver till they are authorized under the State Plan Service (based upon the dates above).
- Therefore, current 1915c waiver children who receive these cross walked services today, will continue to receive these services on and after April 1, 2019 with the new 1915c Children's Waiver
- Additionally, ALL eligible HCBS waiver children can receive these services from a designated provider as a HCBS until the services get implemented as a CFTSS State Plan service.



Overview of HCBS Workflow

Step 4: Children access services

- HCBS Provider(s) conduct an intake/assessment regarding their particular service area to determine Frequency, Scope, and Duration (F/S/D) in conjunction with the family/child.*
- HCBS Provider(s) coordinate with HH Care Manager or to provide them with these details
- HHCM updates the POC to include HCBS frequency, scope, and duration

*HCBS Providers will develop and maintain their own HCBS Service Plan with goals and objectives for the services they provide, along with the F/S/D, which they will share with the HH CM.



Overview of HCBS Workflow

Step 5: Ongoing monitoring of the Plan of Care

- The POC will be monitored and reviewed regularly to ensure that it is comprehensive, integrated, person-centered, and that the HCBS listed in the POC are appropriate for helping the child attain their goals.
- HHCM will continue to coordinate services to ensure that they are being delivered and provided according to the POC and the request of the child/family.





Updates, Resources, Training Schedule and Questions

- Please send any questions, comments or feedback on Health Homes Serving Children to: hhsc@health.ny.gov or contact the Health Home Program at the Department of Health at 518.473.5569
- Specific Questions/Comments regarding Transition services
BH.Transition@health.ny.gov
- Subscribe to the HH Listserv
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm



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HCBS Target Population, Risk Factors and Functional Limitations



Level of Care (LOC) HCBS Eligibility Determination Criteria: Serious Emotional Disturbance (SED)

<p>Target Criteria SED</p>	<ol style="list-style-type: none"> 1. Age 0 through child's 21st Birthday, and 2. Child has Serious Emotional Disturbance SED is defined to include any one of the following Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses: <ul style="list-style-type: none"> • Schizophrenia Spectrum and Other Psychotic Disorders • Bipolar and Related Disorders • Depressive Disorders • Anxiety Disorders • Obsessive-Compulsive and Related Disorders • Trauma – and Stressor – Related Disorders • Feed and Eating Disorders • Disruptive, Impulse-Control and Conduct Disorders • Personality Disorders • Paraphilic Disorders • Gender Dysphoria • Elimination Disorders • Sleep-Wake Disorders • Sexual Dysfunctions • Medication- Induced Movement Disorders • Attention Deficit/Hyperactivity Disorder • Tic Disorder
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Level of Care (LOC) HCBS Eligibility Determination Criteria: Serious Emotional Disturbance (SED)

<p>Risk Factors SE D</p>	<p>The child meets one of the factors 1-4 and factor 5.</p> <ol style="list-style-type: none"> 1. The child is currently in an out-of-home placement, including psychiatric hospital, or 2. The child has been in an out-of-home placement, including psychiatric hospital within the past six months, or 3. The child has applied for an out-of-home placement, including placement in psychiatric hospital within the past six (6) months, or 4. The child currently is multi-system involved (i.e., two or more systems) and needs complex services/supports to remain successful in the community <p>AND</p> <ol style="list-style-type: none"> 5. A licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of institutionalization (i.e., hospitalization). The LPHA has submitted written clinical documentation to support the determination. <p>Multi-system involved means two more child systems including: child welfare, juvenile justice, OASAS clinics or residential treatment facilities or institutions, OMH clinics or residential facilities or institutions, OPWDD services or residential facilities or institutions, or having an established IEP through the school district</p>
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Level of Care (LOC) HCBS Eligibility Determination Criteria: Serious Emotional Disturbance (SED)

<p>Functional Criteria SED</p>	<p>Algorithm applied to a subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY)</p>
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<p>Financial Criteria SED</p>	<p>If a child is already Medicaid eligible, then a child meeting LOC SED HCBS target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p>
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If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting LOC SED HCBS target criteria, risk factors, and functional criteria can be considered for Medicaid eligibility under the Family of One financial criteria.



Level of Care (LOC) HCBS Eligibility Determination Criteria: Medically Fragile Child (MFC) Population

<p>Target Criteria MFC</p>	<p>Age 0 through child’s 21st Birthday, and The child must have documented physical disability using the following protocols:</p> <ul style="list-style-type: none"> I. Current SSI Certification, or II. LDSS-639 disability certificate, or III. Forms: OHIP 0005, OHIP 0006 and OHIP 0007 completed by appropriate professionals and caregivers to be reviewed and approved by an LPHA
<p>Risk Factors MFC</p>	<p>A licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of institutionalization (i.e., hospitalization or nursing facility). The LPHA has submitted written clinical documentation to support the determination.</p>



Level of Care (LOC) HCBS Eligibility Determination Criteria: Medically Fragile Child (MFC) Population

<p>Functional Criteria MFC</p>	<p>Algorithm applied to a subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY)</p>
<p>Financial Criteria MFC</p>	<p>If a child is already Medicaid eligible, then a child meeting LOC MFC target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p> <p>If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting LOC MFC target criteria, risk factors, and functional criteria can be considered for Medicaid eligibility under the Family of One financial criteria.</p>



Level of Care (LOC) HCBS Eligibility Determination Criteria: Developmental Disability and Medically Fragile Child

<p>Target Criteria DD MFC</p>	<ol style="list-style-type: none"> 1. Age 0 through child’s 21st Birthday, and 2. Child has developmental disability as defined by OPWDD which meets one of the criteria a-c as well as criteria d and e. <ol style="list-style-type: none"> a. is attributable to mental retardation, cerebral palsy, epilepsy, neurological impairment or autism; or b. is attributable to any other condition found to be closely related to mental retardation because such condition results in similar impairment of general intellectual functioning or adaptive behavior with mental retardation or requires treatment and services similar to those required for such children; or c. is attributable to dyslexia resulting from a disability described above; and d. has continued or can be expected to continue indefinitely; and e. constitutes a substantial handicap to such child’s ability to function normally in society.
<p>Risk Factors DD MFC</p>	<p>The child must be Medically fragile as demonstrated by a licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of institutionalization (i.e., hospitalization or nursing facility) The LPHA has submitted written clinical documentation to support the determination</p>
<p>Functional Criteria DD MFC</p>	<p>Algorithm applied to a subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY) or Office for People with Developmental Disabilities (OPWDD) Level of Care using the ICF-IDD LOC eligibility tool</p>
<p>Financial Criteria DD MFC</p>	<p>If a child is already Medicaid eligible, then a child meeting LOC MFC target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p> <p>If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting LOC MFC target criteria, risk factors, and functional criteria can be considered for Medicaid eligibility under the Family of One financial criteria.</p> <p>Note: Children with DD and not meeting these target criteria and risk factors would be served by the OPWDD HCBS delivery system.</p>

Level of Care (LOC) HCBS Eligibility Determination Criteria: Developmental Disability and Foster Care – July 1, 2018

<p>Target Criteria DD Foster Care</p>	<ol style="list-style-type: none"> 1. Age 0 through child’s 21st Birthday, and 2. Child has developmental disability as defined by OPWDD which meets one of the criteria a-c as well as criteria d and e. <ol style="list-style-type: none"> a. is attributable to mental retardation, cerebral palsy, epilepsy, neurological impairment or autism; or b. is attributable to any other condition found to be closely related to mental retardation because such condition results in similar impairment of general intellectual functioning or adaptive behavior with mental retardation or requires treatment and services similar to those required for such children; or c. is attributable to dyslexia resulting from a disability described above; and d. has continued or can be expected to continue indefinitely; and e. constitutes a substantial handicap to such child’s ability to function normally in society.
<p>Risk Factors DD Foster Care</p>	<p>The child must meet either criteria 1 or 2</p> <ol style="list-style-type: none"> 1. a current Foster Care (FC) child in the care and custody of Local Departments of Social Services (counties and New York City) (LDSS) or a child in the custody of OCFS Division of Juvenile Justice and Opportunities for Youth (DJJOY) or 2. a FC child who enrolled in HCBS originally while in the care and custody (LDSS) or (DJJOY). Once enrolled, eligibility can continue after the child is discharged from LDSS and OCFS DJJOY custody so long as the child continues to meet targeting, risk and functional criteria (no break in coverage permitted). This risk factor continues Maintenance of Effort for children up through, but not including, their 21st birthday).
<p>Functional Criteria DD Foster Care</p>	<p>Office for People with Developmental Disabilities (OPWDD) Level of Care using the ICF-IDD LOC eligibility tool</p>
<p>Financial Criteria DD Foster Care</p>	<p>If a child is already eligible for Medicaid (e.g., currently in the care and custody of LDSS/DJJOY or was formerly in the care and custody of LDSS/DJJOY and is eligibility under community Medicaid eligibility rules), then a child meeting LOC DD FC target criteria, risk factors, and functional criteria is eligible to receive HCBS.</p> <p>If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting DD target criteria, risk factors (either medically frail or formerly in the care and custody of LDSS/DJJOY), and HCBS LOC functional criteria can be considered for Medicaid eligibility under the Family of One financial criteria.</p> <p>Note: Children with DD and not meeting these target criteria and risk factors would be served by the OPWDD HCBS delivery system.</p>