

Understanding Home and Community Based Services (HCBS) Part 2



Introduction

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



Agenda

- Understanding Children's Home and Community Based Services (HCBS)
 - Respite
 - Palliative Care
 - Assistive and Adaptive Equipment
 - Vehicle Modifications
 - Environmental Modifications
 - Non-Medical Transportation
- Remaining HCBS were covered in Part 1

Children's Home and Community Based Services (HCBS)



Respite



What is Respite?

- Short-term assistance provided to a child in order to allow temporarily relief for the child or their caregiver/family
- Two types: Planned Respite and Crisis Respite

What is Respite (continued)?

- Planned Respite
 - The Respite worker supervises the child and engages them in activities in support of the child's goals while maintaining their health and safety
 - Can occur short-term, longer-term, or overnight

What is Respite (continued)?

- Crisis Respite
 - Respite worker provides short-term care, intensive assistance and support to deescalate and/or mitigate risk during a crisis situation
 - Can also be used as a result of crisis intervention or trip to the emergency room
 - May include: site-based crisis residence, monitoring for high risk behavior, health and wellness skill building, wellness activities, family/caregiver support, conflict resolution, etc.
 - At the end of a Crisis Respite period: plan must be made for continuation of care (as necessary)
 - Should be included in Plan of Care (POC) to the extent that it is an element of the crisis plan or risk mitigation strategy

Aims of Respite

- Allow the child to return to or reach a better level of functioning
- Allow the caregiver to get the relief necessary to be able to optimally support the child's needs in the home/community
- In Crisis Respite: Reduce the risk of further escalation of symptoms or loss of functioning

Examples

- **Planned Respite:** William is 12 years old. The respite provider takes William to a kickball game in William's community. While at the kickball game the respite provider assists in helping William practice following the coach's directions per his Plan of Care (POC) goal to improve his focus in and out of the classroom.
- **Crisis Respite:** On another occasion William's grandmother calls the Respite provider because William is becoming aggressive and threatening to harm his family members. The Respite provider goes to the family's home and engages William in utilizing his safety plan skills by practicing them together and reinforcing skills to help William deescalate. On this occasion the Respite provider and William utilize shooting hoops as an initial de-escalation technique until William is able to talk through what his needs are, why he is upset and how he will remain calm enough to not require more intensive interventions. William and his grandmother are supported in this example.

Palliative Care Services



Across All Palliative Care HCBS

- Specialized medical care which aims to improve quality of life and provide relief from symptoms and stress of a chronic medical condition or life-threatening illness that puts the individual at risk of death before age 21
- 4 Palliative Care Services
 - Expressive Therapy
 - Massage Therapy
 - Bereavement Service
 - Pain and Symptom Management

Across All HCBS Palliative Care

- Palliative Care is provided by a specially-trained team of doctors, nurses, social workers and other specialists who work together to provide an extra layer of support
- For all staff providing Palliative Care Services, it is expected that they will have a minimum of three years working with the medically fragile population and at least one year of clinical experience with pediatric population, preferably involving end of life care
- Provider Agency Qualifications: Certified Home Health Agency (CHHA), Hospice Organization or Article 28 Clinic and must be NYS designated to provide the service
- Palliative Care is appropriate at any stage of a chronic condition or life-threatening illness and can be provided along with curative treatment

Palliative Care: Expressive Therapy

- **What is Expressive Therapy?**

- Art, music and play geared towards helping the child better understand and express their reactions

- **Aims of Expressive Therapy**

- Empower the child with creativity
- Provide an outlet for the child to safely express emotions and communicate their feelings
- Provide a medium that the child can fully control
- Family involvement, creating memories as well as mementos such as scrapbooks, sculptures, etc.

Example

Violet, age 11, has a diagnosis of Muscular Dystrophy. A NYS licensed therapist with many years of experience working with the medically fragile population and with the pediatric population, engages Violet in music therapy where Violet is able to create music in order to communicate her feelings. The therapist works with Violet to create a video of her making music that she can share with her family.

Palliative Care: Massage Therapy

- **What is Massage Therapy?**

- Massage to improve muscle tone, circulation, range of motion and address physical symptoms related to their illness

- **Aims of Massage Therapy**

- Provide physical and emotional comfort
- Provide pain management
- Restore the idea of healthy touch for children and youth who are dealing with treatments that may involve painful interventions and ongoing and/or past trauma

Example

Abdel is medically fragile and his conditions cause him to become tense and agitated. He receives massage therapy from a NYS licensed massage therapist to help him relax and address his physical strain.

Palliative Care: Bereavement Service

- **What is Bereavement Service?**

- Provided to help a child and their family cope with grief related to the participant's end of life experience.
- Can include counseling, support groups and other services

- **Aims of Bereavement Service**

- Help child and family to cope with their grief

- **To note:**

- Can be provided by a LCSW, LMSW, Licensed Psychologist or LMHC; operating in a NYS designated agency

Example

Abraham receives Bereavement counseling to help support him in dealing with the recent diagnosis of a terminal illness. Some days the counselor works with Abraham 1:1. On other days, the counselor includes Abraham's family to support coping for the whole family and assist with any changes that they may be experiencing as a result of the diagnosis.

Palliative Care: Pain and Symptom Management

- **What is Pain and Symptom Management?**

- Relief and/or control of the child's suffering related to their illness or condition.

- **Aims of Pain and Symptom Management**

- Lessening the child's pain, symptoms and side effects related to the chronic condition or life-threatening illness they are coping with
- Preserve quality of life

- **To note**

- Can be provided by one of the following working as part of a designated agency: Pediatrician or Family Medicine Physician (board certified in Pediatrics or Family Medicine licensed by the State of New York), a Nurse Practitioner licensed by the State of New York (Pain and Symptom Management).

Example

Kayla has a genetic disorder that results in progressive nerve damage causing extreme physical pain. The physician works with Kayla and her family to assist them in managing the physical, and psychosocial aspects of the symptoms.

Adaptive and Assistive Equipment



What is Adaptive and Assistive Equipment?

- Technological aids and devices identified in a child's Plan of Care (POC) that enable them to accomplish tasks to support their health, welfare and safety
- Example equipment includes: direct selection communicators, speech amplifiers, standing boards/frames and therapeutic equipment, etc.
- Example services include: services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for the participants; services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices; training or technical assistance for the participant; etc.

Example

Sunny, a 14 year old with Muscular Dystrophy, and her family use Adaptive and Assistive Equipment to purchase a motorized wheelchair. Having this equipment allows Sunny more independence to perform her daily activities. Sunny's Care Manager assists the family with getting clinical justification, evaluation and approvals for the wheelchair.

Important to Note:

- Cannot duplicate equipment otherwise available through the Medicaid State Plan at 1905(a) of the Social Security Act or other federal/state funding streams. Equipment must be beyond the scope of Durable Medical Equipment (DME). Only those services not reimbursable under the Community First Choice Option (CFCO) State Medicaid Plan will be reimbursable under the HCBS Waiver.
- Adaptive Devices are expected to be a one-time only purchase
- Cost Limits
 - Costs cannot exceed \$15,000 per year without prior approval from the LDSS in conjunction with NYSDOH or MMCP approval if exceeding established limits.
 - The State may consider exceptions when medically necessary, including but not limited to a significant change in the child's needs or capabilities.

Vehicle Modifications



What are Vehicle Modifications?

- Adaptations to the main vehicle used by the child, as identified in the child's POC, to support the health, welfare and safety of the child and allow them greater independence.
- Example modifications include: portable electric/hydraulic and manual lifts, ramps, foot controls, wheelchair lock downs, raised door, repositioning of seats, dashboard adaptations, replacement of roof with a fiberglass top, etc.

Example

Maria, who is medically fragile, and her family use Vehicle Modifications in order to reposition seats and add a wheelchair floor to their vehicle. These modifications allow them to more easily travel to Maria's appointments as well as help achieve Maria's goal of attending more community events in her suburban town. The MMCP secures a local contractor and/or evaluator (who meets all necessary criteria) to complete the work.

Important to Note

- Only those services not reimbursable under the Community First Choice Option (CFCO) State Medicaid Plan, Medicaid State Plan under 1905(a) of the Social Security Act or other federal/state funding streams will be reimbursable under the HCBS Waiver.
- Contracts for Vehicle modifications may not exceed \$15,000 per year without prior approval from the LDSS in conjunction with NYSDOH or MMCP.
- The State may consider exceptions when medically necessary, including but not limited to a significant change in the child's needs or capabilities.

Environmental Modifications



What are Environmental Modifications?

- Adaptations (internally or externally) made to the home (or other eligible residence)
- Identified in the child's POC as necessary to increase the child's independence, support their health, welfare and safety, and allow them to remain in the home/community
- Examples of modifications include: installation of ramps, hand rails, and grab-bars; modifications of bathroom facilities, lifts, bed shaker alarm devices, strobe light smoke detection and alarm devices, etc.

Example

- While developing the Plan of Care (POC), it is determined that Renee needs modifications to her family home to allow her to safely and independently function in her home while her parents are away.
- An evaluator goes out to the home and determines that Renee's house requires a bed shaker alarm device, a strobe light smoke and carbon monoxide detection/alarm system in order to ensure that Renee is able to remain safe in her house even when staying on her own.

Important to Note

- Excluded are those adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the child.
- Adaptations that add to the total square footage of the home's footprint are excluded from this benefit except when necessary to complete an adaptation
- Only those services not reimbursable under the Community First Choice Option (CFCO) State Medicaid Plan, Medicaid State Plan under 1905(a) of the Social Security Act or other federal/state funding streams will be reimbursable under the HCBS Waiver.
- Contracts for Home modifications may not exceed \$15,000 per year without prior approval from the LDSS in conjunction with NYSDOH or MMCP. The State may consider exceptions when medically necessary, including but not limited to a significant change in the child's needs or capabilities.
- For Environmental Modifications, the LDSS or MMCP is the provider of record for billing purposes.

Non-Medical Transportation



What is Non-Medical Transportation?

- Transportation to access HCBS or destinations related to a goal included in the child's POC
- Examples where this service may be requested include transportation to: HCBS that a child/youth was determined eligible to receive, a job interview, college fair, a wellness seminar, a GED preparatory class, etc.

Important to Note

- Agencies interested in providing Non-Medical Transportation must be a current Medicaid Transportation Provider
- Non-Medical Transportation **will be paid Fee-for-Service** for eligible children/youth, regardless of whether the child/youth is enrolled in Medicaid Managed Care, to leverage the existing Medicaid Fee-for-Service transportation infrastructure

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**
- **Process and Delivery of Services Documentation https://health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/services_access_documentation.pdf**