



## How to Become Designated as a New York State Children's HCBS Provider

Presenter: Sandy Jensen, Partner

December 5, 2023

# Children's HCBS Program

- Children's Home and Community Based Services Waiver Program
  - Supports and services to children/youth who, but not for these HCBS services, would require institutional care.
  - Meant to enable a child/youth to remain at home and in the community, or to assist them
    after being discharged from an institutional setting.
  - Assists child/youth in being successful at home, in school and in their natural environments or help maintain them in their community and avoid higher levels of care or institutionalization.



#### Children's HCBS: Services Available

- Community Habilitation\*
- Day Habilitation\*
- Caregiver/Family Advocacy and Support Services
- Respite (Planned and Crisis)
- Prevocational Services
- Supported Employment
- Palliative Care\*
- Adaptive and Assistive Technology\*
- Vehicle Modifications\*
- Environmental Modifications\*
- Non-Medical Transportation\*



#### Children's HCBS Waiver

There are certain HCBS services that require additional certification or licensure:

- Community Habilitation (OPWDD);
- Day Habilitation (OPWDD); and
- Palliative Care: Pain and Symptom Management (DOH).

Additionally, the State does not designate providers of HCBS for:

- Environmental Modifications;
- Vehicle Modifications;
- Adaptive and Assistive Technology; or
- Non-medical Transportation.



## **HCBS** Designation

# PROCESS FOR NON-LICENSED ENTITIES TO BECOME DESIGNATED



# Provider Designation: Eligibility

#### HCBS Provider Designation - Non-Licensed Entities

- Requirements:
  - Can be formed as a not-for-profit or a for-profit entity;
  - Must be located in NYS;
  - Organization must be fiscally viable;
  - Must have established QM and reporting policies and procedures;
  - Must have relationship with community partners and referral sources for HCBS and letters of support from these entities; and
  - Must have at least 5 years experience serving high needs children, including children who are medically complex/fragile, have developmental disabilities, have diagnosed behavioral needs and/or children in foster care.



#### • Experience requirement:

- New entities established to provide HCBS services must have 5 years' experience serving children with high needs.
  - State has indicate that newly established agencies will not be considered for designation until they have 5 years' experience.
- Experience obtained by the entity as a subcontractor "in certain circumstances" can be counted towards the experience requirement.
  - Specific information would need to be produced by the agency such as verification of services provided.
  - Providers with sub-contracting experience only would not meet experience requirements.



#### STEP 1

<u>Pre-application phase</u>: access to application not provided until the applicant passes initial qualification steps.

- Applicant must first submit certain information by email containing the following information:
  - Name of Agency;
  - ▶ Name and contact information for lead representative;
  - ▶ The HCBS services the Agency is seeking designation for;
  - Agency's mission statement, goals and a description of services currently provided by the Agency;
  - Description of the nature of the organization (e.g., not for profit, for-profit);
  - Agency location in NYS;
  - List of any credentials, accreditations, certifications or licenses held and with what organizations; and
  - ▶ A statement indicating that the Agency is not licensed, designated and/or certified for any children's services by DOH, OCFS, OPWDD, OMH or OASAS.

Garfunkel Wild

The State Designation team reviews the information and provides a response or schedules an initial meeting to discuss the designation process further.

### STEP 2

- If the applicant makes it through the initial steps, the applicant has to provide further information and documentation (all still considered pre-qualification).
  - Financial policies and procedures;
  - Quality Management and Reporting policies and procedures;
  - Demonstrated relationships with community partners; and
  - Demonstrated experience serving children with high needs for at least 5 years.



- Financial Policies and Procedures
  - Need to include procedures for billing Medicaid Managed Care Plans and Medicaid Fee For Service
    - Must comply with NYS Children's Manual billing guidelines
  - Must submit most recent annual report
  - Must have an established billing platform or contracted vendor to bill Medicaid, or the ability to establish this
  - Narrative explaining legal framework, funding streams, Tax ID (e.g., 501(c)(3))



- Quality Management and Reporting
  - Policies and Procedures
    - Complaints and grievances
    - Patient Rights
    - Record Management
  - Quality Management reports (related to the Agency's current operations)
  - Organizational chart



- Demonstrated Relationships with community partners
  - Letter of Support from a LGU from each county the applicant is seeking designation; OR
  - If Letter of Support cannot be obtained, two additional options:
    - ▶ Letter from another governmental entity with whom the applicant is known to and has a relationship with; or
    - ▶ Letter from an applicant's funding sources
  - Narrative describing the applicant's community involvement including working relationships with other community organizations, schools, etc.
  - An additional two (2) letters of support from community partners (must indicate support of the applicant and being a referral source).



- Demonstrated experience by the applicant serving children with high needs for at least 5 years.
  - Must describe:
    - Experience;
    - Age range served;
    - Time period;
    - Population(s) served;
    - Types of services provided; and
    - How the services are comparable to HCBS or have prepared the applicant to provide HCBS.



### STEP 3

- If the State determines the requirements have been met, the applicant will be allowed access to the OMH electronic system to complete and submit an application.
- State will review the application. If approved:
  - A Preliminary Designation Letter is issued (not authorization to provide services yet). This
    allows the applicant to enroll in Medicaid.
  - Medicaid enrollment (must be completed within 6 months of Preliminary Designation Letter).
  - Once enrolled in Medicaid, the State team will meet with the applicant again to discuss readiness to provide services. If the applicant is deemed ready, the State team will issue a Formal Designation Letter.
    - If the applicant is not deemed ready to provide services, the applicant will be given 3 months to become ready.

Garfunkel Wild

# **HCBS** Designation

# PROCESS FOR LICENSED ENTITIES TO BECOME DESIGNATED



#### **Designation Process: Licensed Entities**

- An eligible entity is a "child serving agency or agency with children's behavioral health experience that is licensed, certified, or designated by DOH, OMH, OPWDD, OASAS or OCFS to provide comparable and appropriate services".
  - Examples: Early Intervention Agency, Article 16 clinic, Article 31 clinic, outpatient/inpatient OASAS facility, Voluntary Foster Care Agency
- Simplified process- Must still email the State Designation Team to indicate intent to apply for designation.
  - Only limited information is required: basic agency information, services requested, licenses held.
- Must also meet similar application requirements as non-licensed entities: be in good standing, enrolled in Medicaid, be fiscally viable and other requirements.



# Children's HCBS Waiver: Redesignation

- Designation is valid for a period of up to 3 years. Agencies then undergo a redesignation process.
- State will review audit findings, complaints, Corrective Action Plans and may request additional information such as proof of training, Statewide Central Register eligibility verification checks, etc.
- State may audit at any time. Audits usually done yearly.



#### Resources

- <a href="https://www.health.ny.gov/health\_care/medicaid/redesign/behavioral\_health/children/cw0014\_non\_lice-nsed\_certified\_provider\_designation\_policy.htm">https://www.health.ny.gov/health\_care/medicaid/redesign/behavioral\_health/children/cw0014\_non\_lice\_nsed\_certified\_provider\_designation\_policy.htm</a>
- <a href="https://www.health.ny.gov/health\_care/medicaid/redesign/behavioral\_health/children/docs/cw0013\_hc">https://www.health.ny.gov/health\_care/medicaid/redesign/behavioral\_health/children/docs/cw0013\_hc</a> bs provider designation and redesignation procedure.pdf
- https://www.health.ny.gov/health\_care/medicaid/redesign/behavioral\_health/children/docs/designation app\_access\_instructions.pdf
- Email address to notify State of intent to apply for Designation: <a href="mailto:OMH-Childrens-Designation@omh.ny.gov">OMH-Childrens-Designation@omh.ny.gov</a>
- Rates:
  - https://www.health.ny.gov/health\_care/medicaid/redesign/behavioral\_health/children/docs/2023-11-01\_hcbs\_rate\_summary.pdf
- Manual: <a href="https://www.health.ny.gov/health\_care/medicaid/redesign/behavioral\_health/children/docs/hcbs\_manual.pdf">https://www.health.ny.gov/health\_care/medicaid/redesign/behavioral\_health/children/docs/hcbs\_manual.pdf</a>

Garfunkel Wild

#### **Contact Information**



Sandra ("Sandy") Jensen **Partner** 

518.460.0422 sjensen@garfunkelwild.com

**Great Neck, New York** 516.393.2200

Albany, New York 518.242.7582

**New Jersey** 201.883.1030

Connecticut 203.316.0483

**Florida** 754.228.3853

Although this document may provide information concerning potential legal issues, it is not a substitute for legal advice from qualified counsel. Any opinions or conclusions provided in this document shall not be ascribed to Garfunkel Wild, P.C. or any clients of the firm. The document is not created or designed to address the unique facts or circumstances that may arise in any specific instance, and you should not and are not authorized to rely on this content as a source of legal advice and this seminar material does not create any attorney-client relationship between you and Garfunkel Wild, P.C.



#### Our Offices



#### **Great Neck, New York**

111 Great Neck Road, Suite 600 Great Neck, NY 11021 Tel: 516.393.2200

Fax: 516.466.5964

#### **Connecticut**

350 Bedford Street, Suite 406A Stamford, CT 06901 Tel: 203.316.0483

Fax: 203.316.0493

#### **Albany, New York**

677 Broadway, 7th Floor Albany, NY 12207 Tel: 518.242.7582

Fax: 518.242.7586

#### **Florida**

401 E Las Olas Boulevard, Suite 1423 Fort Lauderdale, FL 33301 Tel: 754.228.3853

Fax: 754.228.3852

#### **New Jersey**

411 Hackensack Avenue, 10th Floor Hackensack, NJ 07601

Tel: 201.883.1030 Fax: 201.883.1031

#### Washington, DC

1717 K Street NW, Suite 900 Washington, DC 20006 Tel: 202.780.3366

Fax: 202.780.3366

Although this document may provide information concerning potential legal issues, it is not a substitute for legal advice from qualified counsel. Any opinions or conclusions provided in this document shall not be ascribed to Garfunkel Wild, P.C. or any clients of the firm. The document is not created or designed to address the unique facts or circumstances that may arise in any specific instance, and you should not and are not authorized to rely on this content as a source of legal advice and this seminar material does not create any attorney-client relationship between you and Garfunkel Wild, P.C.