

Children's Home and Community Based Services (HCBS)

HCBS eligibility requirements and protocols,
HCBS operational requirements (e.g., needs assessment [CANS],
plans of care), and
HCBS service authorization/medical necessity



Introduction

The information and dates in this presentation are accurate as of the date of this presentation or delivery of content



Agenda

- HCBS Eligibility Requirements and Protocols
- HCBS Operational Requirements: Plan of Care and HCBS Workflow
 - Service Authorization/Medical Necessity

HCBS Reminders

- October 1, 2019: HCBS billed to Medicaid Managed Care
- **For more information about the HCBS service array, please see other presentations**

HCBS Eligibility Requirements and Protocols



HCBS Eligibility – Level of Care (LOC)

- In order to receive Children’s HCBS, the child must be found HCBS eligible by determining the child meets Level of Care (LOC) requirements.
- Level of Care (LOC): “children that meet institutional placement”
 - Meaning that without HCBS these children would “require the level of care provided in a more restrictive environment such as in a long term care facility or psychiatric inpatient care and for those at risk of elevating to that level of care.”

HCBS Eligibility – Level of Care (LOC)

- Children/youth who are already enrolled in Medicaid who are believed to be HCBS eligible and/or in need of HCBS will be referred to Health Homes. Those not enrolled in Medicaid or who opt out of Health Home will be referred to C-YES
- Health Home Care Managers or C-YES will work with the child, family, and providers to determine HCBS eligibility
- The Uniform Assessment System (UAS) which houses the CANS-NY, will also house the HCBS Eligibility Determination for LOC
- **ONLY** HHCM, C-YES assessors and DDROs (Developmental Disabilities Regional Offices) can complete HCBS/LOC Eligibility Determination

HCBS/LOC Eligibility Determination

- Criteria for LOC HCBS includes three (3) components applied in the following order:
 1. Target Population Criteria,
 2. Risk Factors, **and**
 3. Functional Criteria

HCBS Eligibility – Target Population

Each Target Population has specific outlined diagnoses, conditions and or requirements that must be obtained and documented within the individual's case record

LOC HCBS Eligibility Criteria Under Age 21 – Target Population Criteria

Serious Emotional Disturbance (SED)

Medically Fragile Children (MFC)

Developmental Disability (DD) and Medically Fragile (DDRO Only)

Developmental Disability (DD) and in Foster Care (DDRO Only)

More information about specifics of Eligibility requirements available in Appendix.

CANS-NY

- CANS-NY or Child and Adolescent Needs and Strengths New York is a comprehensive multisystem assessment for children and youth with separate versions for infants and children ages 0-5 and children ages 6-21
- While eligibility determination is done using UAS not CANS-NY, the HH or C-YES can utilize information gathered in the CANS-NY to complete the Eligibility Determination tool.
- CANS-NY accessible by signing in to UAS-NY. Providers and managed care clinical staff have access to UAS-NY.
- For more information on CANS-NY please see the Reference Guides
- https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/cans_0_5.pdf
- https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/cans_6_21.pdf
- Additional information about CANS-NY in Appendix for those who are interested.

HCBS Eligibility Determination

- Must be completed face-to-face NOT telephonically
- Must be documentation by HHCM/C-YES that the following were verified for the member: target population criteria, risk factors and functional criteria; work with the member's providers, family and child to do so

HCBS Eligibility Determination

- Is completed annually unless a significant life event requires it be completed sooner; significant life events may include:
 - Significant change in child's functioning (including increase or decrease of symptoms or new diagnosis)
 - Service plan or treatment goals were achieved
 - Child admitted, discharged or transferred from hospital/detox, residential setting/placement, or foster care
 - Child has been seriously injured in a serious accident or has a major medical event
 - Child's (primary or identified) caregiver is different than on the previous HCBS/LOC
 - Significant change in caregiver's capacity/situation
- If a member, who was previously determined HCBS eligible, refuses HCBS and/or leaves HCBS and later requests HCBS, a HCBS/LOC Eligibility re-determination will be needed if the last HCBS/LOC Eligibility Determination conducted was six (6) months or longer ago

Important Information

If a child is determined eligible for HCBS they are eligible for any/all services in the HCBS array (but should only receive those appropriate for their needs and goals)

HCBS Slot Capacity

- If a child is found eligible for HCBS via the Eligibility Determination, there must be a slot available for them in order for them to receive HCBS
- All transitioning children who were, pre-April 1st, enrolled in HCBS retained their slot
 - If on waitlist for 1915(c), child did not have a slot and could not transition until there was an opening
- Any slots not filled by a transitioning Waiver child could be used by LOC eligible children

HCBS Slot Capacity

- If a child is found newly eligible for HCBS, a slot needs to be identified
 - If no slot is available, child is placed on a waitlist
 - If a slot is available, child can begin receiving HCBS
- Slot capacity is managed by the state, who will notify the HHCM/C-YES

HCBS Operational Requirements: Plan of Care (POC) and HCBS Workflow

The workflow slides pertain to only children enrolled in Medicaid Managed Care Plans.



Overview of HCBS Workflow

After HCBS/LOC Eligibility Determination is conducted and child is found eligible:

- Health Home Care Manager or C-YES (Independent Entity) lets the child/family know that they are eligible for HCBS and there is a slot available for them; child/family is informed about the various HCBS services; child/family sign necessary consents
 - If the child is not eligible for HCBS that is the end of the workflow
 - If there is no slot available, the child is waitlisted until a spot becomes available, at which point the workflow can continue
- HHCM/C-YES works with the child, family, involved providers and MMCP to begin to develop the Plan of Care (POC) including specific HCBS on the POC

What is a Plan of Care (POC)?

Plan of Care Created by Health Home

- If a child is new to Health Home/referred to Health Home because of HCBS, HH may first create a HCBS only POC. This POC will include which HCBS services, the goals of these services, and frequency, scope and duration.
- If a child was in Health Home prior to HCBS, HH should already have created a Comprehensive Plan of Care that HCBS will now be added on to
- **Within 30 days** from completion/signature, HHCM must send POC to the MMCP
 - POC may not have all information at this time, but whatever information is available must be sent
 - If Frequency, Scope and Duration are not yet included, HHCM must resend once that has been added (after next meeting with child/family)
- If the POC sent to the MMCP is HCBS only, once the Comprehensive POC is created that must be sent to the MMCP
- Whenever POC is revised, HHCM must send it to MMCP within 30 days of revision

What is a Plan of Care (POC)?

Plan of Care Created by C-YES (when child/family opt out of Health Home)

- C-YES creates a HCBS POC. This POC will include which HCBS services, the goals of these services, etc.
- **Within 15 days** of development, C-YES must send POC to the MMCP
 - POC may not have all information at this time, but whatever information is available must be sent
- MMCP must update the HCBS POC (with the child/family) to include Frequency, Scope and Duration after MMCP receives this information from the HCBS Provider(s)
- Ongoing - MMCP meets with child/family as needed to engage in person-centered planning and maintain the POC
- C-YES will conduct the child's annual HCBS Eligibility Determination and review/update of HCBS POC

What is a Comprehensive Plan of Care?

A person-centered comprehensive plan that includes

- Goals and needs of the child/family
- All services that will be/are provided to the child and which need is being addressed by each
 - This includes medical/health, behavioral health, community and social supports, specialty services and HCBS
 - For a child to receive a Home and Community Based Service, it must be included on the Plan of Care
- The provider whom is delivering the service,
- The planned duration of the service
 - HCBS frequency, scope and duration is determined by each individual HCBS provider and must be provided for inclusion in the Plan of Care

What is a Plan of Care (POC) Continued?

- POC is a living document
 - POC will be added to and updated as needed (i.e. Change in child's needs, child meets a goal, significant life event)
 - Minimally POC must be reviewed every 6 months
- State guidance differentiating POC from treatment or service plans:
https://health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/services_access_documentation.pdf

Overview of HCBS Workflow

- HHCM/C-YES provides the child/family with a choice of HCBS designated agencies that provide the services that they are interested in
 - Important: Child/Family must be offered **choice**, choice recorded on Plan of Care and MMCP is responsible to ensure that choice was given
 - HHCM/C-YES must ensure HCBS providers are in the child's MMCP's network
- After child/family decides and consents to receive services from specific providers, the HHCM/C-YES makes referrals to those HCBS providers
 - Chosen providers are documented in POC once the HHCM/C-YES ensures the provider has availability to accept the referral
- HCBS provider will contact the child's MMCP to make them aware of the date of the 1st appointment
 - If 1st appointment is canceled or rescheduled, HCBS provider must let MMCP know

Prior Authorization

For the following services: Community Self-Advocacy Training and Support, Caregiver/Family Supports and Services, Prevocational Services, Supported Employment, Community Habilitation, Day Habilitation:

- No prior authorization required. MMCPs must reimburse for
 - Initial 96 units or total 24 hours of each service on POC, not to exceed 60 calendar days
 - HCBS Provider notifies MMCP of the first appointment which marks the start of this period

Prior Authorization

For the following services: Planned and Crisis Respite:

- No prior authorization process
- MMCPs must reimburse for initial services/period
 - Planned Respite for no more than 7 days per calendar year
 - Crisis Respite for no more than 72 hour stay

Prior Authorization

For the following services: Adaptive and Assistive Equipment, Vehicle Modifications, and Environmental Modifications:

- Prior authorization is required. See resources for more information.
- Since these services are intended to represent one time modifications/purchases, there is no concurrent review

For Palliative Care Services:

- Prior authorization and concurrent review are required

Non-Medical Transportation

- **Non-Medical Transportation is billed Medicaid Fee for Service**
- For members in Health Home, MMCP approves POC and forwards completed NYS DOH POC Grid for NMT for Children's HCBS (completed by HHCM) to Transportation Manager
- For members not in Health Home, MMCP must complete (and update as needed) the NMT Grid and forward to Transportation Manager
- **NMT Grid and contacts for Transportation Managers can be found at <https://www.emedny.org/ProviderManuals/Transportation/index.aspx>**

Overview of HCBS Workflow

- Child begins to receive services. The child's HCBS Provider(s) determine Frequency, Scope and Duration (in communication with child/family).
 - Provider communicates these details to the HHCM who includes them in POC. If the child is not enrolled in HH, the MMCP updates POC to include approved F/S/D.
 - HCBS provider submits the Children's HCBS Authorization and Care Manager Notification Form to obtain authorization for additional services beyond the initial time period.

Overview of HCBS Workflow

After Service Begins

- Ongoing monitoring and updating (if necessary) of POC occurs to ensure services are accessed and goals are being worked towards
 - If Health Home enrolled: Health Home and MMCP engage in this
 - If the child/family opt out of Health Home: MMCP engages in this

Concurrent Service Authorization

- If service will exceed unit limits of authorization, HCBS provider must get approval for additional services
 - This should be requested at least 14 calendar days prior to end of existing authorization in order to prevent disruption of services
 - MMCP are not required to implement concurrent review post initial units/time period
 - MMCP must determine additional authorization within timelines outlined in [MMC Model Contract](#)
 - Continuing authorization durations are not set
- Ongoing reviews must occur at reasonable intervals

Utilization Management (UM) and Medical Necessity

MMCP determines if the services are medically necessary for the child.

- **This is NOT if the child is eligible for HCBS, as that has already been determined through the Care Manager or C-YES (Independent Entity)**
- As part of concurrent review MMCP determines if **each proposed HCBS is appropriate** for the child and likely to achieve the goals on the POC
- MMCP cannot conduct UM for first 180 days.

UM Continued Stay Criteria for HCBS

All of the following criteria must be met:

1. Child/youth continues to meet admission criteria and an alternative service would not better serve the child/youth.
2. A Plan of Care (POC) has been developed, informed and signed by the child/youth, Health Home Care Manager or C-YES, and others responsible for implementation.
3. Interventions are timely, need-based and consistent with evidence based/best practice and provided by a designated HCBS provider.
4. Child/youth is making measurable progress towards a set of clearly defined goals OR There is evidence that the POC and/or provider treatment plan are modified to address the barriers in treatment progression OR Continuation of services is necessary to maintain progress already achieved and/or prevent deterioration.
5. Family/guardian/caregiver is participating in treatment, where appropriate.

UM Discharge Criteria for HCBS

Criteria 1, 2, 3, 4, 5 or 6 are suitable; criteria #7 is recommended, but optional:

1. Child/youth no longer meets admission criteria and/or meets criteria for another, more appropriate service, either more or less intensive.
2. Child/youth or parent/guardian withdraws consent for treatment.
3. Child/youth is not participating in the POC development and/or utilizing referred services.
4. Child/youth's needs have changed and current services are not meeting these needs.
5. Child/youth's goals would be better served with an alternate service and/or service level.
6. Child/youth's POC goals have been met.
7. Child/youth's support system is in agreement with the aftercare service plan.

Community Habilitation Guidelines for Medical Necessity Criteria

- Recommended number of hours per week
- Broken down by age groups
- Guidance for general needs, can be exceeded if the situation warrants it/there is justification
- See Appendix E of the Children's HCBS Manual for these details

Questions



Resources

- NYS Children's Health and Behavioral Health Services Transformation Home and Community Based Services Provider Manual can be accessed at https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_manual.pdf
 - Guide to July 2019 Updates
https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/hcbs_manual_guide.pdf
- Process and Delivery of Services Documentation
https://health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/services_access_documentation.pdf
- C-YES 1-833-333-CYES (1-833-333-2937); TTY: 1-888-329-1541;
<https://nymedicaidchoice.com/>
- Authorization for Environmental Modifications:
https://www.health.ny.gov/health_care/medicaid/redesign/cfco/emod_guidelines.htm
- Authorization for Vehicle Modifications:
https://www.health.ny.gov/health_care/medicaid/redesign/cfco/vmod_guidelines.htm
- Authorization for Adaptive and Assistive Equipment:
https://www.health.ny.gov/health_care/medicaid/redesign/cfco/at_guidelines.htm

Appendix



More information on LOC Eligibility Criteria



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

Target Criteria (SED)

1. Age 0 through child's 21st Birthday, **and**
2. Child has Serious Emotional Disturbance: Serious emotional disturbance (SED) 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**
 - Schizophrenia Spectrum and Other Psychotic Disorders
 - Bipolar and Related Disorders
 - Depressive Disorders
 - Anxiety Disorders
 - Obsessive-Compulsive and Related Disorders
 - Trauma-and Stressor-Related Disorders
 - Feed and Eating Disorders
 - Disruptive, Impulse-Control and Conduct Disorders
 - Personality Disorders
 - Paraphilic Disorders
 - Gender Dysphoria
 - Elimination Disorders
 - Sleep-Wake Disorders
 - Sexual Dysfunctions
 - Medication-Induced Movement Disorders
 - Attention Deficit/Hyperactivity Disorder
 - Tic Disorder
3. and has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis, as determined by a licensed mental health professional.

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

Risk Factors (SED)

The child meets one of the factors 1-4 as well as factor 5

1. The child is currently in an out-of-home placement, including psychiatric hospital, **or**
2. The child has been in an out-of-home placement, including psychiatric hospital within the past six months, **or**
3. The child has applied for an out-of-home placement, including placement in psychiatric hospital within the past six (6) months, **or**
4. The child currently is multi-system involved (i.e., two or more systems) and needs complex services/supports to remain successful in the community

AND 5. A licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of institutionalization (i.e., hospitalization). The LPHA has submitted written clinical documentation to support the determination

Out-of-home placement in LOC Risk Factor #1-4 includes: RRSY, RTF, RTC, or other congregate care setting such as SUD residential treatment facilities, group residences, institutions in the OCFS system or hospitalization. Multi-system involved means two or more child systems including: child welfare, juvenile justice, OASAS clinics or residential treatment facilities or institutions, OMH clinics or residential facilities or institutions, OPWDD services or residential facilities or institutions, or having an established IEP through the school district.

**Level of Care (LOC) HCBS Eligibility Determination Criteria:
Serious Emotional Disturbance (SED)
January 1, 2019**

**Functional
Criteria
(SED)**

A subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY) completed by the HHCM/C-YES

If a full valid CANS-NY has already been completed for the child, that information can be linked or used to complete these questions in the HCBS/LOC determination.

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

Target Criteria (MFC)	<p>Age 0 through child’s 21st Birthday, and The child must have documented physical disability using the following protocols:</p> <ul style="list-style-type: none"> I. Current SSI Certification, or II. LDSS-639 disability certificate, or III. Forms: OHIP 0005, OHIP 0006 and OHIP 0007 completed by appropriate professionals and caregivers to be reviewed and approved by an LPHA
Risk Factors (MFC)	<p>A licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of institutionalization (i.e., hospitalization or nursing facility). The LPHA has submitted written clinical documentation to support the determination.</p> <p>For the Risk Factor for Medically Fragile, institutionalization is defined as hospitalization or nursing facility.</p>
Functional Criteria (MFC)	<p>A subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY) must be completed by HHCM/C-YES. If a full valid CANS-NY has already been completed for the child, that information can be linked or used to complete these questions in the HCBS/LOC determination.</p>

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

*NOTE: Children who qualify as both DD and MFC may more expeditiously access HCBS services by using the Medically Fragile process and then at a later date pursue DD eligibility

**Target Criteria
(DD MFC)**

1. Age 0 through child's 21st Birthday, and
2. Child has developmental disability as defined by OPWDD which meets one of the criteria a-c as well as criteria d, e and f
 - a) is attributable to intellectual disability, cerebral palsy, epilepsy, neurological impairment, familial dysautonomia, Prader-Willi syndrome or autism; **or**
 - b) is attributable to any other condition of a child found to be closely related to intellectual disability because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of a child with intellectual disability or requires treatment and services similar to those required for such children; **or**
 - c) is attributable to dyslexia resulting from a disability described above; **and**
 - d) originates before such child attains age 22; **and**
 - e) has continued or can be expected to continue indefinitely; **and**
 - f) constitutes a substantial handicap to such child's ability to function normally in society.

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

*NOTE: Children who qualify as both DD and MFC may more expeditiously access HCBS services by using the Medically Fragile process and then at a later date pursue DD eligibility

<p>Risk Factors (DD MFC)</p>	<p>The child must be Medically fragile as demonstrated by a licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of institutionalization (*i.e., hospitalization or nursing facility) The LPHA has submitted written clinical documentation to support the determination.</p>
<p>Functional Criteria (DD MFC)</p>	<p>Office for People With Developmental Disabilities (OPWDD) ICF-IDD Level of Care and/or algorithm applied to a subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY).</p>

Level of Care (LOC) HCBS Eligibility Determination Criteria: Developmental Disability and Foster Care Population

Target Criteria (DD Foster Care)

1. Age 0 through child's 21st Birthday, and
2. Child has developmental disability as defined by OPWDD which meets one of the criteria a-c as well as criteria d, e and f
 - a) is attributable to intellectual disability, cerebral palsy, epilepsy, neurological impairment, familial dysautonomia, Prader-Willi syndrome or autism; **or**
 - b) is attributable to any other condition of a child found to be closely related to intellectual disability because such condition results in similar impairment of general intellectual functioning or adaptive behavior to that of a child with intellectual disability or requires treatment and services similar to those required for such children; **or**
 - c) is attributable to dyslexia resulting from a disability described above; **and**
 - d) originates before such child attains age 22; **and**
 - e) has continued or can be expected to continue indefinitely; **and**
 - f) constitutes a substantial handicap to such child's ability to function normally in society.

**Level of Care (LOC) HCBS Eligibility Determination Criteria:
Developmental Disability and Foster Care Population
January 1, 2019**

<p>Risk Factors (DD Foster Care)</p>	<p>The child must meet either criteria 1 or 2:</p> <ol style="list-style-type: none"> 1. A current Foster Care (FC) child in the care and custody of Local Departments of Social Services (counties and New York City) (LDSS) or a child in the custody of OCFS Division of Juvenile Justice and Opportunities for Youth (DJJOY) or 1. A FC child who enrolled in HCBS originally while in the care and custody (LDSS) or (DJJOY). Once enrolled, eligibility can continue after the child is discharged from LDSS and OCFS DJJOY custody so long as the child continues to meet targeting, risk and functional criteria (no break in coverage permitted). This risk factor continues Maintenance of Effort for children up through, but not including, their 21st birthday).
<p>Functional Criteria (DD Foster Care)</p>	<p>Office for People With Developmental Disabilities (OPWDD) Level of Care using the ICF-IDD LOC eligibility tool</p>

When LON Expansion Occurs



Level of Need

- Upon future expansion (to begin July 2022 at the earliest) meeting Level of Need (LON) requirements will also determine eligibility
- Level of Need (LON): children who are at risk of institutional placement
 - Children with Serious Emotional Disturbances (SED) with or without co-occurring Substance Use Disorders (SUD)
 - Children/youth that have abuse and neglect targeting criteria, including children with complex trauma
- Whether a child meets the LOC or LON criteria: eligible children will have access to the same array of HCBS services which will be provided in a youth-driven manner

Level of Need (LON) HCBS Eligibility Determination Criteria: Serious Emotional Disturbance

Target Criteria (SED)

1. Age 0 through child's 21st Birthday, and
2. Child has Serious Emotional Disturbance: Serious emotional disturbance (SED) 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, as determined by a licensed mental health professional
3. SED is defined to include any one of the following Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnoses:

*Disqualifying Diagnoses and Enrollment: A child may not solely have a developmental disorder (299.xx.315.xx.319.xx.) or Organic Brain syndrome (290.xx.293.xx.294xx) or Autism spectrum disorder 299.00 (F84.0) (unless if co-occurring with SED) and may not be enrolled in an OPWDD waiver

Level of Need (LON) HCBS Eligibility Determination Criteria: Serious Emotional Disturbance

<p>Risk Factors (SED)</p>	<p>The child must meet all three of the factors 1, 2, and 3</p> <ol style="list-style-type: none"> 1. The child has a reasonable expectation of benefiting from HCBS and 2. The child requires HCBS to maintain stability, to improve functioning, to prevent relapse to an acute inpatient level of care and/or to maintain residence in the community, and 3. A licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of treatment in a more restrictive setting. The LPHA has submitted written clinical documentation to support the determination. <p>More restrictive setting is defined as: RRSY, RTF, RTC, or other congregate care setting such as SUD residential treatment facilities, group residences, institutions in the OCFS system or hospitalization.</p>
<p>Functional Criteria (SED)</p>	<p>Algorithm applied to a subset of questions from the Child and Adolescent Needs and Strengths New York (CANS-NY)</p>

**Level of Need (LON) HCBS Eligibility Determination Criteria:
Abuse, Neglect, Maltreatment, or Health Home Complex Trauma (ANMCT)**

**Target
Criteria
(ANMCT)**

1. Age 0 through child's 21st Birthday, **and**
2. Children who have experienced physical, emotional, or sexual abuse or neglect, or maltreatment and are currently in the custody of LDSS, **or**
3. Have Complex Trauma as defined by Health Home and Complex Trauma Assessment and Determination Tools see Department of Health website for definition and tools at: https://www.health.ny.gov/health_care/medicaid//program/medicaid_health_homes/health_homes_and_children.htm

Level of Need (LON) HCBS Eligibility Determination Criteria: Abuse, Neglect, Maltreatment, or Health Home Complex Trauma (ANMCT)

Risk Factors (ANMCT)

The child must meet the following risk factors (a and (b or c) and d and e):

- A. The child has a reasonable expectation of benefiting from HCBS and either b or c.
- B. The child requires HCBS to maintain stability, improve functioning, prevent relapse to an acute inpatient level of care and maintain residence in the community **or**
- C. The child who, but for the provision of HCBS, would be at risk for a more restrictive setting **and**
- D. A licensed practitioner of the healing arts (LPHA), who has the ability to diagnose within his/her scope of practice under State law, has determined in writing, that the child, in the absence of HCBS, is at risk of treatment in a more restrictive setting. The LPHA has submitted written clinical documentation to support the determination; **and**
- E. One or more of the following risk factors
 - i. Medicaid Community Eligible
 - ii. A former FC child who was enrolled in HCBS originally while in the care and custody of LDSS with no break in eligibility. More restrictive setting is defined as: RRSY, RTF, RTC, or other congregate care setting such as SUD residential treatment facilities, group residences, institutions in the OCFS system or hospitalization.

More restrictive setting is defined as: RRSY, RTF, RTC, or other congregate care setting such as SUD residential treatment facilities, group residences, institutions in the OCFS system or hospitalization.

**Level of Need (LON) HCBS Eligibility Determination Criteria:
Abuse, Neglect, Maltreatment, or Health Home Complex Trauma (ANMCT)**

**Functional
Criteria
(ANMCT)**

If a child is already Medicaid eligible (i.e., either currently in foster care or eligible through community eligibility rules), then a child meeting LON HCBS ANM or Complex Trauma target criteria, risk factors, and functional criteria is eligible to receive HCBS.

If a child is not already eligible for Medicaid and qualifies under no community eligibility rules, then a child meeting such criteria must be a former foster care child who was enrolled in HCBS originally while in the care and custody of LDSS with no break in HCBS eligibility. If the child continues to meet LON HCBS ANM or Complex Trauma target criteria, risk factors, and functional criteria, the child should be considered for Medicaid eligibility under the Family of One financial criteria.

Children meeting Health Home complex trauma criteria and risk factors who are not in foster care or were not formerly in foster care when enrolled in HCBS are not eligible for Medicaid under Family of One financial criteria.

CANS-NY



Six Key Principles of the CANS-NY

1. Items are selected because they are relevant to service/treatment planning
2. Each item uses a 4-level rating system that translates immediately into action levels. Action levels exist for needs and strengths
3. Rating should describe the child/youth, not the child/youth in services
4. Culture and development should be considered prior to establishing the action levels
5. This is a descriptive tool about the “what”, not the “why”
6. A 30-day window for ratings in order to make sure assessments continue to be relevant to the child or youth’s present circumstances

CANS-NY: Action Levels for Needs and Strengths

- **Action Levels for “Need” Items**

1. No Evidence of Need
2. Watchful Waiting/Prevention
3. Action Needed
4. Immediate/Intensive Action Needed

- **Action Levels for “Strengths” Items**

1. Centerpiece Strength
2. Useful Strength
3. Identified Strength
4. No Strength Identified