

The following document is the Home and Community Based Services (HCBS) Waiver Application for the NYS Office of Mental Health SED Waiver. The effective date is 1/1/14. This material is under discussions with the Federal Centers for Medicare and Medicaid Services (CMS), and therefore subject to updates and revision resulting from these discussions.

Application for a §1915(c) Home and Community-Based Services Waiver

PURPOSE OF THE HCBS WAIVER PROGRAM

The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a State to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization. The State has broad discretion to design its waiver program to address the needs of the waiver's target population. Waiver services complement and/or supplement the services that are available to participants through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide.

The Centers for Medicare & Medicaid Services (CMS) recognizes that the design and operational features of a waiver program will vary depending on the specific needs of the target population, the resources available to the State, service delivery system structure, State goals and objectives, and other factors. A State has the latitude to design a waiver program that is cost-effective and employs a variety of service delivery approaches, including participant direction of services.

Request for a Renewal to a §1915(c) Home and Community-Based Services Waiver

1. Major Changes

Describe any significant changes to the approved waiver that are being made in this renewal application:

A. Correction to the 2009-2013 Waiver Application, in J-2 Derivation of Estimates (5 of 9). Recently discovered errors that had been made in the calculations for the current waiver explain the discrepancy between the actual expenditures and the projections because the projections had been based on the percentage of slots instead of the percentage of unique users. Correcting the Fixed projections with three changes, i.e. by basing them on percentage of unique users projected, adding \$208 to each month's ICC rate, which had not originally been included, to account for flexible service dollars, and adding COLAs that had not been included, more closely approximates the actual expenditures for this period. Calculations can be provided if requested.

3. The definition of "Serious Emotional Disturbance" is changed to the following functional definition to be consistent with ALL other OMH licensed or funded programs:

Serious emotional disturbance means a child or adolescent has a designated mental illness diagnosis according to the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) AND has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis. The functional limitations must be moderate in at least two of the following areas or severe in at least one of the following areas:

- i) ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries); or
- ii) family life (e.g. capacity to live in a family or family like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting); or
- iii) social relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or
- iv) self-direction/self-control (e.g. ability to sustain focused attention for a long enough period of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability); or
- v) ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).

2. The SED Waiver assessment tool, the Child and Adolescent Needs and Strength - Mental Health (CANS-MH) has been replaced by the CANS-NY, a multi-system CANS that is now utilized by OMH child serving providers as well as by the OCFS Bridges to Health Waivers.

2. New Services

The following three new services are being added after considerable input from the OMH Transitional Age Youth/Young Adult Workgroup, OMH Innovative Vocational Programs providers, ACCESS-VR, OCFS Bridges to Health Waivers, OMH Field Coordinators, Parent Advisors, Youth Power-NYS and Youth Peer Advocates in New York City, Long Island and Albany.

Prevocational services are individually designed to prepare a youth, age 14 or older with severe disabilities, to engage in paid work, volunteer work or career exploration. Prevocational services are not job-specific, but rather are geared toward facilitating success in any work environment for children whose disabilities do not permit them access to other prevocational services.

This service may be delivered in a one-to-one session or in a group setting. Prevocational services are structured around teaching concepts such as compliance, attendance, task completion, problem solving, and safety based on a specific curriculum related to youth with disabilities. In addition, prevocational services assist with exploring career options, facilitating appropriate work habits, acceptable job behaviors, and learning job production requirements. This service may be provided in the community or a worksite (where the waiver participant's work rate if any, is generally less than 50 percent of the minimum wage or the prevailing wage) to introduce the participant to the world of work.

Supported Employment

Supported employment services are individually designed to prepare children with severe disabilities age 14 or older to engage in paid work, volunteer work or career exploration. Supported employment services provide assistance to waiver participants with severe disabilities as they perform in a work setting.

This service may only be provided in an individual, one-to-one session. Supported employment services may be provided in a variety of settings, particularly work sites, and include the following:

- supervision and training;
- intensive ongoing support;
- transportation to and from the job site;
- interface with employers regarding the child's disability(ies) and needs related to his or her healthcare issue(s);
- other activities needed to sustain paid work (e.g., employment assessment, job placement, adaptive/assistive equipment necessary for employment);
- job finding and development;
- training in work behaviors;
- assessing the interest and fit of a child for particular job opportunities;
- working with employers and job sites preparing them to make necessary and reasonable accommodations;
- on-site support for the child as they learn specific job tasks;
- monitoring through on-site observation and through communication with job supervisors and employers.

Waiver Youth Peer Advocate

The Waiver Youth Peer Advocate (YPA) offers positive youth development-centered services for waiver youth 14 and older, and with younger aged youth when developmentally appropriate, with a resiliency/recovery focus. Waiver YPA Services are designed to:

- promote skills for coping with and managing psychiatric symptoms.
- facilitate using natural resources
- *enhance resiliency/recovery-oriented attitudes such as hope and self-efficacy, and community living skills.

YPA activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. The structured, scheduled activities provided by this service emphasize the opportunity for the YPA to support Waiver youth in the restoration and expansion of the skills and strategies necessary to move forward in meeting their personal, individualized life goals and to support their transitioning into adulthood.

1. Youth Peer Waiver Advocates must meet the qualifications for this Waiver service including specialized training and:

- be an individual 18 to 28 years old who has self-identified as a consumer or survivor of mental health services, special education services or foster care.
- have some high school education (a high school diploma or high school equivalency preferred).
- be willing to work with youth eligible for waiver services.
- be supervised by an individual who meets the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595.
- be cleared by the State Child Abuse Registry and Justice Center requirements.
- complete fingerprinting for a criminal history background clearance, and
- have a valid driver's license (preferred).

2. In addition, the Youth Peer Waiver Advocates must:

- demonstrate that they have an understanding of and are adequately versed in their own recovery.

- demonstrate qualities of leadership, including the knowledge of advocacy, and group development and/or facilitation of peer-to-peer groups or activities.
- be able to use lived experience with a mental illness and/or co-occurring disorder to assist in supporting youth in their resiliency/recovery and wellness.
- have the ability to maintain confidentiality and adherence to Health Insurance Portability & Accountability Act (HIPAA) requirement at all times.
- adhere to deadlines for completion of all required documentation in a timely manner consistent with agency guidelines.

3. Youth Peer Waiver Advocate Responsibilities:

- engage youth through outreach and support. YPA's are part of the initial engagement phase with waiver youth 14 and older and with younger aged youth when developmentally appropriate as well as throughout services. Youth Peer Advocates will engage the youth in a collaborative relationship and meet in community locations where the youth feels most comfortable such as where the youth lives, and socializes.
- promote wellness through modeling.
- provide mutual support, hope, reassurance and advocacy that include sharing one's own "personal recovery story" as the YPA deems appropriate as beneficial to both the youth and them. YPAs may also share their recovery with parents as a means to engage parents and help them "see" youth possibilities for future in a new light.
- connect youth to community resources and services. The YPA may accompany youth to appointments and meetings if requested by the waiver youth for the purpose of mentoring and support.
- help youth develop a network for information and support from others who have been through similar experiences, including locating similar interest programs, peer-run programs, and support groups.
- an Advocate may also facilitate or arrange youth peer resiliency/recovery support groups.
- assist youth in advocating for needed services and benefits and seeking to effectively resolve unmet needs.
- help youth develop self-advocacy skills (i.e. may attend a CSE meeting with the youth and parent, coaching the youth to articulate his educational goals).
- help youth attain roles which emphasize their strengths. Assist youth to accomplish personal life goals including employment, education, leisure, and housing that are fully integrated in a chosen community.
- assist youth with gaining and regaining the ability to make independent choices and assist youth in playing a proactive role in their own treatment (assisting/mentoring them in discussing questions or concerns about medications, diagnoses or treatment approaches with their treating clinician). The YPA will represent the youth perspective to providers and families when required, while guiding the youth to effectively communicate their individual perspective.
- support youth in effectively responding to triggers. When youth's clinician or Intensive In-Home Services staff and others have identified with the youth healthy and effective coping mechanism and/or calming strategies to use when agitated or frustrated, the YPA will support the youth with reminders.
- engage and support youth with their implementation of a personalized wellness plan for physical and behavioral health developed collaboratively by the youth, his clinician and/or ICC.

E. Paperless enrollment process

On March 27, 2013 OMH went to a paperless enrollment and dis-enrollment process:

OMH created a Child Adult Integrated Reporting System (CAIRS)-based enrollment and dis-enrollment process that transmits the data to Operation Support Unit (OSU) via on-line process which eliminates sending any paper documents to OSU. CAIRS-based enrollment and dis-enrollment meets OMH security and HIPAA compliance. OSU notifies the provider if the CIN #, date of birth, social security number, county of Medicaid or county of residence was entered incorrectly.

All paper documents: Transmittal 1 (Transmittal 1 Cover Page, Level of Care, Application, and Financial Information form); Transmittal 2 (Transmittal 2 Cover Page, Initial Service Plan and Medicaid application); and Initial Notice Re. Loss of Waiver Eligibility form are no longer sent to OSU but hard copies are retained by the agency. The information on these forms is now data entered directly into the CAIRS enrollment and dis-enrollment screens. In the case of Dis-enrollments, providers must continue to serve the youth and his/her family through 10-day notice period. The provider termination process required changes and a new notification screen and report was created. Processing of both enrollments and dis-enrollments have been expedited as a result of this new process.

Application for a §1915(c) Home and Community-Based Services Waiver

1. Request Information (1 of 3)

- A. The State of New York requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

B. Program Title (optional - this title will be used to locate this waiver in the finder):

OMH SED Waiver Renewal

C. Type of Request: renewal

Requested Approval Period: (For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.)

3 years 5 years

Original Base Waiver Number: NY.0296

Waiver Number: NY.0296.R04.00

Draft ID: NY.018.04.00

D. Type of Waiver (select only one):

Regular Waiver

E. Proposed Effective Date: (mm/dd/yy)

01/01/14

Request Information (2 of 3)

F. Level(s) of Care. This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid State plan (check each that applies):

Hospital

Select applicable level of care

Hospital as defined in 42 CFR §440.10

If applicable, specify whether the State additionally limits the waiver to subcategories of the hospital level of care:

Inpatient psychiatric facility for individuals age 21 and under as provided in 42 CFR §440.160

Nursing Facility

Select applicable level of care

Nursing Facility as defined in 42 CFR §§440.40 and 42 CFR §§440.155

If applicable, specify whether the State additionally limits the waiver to subcategories of the nursing facility level of care:

Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150)

If applicable, specify whether the State additionally limits the waiver to subcategories of the ICF/IID level of care:

Request Information (3 of 3)

G. Concurrent Operation with Other Programs. This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

Not applicable

Applicable

Check the applicable authority or authorities:

Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I

Waiver(s) authorized under §1915(b) of the Act.

Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

Specify the §1915(b) authorities under which this program operates (check each that applies):

- §1915(b)(1) (mandated enrollment to managed care)
- §1915(b)(2) (central broker)
- §1915(b)(3) (employ cost savings to furnish additional services)
- §1915(b)(4) (selective contracting/limit number of providers)
- A program operated under §1932(a) of the Act.
Specify the nature of the State Plan benefit and indicate whether the State Plan Amendment has been submitted or previously approved:
- A program authorized under §1915(i) of the Act.
- A program authorized under §1915(j) of the Act.
- A program authorized under §1115 of the Act.
Specify the program:

H. Dual Eligibility for Medicaid and Medicare.

Check if applicable:

- This waiver provides services for individuals who are eligible for both Medicare and Medicaid.

2. Brief Waiver Description

Brief Waiver Description. *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.

New York State's Home and Community Services Based Waiver for Children and Adolescents with Serious Emotional Disturbance (0296.90.R2) provides a community alternative for children with complex mental health needs who otherwise would require institutionalization. The waiver is administered by the NYS Department of Health (DOH) and operated by the NYS Office of Mental Health (OMH).

The goals of the HCBS Waiver include:

- * serving children with complex health or mental health needs in their homes and communities,
- * decreasing the need for placements in psychiatric inpatient levels of care, including Residential Treatment Facilities,
- * increasing the array of Medicaid reimbursable community-based services available to these children/adolescents and their families,
- * using a culturally sensitive, individualized, strength-based approach to build resiliency, assist achieving age related developmental tasks and promote emotional well-being,
- * providing services and supports specifically needed by each unique family to develop the ability to care for their child in their home in a supportive environment,
- * offering children and families a choice of providers, when possible;
- * providing services that promote better outcomes that are also cost-effective, and
- * demonstrating an integrated model of partnership with the family, treatment provider, waiver services and natural supports that are involved with the child and family.

As the single State Medicaid agency, the DOH delegates the operation of the waiver to OMH through a Memorandum of Understanding, while retaining ultimate administrative oversight and fiscal accountability for the Waiver. The OMH contracts with a network of Individualized Care Coordination agencies throughout the state. Each ICC Agency is an Organized Health Care Delivery System(OHCDS) and is responsible for: developing and administering a network of HCBS Waiver service providers; hiring, supervising and training the Individualized Care Coordinators (ICC); coordinating, evaluating and documenting all the services the child and family receive under the HCBS Waiver; being the primary biller of Medicaid HCBS Waiver services; ensuring collaboration with treatment providers; monitoring the costs associated with each child's care; fulfilling program reporting requirements.

In consultation with the respective county Departments of Mental Health, ICC agencies ensure that a network of service providers is available and accessible to enrolled children and adolescents, which includes recruiting additional providers if a required service is not available or accessible.

County Departments of Mental Health are responsible for: determining the individual's need for the Waiver level of care through initial and annual evaluations, and reviewing initial service plans and budgets. The counties assist the ICC agencies in monitoring the waiver costs.

Service delivery is both traditional and non-traditional. Each child must have Individual Care Coordination, the ongoing point of engagement for child and family, for case management and overseeing the delivery of the other eight services through development and oversight of culturally relevant, strength-based, individualized service plans that compliment the psychiatric treatment and support that the child and family are receiving from their treatment provider. The remaining eight services, respite, family support, skill building, intensive in-home, crisis response, youth peer advocate (new), pre-vocational services (new) and supportive employment (new) are provided directly by the waiver program or by subcontracted providers, either in the child's home or in the community.

3. Components of the Waiver Request

The waiver application consists of the following components. *Note: Item 3-E must be completed.*

- A. **Waiver Administration and Operation.** Appendix A specifies the administrative and operational structure of this waiver.
- B. **Participant Access and Eligibility.** Appendix B specifies the target group(s) of individuals who are served in this waiver, the number of participants that the State expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.
- C. **Participant Services.** Appendix C specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.
- D. **Participant-Centered Service Planning and Delivery.** Appendix D specifies the procedures and methods that the State uses to develop, implement and monitor the participant-centered service plan (of care).
- E. **Participant-Direction of Services.** When the State provides for participant direction of services, Appendix E specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):

- Yes. This waiver provides participant direction opportunities.** *Appendix E is required.*
 - No. This waiver does not provide participant direction opportunities.** *Appendix E is not required.*
- F. **Participant Rights.** Appendix F specifies how the State informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.
- G. **Participant Safeguards.** Appendix G describes the safeguards that the State has established to assure the health and welfare of waiver participants in specified areas.
- H. **Quality Improvement Strategy.** Appendix H contains the Quality Improvement Strategy for this waiver.
- I. **Financial Accountability.** Appendix I describes the methods by which the State makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.
- J. **Cost-Neutrality Demonstration.** Appendix J contains the State's demonstration that the waiver is cost-neutral.

4. Waiver(s) Requested

- A. **Comparability.** The State requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in Appendix C that are not otherwise available under the approved Medicaid State plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in Appendix B.
- B. **Income and Resources for the Medically Needy.** Indicate whether the State requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy (*select one*):
 - Not Applicable
 - No

Yes

C. **Statewideness.** Indicate whether the State requests a waiver of the statewideness requirements in §1902(a)(1) of the Act (*select one*):

No

Yes

If yes, specify the waiver of statewideness that is requested (*check each that applies*):

Geographic Limitation. A waiver of statewideness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the State.

Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:

The HCBS Waiver is available in 61 of New York State's 62 counties.

The Waiver does not operate in Oneida County which has a "look alike" program, Kids Oneida.

Limited Implementation of Participant-Direction. A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the State. Participants who reside in these areas may elect to direct their services as provided by the State or receive comparable services through the service delivery methods that are in effect elsewhere in the State.

Specify the areas of the State affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:

5. Assurances

In accordance with 42 CFR §441.302, the State provides the following assurances to CMS:

- A. Health & Welfare:** The State assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:
1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;
 2. Assurance that the standards of any State licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The State assures that these requirements are met on the date that the services are furnished; and,
 3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable State standards for board and care facilities as specified in **Appendix C**.
- B. Financial Accountability.** The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.
- C. Evaluation of Need:** The State assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community-based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.
- D. Choice of Alternatives:** The State assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:
1. Informed of any feasible alternatives under the waiver; and,
 2. Given the choice of either institutional or home and community-based waiver services. **Appendix B** specifies the procedures that the State employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.

- E. Average Per Capita Expenditures:** The State assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid State plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.
- F. Actual Total Expenditures:** The State assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the State's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.
- G. Institutionalization Absent Waiver:** The State assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.
- H. Reporting:** The State assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid State plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.
- I. Habilitation Services.** The State assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.
- J. Services for Individuals with Chronic Mental Illness.** The State assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the State has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the State has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

5. Additional Requirements

Note: Item 6-I must be completed.

- A. Service Plan.** In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including State plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.
- B. Inpatients.** In accordance with 42 CFR §441.301(b)(1)(ii), waiver services are not furnished to individuals who are in-patients of a hospital, nursing facility or ICF/IID.
- C. Room and Board.** In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the State that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.
- D. Access to Services.** The State does not limit or restrict participant access to waiver services except as provided in **Appendix C**.
- E. Free Choice of Provider.** In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the State has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.
- F. FFP Limitation.** In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule

for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

- G. Fair Hearing:** The State provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals: (a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the State's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.
- H. Quality Improvement.** The State operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the State assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The State further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the State will implement the Quality Improvement Strategy specified in **Appendix H**.
- I. Public Input.** Describe how the State secures public input into the development of the waiver:
When the Waiver was initiated, several focus groups were utilized in developing the waiver and its services. Annually, families and children enrolled in the Waiver participate in satisfaction surveys, namely, the Family Assessment of Care Survey and the Youth Assessment of Care Survey. OMH aggregates data from these surveys by agency, region, and statewide. Individual provider reports are available to the general public on the OMH Kids Portal. Trends of significance that impact on Waiver delivery of services and outcomes are addressed with the OMH Regional Field Coordinators and the individual agencies, as needed, and corrective actions are taken.

OMH continues to solicit feedback from waiver providers, parent advisors and county directors of mental health departments, who participate in the annual ICC site reviews, regarding their concerns and recommendations to improve the quality of the HCBS Waiver. Previously, based upon input from providers regarding difficulty in recruiting staff to work as Individualized Care Coordinators, a technical amendment was submitted to CMS to broaden qualifying experience for ICC's. Additionally, providers recommended that small group settings would be beneficial if utilized with waiver children for such services as Respite and Skill Building Services. Again a technical amendment was submitted and approved by CMS to enhance the services offered through the waiver.

In addition, OMH meets on a regular and on-going basis with the NYS Coalition for Children's Mental Health, a service organization promoting children's mental health services in New York State. OMH solicits their input in making rate reform for the waiver services as well as inquiring about their concerns and recommendations for strengthening the waiver.

- J. Notice to Tribal Governments.** The State assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.
- K. Limited English Proficient Persons.** The State assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the State assures meaningful access to waiver services by Limited English Proficient persons.

7. Contact Person(s)

- A.** The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

Last Name:

Smith

First Name:

Priscilla

Title:

Medical Assistance Specialist III

Agency: NYS Department of Health

Address: One Commerce Plaza, Suite 720

Address 2:

City: Albany

State: New York

Zip: 12210

Phone: (518) 408-4807 **Ext:** **TTY**

Fax: (518) 473-5508

E-mail: pxs07@health.state.ny.us

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

Last Name: Hook

First Name: Gary

Title: Mental Health Program Specialist III

Agency: NYS Office of Mental Health

Address: 44 Holland Avenue

Address 2:

City: Albany

State: New York

Zip: 12229

Phone: (518) 474-8395 **Ext:** **TTY**

Fax:

(518) 473-4335

E-mail:

Gary.Hook@omh.ny.gov

8. Authorizing Signature

This document, together with Appendices A through J, constitutes the State's request for a waiver under §1915(c) of the Social Security Act. The State assures that all materials referenced in this waiver application (including standards, licensure and certification requirements) are *readily* available in print or electronic form upon request to CMS through the Medicaid agency or, if applicable, from the operating agency specified in Appendix A. Any proposed changes to the waiver will be submitted by the Medicaid agency to CMS in the form of waiver amendments.

Upon approval by CMS, the waiver application serves as the State's authority to provide home and community-based waiver services to the specified target groups. The State attests that it will abide by all provisions of the approved waiver and will continuously operate the waiver in accordance with the assurances specified in Section 5 and the additional requirements specified in Section 6 of the request.

Signature: Anoka Gray-Jung

State Medicaid Director or Designee

Submission Date: Sep 30, 2013

Note: The Signature and Submission Date fields will be automatically completed when the State Medicaid Director submits the application.

Last Name: Helgerson

First Name: Jason

Title: Medicaid Director

Agency: New York State Department of Health

Address: 99 Washington Avenue

Address 2: Suite 1211

City: Albany

State: New York

Zip: 12210

Phone: (518) 474-3018 Ext: TTY

Fax: (518) 486-1346

E-mail:

Attachments

jah23@health.state.ny.us

Attachment #1: Transition Plan

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

- Replacing an approved waiver with this waiver.
- Combining waivers.
- Splitting one waiver into two waivers.
- Eliminating a service.
- Adding or decreasing an individual cost limit pertaining to eligibility.
- Adding or decreasing limits to a service or a set of services, as specified in Appendix C.
- Reducing the unduplicated count of participants (Factor C).
- Adding new, or decreasing, a limitation on the number of participants served at any point in time.
- Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.
- Making any changes that could result in reduced services to participants.

Specify the transition plan for the waiver:

Does not apply.

Attachment #2: Home and Community-Based Settings Waiver Transition Plan

Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.

Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.

To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.

Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.

Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.

Additional Needed Information (Optional)

Provide additional needed information for the waiver (optional):

Appendix A: Waiver Administration and Operation

1. State Line of Authority for Waiver Operation. Specify the state line of authority for the operation of the waiver (*select one*):

- The waiver is operated by the State Medicaid agency.

Specify the Medicaid agency division/unit that has line authority for the operation of the waiver program (*select one*):

The Medical Assistance Unit.

Specify the unit name:

*(Do not complete item A-2)***Another division/unit within the State Medicaid agency that is separate from the Medical Assistance Unit.**

Specify the division/unit name. This includes administrations/divisions under the umbrella agency that has been identified as the Single State Medicaid Agency.

(Complete item A-2-a).

- The waiver is operated by a separate agency of the State that is not a division/unit of the Medicaid agency.**

Specify the division/unit name:

New York State Office of Mental Health (OMH)

In accordance with 42 CFR §431.10, the Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. The interagency agreement or memorandum of understanding that sets forth the authority and arrangements for this policy is available through the Medicaid agency to CMS upon request. *(Complete item A-2-b).*

Appendix A: Waiver Administration and Operation

2. Oversight of Performance.

- a. Medicaid Director Oversight of Performance When the Waiver is Operated by another Division/Unit within the State Medicaid Agency.** When the waiver is operated by another division/administration within the umbrella agency designated as the Single State Medicaid Agency. Specify (a) the functions performed by that division/administration (i.e., the Developmental Disabilities Administration within the Single State Medicaid Agency), (b) the document utilized to outline the roles and responsibilities related to waiver operation, and (c) the methods that are employed by the designated State Medicaid Director (in some instances, the head of umbrella agency) in the oversight of these activities:

As indicated in section 1 of this appendix, the waiver is not operated by another division/unit within the State Medicaid agency. Thus this section does not need to be completed.

- b. Medicaid Agency Oversight of Operating Agency Performance.** When the waiver is not operated by the Medicaid agency, specify the functions that are expressly delegated through a memorandum of understanding (MOU) or other written document, and indicate the frequency of review and update for that document. Specify the methods that the Medicaid agency uses to ensure that the operating agency performs its assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify the frequency of Medicaid agency assessment of operating agency performance:

The New York State Department of Health (DOH) is the Single State Medicaid agency in New York State and as such has oversight responsibility for the supervision of the Medicaid Assistance Program under Title XIX of the Social Security Act. DOH administrative authority includes the administrative oversight of Home and Community Based Services (HCBS) Waiver programs, including the OMH SED Waiver to ensure that the assurances are met. Administration of the OMH SED Waiver is delegated to OMH via a Cooperative Agreement and Memorandum of Understanding (MOU) between DOH and OMH. The MOU is reviewed and updated on an as-needed basis and upon renewal of the waiver.

The Memorandum of Understanding between DOH and OMH sets forth the following functions for each party. DOH is: to participate in an interagency workgroup; to provide opportunity for a fair hearing; to submit all reports and technical amendments to CMS; to review Plans of Care and advise OMH of the results; to provide monthly adjudicated claims data to OMH; to provide information and directives regarding Medicaid and the waiver to Social Service Districts; to ensure determination of Medicaid eligibility of waiver participants; to enroll waiver providers; to

set forth systems and processes appropriate for provider enrollment; to allow billing and to edit for appropriate billing.

OMH is: to participate in an interagency workgroup; to ensure determination of a waiver applicant's waiver eligibility; to provide evaluation and re-evaluation of the need for inpatient care in conjunction with the Local Government Unit (LGU); to ensure that ICC and LGU participate in any fair hearing; to submit to DOH significant changes in the program; to supervise the ICC's; to use client and provider specific information to fulfill the fiscal requirements of program design; to provide DOH with proposed correspondence to ICC's regarding policy, service providers and Medicaid billing; to track and coordinate activities of the waiver and Medicaid eligibility, and to issue Notices of Decision.

DOH and OMH have collaborated in the design and implementation of various, multi-faceted systems to assure financial accountability in accordance with the methodology specified in the Waiver Agreement: to prepare and submit various reports according to federal requirements, that are also used for state budget purposes; to address any financial irregularities as appropriate; to ensure that participant claims are coded and paid in accordance with the waiver reimbursement methodology; to reflect the evolution of program and services by revising the Medicaid Management Information System (MMIS), also known as eMedNY; and to make billing documentation available to providers as required and to update providers on correct billing practices.

As part of the Single State Medicaid Agency oversight, DOH State Plan/Waiver Management Unit reviews a statewide, statistically representative random sample of individualized service plans (ISPs) each year. The sample is drawn from the population of children served by the waiver during the calendar year. Results of the DOH review are reported back to OMH and are submitted to CMS with the 372 reports. The review focuses on timeliness (dates), authorization (signatures), fiscal accountability (services vs. billing), on health and welfare (medical documentation, safety plans) and appropriate need/service integration. Individualized Service Plans (ISPs) are thoroughly reviewed to assure services billed for are included & documented in the ISP, coded and paid per waiver reimbursement methodology, OMH policy, and acceptable Medicaid billing practices. Frequent communication and collaboration between OMH and DOH address issues as they arise throughout the review process. The DOH review process validates that claims are coded and paid in accordance with reimbursement methodology specified in the waiver agreement.

DOH's review results are reported to OMH Central Office staff. Plans of corrective action (POCAs) for deficiencies discovered through the DOH case review are sent directly to DOH by the respective ICC agencies. When these POCAs are accepted the details are transmitted to the OMH field staff to verify implementation during their site visits. The DOH also reports trends observed in the results to OMH and to CMS through the annual 372 narratives. DOH and OMH each examine an independent statistically representative sample of cases for each waiver year. OMH reviews a random sample of cases at each ICC agency while the DOH reviews a random statewide sample. OMH central office staff and field staff, together with parent representatives and a member of the local governmental unit (LGU), make annual site visits to all ICC agencies, and pull a representative sample of active and discharged case files from each ICC to review. For ICC agencies operating in more than one county, the sample includes cases from each county in which the agency operates. All waiver participant files are held by their respective ICC agency. The OMH review is primarily program oriented and is utilized to evaluate service plans as well as to verify eligibility (LOC) and provider qualification (contracts, sub-contractors), improve service provision (needs in service plans), ensure client health and welfare, and to correct deficiencies found with the individual ICC agency's operation of the Waiver program. Deficiencies in the OMH sample are also reported to DOH and ICC agencies send POCAs to DOH for approval. The results of this corrective action review is also returned to OMH field staff for verification that the plans are implemented.

Appendix A: Waiver Administration and Operation

3. **Use of Contracted Entities.** Specify whether contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable) (*select one*):

Yes. Contracted entities perform waiver operational and administrative functions on behalf of the Medicaid agency and/or operating agency (if applicable).

Specify the types of contracted entities and briefly describe the functions that they perform. *Complete Items A-5 and A-6.*

No. Contracted entities do not perform waiver operational and administrative functions on behalf of the Medicaid agency and/or the operating agency (if applicable).

Appendix A: Waiver Administration and Operation

4. **Role of Local/Regional Non-State Entities.** Indicate whether local or regional non-state entities perform waiver operational and administrative functions and, if so, specify the type of entity (*Select One*):

Not applicable

- Applicable** - Local/regional non-state agencies perform waiver operational and administrative functions.

Check each that applies:

- Local/Regional non-state public agencies** perform waiver operational and administrative functions at the local or regional level. There is an **interagency agreement or memorandum of understanding** between the State and these agencies that sets forth responsibilities and performance requirements for these agencies that is available through the Medicaid agency.

Specify the nature of these agencies and complete items A-5 and A-6:

NYS OMH enters into a Confidentiality Agreement among the NYS OMH, NYS DOH and the local governmental unit (LGU), i.e. the county department of mental health, to support the Medicaid data exchange application for purposes of administering the HCBS Waiver for SED children and adolescents. This assures the Department that the recipient-specific identifiable information disclosed by DOH to OMH and the LGU will be accorded proper confidential treatment under the Health Insurance Portability and Accountability Act (HIPAA).

The Local Government Unit's responsibilities include:

- * the development of the HCBS Waiver primary provider and provider network (ICC Agencies and subcontractors).
 - * co-monitoring of network provider performance including attention to the cultural competency of workers.
- Continued recruitment to increase the provider network, thereby providing additional choices to families;
- * completion of initial Level of Care determinations and Result of Screening letter to parents;
 - * Annual Level of Care recertifications, as well as any periodic recertifications if a child's ability to remain in the community when a lengthy inpatient stay is in question;
 - * Initial Service Plan and Service Plan Budget approval;
 - * provision of consultation on continued eligibility of children admitted for psychiatric inpatient stays;
 - * monitoring of ICC Agency performance; making recommendations regarding the Plan of Corrective Action or termination of a contract, if deemed necessary;
 - * monitoring of ICC Agency fiscal performance through review of financial management reports provided by OMH;
 - * monitoring of the subcontractor network performance, including making recommendations to OMH regarding decertification of subcontractors if deemed necessary; all such requests to OMH must be written and include documentation of reasons for recommended action;
 - * negotiation of the contract between ICC Agency, Local DSS, and LGU for foster care population enrolled in HCBS Waiver; and
 - * notifying OMH Division of Children and Family Services of primary and secondary LOC signatories.
- Local/Regional non-governmental non-state entities** conduct waiver operational and administrative functions at the local or regional level. There is a contract between the Medicaid agency and/or the operating agency (when authorized by the Medicaid agency) and each local/regional non-state entity that sets forth the responsibilities and performance requirements of the local/regional entity. The **contract(s)** under which private entities conduct waiver operational functions are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Specify the nature of these entities and complete items A-5 and A-6:

Waiver services are provided by Organized Health Care Delivery Systems (OHCDS) which are local or regional not-for-profit agencies. These agencies (referred to as Individualized Care Coordination (ICC) agencies) provide individualized care coordination (case management) and may provide some or all of the other waiver services. In addition, the ICC agencies also subcontract with other child serving agencies to provide the remaining eight Waiver services and to allow for participant choice in providers. The size of the 31 ICC agencies varies greatly across the State. All of the agencies maintain other mental health programs in addition to the HCBS Waiver, including licensed programs such as outpatient clinics, community residences, and residential treatment

facilities. Some of the agencies are dually licensed by the NYS OMH and the NYS Office of Children and Family Services. Currently the waiver is provided in every county in NYS except for Oneida County which operates a look-alike program, "Kids Oneida". Each local not-for-profit lead Waiver provider (ICC agency) completes a contract annually with the OMH that outlines programmatic and fiscal responsibilities. Contracts require review and approval by OMH, the NYS Attorney General's Office and the NYS Office of the State Comptroller. (Note: ICC agencies' responsibilities are delineated in the section of this document called Main - Program Description.)

The role of DOH in this process involves contracting with the ICC provider agency and properly entering the provider into the eMedNY system so that it may bill and be reimbursed for the services it provides. On an annual basis, or more frequently if warranted, OMH monitors the ICC provider agencies for their contracts with the subcontractors they employ as part of the OHCDS. The ICC must be properly entered into the eMedNY system in order to bill for the services that it provides. The approved OMH Children's Waiver providers are required to comply with the standards specific to the 1915 (c) waiver for children with serious emotional disturbance contained within their contract with OMH.

Waiver provider agencies must also sign a Medicaid DOH Provider enrollment agreement with the New York State DOH. On July 26, 2006, Chapter 442 of the Laws of 2006 was signed granting permanent status to the New York State Office of the Medicaid Inspector General (OMIG). Pursuant to 18NYSRR 504 the OMIG is responsible for the oversight of all Medicaid programs in New York State including the OMH waiver. The claims for federal financial participation for these waiver services are subject to the same policies and procedures that the DOH uses to claim federal financial participation for all other Medicaid services through the eMedNY system. This MMIS system prevents inappropriate billing such as claims for children in the waiver are edited against billing claims for those children who are institutionalized. When inappropriate billing is discovered either through an OMIG or DOH review, the oversight agency requests a recoupment.

The responsibilities of the OMIG include, among other responsibilities, the Medicaid audit function. Upon completion of each audit, final audit reports are written, disclosing deficiencies pertaining to the claiming, record keeping and provision of service. These final audit reports are sent to the provider with a copy to DOH. At any time OMIG, DOH and/or OMH may trigger a financial audit if areas of concern are identified.

Appendix A: Waiver Administration and Operation

- 5. Responsibility for Assessment of Performance of Contracted and/or Local/Regional Non-State Entities.** Specify the state agency or agencies responsible for assessing the performance of contracted and/or local/regional non-state entities in conducting waiver operational and administrative functions:

The OMH Central Office Waiver program administrators and OMH Field Coordinators have responsibility for assessing the performance of these entities.

OMH has five (5) regional offices - Long Island Region, New York City Region, Hudson River Region, Central New York Region and Western New York Region. Each regional office has a Children's Division Field Coordinator who maintains regular and on-going communication with the Directors/Commissioners of each county Department of Mental Health, providing technical assistance and problem solving as needed.

The DOH maintains administrative oversight and financial responsibility for the waiver through the annual representative sample of Individualized Service Plans, which are reviewed for participant eligibility, level of care, waiver and provider choice, health and welfare, services provided in accordance with identified needs as to type, intensity and frequency, and that provided services are appropriately documented and billed. The DOH Financial Management Group (FMG) monitors financial aspects of the waiver program through their various reports to CMS and reviewing the 372 reports.

Appendix A: Waiver Administration and Operation

- 6. Assessment Methods and Frequency.** Describe the methods that are used to assess the performance of contracted and/or local/regional non-state entities to ensure that they perform assigned waiver operational and administrative functions in accordance with waiver requirements. Also specify how frequently the performance of contracted and/or local/regional non-state entities is assessed:

OMH Central Office Waiver administrators in conjunction with other OMH divisions (i.e., Operations Support Unit, IT, Community Budget, Counsel's Office, etc.) assess the performance of the ICC agencies and LGU's participation in a variety of ways. OMH conducts annual site visits at each ICC agency to assess the agencies' performance through a review of a

random sample of case records as well as agency records for worker qualifications, critical incidents, complaint process and family satisfaction. Each OMH Field Coordinator maintains on-going communication with, provides technical assistance to, and conducts an annual site visit at each ICC agency in their region in conjunction with the OMH regional Parent Advisor.

The DOH, through its annual representative sample of service plans (ISP's) checks for signatures and timeliness of assessments, as well as for LGU review and sign off on initial service plan budgets and level of care certifications. DOH requires plans of corrective action for deficiencies and OMH field staff verify their implementation. The DOH reports the aggregate results of its review to OMH. The DOH FMG monitors funds spent on the waiver.

Additionally performance is evaluated through Parent Assessment of Care and Youth Assessment of Care Surveys. ICC agency administrative reports, ICC agency quarterly and semi-annual reports, fiscal and program data entered on the OMH electronic data collection system (CAIRS) including subcontractor reports and through Medicaid expenditure reports.

The summary of OMH findings from their program assessment activities are provided to the DOH in the annual 372 narrative.

Appendix A: Waiver Administration and Operation

7. **Distribution of Waiver Operational and Administrative Functions.** In the following table, specify the entity or entities that have responsibility for conducting each of the waiver operational and administrative functions listed (*check each that applies*): In accordance with 42 CFR §431.10, when the Medicaid agency does not directly conduct a function, it supervises the performance of the function and establishes and/or approves policies that affect the function. All functions not performed directly by the Medicaid agency must be delegated in writing and monitored by the Medicaid Agency. *Note: More than one box may be checked per item. Ensure that Medicaid is checked when the Single State Medicaid Agency (1) conducts the function directly; (2) supervises the delegated function; and/or (3) establishes and/or approves policies related to the function.*

Function	Medicaid Agency	Other State Operating Agency	Local Non-State Entity
Participant waiver enrollment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Waiver enrollment managed against approved limits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Waiver expenditures managed against approved levels	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Level of care evaluation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Review of Participant service plans	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prior authorization of waiver services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Utilization management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Qualified provider enrollment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Execution of Medicaid provider agreements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Establishment of a statewide rate methodology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rules, policies, procedures and information development governing the waiver program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Quality assurance and quality improvement activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Appendix A: Waiver Administration and Operation

Quality Improvement: Administrative Authority of the Single State Medicaid Agency

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. **Methods for Discovery: Administrative Authority**

The Medicaid Agency retains ultimate administrative authority and responsibility for the operation of the waiver program by exercising oversight of the performance of waiver functions by other state and local/regional non-state agencies (if appropriate) and contracted entities.

i. Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Performance measures for administrative authority should not duplicate measures found in other appendices of the waiver application. As necessary and applicable, performance measures should focus on:

- Uniformity of development/execution of provider agreements throughout all geographic areas covered by the waiver
- Equitable distribution of waiver openings in all geographic areas covered by the waiver
- Compliance with HCB settings requirements and other new regulatory components (for waiver actions submitted on or after March 17, 2014)

Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

A.a.i.2. Number and percentage of operating agency's narrative (372) summary reports received annually that are reviewed out of all summary reports received. DOH will review the aggregated performance measure reports, including trends, remediation efforts and system improvements generated by the operating agency.

Data Source (Select one):

Other

If 'Other' is selected, specify:

372 narrative reports from operating agency

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = _____
<input type="checkbox"/> Other Specify: _____	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: _____
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: _____
	<input type="checkbox"/> Other Specify: _____	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

A.a.i.1. DOH will continue to track meetings regarding the SED waiver (dates and meeting minutes and next steps from meetings with operating agency)incorporating the key QA measures pertaining to the six waiver assurances.

Data Source (Select one):

Meeting minutes

If 'Other' is selected, specify:

Excel Waiver communications database

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input checked="" type="checkbox"/> Other Specify: Semi-annually	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: Bi-weekly

Performance Measure:

A.a.i.4. Number of policies and procedures that are reviewed and approved by the Medicaid agency out of total number of policies and procedures submitted by the Operating Agency during the review year.

Data Source (Select one):

Other

If 'Other' is selected, specify:

Review of all Technical Amendments

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

A.a.i.5. Number of Plans of Corrective Action (POCA) required and received over the total number of Service Plan cases reviewed by the Medicaid agency. POCA's are required when the service plan does not meet standards.

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input checked="" type="checkbox"/> Other Specify: ICC agencies	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

A.a.i.3. Number and Percentage of Service Plans reviewed annually out of total number of active waiver cases during the review year.

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

	<input style="width: 90%; height: 30px;" type="text"/>	
--	--	--

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input style="width: 100%; height: 30px;" type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input style="width: 100%; height: 30px;" type="text"/>

ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible. Both OMH and the NYS Department of Health complete annual audits of a sample of case records. DOH reviews a sample consisting of a statistically significant statewide random sample of ISPs from the total HCBS Waiver caseload. OMH reviews one case record for each ICC, a 17% sample. The ICC agencies provide copies of case records as requested by the DOH. OMH conducts a case record review as part of its annual on-site reviews. Both OMH and DOH require Plans of Corrective Action for deficiencies. DOH indicates corrective actions noted and forwards it to OMH Central Office Waiver administrators who notify the ICC agencies of findings. Waiver providers then complete a plan of corrective action and send to DOH. Waiver providers complete a POCA and send to their OMH Field Coordinator within 30 days of receipt of the annual OMH site visit findings. Each ICC Agency completes the Corrective Action Plan using the OMH format and submits it to either OMH or DOH. Technical assistance is provided as necessary. Plans of Corrective Action are reviewed for addressing systemic issues as well as individual issues. POCAs that do not adequately address the systemic or individual issue are returned for revision. A copy of the corrective action plans are sent to OMH so that the Regional Field Coordinators during the next annual OMH site visit can verify that the corrective actions for both the OMH and DOH case record audits have been implemented.

b. Methods for Remediation/Fixing Individual Problems

i. Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

Problems regarding the health and safety of waiver children, or financial errors are addressed whenever discovered in the DOH ISP review process through communication with OMH Central Office staff who then contact the respective ICC agency. Other issues discovered in the ISP review are addressed as indicated in the previous section A.a.ii. OMH addresses problems discovered in its annual site visits with the agency and requires plans of corrective action as appropriate. The DOH and OMH are in frequent, almost daily contact to address urgent problems as they arise.

DOH initiates annual meetings with all parties involved in the OMH SED Waiver including those responsible for program, financial, systems, legal, eligibility and general oversight in order to share information, to identify issues of concern and promote solutions. The meetings help simplify processes by eliminating unnecessary steps, identifying contact persons and increase understanding of the contributions each area makes to the entire program.

ii. **Remediation Data Aggregation**

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: _____	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: _____

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Administrative Authority that are currently non-operational.

No

Yes

Please provide a detailed strategy for assuring Administrative Authority, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Beginning in 2014, DOH will initiate the "kick-off" annual meeting for the new 5 year waiver period with all DOH and OMH staff involved with the children with serious emotional disturbance HCBS Waiver. The biannual meetings of this group have been reduced to annual meetings, but other forms of communication have increased - subgroup meetings, emails and conference calls.

Starting in 2014, DOH will review all OMH provider POCAs for approval.

Appendix B: Participant Access and Eligibility

B-1: Specification of the Waiver Target Group(s)

a. Target Group(s). Under the waiver of Section 1902(a)(10)(B) of the Act, the State limits waiver services to one or more groups or subgroups of individuals. Please see the instruction manual for specifics regarding age limits. *In accordance with 42 CFR §441.301(b)(6), select one or more waiver target groups, check each of the subgroups in the selected target group(s) that may receive services under the waiver, and specify the minimum and maximum (if any) age of individuals served in each subgroup:*

Target Group	Included	Target SubGroup	Minimum Age	Maximum Age	
				Maximum Age Limit	No Maximum Age Limit
<input type="checkbox"/> Aged or Disabled, or Both - General					
	<input type="checkbox"/>	Aged			<input type="checkbox"/>
	<input type="checkbox"/>	Disabled (Physical)			<input type="checkbox"/>
	<input type="checkbox"/>	Disabled (Other)			<input type="checkbox"/>
<input type="checkbox"/> Aged or Disabled, or Both - Specific Recognized Subgroups					
	<input type="checkbox"/>	Brain Injury			<input type="checkbox"/>
	<input type="checkbox"/>	HIV/AIDS			<input type="checkbox"/>
	<input type="checkbox"/>	Medically Fragile			<input type="checkbox"/>

Target Group	Included	Target SubGroup	Minimum Age	Maximum Age	
				Maximum Age Limit	No Maximum Age Limit
	<input type="checkbox"/>	Technology Dependent			<input type="checkbox"/>
<input type="checkbox"/> Intellectual Disability or Developmental Disability, or Both					
	<input type="checkbox"/>	Autism			<input type="checkbox"/>
	<input type="checkbox"/>	Developmental Disability			<input type="checkbox"/>
	<input type="checkbox"/>	Intellectual Disability			<input type="checkbox"/>
<input type="checkbox"/> Mental Illness					
	<input type="checkbox"/>	Mental Illness			
	<input checked="" type="checkbox"/>	Serious Emotional Disturbance	5	21	

b. Additional Criteria. The State further specifies its target group(s) as follows:

The target population for the HCBS Waiver is children and adolescents:

with serious emotional disturbance;

* between the ages of 5 and 17 years (prior to 18th birthday);(Children must be under 18 years of age for entry into the waiver. However, once a child is in the waiver, he/she may remain in the waiver until his/her 21st. birthday.)

* who are not married;

* who demonstrate complex health and/or mental health needs;

* who require institutional level of care;

* who are at imminent risk of admission to an institutional level of care or have a need for continued hospitalization;

* whose service and support needs cannot be met by just one agency/system;

* who are capable of being cared for in the home and/or community if services are provided; and

* have a consistent living environment with parents/guardians who are able and willing to participate in the HCBS Waiver and support their child in the home and community.

"Serious emotional disturbance among children and adolescents" is defined by OMH as:

Serious emotional disturbance means a child or adolescent has a designated mental illness diagnosis according to the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) AND has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis. The functional limitations must be moderate in at least two of the following areas or severe in at least one of the following areas:

(i) ability to care for self (e.g. personal hygiene; obtaining and eating food; dressing; avoiding injuries); or

(ii) family life (e.g. capacity to live in a family or family like environment; relationships with parents or substitute parents, siblings and other relatives; behavior in family setting); or

(iii) social relationships (e.g. establishing and maintaining friendships; interpersonal interactions with peers, neighbors and other adults; social skills; compliance with social norms; play and appropriate use of leisure time); or

(iv) self-direction/self-control (e.g. ability to sustain focused attention for a long enough period of time to permit completion of age-appropriate tasks; behavioral self-control; appropriate judgment and value systems; decision-making ability); or

(v) ability to learn (e.g. school achievement and attendance; receptive and expressive language; relationships with teachers; behavior in school).

c. Transition of Individuals Affected by Maximum Age Limitation. When there is a maximum age limit that applies to individuals who may be served in the waiver, describe the transition planning procedures that are undertaken on behalf of participants affected by the age limit (*select one*):

Not applicable. There is no maximum age limit

The following transition planning procedures are employed for participants who will reach the waiver's maximum age limit.

Specify:

HCBS Waiver participants aging out by virtue of reaching their 21st birthday are transitioned into the adult mental health system as needed by referring them to the Single Point of Access/Entry into the adult system in each county.

Appendix B: Participant Access and Eligibility

B-2: Individual Cost Limit (1 of 2)

- a. **Individual Cost Limit.** The following individual cost limit applies when determining whether to deny home and community-based services or entrance to the waiver to an otherwise eligible individual (*select one*). Please note that a State may have only ONE individual cost limit for the purposes of determining eligibility for the waiver:

No Cost Limit. The State does not apply an individual cost limit. *Do not complete Item B-2-b or item B-2-c.*

Cost Limit in Excess of Institutional Costs. The State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed the cost of a level of care specified for the waiver up to an amount specified by the State. *Complete Items B-2-b and B-2-c.*

The limit specified by the State is (*select one*)

A level higher than 100% of the institutional average.

Specify the percentage: _____

Other

Specify: _____

Institutional Cost Limit. Pursuant to 42 CFR 441.301(a)(3), the State refuses entrance to the waiver to any otherwise eligible individual when the State reasonably expects that the cost of the home and community-based services furnished to that individual would exceed 100% of the cost of the level of care specified for the waiver. *Complete Items B-2-b and B-2-c.*

Cost Limit Lower Than Institutional Costs. The State refuses entrance to the waiver to any otherwise qualified individual when the State reasonably expects that the cost of home and community-based services furnished to that individual would exceed the following amount specified by the State that is less than the cost of a level of care specified for the waiver.

Specify the basis of the limit, including evidence that the limit is sufficient to assure the health and welfare of waiver participants. Complete Items B-2-b and B-2-c.

The cost limit specified by the State is (*select one*):

The following dollar amount:

Specify dollar amount: _____

The dollar amount (*select one*)

Is adjusted each year that the waiver is in effect by applying the following formula:

Specify the formula: _____

May be adjusted during the period the waiver is in effect. The State will submit a waiver amendment to CMS to adjust the dollar amount.

The following percentage that is less than 100% of the institutional average:

Specify percent:

Other:

Specify:

Appendix B: Participant Access and Eligibility

B-2: Individual Cost Limit (2 of 2)

Answers provided in Appendix B-2-a indicate that you do not need to complete this section.

b. **Method of Implementation of the Individual Cost Limit.** When an individual cost limit is specified in Item B-2-a, specify the procedures that are followed to determine in advance of waiver entrance that the individual's health and welfare can be assured within the cost limit:

c. **Participant Safeguards.** When the State specifies an individual cost limit in Item B-2-a and there is a change in the participant's condition or circumstances post-entrance to the waiver that requires the provision of services in an amount that exceeds the cost limit in order to assure the participant's health and welfare, the State has established the following safeguards to avoid an adverse impact on the participant (*check each that applies*):

- The participant is referred to another waiver that can accommodate the individual's needs.
- Additional services in excess of the individual cost limit may be authorized.

Specify the procedures for authorizing additional services, including the amount that may be authorized:

Other safeguard(s)

Specify:

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (1 of 4)

a. **Unduplicated Number of Participants.** The following table specifies the maximum number of unduplicated participants who are served in each year that the waiver is in effect. The State will submit a waiver amendment to CMS to modify the number of participants specified for any year(s), including when a modification is necessary due to legislative appropriation or another reason. The number of unduplicated participants specified in this table is basis for the cost-neutrality calculations in Appendix J:

Table: B-3-a

Waiver Year	Unduplicated Number of Participants
-------------	-------------------------------------

Waiver Year	Unduplicated Number of Participants
Year 1	2995
Year 2	3085
Year 3	3178
Year 4	3274
Year 5	3373

- b. **Limitation on the Number of Participants Served at Any Point in Time.** Consistent with the unduplicated number of participants specified in Item B-3-a, the State may limit to a lesser number the number of participants who will be served at any point in time during a waiver year. Indicate whether the State limits the number of participants in this way: *(select one)*:
- The State does not limit the number of participants that it serves at any point in time during a waiver year.
 - The State limits the number of participants that it serves at any point in time during a waiver year.

The limit that applies to each year of the waiver period is specified in the following table:

Table: B-3-b

Waiver Year	Maximum Number of Participants Served At Any Point During the Year
Year 1	1779
Year 2	1832
Year 3	1887
Year 4	1944
Year 5	2002

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (2 of 4)

- c. **Reserved Waiver Capacity.** The State may reserve a portion of the participant capacity of the waiver for specified purposes (e.g., provide for the community transition of institutionalized persons or furnish waiver services to individuals experiencing a crisis) subject to CMS review and approval. The State *(select one)*:
- Not applicable. The state does not reserve capacity.
 - The State reserves capacity for the following purpose(s).

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served (3 of 4)

- d. **Scheduled Phase-In or Phase-Out.** Within a waiver year, the State may make the number of participants who are served subject to a phase-in or phase-out schedule *(select one)*:
- The waiver is not subject to a phase-in or a phase-out schedule.
 - The waiver is subject to a phase-in or phase-out schedule that is included in Attachment #1 to Appendix B-3. This schedule constitutes an intra-year limitation on the number of participants who are served in the waiver.
- e. **Allocation of Waiver Capacity.**

Select one:

- Waiver capacity is allocated/managed on a statewide basis.
- Waiver capacity is allocated to local/regional non-state entities.

Specify: (a) the entities to which waiver capacity is allocated; (b) the methodology that is used to allocate capacity and how often the methodology is reevaluated; and, (c) policies for the reallocation of unused capacity among local/regional non-state entities:

In each HCBS Waiver county, an agency, or agencies, is designated to serve as the coordinating, lead waiver entity. This agency is referred to as the "Individualized Care Coordinating" (ICC) Agency. A county may have more than one ICC Agency. Each ICC Agency may serve more than one county. OMH allocates waiver slots by county. The primary goal of expansion of the waiver has been to offer the waiver in all counties with the exception of Oneida County (which has a "look alike" program, Kids Oneida) across the state and secondarily to standardize caseload sizes to a 1:6 ratio with one Individualized Care Coordinator for every 6 waiver children. The tertiary goal has been to expand the waiver based upon the population of seriously emotionally disturbed children. The CY 2008 expansion of 180 slots was allocated to urban areas with larger numbers of SED children and adolescents. Re-evaluation occurs with each expansion and is an alignment of the county's percentage of youth population to waiver slot allocation. Reallocation of unused capacity is rarely an issue. The policy for this is to allow the county with unused capacity to loan its unused slots to a neighboring county served by the same ICC agency on a temporary basis.

f. Selection of Entrants to the Waiver. Specify the policies that apply to the selection of individuals for entrance to the waiver:

The SPOA - Single Point of Access in each county provides initial intake and screening of referrals, determines the appropriate service level, and assures that Waiver clinical enrollment criteria are met. To achieve this, the SPOA completes the initial Child Assessment of Needs and Strengths - New York (CANS-NY) rating instrument for Waiver applicants. The SPOA assures that if no Waiver slots are available, the applicant's needs are managed through other services until there is an opening in the waiver. Once referred to an ICC agency, the ICC agency is responsible for ensuring that the child is eligible under the Waiver.

Appendix B: Participant Access and Eligibility

B-3: Number of Individuals Served - Attachment #1 (4 of 4)

Answers provided in Appendix B-3-d indicate that you do not need to complete this section.

Appendix B: Participant Access and Eligibility

B-4: Eligibility Groups Served in the Waiver

a.

1. State Classification. The State is a (*select one*):

- §1634 State
- SSI Criteria State
- 209(b) State

2. Miller Trust State.

Indicate whether the State is a Miller Trust State (*select one*):

- No
- Yes

b. Medicaid Eligibility Groups Served in the Waiver. Individuals who receive services under this waiver are eligible under the following eligibility groups contained in the State plan. The State applies all applicable federal financial participation limits under the plan. *Check all that apply*:

Eligibility Groups Served in the Waiver (excluding the special home and community-based waiver group under 42 CFR §435.217)

- Low income families with children as provided in §1931 of the Act
- SSI recipients
- Aged, blind or disabled in 209(b) states who are eligible under 42 CFR §435.121
- Optional State supplement recipients
- Optional categorically needy aged and/or disabled individuals who have income at:

Select one:

- 100% of the Federal poverty level (FPL)
- % of FPL, which is lower than 100% of FPL.

Specify percentage:

- Working individuals with disabilities who buy into Medicaid (BBA working disabled group as provided in §1902(a)(10)(A)(ii)(XIII) of the Act)
- Working individuals with disabilities who buy into Medicaid (TWWIIA Basic Coverage Group as provided in §1902(a)(10)(A)(ii)(XV) of the Act)
- Working individuals with disabilities who buy into Medicaid (TWWIIA Medical Improvement Coverage Group as provided in §1902(a)(10)(A)(ii)(XVI) of the Act)
- Disabled individuals age 18 or younger who would require an institutional level of care (TEFRA 134 eligibility group as provided in §1902(e)(3) of the Act)
- Medically needy in 209(b) States (42 CFR §435.330)
- Medically needy in 1634 States and SSI Criteria States (42 CFR §435.320, §435.322 and §435.324)
- Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver)

Specify:

Children who qualify under 1902(a)(10)(A)(i)(VI) of the Social Security Act (children who have attained one year of age but have not attained six years of age), children who qualify under 1902(a)(10)(A)(i)(VII) (children who have attained six years of age but who have not attained 19 years of age), and children who qualify under 1902(e)(12) of the Act (continuous coverage for children).

The waiver also includes children who qualify under 1902(a)(10)(A)(ii)(VIII) of the Act (State adoption assistance for children with special needs), and children under 1902(a)(10)(A)(i)(I) of the Act (children for whom an adoption agreement is in effect or foster care maintenance payments are being made under Title IV-E of the Act).

Also included are children who were using SSI on August 22, 1996 and whose SSI was discontinued due to the change in disability criteria as enacted by Section 211(a) of the PRWORA. Under the BBA of 1997, these children are deemed to be receiving SSI if they continue to meet the income and resource requirements for SSI(1902)(a)(10)(A)(i)(II)). Disabled Adult Child (DAC) beneficiaries who are eligible under 1634(c) of the Act also qualify under this waiver.

Special home and community-based waiver group under 42 CFR §435.217 Note: When the special home and community-based waiver group under 42 CFR §435.217 is included, Appendix B-5 must be completed

- No. The State does not furnish waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217. Appendix B-5 is not submitted.
- Yes. The State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217.

Select one and complete Appendix B-5.

- All individuals in the special home and community-based waiver group under 42 CFR §435.217
- Only the following groups of individuals in the special home and community-based waiver group under 42 CFR §435.217

Check each that applies:

A special income level equal to:

Select one:

- 300% of the SSI Federal Benefit Rate (FBR)
 A percentage of FBR, which is lower than 300% (42 CFR §435.236)

Specify percentage:

- A dollar amount which is lower than 300%.

Specify dollar amount:

- Aged, blind and disabled individuals who meet requirements that are more restrictive than the SSI program (42 CFR §435.121)
 Medically needy without spenddown in States which also provide Medicaid to recipients of SSI (42 CFR §435.320, §435.322 and §435.324)
 Medically needy without spend down in 209(b) States (42 CFR §435.330)
 Aged and disabled individuals who have income at:

Select one:

- 100% of FPL
 % of FPL, which is lower than 100%.

Specify percentage amount:

- Other specified groups (include only statutory/regulatory reference to reflect the additional groups in the State plan that may receive services under this waiver)

Specify:

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (1 of 7)

In accordance with 42 CFR §441.303(e), Appendix B-5 must be completed when the State furnishes waiver services to individuals in the special home and community-based waiver group under 42 CFR §435.217, as indicated in Appendix B-4. Post-eligibility applies only to the 42 CFR §435.217 group.

- a. **Use of Spousal Impoverishment Rules.** Indicate whether spousal impoverishment rules are used to determine eligibility for the special home and community-based waiver group under 42 CFR §435.217:

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-5: Post-Eligibility Treatment of Income (2 of 7)

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.

- b. **Regular Post-Eligibility Treatment of Income: SSI State.**

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility**B-5: Post-Eligibility Treatment of Income (3 of 7)**

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.

c. Regular Post-Eligibility Treatment of Income: 209(B) State.

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility**B-5: Post-Eligibility Treatment of Income (4 of 7)**

Note: The following selections apply for the time periods before January 1, 2014 or after December 31, 2018.

d. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules

The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care if it determines the individual's eligibility under §1924 of the Act. There is deducted from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the State Medicaid Plan. The State must also protect amounts for incurred expenses for medical or remedial care (as specified below).

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility**B-5: Post-Eligibility Treatment of Income (5 of 7)**

Note: The following selections apply for the five-year period beginning January 1, 2014.

e. Regular Post-Eligibility Treatment of Income: §1634 State - 2014 through 2018.

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility**B-5: Post-Eligibility Treatment of Income (6 of 7)**

Note: The following selections apply for the five-year period beginning January 1, 2014.

f. Regular Post-Eligibility Treatment of Income: 209(B) State - 2014 through 2018.

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility**B-5: Post-Eligibility Treatment of Income (7 of 7)**

Note: The following selections apply for the five-year period beginning January 1, 2014.

g. Post-Eligibility Treatment of Income Using Spousal Impoverishment Rules - 2014 through 2018.

The State uses the post-eligibility rules of §1924(d) of the Act (spousal impoverishment protection) to determine the contribution of a participant with a community spouse toward the cost of home and community-based care. There is deducted

from the participant's monthly income a personal needs allowance (as specified below), a community spouse's allowance and a family allowance as specified in the State Medicaid Plan. The State must also protect amounts for incurred expenses for medical or remedial care (as specified below).

Answers provided in Appendix B-4 indicate that you do not need to submit Appendix B-5 and therefore this section is not visible.

Appendix B: Participant Access and Eligibility

B-6: Evaluation/Reevaluation of Level of Care

As specified in 42 CFR §441.302(c), the State provides for an evaluation (and periodic reevaluations) of the need for the level(s) of care specified for this waiver, when there is a reasonable indication that an individual may need such services in the near future (one month or less), but for the availability of home and community-based waiver services.

- a. **Reasonable Indication of Need for Services.** In order for an individual to be determined to need waiver services, an individual must require: (a) the provision of at least one waiver service, as documented in the service plan, and (b) the provision of waiver services at least monthly or, if the need for services is less than monthly, the participant requires regular monthly monitoring which must be documented in the service plan. Specify the State's policies concerning the reasonable indication of the need for services:

i. **Minimum number of services.**

The minimum number of waiver services (one or more) that an individual must require in order to be determined to need waiver services is: 1

- ii. **Frequency of services.** The State requires (select one):

- The provision of waiver services at least monthly**
 Monthly monitoring of the individual when services are furnished on a less than monthly basis

If the State also requires a minimum frequency for the provision of waiver services other than monthly (e.g., quarterly), specify the frequency:

- b. **Responsibility for Performing Evaluations and Reevaluations.** Level of care evaluations and reevaluations are performed (select one):

- Directly by the Medicaid agency**
 By the operating agency specified in Appendix A
 By an entity under contract with the Medicaid agency.

Specify the entity:

- Other**
Specify:

The determination of clinical eligibility for the Waiver (i.e. the Level of Care (LOC) determination) is made by a team of two clinicians. One member of the team must be the LGU or a representative designated by the Local Government Unit (LGU). Both signatories must meet the following qualifications: The signatory must be a psychiatrist, psychologist, registered nurse or nurse practitioner licensed in NYS, Licensed Master Social Worker, Clinical Social Worker or Certified Social Worker with a minimum of three years experience serving children or adolescents with serious emotional disturbance.

If the LGU or someone the LGU selects does not meet this criteria, the LGU must request an exemption from this requirement in writing from the OMH Central Office. Copies of such exemptions are maintained at OMH Central Office. An example of a situation which could be approved for exemption would be a social worker with a master's in

social work who is not licensed but has the prerequisite years of experience. Another example would be an individual who does not meet the above academic criteria but who does have a bachelor's degree in human services and five years serving children or adolescents with serious emotional disturbance.

- c. **Qualifications of Individuals Performing Initial Evaluation:** Per 42 CFR §441.303(c)(1), specify the educational/professional qualifications of individuals who perform the initial evaluation of level of care for waiver applicants:

The determination of clinical eligibility for the Waiver (i.e. the Level of Care (LOC) determinations) is made by a team of two clinicians. One member must be the LGU or his/her designee. Both members of the team must meet the following qualifications or request an exemption as defined in the following paragraph: The signatory must be a psychiatrist, psychologist, registered nurse or nurse practitioner licensed in NYS, Licensed Master Social Worker, Clinical Social Worker or Certified Social Worker with a minimum of three years experience serving children or adolescents with serious emotional disturbance.

Both members must meet the above criteria; however, if there are extenuating circumstances whereby one member does not meet the above criteria, the LGU must make a request to OMH central office in writing and an exemption may be granted by OMH. Copies of such exemptions are maintained at OMH Central Office. An example of a situation which could be approved for exemption would be a social worker with a master's in social work who is not licensed but has the prerequisite years of experience. Another example would be an individual who does not meet the above academic criteria but who does have a bachelor's degree in human services and five years serving children or adolescents with serious emotional disturbance.

- d. **Level of Care Criteria.** Fully specify the level of care criteria that are used to evaluate and reevaluate whether an individual needs services through the waiver and that serve as the basis of the State's level of care instrument/tool. Specify the level of care instrument/tool that is employed. State laws, regulations, and policies concerning level of care criteria and the level of care instrument/tool are available to CMS upon request through the Medicaid agency or the operating agency (if applicable), including the instrument/tool utilized.

Criteria:

The child's age is between 5 and 18 years of age. The child is unmarried.

The child meets the definition for Serious Emotional Disturbance.

The child demonstrates complex health or mental health care needs (relies on Mental Health care, nursing care, monitoring, or prescribed medical or Mental Health therapy in order to maintain quality of life). Receives (or appears to need to receive) medical or Mental Health therapies, care or treatments: that are designed to replace or compensate for a vital functional limitation or to avert an immediate threat to life; and are expected to extend beyond 12 months.

The child appears to be capable of being cared for in the community if provided access to, but not limited to, the following services: Individualized Care Coordination, Intensive In-Home Services, Respite Care, Skill Building Services, Family Support Services, Crisis Response Services, Youth Peer Support, Pre-Vocational Services and Supportive Employment.

The child appears to have service and support needs that cannot be met by one agency/system. The child appears to have a consistent living environment with parents/guardians who are able and willing to participate in the Home /Community Based Services Waiver and support the child in the home and community.

In addition, the child:

Currently resides in an institutional placement, including a hospital as defined in subdivision 10 of section 1.03 of MHL, and has resided in such a hospital for at least 180 consecutive days, or

Had resided in an institutional placement, including a hospital as defined in subdivision 10 of section 1.03 of MHL, within the past 6 months and was hospitalized for at least 30 consecutive days, or

Is eligible for institutional placement, including a hospital as defined in subdivision 10 of section 1.03 of MHL, which provides intermediate or long-term care and treatment, or

Has applied for institutional placement, including a hospital as defined in subdivision 10 of section 1.03 of MHL, which provides intermediate or long-term care and treatment or

* SPOA has determined, in the absence of HCBS waiver services, the child would require hospital level of care.

- e. **Level of Care Instrument(s).** Per 42 CFR §441.303(c)(2), indicate whether the instrument/tool used to evaluate level of care for the waiver differs from the instrument/tool used to evaluate institutional level of care (*select one*):

The same instrument is used in determining the level of care for the waiver and for institutional care under the State Plan.

- A different instrument is used to determine the level of care for the waiver than for institutional care under the State plan.**

Describe how and why this instrument differs from the form used to evaluate institutional level of care and explain how the outcome of the determination is reliable, valid, and fully comparable.

The LOC form for the Waiver is unique in that in addition to criteria required for RTF and hospitalizations, the Waiver candidate must appear to be capable of being cared for in the community if provided access to appropriate waiver and state plan services. Additionally, the child must appear to have service and support needs that cannot be met by one agency/system; and the child must appear to have a consistent living environment with parents/guardians who are able and willing to participate in the Home and Community Based Services Waiver and will support the child in the home and community.

The Waiver LOC utilizes an assessment instrument, usually the CANS-NY, conducted by the SPOA to assist in determining needs for this level of care. Comparable assessment instruments, usually the Child and Adolescent Needs and Strengths-New York assessment (CANS-NY), are conducted by ICC agencies for enrolled Waiver children at 30 days, every 6 months thereafter, as needed per significant changes and at disenrollment. Progress by the child is monitored in part through these and demonstrates appropriateness of referral to the Waiver through the LOC determination. Most SPOA's use the CANS-NY for all referred children needing either Waiver or residential treatment facility level of care.

Referrals for a RTF-Residential Treatment Facility are first processed through the Single Point of Access in the county of origin. If a child requires the services of a RTF as determined by the SPOA, then the Pre-Admission Certification Committee (PACC) located in each of the five OMH regions processes and reviews the child for possible RTF placement. (**note: In NYC, referrals are reviewed by either a Local Governmental Unit representative or SPOA).

A referral through the PACC is not required for the waiver. Referrals are processed through the Single Point of Access (SPOA) in the county of origin. SPOA utilizes the CANS-NY for referral to waiver. RTF referrals do not utilize CANS-NY.

- f. Process for Level of Care Evaluation/Reevaluation:** Per 42 CFR §441.303(c)(1), describe the process for evaluating waiver applicants for their need for the level of care under the waiver. If the reevaluation process differs from the evaluation process, describe the differences:

Level of Care re-determination utilizes the same criteria as the initial LOC determination.

- g. Reevaluation Schedule.** Per 42 CFR §441.303(c)(4), reevaluations of the level of care required by a participant are conducted no less frequently than annually according to the following schedule (*select one*):

Every three months

Every six months

Every twelve months

Other schedule

Specify the other schedule:

- h. Qualifications of Individuals Who Perform Reevaluations.** Specify the qualifications of individuals who perform reevaluations (*select one*):

The qualifications of individuals who perform reevaluations are the same as individuals who perform initial evaluations.

The qualifications are different.

Specify the qualifications:

- i. Procedures to Ensure Timely Reevaluations.** Per 42 CFR §441.303(c)(4), specify the procedures that the State employs to ensure timely reevaluations of level of care (*specify*):

Waiver providers enter data into the Child and Adult Integrated Reporting System (CAIRS) which provides a screen pop-up one month prior to expiration date of the level of care as a reminder to providers that an updated Level of Care form is needed. In addition, site visits which review timeliness of redeterminations are conducted by OMH at each ICC agency annually, where indicated, corrective actions are required and findings are aggregated.

- j. **Maintenance of Evaluation/Reevaluation Records.** Per 42 CFR §441.303(c)(3), the State assures that written and/or electronically retrievable documentation of all evaluations and reevaluations are maintained for a minimum period of 3 years as required in 45 CFR §92.42. Specify the location(s) where records of evaluations and reevaluations of level of care are maintained:

The original Level of Care and annual re-determination of the LOC are maintained in the waiver child's case record which is kept by the Individualized Care Coordinating Agency.

Appendix B: Evaluation/Reevaluation of Level of Care

Quality Improvement: Level of Care

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Level of Care Assurance/Sub-assurances

The state demonstrates that it implements the processes and instrument(s) specified in its approved waiver for evaluating/reevaluating an applicant's/waiver participant's level of care consistent with level of care provided in a hospital, NF or ICF/IID.

i. Sub-Assurances:

- a. *Sub-assurance: An evaluation for LOC is provided to all applicants for whom there is reasonable indication that services may be needed in the future.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

B.a.i.a.1. Percent of initial Level of Care (LOC) dates electronically sent to OMH Operation Support Unit (OSU) prior to a child's enrollment in the waiver, over all initial LOCs for children enrolled in the waiver during the review year.

Data Source (Select one):

Operating agency performance monitoring

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>

<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: semi-annually

Performance Measure:

B.a.i.a.2. Percentage of initial LOC's completed on approved NYS OMH forms reviewed by OMH during annual site visits out of all initial LOCs reviewed for the review year.

Data Source (Select one):

Operating agency performance monitoring

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =

<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: semi-annually

- b. *Sub-assurance: The levels of care of enrolled participants are reevaluated at least annually or as specified in the approved waiver.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

B.a.i.b.2. Percent of LOC recertifications completed annually in each of the two independent samples out of all ISPs reviewed in each sample.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Record reviews, off-site

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

B.a.i.b.1. Percentage of LOC recertifications completed with approved signatures (2) out of all LOC recertifications in sample reviewed annually. Both DOH and OMH review this variable in their independent samples of ISPs.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Record reviews, off-site

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
	<input type="checkbox"/> Other Specify:

c. **Sub-assurance:** *The processes and instruments described in the approved waiver are applied appropriately and according to the approved description to determine participant level of care.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

Percentage of LOC recertifications completed on approved NYS OMH forms out of all case records reviewed.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible. As part of the HCBS Waiver enrollment process, Individualized Care Coordination (ICC) agencies must submit the date of the signed initial Level of Care (LOC)electronically to the Office of Mental Health's Operations Support Unit (OSU) as part of the documentation required in order for a child to be eligible to be enrolled in the HCBS Waiver. The date is a required element in CAIRS without which OMH Operations Support Unit (OSU) will not issue a child an enrollment date. OMH Waiver Administrators meet at least semi-annually with OSU to review performance measure outcomes, identify and address problems and trends. Collaboration between OMH Waiver Administrator, OSU and OMH IT resulted in a new paperless enrollment process initiated on March 27, 2013. An annual re-evaluation and the completion of a corresponding Level of Care Recertification is required of all ICC agencies. A site visit is conducted annually at every ICC agency together by OMH Field Coordinators, OMH Parent Advisors and Local Governmental Units (LGU's) using a standardized site visit review protocol that reviews and analyzes a statistically significant representative sample of case records in numerous categories including the presence and accurate completion of LOC re-certifications. Findings are aggregated and analyzed annually by OMH Central Office and results are shared with the NYS Department of Health.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.
Any ICC agency found to have deficiencies in LOC recertifications submits Plans of Corrective Action for review and approval by their respective OMH Field Office. The annual site visits have focused on areas found deficient to ensure plans of corrective action continue to be fully implemented. Citations in this area are aggregated annually and shared with the NYS Department of Health (NYS Medicaid agency). Plans of Corrective Action will now be sent to DOH for acceptance as well.
- ii. **Remediation Data Aggregation**

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party(check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly

Responsible Party <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: _____

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Level of Care that are currently non-operational.

No

Yes

Please provide a detailed strategy for assuring Level of Care, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix B: Participant Access and Eligibility

B-7: Freedom of Choice

Freedom of Choice. As provided in 42 CFR §441.302(d), when an individual is determined to be likely to require a level of care for his waiver, the individual or his or her legal representative is:

- i. informed of any feasible alternatives under the waiver; and*
- ii. given the choice of either institutional or home and community-based services.*

a. Procedures. Specify the State's procedures for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver and allowing these individuals to choose either institutional or waiver services. Identify the form(s) that are employed to document freedom of choice. The form or forms are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

The ICC agency contacts the family to schedule a face-to-face meeting as soon as possible after the Results of Screening letter has been issued and they know that a slot will be opening up. The purpose of this meeting is to begin the formal application and enrollment process.

During the initial face-to-face meeting, the ICC and family must complete the Application to Participate/Freedom of Choice form, the formal application to the HCBS Waiver. Completion/signature of this form starts the formal eligibility determination process which ends with the issuance of a formal Notice of Decision/Rights of Appeal. This form and its contents are required by the federal government as proof that family members are voluntarily choosing the HCBS Waiver as an alternative to institutional level of care. Although it can be word processed and printed on ICC agency letterhead, the content cannot be changed. Forms are available for CMS through the operating agency. A witness of the parent/guardian's and child's signatures is required to attest to the voluntary nature of the signatures.

In terms of choice of services under the Waiver, every child and family, in conjunction with their ICC, completes a Provider Choice form. By doing so the child and family indicate which of the Waiver services, in addition to the required ICC service they want and from whom.

b. Maintenance of Forms. Per 45 CFR §92.42, written copies or electronically retrievable facsimiles of Freedom of Choice forms are maintained for a minimum of three years. Specify the locations where copies of these forms are maintained.

The original Freedom of Choice/Application is kept by the waiver provider in the child's case record and is maintained for a minimum of 7 years.

Appendix B: Participant Access and Eligibility

B-8: Access to Services by Limited English Proficiency Persons

Access to Services by Limited English Proficient Persons. Specify the methods that the State uses to provide meaningful access to the waiver by Limited English Proficient persons in accordance with the Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003):

The Office of Mental Health encourages waiver providers to recruit and hire staff reflective of the cultural, ethnic and language usage of the children and families being served. This data is required in agency administrative reports submitted annually to OMH. These reports are reviewed by both OMH Regional Field Coordinators as well as OMH Central Office. If deficits are noted, the agency is contacted to evaluate their ability to respond to participants with limited English proficiency and corrective actions are determined as needed.

OMH provided periodic workshops at its annual statewide conference addressing cultural competence.

Waiver providers (ICCs) make arrangements to provide interpretation or translation services for waiver participants who require these services. This may be accomplished through a variety of means, including: employing culturally competent, bi-lingual staff, resources from the community (e.g. local colleges), and contracted interpreters. Non-English speaking waiver participants may bring a translator of their choice with them to meetings with waiver providers. However, waiver applicants or participants are not required to bring their own translator, and waiver applicants or participants cannot be denied access to waiver services on the basis of provider's difficulty in obtaining qualified translators.

Appendix C: Participant Services

C-1: Summary of Services Covered (1 of 2)

- a. **Waiver Services Summary.** List the services that are furnished under the waiver in the following table. If case management is not a service under the waiver, complete items C-1-b and C-1-c:

Service Type	Service		
Other Service	Crisis Response Services		
Other Service	Family Support Services		
Other Service	Individualized Care Coordinator (case management)		
Other Service	Intensive In-Home Services		
Other Service	Prevocational Services		
Other Service	Respite Services		
Other Service	Skill Building Services		
Other Service	Supportive Employment Services		
Other Service	Youth Peer Advocate		

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Crisis Response Services

HCBS Taxonomy:

Category 1: **Sub-Category 1:**

Category 2: **Sub-Category 2:**

Category 3: **Sub-Category 3:**

Category 4: **Sub-Category 4:**

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- Service is included in approved waiver. There is no change in service specifications.
- Service is included in approved waiver. The service specifications have been modified.
- Service is not included in the approved waiver.

Service Definition (Scope):

Crisis Response Services Workers perform interventions designed to assist children and families when they are in crisis. These workers provide immediate, short-term interventions until linkages are made with other appropriate services as needed. This may include assessment, consultation, facilitating the safety plan's interventions and referral wherever and whenever necessary on a 24 hour/7 day a week basis.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Crisis Response Services**Provider Category:**

Individual

Provider Type:**Provider Qualifications****License (specify):****Certificate (specify):****Other Standard (specify):**

Crisis Response workers must:

if hired after June '03, have a Master's degree in one of the following fields: audiology, child and family studies, communication disorders, community mental health, counseling, education, nursing, occupational therapy, physical therapy, psychology, recreation, recreation therapy, rehabilitation, social work, sociology, or speech and language pathology, human services, human development, criminal justice or other related degrees, or a NYS Teacher's Certificate, and two years experience providing direct services for children with one or more of the following primary diagnoses: mental illness, mental retardation, alcoholism, chemical dependency or substance abuse

or

a Bachelor's degree in one of the above fields, or a NYS Teacher's Certificate, and four years experience providing direct services, or providing linkage to services, for children with one or more of the following primary diagnoses: mental illness, mental retardation, alcoholism, chemical dependency or substance abuse.

Qualifying experience may be pre- or post- degree. Candidates may qualify by meeting the qualifications for the NYS Intensive Case Manager position.

Crisis Response workers must be affiliated with an OMH-certified provider; be cleared by the State Child Abuse Registry; and complete fingerprinting clearance (if hired after April 1, 2005). They must complete OMH-approved training in the Individualized Care Model; complete training in safety in the community; have training in mental health diagnosis (DSM-IV), suicide assessment, psychopharmacology, crisis intervention techniques, and available community resources.

Verification of Provider Qualifications**Entity Responsible for Verification:**

The OMH Field Coordinator, as part of the annual site visit, reviews Human Resources documents to verify qualifying education and experience of all new staff hired to provide Crisis Response Services as well as documentation of State Child Abuse Registry clearance and fingerprinting clearance. The ICC agencies are responsible for obtaining these clearances and maintaining the documentation. .

Frequency of Verification:

Verification is completed for all newly hired staff to ensure that all educational, experience and training qualifications are met. Any pending training requirement is put into a 30 day Plan of Corrective Action which the Field Coordinator verifies once it is completed.

Appendix C: Participant Services**C-1/C-3: Service Specification**

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Family Support Services

HCBS Taxonomy:

Category 1:

Sub-Category 1:

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- Service is included in approved waiver. There is no change in service specifications.
- Service is included in approved waiver. The service specifications have been modified.
- Service is not included in the approved waiver.

Service Definition (Scope):

Family Support Workers are parents who are raising or have raised a child with mental health concerns and are personally familiar with the associated challenges. FSW's offer the integrity of their experience to the families they serve and are often able to connect with waiver families based on a unique understanding of their circumstances. FSW's have first hand knowledge of the services and supports available in the community. FSW's offer waiver families' activities designed to enhance the family unit, ultimately developing safe, stable, and supportive families who are connected to their communities.

FSW's offer resources, including, but not limited to: education, advocacy and support. FSW's offer information to families on community resources, assist families in connecting to community resources and natural supports, and advocate with the family to access supports, services and activities. FSW's introduce and connect families to community activities which foster family cohesion. These activities, which may be cultural, educational or recreational, are individualized for each family based on their culture, needs, values and preferences and are consistent with the family's income to assure the possibility of continuing the activities post-Waiver. FSW's are also expected to facilitate family/parent support groups. Family support group activities for parents (i.e., monthly meetings, game nights, annual picnics) are provided as a venue for engaging parents with similar experience as a way of assisting in building natural support systems in their communities.

Family Support Services (FSS) are an array of formal and informal services and supports provided to families raising a child who is experiencing social, emotional, developmental and/or behavioral challenges in their home, school, placement, and/or community. FSS activities can consist of engaging the parent/caregiver in activities in the home and community that are designed to address one or more goals on the waiver participant's service plan; assisting parent/caregiver in meeting the needs of the youth through educating, supporting, coaching, modeling and guiding; teaching parent/caregiver how to network/link to community resources and treatment providers; teaching parent/caregiver how to advocate for services and resources to meet the youth's needs; and guiding and supporting linkage to individual, peer/parent support, and self-help groups for parent/caregiver.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
 Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
 Relative
 Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Family Support Services

Provider Category:

Individual

Provider Type:

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Family Support Services workers must:

have some high school education (a high school diploma or G.E.D. is preferred); be at least 18 years of age; have experience working with children (preference given to those with experience working with children with special needs); be a parent or caregiver of a child with a history of emotional or behavioral problems (parent or caregiver is defined as a parent, foster parent or other family member with direct responsibility for the care of a child with a diagnosis of emotional disturbance). OMH Parent/Family Advisors at the OMH Regional Offices assist in recruitment of qualified family support workers); be cleared by the State Child Abuse Registry; and complete fingerprinting for a criminal history background clearance (if hired after April 1, 2005). The same clearance is required of FSS workers as for other waiver service providers. OMH reviews monitors that workers have received clearances in their annual site visits. The ICC agency is responsible for not hiring a person who does not have this State Registry Clearance.

Training:

Family Support Services workers must complete at least fifteen hours of training that is reviewed and approved by the OMH Regional Parent Advisors in principles of wellness and recovery, advocacy, creating support groups, group facilitation skills, basic engagement skills; complete training in the Individualized Care Model (2 to 4 hour course); complete safety in the home and community training as supplied by the ICC agency and be supervised by a *qualified Mental Health staff person. This is defined as a licensed physician, a licensed psychologist, an MSW or CSW, R.N. other professional disciplines which receive the

written approval of the Office of Mental Health, or any individual having education, experience and demonstrated competence (this is defined as Master's or Bachelor's degree in a human services related field, or Associate's degree in a human services related field and three years experience in human services, or a high school diploma and 5 years experience in human services).

Verification of Provider Qualifications

Entity Responsible for Verification:

The OMH Field Coordinator, as part of the annual site visit, reviews documents provided by the sub-contractor or ICC agency to verify qualifying education and experience of all staff hired to provide Family Support Services as documentation of State Child Abuse Registry clearance and fingerprinting clearance. The ICC agencies are responsible for obtaining these clearances and maintaining the documentation..

Frequency of Verification:

Verification is completed for all newly hired staff to ensure that all educational, experience and training qualifications are met. Any pending training requirement is put into a 30 day Plan of Corrective Action which the Field Coordinator verifies once it is completed.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Individualized Care Coordinator (case management)

HCBS Taxonomy:

Category 1:

Sub-Category 1:

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- Service is included in approved waiver. There is no change in service specifications.
- Service is included in approved waiver. The service specifications have been modified.
- Service is not included in the approved waiver.

Service Definition (Scope):

The Individualized Care Coordinator (ICC) is responsible for engaging the child and family in a partnership of shared decision-making and service plan implementation throughout their enrollment in the HCBS Waiver. The ICC ensures and coordinates a comprehensive set of supports, resources and strategies for each child and family. The ICC works closely with outpatient clinics, day treatment programs and other providers to assure that Waiver services and clinical treatment modalities augment each other for optimal outcomes for children and families.

The ICC, the child and family, treatment providers, Waiver subcontractors and natural supports work together on an on-going basis to develop and periodically review individual service plans and treatment plans to ensure coherence between the two plans; to deliver services as indicated in the Individual Service Plan; to coordinate the development and implementation of a safety plan, and to design and coordinate discharge plans.

The ICC is responsible for compliance with Waiver fiscal and program guidelines through all phases of the child's enrollment.

Individualized Care Coordination includes the following components:

engagement of child and family throughout Waiver enrollment; intake and screening - the process of reviewing the referral packet from SPOA; initial assessment of strengths and needs - the preliminary process of assessing a child and family's strengths and needs as a precursor to service plan development (this may include completing an initial CANS if not already completed by the SPOA); on-going assessment and documentation of the child and family's strengths and needs, progress towards achieving goals, and efficacy of delivered services; completion of the Child and Adolescent Needs and Strengths-New York (CANS-NY) 30 days after enrollment, every 180 days thereafter, at discharge and as needed; on-going consultation with treatment providers to reciprocally inform both clinical treatment and Waiver strategies, with physical health care providers, schools and other relevant collateral sources, with the other waiver service providers who are involved in implementing the service plan; development and updating of services plans in partnership with the child and family that are reflective of the child and family's priorities, individualized, strength-based, and related to all life domains, culturally sensitive and relevant, complimentary with any psychiatric treatment received through other providers, focused on developmental tasks, resiliency and wellness, inclusive of safety issues, targeted to address assessment indicators (e.g., CANS), and oriented towards discharge readiness; oversight of all documentation in the case record; development and updating of a Safety Alert Plan with the child and family in collaboration with the treatment provider; coordination and monitoring of Waiver service delivery; discharge and after-care planning; linkage and referral to services and supports as specified in the service plan (this encompasses identifying local resources and services for use during both enrollment and discharge planning, sharing information with the child and family concerning relevant resources and service providers, including local family support programs, advisors and advocates; engaging the child and family in making informed choices; facilitating connection with selected resources and providers; advocacy which includes the process of helping to empower children and families to initiate and sustain interactions that support their overall wellness, interceding on their behalf when necessary to gain access to needed services and supports, and maintenance of the approved HCBS Waiver budget designated for each child.

The training is designed specifically for Individualized Care Coordinators and Intensive In-Home Services Workers, staff that meet with children and families in their home environments. 14 C.A.R.A.T. (Collaborative Action Research and Treatment) is a strength-based training which purpose is to enhance staff ability to work in collaboration with the child, family, and other child-serving systems to develop and individualized each child and family service plan. The plan calls for child-specific, strength-based, culturally relevant, and normative services that will build a healthy interdependence for the family and their community. Utilizing a strengths-based approach allows staff to engage families and children in the service planning in a positive way by looking at what is going well in their lives. It empowers families to take responsibility for the decisions that will impact their children.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

To bill eMedNY the Individualized Care Coordinator (ICC) must have a minimum of 6 contacts with a minimum of 15 minutes duration each, 3 of the contacts must be with the waiver child and 3 can be with collaterals in a given month consisting of at least 21 days of service availability.

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative

Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Individualized Care Coordinator (case management)

Provider Category:

Individual

Provider Type:

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Each ICC must meet the following qualifications:

ICC's must have a Masters degree in one of the following fields: audiology, child and family studies, communication disorders, community mental health, counseling, education, nursing, occupational therapy, physical therapy, psychology, recreation, recreation therapy, rehabilitation, social work, sociology, or speech and language pathology, human services, human development, criminal justice or other related degrees, or a NYS Teacher's Certificate, and two years experience* providing direct services for children with one or more of the following primary diagnoses: mental illness, mental retardation, alcoholism, chemical dependency or substance abuse.

or

a Bachelors degree in one of the above fields, or a NYS Teacher's Certificate, and four years experience* providing direct services, or providing linkage to services, for children with one or more of the following primary diagnoses: mental illness, mental retardation, alcoholism, chemical dependency or substance abuse.

*Qualifying experience may be pre- or post- degree. Candidates may qualify by meeting the qualifications for the NYS Intensive Case Manager position.

Workers hired after 4/1/05 must have completed fingerprinting clearance to ascertain no criminal history. Workers must be cleared through the State Central Child Abuse Register.*Note: If an agency does not have required documentation of fingerprinting and/or State Central Abuse Register clearance, that worker must not be alone with and must be directly supervised during all contacts with Waiver clients until appropriate documentation is received.

ICCs must complete OMH approved training in the Individualized Care Model, receive orientation from their ICC Agency to the Waiver Program and the ICC Agency's policy and procedures, including the staff safety protocols, child abuse identification and reporting, and incident reporting; participate in technical assistance sessions and agency inservices; complete the 14 C.A.R.A.T. training as soon after hire as possible and complete additional training as mandated.

Verification of Provider Qualifications

Entity Responsible for Verification:

As part of annual site visits, OMH Field Coordinators review Human Resources records to verify qualifying education, experience and training requirements for ICC's as well as documentation of State Child Abuse Registry clearance and fingerprinting clearance. The ICC agencies are responsible for obtaining these clearances and maintaining the documentation.

Frequency of Verification:

Verification is completed for all newly hired ICCs to ensure that all educational, experience and training qualifications are met. Any pending training requirement is put into a 30 day Plan of Corrective Action which the Field Coordinator verifies once it is completed.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Intensive In-Home Services

HCBS Taxonomy:

Category 1:

Sub-Category 1:

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- Service is included in approved waiver. There is no change in service specifications.**
- Service is included in approved waiver. The service specifications have been modified.**
- Service is not included in the approved waiver.**

Service Definition (Scope):

The Intensive In-Home (IIH) worker provides services that support the child's social and emotional development and learning. IIH supports the child and family in implementing both the Treatment Plan (from the clinical provider) and the Waiver Service Plan (established by the Waiver program). The IIH worker receives direction from the Individual Care Coordinator who assures the initial and on-going flow of clinical information between the ICC, the treatment provider and the IIH worker. The IIH worker engages the child and family in ways that support the everyday application of treatment methods as described in the child's Treatment Plan and Waiver Service Plan. Specifically, the IIH worker

reinforces desired cognitive and behavioral changes to prevent crises and to support the emotional well-being of the family. As each family is unique, strategies are designed to be sensitive to the culture and values of each individual family and may include: anger management, psycho-education, post crisis de-briefing, re-enforcing the integration of safety plans in the home, parent-child relationship building, teaching parenting skills, providing support in emotional self-regulation in situational contexts including anger management, encouraging supportive sibling relationships with the Waiver child, developing healthy coping mechanisms, making healthy choices, building self-esteem, clarifying identity issues, etc. I/H Services may be provided in the home or in the community for an individual child and or their family.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (*check each that applies*):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (*check each that applies*):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service

Service Name: Intensive In-Home Services

Provider Category:

Individual

Provider Type:

Provider Qualifications

License (*specify*):

Certificate (*specify*):

Other Standard (*specify*):

Intensive In-Home workers must:

if hired after June 2003, have a Masters degree in one of the following fields: audiology, child and family studies, communication disorders, community mental health, counseling, education, nursing, occupational therapy, physical therapy, psychology, recreation, recreation therapy, rehabilitation, social work, sociology, or speech and language pathology, human services, human development, criminal justice or other related degrees, or a NYS Teachers Certificate, and two years experience providing direct services for children with one or more of the following primary diagnoses: mental illness, mental retardation, alcoholism, chemical dependency or substance abuse

or

a Bachelors degree in one of the above fields, or a NYS Teachers Certificate, and four years experience

providing direct services, or providing linkage to services, for children with one or more of the following primary diagnoses: mental illness, mental retardation, alcoholism, chemical dependency or substance abuse. Qualifying experience may be pre- or post- degree. Candidates may qualify by meeting the qualifications for the NYS Intensive Case Manager position.

IIH workers must be cleared by the State Child Abuse Registry; and complete fingerprinting for a criminal history background clearance (if hired after April 1, 2005).

Training:

IIH workers must complete:

14 C.A.R.A.T. curriculum (If the worker has a Masters degree, IIH services may be provided prior to completion of the 14 C.A.R.A.T. training but the worker must complete the training when next offered in the agency's region or as reasonable in other regions) and training in the Individualized Care Model and safety in the community.

Additional training in areas such as working with specific child diagnostic populations, overviews of evidence based practices, child and adolescent developmental stages, substance abuse, trauma, suicide prevention, teaching parenting skills, and stress management techniques is strongly encouraged but not required prior to employment.

Verification of Provider Qualifications

Entity Responsible for Verification:

As part of the annual site visit, OMH Field Coordinators review Human Resources records to verify that education, experience and training qualifications are met as well as documentation of State Child Abuse Registry clearance and fingerprinting clearance. The ICC agencies are responsible for obtaining these clearances and maintaining the documentation..

Frequency of Verification:

Verification is completed for all newly hired staff to ensure that all educational, experience and training qualifications are met. Any pending training requirement is put into a 30 day Plan of Corrective Action which the Field Coordinator verifies once it is completed.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Prevocational Services

HCBS Taxonomy:

Category 1:

Sub-Category 1:

[Dropdown menu]

Category 2:

Sub-Category 2:

[Dropdown menu]

Category 3:

Sub-Category 3:

[Dropdown menu]

Category 4:

Sub-Category 4:

[Dropdown menu]

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

Service is included in approved waiver. There is no change in service specifications.

Service is included in approved waiver. The service specifications have been modified.

Service is not included in the approved waiver.

Service Definition (Scope):

Prevocational services are individually designed to prepare a youth age 14 or older with severe disabilities to engage in paid or volunteer work or explore career options. Prevocational services are not job-specific, but rather are geared toward facilitating success in any work environment for children whose disabilities do not permit them access to other prevocational services.

Services

This service may be delivered in a one-to-one session or in a group setting. Prevocational services are structured around teaching concepts such as compliance, attendance, task completion, problem solving, and safety based on a specific curriculum related to youth with disabilities. In addition, prevocational services assist with exploring career options, facilitating appropriate work habits, acceptable job behaviors, and learning job production requirements. This service may be provided in the community or a worksite (where the waiver participant's work rate is generally less than 50 percent of the minimum wage or the prevailing wage) to introduce the participant to the world of work.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Prevocational Services

Provider Category:

Individual [Dropdown arrow]

Provider Type:

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Pre-Vocational Services staff qualifications:

- be employed by a vocational/employment agency;
- have experience working with transitional age youth or young adults;
- have a Master’s degree and one year of experience or a Bachelor’s degree and two years of experience;
- *complete required training;
- be cleared by the State Child Abuse Registry and Justice Center; and
- complete fingerprinting for a criminal history background clearance (if hired after April 1, 2005).

Verification of Provider Qualifications

Entity Responsible for Verification:

As part of annual site visits, OMH Field Coordinators review Human Resources records to verify qualifying education, experience and training requirements for sub-contractor services including Pre-Vocational Services workers as well as documentation of State Child Abuse Registry clearance and fingerprinting clearance. The ICC agencies are responsible for obtaining these clearances and maintaining the documentation.

Frequency of Verification:

Verification is completed for all newly hired Pre-Vocational Services workers during the annual site visit review to ensure that all educational, experience and training qualifications are met.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Respite Services

HCBS Taxonomy:

Category 1:

Sub-Category 1:

[Dropdown menu]

Category 2:

Sub-Category 2:

[Dropdown menu]

Category 3:

Sub-Category 3:

[Dropdown menu]

Category 4:

Sub-Category 4:

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- Service is included in approved waiver. There is no change in service specifications.
- Service is included in approved waiver. The service specifications have been modified.
- Service is not included in the approved waiver.

Service Definition (Scope):

Respite Workers temporarily care for the Waiver child, on an emergency or planned basis, providing relief from care-giving responsibilities for the family. This eases the on-going stress often experienced by families of children with serious emotional disturbances. Respite Workers supervise the child and engage the child in recreational activities that support his/her constructive interests and abilities. Respite may occur in the child's home, the respite worker's home or in the community with one child or a group, as defined in Waiver Billing Rules, of Waiver children.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
 Service Name: Respite Services

Provider Category:

Provider Type:

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Respite workers must:
 be staff of an OMH-certified Community Residence, including Crisis Residence, which has an OMH Operating Certificate demonstrating compliance with 14 NYCRR 594;
 OR

be a respite worker who:
is at least 18 years of age for daytime and 21 for overnight services; has experience working with children (preference given to those with experience working with children with special needs); has some high school education (a high school diploma or G.E.D. is preferred) and is supervised by an individual who meets the criteria for a "qualified mental health staff person" as found in 14 NYCRR 594 or 14 NYCRR 595; and is cleared by the State Child Abuse Registry; and has completed fingerprinting for a criminal history background clearance (if hired after April 1, 2005).

Training:

Respite workers must complete OMH's Respite Curriculum which includes the Individualized Care Model, unless Respite training requirements were met prior to January 2008. Respite workers who have completed one of the following OMH-approved training curriculum: Rest A Bit, Parenting Skills Training, Model Approach to Partnerships and Parenting (MAAP), Therapeutic Crisis Intervention or alternative OMH approved curriculum and the Individualized Care Model prior to January 2008 are not required to complete the OMH Respite Curriculum.

Respite workers must receive training in safety in the home and community provided through their agency or the ICC agency.

Verification of Provider Qualifications

Entity Responsible for Verification:

As part of the annual site visit OMH Field Coordinators review documents provided by the ICC agency or sub-contractor to verify that qualifying education, experience and training for Respite Workers are met as well as documentation of State Child Abuse Registry clearance and fingerprinting clearance. The ICC agencies are responsible for obtaining these clearances and maintaining the documentation.

Frequency of Verification:

Verification of qualifying education, experience and training requirements occurs for all newly hired Respite workers.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Skill Building Services

HCBS Taxonomy:

Category 1:

Sub-Category 1:

[Dropdown menu]

Category 2:

Sub-Category 2:

[Dropdown menu]

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- Service is included in approved waiver. There is no change in service specifications.
- Service is included in approved waiver. The service specifications have been modified.
- Service is not included in the approved waiver.

Service Definition (Scope):

Skill Builders focus on the developmental stage of the child and work with the child towards achieving age appropriate developmental tasks. In collaboration with the Individual Care Coordinator, they design and provide activities that assist children in developing skills for performing age appropriate tasks needed to live successfully in their homes and communities. Skill Builders help the child to identify current strengths and strategies for acquiring additional desired ones. Activities may support areas such as completing schoolwork, being part of a team, handling money and performing activities of daily living. Skill Builders may work with children or groups of Waiver children on developing specific social skill sets necessary for acceptable social interactions such as how to give and receive complements, how to start a conversation, how to ask for something, and the etiquette of common courtesy, etc. Skill Builders may also work with youth in developing skills for independent living and in accessing vocational skills training. Skill Builders can provide any of their services to an individual child or in a small group with other Waiver children. They may also work with the Waiver child's family, including siblings, in teaching them how to best support the child in maintaining the skill sets.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Skill Building Services

Provider Category:

Provider Type:

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Skill Building Service workers must:

be at least 18 years of age; have experience working with children (preference given to those with experience working with children with special needs); have some high school education (a high school diploma or G.E.D. preferred); be supervised by an individual who meets the criteria for a "qualified mental health staff person" as found in 14 NYCRR 594 or 14 NYCRR 595; be cleared by the State Child Abuse Registry; and complete fingerprinting for a criminal history background clearance (if hired after April 1, 2005).

Training:

Skill Building Services workers must: complete training in the Individualized Care Model (2 to 4 hour course) and have training in skill areas needed by the child and in normal growth and development of children, including developmental tasks associated with various stages of childhood and adolescence; activities for skill development; definition and description of serious emotional disturbance in children and adolescents and associated behaviors; basic engagement skills addressing challenging behaviors, working in a family's home and safety in the community as provided through their agency or the ICC agency.

Verification of Provider Qualifications

Entity Responsible for Verification:

As part of the annual site visit OMH Field Coordinators review documents from the ICC agency or sub-contractor to verify that qualifying education, experience and training for Skill Builders are met as well as documentation of State Child Abuse Registry clearance and fingerprinting clearance. The ICC agencies are responsible for obtaining these clearances and maintaining the documentation.

Frequency of Verification:

Verification of all qualifying education, experience and training requirements occurs for all newly hired Skill Builders.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Supportive Employment Services

HCBS Taxonomy:

Category 1:

Sub-Category 1:

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- Service is included in approved waiver. There is no change in service specifications.
- Service is included in approved waiver. The service specifications have been modified.
- Service is not included in the approved waiver.

Service Definition (Scope):

Supported employment services are individually designed to prepare children with severe disabilities age 14 or older to engage in paid work. Supported employment services provide assistance to waiver participants with severe disabilities as they perform in a work setting.

Services

This service may only be provided in an individual, one-to-one session. Supported employment services may be provided in a variety of settings, particularly work sites.

Supported employment services include the following:

supervision and training

intensive ongoing support

transportation to and from the job site

interface with employers regarding the child's disability(ies) and needs related to his or her healthcare issue(s)

other activities needed to sustain paid work (e.g., employment assessment, job placement,

adaptive/assistive equipment necessary for employment)

job finding and development

training in work behaviors

assessing the interest and fit of a child for particular job opportunities

staff work with employers and job sites preparing them to be able to make necessary and reasonable accommodations;

on-site support for the child as they learn specific job tasks

monitoring through on-site observation through communication with job supervisors and employers.

Pre-vocational and Supported employment providers must be employed by an agency that provides vocational/employment services; have experience working with adolescents and young adults; preferred qualification is to have a Bachelor's degree plus two years' experience, minimum qualification is an Associate's degree plus two years of related experience; and complete required 3-hr Pre-Vocational/Supported Employment training created and facilitated by the Sidney Albert Training and Research Institute (SATRI). SATRI developed the curriculum and facilitates the OCFS B2H pre-vocational and supported employment training. SATRI has a proven track record of curriculum development and a training facilitation within the Waiver community.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:



Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Supportive Employment Services

Provider Category:

Individual

Provider Type:

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Supportive Employment Services staff qualifications:

- be employed by a vocational/employment agency;
- have experience working with transitional age youth or young adults;
- have a Master’s degree and one year of experience or a Bachelor’s degree and two years of experience;
- *complete required training;
- be cleared by the State Child Abuse Registry and Justice Center; and
- complete fingerprinting for a criminal history background clearance (if hired after April 1, 2005).

Verification of Provider Qualifications

Entity Responsible for Verification:

As part of annual site visits, OMH Field Coordinators review Human Resources records to verify qualifying education, experience and training requirements for sub-contractor services including Supportive Employment Services workers as well as documentation of State Child Abuse Registry clearance and fingerprinting clearance. The ICC agencies are responsible for obtaining these clearances and maintaining the documentation.

Frequency of Verification:

Verification is completed for all newly hired Supportive Employment Services workers during the annual site visit review to ensure that all educational, experience and training qualifications are met.

Appendix C: Participant Services

C-1/C-3: Service Specification

State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Type:

Other Service

As provided in 42 CFR §440.180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

Service Title:

Youth Peer Advocate

HCBS Taxonomy:

Category 1:

Sub-Category 1:

Category 2:

Sub-Category 2:

Category 3:

Sub-Category 3:

Category 4:

Sub-Category 4:

Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one :

- Service is included in approved waiver. There is no change in service specifications.
- Service is included in approved waiver. The service specifications have been modified.
- Service is not included in the approved waiver.

Service Definition (Scope):

Youth Peer Support services are positive youth development centered services with a resiliency focus designed to promote skills for coping with and managing psychiatric symptoms while facilitating the utilization of natural resources and community living skills. Youth Peer Support Specialists are young adults 18 to 28 who have self identified as consumers or survivors of mental health services and are grounded in their own recovery.

Youth Peer Advocates (YPA) offer positive youth development-centered services for waiver participant with a resiliency/recovery focus. This service will promote skills for coping and managing psychiatric symptoms. YPA service will facilitate the use of natural and community resources. In addition, YPA service promotes wellness through modeling and will assist waiver participants with gaining and regaining the ability to make independent choices and playing a proactive role in their own treatment. This service may be delivered in either a one-to-one session or a group setting.

YPA activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized care plan. Activities provided by the YPA can include problem solving, mentoring, community resources exploration, and life skills support. The structured, scheduled activities provided by this service emphasize the opportunity for the YPA to support participant in the restoration and expansion of the skills and strategies necessary to move forward in meeting their personal, individualized life goals and to support their transitioning into adulthood. This service may be delivered in either a one-to-one session or a group setting e.g. workshops, outings etc..

YPAs must complete the training developed by The Cornell ACT for Youth Center of Excellence team in collaboration with Youth Power. The YPA training consists of both on-line and in-person components. Training Components includes Role of Youth Peer Advocate in the Waiver System, Peer Mentoring and Support, Small Group Facilitation Skills, Professional Expectations, and Self-care and support.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	

Appendix C: Participant Services

C-1/C-3: Provider Specifications for Service

Service Type: Other Service
Service Name: Youth Peer Advocate

Provider Category:

Individual

Provider Type:

Provider Qualifications

License (specify):

Certificate (specify):

Other Standard (specify):

Qualifications for Youth Peer Advocate:

- *be an individual 18 to 28 years old who has self-identified as a consumer or survivor of mental health services, special education services or foster care;
- have some high school education (a high school diploma or high school equivalency preferred);
- *complete required training;
- be willing to work with youth eligible for waiver services;
- be supervised by an individual who meets the criteria for a "qualified mental health staff person" found in 14 NYCRR 594 or 14 NYCRR 595;
- be cleared by the State Child Abuse Registry and Justice Center requirements;
- complete fingerprinting for a criminal history background clearance, and
- have a valid driver's license (preferred).

Verification of Provider Qualifications

Entity Responsible for Verification:

As part of annual site visits, OMH Field Coordinators review Human Resources records to verify qualifying education, experience and training requirements for sub-contractor services including Youth Peer Advocate as well as documentation of State Child Abuse Registry clearance and fingerprinting clearance. The ICC agencies are responsible for obtaining these clearances and maintaining the documentation.

Frequency of Verification:

Verification is completed for all newly hired Youth Peer Advocates during the annual site visit review to ensure that all educational, experience and training qualifications are met.

Appendix C: Participant Services

C-1: Summary of Services Covered (2 of 2)

- b. Provision of Case Management Services to Waiver Participants.** Indicate how case management is furnished to waiver participants (*select one*):

Not applicable - Case management is not furnished as a distinct activity to waiver participants.

- Applicable** - Case management is furnished as a distinct activity to waiver participants.

Check each that applies:

- As a waiver service defined in Appendix C-3.** *Do not complete item C-1-c.*
- As a Medicaid State plan service under §1915(i) of the Act (HCBS as a State Plan Option).** *Complete item C-1-c.*
- As a Medicaid State plan service under §1915(g)(1) of the Act (Targeted Case Management).** *Complete item C-1-c.*
- As an administrative activity.** *Complete item C-1-c.*

- c. Delivery of Case Management Services.** Specify the entity or entities that conduct case management functions on behalf of waiver participants:
-

Appendix C: Participant Services

C-2: General Service Specifications (1 of 3)

- a. Criminal History and/or Background Investigations.** Specify the State's policies concerning the conduct of criminal history and/or background investigations of individuals who provide waiver services (*select one*):

No. Criminal history and/or background investigations are not required.

- Yes. Criminal history and/or background investigations are required.**

Specify: (a) the types of positions (e.g., personal assistants, attendants) for which such investigations must be conducted; (b) the scope of such investigations (e.g., state, national); and, (c) the process for ensuring that mandatory investigations have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid or the operating agency (if applicable):

Per NYS regulation 14 N.Y.C.R.R. Part 550, a criminal background check is required of all workers providing any one of the nine waiver services. All workers must complete fingerprinting for a criminal history background clearance (if hired after April 1, 2005) by the NYS Division of Criminal Justice Services and the Federal Bureau of Investigation.

Per the OMH Bureau of Criminal History Information (BCHI), that administers the OMH criminal history record check process using the data base system, CHITS, to capture applicant information: If a person has a reportable criminal history, this does not necessarily mean that the person will be disqualified from consideration by the provider. The public policy of NYS is to encourage the licensure and employment of persons previously convicted of one or more criminal offenses. If the nature of the criminal history is such that it can be reasonably concluded that the applicant does not pose a risk to the clients of the mental health provider for which the applicant would work, BCHI will advise the provider that OMH is not disqualifying the applicant from consideration. However, if the criminal history of any applicant contains a "presumptive disqualifying crime" (a felony conviction at any time for a sex offense, a felony conviction within the past ten years involving violence, a conviction for endangering the welfare of an incompetent or physically disabled person or a similar offense in any other jurisdiction outside of NYS) or if the nature of the criminal history is more serious (particularly if it is recent), OMH has the legal obligation to assure that the health, safety, and welfare of the clients of the program in which the applicant wishes to provide services will not be jeopardized should this applicant be hired or retained as a volunteer. In these cases, the law requires that any information produced by the applicant or on his/her behalf that demonstrates his/her rehabilitation and good conduct be considered. Thus, prior to

making a determination to deny an application, OMH must afford the applicant an opportunity to explain, in writing, why the applicant should not be denied.

Both ICC agencies and all of their subcontracted providers must adhere to the OMH processes described above. ICC agencies implement this process and maintain copies of OMH's clearances and any results of criminal history records checks for each worker whom they employ. Subcontracted providers implement the above process and provide each ICC agency with written statements attesting to completion of this process and the OMH clearance of all relevant subcontractor workers. This documentation (that related to ICC agency employees and that related to subcontracted workers) is reviewed by the OMH field coordinators and OMH parent advisors through review of personnel files at each ICC agency site visit annually. Site visit summaries containing this information are forwarded to OMH for review. Until clearance is obtained, workers are not allowed to work unsupervised with children.

On June 30, 2013 New York State implemented the Justice Center for the Protection of People with Special Needs (Justice Center), a state agency that will track and prevent, as well as investigate and prosecute reports of abuse of persons with disabilities or special needs. All providers are required adhere to Justice Center regulations.

- b. Abuse Registry Screening.** Specify whether the State requires the screening of individuals who provide waiver services through a State-maintained abuse registry (select one):

No. The State does not conduct abuse registry screening.

Yes. The State maintains an abuse registry and requires the screening of individuals through this registry.

Specify: (a) the entity (entities) responsible for maintaining the abuse registry; (b) the types of positions for which abuse registry screenings must be conducted; and, (c) the process for ensuring that mandatory screenings have been conducted. State laws, regulations and policies referenced in this description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

All workers providing any one of the nine waiver services must be cleared by the NY State Child Abuse Registry maintained by the NYS Office of Children and Family Services. The ICC agencies are responsible for obtaining these clearances and maintaining the documentation. Documentation of State Child Abuse Registry clearance and fingerprinting clearance is reviewed at each site visit annually at each ICC agency.

Appendix C: Participant Services

C-2: General Service Specifications (2 of 3)

- c. Services in Facilities Subject to §1616(e) of the Social Security Act. *Select one:***

No. Home and community-based services under this waiver are not provided in facilities subject to §1616(e) of the Act.

Yes. Home and community-based services are provided in facilities subject to §1616(e) of the Act. The standards that apply to each type of facility where waiver services are provided are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Appendix C: Participant Services

C-2: General Service Specifications (3 of 3)

- d. Provision of Personal Care or Similar Services by Legally Responsible Individuals.** A legally responsible individual is any person who has a duty under State law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the State, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. *Select one:*

No. The State does not make payment to legally responsible individuals for furnishing personal care or similar services.

Yes. The State makes payment to legally responsible individuals for furnishing personal care or similar services when they are qualified to provide the services.

Specify: (a) the legally responsible individuals who may be paid to furnish such services and the services they may provide; (b) State policies that specify the circumstances when payment may be authorized for the provision of *extraordinary care* by a legally responsible individual and how the State ensures that the provision of services by a legally responsible individual is in the best interest of the participant; and, (c) the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 the personal care or similar services for which payment may be made to legally responsible individuals under the State policies specified here.*

e. Other State Policies Concerning Payment for Waiver Services Furnished by Relatives/Legal Guardians. Specify State policies concerning making payment to relatives/legal guardians for the provision of waiver services over and above the policies addressed in Item C-2-d. *Select one:*

The State does not make payment to relatives/legal guardians for furnishing waiver services.

The State makes payment to relatives/legal guardians under specific circumstances and only when the relative/guardian is qualified to furnish services.

Specify the specific circumstances under which payment is made, the types of relatives/legal guardians to whom payment may be made, and the services for which payment may be made. Specify the controls that are employed to ensure that payments are made only for services rendered. *Also, specify in Appendix C-1/C-3 each waiver service for which payment may be made to relatives/legal guardians.*

Relatives/legal guardians may be paid for providing waiver services whenever the relative/legal guardian is qualified to provide services as specified in Appendix C-1/C-3.

Specify the controls that are employed to ensure that payments are made only for services rendered.

Other policy.

Specify:

f. Open Enrollment of Providers. Specify the processes that are employed to assure that all willing and qualified providers have the opportunity to enroll as waiver service providers as provided in 42 CFR §431.51:

In each HCBS Waiver county, an agency, or agencies, must be designated to serve as the coordinating, lead waiver entity. This agency is referred to as the "Individualized Care Coordinating" (ICC) Agency. A county may have more than one ICC Agency. Each ICC Agency may serve more than one county. ICC agencies operate in all counties in NYS except Oneida County which has a look-alike program called "Kids Oneida".

Criteria: In order to meet the requirements for an ICC Agency, the agency must demonstrate a previous record of administrative competence; a history of good interagency relationships locally (with schools, DSS, DMH, Probation, Family Court, etc); current Medicaid certification; an expressed willingness to be creative and flexible; an expressed willingness to establish "parent-professional" partnerships for a team approach; consumer participation in the HCBS Waiver program design and internal evaluation process; and experience delivering strength-based, community services to children and families, including positive feedback from participating youth and their families.

Approval Process:

The process of selecting an ICC Agency requires the Local Governmental Units (LGUs), i.e., county Departments of Mental Health, to advertise the availability of the program and invite potential providers to express their desire to become the ICC Agency (see the following template 200/1A); to review written submissions from each potential ICC Agency that applies, including justification of how the above listed criteria are met; to select the top three candidates and have them complete the HCBS Waiver Qualifications: ICC Agency form; to select from these three the one that best meets the criteria. If more than one county will be served, the county Departments of Mental Health must jointly select one agency that best serves all counties involved; and submit a written recommendation to the Office of Mental Health's Division of Children and Families with a description of how the provider best meets the criteria and the "HCBS Waiver Qualifications: ICC Provider" application.

OMH will then perform a check on the provider to verify that the agency is administratively competent and has no outstanding practice or financial issues which would impede its ability to be the ICC Agency. OMH forwards a letter to the county Department of Mental Health stating its approval/disapproval of the choice. If disapproved, the county Department of Mental Health may make another recommendation and follow the same procedures. Once the ICC Agency has been approved, the county Department of Mental Health informs the provider in writing that they have been selected and notifies other providers of the county's choice.

Each ICC agency seeks to provide to the children and families it serves with the widest possible choice of service providers. Providers contract with the ICC agency following a selection/approval process which begins with the completion of a Request for Services for Subcontract Agencies. From these, the Local Government Unit makes a formal recommendation which is forwarded to the OMH for final review and approval.

In order to bill Medicaid for waiver services provided through the HCBS Waiver, DOH must enroll the ICC Agency as a Medicaid provider of HCBS Waiver services. As soon as the selection of an ICC Agency has been approved by OMH, OMH requests that the NYS Department of Health initiate the provider enrollment process. DOH sends an enrollment application package to the ICC Agency. When the ICC Agency completes the application package and returns it to the Department of Health, a Medicaid provider ID number is issued and the provider is entered into the eMedNY system for those approved waiver services. The ICC Agency is notified when the enrollment application has been processed.

In addition, child serving providers in each county contact the ICC agencies stating their interest. The ICC agency then contacts the LGU who reviews required documentation to assure that criteria is met and notifies OMH of any such recommendations for approval. Child serving agencies may be appraised of the HCBS Waiver and participation process via the OMH official website which is open to the public, informal networking and through the efforts of the ICC agencies in reaching out to providers in their on-going effort to expand their provider network.

Appendix C: Participant Services

Quality Improvement: Qualified Providers

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Qualified Providers

The state demonstrates that it has designed and implemented an adequate system for assuring that all waiver services are provided by qualified providers.

i. Sub-Assurances:

- a. *Sub-Assurance: The State verifies that providers initially and continually meet required licensure and/or certification standards and adhere to other standards prior to their furnishing waiver services.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

b. Sub-Assurance: The State monitors non-licensed/non-certified providers to assure adherence to waiver requirements.

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

C.a.i.b.1. Percentage of ICC agencies that have current contracts in place with OMH out of all 31 waiver providers.

Data Source (Select one):

Operating agency performance monitoring

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

C.a.i.b.3. Percentage of ICC agencies that have the prescribed 1:6 ICC worker to waiver child ratio out of all 31 ICC agencies.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

C.a.i.b.2. Percentage of ICC's that have met all educational and experience requirements out of all ICC's.

Data Source (Select one):

On-site observations, interviews, monitoring

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- c. **Sub-Assurance: The State implements its policies and procedures for verifying that provider training is conducted in accordance with state requirements and the approved waiver.**

For each performance measure the State will use to assess compliance with the statutory assurance, complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

C.a.i.c.2. Percentage of OMH required ICC 14-CARAT trainings that were delivered within a year out of the 7 trainings contracted for.

Data Source (Select one):

Financial records (including expenditures)

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample

		Confidence Interval =
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:

C.a.i.c.1. Percentage of ICC workers that meet all OMH training requirements out of all ICC staff.

Data Source (Select one):

Training verification records

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review

<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

Performance Measure:

C.a.i.c.3. Percentage of each of the 8 other waiver services staff who meet OMH training requirements out of all waiver services staff.

Data Source (Select one):

Training verification records

If 'Other' is selected, specify:

	Sampling Approach(check each that applies):
--	--

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval =
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

For problems and deficiencies discovered during the OMH annual site visits to each ICC Agency, the Field Coordinators forward copies of the Site Visit Summary Form, with any necessary corrective actions noted to the agency and to the OMH HCBS Waiver Program for review. The ICC Agencies must submit a plan of corrective actions to the Regional Field Coordinator within 30 days of receipt of the Site Visit Summary, using the OMH approved Corrective Actions Plan form. The Field Coordinator forwards a copy of the agency's corrective action plan to OMH HCBS Waiver Program with a copy of the Field Coordinator's letter of approval of the plan. The Field Coordinator monitors implementation of the corrective action plan and provides technical assistance as needed. Beginning in 2014, these individual POCAs will be forwarded to DOH for approval as well.

- ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Qualified Providers that are currently non-operational.

- No

Yes

Please provide a detailed strategy for assuring Qualified Providers, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix C: Participant Services

C-3: Waiver Services Specifications

Section C-3 'Service Specifications' is incorporated into Section C-1 'Waiver Services.'

Appendix C: Participant Services

C-4: Additional Limits on Amount of Waiver Services

a. **Additional Limits on Amount of Waiver Services.** Indicate whether the waiver employs any of the following additional limits on the amount of waiver services (*select one*).

- Not applicable-** The State does not impose a limit on the amount of waiver services except as provided in Appendix C-3.
 Applicable - The State imposes additional limits on the amount of waiver services.

When a limit is employed, specify: (a) the waiver services to which the limit applies; (b) the basis of the limit, including its basis in historical expenditure/utilization patterns and, as applicable, the processes and methodologies that are used to determine the amount of the limit to which a participant's services are subject; (c) how the limit will be adjusted over the course of the waiver period; (d) provisions for adjusting or making exceptions to the limit based on participant health and welfare needs or other factors specified by the state; (e) the safeguards that are in effect when the amount of the limit is insufficient to meet a participant's needs; (f) how participants are notified of the amount of the limit. (*check each that applies*)

- Limit(s) on Set(s) of Services.** There is a limit on the maximum dollar amount of waiver services that is authorized for one or more sets of services offered under the waiver.
Furnish the information specified above.

- Prospective Individual Budget Amount.** There is a limit on the maximum dollar amount of waiver services authorized for each specific participant.
Furnish the information specified above.

- Budget Limits by Level of Support.** Based on an assessment process and/or other factors, participants are assigned to funding levels that are limits on the maximum dollar amount of waiver services.
Furnish the information specified above.

- Other Type of Limit.** The State employs another type of limit.
Describe the limit and furnish the information specified above.

Appendix C: Participant Services

C-5: Home and Community-Based Settings

Explain how residential and non-residential settings in this waiver comply with federal HCB Settings requirements at 42 CFR 441.301 (c)(4)-(5) and associated CMS guidance. Include:

1. Description of the settings and how they meet federal HCB Settings requirements, at the time of submission and in the future.
2. Description of the means by which the state Medicaid agency ascertains that all waiver settings meet federal HCB Setting requirements, at the time of this submission and ongoing.

Note instructions at Module 1, Attachment #2, HCB Settings Waiver Transition Plan for description of settings that do not meet requirements at the time of submission. Do not duplicate that information here.

Appendix D: Participant-Centered Planning and Service Delivery**D-1: Service Plan Development (1 of 8)****State Participant-Centered Service Plan Title:**

Individualized Service Plan

- a. **Responsibility for Service Plan Development.** Per 42 CFR §441.301(b)(2), specify who is responsible for the development of the service plan and the qualifications of these individuals (*select each that applies*):

- Registered nurse, licensed to practice in the State**
 Licensed practical or vocational nurse, acting within the scope of practice under State law
 Licensed physician (M.D. or D.O)
 Case Manager (qualifications specified in Appendix C-1/C-3)
 Case Manager (qualifications not specified in Appendix C-1/C-3).

Specify qualifications:

Each ICC must meet the following qualifications:

ICCs must have a Masters degree in one of the following fields: audiology, child and family studies, communication disorders, community mental health, counseling, education, nursing, occupational therapy, physical therapy, psychology, recreation, recreation therapy, rehabilitation, social work, sociology, or speech and language pathology, human services, human development, criminal justice or other related degrees, or a NYS Teachers Certificate, and two years experience* providing direct services for children with one or more of the following primary diagnoses: mental illness, mental retardation, alcoholism, chemical dependency or substance abuse.

OR

a Bachelors degree in one of the above fields, or a NYS Teachers Certificate, and four years experience* providing direct services, or providing linkage to services, for children with one or more of the following primary diagnoses: mental illness, mental retardation, alcoholism, chemical dependency or substance abuse.

*Qualifying experience may be pre- or post- degree. Candidates may qualify by meeting the qualifications for the NYS Intensive Case Manager position.

- Social Worker**

Specify qualifications:

- Other**

*Specify the individuals and their qualifications:***Appendix D: Participant-Centered Planning and Service Delivery****D-1: Service Plan Development (2 of 8)**

- b. **Service Plan Development Safeguards.***Select one:*

- Entities and/or individuals that have responsibility for service plan development may not provide other direct waiver services to the participant.**
 Entities and/or individuals that have responsibility for service plan development may provide other direct waiver services to the participant.

The State has established the following safeguards to ensure that service plan development is conducted in the best interests of the participant. *Specify:*

HCBS Waiver Service Plans are designed to document on-going assessment of the child's progress and needs as well as to guide service provision. They are completed by the Individual Care Coordinator (ICC) with input from the child, the child's family, the treatment provider, the child's Waiver service workers and other significant collateral sources. Service Plans are family driven, individualized, culturally relevant, developmentally framed and correlated with ratings from the Child and Adolescent Needs and Strengths - New York (CANS-NY) assessment tool. Waiver service plans address many areas in the child and family's life including safety, resiliency, developmental tasks and the support of clinical treatment goals. Service plans are to be written in a manner that provides the reader with a clear picture of the child and family's circumstances, dynamics and evolution over time. They must clearly describe the child's progress in achieving each goal and each objective.

On-going communication between the Waiver Provider and the Treatment Provider ensure that the child and family's services are coordinated. It is expected that Waiver service planning occur in collaboration with treatment providers as both should be familiar with, and have input into, each other's plans. Communication may occur through a variety of venues. However, the ICC is encouraged to attend Treatment Reviews and case conferences for Waiver children and the Waiver child's treatment provider is encouraged to participate in Waiver Service planning meetings.

Great emphasis is placed in the HCBS Waiver's mission and policy and in its training requirements (i.e., 14 C.A.R.A.T., Individualized Care Training) on family-driven, individualized care and the importance of on-going child and family engagement and participation in the service planning and service delivery.

The Initial Service Plan (ISP) is created upon a child's referral to Waiver after the signing of the Application/Freedom of Choice (which indicates preference for the HCBS Waiver program) by the child and family. The ISP includes a comprehensive description of the child's life domains, child and family strengths, priorities as defined by the child and family, a discharge profile and initial measurable goals, objectives and methods. Children and parents each state their goal priorities and sign all service plans. During site visit reviews performed annually by OMH at each ICC agency, reviewers examine the service plans and progress notes to assure that the child and parent's goals are being addressed. As part of the planning process, the child and family identify which of the remaining (other than ICC-case management) Waiver services and which providers will be useful in achieving goals. Children and families are given a list of Waiver service providers subcontracted and/or provided by the ICC agency from which they chose and sign off regarding their choices.

Risk factors and strengths identified through the CANS-NY are addressed in the plan. Children and families also participate in developing safety alert plans and sign off on same indicating their agreement to make every effort to implement them. Families can invite whomever they want to service plan reviews to help assure support and integration of their (the child and family) perspective. Required periodic re-assessments and service plan reviews address the dynamic nature of the child's progress and development that assure the identification of services appropriate to current and on-going needs.

The annual OMH site visits to each ICC agency review service plans to assure that they are in the child and family's best interest and comply with policy.

To further assure that participants' needs are being addressed and participation is encouraged, the OMH requires all ICC agencies annually to distribute standard satisfaction surveys, one of which is designed for parents (Family Assessment of Care) and one for Waiver youth (Youth Assessment of Care). Completed surveys are returned to OMH Central Office where the data is aggregated and analyzed for trends. Agency specific reports on this data are then distributed to each ICC agency and available on the Kids Portal.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (3 of 8)

- c. Supporting the Participant in Service Plan Development.** Specify: (a) the supports and information that are made available to the participant (and/or family or legal representative, as appropriate) to direct and be actively engaged in the service plan development process and (b) the participant's authority to determine who is included in the process.

Waiver service plans address many areas in the child and family's life including safety, resiliency, developmental tasks and the support of clinical treatment goals. They are developed when the child enters the waiver program and are updated periodically with the child and family, who must sign the plan, indicating their participation in this process. The ICC assists the child and family in identifying which of the remaining Waiver services and providers will be useful in achieving their goals and their choice is then indicated on the Choice of Provider Verification form.

In addition, each ICC agency provides families with materials describing the Waiver and family participation. Each family is encouraged to request the Waiver service of Family Support Services. As well as having input into the service plan's goals, the child and family review and sign off on all service plans and revisions to those plans. Waiver policy allows families and the Waiver participant to include persons of their choice in the development of the plans.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (4 of 8)

- d. Service Plan Development Process.** In four pages or less, describe the process that is used to develop the participant-centered service plan, including: (a) who develops the plan, who participates in the process, and the timing of the plan; (b) the types of assessments that are conducted to support the service plan development process, including securing information about participant needs, preferences and goals, and health status; (c) how the participant is informed of the services that are available under the waiver; (d) how the plan development process ensures that the service plan addresses participant goals, needs (including health care needs), and preferences; (e) how waiver and other services are coordinated; (f) how the plan development process provides for the assignment of responsibilities to implement and monitor the plan; and, (g) how and when the plan is updated, including when the participant's needs change. State laws, regulations, and policies cited that affect the service plan development process are available to CMS upon request through the Medicaid agency or the operating agency (if applicable):

The Individualized Care Coordinator develops the service plans in collaboration with the child, the family, significant collaterals determined by the family, and the clinical treatment provider. Child and parent/guardian review the plans and their signatures are required on all service plans and reviews. An Initial Service Plan is developed with the child and family during the Waiver enrollment process. A service plan review is completed 30 days from the Initial Service Plan, every 90 days thereafter and as needed in response to changes in participant needs and preferences.

Service Plans are family driven, individualized, culturally relevant, developmentally framed and designed to support clinical treatment provider goals. In developing service plans, the Child and Adolescent Needs and Strengths - new York (CANS-NY) assessment instrument is used initially, at each 180 day service plan review and as needed per significant changes. CANS-NY ratings of 2 or 3 must be integrated into the plans and goals with corresponding methods for addressing these indicted needs. Numerous life domains are assessed through interviews with the child and family, collaterals, and prior assessments. Areas addressed include child and family lifestyle and history, developmental status, medical and psychiatric history, health issues, legal concerns, safety concerns, academic progress, resiliency, financial status and concerns, cultural and spiritual interests and child peer relationships.

The ICC, with the child and family, also develops a safety plan which assesses safety needs and crisis interventions. This information influences the design of the service plans. The ICC meets with the child and family to discuss their needs, strengths, preferences, goals and health status then describes these in the Initial Service Plan and revises in subsequent plans as needed. The Initial Service Plan has a section that requires identification of both the child and the family's priorities and preferred goals which are incorporated into the goals and objectives section of the service plans. The 30 day plan and all subsequent plans require identification and scheduling of needed medical and dental appointments.

The ICC describes all services available under the Waiver to the child and family, who then select which services and providers can best address their goals and objectives in collaboration with the ICC. Their decisions are recorded by completing and signing the Choice of Provider form.

The ICC directs, coordinates and monitors all of the remaining eight Waiver services workers who are involved in any given case as indicated in the service plan goals and methods. The ICC provides guidance and reviews all documentation submitted by the Waiver service workers and maintains on-going communication. The ICC monitors the need for and coordinates the provision of other non-Waiver services and works in collaboration with the child's clinical treatment provider.

The service plan includes the description of methods for addressing the goals and objectives and identify persons and/or services responsible for implementing and monitoring the plan. These are discussed and evaluated at each service plan review. As mentioned above, the ICC oversees the Waiver service delivery and monitors progress. Goals, objectives and methods are fluid and change as the strengths, needs and risk factors of the child and family change.

Service plans are written in a manner that provides a clear picture of the child and family's circumstances, dynamics and evolution over time. They must clearly reflect the child's progress in achieving each goal and each objective.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (5 of 8)

- e. Risk Assessment and Mitigation.** Specify how potential risks to the participant are assessed during the service plan development process and how strategies to mitigate risk are incorporated into the service plan, subject to participant needs and preferences. In addition, describe how the service plan development process addresses backup plans and the arrangements that are used for backup.

The Child and Adolescent Needs and Strengths - New York (CANS-NY) assessment tool is used initially, at prescribed intervals and as needed to assist in determining risk factors. All Risk Scale factors rated 2 or 3 must have corresponding goals and objectives in the Service Plan to assure the child and family's safety and well-being is being monitored and addressed through methods attached to each objective.

The initial service plan includes a required, specific back-up plan (the HCBS Waiver Safety Alerts and Plan) to address identified safety issues and provide potential interventions as developed with the family and child. The Plan includes identified triggers, behaviors concerns, medical concerns, risk history, intervention strategies and emergency contact names and numbers for 24 hour/day access. Part of this plan may be the Crisis Response waiver service, often initially provided through phone contact. It is essential that the family agree with the components of the plan to better assure compliance. The Plan must be dated and signed by the child, family member, ICC and ICC supervisor. If a child is unable to sign, the reason is to be stated on the plan. A copy must be given to the family. Safety Alerts and Plans are reviewed and updated at each Service Plan Review and as needed.

An additional aspect of the initial service plan is the development with the family and child of a specific plan to address identified safety issues (back-up plans). It is essential that the family agree with the components of the plan to better assure compliance. The HCBS Safety Alert Plan must be in place for each child and family. Safety Alert Plan is developed by the ICC with the participating child and family and is updated as needed. This standard Safety Alerts Plan provides individualized information pertaining to the child's triggers, behavioral signs, interventions identified by the child and family as effective, contact numbers for crises, medical information such as allergies, etc. A "child-friendly" contract, HCBS Waiver and Child Safety Contract, may be used in addition to the Safety Alert Plan. Safety Alert Plan is signed by the child, family and ICC and a copy is given to the family and child and updated as needed. The plan must be dated and signed by the child, family member, ICC, ICC supervisor and school representative, if indicated. A Safety Alert Plan is developed with the child and family by completion of the Initial Service Plan. They are reviewed, signed and updated at each Service Plan Review and as needed. A "child-friendly" contract, HCBS Waiver and Child Safety Contract, may be used in addition to the Safety Alert Plan.

An additional aspect of the initial service plan is the development with the family and child of a specific plan to address identified safety issues (back-up plans). It is essential that the family agree with the components of the plan to better assure compliance. The Safety Alert Plan must be in place for each child and family. The Safety Alerts Plan provides individualized information pertaining to the child's triggers, behavioral signs, interventions identified by the child and family as effective, contact numbers for crises, medical information such as allergies, etc.

The plan must be dated and signed by the child, family member, ICC, ICC supervisor and school representative, if indicated. If a child is unable to sign, the reason is to be stated on the plan. A copy must be given to the family. A Safety Alert Plan is developed with the child and family by completion of the Initial Service Plan. They are reviewed, signed and updated at each Service Plan Review and as needed. A "child-friendly" contract, HCBS Waiver and Child Safety Contract, may be used in addition to the Safety Alert Plan.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (6 of 8)

- f. Informed Choice of Providers.** Describe how participants are assisted in obtaining information about and selecting from among qualified providers of the waiver services in the service plan.

As part of the planning process, the ICC assists the child and family in identifying which of the remaining eight Waiver services and providers will be useful in achieving goals by explaining the role of each service and relating it to the child and family's needs and strengths. The child and family then complete the Choice of Provider form. This form is developed by

each ICC Agency and lists their Waiver service providers. This is filed in the child's record and reviewed at service plan reviews, whenever service needs change and updated as needed .

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (7 of 8)

- g. Process for Making Service Plan Subject to the Approval of the Medicaid Agency.** Describe the process by which the service plan is made subject to the approval of the Medicaid agency in accordance with 42 CFR §441.301(b)(1)(i):

The Waiver service plans template were part of the original Waiver application and were reviewed and approved by the Medicaid agency (NYS Department of Health -NYS DOH). Each revision was made through technical amendments which have also been reviewed and approved by the Medicaid agency.

The NYS DOH Waiver Management Unit annually reviews a statewide representative sample of all individualized service plans (ISPs) thereby assuring that the approved service plan formats are being utilized.

DOH, as the Single State Medicaid Agency, monitors the waiver for quality assurance of eligibility, choice of waiver or institutionalization and choice of service providers, Level of Care, Plans of Care, and health and welfare of waiver participants. The DOH Waiver Management Unit does this through an annual, statistically representative, statewide random sample review of care plans. The DOH sampling discovery process is as follows: OMH supplies DOH with the population of children enrolled in the waiver for the review year. DOH selects a random statewide sample, utilizing a random number generated table, based on the number of the operationalized waiver slots at the beginning of the review year. DOH sends letters to providers requesting the complete individualized service plan (ISP) for the sample of participants selected for the review year. Concurrently, OMH emails those letters to provider agencies to assist in a quick response. Individualized Service Plans (ISPs) are sent directly to DOH where staff from the DOH Waiver Management Unit review, analyze and trend the results.

ISPs are reviewed for eligibility qualifications of all waiver applicants. Dates and signatures are reviewed to see that appropriate persons are involved with authorizing, planning and providing the services and that the child and family are involved in these processes. The freedom of choice form, level of care form, initial screening form must be a part of the plan in order for the child to be approved for the waiver. This monitoring indicates that adherence to timeliness and appropriate signature expectations appear to have improved. The review checks for the annual Level of Care (LOC) reassessment to see that the participant still qualifies for the waiver. The Child and Adolescent Needs and Strengths - New York (CANS-NY) form is the statewide assessment instrument and the CANS scores of 2's and 3's must be incorporated into the service plans goals. CANS-NY reassessments and plans reflect changes in the waiver participant's needs. DOH retrospectively examines needs and goals in service plans; that choice between the waiver and institutionalization is offered and that a choice of providers is offered.

ISPs are checked for the appropriate eligibility documents. The ISP should be holistic, addressing overall health and safety, medical and dental health as well as the mental health of each participant. An applicant is not accepted into the waiver unless a correct and complete level of care evaluation is included with the application. DOH verifies the Level of Care determination retro-actively through the ISP sample. The DOH verifies that the initial and current LOC forms are on file, containing authorized signatures and dates. DOH reports deficiencies identified by ICC agency to OMH for correction and OMH remediation is to require a plan of corrective action of the agency. As part of the standard ISP review, the DOH confirms that each individual and family has been informed that the child is eligible for care through an institution or through the waiver, and that their choice has been indicated on a Freedom of Choice form. DOH review also includes the Safety Alert plan and discharge planning.

Following the analysis of the ISP sample, DOH supplies OMH with a child specific list of incomplete documentation by agency. Within 30 days, ICC agencies provide DOH with whatever missing information is requested, and those cases will be re-evaluated and the results given to OMH for corrective action. DOH requests POCAs from respective agencies for uncorrected deficiencies. These POCAs must be thorough, including systemic correction and follow-up monitoring for acceptance or the POCA will be returned to the agency for revision. The results of this monitoring are reported back to OMH to validate services and systems, remediate problems, and suggest improvements. The results of this monitoring form the basis of the DOH annual quality report narrative that accompanies the 372 financial report which is sent to CMS. OMH submits its annual narrative report on its processes to monitor for safeguards and standards under the waiver with the CMS 372 report, as well.

Appendix D: Participant-Centered Planning and Service Delivery

D-1: Service Plan Development (8 of 8)

- h. Service Plan Review and Update.** The service plan is subject to at least annual periodic review and update to assess the appropriateness and adequacy of the services as participant needs change. Specify the minimum schedule for the review and update of the service plan:

- Every three months or more frequently when necessary
- Every six months or more frequently when necessary
- Every twelve months or more frequently when necessary
- Other schedule

Specify the other schedule:

Following the Initial Service Plan completed with the child and family during the enrollment process, a service plan review and update is completed 30 days from the completion of the Initial Service Plan and every 90 days thereafter. It is also updated as needs dictate.

- i. Maintenance of Service Plan Forms.** Written copies or electronic facsimiles of service plans are maintained for a minimum period of 3 years as required by 45 CFR §92.42. Service plans are maintained by the following (*check each that applies*):

- Medicaid agency
- Operating agency
- Case manager
- Other

Specify:

The original Initial Service Plans are maintained for seven years by the ICC agency in the participant's case record.

All subsequent service plan reviews and updates are maintained for seven years by the ICC agencies in the participant's case record.

DOH retains ISPs that have been part of their mandated annual review for 7 years.

Appendix D: Participant-Centered Planning and Service Delivery

D-2: Service Plan Implementation and Monitoring

- a. Service Plan Implementation and Monitoring.** Specify: (a) the entity (entities) responsible for monitoring the implementation of the service plan and participant health and welfare; (b) the monitoring and follow-up method(s) that are used; and, (c) the frequency with which monitoring is performed.

The ICC agency (the Individualized Care Coordinator) is responsible for monitoring the implementation of the service plan and for monitoring participant health and welfare needs. The ICC meets with the child at least three times a month and with family/collaterals at least an additional three times a month to assure that service plans are relevant and up to date, that services are being provided as described in the service plans, and that medical and dental needs are being addressed. The ICC makes corresponding changes to the service plans as indicated. In addition, the ICC maintains on-going communication with the other up to 8 waiver service workers who are involved in each individual case and reviews their progress notes, making changes to the service plans as needed.

An additional aspect of the initial service plan is the development, with the family and child, of a specific plan to address identified safety issues, the HCBS Waiver Safety Alerts and Plans. It is essential that the family agree with the components of the plan to ensure compliance, and this plan must be in place for each family and child. The plan includes identified triggers, behavioral concerns, medical concerns, risk history, intervention strategies and emergency contact names and numbers. This plan must be signed by the child, family member, ICC and ICC supervisor. If the child cannot sign, the reason must be stated on the form. Each family is given a copy of their plan. Safety Alerts and Plans are reviewed and updated at each Service Plan Review and as needed.

The primary system in place for monitoring service plans is the annual on-site visit of each Individualized Care Coordination

(ICC) agency conducted together by the OMH Field Coordinators, OMH Parent Advisors and Local Governmental Units (LGUs). Using a standardized site visit review protocol that reviews a sample of case records and includes a review of Initial Service Plans, subsequent Service Plan Reviews and Safety Alert Plans (backup plans), OMH staff looks for evidence that agencies have addressed family/youth concerns. Service Plans address all participant's assessed needs (including health and safety risk factors) and personal goals, either by waiver services or through other means. Also, for each of the site visits, the OMH regional parent advisor interviews from three to six families to ascertain satisfaction using a standard protocol.

During the annual site visit, case records documentation is verified in the sample of case records reviewed to assure that child and family preferences are known and needs are addressed. Every child and family signs HCBS Waiver Application/Freedom of Choice form. This form documents family's/caregiver's choice to participate in the Waiver. In addition, the case record should have the completed, signed Provider Choice form which each child and family are required to complete to select the Waiver network providers they would prefer per their identified service needs and the required section in the service plan describing the individual child and family needs and preferences should be completed. OMH staff looks for evidence that agencies have addressed family/youth concerns in Service and Safety Alert Plans. Service Plans address all participant's assessed needs (including health and safety risk factors) and personal goals, either by waiver services or through other means.

When annual site visits reveal that case records do not comply with OMH policies and procedures, corrective action is required. Waiver ICC agencies with citations are required to submit a Plan of Corrective Action (POCA) using a standardized OMH approved format within 30 days of receipt of their site visit report. They must respond with a standard corrective action plan form identifying how the specific findings are to be corrected, when the corrections will be complete, what changes will be made to prevent recurrence, who is responsible for carrying out the corrective action and how the effectiveness of the corrective plan will be monitored by the agency.

The completed POCA is reviewed for completeness and relevancy by the regional Field Coordinator and either approved or sent back for additions. A final copy is then sent to Central Office for additional review. The results of the site visit reports and POCAs are described in the narrative section of the 372 Report that is submitted to the Department of Health annually.

b. Monitoring Safeguards.*Select one:*

Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may not provide other direct waiver services to the participant.

- Entities and/or individuals that have responsibility to monitor service plan implementation and participant health and welfare may provide other direct waiver services to the participant.**

The State has established the following safeguards to ensure that monitoring is conducted in the best interests of the participant. *Specify:*

An initial service plan is developed with the child and family during the enrollment process. This plan is revised at 30 days and every 90 days thereafter. The CANS-NY assessment is done initially, at 30 days and then every 180 days thereafter, and as needed, and at discharge.

OMH and DOH each perform independent annual reviews of a statistically significant or representative sample of ISPs, including health and welfare concerns of the waiver participants. In both instances, plans of corrective action are required from the ICC agencies when necessary. Information from the reviews are aggregated and used to inform process and training needs, potential system changes. Individual issues discovered during these reviews may be addressed immediately as appropriate.

A site visit is conducted annually by OMH Field Coordinators, OMH Parent Advisors and Local Government Units (LGU's) using a standardized site visit review protocol that reviews a sample of case records and includes a review of Initial Service Plans, subsequent Service Plan Reviews and Safety Plans (backup plans). Service Plans address all participant's assessed needs (including health and safety risk factors) and personal goals, either by waiver services or through other means. At annual site reviews, OMH staff looks for evidence that agencies have addressed family/youth concerns.

During annual site visits to each ICC agency conducted by OMH, reviewers cross walk service plans and progress notes to assure that services are provided in accord with the service plan. Progress notes state which service was provided by whom, to whom, for what duration, which goal and objective from the service plan the note relates to and a description of what occurred. The plans indicate among other things goals, objectives and methods (services to be delivered) with frequency and duration. Reviewers also check that the service identified in the plan and in the note match the definition and purpose of that service as defined in the HCBS Waiver Guidance Document (policy manual on-line).

OMH additionally monitors that participants have access to Waiver services identified in the plan and that they have freedom of choice in terms of services/providers through the completion of annual parent satisfaction surveys and youth satisfaction surveys. Data from these are analyzed and aggregated by OMH and distributed to the ICC agencies. OMH reviewers at annual site visits check to see that any concerns identified in the surveys have been addressed at the agency level. Additionally, at each site visit OMH Parent Advisors conduct interviews with a number of parents whose children are receiving services at each agency. OMH site visit reviewers also assure that parents and children have selected Waiver services and indicated their choices on the Provider Choice form which must be maintained in each case record.

Appendix D: Participant-Centered Planning and Service Delivery

Quality Improvement: Service Plan

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Service Plan Assurance/Sub-assurances

The state demonstrates it has designed and implemented an effective system for reviewing the adequacy of service plans for waiver participants.

i. Sub-Assurances:

- a. Sub-assurance: Service plans address all participants' assessed needs (including health and safety risk factors) and personal goals, either by the provision of waiver services or through other means.**

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

D.a.i.a.1. Percentage of waiver children who have service plans that address Risk Scale factors of 2/3 identified through CANS (Child and Adolescent Needs and Strengths assessment) out of all case records reviewed for the review year.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Record reviews, off-site

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%

<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

D.a.i.a.2. Percentage of children and families who participate in developing their Service Plan goals and objectives out of all cases reviewed as demonstrated by a description of their prioritized goals and their signatures on the service plan.

Data Source (Select one):

Record reviews, on-site
If 'Other' is selected, specify:

Record reviews, off-site

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	

		<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

b. **Sub-assurance: The State monitors service plan development in accordance with its policies and procedures.**

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

D.a.i.b.2. Percentage of service plans with required signatures out of all cases reviewed.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Record reviews, off-site

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):

Performance Measure:

D.a.i.b.1. Percentage of service plans that utilize an assessment instrument (CANS or CAFAS) at prescribed intervals out of all records reviewed.

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

Record reviews - off-site

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

c. *Sub-assurance: Service plans are updated/revised at least annually or when warranted by changes in the waiver participant’s needs.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

D.a.i.c.1.Percentage of service plans updated and revised at prescribed intervals (30-days, 90-days and as needed) out of all service records reviewed.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Record reviews, off-site.

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:

	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

- d. *Sub-assurance: Services are delivered in accordance with the service plan, including the type, scope, amount, duration and frequency specified in the service plan.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

D.a.i.d.1. Percentage of service plans that have corresponding progress notes for services delivered out of all cases reviewed.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review

<input type="checkbox"/> State Medicaid Agency		
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

D.a.i.d.2. Percentage of service plans that describe service type, scope, frequency and duration out of all case records reviewed annually.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Record reviews, off-site

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- e. *Sub-assurance: Participants are afforded choice: Between waiver services and institutional care; and between/among waiver services and providers.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

D.a.i.e.2. Percentage of case records that have completed, signed Provider Choice forms indicating selection of waiver service providers, out of all records reviewed.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Record review, off-site

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

D.a.i.e.1. Percentage of case records that have completed, signed Applications/Freedom of Choice forms out of all records reviewed. Freedom of Choice form indicates choice of waiver vs. institutionalization.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Record review, off-site

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible. In addition to demographic, clinical and fiscal reports, OMH conducts annual site visits at each ICC Agency by a team of reviewers led and organized by the OMH Regional Field Coordinator. The LGU, or designee, and OMH staff may also participate. As part of the site visit, the OMH Parent Advisor evaluates parent and youth satisfaction. The annual site visits follow specific guidelines set by the OMH to assure that the ICC Agency is adhering to the philosophy and all requirements of the HCBS Waiver Program. Site Visits include examination of all topics listed in the Site Visit Summary Form including elements described in the above performance measures. If a program is deficient in any of these requirements, corrective actions are identified and the agency is formally notified within 30 days of the site visit.

To further assure that participants' needs are being addressed and participation is encouraged, the OMH requires all ICC agencies annually to distribute standard satisfaction surveys, one of which is designed for parents (Family Assessment of Care) and one for Waiver youth (Youth Assessment of Care). Completed surveys are returned to OMH Central Office where the data is aggregated and analyzed for trends. Agency specific reports on this data are then distributed to each ICC agency.

The DOH retrospective review of a statistically representative random statewide sample of ISPs, as reflected in the above performance measures, assesses service plan records for participant choices, that all participant needs are addressed according to policies and procedures, at least every 90 days.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State's method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

Any agency found to have deficiencies as a result of its annual site visit must submit Plans of Corrective Action (POCAs) for review and approval by their respective OMH Field Office. These are also reviewed by OMH Central Office. The annual site visits focus on areas found deficient to ensure plans of corrective action continue to be fully implemented. OMH also reviews and analyzes data for regional or agency patterns to determine if any technical assistance is required. When systemic problems are identified, OMH Waiver Administrators meet with relevant OMH divisions and the Medicaid Agency, as indicated, to develop solutions.

Deficiencies discovered in the DOH reviews are addressed by requesting POCAs from respective agencies, and aggregated data is analyzed for trends, used to improve the waiver program, and reported to CMS. Specific concerns may be addressed through direct communication with OMH Central Office staff when concerning problems are discovered, and/or by requesting additional documentation from the ICC agency.

Follow-up is made as appropriate for the type of problem.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: _____	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: _____

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Service Plans that are currently non-operational.

No

Yes

Please provide a detailed strategy for assuring Service Plans, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

Appendix E: Participant Direction of Services

Applicability (from Application Section 3, Components of the Waiver Request):

Yes. This waiver provides participant direction opportunities. Complete the remainder of the Appendix.

No. This waiver does not provide participant direction opportunities. Do not complete the remainder of the Appendix.

CMS urges states to afford all waiver participants the opportunity to direct their services. Participant direction of services includes the participant exercising decision-making authority over workers who provide services, a participant-managed budget or both. CMS will confer the Independence Plus designation when the waiver evidences a strong commitment to participant direction.

Indicate whether Independence Plus designation is requested (select one):

Yes. The State requests that this waiver be considered for Independence Plus designation.

No. Independence Plus designation is not requested.

Appendix E: Participant Direction of Services

E-1: Overview (1 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (2 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (3 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (4 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (5 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (6 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (7 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (8 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (9 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (10 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (11 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (12 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-1: Overview (13 of 13)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant Direction (1 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (2 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (3 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (4 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (5 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix E: Participant Direction of Services

E-2: Opportunities for Participant-Direction (6 of 6)

Answers provided in Appendix E-0 indicate that you do not need to submit Appendix E.

Appendix F: Participant Rights

Appendix F-1: Opportunity to Request a Fair Hearing

The State provides an opportunity to request a Fair Hearing under 42 CFR Part 431, Subpart E to individuals: (a) who are not given the choice of home and community-based services as an alternative to the institutional care specified in Item 1-F of the request; (b) are denied the service(s) of their choice or the provider(s) of their choice; or, (c) whose services are denied, suspended, reduced or terminated. The State provides notice of action as required in 42 CFR §431.210.

Procedures for Offering Opportunity to Request a Fair Hearing. Describe how the individual (or his/her legal representative) is informed of the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E. Specify the notice(s) that are used to offer

individuals the opportunity to request a Fair Hearing. State laws, regulations, policies and notices referenced in the description are available to CMS upon request through the operating or Medicaid agency.

Fair Hearings are provided pursuant to 42 CFR Part 431, Subpart E, and 18 NYCRR, Part 358.

Right to Appeal:

Whenever a child is accepted, denied or disenrolled from the HCBS Waiver program, written notification of the decision is sent to the child and the child's parents/guardians. This notice of decision informs the family of the right to a fair hearing and also includes the process a family can follow if they chose to appeal the decision and request a hearing. Instructions are included for contacting the Office of Administrative Hearings, NYS Office of Temporary and Disability Assistance to file for a hearing. In addition to the address of this organization, its fax number, website and phone number are noted to give families a variety of ways in which they may request a fair hearing other than completing and mailing in the request for a hearing included with the Notice.

A Fair Hearing is presided over and decided by an Administrative Law Judge from the NYS Office of Temporary and Disability Assistance. Both sides are entitled to bring representatives (including a lawyer) and/or witnesses who can help explain their position. The claimant is informed that they can obtain information from their HCBS Waiver file if needed to prepare/present their position by contacting the Operations Support Unit (OSU) at OMH. Interpreter services are also available.

Time Frames for Filing for Fair Hearing:

The family is informed in this notice that they have sixty (60) days from the notice date on the Notice of Decision to request a Fair Hearing.

From the HCBS Waiver Guidance Document:

500.8 Fair Hearings Appeal Process

Policy

Right to Appeal

Whenever a child is accepted, denied or terminated from the HCBS Waiver program, written notification of the decision is sent to the child and the child's parents/guardians. If the family feels that the decision made is wrong, e.g., they believe that the child has been wrongfully denied admission into the HCBS Waiver or has been disenrolled without just cause, they have the right to appeal that decision.

Methods of Appeal

There are two (2) ways to appeal the decision. A family can utilize one or both of these methods:

- Local Conference, i.e., informal meeting with OMH staff;
- or State Fair Hearing before an Administrative Law Judge.

The Local Conference is a less formal proceeding that provides the opportunity for all parties to discuss the basis for the decision and clear up any misunderstandings and/or misinformation. Sometimes a local conference will produce information that will result in a change in the agency's decision or the parent/guardian's decision to contest a decision. It is hoped that most HCBS Waiver disputes can be resolved through local conferences with the ICC, LGU or other OMH staff. However, in the event that the dispute cannot be resolved in this forum, the family is entitled to ask for a Fair Hearing. Requests for a local conference are made through the OMH Operations Support Unit (OSU). Contact information is found on the back of the Notice of Decision.

A Fair Hearing is presided over and decided by an Administrative Law Judge from the NYS Office of Temporary and Disability Assistance. Both sides are entitled to bring representatives (including a lawyer) and/or witnesses who can help explain their position. The claimant (i.e., family) can obtain information from their HCBS Waiver file if needed to prepare/present their position by contacting the Operations Support Unit (OSU) at OMH.

Time Frames for Filing for Fair Hearing

The family has sixty (60) days from the notice date on the Notice of Decision to request a Fair Hearing. They can do this by telephone or in writing. The necessary phone numbers and addresses for Fair Hearings offices are listed on the back of the Notice of Decision.

Roles/Responsibilities

Following is a list of all of the parties connected with the HCBS Waiver who play a role in the appeal process, as well as a brief description of the responsibilities for each group:

- ICC Agency (ICC and/or Director) - ensures OSU is notified as soon as the Agency becomes aware that the Fair Hearing (FH) has been/will be filed; furnishes any required documentation; participates as directed in local conference or Fair Hearing; carries out provisions of Fair Hearing Decision;
- LGU (HCBS Waiver Contact) - same as ICC Agency;
- NYS Department of Health - Office of Medicaid Management - acts as the technical consultants and liaison with State Fair Hearings and LDSS, if necessary;
- OMH Children and Families - arranges and/or conducts local conferences; participates in Fair Hearings, if necessary; ensures that the terms of the decision are carried out;

- OMH Finance - Central Office - acts as the primary OMH Fair Hearing contact for State Fair Hearings staff; identifies who should be involved in the Hearing; ensures that all appropriate parties are made aware of all Hearing activity (e.g., receipt of Request, scheduling/rescheduling of Hearing dates, etc.); follows up on receipt of decision and ensures all appropriate parties receive copies;
- OMH Counsel's Office - arranges and/or conducts local conferences; determines who needs to attend Hearings; briefs and advises all participants; prepares Fair Hearing Summary and forwards copies to OMH Finance-CO and OMH Children and Families, as well as any persons participating in the Hearing; attends Hearings, if necessary.

Procedures

Following are the guidelines for handling a request for a Fair Hearing on a HCBS Waiver case:

- Whenever an ICC Agency or the LGU becomes aware that a family intends to request, or has already filed a request for a Fair Hearing, they notify OMH Finance- OSU immediately and provide as much information as possible regarding the reason for the request.
- OSU immediately transfers the information to the OMH Counsel's Office and the Division of Children and Families.
- As soon as a Fair Hearing request is received from the family, the State Fair Hearings in Albany contacts OMH Fair Hearings and forwards a copy of the Notice of Hearing Request. OMH Fair Hearings sends copies of this form when received to: OSU, OMH Counsel's Office and OMH Children and Families.
- OMH Fair Hearings reviews the basis for the Hearing request and determines what OMH/ICC/LGU's roles will be. If the Hearing request requires OMH/ICC/LGU involvement and the issue can be resolved by some action other than a Fair Hearing (e.g., local conference, submittal of additional documentation to the LDSS, etc.), OMH Fair Hearings consults with the appropriate parties and determines which actions are advisable. Hearings involving Medicaid eligibility issues unrelated to HCBS Waiver clinical status may not require OMH participation in the Hearing.
- If the issue is resolved without a Fair Hearing, OMH Fair Hearings ensures that a request for withdrawal of the Hearing request is submitted to State Fair Hearings.
- State Fair Hearings (DOH) in Albany e-mails copies of all notices regarding the scheduling of the Hearing to OMH.
- State Fair Hearings (DOH) sends a copy of the final Fair Hearing Decision to all parties involved in the Hearing and to OMH Fair Hearings who ensures that all appropriate parties (including OMH Counsel's Office, OMH Children and Families and OSU) receive a copy.
- OMH Children and Families ensures that the terms of the Hearing decision are carried out as prescribed and advises OMH Counsel's Office and OMH Fair Hearings of their completion.

NOTE: As noted above in the Policy section, families can file for Fair Hearings in several ways: by completing the back side of Notice of Decision and mailing or faxing it to State Fair Hearings; by sending a letter to State Fair Hearings; or by calling State Fair Hearings. If the family uses the Notice of Decision form to request the Hearing, State Fair Hearings should be able to properly identify the case as an OMH/HCBS Waiver case and send the notice to the OMH Fair Hearing contact rather than to a fair hearing contact in a LDSS. However, if the family does not use the form or does not clearly identify the case as an OMH/HCBS Waiver case when they file, it is likely that Fair Hearings will identify the case as belonging to the LDSS and send them the notices of scheduling, etc. This can cause delays and confusion. Whenever this situation occurs, whoever discovers that a HCBS Waiver Fair Hearing is pending notifies OMH Fair Hearings to facilitate correction of the error.

Citation 358-3.1 Right to a fair hearing.

(a) An applicant or recipient has the right to challenge certain determinations or actions of a social services agency or such agency's failure to act with reasonable promptness or within the time periods required by other provisions of this Title, by requesting that the Office of Administrative Hearing (OAH) provide a fair hearing. The right to request a fair hearing cannot be limited or interfered with in any way.

(b) If you are an applicant or a recipient of assistance, benefits or services you have a right to a fair hearing.

Waiver participants satisfy Citation 358-3.1 (a)(b); all Waiver participants must meet all federal categorical criteria for Medicaid eligibility.

During the initial face-to-face meeting, the ICC and family must complete Application to Participate/Freedom of Choice. This is the formal application to the HCBS Waiver. Completion/signature of this form starts the formal eligibility determination process which ends once OMH Operations Support Unit (OSU) has verified that all conditions for enrollment have been met and they have established the effective date of enrollment. The ICC discusses with the family and participant the need to collaborate in service plans development and updating of plans. Updating of plans includes the discontinuation, increase or reduction of specific services and/or service hours. These discussions must continue throughout the participant's enrollment and be reflected in the service plans and progress notes.

Initially, the family/caregiver becomes aware of their right to a Fair Hearing upon the receipt of the Notice of Decision. OMH OSU mails out the "Waiver - Notice of Decision – Acceptance or Denial" form. This form notifies family/child of Waiver enrollment

status and informs of right to fair hearing. When the participant Waiver enrollment is not approved, the family/caregiver receives a Notice of Decision - Denial form. The specific reason for the denial and the applicant's appeal (i.e. Fair Hearing) rights will be reflected on this notice.

In addition to pre-application and application process, the family/caregiver can receive Waiver Notice of Decision - Termination form. This form notifies family/caregiver of termination of waiver services and it contains a statement of the child/family's rights to appeal the termination decision and request a Fair Hearing.

As soon as OMH receives notice, OMH ensures the ICC agency is informed electronically that waiver services are to be continue during the appeal process. The ICC agency notifies the family/caregiver of the continuation of services.

Appendix F: Participant-Rights

Appendix F-2: Additional Dispute Resolution Process

- a. **Availability of Additional Dispute Resolution Process.** Indicate whether the State operates another dispute resolution process that offers participants the opportunity to appeal decisions that adversely affect their services while preserving their right to a Fair Hearing. *Select one:*

No. This Appendix does not apply

Yes. The State operates an additional dispute resolution process

- b. **Description of Additional Dispute Resolution Process.** Describe the additional dispute resolution process, including: (a) the State agency that operates the process; (b) the nature of the process (i.e., procedures and timeframes), including the types of disputes addressed through the process; and, (c) how the right to a Medicaid Fair Hearing is preserved when a participant elects to make use of the process: State laws, regulations, and policies referenced in the description are available to CMS upon request through the operating or Medicaid agency.

The process for local conference and fair hearings and the difference between the two is explained on the Notice of Decision. The OMH makes verbal contact with any complainant to offer parents/guardians that disagree with the notice of decision regarding disenrollment from the Waiver the option of requesting a conference with OMH prior to filing for a fair hearing to review the actions. They are also notified in the Notice of Decision of this option as well as of the fact that a request for a fair hearing may still be filed following a local conference if satisfactory resolution is not reached. In other words, the conference is neither a pre-requisite nor a substitute for a Fair Hearing. They are advised in the notice on how to initiate this conference as well as the need to take action immediately per the 60 day timeframe in which an appeal must be filed. This local conference is a less formal proceeding that provides the opportunity for all parties to discuss the basis for the decision and clear up any misunderstandings and/or misinformation. Sometimes a local conference will produce information that will result in a change in the agency's decision or the parent/guardian's decision to contest a decision. In the event that the dispute cannot be resolved in this forum, the family is entitled to ask for a Fair Hearing. This information is included in the Notice of Decision. Requests for a local conference are made through the OMH Operations Support Unit (OSU). Contact information is found on the back of the Notice of Decision.

The types of disputes addressed through this process, as well as through filing for a fair hearing, relate to notices of determination that state whether or not a child is accepted, denied or disenrolled from the Waiver. Although this application includes an additional category as one of the types of disputes that should be addressed through fair hearings, namely, "(b) are denied the service(s) of their choice or the provider(s) of their choice", the NYS Waiver for children with SED by its very nature as well as through policy requires that participants are given choice of Waiver services and providers once enrolled in the Waiver. Families who are not satisfied with the delivery of Waiver services while their child is enrolled are informed of and have access to the the ICC agency's formal complaint/grievance process.

Appendix F: Participant-Rights

Appendix F-3: State Grievance/Complaint System

- a. **Operation of Grievance/Complaint System.***Select one:*

No. This Appendix does not apply

Yes. The State operates a grievance/complaint system that affords participants the opportunity to register grievances or complaints concerning the provision of services under this waiver

b. Operational Responsibility. Specify the State agency that is responsible for the operation of the grievance/complaint system:

ICC agencies explain to participants that while participants are enrolled in the HCBS Waiver they are able to file complaints/grievances with their ICC agencies or the OMH Field Office and that when participants are disenrolled from the Waiver, i.e., have received a Notice of Decision of termination, they cannot file a complaint/grievance but can then request a local conference and/or fair hearing instead. The waiver participant/family is informed that filing a grievance or making a complaint is not a pre-requisite or substitute for a Fair Hearing.

All ICC agencies must have a policy in place to allow for children and families to register a complaint or grievance and for procedures to provide for follow-up to any child or family complaint or grievance. Grievances, and how the ICC agency addressed the grievances, are reviewed annually by OMH as part of the annual site visit. ICC agencies assure that families are given the phone number and names of OMH parent advisor for their region and the regional office children's services coordinator to assist them in events in which they are not satisfied with the outcomes.

c. Description of System. Describe the grievance/complaint system, including: (a) the types of grievances/complaints that participants may register; (b) the process and timelines for addressing grievances/complaints; and, (c) the mechanisms that are used to resolve grievances/complaints. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Complaints and grievances may be filed for any aspect of dissatisfaction with Waiver program workers, management or Waiver services.

Per OMH HCBS Waiver policy (found in the on-line HCBS Waiver Guidance Document), each ICC agency is required by OMH to develop and maintain policy and procedures for receiving and processing complaints and grievances. Each ICC agency develops its own policy and procedures which must include responsible parties and the maintenance of a tracking mechanism for indicating the complaint, complainant, date received, follow up actions with dates, workers involved, and resolutions with dates.

Each agency must inform families of its Grievance Procedures upon application to the Waiver. Grievances may be received in a number of ways including through the primary complainant, family advocates, the Waiver Program Manager or Assistant Manager, Waiver Supervisors, OMH Regional Office, OMH Parent Advisors, local Single Point of Access and the local Departments of Mental Health.

All grievances must be documented and responded to by the ICC agency within a reasonable timeframe.

The ICC agency Waiver managers and supervisors may meet with children and families to solicit additional information and to problem solve. Complaints may result in policy changes, personnel changes and refinements to service delivery.

The ICC agency Waiver managers and supervisors work with children and families to resolve issues. Meetings are often used to facilitate this.

Per the OMH Public Website under "OMH Rights of Outpatients":

Participants have the right to information on how to make a complaint. A provider of service must give a notice of participants' rights to each person upon admission, and post the rights in a conspicuous location. If there is a problem or complaint, the person who runs the program is responsible for making sure participant rights are protected. If this does not work, or is inappropriate, there are other organizations that can help.

For assistance:

A staff member, such as the personal service coordinator or principal contact person, or director of the program.

New York State Office of Mental Health

44 Holland Ave., Albany NY 12229

Toll free: 1-800-597-8481, En Espanol: 1-800-210-6456, TDD 1-800-597-9810 for people who are deaf or hearing impaired

New York State Commission on Quality of Care for the Mentally Disabled,

401 State Street, Schenectady, NY 12305

Telephone (518) 388-2888

Protection and Advocacy for Individuals Who Are Mentally Ill (PAIMI)

New York City Region:

New York Lawyers for the Public Interest,

151 W. 30th Street, 11th Floor, New York, NY 10001-4007

Telephone: (212) 244-4664

Western New York Region:
 Neighborhood Legal Services,
 495 Ellicott Square Building, Buffalo NY 14203
 Telephone: (716) 847-0650
 Hudson Valley Region:
 Disability Advocates,
 155 Washington Ave., Suite 300, Albany NY 12210.
 Telephone: (518) 432-7861
 North Country Region:
 North Country Legal Services,
 100 Court St., P. O. Box 989, Plattsburgh NY 12901.
 Telephone: (518) 563-4022. Or
 38 Gouverneur St., P.O. Box 648, Canton NY 13617.
 Telephone: (315) 386-4586
 Central New York Region:
 Legal Services of Central New York,
 The Empire Building,
 472 S. Salina St., Suite 300, Syracuse NY 13202.
 Telephone: (315) 475-3127
 Long Island Region:
 Touro College, Jacob Fuchsberg Law Center,
 300 Nassau Road, Huntington NY 11743.
 Telephone: (516) 421-2244, extension 331

Mental Hygiene Legal Service
 First Judicial Department,
 60 Madison Ave., 2d floor, New York NY 10010.
 Telephone: (212) 779-1734
 Second Judicial Department,
 170 Old Country Road, Mineola NY 11501.
 Telephone: (516) 746-4545
 Third Judicial Department,
 40 Steuben Street, Suite 501, Albany, NY 12207
 Telephone: (518) 474-4453
 Fourth Judicial Department,
 50 East Ave., Suite 402, Rochester NY 14604.
 Telephone: (585) 530-3050

National Alliance for the Mentally Ill of New York State
 260 Washington Ave., Albany NY 12210.
 Telephone: (518) 462-2000

Appendix G: Participant Safeguards

Appendix G-1: Response to Critical Events or Incidents

- a. **Critical Event or Incident Reporting and Management Process.** Indicate whether the State operates Critical Event or Incident Reporting and Management Process that enables the State to collect information on sentinel events occurring in the waiver program. *Select one:*

Yes. The State operates a Critical Event or Incident Reporting and Management Process (*complete Items b through e*)

No. This Appendix does not apply (*do not complete Items b through e*)

If the State does not operate a Critical Event or Incident Reporting and Management Process, describe the process that the State uses to elicit information on the health and welfare of individuals served through the program.

- b. State Critical Event or Incident Reporting Requirements.** Specify the types of critical events or incidents (including alleged abuse, neglect and exploitation) that the State requires to be reported for review and follow-up action by an appropriate authority, the individuals and/or entities that are required to report such events and incidents and the timelines for reporting. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Regarding workers: NYS Mental Health Law 524.1 through 524.9 describes provisions to assure the development, implementation and on-going monitoring of incident management systems by individual providers which will protect the health and safety of clients and enhance their quality of care. This provision of the law applies to all programs operated or licensed by OMH including the waiver program. The purpose is to ensure that individual providers such as the ICC agencies have an integrated and comprehensive strategy for identifying, documenting, reporting incidents on a timely basis (upon discovery report should be made if not immediately, within one business day), investigating individual incidents on a timely basis, identifying appropriate corrective actions, and analyzing patterns and trends pertaining to incident data and corrective actions as well as monitoring incident management practices. Per Mental Hygiene Law 14 NYCRR, Part 524, they are responsible for investigating every allegation of abuse or neglect and for notifying the OMH when an incident includes: reportable deaths, crimes under NYS or Federal law involving a client as victim or perpetrator, medication errors, attempted suicides, crimes, incidents that jeopardize a client's life, actual or alleged acts of physical, psychological or sexual abuse, neglect, assault, or missing client. Please note that generally exploitation in relation to children occurs through sexual abuse or engagement in employment, both of which are considered crimes and are covered in the State's definition of abuse. The results of the investigations must also be reported to OMH. Reportable deaths are also reported to the Justice Center within three working days as well as to OMH.

ICC Agencies are responsible for developing, implementing and monitoring for effectiveness a system for compiling and analyzing incident data and identifying patterns, as well as protocols for investigating and reporting, for the purpose of protecting the health and safety of their clients. ICC agencies are required to have written incident reporting policy and procedures. The Incident Management branch at OMH tracks and monitors all reportable incidents, the investigations and outcomes. Annual site visits are conducted by OMH staff at each ICC agency. Every site visit included review of critical incidents as well as ICC agency's critical incidents policy, protocol and follow-up activities. Findings are summarized and forwarded to the ICC agencies and OMH Central Office. Corrective Actions are required of the ICC agencies when indicated.

In addition, the NYS Child Protective Services Act of 1973, created a comprehensive program of child protective services including the establishment of criteria for reporting and investigating allegations of child abuse and maltreatment as well as a State Central Register of Child Abuse and Maltreatment (SCR). This law requires that the state maintains a central register of reports of child abuse and maltreatment that are determined following investigation to be indicated (e.g., some credible evidence is present). The law was amended to require that agencies screen any person who will have the potential for regular and substantial contact with children being cared for by child-caring agencies, programs or facilities by completing and submitting a State Central Register Database Check Form. If the name appears on the Register, the person will not be hired. The ICC Agencies are required to adhere to these laws.

The annual OMH site visits at each ICC agency include a review of State Central Register of Child Abuse and Maltreatment clearance. Site visits findings are summarized by OMH Central Office.

Regarding others: To further safeguard the health and safety of our clients, allegations of abuse or neglect of clients by non-staff are reported immediately to the NYS Child Abuse Register. To be employed, Individualized Care Coordinators are required to complete mandated reporter certification for investigating and reporting abuse and are mandated by law to report allegations. Sub-contract workers who suspect abuse or neglect are expected to first report this to the ICC who will follow-up and assure that the Child Abuse Register is notified.

Every annual site visit at each ICC agency includes a review of critical incidents as well as ICC agency's critical incidents policy, protocol and follow-up activities. ICC agency personnel records were checked for completion of Mandated Reporter certification, criminal history background checks via fingerprinting and SCR clearance.

On June 30, 2013 New York State implemented the Justice Center for the Protection of People with Special Needs (Justice Center), a state agency that will track and prevent, as well as investigate and prosecute reports of abuse of persons with disabilities or special needs. All providers are required adhere to Justice Center regulations.

Under the OMH Incident Reporting Policy, the ICC agency must ensure incidents are reported when one occurs when the participant is under the direct care of a waiver funded worker. Definitions for Incident Types can be found in the HCBS Waiver Guidance Document: <http://www.omh.ny.gov/omhweb/guidapce/hcbs/>

Incidents are reported into the NYS Incident Management Reporting System (NIMRS) within twenty-four hours of discovery of the incident. NIMRS is a web based application that is available on the browser 24 hours a day, 7 days a week. NIMRS is used by providers to report adverse events affecting their clients to Office of Mental Health (OMH).

Monthly reports in all reported incidents are generated out of NIMRS and reviewed by the OMH HCBS Waiver program lead. Incidents identified as "critical and serious events" will be shared with the Department of Health (DOH). A coordinated monitoring approach between DOH and OMH will be developed to ensure an effective review of critical and serious events. NYS Mental Health Law 524.1 describes provisions to assure the development, implementation and on-going monitoring of incident management systems for all programs operated or licensed by OMH.

Incidents are reported into the NYS Incident Management Reporting System (NIMRS) within twenty-four hours of discovery of the incident. NIMRS is a web based application that is available on the browser 24 hours a day, 7 days a week.

When incidents are reported to OMH through NIMRS, the system automatically generates email notifications which go to the Central Office Clinical Risk Manager for the program's region (and CRM Director) and the regional Field Office. Incidents identified as "critical and serious events" will be shared with the Department of Health (DOH). A coordinated monitoring approach between DOH and OMH will be developed to ensure an effective review of critical and serious events. Providers are responsible for conducting their own investigations of incidents and will be required to complete "findings" and "follow up" sections for "critical and serious events" included in NIMRS regarding corrective actions taken in response to the incident reported.

- c. Participant Training and Education.** Describe how training and/or information is provided to participants (and/or families or legal representatives, as appropriate) concerning protections from abuse, neglect, and exploitation, including how participants (and/or families or legal representatives, as appropriate) can notify appropriate authorities or entities when the participant may have experienced abuse, neglect or exploitation.

Per HCBS Waiver Guidance Document's requirement that ICC agencies have a complaint/grievance system, each ICC agency is responsible for informing children and their families of procedures for notifying appropriate authorities when abuse, neglect or exploitation is suspected. In addition, the ICC's are expected to educate children and families regarding what constitutes abuse, neglect or exploitation.

- d. Responsibility for Review of and Response to Critical Events or Incidents.** Specify the entity (or entities) that receives reports of critical events or incidents specified in item G-1-a, the methods that are employed to evaluate such reports, and the processes and time-frames for responding to critical events or incidents, including conducting investigations.

The OMH under 14 NYCRR, Part 524 mandates that programs have in place a viable incident management program and take responsibility for prompt investigation of all incidents. Each ICC agency is responsible for reviewing and responding to reports of critical incidents. The OMH provides a brochure describing best practices for special investigations. In addition, programs are responsible for compiling and analyzing incident data for the purpose of identifying possible patterns and trends to include incident type, participant involvement, location, date, time and employee involvement if indicated. Agencies are responsible for reviewing and monitoring incidents through the use of a standing incident review committee and 14 NYCRR Section 524.8 specifies the requirements of such committees. Incident Review Committees review reports and processes for timeliness, thoroughness and appropriateness of the program's response. All critical incident reports must be forwarded to the OMH Incident Management office and reported to the Justice Center.

The Incident Management branch at OMH tracks and monitors all reportable incidents as well as the investigations and outcomes. Findings are summarized and forwarded by OMH Incident Management to the ICC agencies and OMH Central Office Waiver Administrators and in certain specified cases also to the new Justice Center. Aggregate data reports are submitted to the Medicaid agency at least annually.

Annual site visits are conducted by OMH staff at each ICC agency and include reviews of critical incidents as well as each ICC agency's critical incidents policy, protocol and follow-up activities.

- e. Responsibility for Oversight of Critical Incidents and Events.** Identify the State agency (or agencies) responsible for overseeing the reporting of and response to critical incidents or events that affect waiver participants, how this oversight is conducted, and how frequently.

The Incident Management branch at OMH tracks and monitors all reportable incidents as well as the investigations and outcomes. Findings are summarized and forwarded by OMH Incident Management to the ICC agencies and OMH Central

Office Waiver Administrators.

The newly established New York State Justice Center for the Protection of People with Special Needs (Justice Center), a state agency tracks, investigates and prosecutes reports of abuse of persons with disabilities or special needs. All providers are required adhere to Justice Center regulations. The OMH NYS Incident Management Reporting System (NIMRS) continues to track incidents involving only the OMH population.

Chapter 501 of the Laws of 2012 establishes new standards and practices for protecting people with special needs and created the new Justice Center for the Protection of People with Special Needs (Justice Center). The expectation is that the Justice Center will investigate a portion of the reported abuse and neglect allegations, as well as other incidents deemed significant, from facilities and provider agencies that are operated, certified or licensed by six different state agencies, including OMH.

Part 524 Title 14 NYCRR - OMH's Incident Management Regulation has been re-drafted to be consistent with the new regulations establishing the Justice Center.

Information provided to OMH includes the following:

1. The Justice Center will investigate a portion (but not all) of abuse and neglect allegations. Incidents called in or transmitted to the Justice Center 24/7 hotline (by mandated reporters, custodians or other witnesses) will be entered into a statewide database called the Vulnerable Persons Call Registry (VPCR), used to track and monitor reportable incidents, corrective action plans and to identify trends.

Once information is received the Center will decide if the incident will be investigated by the Center or by OMH, and will make an independent determination regarding notification of law enforcement agencies as appropriate. For all reported allegations, the Center will require that OMH ensure that the situation where the incident occurred has been secured.

2. Of the incidents delegated for investigation by the Justice Center to the OMH, OMH will investigate incidents that occur in state-operated programs. Incidents occurring in OMH licensed programs may be investigated by OMH or will be delegated to providers for investigation within their own programs. OMH staff will be on-call 24/7 to receive notifications of allegations or abuse from the VPCR.

3. All OMH operated and licensed providers will be required to furnish OMH with contact information for administrators who can be called 24/7 to ensure safety.

4. OMH will continue to operate NIMRS, the current OMH incident management and reporting system. All accepted allegations of abuse and neglect and significant incidents will be entered into the VPCR by the Center. Information exchange exists between VPCR and NIMRS. NIMRS will continue to be used for incidents not immediately reportable to the Justice Center and to keep OMH apprised of the progress of investigations.

5. Reports of child abuse in institutional settings will no longer be made to the Statewide Central Register of Child Abuse and Maltreatment (SCR) but will be made to the VPCR. Mental health providers and staff continue mandatory reporting to the SCR of suspected abuse and neglect of children by a parent or caretaker in a family or foster care setting.

6. A series of training opportunities are planned regarding mandated reporting, code of conduct and investigations.

7. Centralization of the Criminal Background Check Process and Staff Exclusion List (SEL). The SEL is a list of the names of people deemed ineligible to work in position involving regular and substantial contact with a service recipient. Prior to requesting a background check for a potential employee, the SEL must be checked. For OMH providers, there will be minimal change to the existing criminal background check, and OMH will continue current practices to ensure that providers have completed criminal history checks.

8. Criminal Penalties. The Justice Center has a team of lawyers, investigators and a special prosecutor to investigate and prosecute allegations of abuse and neglect that rise to the level of criminal offense. New legislation has established stronger penalties for endangering the welfare of people with special needs, especially in a facility operated, licensed or certified by the state.

ICC Agencies are responsible for developing, implementing and monitoring for effectiveness a system for compiling and analyzing incident data and identifying patterns, as well as protocols for investigating and reporting, for the purpose of protecting the health and safety of their clients. ICC agencies are required to have written incident reporting policy and procedures.

Incidents are reported into the NYS Incident Management Reporting System (NIMRS) within twenty-four hours of discovery of the incident. NIMRS is a web based application that is available on the browser 24 hours a day, 7 days a week. When incidents are reported to OMH through NIMRS, the system automatically generates email notifications which go to the Central Office Clinical Risk Manager for the program's region (and CRM Director) and the regional Field Office. Incidents identified as "critical and serious events" will be shared with the Department of Health (DOH). A coordinated monitoring approach between DOH and OMH will be developed to ensure an effective review of critical and serious events.

Annual site visits conducted by OMH staff at each ICC agency includes review of critical incidents as well as ICC agency's critical incidents policy, protocol and follow-up activities

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (1 of 3)

- a. **Use of Restraints.** *(Select one): (For waiver actions submitted before March 2014, responses in Appendix G-2-a will display information for both restraints and seclusion. For most waiver actions submitted after March 2014, responses regarding seclusion appear in Appendix G-2-c.)*

The State does not permit or prohibits the use of restraints

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restraints and how this oversight is conducted and its frequency:

The Office of Mental Health is responsible for detecting the unauthorized use of restraints or seclusion. During annual waiver site visits, OMH reviews all complaints, grievances and critical incidents.

In addition to OMH annual monitoring site visits, the Individual Care Coordinators are responsible for detecting unauthorized use of restraints and/or seclusion through face-to-face visits, routine contacts with the participants, and possibly through complaints/grievances or incident reporting. The ICCs are responsible for the overseeing the waiver participants and assuring their health, safety, and welfare.

The use of restraints is permitted during the course of the delivery of waiver services. Complete Items G-2-a-i and G-2-a-ii.

- i. **Safeguards Concerning the Use of Restraints.** Specify the safeguards that the State has established concerning the use of each type of restraint (i.e., personal restraints, drugs used as restraints, mechanical restraints). State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of restraints and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (2 of 3)

- b. **Use of Restrictive Interventions.** *(Select one):*

The State does not permit or prohibits the use of restrictive interventions

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restrictive interventions and how this oversight is conducted and its frequency:

The Office of Mental Health is responsible for detecting the unauthorized use of restrictive interventions. During annual waiver site visits, OMH reviews all complaints, grievances and critical incidents.

The use of restrictive interventions is permitted during the course of the delivery of waiver services Complete Items G-2-b-i and G-2-b-ii.

- i. **Safeguards Concerning the Use of Restrictive Interventions.** Specify the safeguards that the State has in effect concerning the use of interventions that restrict participant movement, participant access to other individuals, locations or activities, restrict participant rights or employ aversive methods (not including restraints or seclusion) to modify behavior. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency.

- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for monitoring and overseeing the use of restrictive interventions and how this oversight is conducted and its frequency:

Appendix G: Participant Safeguards

Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (3 of 3)

- c. **Use of Seclusion.** *(Select one): (This section will be blank for waivers submitted before Appendix G-2-c was added to WMS in March 2014, and responses for seclusion will display in Appendix G-2-a combined with information on restraints.)*

The State does not permit or prohibits the use of seclusion

Specify the State agency (or agencies) responsible for detecting the unauthorized use of seclusion and how this oversight is conducted and its frequency:

The use of seclusion is permitted during the course of the delivery of waiver services. Complete Items G-2-c-i and G-2-c-ii.

- i. **Safeguards Concerning the Use of Seclusion.** Specify the safeguards that the State has established concerning the use of each type of seclusion. State laws, regulations, and policies that are referenced are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- ii. **State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of seclusion and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

Appendix G: Participant Safeguards

Appendix G-3: Medication Management and Administration (1 of 2)

This Appendix must be completed when waiver services are furnished to participants who are served in licensed or unlicensed living arrangements where a provider has round-the-clock responsibility for the health and welfare of residents. The Appendix does not need to be completed when waiver participants are served exclusively in their own personal residences or in the home of a family member.

a. **Applicability.** Select one:

- No. This Appendix is not applicable** (*do not complete the remaining items*)
 Yes. This Appendix applies (*complete the remaining items*)

b. **Medication Management and Follow-Up**

- i. **Responsibility.** Specify the entity (or entities) that have ongoing responsibility for monitoring participant medication regimens, the methods for conducting monitoring, and the frequency of monitoring.

- ii. **Methods of State Oversight and Follow-Up.** Describe: (a) the method(s) that the State uses to ensure that participant medications are managed appropriately, including: (a) the identification of potentially harmful practices (e.g., the concurrent use of contraindicated medications); (b) the method(s) for following up on potentially harmful practices; and, (c) the State agency (or agencies) that is responsible for follow-up and oversight.

Appendix G: Participant Safeguards**Appendix G-3: Medication Management and Administration (2 of 2)**c. **Medication Administration by Waiver Providers**

Answers provided in G-3-a indicate you do not need to complete this section

- i. **Provider Administration of Medications.** *Select one:*

- Not applicable.** (*do not complete the remaining items*)
 Waiver providers are responsible for the administration of medications to waiver participants who cannot self-administer and/or have responsibility to oversee participant self-administration of medications. (*complete the remaining items*)

- ii. **State Policy.** Summarize the State policies that apply to the administration of medications by waiver providers or waiver provider responsibilities when participants self-administer medications, including (if applicable) policies concerning medication administration by non-medical waiver provider personnel. State laws, regulations, and policies referenced in the specification are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

- iii. **Medication Error Reporting.** *Select one of the following:*

- Providers that are responsible for medication administration are required to both record and report medication errors to a State agency (or agencies).**
Complete the following three items:

(a) Specify State agency (or agencies) to which errors are reported:

(b) Specify the types of medication errors that providers are required to *record*:

(c) Specify the types of medication errors that providers must *report* to the State:

Providers responsible for medication administration are required to record medication errors but make information about medication errors available only when requested by the State.

Specify the types of medication errors that providers are required to record:

iv. State Oversight Responsibility. Specify the State agency (or agencies) responsible for monitoring the performance of waiver providers in the administration of medications to waiver participants and how monitoring is performed and its frequency.

Appendix G: Participant Safeguards

Quality Improvement: Health and Welfare

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Health and Welfare

The state demonstrates it has designed and implemented an effective system for assuring waiver participant health and welfare. (For waiver actions submitted before June 1, 2014, this assurance read "The State, on an ongoing basis, identifies, addresses, and seeks to prevent the occurrence of abuse, neglect and exploitation.")

i. Sub-Assurances:

a. Sub-assurance: *The state demonstrates on an ongoing basis that it identifies, addresses and seeks to prevent instances of abuse, neglect, exploitation and unexplained death. (Performance measures in this sub-assurance include all Appendix G performance measures for waiver actions submitted before June 1, 2014.)*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

G.a.i.6. Percentage of children with a current Safety Alert Plan out of all service records reviewed for the review year.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Record reviews, off-site

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Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

G.a.i.5. Number of critical incidents involving suicide or death reported to the Justice Center.

Data Source (Select one):
Critical events and incident reports

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

G.a.i.1. Percentage of service plans that evidence at least annual medical and/or dental appointments out of all case records reviewed.

Data Source (Select one):

Record reviews, on-site

If 'Other' is selected, specify:

Record review, off-site

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
	Specify: <input type="text"/>

Performance Measure:

G.a.i.4. Number of critical incident reports submitted within the calendar year to OMH Incident Management.

Data Source (Select one):

Critical events and incident reports

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Annually

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
Specify: <input type="text"/>	
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

G.a.i.3. Percentage of ICC's that have cleared criminal history background checks (fingerprinting) out of all ICC's hired.

Data Source (Select one):

Other

If 'Other' is selected, specify:

ICC agency Human Resource records

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

G.a.i.2. Percentage of ICC workers who have been cleared through the State Central Child Abuse Register out of all ICC workers.

Data Source (Select one):

Other

If 'Other' is selected, specify:

ICC agency Human Resource records

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input style="width: 100%;" type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input style="width: 100%;" type="text"/>

- b. *Sub-assurance: The state demonstrates that an incident management system is in place that effectively resolves those incidents and prevents further similar incidents to the extent possible.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

- c. *Sub-assurance: The state policies and procedures for the use or prohibition of restrictive interventions (including restraints and seclusion) are followed.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

- d. *Sub-assurance: The state establishes overall health care standards and monitors those standards based on the responsibility of the service provider as stated in the approved waiver.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible. In addition to demographic, clinical and fiscal reports, a site visit is conducted annually for each ICC Agency by a team of reviewers led and organized by the Regional Field Coordinator. The LGU, or designee, and OMH staff may also participate. As part of the site visit, the OMH Parent Advisor evaluates parent and youth satisfaction. The annual site visits follow specific guidelines set by the OMH to assure that the ICC Agency is adhering to the philosophy and all requirements of the HCBS Waiver Program. Site Visits include examination of all topics listed in the Site Visit Summary Form. If a program is deficient in any of these requirements, corrective actions are identified and the agency is formally notified within 30 days of the site visit.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

Per site visit summary data, all agencies found to have deficiencies are required to submit Plans of Corrective Action for review and approval to their respective OMH Field Office and OMH Central Office and to the DOH Waiver Management Unit. Areas found deficient are a particular focus of site reviews to ensure plans of corrective action continue to be fully implemented. OMH findings are aggregated and analyzed in an annual report to the Medicaid agency.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: 	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify:

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Health and Welfare that are currently non-operational.

No

Yes

Please provide a detailed strategy for assuring Health and Welfare, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

NYS implemented the Justice Center for the Protection of of People with Special Needs (Justice Center) on June 30, 2013 which requires an annual review and signing of the Code of Conduct. Review of this new requirement will be added to the annual site visit conducted by OMH beginning the second half of 2013. Sending all OMH review generated POCAs to DOH will be added, starting 2014.

Incidents are reported into the NYS Incident Management Reporting System (NIMRS) within twenty-four hours of discovery of the incident. NIMRS is a web based application that is available on the browser 24 hours a day, 7 days a week. All ICC agencies providers are responsible for investigating every allegation of abuse or neglect and for notifying the OMH, via NIMRS, when an incident includes: reportable deaths, crimes under NYS or Federal law involving a waiver participant as victim or perpetrator, medication errors, attempted suicides, crimes, incidents that jeopardize a participant's life, actual or alleged acts of physical, psychological or sexual abuse, neglect, assault, or missing participant. The results of the investigations must also be reported in NIMRS.

ICC agencies are responsible for developing, implementing and monitoring for effectiveness a system for compiling and analyzing incident data and identifying patterns, as well as protocols for investigating and reporting, for the purpose of protecting the health and safety of their participants. ICC agencies are required to have written incident reporting policy and procedures. Every ICC agency annual site visit includes review of critical incidents as well as ICC agency's critical incidents policy, protocol and follow-up activities.

The NYS Child Protective Services Act of 1973, created a comprehensive program of child protective services including the establishment of criteria for reporting and investigating allegations of child abuse and maltreatment as well as a State Central Register of Child Abuse and Maltreatment (SCR). This law requires that the state maintains a central register of reports of child abuse and maltreatment that are determined following investigation to be "indicated" (e.g., some credible evidence is present). The law was amended to require that agencies screen any person who will have the potential for "regular and substantial contact with children being cared for by child-caring agencies, programs or facilitations" by completing and submitting a State Central Register Database Check Form. The ICC Agencies are required to adhere to these laws.

Appendix H: Quality Improvement Strategy (1 of 2)

Under §1915(c) of the Social Security Act and 42 CFR §441.302, the approval of an HCBS waiver requires that CMS determine that the State has made satisfactory assurances concerning the protection of participant health and welfare, financial accountability and other elements of waiver operations. Renewal of an existing waiver is contingent upon review by CMS and a finding by CMS that the assurances have been met. By completing the HCBS waiver application, the State specifies how it has designed the waiver's critical processes, structures and operational features in order to meet these assurances.

- Quality Improvement is a critical operational feature that an organization employs to continually determine whether it operates in accordance with the approved design of its program, meets statutory and regulatory assurances and requirements, achieves desired outcomes, and identifies opportunities for improvement.

CMS recognizes that a state's waiver Quality Improvement Strategy may vary depending on the nature of the waiver target population, the services offered, and the waiver's relationship to other public programs, and will extend beyond regulatory requirements. However, for the purpose of this application, the State is expected to have, at the minimum, systems in place to measure and improve its own performance in meeting six specific waiver assurances and requirements.

It may be more efficient and effective for a Quality Improvement Strategy to span multiple waivers and other long-term care services. CMS recognizes the value of this approach and will ask the state to identify other waiver programs and long-term care services that are addressed in the Quality Improvement Strategy.

Quality Improvement Strategy: Minimum Components

The Quality Improvement Strategy that will be in effect during the period of the approved waiver is described throughout the waiver in the appendices corresponding to the statutory assurances and sub-assurances. Other documents cited must be available to CMS upon request through the Medicaid agency or the operating agency (if appropriate).

In the QIS discovery and remediation sections throughout the application (located in Appendices A, B, C, D, G, and I), a state spells out:

- The evidence based discovery activities that will be conducted for each of the six major waiver assurances;
- The *remediation* activities followed to correct individual problems identified in the implementation of each of the assurances;

In Appendix H of the application, a State describes (1) the *system improvement* activities followed in response to aggregated, analyzed discovery and remediation information collected on each of the assurances; (2) the correspondent *roles/responsibilities* of those conducting assessing and prioritizing improving system corrections and improvements; and (3) the processes the state will follow to continuously *assess the effectiveness of the OIS* and revise it as necessary and appropriate.

If the State's Quality Improvement Strategy is not fully developed at the time the waiver application is submitted, the state may provide a work plan to fully develop its Quality Improvement Strategy, including the specific tasks the State plans to undertake during the period the waiver is in effect, the major milestones associated with these tasks, and the entity (or entities) responsible for the completion of these tasks.

When the Quality Improvement Strategy spans more than one waiver and/or other types of long-term care services under the Medicaid State plan, specify the control numbers for the other waiver programs and/or identify the other long-term services that are addressed in the Quality Improvement Strategy. In instances when the QIS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program. Unless the State has requested and received approval from CMS for the consolidation of multiple waivers for the purpose of reporting, then the State must stratify information that is related to each approved waiver program, i.e., employ a representative sample for each waiver.

Appendix H: Quality Improvement Strategy (2 of 2)

H-1: Systems Improvement

a. System Improvements

- i. Describe the process(es) for trending, prioritizing, and implementing system improvements (i.e., design changes) prompted as a result of an analysis of discovery and remediation information.

New York State is currently fully engaged in a process to restructure the delivery and reimbursement of children's behavioral health services as part of the Medicaid Redesign Project. In a cross systems effort, we are designing a model which includes the transition of all Medicaid funded behavioral health services into managed care, including Waiver services. During the upcoming Waiver period, NYS plans to focus on improving provider data collection and reporting in order to collect more precise data on service provision patterns, so as to inform the restructuring which will likely include improvements to care management, service design and structural changes to reimbursement. We will be looking to amend the Waiver before the five year period expires to facilitate the transition to Medicaid Managed Care.

OMH and DOH are committed to the provision of optimal quality of care for waiver participants, and therefore seek system design improvements that support this. Data collected throughout the year is analyzed and trended annually. Identified remediation initiatives are shared with the appropriate offices such as OMH Finance, NYS DOH, etc. according to issue. Relevant information is shared, next steps are determined, prioritized, and methods for implementing are decided upon. For example, OMH Operations Support Unit, which processes waiver enrollment and disenrollment, in collaboration with the HCBS Waiver Coordinator and IT developed a paperless enrollment and disenrollment process (effective March 27, 2013) that expedites both the enrollment and disenrollment process, saves staff time and the cost of mailings and faxing materials.

If the system design change entails a technical amendment, such as the one made in which ICC worker qualifications were broadened based on trending of ICC agency needs, OMH Waiver staff consult with DOH for input, approval and submitting the technical amendment to CMS. If the design change relates to fiscal issues such as periodic rate modifications based on operating needs, the OMH Waiver works in close collaboration with OMH financial officers, community budget, and obtains approval from the NYS Division of the Budget. In producing the CMS 372 reports, OMH and DOH Fiscal Management Group (FMG) confer. A systems change to provide a waiver-specific edit in the eMedNY system was initiated to enhance billing accuracy.

As a result of the analysis of discovery and remediation information, primarily based on waiver data and requirements

of the CMS assurances, the following quality improvement measures have been developed/implemented to address one or more of the six waiver assurances as indicated following each measure outlined below.

Quality Management System Improvement Processes and Assurance Categories

A) Sample size: Since DOH and OMH each perform an annual review of a sample of ISPs, with consultant support, OMH and DOH collaborated in developing statistically and representatively appropriate sampling processes for case record monitoring which will be more efficient for both agencies.

A statistically appropriate sampling process provides valid aggregate data to analyze and discover statewide and/or regional trends and support processes for remediation and improvement.

Assurance I
Assurance II
Assurance IV

B) Coordinated complimentary monitoring: A coordinated monitoring approach between DOH and OMH was developed to ensure a more efficient and effective review of ISPs, systems and procedures and to avoid redundancy.

Assurance I
Assurance II
Assurance III
Assurance IV
Assurance VI

C) Reporting to DOH: OMH has included LOC information in the 372 narrative annual reports to the NYS Department of Health.

Assurance I
Assurance II
Assurance III
Assurance IV
Assurance VI

D) LOC Recertifications: To address deficiencies found in timeliness of LOC Recertifications, OMH confirmed a new iteration of OMH's CAIRS (electronic) Child and Adult Integrated Reporting System that allows for a pop-up reminder to assist ICC agencies with LOC re-certification timeframe requirements for each individual child.

Assurance I

E) LOC signatures: To address increases in staff turn-over, OMH Central Office has requested information from LGU's on a quarterly, rather than periodic, basis. Failure to report changes in signatories to OMH and deficiencies in criteria conformance will be tracked, analyzed annually for trends and addressed as indicated by the OMH Field Coordinators.

Assurance I

F) Site Visit Summary Aggregate Data: OMH redesigned its site visit summary data collection protocol to accommodate aggregated data. In addition, site visits summary forms were reorganized to include indicators such as number of case records with noted citations, ICC worker, and county to assist ICC agency in planning corrective actions. OMH will reflect detailed aggregate data in the assurance areas and describe trends in greater detail in its 372 narrative report.

Assurance I
Assurance II
Assurance III
Assurance IV
Assurance VI

G) Youth and Family Satisfaction: Summary and Analysis of Youth and Family Waiver surveys continue to be conducted annually. This information is shared with DOH as well as ICC agencies. This information is also available

to the general public through the OMH Kids Portal.

Assurance II

H)Monitoring - New Agency Site Visits: OMH Field and/or Central Office staff conducted a mock site visit, on-site training and technical assistance to new ICC agencies within the first quarter of their operation in addition to the regularly scheduled annual site visit.

Assurance I

Assurance II

Assurance II

Assurance IV

Assurance VI

I.)Monitoring of Corrective Actions: In addition to annual site visits which monitor corrective actions, OMH requires that documentation of completed corrective actions related to critical health and safety issues be submitted to OMH Field Office within one month of development of the corrective action plan.

Assurance II

Assurance IV

J) Aggregated Data Availability: OMH has developed Reports for ICC agencies on CAIRS to provide all ICC agencies with access to individual and aggregate reports on CANS-NY, date to begin billing, Notice of Determination (NOD) for Acceptance, NOD for Termination.

Assurance III

Assurance IV

K) CANS Aggregate Data Availability: OMH has conducted several studies related to Outcomes utilizing CANS scores over time. Current CAIRS reports allow for CANS-NY outcome information to be aggregated and viewed.

Assurance II

Assurance IV

L) Worker Training: OMH offers 14 C.A.R.A.T. training throughout the state in each region during the same month annually. The training contract allows for seven regional training sessions annually. Additionally, OMH developed a Respite curriculum and a Skill Builders curriculum and have provided Train-The-Trainer sessions periodically for both curricula. OMH Central Office can access test results for on-line training for all waiver service providers.

Assurance II

Assurance III

Assurance IV

M) Medicaid and Operations agency collaboration: DOH has instituted an annual meeting of all those who have a part in the OMH SED HCBS waiver - program, financial, systems, legal, eligibility, and oversight, in order to share information and concerns. Establishment of regularly scheduled interdisciplinary meetings have lead to simplifying processes by eliminating unnecessary steps, clarifying contact people, and increasing understanding of the contribution each party makes to the entire program.

Assurance V

N) Critical Incidents: NYS has implemented a Justice Center for the Protection of people with Special Needs (Justice Center)as of June 30, 2013. OMH will begin to monitor providers signing of Codes of Conduct as required by this new legislation.

Assurance IV

O)Critical Incidents Monitoring System: OMH HCBS Waiver Coordinator met with OMH Management System to address inaccuracies in reporting incidents to OMH that were discovered; namely that some providers indicated they

were Waiver providers with incidents when they were not Waiver providers. This has been rectified.

Assurance IV

P)Health and Welfare: DOH reviews the safety alert plans in ISP reviews as part of the annual case record review. The form for this information has been improved and standardized so that all ICCs utilize the same form. Discharge planning and follow-up are tracked.

Assurance IV

Assurance V

ii. System Improvement Activities

Responsible Party(<i>check each that applies</i>):	Frequency of Monitoring and Analysis(<i>check each that applies</i>):
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Quality Improvement Committee	<input type="checkbox"/> Annually
<input type="checkbox"/> Other Specify: _____	<input checked="" type="checkbox"/> Other Specify: on-going, based on annual discovery and remediation information analysis and as issues arise

b. System Design Changes

- i. Describe the process for monitoring and analyzing the effectiveness of system design changes. Include a description of the various roles and responsibilities involved in the processes for monitoring & assessing system design changes. If applicable, include the State's targeted standards for systems improvement.

The OMH Waiver Administrators are primarily responsible for monitoring the effectiveness of programmatic system design changes with input from relevant sources such as other OMH divisions, departments, other state agencies (e.g. Office of Children and Family Services, Department of Health, etc.) In some cases, an OMH division may monitor the implementation of a design change and report its effectiveness to the OMH Waiver. OMH Waiver reviews such reports and analyzes the effectiveness in terms of overall Waiver operations. If the system change involves fiscal issues, OMH fiscal officers may be involved in monitoring and analyzing for effectiveness.

OMH Waiver also utilized annual site visits to each ICC agency as a means for monitoring certain systems changes which agencies are expected to put in place. Additionally, feed back is solicited routinely from a variety of sources to assist in determining effectiveness including the ICC agencies, OMH Field Staff, OMH Parent Advisors, the NYS Coalition for Children's Mental Health, etc.

Since the implementation of the HCBS Waiver, DOH and OMH have collaborated on the MMIS systems changes required to appropriately bill for HCBS waiver services. This has included developing and disseminating appropriate billing and documentation requirements to providers, including sending providers the necessary Provider Manual to ensure appropriate billing. Procedure and service codes necessary for providers to identify the Waiver services being provided have been developed and implemented. DOH implemented the necessary computer system changes needed to support foster care children's participation in the Waiver, and made other system enhancements for the Waiver children, including the ability to identify claims for the Waiver children by category of service, rate code(s), and invoice type.

In the fiscal system, many reports derived from data on the waiver expenditures, projected and actual, by date of service and by date of payment, and by state and federal share are required by CMS and for the State's own budgeting process. These reports track and monitor the financial aspects of the waiver, and are used to discern trends, to

discover errors and anomalies in overall spending, to document share distribution, and to develop projections for future spending needs. The DOH Fiscal Management Group (FMG) is responsible for the fiscal oversight of the OMH waiver: monitoring trends; developing annual budget estimates each year for the waiver; tracking of program expenditures monthly; submitting the CMS 37 and CMS 64 reports quarterly; and reviewing the annual submissions of the 372 report for this waiver. See also under Appendix I: Financial Accountability.

- ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

The NYS DOH meets annually in an interagency meeting with OMH during which time quality improvement strategies are reviewed and evaluated. The NYS DOH utilizes trends from its annual ISP review to suggest improvements in Waiver administration and requires provider compliance in correcting identified deficiencies to meet improved standards.

In addition, remedial recommendations based on the DOH's annual record review are discussed in meetings, forwarded to cited ICC agencies of whom corrective actions are required. The DOH and OMH evaluate this strategy and make revisions to the process for subsequent annual reviews.

DOH provided a webinar to HCBS Waiver providers on July 30, 2013 on how to correctly complete a Plan of Corrective Action to address inconsistencies from HCBS Waiver providers in completing POCAs. DOH WMU review of OMH POCAs will begin in 2014, and POCAs will be required to be rewritten when they are insufficient to correct any systemic issues that they reveal. This enforcement of improved POCAs should correct many systemic provider weaknesses.

Appendix I: Financial Accountability

I-1: Financial Integrity and Accountability

Financial Integrity. Describe the methods that are employed to ensure the integrity of payments that have been made for waiver services, including: (a) requirements concerning the independent audit of provider agencies; (b) the financial audit program that the state conducts to ensure the integrity of provider billings for Medicaid payment of waiver services, including the methods, scope and frequency of audits; and, (c) the agency (or agencies) responsible for conducting the financial audit program. State laws, regulations, and policies referenced in the description are available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

DOH and OMH have collaborated in the design and implementation of various, multi-faceted systems to assure financial accountability in accordance with the methodology specified in the Waiver Agreement: to prepare and submit various reports according to federal requirements, that are also used for state budget purposes; to address any financial irregularities as appropriate; to ensure that participant claims are coded and paid in accordance with the waiver reimbursement methodology; to reflect the evolution of program and services by revising the Medicaid Management Information System (MMIS), now known as eMedNY; and to make billing documentation available to providers as required and to update providers on correct billing practices.

Many required reports are derived from data on the waiver expenditures, projected and actual, by date of service and by date of payment, and by state and federal share. The purpose of these reports is to track and monitor the financial aspects of the waiver, to discern trends, to discover errors and anomalies in overall spending, to document share distribution, and to develop projections for future spending needs. These reports are submitted to CMS and are used in the State budget process. The DOH Fiscal Management Group (FMG) is responsible for the fiscal oversight of the OMH waiver: monitoring trends; developing annual budget estimates each year for the waiver; tracking of program expenditures monthly; submitting the CMS 37 and CMS 64 reports quarterly; submitting the MARS 72, 73 and 50 Reports to CMS and reviewing the annual submissions of the 372 report for this waiver. With the number of places where checks and balances occur between OMH and DOH regarding the financial aspects of the waiver, discrepancies are addressed as they are discovered rather than at set intervals. FMG maintains communication with OMH fiscal staff to resolve any potential issues as they arise.

eMedNY System: The eMedNY (MMIS) system is the New York statewide database for all New York State Medicaid information, which allows for payment to the qualified Medicaid provider, for an approved Medicaid service which has been provided to an enrolled Medicaid participant. DataMart is an internal DOH web tool that allows DOH staff to analyze data from the eMedNY system. DataMart may also be used to locate a client and determine their Medicaid eligibility information, including whether he/she is in the OMH Waiver, the date the individual entered the Waiver and the date Waiver enrollment concluded, if appropriate, the services provided by date, service type and provider.

ICC agencies are required to submit to the Office of Mental Health an annual certified financial statement that must be certified

by a certified public accountant independent of the ICC organization. This information is used by OMH to determine the fiscal viability of the ICC agency.

The CMS 372 Reports demonstrate the "cost neutrality" of the SED waiver, i.e. that it does not cost more to maintain the waiver child in his/her home and community than in an institution. These reports contain detailed breakouts of waiver expenditures by category of service, for all services provided in a given year, and the number of recipients of each service during the calendar review year. They are developed by obtaining expenditure data generated by the DOH its eMedNY system, based on date of service for waiver recipients who are identified by program enrollment rosters maintained by the Office of Mental Health (OMH). OMH central office staff prepare the 372 fiscal form which is then checked by DOH FMG and the Waiver Management Unit (WMU) staff. Although most of the Department's monthly and quarterly MARS/eMedNY reports are based on a claim's date of payment, the date-of-service data included in the CMS 372 reports is typically similar to actual (date-of-payment) expenditure data reported during a given period. Therefore, FMG staff compare the data included in the CMS 372 report to actual MARS expenditure data for the period in question, and follow-up with appropriate staff from DOH and OMH to resolve any apparent discrepancies, or unusual trends. This review serves as a data check to verify that the fiscal data included in the CMS 372 is consistent with current expenditures.

FMG staff also use the DOH Datamart system to verify that the recipient counts included in the 372 report are consistent with those counted on a "date-of-payment" methodology. When anomalies are identified, FMG staff contact staff from OHIP and/or OMH to identify the potential cause of the anomaly and to rectify any errors. Once FMG staff is satisfied that the 372 data is accurate, the reports are approved and returned to WMU staff for completion and submission to CMS. A similar review process also occurs with any other data related question raised by FMG staff regarding the HCBS waiver claims.

The New York State Office of the Medicaid Inspector General (OMIG) is now a separate State agency with audit responsibility for all state Medicaid programs, a function that previously was internal to DOH. OMIG will audit the entire waiver program according to their schedule but is requested to look at a Medicaid program if fraud or other abuse is suspected.

Appendix I: Financial Accountability

Quality Improvement: Financial Accountability

As a distinct component of the State's quality improvement strategy, provide information in the following fields to detail the State's methods for discovery and remediation.

a. Methods for Discovery: Financial Accountability

State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver. (For waiver actions submitted before June 1, 2014, this assurance read "State financial oversight exists to assure that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver.")

i. Sub-Assurances:

- a. *Sub-assurance: The State provides evidence that claims are coded and paid for in accordance with the reimbursement methodology specified in the approved waiver and only for services rendered. (Performance measures in this sub-assurance include all Appendix I performance measures for waiver actions submitted before June 1, 2014.)*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

Performance Measure:

I.a.i.1. Percent of ICC Agencies submitting Medicaid expenditure information by category of service to eMedNY, out of all operating ICC agencies in a year. Child specific expenditure services report sent back to OMH who sends info to ICC and LGU to manage/monitor budgets respectively.

Data Source (Select one):

Financial records (including expenditures)

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input checked="" type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input checked="" type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input checked="" type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):

Performance Measure:

I.a.i.6. Number and percent of cases in the annual sample of ISPs reviewed in which services are billed for but are not documented in the service plan, out of all the ISPs reviewed for that year.

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

eMedNY Claim detail Report

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95% CONFIDENCE
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis(check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly

Responsible Party for data aggregation and analysis <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

I.a.i.5. Number and percent of all waiver participant records that demonstrate cost neutrality during the review year, i.e. that it costs less to have the child in the waiver than in an institution.

Data Source (Select one):

Financial records (including expenditures)

If 'Other' is selected, specify:

Responsible Party for data collection/generation <i>(check each that applies):</i>	Frequency of data collection/generation <i>(check each that applies):</i>	Sampling Approach <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

I.a.i.2. Percent of children named in the OMH waiver roster out of all children enrolled in Waiver for the 372 Report.

Data Source (Select one):

Other

If 'Other' is selected, specify:

OMH Waiver Roster; DOH eMedNY data

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input checked="" type="checkbox"/> 100% Review
<input checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = <input type="text"/>
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify: <input type="text"/>
	<input type="checkbox"/> Other Specify: <input type="text"/>	

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Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

Performance Measure:

I.a.i.4. Number and percent of cases in which services are described as utilized in the service plan but are not billed for in the eMedNY system, out of the total number of ISPs reviewed in the representative sample for the review year.

Data Source (Select one):

Record reviews, off-site

If 'Other' is selected, specify:

eMedNY Claim Detail Reports

Responsible Party for data collection/generation (check each that applies):	Frequency of data collection/generation (check each that applies):	Sampling Approach (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input type="checkbox"/> 100% Review
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Less than 100% Review
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Representative Sample Confidence Interval = 95%
<input checked="" type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: <input type="text"/>
	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:

	<input type="checkbox"/> Other Specify: <input type="text"/>	

Data Aggregation and Analysis:

Responsible Party for data aggregation and analysis (check each that applies):	Frequency of data aggregation and analysis (check each that applies):
<input checked="" type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: <input type="text"/>	<input checked="" type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input type="checkbox"/> Other Specify: <input type="text"/>

- b. *Sub-assurance: The state provides evidence that rates remain consistent with the approved rate methodology throughout the five year waiver cycle.*

Performance Measures

For each performance measure the State will use to assess compliance with the statutory assurance (or sub-assurance), complete the following. Where possible, include numerator/denominator.

For each performance measure, provide information on the aggregated data that will enable the State to analyze and assess progress toward the performance measure. In this section provide information on the method by which each source of data is analyzed statistically/deductively or inductively, how themes are identified or conclusions drawn, and how recommendations are formulated, where appropriate.

- ii. If applicable, in the textbox below provide any necessary additional information on the strategies employed by the State to discover/identify problems/issues within the waiver program, including frequency and parties responsible. The NYS Department of Health is required to complete an annual review of a statistically representative sample of individual service plans from the total HCBS Waiver caseload for the review year. Data generated includes information on identification information; eligibility; level of care determination; choice of waiver or not, and of provider; service plan characteristics including timeliness, appropriate review of plans of care, integration of needs with goals; health and safety concerns; Safety Alert Plans; discharge planning and follow-up. The ICC Agencies provide copies of service plans as requested directly to the DOH for this purpose. The review includes a comparison of the service plan and Medicaid billing claims. The DOH generates a summary from the review, with any need for corrective actions noted. When necessary, the involved ICC Agency completes the Corrective Action Plan using the OMH format and submits it to the OMH Field Coordinator within 30 days and sends it to DOH WMU for review and

acceptance. Technical assistance is provided as indicated.

In 2009, OMH requested a random sample of case records to include Service Plan and Service Plan Reviews along with progress notes for a designated month, to cross reference the progress notes with actual Medicaid expenditures. This was a one time only exercise.

b. Methods for Remediation/Fixing Individual Problems

- i. Describe the State’s method for addressing individual problems as they are discovered. Include information regarding responsible parties and GENERAL methods for problem correction. In addition, provide information on the methods used by the State to document these items.

All agencies found to have deficiencies through the review of service plans against claims during the annual DOH review submit Plans of Corrective Action (POCAs) for review and approval by DOH WMU. Results are sent to OMH Central Office for follow-up by OMH Field staff. Areas found deficient are a particular focus of site visits to ensure plans of corrective action continue to be fully implemented. This information is aggregated and shared with DOH. DOH addresses any discrepancies found between services indicated by ICC agencies as delivered and actual Medicaid expenditures with the ICC agency. Remediation includes the recovery of costs erroneously charged to Medicaid.

Any discrepancies between roster information and enrollment are addressed jointly by DOH and OMH to rectify as soon as the discovery is made. If DOH discovers that an operating ICC agency has not submitted expenditure/service data, OMH is informed and addresses the issue to rectify with the delinquent ICC agency.

OMH Community Budget has issued new rules for submission of contracts to improve the timely issuance of these agreements, and has provided fiscal Field Coordinators with guidelines to assist them in providing technical support to the ICC agencies in this area.

OMH has an automated system that allows them to see the results of the previous annual site visit with ICC agencies, enhancing their ability to continue to require improvement of ICC agency performance.

ii. Remediation Data Aggregation

Remediation-related Data Aggregation and Analysis (including trend identification)

Responsible Party <i>(check each that applies):</i>	Frequency of data aggregation and analysis <i>(check each that applies):</i>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly
<input type="checkbox"/> Operating Agency	<input type="checkbox"/> Monthly
<input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Annually
	<input type="checkbox"/> Continuously and Ongoing
	<input checked="" type="checkbox"/> Other Specify: As discovered

c. Timelines

When the State does not have all elements of the Quality Improvement Strategy in place, provide timelines to design methods for discovery and remediation related to the assurance of Financial Accountability that are currently non-operational.

No

Yes

Please provide a detailed strategy for assuring Financial Accountability, the specific timeline for implementing identified strategies, and the parties responsible for its operation.

New York State is currently fully engaged in a process to restructure the delivery and reimbursement of children’s behavioral health services as part of the Medicaid Redesign Project. In a cross systems effort, we are designing a model

which includes the transition of all Medicaid funded behavioral health services into managed care, including Waiver services. During the upcoming Waiver period, NYS plans to focus on improving provider data collection and reporting in order to collect more precise data on service provision patterns, so as to inform the restructuring which will likely include improvements to care management, service design and structural changes to reimbursement.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (1 of 3)

- a. **Rate Determination Methods.** In two pages or less, describe the methods that are employed to establish provider payment rates for waiver services and the entity or entities that are responsible for rate determination. Indicate any opportunity for public comment in the process. If different methods are employed for various types of services, the description may group services for which the same method is employed. State laws, regulations, and policies referenced in the description are available upon request to CMS through the Medicaid agency or the operating agency (if applicable).

Rate methodology for all the waiver services was completed by OMH Central Office Financial Planning, OMH Community Budget, OMH Counsel's Office and OMH Waiver program administrators with input from the Coalition for Children's Mental Health and waiver providers which allows for public comment. Per regulations, review and approval must be made by the NYS Division of the Budget (a separate State agency). The methodology included time calculations identifying total work hours per year, subtracting time off for vacation, sick and personal leave as well as days off for required training. Billable hours were then calculated. Suggested salaries based upon qualifications for the waiver service being provided was calculated with a differential for downstate. Fringe, NPS and A&OH was calculated and a total salary calculated. Salary was then divided by the total billable hours to determine an hourly rate. This allowed for a standardized rate for the 9 waiver services with a downstate differential. Prior to this standardization in 2008, rates were agency-specific determined by individual agency budgets submitted and reviewed by OMH. A similar methodology was established for the ICC rates with certain assumptions allowing for a standardized caseload ratio of 1:6, supervisory salary of 1:5 and fee for network development/maintenance. The methodology also included a monthly rate for flex funds and rates dependent upon deliverable units of service for Crisis Response and Intensive In-Home Services.

Under the Freedom of Information Act, Waiver participants may request this information at any time and it would be made available to them.

- b. **Flow of Billings.** Describe the flow of billings for waiver services, specifying whether provider billings flow directly from providers to the State's claims payment system or whether billings are routed through other intermediary entities. If billings flow through other intermediary entities, specify the entities:

Provider agencies, the ICCs, bill the eMedNY system directly for their services and their subcontracted services. Each HCBS Waiver ICC agency is verified by OMH Central Office to be part of the Organized Health Care Delivery System and as such is responsible for administrative oversight of their staff and the contract with the subcontracted Waiver services to include billing for all ICC and sub-contractor services provided. The waiver provider is an OHCDs as they are the sole biller of Medicaid for the 9 waiver services. The waiver provider enters into a contractual agreement with the sub-contractors remaining 8 waiver services.

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (2 of 3)

- c. **Certifying Public Expenditures**(select one):

- No. State or local government agencies do not certify expenditures for waiver services.
- Yes. State or local government agencies directly expend funds for part or all of the cost of waiver services and certify their State government expenditures (CPE) in lieu of billing that amount to Medicaid.

Select at least one:

- Certified Public Expenditures (CPE) of State Public Agencies.

Specify: (a) the State government agency or agencies that certify public expenditures for waiver services; (b) how it is assured that the CPE is based on the total computable costs for waiver services; and, (c) how the State verifies that

the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51 (b). *(Indicate source of revenue for CPEs in Item I-4-a.)*

Certified Public Expenditures (CPE) of Local Government Agencies.

Specify: (a) the local government agencies that incur certified public expenditures for waiver services; (b) how it is assured that the CPE is based on total computable costs for waiver services; and, (c) how the State verifies that the certified public expenditures are eligible for Federal financial participation in accordance with 42 CFR §433.51(b). *(Indicate source of revenue for CPEs in Item I-4-b.)*

Appendix I: Financial Accountability

I-2: Rates, Billing and Claims (3 of 3)

- d. **Billing Validation Process.** Describe the process for validating provider billings to produce the claim for federal financial participation, including the mechanism(s) to assure that all claims for payment are made only: (a) when the individual was eligible for Medicaid waiver payment on the date of service; (b) when the service was included in the participant's approved service plan; and, (c) the services were provided:

All billing for waiver services occurs through the eMedNY (MMIS) system, which means that all providers must have been approved by NYS DOH and issued a Medicaid Provider ID number. All services must be Medicaid acceptable services which have specific rate codes indicating waiver services. Waiver participants must be approved Medicaid recipients, also in the eMedNY system. In addition, There is new coding in the Welfare Management System Restriction/Exception Subsystem (RE code 23) which identifies children enrolled in the Waiver for purposes of shares splits, Utilization Threshold, co-payment, and identification.

The eMedNY (MMIS) system is the New York statewide database for all New York State Medicaid information. It includes links to provider manuals and the DOH Health Department; quick links to provider, client, or prior approval searches.

Retrospectively, as part of the Single State Medicaid Agency oversight, DOH Waiver Management Unit (WMU) reviews an annual statewide representative sample of individualized service plans (ISPs) for the review year to validate that claims are coded and paid in accord with reimbursement methodology specified in the waiver agreement. In that process, the ISPs are thoroughly reviewed to assure services billed for are included & billed/mirrored in the ISP, coded and paid per waiver reimbursement methodology, OMH policy, and acceptable MA billing practices.

- e. **Billing and Claims Record Maintenance Requirement.** Records documenting the audit trail of adjudicated claims (including supporting documentation) are maintained by the Medicaid agency, the operating agency (if applicable), and providers of waiver services for a minimum period of 3 years as required in 45 CFR §92.42.

Appendix I: Financial Accountability

I-3: Payment (1 of 7)

- a. **Method of payments -- MMIS (select one):**

- Payments for all waiver services are made through an approved Medicaid Management Information System (MMIS).**

Payments for some, but not all, waiver services are made through an approved MMIS.

Specify: (a) the waiver services that are not paid through an approved MMIS; (b) the process for making such payments and the entity that processes payments; (c) and how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

Payments for waiver services are not made through an approved MMIS.

Specify: (a) the process by which payments are made and the entity that processes payments; (b) how and through which system(s) the payments are processed; (c) how an audit trail is maintained for all state and federal funds expended outside the MMIS; and, (d) the basis for the draw of federal funds and claiming of these expenditures on the CMS-64:

Payments for waiver services are made by a managed care entity or entities. The managed care entity is paid a monthly capitated payment per eligible enrollee through an approved MMIS.

Describe how payments are made to the managed care entity or entities:

Appendix I: Financial Accountability

I-3: Payment (2 of 7)

- b. **Direct payment.** In addition to providing that the Medicaid agency makes payments directly to providers of waiver services, payments for waiver services are made utilizing one or more of the following arrangements (*select at least one*):

- The Medicaid agency makes payments directly and does not use a fiscal agent (comprehensive or limited) or a managed care entity or entities.
- The Medicaid agency pays providers through the same fiscal agent used for the rest of the Medicaid program.
- The Medicaid agency pays providers of some or all waiver services through the use of a limited fiscal agent.

Specify the limited fiscal agent, the waiver services for which the limited fiscal agent makes payment, the functions that the limited fiscal agent performs in paying waiver claims, and the methods by which the Medicaid agency oversees the operations of the limited fiscal agent:

- Providers are paid by a managed care entity or entities for services that are included in the State's contract with the entity.

Specify how providers are paid for the services (if any) not included in the State's contract with managed care entities.

Appendix I: Financial Accountability

I-3: Payment (3 of 7)

- c. **Supplemental or Enhanced Payments.** Section 1902(a)(30) requires that payments for services be consistent with efficiency, economy, and quality of care. Section 1903(a)(1) provides for Federal financial participation to States for expenditures for services under an approved State plan/waiver. Specify whether supplemental or enhanced payments are made. *Select one:*

- No. The State does not make supplemental or enhanced payments for waiver services.
- Yes. The State makes supplemental or enhanced payments for waiver services.

Describe: (a) the nature of the supplemental or enhanced payments that are made and the waiver services for which these payments are made; (b) the types of providers to which such payments are made; (c) the source of the non-Federal share of the supplemental or enhanced payment; and, (d) whether providers eligible to receive the supplemental or enhanced payment retain 100% of the total computable expenditure claimed by the State to CMS. Upon request, the State will furnish CMS with detailed information about the total amount of supplemental or enhanced payments to each provider type in the waiver.

Appendix I: Financial Accountability

I-3: Payment (4 of 7)

d. **Payments to State or Local Government Providers.** *Specify whether State or local government providers receive payment for the provision of waiver services.*

- No. State or local government providers do not receive payment for waiver services.** Do not complete Item I-3-e.
 Yes. State or local government providers receive payment for waiver services. Complete Item I-3-e.

Specify the types of State or local government providers that receive payment for waiver services and the services that the State or local government providers furnish:

Appendix I: Financial Accountability

I-3: Payment (5 of 7)

e. **Amount of Payment to State or Local Government Providers.**

Specify whether any State or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed its reasonable costs of providing waiver services and, if so, whether and how the State recoups the excess and returns the Federal share of the excess to CMS on the quarterly expenditure report. *Select one:*

Answers provided in Appendix I-3-d indicate that you do not need to complete this section.

- The amount paid to State or local government providers is the same as the amount paid to private providers of the same service.
- The amount paid to State or local government providers differs from the amount paid to private providers of the same service. No public provider receives payments that in the aggregate exceed its reasonable costs of providing waiver services.
- The amount paid to State or local government providers differs from the amount paid to private providers of the same service. When a State or local government provider receives payments (including regular and any supplemental payments) that in the aggregate exceed the cost of waiver services, the State recoups the excess and returns the federal share of the excess to CMS on the quarterly expenditure report.

Describe the recoupment process:

Appendix I: Financial Accountability

I-3: Payment (6 of 7)

f. **Provider Retention of Payments.** Section 1903(a)(1) provides that Federal matching funds are only available for expenditures made by states for services under the approved waiver. *Select one:*

- Providers receive and retain 100 percent of the amount claimed to CMS for waiver services.**
- Providers are paid by a managed care entity (or entities) that is paid a monthly capitated payment.**

Specify whether the monthly capitated payment to managed care entities is reduced or returned in part to the State.

Appendix I: Financial Accountability

I-3: Payment (7 of 7)

g. Additional Payment Arrangements

i. **Voluntary Reassignment of Payments to a Governmental Agency.***Select one:*

- No. The State does not provide that providers may voluntarily reassign their right to direct payments to a governmental agency.**
- Yes. Providers may voluntarily reassign their right to direct payments to a governmental agency as provided in 42 CFR §447.10(e).**

Specify the governmental agency (or agencies) to which reassignment may be made.

ii. **Organized Health Care Delivery System.***Select one:*

- No. The State does not employ Organized Health Care Delivery System (OHCDS) arrangements under the provisions of 42 CFR §447.10.**
- Yes. The waiver provides for the use of Organized Health Care Delivery System arrangements under the provisions of 42 CFR §447.10.**

Specify the following: (a) the entities that are designated as an OHCDS and how these entities qualify for designation as an OHCDS; (b) the procedures for direct provider enrollment when a provider does not voluntarily agree to contract with a designated OHCDS; (c) the method(s) for assuring that participants have free choice of qualified providers when an OHCDS arrangement is employed, including the selection of providers not affiliated with the OHCDS; (d) the method(s) for assuring that providers that furnish services under contract with an OHCDS meet applicable provider qualifications under the waiver; (e) how it is assured that OHCDS contracts with providers meet applicable requirements; and, (f) how financial accountability is assured when an OHCDS arrangement is used:

All HCBS ICC agencies are designated as OHCDS. The HCBS ICC agencies are OHCDS as they are the sole billers of Medicaid for the 9 waiver services. The ICC agency enters into a contractual agreement with the sub-contractors of the 8 other waiver services. All subcontracted services must agree to contract with these designated OHCDS ICC agencies.

As part of the participant enrollment process, children and families complete a Provider Choice form indicating what service and what provider they wish to utilize.

ICC agencies are responsible for assuring that all sub-contracted entities meet all Waiver policy requirements. As part of the annual site visit conducted by OMH of all ICC agencies, assurances must be available for all qualifications of sub-contractor staff providing any and all of the 8 waiver services.

Also as part of the annual site visit, contracts between the waiver agency and sub-contractor of any of the 8 waiver services are reviewed.

ICC agencies are required to review for completeness all sub contracted entity progress notes to assure accurate billing.

iii. **Contracts with MCOs, PIHPs or PAHPs.***Select one:*

- The State does not contract with MCOs, PIHPs or PAHPs for the provision of waiver services.**
- The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of waiver and other services. Participants may voluntarily elect to receive waiver and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency.**

Describe: (a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1); (b) the geographic areas served by these plans; (c) the waiver and other services furnished by these plans; and, (d) how payments are made to the health plans.

- This waiver is a part of a concurrent §1915(b)/§1915(c) waiver. Participants are required to obtain waiver and other services through a MCO and/or prepaid inpatient health plan (PIHP) or a prepaid ambulatory health plan (PAHP). The §1915(b) waiver specifies the types of health plans that are used and how payments to these plans are made.**

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (1 of 3)

- a. **State Level Source(s) of the Non-Federal Share of Computable Waiver Costs.** Specify the State source or sources of the non-federal share of computable waiver costs. *Select at least one:*

- Appropriation of State Tax Revenues to the State Medicaid agency**
- Appropriation of State Tax Revenues to a State Agency other than the Medicaid Agency.**

If the source of the non-federal share is appropriations to another state agency (or agencies), specify: (a) the State entity or agency receiving appropriated funds and (b) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if the funds are directly expended by State agencies as CPEs, as indicated in Item I-2-c:

The source of the non-federal share is appropriations to the NYS Office of Mental Health (OMH) and the NYS Office of Children and Family Services (OCFS). The OMH transfers funds to the NYS Department of Health (DOH), the State Medicaid Agency, on a quarterly basis to pay for the cost of the enrolled Waiver children based on Medicaid Expenditure reports. (Funds for NYS OCFS funded slots are transferred to OMH on a quarterly basis by OCFS based on the percentage of preventive services funded slots. These funds are then transferred by OMH to DOH along with funds for OMH funded slots for enrolled Waiver children.) OMH journal vouchers these funds to the DOH who pays the providers' Medicaid claims through eMedNY (MMIS). The Office of Family and Childrens Services and the counties participating in the Childrens' Waiver are financially responsible for the non-federal share of Waiver participating children, referred by the counties' Preventative Service programs.

The total financial responsibility for OCFS and each County is calculated quarterly using the following formulas: OMH calculates the responsibility of the Office of Family and Childrens Services, the State Agency responsible for the non-Federal share of Medicaid for the Preventative Services' children participating in the Mental Health Waiver. Total Claims (including Waiver Services, other MH Services, and Med/Surg Services) multiplied by (the County's Preventative Slots in the Waiver divided by (The County's Total Waiver Slots, including the Preventative Slots) multiplied by 0.5.

OMH then calculates the County share of the non-Federal share of the Medicaid for these children. Under agreement

with OCFS, the counties are responsible for 38.9% of approved non-Federal expenditures for each child. Each county's share is the result of the first formula, multiplied by 38.9%.

Other State Level Source(s) of Funds.

Specify: (a) the source and nature of funds; (b) the entity or agency that receives the funds; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by State agencies as CPEs, as indicated in Item I-2-c:

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (2 of 3)

- b. **Local Government or Other Source(s) of the Non-Federal Share of Computable Waiver Costs.** Specify the source or sources of the non-federal share of computable waiver costs that are not from state sources. *Select One:*

Not Applicable. There are no local government level sources of funds utilized as the non-federal share.

Applicable

Check each that applies:

Appropriation of Local Government Revenues.

Specify: (a) the local government entity or entities that have the authority to levy taxes or other revenues; (b) the source(s) of revenue; and, (c) the mechanism that is used to transfer the funds to the Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement (indicate any intervening entities in the transfer process), and/or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2-c:

The NYS Office of Children and Family Services (OCFS), a state agency serving local departments of social services, provides funds called "preventive services funds" to local Departments of Social Services on a 61.1% state, 38.9% local funding basis. The OCFS offered local departments of social services the opportunity to purchase OMH waiver slots for their counties utilizing Preventive Services funding. A number of counties opted to participate in the purchase of a total of 352 waiver slots statewide. OMH sends a quarterly reconciliation to OCFS which receives the local share for the waiver slots and transfers funds to OMH. This braided/blended funding has helped promote buy-in from the counties.

Other Local Government Level Source(s) of Funds.

Specify: (a) the source of funds; (b) the local government entity or agency receiving funds; and, (c) the mechanism that is used to transfer the funds to the State Medicaid Agency or Fiscal Agent, such as an Intergovernmental Transfer (IGT), including any matching arrangement, and/or, indicate if funds are directly expended by local government agencies as CPEs, as specified in Item I-2-c:

Appendix I: Financial Accountability

I-4: Non-Federal Matching Funds (3 of 3)

- c. **Information Concerning Certain Sources of Funds.** Indicate whether any of the funds listed in Items I-4-a or I-4-b that make up the non-federal share of computable waiver costs come from the following sources: (a) health care-related taxes or fees; (b) provider-related donations; and/or, (c) federal funds. *Select one:*

None of the specified sources of funds contribute to the non-federal share of computable waiver costs

The following source(s) are used

Check each that applies:

- Health care-related taxes or fees
- Provider-related donations
- Federal funds

For each source of funds indicated above, describe the source of the funds in detail:

Appendix I: Financial Accountability

I-5: Exclusion of Medicaid Payment for Room and Board

a. **Services Furnished in Residential Settings.***Select one:*

- No services under this waiver are furnished in residential settings other than the private residence of the individual.
- As specified in Appendix C, the State furnishes waiver services in residential settings other than the personal home of the individual.

b. **Method for Excluding the Cost of Room and Board Furnished in Residential Settings.**The following describes the methodology that the State uses to exclude Medicaid payment for room and board in residential settings:

Do not complete this item.

Appendix I: Financial Accountability

I-6: Payment for Rent and Food Expenses of an Unrelated Live-In Caregiver

Reimbursement for the Rent and Food Expenses of an Unrelated Live-In Personal Caregiver.*Select one:*

- No. The State does not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who resides in the same household as the participant.
- Yes. Per 42 CFR §441.310(a)(2)(ii), the State will claim FFP for the additional costs of rent and food that can be reasonably attributed to an unrelated live-in personal caregiver who resides in the same household as the waiver participant. The State describes its coverage of live-in caregiver in Appendix C-3 and the costs attributable to rent and food for the live-in caregiver are reflected separately in the computation of factor D (cost of waiver services) in Appendix J. FFP for rent and food for a live-in caregiver will not be claimed when the participant lives in the caregiver's home or in a residence that is owned or leased by the provider of Medicaid services.

The following is an explanation of: (a) the method used to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver and (b) the method used to reimburse these costs:

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (1 of 5)

a. **Co-Payment Requirements.** Specify whether the State imposes a co-payment or similar charge upon waiver participants for waiver services. These charges are calculated per service and have the effect of reducing the total computable claim for federal financial participation. *Select one:*

- No. The State does not impose a co-payment or similar charge upon participants for waiver services.
 Yes. The State imposes a co-payment or similar charge upon participants for one or more waiver services.

i. Co-Pay Arrangement.

Specify the types of co-pay arrangements that are imposed on waiver participants (*check each that applies*):

Charges Associated with the Provision of Waiver Services (if any are checked, complete Items I-7-a-ii through I-7-a-iv):

- Nominal deductible
 Coinsurance
 Co-Payment
 Other charge

Specify:

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (2 of 5)

a. Co-Payment Requirements.

ii. Participants Subject to Co-pay Charges for Waiver Services.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (3 of 5)

a. Co-Payment Requirements.

iii. Amount of Co-Pay Charges for Waiver Services.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (4 of 5)

a. Co-Payment Requirements.

iv. Cumulative Maximum Charges.

Answers provided in Appendix I-7-a indicate that you do not need to complete this section.

Appendix I: Financial Accountability

I-7: Participant Co-Payments for Waiver Services and Other Cost Sharing (5 of 5)

b. Other State Requirement for Cost Sharing. Specify whether the State imposes a premium, enrollment fee or similar cost sharing on waiver participants. *Select one:*

- No. The State does not impose a premium, enrollment fee, or similar cost-sharing arrangement on waiver participants.

Yes. The State imposes a premium, enrollment fee or similar cost-sharing arrangement.

Describe in detail the cost sharing arrangement, including: (a) the type of cost sharing (e.g., premium, enrollment fee); (b) the amount of charge and how the amount of the charge is related to total gross family income; (c) the groups of participants subject to cost-sharing and the groups who are excluded; and, (d) the mechanisms for the collection of cost-sharing and reporting the amount collected on the CMS 64:

Appendix J: Cost Neutrality Demonstration

J-1: Composite Overview and Demonstration of Cost-Neutrality Formula

Composite Overview. Complete the fields in Cols. 3, 5 and 6 in the following table for each waiver year. The fields in Cols. 4, 7 and 8 are auto-calculated based on entries in Cols 3, 5, and 6. The fields in Col. 2 are auto-calculated using the Factor D data from the J-2-d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2-d have been completed.

Level(s) of Care: Hospital

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Year	Factor D	Factor D'	Total: D+D'	Factor G	Factor G'	Total: G+G'	Difference (Col 7 less Column4)
1	21092.58	11888.71	32981.29	160788.78	1.00	160789.78	127808.49
2	21726.10	11888.14	33614.24	165612.45	1.00	165613.45	131999.21
3	22380.78	11886.45	34267.23	170580.82	1.00	170581.82	136314.59
4	23039.64	11884.06	34923.70	175698.25	1.00	175699.25	140775.55
5	23726.27	11881.31	35607.58	180969.19	1.00	180970.19	145362.61

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (1 of 9)

- a. **Number Of Unduplicated Participants Served.** Enter the total number of unduplicated participants from Item B-3-a who will be served each year that the waiver is in operation. When the waiver serves individuals under more than one level of care, specify the number of unduplicated participants for each level of care:

Table: J-2-a: Unduplicated Participants

Waiver Year	Total Unduplicated Number of Participants (from Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)
		Level of Care: Hospital
Year 1	2995	
Year 2	3085	
Year 3	3178	
Year 4	3274	
Year 5	3373	

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (2 of 9)

- b. **Average Length of Stay.** Describe the basis of the estimate of the average length of stay on the waiver by participants in item J-2-a.

Average length of stay - Total days of Waiver coverage is divided by the number of individuals served (unique count) and derives the average length of stay of Waiver in days.

OMH reviews CAIRS data to project average length of stay in the Waiver per calendar year.

The average length of stay (LOS) in CY 2009 was 350 days, in CY 2010 the average length of stay was 372 days.

In CY 2011 the LOS was 369 days and the LOS in CY 2012 was 347 days.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (3 of 9)

c. Derivation of Estimates for Each Factor. Provide a narrative description for the derivation of the estimates of the following factors.

i. Factor D Derivation. The estimates of Factor D for each waiver year are located in Item J-2-d. The basis for these estimates is as follows:

Factor D is based upon actual costs for calendar year 2012 of all Waiver services costs for children in the HCBS Waiver.

ii. Factor D' Derivation. The estimates of Factor D' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor D' was derived from actual costs for CY 2012 Waiver, of all other Medicaid costs (in-patient psychiatric services, other med/surgical services including drugs and for all ambulatory and other mental health services) for children enrolled in the HCBS.

iii. Factor G Derivation. The estimates of Factor G for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor G is the cost of children less than 21 in in-patient settings of between 60 and 365 days. This includes children in Article 28 acute units, OMH in-patient units, private psychiatric hospitals and RTF's - Residential Treatment Centers.

The renewal Application Factor G does not reflect the same number that was reported on the 372 Report. Although the values in the cost neutrality are calculated using the methodology used earlier, the difference reflects changes in rates greater than previously estimated.

iv. Factor G' Derivation. The estimates of Factor G' for each waiver year are included in Item J-1. The basis of these estimates is as follows:

Factor G' is \$0 as factor G is all inclusive.

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (4 of 9)

Component management for waiver services. If the service(s) below includes two or more discrete services that are reimbursed separately, or is a bundled service, each component of the service must be listed. Select “*manage components*” to add these components.

Waiver Services	
Crisis Response Services	
Family Support Services	
Individualized Care Coordinator (case management)	
Intensive In-Home Services	
Prevocational Services	
Respite Services	
Skill Building Services	

Waiver Services	
Supportive Employment Services	
Youth Peer Advocate	

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (5 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 1

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Crisis Response Services Total:						5696.00
Crisis Response Services	.25 Hour	712	8.00	1.00	5696.00	
Family Support Services Total:						1107439.20
Family Support Services	.25 Hour	1533	56.00	12.90	1107439.20	
Individualized Care Coordinator (case management) Total:						45841914.60
Individualized Care Coordinator (case management)	Monthly	2995	6.00	2546.18	45754854.60	
Crisis Response	.25 Hour	492	7.00	1.00	3444.00	
Intensive in-Home Services	.25 Hour	1742	48.00	1.00	83616.00	
Intensive In-Home Services Total:						44148.00
Intensive In-Home Services	.25 Hour	849	52.00	1.00	44148.00	
Prevocational Services Total:						2593728.00
Prevocational Services	.25 Hour	1900	72.00	18.96	2593728.00	
Respite Services Total:						6604026.00
Respite Services	.25 Hour	1969	260.00	12.90	6604026.00	
Skill Building Services Total:						4869388.80
Skill Building Services	.25 Hour	1966	192.00	12.90	4869388.80	
GRAND TOTAL:						63172262.84
Total Estimated Unduplicated Participants:						2995
Factor D (Divide total by number of participants):						21092.58
Average Length of Stay on the Waiver:						332

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Supportive Employment Services Total:						1067523.84
Supportive Employment Services	.25 Hour	782	72.00	18.96	1067523.84	
Youth Peer Advocate Total:						1038398.40
Youth Peer Advocate	.25 Hour	1118	72.00	12.90	1038398.40	
GRAND TOTAL:						63172262.84
Total Estimated Unduplicated Participants:						2995
Factor D (Divide total by number of participants):						21092.58
Average Length of Stay on the Waiver:						332

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (6 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 2

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Crisis Response Services Total:						1295.00
Crisis Response Services	.25 Hour	185	7.00	1.00	1295.00	
Family Support Services Total:						1175899.20
Family Support Services	.25 Hour	1580	56.00	13.29	1175899.20	
Individualized Care Coordinator (case management) Total:						48633486.70
Individualized Care Coordinator (case management)	Monthly	3085	6.00	2622.57	48543770.70	
Crisis Response	.25 Hour	508	7.00	1.00	3556.00	
Intensive in-Home Services	.25 Hour	1795	48.00	1.00	86160.00	
Intensive In-Home Services Total:						45500.00
Intensive In-Home Services	.25 Hour	875	52.00	1.00	45500.00	
Prevocational Services Total:						2753264.16
GRAND TOTAL:						67025019.50
Total Estimated Unduplicated Participants:						3085
Factor D (Divide total by number of participants):						21726.10
Average Length of Stay on the Waiver:						332

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Prevocational Services	.25 Hour	1957	72.00	19.54	2753264.16	
Respite Services Total:						7011006.60
Respite Services	.25 Hour	2029	260.00	13.29	7011006.60	
Skill Building Services Total:						5169703.68
Skill Building Services	.25 Hour	2026	192.00	13.29	5169703.68	
Supportive Employment Services Total:						1132538.40
Supportive Employment Services	.25 Hour	805	72.00	19.54	1132538.40	
Youth Peer Advocate Total:						1102325.76
Youth Peer Advocate	.25 Hour	1152	72.00	13.29	1102325.76	
GRAND TOTAL:						67025019.50
Total Estimated Unduplicated Participants:						3085
Factor D (Divide total by number of participants):						21726.10
Average Length of Stay on the Waiver:						332

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (7 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 3

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Crisis Response Services Total:						5376.00
Crisis Response Services	.25 Hour	768	7.00	1.00	5376.00	
Family Support Services Total:						1251593.28
Family Support Services	.25 Hour	1629	56.00	13.72	1251593.28	
Individualized Care Coordinator (case management) Total:						51599855.00
Individualized Care Coordinator (case management)	Monthly	3178	6.00	2701.25	51507435.00	
GRAND TOTAL:						71126121.52
Total Estimated Unduplicated Participants:						3178
Factor D (Divide total by number of participants):						22380.78
Average Length of Stay on the Waiver:						332

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Crisis Response	.25 Hour	524	7.00	1.00	3668.00	
Intensive in-Home Services	.25 Hour	1849	48.00	1.00	88752.00	
Intensive In-Home Services Total:						46904.00
Intensive In-Home Services	.25 Hour	902	52.00	1.00	46904.00	
Prevocational Services Total:						2920458.24
Prevocational Services	.25 Hour	2016	72.00	20.12	2920458.24	
Respite Services Total:						7430326.68
Respite Services	.25 Hour	2091	259.00	13.72	7430326.68	
Skill Building Services Total:						5497658.88
Skill Building Services	.25 Hour	2087	192.00	13.72	5497658.88	
Supportive Employment Services Total:						1202371.20
Supportive Employment Services	.25 Hour	830	72.00	20.12	1202371.20	
Youth Peer Advocate Total:						1171578.24
Youth Peer Advocate	.25 Hour	1186	72.00	13.72	1171578.24	
GRAND TOTAL:						71126121.52
Total Estimated Unduplicated Participants:						3178
Factor D (Divide total by number of participants):						22380.78
Average Length of Stay on the Waiver:						332

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (8 of 9)

d. Estimate of Factor D.

i. **Non-Concurrent Waiver.** Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 4

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Crisis Response Services Total:						5572.00
GRAND TOTAL:						75431794.36
Total Estimated Unduplicated Participants:						3274
Factor D (Divide total by number of participants):						23039.64
Average Length of Stay on the Waiver:						332

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Crisis Response Services	.25 Hour	796	7.00	1.00	5572.00	
Family Support Services Total:						1324948.80
Family Support Services	.25 Hour	1678	56.00	14.10	1324948.80	
Individualized Care Coordinator (Case management) Total:						54750376.32
Individualized Care Coordinator (Case management)	Monthly	3274	6.00	2782.28	54655108.32	
Crisis Response	.25 Hour	540	7.00	1.00	3780.00	
Intensive in-Home Services	.25 Hour	1906	48.00	1.00	91488.00	
Intensive In-Home Services Total:						48360.00
Intensive In-Home Services	.25 Hour	930	52.00	1.00	48360.00	
Prevocational Services Total:						3097059.84
Prevocational Services	.25 Hour	2076	72.00	20.72	3097059.84	
Respite Services Total:						7866192.60
Respite Services	.25 Hour	2154	259.00	14.10	7866192.60	
Skill Building Services Total:						5823187.20
Skill Building Services	.25 Hour	2151	192.00	14.10	5823187.20	
Supportive Employment Services Total:						1275523.20
Supportive Employment Services	.25 Hour	855	72.00	20.72	1275523.20	
Youth Peer Advocate Total:						1240574.40
Youth Peer Advocate	.25 Hour	1222	72.00	14.10	1240574.40	
GRAND TOTAL:						75431794.36
Total Estimated Unduplicated Participants:						3274
Factor D (Divide total by number of participants):						23039.64
Average Length of Stay on the Waiver:						332

Appendix J: Cost Neutrality Demonstration

J-2: Derivation of Estimates (9 of 9)

d. Estimate of Factor D.

i. Non-Concurrent Waiver. Complete the following table for each waiver year. Enter data into the Unit, # Users, Avg. Units Per User, and Avg. Cost/Unit fields for all the Waiver Service/Component items. Select Save and Calculate to automatically calculate and populate the Component Costs and Total Costs fields. All fields in this table must be completed in order to populate the Factor D fields in the J-1 Composite Overview table.

Waiver Year: Year 5

Waiver Service/ Component	Unit	# Users	Avg. Units Per User	Avg. Cost/ Unit	Component Cost	Total Cost
Crisis Response Services Total:						5768.00
Crisis Response Services	.25 Hour	824	7.00	1.00	5768.00	
Family Support Services Total:						1404916.24
Family Support Services	.25 Hour	1729	56.00	14.51	1404916.24	
Individualized Care Coordinator (case management) Total:						58095219.50
Individualized Care Coordinator (case management)	Monthly	3373	6.00	2865.75	57997048.50	
Crisis Response	.25 Hour	557	7.00	1.00	3899.00	
Intensive in-Home Services	.25 Hour	1964	48.00	1.00	94272.00	
Intensive In-Home Services Total:						49920.00
Intensive In-Home Services	.25 Hour	960	52.00	1.00	49920.00	
Prevocational Services Total:						3286533.60
Prevocational Services	.25 Hour	2138	72.00	21.35	3286533.60	
Respite Services Total:						8342959.80
Respite Services	.25 Hour	2220	259.00	14.51	8342959.80	
Skill Building Services Total:						6176384.64
Skill Building Services	.25 Hour	2217	192.00	14.51	6176384.64	
Supportive Employment Services Total:						1352736.00
Supportive Employment Services	.25 Hour	880	72.00	21.35	1352736.00	
Youth Peer Advocate Total:						1314257.76
Youth Peer Advocate	.25 Hour	1258	72.00	14.51	1314257.76	
GRAND TOTAL:						80028695.54
Total Estimated Unduplicated Participants:						3373
Factor D (Divide total by number of participants):						23726.27
Average Length of Stay on the Waiver:						332