



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

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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.



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.



<u>STEP 1</u>

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



<u>STEP 2</u>

- 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.



<u>STEP 3</u>

- 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.



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.





- <u>https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/cw0014_non_lice</u> <u>nsed_certified_provider_designation_policy.htm</u>
- <u>https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/cw0013_hc_bs_provider_designation_and_redesignation_procedure.pdf</u>
- <u>https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/designation</u>
 <u>app_access_instructions.pdf</u>
- Email address to notify State of intent to apply for Designation: <u>OMH-Childrens-Designation@omh.ny.gov</u>
- <u>Rates</u>: <u>https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/2023-11-01_hcbs_rate_summary.pdf</u>
- <u>Manual</u>:

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



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