

# 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

### I. Major Changes

Describe any significant changes to the approved waiver that are being made in this renewal application: Major changes to the current Bridges to Health (B2H) Developmental Disabilities (DD) waiver requested in this renewal application include: update of policy to allow children discharged from B2H to re-enroll in the waiver for up to six months, to address the need to maintain continuity of care and medication compliance; update of cost neutrality factors, to reflect current medical institutional costs and utilization of services during the initial waiver period; and amendment of certain quality assurance processes to reflect current practice.

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

### I. 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):  
**Bridges to Health (B2H) for Children with Developmental Disabilities**
- 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

**Migration Waiver** - this is an existing approved waiver

#### **Renewal of Waiver:**

Provide the information about the original waiver being renewed

**Base Waiver Number:**                      0470

**Amendment Number**

(if applicable):

**Effective Date:** (mm/dd/yy)              01/01/11

**Draft ID:**                      NY.35.01.00

Renewal Number: 01

D. Type of Waiver (select only one):

Intermediate Waiver

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

01/01/11

**1. 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 the Mentally Retarded (ICF/MR) (as defined in 42 CFR §440.150)

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

**1. 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.

The Bridges to Health for Children with Developmental Disabilities (B2H DD) Medicaid waiver is designed to address the health related needs of this subset of children and youth in foster care Participants' disabilities are sufficiently severe to require placement in a medical institution. However, the B2H waiver allows the State to supplement the Medicaid State Plan and other supports with an array of services tailored to address the unmet health care needs of this complex population in the least restrictive, most home-like, and integrated setting appropriate to their needs. The services may continue to be available to the child upon discharge from foster care.

Research indicates that children who have been removed from their families and placed in foster care have significantly higher rates of unmet health care needs compared to the general population. B2H DD is designed specifically for this vulnerable population. B2H provides services not otherwise available to children with these disabilities within the context of their complicated family/caregiver circumstances to improve their overall health and welfare and avoid unwanted placement in a medical institution.

This waiver renewal application proposes serving five hundred and forty one (541) waiver children, the same unduplicated number approved in the initial application. The enrolled children and youth will be eligible to receive a variety of comprehensive, community-based support services targeted to each child's specific needs that will complement, not duplicate, services provided to these children through the foster care system and/or Medicaid State Plan. The services are not supported through State or federal funding available for foster care services.

B2H's organizational structure, service-delivery methods and service package have been designed with the input of clinicians, child welfare providers, government experts, children and families. The New York State (NYS) Office of Children and Family Services (OCFS) and NYS Department of Health (NYSDOH) are responsible for the operation and oversight of the B2H waiver. Under OCFS oversight, Local Departments of Social Services (counties and New York City) (LDSS) and OCFS with regard to children in OCFS' Division of Juvenile Justice and Opportunities for Youth (DJJOY) custody and care will make enrollment, re-authorization and disenrollment decisions for waiver eligible children. LDSS staff are also responsible for determining financial eligibility for Medicaid, although virtually all children in foster care are categorically eligible for the Medicaid Program. LDSS staff are also responsible for all other aspects of the B2H program participation, including after a child's discharge from foster care.

To promote efficiency and allow for regional flexibility, OCFS enters into B2H Provider Agreements with Health Care Integration Agencies (HCIA) contractors across the State to complete related administrative activities. The HCIA contractors are not-for-profit voluntary agencies. In addition, they must demonstrate experience in providing community-based services to individuals with disabilities. These agencies recruit providers, prepare enrollment packages for LDSS approval, propose Individualized Health Plans (IHPs) to the LDSS, arrange for waiver services and assist in waiver administration. The Health

Care Integrators (HCIs) they employ are responsible for the child's health care coordination. If an HCIA chooses to provide direct services beyond Health Care Integration and is involved in preparing the enrollment package, strict guidelines and appropriate safeguards are in place under the B2H Provider Agreement to prevent inappropriate influence over the service planning and delivery process.

### 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*):
- |  |
|--|
| <p>Yes. This waiver provides participant direction opportunities. Appendix E is required.</p> <p>No. This waiver does not provide participant direction opportunities. Appendix E is not required.</p> |
|--|
- 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. **Statewide.** Indicate whether the State requests a waiver of the statewide 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:*

**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.

## 6. Additional Requirements

*Note: Item 6-1 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 inpatients of a hospital, nursing facility or ICF/MR.
- 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:  
The B2H waiver was authorized by legislation directing the NYSDOH to apply for waivers to serve children in the care and custody of LDSS and OCFS DJJOY. Throughout the initial waiver development and reauthorization process, multiple meetings were conducted with a variety of stakeholders to permit creation of a program appropriate to the needs of children in foster care and their family/caregivers. These stakeholder meetings included children in foster care, parents of children in foster care, adoptive parents, clinicians and health care providers, local governments, advocacy groups, foster care providers and representatives from NYSDOH, NYS Office of Mental Health (OMH), NYS Office of Mental Retardation and Developmental Disabilities (OMRDD) - now the NYS Office for People With Developmental Disabilities (OPWDD), and NYS Office of Alcoholism and Substance Abuse Services (OASAS).
- Multiple stakeholder meetings contributed to the reauthorization of the B2H waiver, including the following opportunities for input to waiver modification and design change:
- B2H Quarterly Regional Forums: OCFS convened seven regional forums throughout New York State including staff from the HCIA contractors, Waiver Service Provider (WSP) agencies, LDSS and OPWDD.
- Council of Family and Child Caring Agencies (COFCCA) (121-member child welfare provider group): OCFS met with members to discuss reauthorization elements.
- New York Public Welfare Association (NYPWA) (58-member consortia of LDSS commissioners): OCFS requested input in the reauthorization of B2H through a survey.
- New York State Conference of Local Mental Hygiene Directors provided input into the reauthorization process.
- B2H Advisory Board is convened semi-annually. The meeting agendas included discussion of the number of enrollment opportunities, eligibility, services and provider qualifications. The Board membership consisted of the following:
- NYSDOH
  - American Academy of Pediatrics
  - Schuyler Center for Analysis and Advocacy
  - Youth in Progress (children currently or formerly in foster care)

- Representative from Sydney Albert Training and Research Institute
  - COFCCA
  - NYPWA
  - New York State Citizens Coalition for Children
  - LDSS:
    1. Delaware County
    2. Albany County
    3. Monroe County
    4. New York City: Administration for Children's Services
  - OCFSS Division of Juvenile Justice and Opportunities for Youth
  - HCIA contractor administrators:
    1. Parsons Child and Family Services
    2. Hillside Family of Services
    3. New Alternative for Children
    4. Abbott House.
- 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:** Colleen

**First Name:** Maloney

**Title:** Medical Assistance Specialist II

**Agency:** New York State Department of Health

**Address:** 99 Washington Avenue

**Address 2:**

**City:** Albany

**State:** New York

**Zip:** 12210

**Phone:** (518) 486-6562

**Fax:** (518) 473-2537

**E-mail:** Cam09@health.state.ny.us

**Ext:**                      **TTY**

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

**Last Name:** Laura

**First Name:** Velez

**Title:** Deputy Commissioner, Division of Child Welfare and Community Services

Agency: New York State Office of Children and Family Services  
Address: 52 Washington Street  
Address 2: Room 327 North Building  
City: Rensselaer  
State: New York  
Zip: 12144  
Phone: (518) 474-3377 Ext: TTY  
Fax: (518) 474-9524  
E-mail: Laura.Velez@ocfs.state.ny.us

### 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:

State Medicaid Director or Designee

Submission Date:

Last Name: Prescatore  
First Name: Donna  
Title: Medicaid Director, Office of Health Insurance Program  
Agency: New York State Department of Health  
Address: Corning Tower, Room 1466  
Address 2: Empire State Plaza  
City: Albany  
State: New York  
Zip: 12237  
Phone: (518) 474-8646  
Fax: (518) 486-6852  
E-mail: Djf04@health.state.ny.us

### Attachment #1: Transition Plan

Specify the transition plan for the waiver:

Not applicable.

**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 Children and Family Services**

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:

New York State Department of Health (NYSDOH) is the Single State Medicaid agency in New York State and as such has oversight for the supervision of the Medical Assistance Program under Title XIX of the Social Security Act. NYSDOH administrative authority includes the administrative oversight of Home and Community Based Services (HCBS) Waiver programs including the NYS Office of Children and Family Services (OCFS) Bridges to Health (B2H) waiver.

Oversight of the performance of waiver function by local/regional non-State agencies is established in New York State statute and regulations that define the respective roles and responsibilities of the State and Local Department of Social Services (LDSS) in New York State Public Health Law, §201 and 206, SSL §363-a and 366(12) and by Medicaid State Plan, Appendix A, #4.

In addition, NYSDOH Administrative Directives and General Information System messages have been issued to provide ongoing guidance regarding the Medicaid Program administration, including eligibility determination, system management provider reimbursement, monitoring, and corrective actions to LDSS. NYSDOH also issues the monthly newsletter, Medicaid Update, to announce major policy changes and other important Medicaid-related information. The Medicaid Update is available on the NYSDOH website: [www.nyhealth.gov/health-care/medicaid/program/update/main.htm](http://www.nyhealth.gov/health-care/medicaid/program/update/main.htm).

NYSDOH retains ultimate responsibility for oversight of the B2H waiver. Through a Memorandum of Understanding (MOU), NYSDOH has delegated responsibility for the design, development, implementation and oversight of B2H to OCFS in accordance with Social Services Law §366(12). NYSDOH is integrally involved with the OCFS' administration of the waiver. NYSDOH managers meet with the OCFS Bureau of Waiver Management (BWM) on a regular, routine basis and during the fourth quarter of each waiver year to summarize its assessment of the administration of the waiver and affirm any appropriate continuous improvement activities to be undertaken.

NYSDOH and OCFS staff regularly communicate to discuss waiver policy and problem solve. The two agencies have formal discussions on the follow topics:

1. Meetings on average of every six weeks to work collaboratively on operational and administrative functions, service trends and current issues. NYSDOH commonly presents on statewide and regional policies and requirements.
2. NYSDOH staff accompanies OCFS staff on provider site visits for case reviews, and independently review participant records for compliance with Medicaid and B2H waiver policies and procedures.
3. NYSDOH conducts fiscal review of the Medicaid reimbursed services through fiscal audits of billing and claiming, monitoring or annual fiscal reports that are sent to Centers for Medicare and Medicaid Services' (372s).

#### 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:*

OCFS developed a Request for Applications that describes the criteria and necessary documentation for

becoming a Health Care Integration Agency (HCIA) contractor. OCFS enters into Provider Agreements with HCIA contractors for the development and selected quality management activities related to HCBS service providers in their communities. These agencies identify potential Waiver Service Provider (WSP) agencies then recruit, develop, maintain, manage and train the providers. Potential WSP agencies may apply on their own to the HCIA contractors or as a result of a referral by a waiver participant/medical consenter. HCIA contractors also provide utilization management services to OCFS. These services include processes to support proper utilization of waiver services in conformance with the Individualized Health Plans (IHPs). The HCIA contractors assist in the preparation of the enrollment package and are responsible for identifying instances when enrollees are not receiving services described in the IHP or when the services are far below levels determined in the IHP. They are also responsible for monitoring waiver expenditures against approved levels identified in the IHP.

In addition to these administrative activities, the HCIA contractor staff work on behalf of the waiver enrollees to assist during completion of the waiver enrollment packet, disseminate information to the potential enrollee and assist in management of enrollments in the waiver against approved limits.

HCIA contractors are qualified not-for-profit voluntary agencies that meet DOH requirements and the B2H provider qualifications established by OCFS by having appropriate licenses, certifications, or provider agreements for relevant services from or with NYS Office of Mental Health, NYS Office for People With Developmental Disabilities or NYSDOH; sufficient administrative and fiscal viability to conduct and sustain the B2H waiver; sufficient community standing; and the capacity and willingness to comply with Medicaid requirements, including B2H Provider Agreement requirements. Applications for provider enrollment are accepted on a continuing basis. Other than for an HCIA contractor, WSP agencies are not required to be voluntary authorized agencies but must meet all program and Medicaid requirements. Also, see requirements in Appendix C. OCFS uses a multi-tiered review of established criteria, including an evaluation of the applicant agency's existing foster care and Medical Assistance programs. OCFS advises applicants as to the completeness of the application and may provide an opportunity for discussion of the application and the submittal of an amended application, as necessary, followed by a final decision issued in writing by OCFS. Any willing provider with the appropriate qualifications is eligible to apply. The process permits open-ended enrollment of approved applicants. There is no administrative appeal and unsuccessful applicants will be limited to pursuing their rights under Article 78 of the Civil Practice Law and Rules.

A HCIA contractor's completion of these administrative tasks and functions is distinctly separate from its responsibility to provide the B2H waiver service of Health Care Integration to children who are enrolled in the B2H waiver and who have chosen a HCIA contractor. The provisions of the B2H Provider Agreement between OCFS and the HCIA contractor that address these administrative tasks and functions are distinct from the provisions of the B2H Provider Agreement that authorize the HCIA contractor to deliver the B2H waiver service of Health Care Integration. The B2H Provider Agreement also directs the HCIA contractor to administratively and organizationally separate its administrative functions from service delivery operations.

**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.*

OCFS (the waiver operating agency) issues policy direction and program guidance, as it routinely does

related to children in the care and custody of a LDSS\* and those children in the B2H waiver who have been discharged from custody. Policy guidance is in accordance with Medicaid policy, as determined by NYSDOH – the Medicaid agency – and does not supersede or replace Medicaid policy. A LDSS is a local government agency that has responsibility for, among other things, the local administration of Medical Assistance and foster care. A LDSS exists in each county and New York City. For the B2H waiver, each LDSS conducts waiver-related responsibilities outlined below. The LDSS is supported in many of these administrative activities by an HCIA contractor, as it conducts administrative activities in support of the B2H waiver. A supervisory relationship between OCFS and the LDSS provides the infrastructure that supports B2H waiver services and enhances our ability to serve the children. A LDSS does not have service delivery responsibilities under the B2H waiver. There are no regional non-state public agencies involved in the administration of the B2H waiver.

The B2H Program Manual issued by OCFS provides and directs the LDSS to disseminate B2H waiver information as well as policy guidance and operational direction for referrals, enrollments, Level of Care determinations, and reauthorizations. LDSS retain authority for enrollment/disenrollment decisions for all children enrolled in the waiver through their own LDSS. A detailed listing of the administrative activities provided by LDSS is provided in Section 7 of this Appendix.

\* The roles and responsibilities of both LDSS and OCFS DJJOY staff are identical in most instances referenced throughout this application. Therefore, when the acronym LDSS is used in this application, it is to be interpreted as including OCFS DJJOY.

**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:*

## Appendix A: Waiver Administration and Operation

- 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:  
OCFS BWM is granted this responsibility through the MOU with NYSDOH.

## Appendix A: Waiver Administration and Operation

- 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:  
OCFS enters into B2H Provider Agreements with voluntary authorized agencies across the State with demonstrated experience in providing the operational and administrative functions required by this waiver to serve as HCIA contractors. OCFS, through a MOU with NYSDOH, oversees and monitors these HCIA contractors for their performance of the waiver functions for which they are responsible on an ongoing, regular basis. OCFS is committed to providing ongoing technical assessment and assistance with the HCIA contractors on a regular basis to continually improve the quality of care provided to all waiver enrollees. The information gathered through OCFS' monitoring of the HCIA contractors is used to create targeted technical assistance and training. OCFS collects and analyzes data from multiple sources to identify regional and statewide trends. OCFS and NYSDOH annually evaluate current policy and implement programmatic changes.

OCFS has implemented a multi-pronged approach of continuous quality management activities. The OCFS B2H Quality Management Strategy consists of the following: Team Meeting Reviews; Case Record Reviews; HCIA Administrative Site Visit Reviews; Regional Forums; Conference Calls; LDSS Meetings; and Satisfaction Surveys. These strategies are implemented in conjunction with BWM staff and the OCFS Regional Quality Management Specialists (QMS).

**Team Meetings:** Team meetings are regularly organized by the HCIA contractor staff to review the progress, strengths and needs of children and families, plan for services and promote collaboration. Regional QMS attend team meetings each quarter at each HCIA contractor, to offer technical assistance and assess whether the team meeting process addresses elements critical to the implementation of B2H services in a strength-based, person-centered manner. Using the B2H Team Meeting Checklist, Regional QMS review and provide feedback to the HCIA contractors on the following elements: Freedom of Choice, strengths, preferences, and needs with the child, medical consentor and caregiver and an agreed upon plan of action for the child and caregivers/family.

**Case Record Reviews:** BWM and Regional QMS staff meet with each HCIA contractor to provide technical assistance and conduct retrospective reviews of B2H case records on a quarterly basis. The total number of cases to be reviewed each waiver year is determined at a regional level using a ninety-five percent confidence interval, five percent margin of error and fifteen percent response distribution. The B2H Case Record Review Checklist guides OCFS' review of randomly selected cases. The review includes: the Level of Care forms, the Individualized Health Plans, Detailed Service Plans, Service Summaries, Progress Notes, Freedom of Choice and other B2H forms and processes. The tool also compares waiver expenditures against approved levels as well as the provision of services details to eMedNY adjudicated claims so that billing is completed in an efficient manner and services are billed appropriately.

**HCIA Administrative Site Visit Reviews:** BWM and Regional QMS assess the various administrative and operational functions of HCIA contractors for compliance with the rules, policies and procedures set forth in the B2H Program Manual using the HCIA Administrative Site Visit Tool on an annual basis. The formal on-site visit includes pre-selected Case Record Reviews, verification of continuous provider qualifications as well as a review of the HCIA contractors' administrative and internal quality management and improvement structure. OCFS conducts follow up of corrective action plans that are generated based upon the findings of the formal on-site visit.

**Regional Forums:** BWM conducts Forums in each B2H region on at least an annual basis or more frequently if determined necessary by OCFS. The Forums include participation from BWM, Regional QMS, HCIA contractors, WSP agencies, LDSS, waiver participants, families, advocates and other involved state agencies as appropriate. The Forums provide BWM information and feedback regarding the overall function of the B2H waiver and are an opportunity to share information and updates, as well as assist LDSS and service providers with their collaboration efforts.

**Conference Calls:** BWM host regular statewide telephone calls with HCIA contractor staff. The calls provide an opportunity for information sharing, program updates and clarifications, networking, brainstorming, and problem solving. Frequently discussed topics include provider qualifications and training needs; Level of Care documentation; and service provision. Minutes and action steps are shared with all participants.

**Satisfaction Survey:** OCFS has developed a Satisfaction Survey for caregivers, including birth parents, foster parents, pre-adoptive and adoptive parents, and other caregivers of B2H participants. The survey solicits feedback on the quality and effectiveness of each of the fourteen waiver services and asks for caregivers to assess changes in specific aspects of child and family functioning since first receiving B2H services. The survey is on the internet; however, telephone interviews and hard copies are available to caregivers. Caregivers are asked to complete the survey after the child has received B2H services for six months. OCFS uses the survey results to focus on steps to improve satisfaction and to refine its methods for understanding the waiver experience.

**Local Department of Social Services (LDSS) Meetings:** BWM staff regularly communicates with LDSS, to offer guidance, and technical assistance, answering questions regarding eligibility and enrollment criteria as well as operational issues.

BWM collects and analyzes data from the above activities to identify regional and statewide trends. Programmatic reviews and evaluation, while an on-going process, is completed annually in collaboration with OCFS and NYSDOH to evaluate current policy and implement programmatic changes. For example, HCIA contractors submit reports to BWM. BWM receives routine reports from each HCIA contractor that identify trends and best practices to assist with the implementation of the B2H waiver. The quarterly reports yield information on trends and needs requiring technical assistance from BWM. Common areas include 1) referral information, including the number of inappropriate referrals; 2) the sufficiency of the HCIA contractor provider network; 3) budgeting information and

trends; 4) compliance with the submission of service plans and 5) best practices. BWM continues to analyze these reports and accordingly reviews B2H policies and procedures to enhance compliance with the B2H model, as well as to further clarify and refine technical assistance to providers.

BWM has a formal process to review Serious Reportable Incidents (SRI's). SRIs fall into three primary categories: 1) allegations of abuse and maltreatment; 2) serious accidents or injuries that threaten a child's ability to maintain waiver services and 3) incidents that cause a significant disruption in the caregiver's capacity to care for the child. BWM and Regional QMS, in collaboration with the HCIA contractors, reviews reports and determines if there are systemic issues involved that need redress. An integral component to this process includes the establishment of Serious Incident Review Committees at each HCIA contractor. Each committee contains at least five individuals drawn from a cross-section of staff, including professional, direct care, quality management and administrative staff and meets at least quarterly and within thirty days of a report of a SRI involving a B2H waiver participant. The committee is responsible for evaluating the response to the incident and for recommending appropriate corrective and preventive policies that are consistent with the best clinical practice and in compliance with the B2H waiver applications and guidelines.

OCFS has implemented a toll-free telephone number, the B2H Consultant Line, for use by waiver participants, medical consenters and others. This telephone number has been widely circulated to the B2H constituents. Calls are recorded and responded to in a timely manner. There is a regular reporting and tracking process to describe types of calls received, the providers and the regions involved and actions taken.

OCFS also utilizes BWM staff to monitor the actions of each LDSS and HCIA contractor. This monitoring provides OCFS with comprehensive reviews of the HCIA contractors and their performance of the waiver's administrative functions. Information gathered through these reviews is also be used to identify policy areas that need revision or redirection.

OCFS, as the waiver operating agency, provides an annual report to NYSDOH, as the Medicaid agency, containing performance assessments of HCIA contractors and the activities of OCFS in conducting these reviews.

**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	Contracted Entity	Local Non-State Entity
Participant waiver enrollment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Waiver enrollment managed against approved limits	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Waiver expenditures managed against approved levels	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Level of care evaluation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Review of Participant service plans	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prior authorization of waiver services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utilization management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Qualified provider enrollment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Execution of Medicaid provider agreements	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishment of a statewide rate methodology	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rates, policies, procedures and information development	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

governing the waiver program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality assurance and quality improvement activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).*

*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:**

The percent of provider administrative reviews conducted with the frequency required in the agreement with the New York State Department of Health (the Medicaid agency).

Data Source (Select one):

Other

If 'Other' is selected, specify:

B2H Database

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 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:

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<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:**

The number of quality assurance record reviews conducted each month/year as compared to what was specified in the agreement with the New York State Department of Health (the Medicaid agency).

**Data Source (Select one):**

Other

If 'Other' is selected, specify:

B2H Database

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<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 type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified

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

**Performance Measure:**

The number and percent of provider agreements that adhered to the State's uniform agreement requirements.

Data Source (Select one):

Other

If 'Other' is selected, specify:

B2H Provider Agreements and B2H Model Subcontracts.

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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<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:**

The number and percent of new openings that have been allocated according to State policies and procedures to insure equitable distribution of waiver openings.

Data Source (Select one):

Other

If 'Other' is selected, specify:

B2H Enrollment Database

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<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
Sub-State Entity	<input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Representative Sample Confidence Interval = <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:

- 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.

Management of remediation and/or individual problems is addressed through informal, and when necessary, formal discussions between NYSDOH and OCFS. NYSDOH concerns are first discussed with the OCFS Bureau of Waiver Management (BWM) Director. Regularly scheduled meetings between NYSDOH and OCFS staff also provide a forum through which to discuss and identify an appropriate approach to any significant issue/practice that may require remediation. If a change or revision in practice or policy is required, HCIA staff are informed either through an informal e-mail, a formal letter or a NYSDOH Administrative Directive.

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):
State Medicaid Agency	Weekly
Operating Agency	Monthly
Sub-State Entity	Quarterly
Other Specify:	Annually
	Continuously and Ongoing
	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.

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)(1)(B) of the Act, the State limits waiver services to a group 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 waiver target group, check each of the subgroups in the selected target group 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
Aged or Disabled, or Both - General					
		Aged			
		Disabled (Physical)			

		Disabled (Other)							
Aged or Disabled, or Both - Specific Recognized Subgroups									
		Brain Injury							
		HIV/AIDS							
		Medically Fragile							
		Technology Dependent							
Mental Retardation or Developmental Disability, or Both									
		Autism	0		20				
		Developmental Disability	0		20				
		Mental Retardation	0		20				
Mental Illness									
		Mental Illness							
		Serious Emotional Disturbance							

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

Children in the care and custody of Local Departments of Social Services (counties and New York City) (LDSS) and children in the custody of OCFS Division of Juvenile Justice and Opportunities for Youth (DJJOY) are the target population for children initially entering the waiver. Once enrolled, eligibility can continue after the child is discharged from LDSS and OCFS DJJOY custody.

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:*

Eighteen months prior to reaching the enrolled child's 21st birthday, the HCIA contractor generates a Transition Plan that identifies the action steps needed to connect with services each child needs in adulthood and the party responsible for conducting the action steps. This Transition Plan outlines the ongoing Medicaid State Plan and waiver services that may be accessed from another Home and Community Based Services (HCBS) waiver that offers appropriate services. This Transition Plan requires an evaluation of the Bridges to Health (B2H) participant for adult services. An essential component of transition planning is verifying that all necessary eligibility and/or assessment information is current and accurate to facilitate the child's transition from the B2H waiver to appropriate adult services. It should be noted that although the B2H DD waiver allows these children to continue receiving waiver services until their 21st birthday, if needed

**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
Year 1	676

Year 2	676
Year 3	676
Year 4	676
Year 5	676

- 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	541
Year 2	541
Year 3	541
Year 4	541
Year 5	541

**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:

Waiver capacity is managed at the state level and allocated to each of OCFS' seven regions and OCFS DJJOY. OCFS DJJOY enrollment opportunities are allocated statewide. The allocations are calculated using the protocol outlined below.

The basic allocation formula consists of:

Step 1: Determine each region's proportion of total children in foster care. The number of children in foster care in each region was divided by the total number of children in foster care in the State. This created an "allocation percentage" that would be applied to the total number of enrollments planned for each year.

Step 2: Determine the number of potentially eligible children in foster care. OCFS and its stakeholders continuously analyze available data regarding the roughly 26,000 children currently in New York's foster care system. Data related to consumer profile characteristics, placements, and available diagnoses allowed OCFS to estimate that approximately 500-600 children currently in foster care could be expected to meet the required Level of Care criteria and could be reasonably expected to be considered for placement in a medical institution. Discussion with knowledgeable professionals concluded that appropriate documentation existed or could be collected to support a Level of Care determination. Dialogue within OCFS, the New York State Department of Health (NYSDOH) and involved stakeholders concluded that managing a HCBS waiver that serves approximately 541 children is a reasonable objective for the B2H waiver.

Step 3: Determine regional allocations. Each region's percentage of the State's foster care population was calculated using the total number of children in foster care as the denominator. This percentage was applied to the number of statewide waiver enrollment opportunities to estimate each region's enrollment numbers. OCFS reviews this methodology every year.

OCFS undertakes a process of review and reallocation each year to manage enrollments as efficiently as possible on a statewide basis. During the third and fourth quarter of each calendar year, OCFS evaluates the utilization rate of each region in comparison to the number of enrollments allocated. If any region does not use its full waiver enrollment allocation for twelve months, the enrollment amount not used may be reallocated by OCFS to the region with the greatest proportional need. OCFS uses the number of children on a waitlist and the LDSS proportion of the foster care population as the metrics for determining a district's need.

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

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**Appendix B: Participant Access and Eligibility**

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

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

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**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:*

1902(a)(10)(A)(i)(I)  
 1902(i)(1)(A)  
 1902(i)(1)(B)  
 1902(i)(1)(C)  
 1902(i)(1)(D)  
 1902(a)(10)(A)(ii)(VIII)

***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 4)

*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 State that uses spousal impoverishment rules under §1924 of the Act to determine the eligibility of individuals with a community spouse may elect to use spousal post-eligibility rules under §1924 of the Act to protect a personal needs allowance for a participant with a community spouse.*

- 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 (select one):

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

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**Appendix B: Participant Access and Eligibility**

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**B-5: Post-Eligibility Treatment of Income (2 of 4)**

- 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.

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**Appendix B: Participant Access and Eligibility**

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**B-5: Post-Eligibility Treatment of Income (3 of 4)**

- 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.

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**Appendix B: Participant Access and Eligibility**

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**B-5: Post-Eligibility Treatment of Income (4 of 4)**

- 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.

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**Appendix B: Participant Access and Eligibility**

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**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 LDSS may perform or delegate responsibility to the HCIA contractor for obtaining clinical assessments and assembling necessary information for Level of Care (LOC) evaluations and reevaluation activities for seriously emotionally disturbed children and youth.

- 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:

Individuals who are qualified to evaluate children and youth with developmental disabilities and/or mental retardation must have at least an associate's degree in a health or human service field OR an Registered Nurse. The individual must also have at least one year experience working with people with a developmental disability OR one year experience as a service coordinator with any population. In addition, the individual must attend a New York State Office for People With Developmental Disabilities (OPWDD)-approved core service coordination training program within three months of assuming these responsibilities, unless the individual can produce a certificate verifying past experience. Their work must be done under direction of supervisory staff.

- 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.

All children must meet the following criteria.

1. Be Medicaid eligible;
2. Be unmarried;

3. Be eligible for admission to a medical institution;
4. Be willing to enroll in the waiver and reside in an environment where family/caregivers are willing to cooperate and support the child as a waiver participant;
5. Be able to benefit from services offered in the B2H waiver;
6. Verification of a developmental disability diagnosis.
7. Presence of a life skill deficit related to behavioral needs, healthcare needs, and/or the activities of daily living as determined using the eligibility determination form.

For initial enrollment child will only be eligible under age twenty-one (21) and only if in foster care. For waiver reauthorization and continued eligibility through reauthorization, participants must be under the age of twenty-one (21) and their waiver eligibility is no longer reliant on foster care status. For waiver re-enrollment of children disenrolled within the previous six months, participants must be under the age of twenty-one (21) and their waiver eligibility is no longer reliant on foster care status

- 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 intermediate care facility for the mentally retarded (ICF/MR) Level of Care Eligibility Determination form is utilized as is described in the State of New York Home and Community-Based Services Waiver (NY 0238.90.R2), with slight adjustment to reflect the B2H waiver. The B2H waiver follows the LOC instrument utilized by this above referenced waiver for children with developmental disabilities and/or mental retardation.

- 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:

The LDSS evaluates the clinical assessments to determine a potential waiver participant's initial level of care for those children in foster care. LDSS utilize HCLIA contractors to assist with the administrative aspects of developing enrollment packages and obtaining necessary assessments. Ultimately, it is the responsibility of the LDSS to make enrollment decisions.

The process for reevaluation is the same as that used for the evaluation. Reevaluation of a waiver participant's level of care occurs on an annual basis, or when a waiver participant has experienced significant changes in physical, cognitive or behavioral status.

The OCFS Bureau of Waiver Management (BWM) monitors all aspects of these activities.

- 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:*

Individuals who perform reevaluations for enrollment include the same individuals who perform initial evaluations as described in B-6.c. In addition, a Qualified Mental Retardation Professional who is familiar with the B2H participants' functional level may review and sign the annual LOC redetermination.

- 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*):

The LDSS, with the assistance of the HCIA contractor, is responsible for tracking when the reevaluation of level of care is due for each child to continue eligibility for B2H, as well as providing for service continuity. The LDSS is responsible for this process, in accordance with policies established by OCFS.

- 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 LDSS and HCIA contractor are responsible for the safe retention of all records pursuant to State laws and regulations, but at minimum seven (7) years. Both the LDSS and HCIA contractors maintain records in their agency and are readily retrievable upon request by CMS, OCFS or NYSDOH.

**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**
  - 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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).*

*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:**  
 The number and percent of new enrollees who had a Level of Care (LOC) indicating need for institutional LOC prior to receipt of services.

**Data Source (Select one):**

Other  
 If 'Other' is selected, specify:

B2H Case Record Review

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

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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).*

*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:**

Number and percent of waiver participants who received an annual re-determination of eligibility within 12 months of their initial LOC evaluation or within 12 months of their last annual LOC evaluation.

Data Source (Select one):

Other  
If "Other" is selected, specify:

B2H Case Record Review

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
Sub-State Entity	Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 95%
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input checked="" 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	<input checked="" type="checkbox"/> Annually

Specify:	
	<input type="checkbox"/> Continuously and Ongoing
	<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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

*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:**

The number and percent of participants' initial LOC determination forms that were completed as required by OCFS.

Data Source (Select one):

Other

If Other is selected, specify:

B3H Case Record Review

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

	Ongoing	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:

**Performance Measure:**

The number and percent of LOC determinations made by a qualified evaluator.

Data Source (Select one):

Other

If Other is selected, specify:

B2H Case Record Review

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 type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe

		Group:
	<input checked="" type="radio"/> Continuously and Ongoing	<input type="radio"/> Other Specify:
	<input type="radio"/> 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="radio"/> 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.

As part of the B2H enrollment process, the HCIA contractor submits the completed LOC Forms to the appropriate LDSS for review to be enrolled in B2H. The LDSS reviews each LOC Form to assure the LOC is appropriate, completed, signed and dated. The LDSS designee signs the appropriate contents of the Reauthorization Packet and forwards the decision to the HCIA contractor.

OCFS BWM and Regional Quality Management Staff (QMS) conduct reviews of a statistically valid sample of pre-selected case records to verify that LOC reassessments are and have been completed for all enrolled B2H waiver participants at enrollment and annually thereafter. OCFS completes the Case Record Review Checklist based upon the review of the record and provides a completed copy including summarizations and recommendations to the HCIA contractor. If an issue or concern arises regarding an individual record review, feedback is provided to the HCIA contractor for remediation. BWM tracks LOC information for state and regional trend analysis. Case Record Reviews are completed throughout the year at each HCIA contractor.

The HCIA Administrative Site Visit Reviews are conducted annually of each HCIA contractor by OCFS BWM and Regional QMS using a standardized protocol. This includes a review of the HCIA contractor's policies and procedures for reevaluations of LOC, internal quality management structure as well as trending

analysis, summations and recommendations of any case record reviews conducted since the last HCIA Administrative Site Visit Review.

OCFS Regional QMS conduct any necessary follow up with regard to remediation activities that are generated based upon findings of the case record review and HCIA Administrative Site Visit Reviews.

OCFS aggregates and analyzes the findings on a regional and statewide basis and shares the results with the NYSDOH.

**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. HCIA contractors found to have deficiencies in LOC during Case Record Reviews are notified of the findings and required to implement appropriate remediation. OCFS Regional QMS verify the remediation activities. The HCIA Administrative Site Visit Reviews focus on areas found deficient so that plans or corrective actions continue to be fully implemented.

**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 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 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 this 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).

OCCFS recognizes its responsibility to inform potential waiver participants and medical consenters\* of their right to Freedom of Choice. The HCIA contractor informs the potential waiver participant and medical consenters in the initial meeting that the potential waiver participant has a choice between receiving needed services in a qualifying medical institution or receiving services in the community supported by available services and supports, including services available through the B2H waiver. Each potential waiver participant's medical consenters will sign a Freedom of Choice form, signifying his/her preference, once the potential waiver participant has been determined to be eligible for these Medicaid services.

When the district is exercising its responsibilities as the custodian of a child placed as an abused or neglected child or taken into protective custody under Article 10 of the Family Court Act, the district's decision is the final decision. However, for all children served by the waiver, the plan of care, as reflected in the IHPs, will be part of the child's permanency plan. All permanency plans are subject to periodic review by the Family Court, on notice to the parties and law guardian.

- \*In the New York State foster care system a "medical consenters" is a person or governmental entity legally authorized to give medical consent under State law. This person or entity is not necessarily a legal representative for the child.
- 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.

For all waiver participants and medical consenters who have chosen waiver services and have been approved to participate in the waiver, copies of the completed Freedom of Choice forms will be maintained pursuant to State laws and regulations but at minimum seven (7) years in the LDSS.

### 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):

Potential or active waiver participants and medical consenters with Limited English Proficiency must have meaningful access to services provided that the means of assuring such access does not impart undue hardship. HCIA contractors and Waiver Service Provider (WSP) agencies must have arrangements to provide interpretation or translation services for potential and active waiver participants and medical consenters who need these services. Potential or active waiver participants or medical consenters with Limited English Proficiency must be advised that services are available. Potential or active waiver participants and medical consenters who are of Limited English Proficiency may bring a translator of their choice with them to meetings with waiver service providers and/or the Health Care Integrator. However, a potential or active waiver participant or medical consenters who is of Limited English Proficiency cannot be required to provide their own translator, and no potential or active waiver participant who is of Limited English Proficiency can be denied access to services or enrollment in the waiver on the basis of a HCIA contractor's or WSP agencies' temporary inability to provide adequate interpretation or translation services at no cost to the potential or active waiver participant or medical consenters.

### 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
Statutory Service	Day Habitation

Statutory Service	Health Care Integration
Statutory Service	Skill Building
Statutory Service	Special Needs Community Advocacy and Support
Other Service	Accessibility Modifications
Other Service	Adaptive and Assistive Equipment
Other Service	Crisis Avoidance and Management and Training
Other Service	Crisis Respite Services
Other Service	Family/Caregiver Supports and Services
Other Service	Immediate Crisis Response Services
Other Service	Intensive In-Home Supports and Services
Other Service	Planned Respite Services
Other Service	Vocational Services

**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:**

Statutory Service

**Service:**

Day Habilitation

**Alternate Service Title (if any):**

*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):**

Day habilitation services, in an established program model, assist individuals with developmental disabilities with the self-help, socialization and adaptive skills necessary to successfully function in the home and community when other types of skill building services are not appropriate.

Services: Develop a Detailed Service Plan that identifies the goals, reasons for the goals, the intervention strategies to help achieve the goals and what the service provider will do to plan for goal accomplishment. This includes assistance with skill acquisition, retention or improvement related to:

- personal grooming and cleanliness
- bed making and household chores
- eating and/or preparing food
- social and adaptive skills
- transportation
- communication skills
- training in community locations, safety skills, money management, and making informed choices.

**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
Agency	New York State Office for People with Developmental Disabilities' (OPWDD) certified, not-for-profit day habilitation provider agencies.

### Appendix C: Participant Services

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

Service Type: Statutory Service

Service Name: Day Habilitation

Provider Category:

Agency

**Provider Type:**  
New York State Office for People with Developmental Disabilities' (OPWDD) certified, not-for-profit day habilitation provider agencies.

**Provider Qualifications**

*License (specify):*

*Certificate (specify):*

Certified day habilitation provider.

*Other Standard (specify):*

#### Verification of Provider Qualifications

##### Entity Responsible for Verification:

The Health Care Integration Agency (HCIA) contractor, or Office of Children and Family Services (OCFS) when the HCIA contractor is the agency providing this service, is responsible for verifying provider qualifications. The provider is responsible for verifying that individual employee(s) or contractors maintain necessary licensure and/or certification.

##### Frequency of Verification:

Verification of HCIA contractor conducted prior to signing Bridges to Health (B2H) Provider Agreement. Thereafter, OCFS annually verifies that licensure, certification and/or contracts are in good standing. The HCIA contractor must verify licensure and/or certification of employee(s) or contractors upon hire or retention and annually thereafter.

### 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:**

Statutory Service

**Service:**

Case Management

**Alternate Service Title (if any):**

Health Care Integration

*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):**

Health Care Integrators (HCIs) are employed by Health Care Integration Agency (HCIA) contractors to oversee and manage the initial comprehensive assessment and reassessment processes, the results of which are used to identify the health care service needs of the participant and develop the Individualized Health Plan (IHP). The IHP is used to manage and gain access for waiver participants to necessary medical, social, rehabilitation, vocational, educational and other services.

**Services:**

- Assess the child's disability, healthcare-related needs, exposure to trauma and the family/caregiver's capacity to support the child's strengths and needs; includes assessment of needs for skill building and family/caregiver supports and services.
  - Develop and update the child's IHP –
    - include the appropriate families/caregivers, professionals and people who know the child
    - identify services, service providers and direction of IHPs
  - develop a Detailed Service Plan that identifies the goals, reasons for the goals, the intervention strategies to help achieve the goals and what the HCI will do to plan for goal accomplishment
  - develop Detailed Service Plans for the following services: Skill Building, Family Caregiver Supports and Services, Planned Respite, Adaptive and Assistive Equipment, Accessibility Modifications and Crisis Avoidance Management and Training (until the service provider is identified)
  - identify how B2H waiver services are additive to existing foster care services.
  - Link the child and/or family/caregiver with the health care-related supports and services identified in the IHP.
  - Advocate for the child's health care needs and/or intercede on behalf of the child and/or family/caregiver to gain access to or facilitate needed services and supports in keeping with the child's presenting disability or health care needs.
  - Monitor and observe the child and family/caregiver and the waiver services to verify that the needed health care services and supports are received and to observe their impact, including monitoring of progress towards goals.
  - Consult with service providers and the child and family/caregiver to establish that waiver services are delivered in accordance with the IHP.
  - Stabilize the child and family/caregiver environment in response to the child's presenting disability and/or health care issues.
- 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
Agency	Not-for-profit voluntary agencies that meet OCFS qualifications; plus license/certification from Office of Mental Health (OMH), OPWDD or NYSDOH & comply with Medicaid & Provider Agreement requirements

## Appendix C: Participant Services

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

Service Type: Statutory Service  
Service Name: Health Care Integration

## Provider Category:

Agency

## Provider Type:

Not-for-profit voluntary agencies that meet OCFS qualifications; plus license/certification from Office of Mental Health (OMH), OPWDD or NYSDOH & comply with Medicaid & Provider Agreement requirements

## Provider Qualifications

License (specify):

Certificate (specify):

## Other Standard (specify):

1. Preferred - Masters degree in social work, psychology, special education or related human services field OR licensed qualified health care practitioner OR Registered Nurse and minimum one (1) year of experience providing service coordination and information, linkages and referral regarding community-based services for children with special needs, individuals with disabilities and/or seniors

OR

2. Minimum of Bachelors degree (preferred in human services field) and four (4) years experience providing service coordination to children with special needs, individuals with disabilities and/or seniors and knowledge about community-based resources.

## Verification of Provider Qualifications

## Entity Responsible for Verifications:

OCFS is responsible for verifying HCIA contractor qualifications. The HCIA contractor is responsible for verifying that individual employee(s) or contractors maintain necessary licensure and/or certification.

## Frequency of Verification:

Verification of HCIA contractor conducted prior to signing Bridges to Health (B2H) Provider Agreement. Thereafter, OCFS annually verifies that licensure, certification and/or contracts are in good standing. The HCIA contractor must verify licensure and/or certification of employee(s) or contractors upon hire or retention and annually thereafter.

## 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:

## Respite Service

## Service:

Madison

## Alternate Service Title (if any):

Skill Building

*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 building services to support, guide, mentor, coach and/or train the child and/or family/caregiver in successful functioning in the home and community within the special context of both the child's disability and their involvement in the foster care system.

**Services:**

- Based on the Detailed Service Plan developed by the HCI, provide support, guidance, mentoring, coaching and/or training to assist the child and family/caregiver in acquiring, developing, and using functional skills and/or techniques/strategies that enable the child to function successfully in the home and community environments, including:
  - task completion;
  - communication;
  - socialization;
  - interpersonal skills;
  - sensory/motor skills;
  - participating in community activities;
  - activities of daily living;
  - problem-solving;
  - money management; and
  - eliminating maladaptive behaviors.

These activities may take place at any time of the day as long as they do not supplant the child's expected educational activities or program. These services may be delivered one-on-one or in small groups (not more than two waiver enrollees and their support networks).

**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
Agency	Not-for-profit skill building agencies, HCIA contractors.

**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service**

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**Service Type:** Statutory Service  
**Service Name:** Skill Building

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**Provider Category:**

Agency

**Provider Type:**

Not-for-profit skill building agencies; HCIA contractors.

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

Paraprofessional with a high school diploma or equivalent and appropriate skills and training.

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

The HCIA contractor, or OCFS when the HCIA contractor is the agency providing this service, is responsible for verifying provider qualifications. The provider is responsible for verifying that individual employee(s) or contractors maintain necessary licensure and/or certification.

**Frequency of Verification:**

Verification of HCIA contractor conducted prior to signing B2H Provider Agreement. Thereafter, OCFS annually verifies that licensure, certification and/or contracts are in good standing. The HCIA contractor must verify licensure and/or certification of employee(s) or contractors upon hire or retention and annually thereafter.

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### Appendix C: Participant Services

#### C-1/C-3: Service Specification

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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:**

Statutory Service

**Service:**

Education

**Alternate Service Title (if any):**

Special Needs Community Advocacy and Support

*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):**

Special needs community advocacy and support improves the child's ability to maximize the child's community experiences and enable the various systems in a child's life to respond appropriately to the child's disability and/or health care issues. Special needs community advocacy and support is intended to assist the child, family/caregiver and community institutions in understanding and addressing the waiver participant's needs related to their disability (ies). Further, this service permits the child to have a strong, informed advocate to interact with the various institutions in the child's community.

**Services:**

- Training (one-on-one or group) for the child and/or the family/caregiver regarding methods and behaviors to enable success in participating in the community's institutions and activities
  - Direct advocacy with the various systems regarding the child's disability(ies) and needs related to his or her health care issues
  - Advocacy training for the child and/or family/caregiver, including during transitions
  - Develop a Detailed Service Plan that identifies the goals, reasons for the goals, the intervention strategies to help achieve the goals and what the service provider will do to plan for goal accomplishment.
- 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
Agency	A not-for-profit corporation whose corporate purposes include the provision of special needs community advocacy and support services.

**Appendix C: Participant Services**  
**C-1/C-3: Provider Specifications for Service**

**Service Type:** Statutory Service  
**Service Name:** Special Needs Community Advocacy and Support

**Provider Category:**  
 Agency

**Provider Type:**  
 A not-for-profit corporation whose corporate purposes include the provision of special needs community advocacy and support services.

**Provider Qualifications**  
 License (specify):

Certificate (specify):



**Other Standard (specify):**

Preferred - Masters degree in education OR Masters in human services field and one(1) year experience  
 Minimum - Bachelors degree and two (2) years related experience.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**  
 The HCIA contractor, or OCFS when the HCIA contractor is the agency providing this service, is responsible for verifying provider qualifications. The provider is responsible for verifying that individual employee(s) or contractors maintain necessary licensure and/or certification.

**Frequency of Verification:**  
Verification of HCIA contractor conducted prior to signing B2H Provider Agreement. Thereafter, OCFS annually verifies that licensure, certification and/or contracts are in good standing. The HCIA contractor must verify licensure and/or certification of employee(s) or contractors upon hire or retention and annually thereafter.

## 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:**

Accessibility Modifications

*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):**

Internal and external physical adaptations to the home or other residence of the foster child that are necessary to support the health and welfare of the waiver participant. These modifications are additive to services available through the Medicaid State Plan funds and enable the participant to function with greater independence related to the child's disability and/or health care issues. They may include: allergen controls, installation of ramps and grab bars, widening of doorways and hallways, modification of bathroom facilities, installation of specialized electrical or plumbing systems to accommodate necessary medical equipment, modifications necessary to increase, maintain and/or improve his or her ability to function in a home and community based setting with independence and safety.

**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
Agency	A corporation whose corporate purposes include provision of accessibility modifications as defined under the waiver. Agencies approved by NYSDOH, OPWDD or OMH may be approved by OCFS.

**Appendix C: Participant Services**  
**C-1/C-3: Provider Specifications for Service**

**Service Type:** Other Service  
**Service Name:** Accessibility Modifications

**Provider Category:**

*Agency*

**Provider Type:**

A corporation whose corporate purposes include provision of accessibility modifications as defined under the waiver. Agencies approved by NYSDOH, OPWDD or OMH may be approved by OCFS.

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

An approved provider must demonstrate that subcontracted individuals or entities are appropriately qualified and/or licensed to comply with any State and local rules. All materials and products used must also meet any State or local construction requirements. Providers must adhere to safety issues addressed in Article 18 of the New York State Uniform Fire Prevention and Building Code Act as well as all local building codes.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

The HCIA contractor, or OCFS when the HCIA contractor is the agency providing this service, is responsible for verifying provider qualifications. The provider is responsible for verifying that individual employee(s) or contractors maintain necessary licensure and/or certification.

**Frequency of Verification:**

Verification of HCIA contractor conducted prior to signing B2H Provider Agreement. Thereafter, OCFS annually verifies that licensure, certification and/or contracts are in good standing. The HCIA contractor must verify licensure and/or certification of employee(s) or contractors upon hire or retention and annually thereafter.

**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:**

Adaptive and Assistive Equipment

*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):**

Includes aids, controls, appliances or supplies intended to supplement New York's approved Medicaid State Plan medical equipment and supplies coverage to enable the waiver participant to increase, maintain and/or improve his or her ability to function in a home and community based setting with independence and safety.

Communication aids and devices include:

- Personal emergency response systems (PERS): electronic device that enable participants to secure help in the event of an emergency
- Direct selection communicators
- Alphanumeric communicators
- Scanning communicators
- Encoding communicators
- Speech amplifiers
- Electronic speech aids/devices
- Voice-activated, light-activated, motion-activated and electronic devices.

Adaptive/assistive aids and devices include:

- Standing boards/frames
- Adaptive switches/devices
- Meal preparation aids/devices/appliances
- Specially adapted locks
- Motorized wheelchairs
- Electronic/hydraulic and manual lifts and ramps and ancillary equipment or modifications necessary to guarantee full access to and safety in a motor vehicle.

Other such adaptive/assistive aids and devices as required by the Individualized Health Plan(IHP) that would not otherwise be covered by the State Medicaid Plan, and whose purchase and price is approved by the Health Care Integrator (HCI) prior to purchase.

Adaptive/assistive aids and devices are expected to be a one-time only purchase. Replacements, repairs, upgrades or enhancements made to existing equipment will be paid if documented as a necessity and with appropriate approvals.

**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
Agency	Approved Medicaid providers. Agencies approved to provide this service by the NYSDOH, NYS Office for People With Developmental Disabilities or NYS Office of Mental Health may be approved by OCERS.

**Appendix C: Participant Services**

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

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Service Type: Other Service

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Service Name: Adaptive and Assistive Equipment

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**Provider Category:**

Agency

**Provider Type:**

Approved Medicaid providers. Agencies approved to provide this service by the NYSDOH, NYS Office for People With Developmental Disabilities or NYS Office of Mental Health may be approved by OCFS.

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Enrolled Medicaid provider.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

The HCIA contractor, or OCFS when the HCIA contractor is the agency providing this service, is responsible for verifying provider qualifications. The provider is responsible for verifying that individual employee(s) or contractors maintain necessary licensure and/or certification.

**Frequency of Verification:**

Verification of HCIA contractor conducted prior to signing B2H Provider Agreement. Thereafter, OCFS annually verifies that licensure, certification and/or contracts are in good standing. The HCIA contractor must verify licensure and/or certification of employee(s) or contractors upon hire or retention and annually thereafter.

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**Appendix C: Participant Services**

**C-1/C-3: Service Specification**

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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 Avoidance and Management and Training

*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):**

Psycho-education and training to address specific issues that disrupt or jeopardize the child's successful functioning in the community. Special emphasis will be given to "anticipatory guidance", the capacity to proactively identify and plan for those sentinel events in the child's environment or community activities that are directly related to his or her disability and may trigger anxiety, frustration, and crisis with the potential for leading to the need for institutional care.

**Services:**

- Develop and update the Detailed Service Plan that identifies "sentinel events" and creates strategies or interventions to avoid predictable crises and use in the event of an impending crisis.
- Develop the Detailed Service Plans for the services of Immediate Crisis Response, Intensive In-home Supports

and Crisis Respite when such services have been identified as appropriate strategies or interventions.

- Provide coaching and/or mentoring to support the child's and/or family/caregiver efforts to avoid and/or manage crises.

- Provide training on appropriate actions that may prevent or minimize crises.
- Provide psycho-education (one-on-one or group) involving the child and/or the family/caregiver.
- Conduct scheduled and unscheduled visits to the family/caregiver environment to monitor crisis management and/or behavior management activities.

**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
Agency	Not-for-profit crisis management provider agencies.

#### Appendix C: Participant Services

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

**Service Type: Other Service**

**Service Name: Crisis Avoidance and Management and Training**

**Provider Category:**

Agency

**Provider Type:**

Not-for-profit crisis management provider agencies.

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Preferred - Masters degree in social work, psychology or related human services field and one (1) year experience

Minimum - Bachelors degree and two (2) years experience.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

The HCIA contractor, or OCFS when the HCIA contractor is the agency providing this service, is responsible for verifying provider qualifications. The provider is responsible for verifying that individual employee(s) or contractors maintain necessary licensure and/or certification.

**Frequency of Verification:**

Verification of HCIA contractor conducted prior to signing B2H Provider Agreement. Thereafter, OCFS annually verifies that licensure, certification and/or contracts are in good standing. The HCIA contractor must verify licensure and/or certification of employee(s) or contractors upon hire or retention and annually thereafter.

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 Respite Services

*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 respite provides emergency short term relief for family/caregivers (non-shift staff) needed to resolve a crisis and segue back to the child's successful functioning and engagement in individualized health plan activities. Crisis respite enhances the family/caregivers ability to respond to the child's disability or health care issues.

**Services:**

Crisis respite will be provided by specially trained crisis respite providers. Direct care for child while providing relief from caregiver activities for the family/caregiver during a crisis.

- Hourly (in-home or out of home by an approved respite care and services provider, pursuant to applicable regulations at 18NYCRR Part 435)
  - Daily/Overnight (in-home or out of home by an approved respite care and services provider, pursuant to applicable regulations at 18NYCRR Part 435)
  - Update the Crisis avoidance management and training specialist regarding strategies and interventions utilized to facilitate revisions, as necessary, to the Detailed Service Plan to effectively manage future situations.
- 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):**

- Relative
- Legal Guardian

**Provider Specifications:**

Provider Category	Provider Type Title

Agency	Not-for-profit respite provider agencies. For out-of-home, non-medical respite, agencies must be authorized to provide foster care.
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### Appendix C: Participant Services

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

**Service Type:** Other Service  
**Service Name:** Crisis Respite Services

**Provider Category:**

*Agency*

**Provider Type:**

Not-for-profit respite provider agencies. For out-of-home, non-medical respite, agencies must be authorized to provide foster care.

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**  
 Minimum - Paraprofessional with a high school diploma or equivalent with appropriate skills and training.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

The HCIA contractor, or OCFS when the HCIA contractor is the agency providing this service, is responsible for verifying provider qualifications. The provider is responsible for verifying that individual employee(s) or contractors maintain necessary licensure and/or certification.

**Frequency of Verification:**

Verification of HCIA contractor conducted prior to signing B2H Provider Agreement. Thereafter, OCFS annually verifies that licensure, certification and/or contracts are in good standing. The HCIA contractor must verify licensure and/or certification of employee(s) or contractors upon hire or retention and annually thereafter.

### 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 Services*

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/Caregiver Supports and Services

*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/caregiver supports and services enhance the ability of the child to function as part of a family/caregiver unit and to increase the family/caregiver's ability to care for the eligible child in the home and community.

Services: Based upon the Detailed Service Plan developed by the HCL, this service provides opportunities to:

- Interact and engage with family/caregivers and children to offer educational, advocacy and support resources to develop family/caregiver's ability to independently access community services and activities;
- Maintain and encourage self-sufficiency of the family/caregiver to care for the child in the home and community;
- Address needs and issues of relevance to the family/caregiver unit as the child is supported in the home and community; and
- Offer education and training on resource availability so that they might better support and advocate for the needs of the child and appropriately access needed services.

This service may be provided as one-on-one support or interaction and training or in small groups (not more than two B2H enrollees and their support networks) where the child and/or family/caregivers participate with others who are in similar situations.

**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
Agency	Family/caregiver support provider agencies.

**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service**

**Service Type:** Other Service

**Service Name:** Family/Caregiver Supports and Services

**Provider Category:**

*Agency*

**Provider Type:**

Family/caregiver support provider agencies.

**Provider Qualifications**

*License (specify):*

*Certificate (specify):*

**Other Standard (specify):**

Paraprofessional with a high school diploma or equivalent, preferably an individual with experience with the participant's disabilities.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

The HCIA contractor, or OCFS when the HCIA contractor is the agency providing this service, is responsible for verifying provider qualifications. The provider is responsible for verifying that individual employee(s) or contractors maintain necessary licensure and/or certification.

**Frequency of Verification:**

Verification of HCIA contractor conducted prior to signing B2H Provider Agreement. Thereafter, OCFS annually verifies that licensure, certification and/or contracts are in good standing. The HCIA contractor must verify licensure and/or certification of employee(s) or contractors upon hire or retention and annually thereafter.

**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:**

Immediate Crisis Response Services

*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):**

24-hour services designed to respond immediately to crises that threaten the stability of the child's placement and the child's ability to function in the community. This service is intended to be of a very short duration and primarily to engage/link to other services and resources, e.g., intensive in-home supports and services.

**Services:**

- Crisis de-escalation
- Crisis resolution support
- Update the Crisis avoidance management and training specialist regarding strategies and interventions utilized to facilitate revisions, as necessary, to the Detailed Service Plan to effectively manage future situations.

**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
Agency	Not-for-profit crisis management provider agencies.

### Appendix C: Participant Services

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

**Service Type:** Other Service

**Service Name:** Immediate Crisis Response Services

**Provider Category:**

Agency

**Provider Type:**

Not-for-profit crisis management provider agencies.

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Preferred - Masters degree in social work, psychology or related human services field and one (1) year experience

Minimum - Bachelors degree and two (2) years experience.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

The HCIA contractor, or OCFs when the HCIA contractor is the agency providing this service, is responsible for verifying provider qualifications. The provider is responsible for verifying that individual employee(s) or contractors maintain necessary licensure and/or certification.

**Frequency of Verification:**

Verification of HCIA contractor conducted prior to signing B2H Provider Agreement. Thereafter, OCFs annually verifies that licensure, certification and/or contracts are in good standing. The HCIA contractor must verify licensure and/or certification of employee(s) or contractors upon hire or retention and annually thereafter.

### 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 §440.1180(b)(9), the State requests the authority to provide the following additional service not specified in statute.

**Service Title:**

Intensive In-Home Supports and Services

*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):**

Intensive in-home services are delivered as specified in the crisis stabilization plan described in Immediate Crisis Response Services that are designed to provide interventions to secure child and family/caregiver's health and safety following a crisis.

**Services:**

- Psycho-education
- Crisis stabilization
- Crisis resolution support
- Update the Crisis avoidance management and training specialist regarding strategies and interventions utilized to facilitate revisions, as necessary, to the Detailed Service Plan to effectively manage future situations.

**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
Agency	Not-for-profit in home support provider agencies.

**Appendix C: Participant Services****C-1/C-3: Provider Specifications for Service**

**Service Type: Other Service**

**Service Name: Intensive In-Home Supports and Services**

**Provider Category:**

*Agency*

**Provider Type:**

Not-for-profit in home support provider agencies.

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Preferred – Masters degree in social work, psychology or related human services field and one (1) year experience

Minimum - Bachelors degree and two (2) years experience.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

The HCIA contractor, or OCFPS when the HCIA contractor is the agency providing this service, is responsible for verifying provider qualifications. The provider is responsible for verifying that individual employee(s) or contractors maintain necessary licensure and/or certification.

**Frequency of Verification:**

Verification of HCIA contractor conducted prior to signing B2H Provider Agreement. Thereafter, OCFS annually verifies that licensure, certification and/or contracts are in good standing. The HCIA contractor must verify licensure and/or certification of employee(s) or contractors upon hire or retention and annually thereafter.

### 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 Services*

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:**  
Planned Respite Services

*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):**

Planned respite services provide planned short term relief for family/caregivers (non-shift staff) needed to enhance the family/caregiver's ability to respond to the child's disability or health care issues.

**Services:**

Based on the Detailed Service Plan developed by the HCI, provide direct care for child by staff trained to support the child's disability-related needs while providing relief from caregiver activities for the family/caregiver.

- Hourly (in-home or out of home by an approved respite care and services provider, pursuant to applicable regulations at 18NYCRR Part 435)
- Daily/Overnight (in-home or out of home by an approved respite care and services provider, pursuant to applicable regulations at 18NYCRR Part 435)

**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	Provider Type Title

Category	
Agency	Out of home, non-medical respite agencies must be an approved respite care and services provider pursuant to the applicable regulation at 18 NYCRR Part 435.

### Appendix C: Participant Services

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

**Service Type:** Other Service

**Service Name:** Planned Respite Services

**Provider Category:**

Agency

**Provider Type:**

Out of home, non-medical respite agencies must be an approved respite care and services provider pursuant to the applicable regulation at 18 NYCRR Part 435.

**Provider Qualifications**

**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Paraprofessional with a high school diploma or equivalent and with appropriate skills and training.

**Verification of Provider Qualifications**

**Entity Responsible for Verification:**

The HCIA contractor, or OCFs when the HCIA contractor is the agency providing this service, is responsible for verifying provider qualifications. The provider is responsible for verifying that individual employee(s) or contractors maintain necessary licensure and/or certification.

**Frequency of Verification:**

Verification of HCIA contractor conducted prior to signing B2H Provider Agreement. Thereafter, OCFs annually verifies that licensure, certification and/or contracts are in good standing. The HCIA contractor must verify licensure and/or certification of employee(s) or contractors upon hire or retention and annually thereafter.

### 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:**

Vocational Services

*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):**

Individually designed prevocational and supported employment services to prepare a youth with severe disabilities aged fourteen (14) or over to engage in paid work.

- Prevocational services are not job-specific, but rather geared towards facilitating success in any work environment for children whose disabilities do not permit them to access other pre-vocational services.
- Supported employment services provide assistance to waiver participants with severe disabilities as they perform in a work setting.

**Services:**

- Prevocational services include teaching concepts such as compliance, attendance, task completion, problem solving and safety specifically related to youth with disabilities. The services also include the facilitation of appropriate work habits, acceptable job behaviors and learning job production requirements. These include both individual and group activities. Service Providers develop a Detailed Service Plan that identifies the goals, reasons for the goals, the intervention strategies to help achieve the goals and what the service provider will do to plan for goal accomplishment. This service may be provided in the community or a worksite (where the waiver participant's work rate is generally less than fifty percent (50%) of the minimum wage or the prevailing wage) to introduce the participant to the world of work.

• Supported employment services include supervision and training, intensive ongoing support, transportation, interface with employers regarding the child's disability(ies) and needs related to his or her health care issue(s), and other activities needed to sustain paid work (e.g., employment assessment, job placement, identifying adaptive equipment necessary for employment). This service includes 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, providing on-site support for the child as he or she learns specific job tasks, providing monitoring on-site and through communication with job supervisors and employers, and related staff and child travel. Supported employment services may be provided in a variety of settings, particularly work sites. Service Providers develop a Detailed Service Plan that identifies the goals, reasons for the goals, the intervention strategies to help achieve the goals and what the service provider will do to plan for goal accomplishment.

**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
Agency	Not-for-profit vocational service providers.

**Appendix C: Participant Services****C1/C-3: Provider Specifications for Service**

Service Type: Other Service

Service Name: Vocational Services

Provider Category:

Agency

**Provider Type:**  
Not-for-profit vocational service providers.  
**Provider Qualifications**  
**License (specify):**

**Certificate (specify):**

**Other Standard (specify):**

Preferred – Bachelors degree and two (2) years experience  
Minimum - Associates degree and two (2) years experience.

**Verification of Provider Qualifications**

**Entity Responsible for Verifications:**

The HCIA contractor, or OCFS when the HCIA contractor is the agency providing this service, is responsible for verifying provider qualifications. The provider is responsible for verifying that individual employee(s) or contractors maintain necessary licensure and/or certification.

**Frequency of Verification:**

Verification of HCIA contractor conducted prior to signing B2H Provider Agreement. Thereafter, OCFS annually verifies that licensure, certification and/or contracts are in good standing. The HCIA contractor must verify licensure and/or certification of employee(s) or contractors upon hire or retention and annually thereafter.

### 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(f) 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):

Office of Children and Family Services (OCFS) requires via the Provider Agreement that the Health Care Integration Agency (HCIA) contractors ask that the employees of the service providers not otherwise subject to §378-a of the Social Services Law, who are engaged directly in the care and supervision of children participating in the waiver, self-disclose their own criminal history, disclosing all convictions both in New York and in other jurisdictions, and be checked against the NYS Sex Offender Registry.

For respite providers (18 NYCRR 435.2 b.), New York State (NYS) regulations govern requirements for screening through the NYS Statewide Central Register (SCR) of Child Abuse and Maltreatment and finger print clearances. In addition, Social Services Law §378-a governs the access to conviction records by authorized agencies. Every foster and adoptive parent is required to be fingerprinted and permit disclosure of his or her criminal history by the NYS Division of Criminal Justice Services and the Federal Bureau of Investigation. §378-a(1) also creates the mechanism, at the discretion of the authorized agency, for criminal background checks of prospective employees of agencies who are engaged directly in the care and supervision of children participating in the Bridges to Health (B2H) waiver. Employees of authorized agencies may be fingerprinted and checked, including those authorized agencies that are Health Care Integrators (HCIs) and waiver service providers, if they are subject to Social Services Law §378-a. Not all waiver service providers are employees of authorized agencies.

**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):

New York State maintains the SCR of Child Abuse and Maltreatment in OCFS and requires that database checks through the SCR be completed for persons who will have the potential for regular and substantial contact with children cared for by a provider agency, as that term is defined by statute. The provider agency is responsible for submitting the SCR database checks. This requirement applies to some agencies and individual employees providing waiver services, depending upon the applicability of the statutory standards. Social Services Law §424-a establishes the criteria and mechanism for this activity. OCFS conducts periodic reviews, at a minimum once every three years, of agencies that include an evaluation of compliance with the requirement for SCR database checks and corrective action by the agencies as appropriate.

## 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).

- i. Types of Facilities Subject to §1616(e). Complete the following table for each type of facility subject to §1616(e) of the Act:

Facility Type
Group Home
Foster Boarding Home
Agency Operated Boarding Home, including Supervised Independent Living Settings

- ii. Larger Facilities: In the case of residential facilities subject to §1616(e) that serve four or more individuals unrelated to the proprietor, describe how a home and community character is maintained in these settings.

Each of the facilities in the licensure class is a free standing home in the community. The homes have all the features one would find in a typical private home including kitchens with cooking facilities, communal dining areas, living space for leisure time activities and sleeping space. Access to the kitchen with cooking facilities is limited due the age of the children and related disabilities. Since the homes are located within the community, there is ready access to activities and facilities available to the general population of the locale. The children are able to access the community and the services fairly. Freely and have the opportunity to build meaningful relationships with community members and community organizations.

**Appendix C: Participant Services**  
**C-2: Facility Specifications**

Facility Type:

Group Home

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Planned Respite Services	<input type="checkbox"/>
Day Habitation	<input checked="" type="checkbox"/>
Skill Building	<input checked="" type="checkbox"/>
Crisis Avoidance and Management and Training	<input checked="" type="checkbox"/>
Immediate Crisis Response Services	<input checked="" type="checkbox"/>
Accessibility Modifications	<input checked="" type="checkbox"/>
Intensive In-Home Supports and Services	<input checked="" type="checkbox"/>
Crisis Respite Services	<input type="checkbox"/>
Special Needs Community Advocacy and Support	<input checked="" type="checkbox"/>
Health Care Integration	<input checked="" type="checkbox"/>
Family/Caregiver Supports and Services	<input checked="" type="checkbox"/>
Adaptive and Assistive Equipment	<input checked="" type="checkbox"/>
Vocational Services	<input checked="" type="checkbox"/>

Facility Capacity Limit:

12

Scope of Facility Standards: For this facility type, please specify whether the State's standards address the following topics (check each that applies):

Standard	Topic Addressed
Admission policies	<input checked="" type="checkbox"/>
Physical environment	<input checked="" type="checkbox"/>
Sanitation	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Staff : resident ratios	<input checked="" type="checkbox"/>
Staff training and qualifications	<input checked="" type="checkbox"/>
Staff supervision	<input checked="" type="checkbox"/>
Resident rights	<input checked="" type="checkbox"/>
Medication administration	<input checked="" type="checkbox"/>
Use of restrictive interventions	<input checked="" type="checkbox"/>
Incident reporting	<input checked="" type="checkbox"/>
Provision of or arrangement for necessary health services	<input checked="" type="checkbox"/>

When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:

**Appendix C: Participant Services**  
**C-2: Facility Specifications**

Facility Type:

Foster Boarding Home

Waiver Service(s) Provided in Facility:

Waiver Service	Provided in Facility
Planned Respite Services	<input checked="" type="checkbox"/>
Day Habilitation	<input checked="" type="checkbox"/>
Skill Building	<input checked="" type="checkbox"/>
Crisis Avoidance and Management and Training	<input checked="" type="checkbox"/>
Immediate Crisis Response Services	<input checked="" type="checkbox"/>
Accessibility Modifications	<input checked="" type="checkbox"/>

Intensive In-Home Supports and Services	<input checked="" type="checkbox"/>
Crisis Respite Services	<input checked="" type="checkbox"/>
Special Needs Community Advocacy and Support	<input checked="" type="checkbox"/>
Health Care Integration	<input checked="" type="checkbox"/>
Family/Carer Support and Services	<input checked="" type="checkbox"/>
Adaptive and Assistive Equipment	<input checked="" type="checkbox"/>
Vocational Services	<input checked="" type="checkbox"/>

Facility Capacity Limit:

6

Scope of Facility Standards. For this facility type, please specify whether the State's standards address the following topics (check each that applies):

Standard	Topic Addressed
Admission policies	<input checked="" type="checkbox"/>
Physical environment	<input checked="" type="checkbox"/>
Sanitation	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Staff : resident ratios	<input type="checkbox"/>
Staff training and qualifications	<input type="checkbox"/>
Staff supervision	<input type="checkbox"/>
Resident rights	<input checked="" type="checkbox"/>
Medication administration	<input checked="" type="checkbox"/>
Use of restrictive interventions	<input checked="" type="checkbox"/>
Incident reporting	<input checked="" type="checkbox"/>
Provision of or arrangement for necessary health services	<input checked="" type="checkbox"/>

**When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and welfare of participants is assured in the standard area(s) not addressed:**

Private individuals are the providers of family boarding home care. They are private citizens and not employees of an agency. These individuals receive specialized training on the needs of foster care children prior to their homes being licensed by governmental agencies and prior to the placement of a child in their home. The care they provide is monitored by either a governmental body or a not-for-profit agency under contract to a governmental agency.

**Appendix C: Participant Services**  
**C-2: Facility Specifications**

Facility Type:

Agency Operated Boarding Home, including Supervised Independent Living Settings.

**Waiver Service(s) Provided in Facility:**

Waiver Service	Provided in Facility
Planned Respite Services	<input checked="" type="checkbox"/>
Day Habilitation	<input checked="" type="checkbox"/>
Skill Building	<input checked="" type="checkbox"/>
Crisis Avoidance and Management and Training	<input checked="" type="checkbox"/>
Immediate Crisis Response Services	<input checked="" type="checkbox"/>
Accessibility Modifications	<input checked="" type="checkbox"/>
Intensive In-Home Supports and Services	<input checked="" type="checkbox"/>
Crisis Respite Services	<input checked="" type="checkbox"/>
Special Needs Community Advocacy and Support	<input checked="" type="checkbox"/>
Health Care Integration	<input checked="" type="checkbox"/>
Family/Carer/Caregiver Supports and Services	<input checked="" type="checkbox"/>
Adaptive and Assistive Equipment	<input checked="" type="checkbox"/>
Vocational Services	<input checked="" type="checkbox"/>

**Facility Capacity Limit:**

6

**Scope of Facility Standards.** For this facility type, please specify whether the State's standards address the following topics (*check each that applies*):

Scope of State Facility Standards	
Standard	Topic Addressed
Admission policies	<input checked="" type="checkbox"/>
Physical environment	<input checked="" type="checkbox"/>
Sanitation	<input checked="" type="checkbox"/>
Safety	<input checked="" type="checkbox"/>
Staff : resident ratios	<input checked="" type="checkbox"/>
Staff training and qualifications	<input checked="" type="checkbox"/>
Staff supervision	<input checked="" type="checkbox"/>
Resident rights	<input checked="" type="checkbox"/>
Medication administration	<input checked="" type="checkbox"/>
Use of restrictive interventions	<input checked="" type="checkbox"/>
Incident reporting	<input checked="" type="checkbox"/>
Provision of or arrangement for necessary health services	<input checked="" type="checkbox"/>

**When facility standards do not address one or more of the topics listed, explain why the standard is not included or is not relevant to the facility type or population. Explain how the health and**

welfare of participants is assured in the standard area(s) not addressed:

**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:

OCFS issued, and maintains on the OCFS website, the Request for Applications that describes the criteria and necessary documentation for becoming a HCIA contractor and a Waiver Service Provider (WSP) agency. HCIA contractors develop Model Subcontracts with qualified WSP agencies that choose to participate, using the Model Subcontract. Interested agencies are required to submit the appropriate application for becoming an enrolled B2H provider. OCFS accepts applications at any time.

OCFS reviews applications for provider enrollment within three months of submission. OCFS is responsible for the review of applications from agencies wishing to become HCIA contractors, which are not-for-profit Voluntary Authorized Agencies that meet State criteria for becoming an HCIA contractor and apply to OCFS are recommended to New York State Department of Health (NYSDOH) for provider enrollment. OCFS uses a multi-tiered review of established criteria, including an evaluation of the applicant HCIA contractor's existing foster care and Medical Assistance programs. OCFS advises applicants as to the completeness of the application and may provide an opportunity for discussion of the application and the submittal of an amended application, as necessary, followed by a final decision issued in writing by OCFS. This process permits open-ended enrollment of approved applicants. There is no administrative appeal process and unsuccessful applicants are limited to pursuing their rights under Article 78 of the Civil Practice Law and Rules.

OCFS, in conjunction with HCIA contractors and the Local Departments of Social Services (LDSS), conduct statewide regional meetings and open forums along with informational sessions to educate the community at large about the B2H waiver. HCIA contractors are directed by OCFS to facilitate meetings with potential providers to inform them of the opportunities to provide waiver services.

HCIA contractors maintain administrative responsibility to develop the waiver provider network. HCIA contractors are required to evaluate each agency that applies to become a WSP agency. These potential waiver service providers are evaluated on their ability to demonstrate that they meet the qualifications listed for each service in Appendix C-3. The HCIA contractor interviews agency managers and reviews additional documents as appropriate. In addition, the HCIA contractor may consult with the LDSS and OCFS regarding applicant capacity. Upon completing this review, the HCIA contractor determines whether the applicant can be approved and forwards the documentation to OCFS. Upon review, OCFS forwards qualified providers to NYSDOH for confirmation of compliance with Medicaid requirements and enrollment as a WSP agency. If OCFS decides not to recommend an agency to NYSDOH for enrollment, the provider agency is notified in writing, including a summary of reasons why the agency was denied. An agency who has been denied a recommendation by OCFS may reapply one year from the date of the initial application submittal.

Outreach and publicity materials are published to provide necessary information on the B2H waiver. Public outreach continues with the utilization of press releases, articles and other media as approved by OCFS, to support equity of opportunity. In addition, OCFS, in conjunction with the HCIAs, engages in an outreach and publicity program to recruit any and all providers willing and qualified to enroll as B2H waiver service providers.

**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**  
**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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).*

*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:**

The number and percent of new provider applications, by provider type, for which the provider obtained appropriate licensure/certification in accordance with State law and waiver provider qualifications prior to service provision.

Data Source (Select one):

Other

If 'Other' is selected, specify:

OCFS Contract Management System

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 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="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 checked="" type="checkbox"/> Other Specify: upon enrollment	

Data Aggregation and Analysis:

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

**Performance Measure:**  
 The number and percent of HCIA contractors continuing to meet applicable licensure/certification following initial enrollment.

**Data Source (Select one):**  
 Other

If Other is selected, specify:  
 B2H Administrative Review

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<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"/> Other Specify:	<input type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
<input checked="" type="checkbox"/> Other Specify:	<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Other Specify:

	Provider self reporting commitment	
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**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<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:**

The number and percent of HCIA contractors that follow OCFs established procedures to assure timely criminal background and registry checks. (Percent = the number of providers that had criminal background the registry checks completed/total providers reviewed.)

Data Source (Select one):

Other

If "Other" is selected, specify:

B2H Administrative Review

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 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: 30% annual review and as deemed necessary
	<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:

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

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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 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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

*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:**

The number and percent of HCIA contractors that follow OCFs established procedures regarding training requirements. (Percent = the number of providers that met the training requirement/total providers reviewed.)

Data Source (Select one):

Other

If 'Other' is selected, specify:

B2H Administrative Review

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 checked="" type="checkbox"/> Operating Agency <input type="checkbox"/> Sub-State Entity	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Other Specify:	<input type="checkbox"/> 100% Review <input checked="" type="checkbox"/> Less than 100% Review <input type="checkbox"/> Representative Sample <input type="checkbox"/> Confidence Interval =
<input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Continuously and Ongoing <input type="checkbox"/> Other Specify:	<input checked="" type="checkbox"/> Stratified Describe Group: <input type="checkbox"/> Other Specify: 30% annual review and as deemed necessary

**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 checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Weekly <input checked="" 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.  
 The OCFS Provider Agreement requires HCIA contractors to notify OCFS immediately if there is a change in the status of its license or contract. HCIA contractors must maintain authority to provide foster care and its standing as an enrolled Medicaid provider.

**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 areas of remediation as a result of its HCIA Administrative On Site Review must submit a plan of corrective action for review and approval by the respective OCFS Regional QMS and BWM. The annual administrative review focuses on areas found to require remediation so that plans of corrective action continue to be fully implemented. OCFS also reviews and analyzes data for statewide, regional and agency trends to determine areas that require technical assistance. When systemic problems are identified, OCFS BWM meet with relevant OCFS division(s) and the NYSDOH (the Medicaid agency), as indicated, to develop solutions.

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

<b>Responsible Party (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<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 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.*

Accessibility modifications and Adaptive and Assistive Equipment – There is a \$15,000 maximum per participant per five-year period for any combination of accessibility modifications and adaptive and assistive equipment. This applies to all waiver participants. Within the five-year maximum, there is also a \$5,000 maximum per address for permanent home modifications for rented homes. Individual service limits were combined to allow participants greater flexibility within the tangible item budget to meet their unique needs. Exceptions to these limits may be reviewed and authorized on a case-by-case basis by OCFS. Approvals will take into account waiver requirements regarding fiscal neutrality. For planned expenditures that do not exceed the five-year, combined \$15,000 limit and do not exceed the \$5000 for the modification, the LDSS has approval authority. LDSS also has approval authority for planned modification that do not exceed \$5000 for the combined five-year period. Those expenditures that exceed a total of \$5000 in a combined five-year period are also approved by the OCFS Regional QMS. The OCFS BWM must also approve planned expenditures that exceed the five-year, combined \$15,000 limit on a case by case basis.

During the development of the IHP, the HCIA contractor representative, HCI, medical consentor, caregiver and anyone selected by the child determine if adaptive/assistive equipment is required. Medical consentors are notified of the amount of the limit when they receive a copy of the Accessibility Modification and/or Adaptive and Assistive Equipment Description, Cost Projection and Final Cost Form.

**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 D: Participant-Centered Planning and Service Delivery**

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

**State Participant-Centered Service Plan Title:**  
Individualized Health Plan (IHP)

- 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:*

**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:*

Health Care Integration Agency (HCIA) contractors may be authorized to provide other Bridges to Health (B2H) waiver services. This reflects the New York State Office of Children and Family Services' (OCFS) recognition of the valuable services that such qualified, multi-service agencies offer children in foster care who are at risk of institutionalization in a medical facility. It also reflects OCFS' recognition that the number of qualified providers is limited in many areas of New York. To safeguard the best interests of the waiver participant the following are expected:

- (1) The Health Care Integration function (case management) have reporting lines to a cabinet or executive level manager who does not have responsibility for other B2H waiver programs and services;
- (2) The Health Care Integration function cannot be provided by staff who also deliver or manage other B2H waiver services;
- (3) The Health Care Integrator (HCI) is responsible for providing unbiased and comprehensive information to the waiver participant and medical consentor about available services and service providers;
- (4) The medical consentor must be given a list of approved HCIA's in the region. Upon selection of HCIA, the medical consentor is given a choice among HCIs using the Health Care Integrator Selection Form. By signing this Form, the medical consentor is affirming that he/she was given a choice of approved HCIs and recognizes that he/she has the right to change HCIs and HCIA's. The medical consentor's signature is required on the Initial Individualized Health Plan (IHP) and all Revised IHP's;
- (5) The waiver participant and medical consentor have the right to change waiver service providers at any time during the period covered by an approved IHP. With the assistance of their HCI, the medical consentor completes a Change of Provider Form, which is then sent to the HCIA contractor. The HCIA contractor acknowledges receipt of the Change of Provider Form to the medical consentor, the HCI and the current and new waiver service providers. If the medical consentor wishes to change HCIs, the medical consentor may contact the HCIA contractor directly. The HCIA contractor provides information to the waiver participant and medical consentor about HCIs and assists the medical consentor with completing the Change of Provider Form; and
- (6) The monitoring activities related to IHP development will include review of all above items.

**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.

**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):

(a) Who develops the plan, who participates in the process, and the timing of the plan: The HCI develops the IHP jointly with the waiver participant and medical consentor, and directs the gathering of appropriate information and guides the participation of those individuals chosen by the waiver participant and medical consentor to also participate in that process. The goal of the IHP is to increase the waiver participant's health and welfare, in support of successful integration into the community and successful functioning in their family/caregiver environment. The HCI contractor develops a Preliminary IHP and budget as part of the package of information for the Local Department of Social Services (counties and New York City) (LDSS) to review when making enrollment decisions. The Initial IHP will be submitted to the LDSS within thirty (30) days of the enrollment decision to allow for further refinement of the IHP.

(b) The types of assessments that are conducted to support the service plan development process: After an evaluation of the participant's support under existing Medicaid State Plan services, such as through the Early and Periodic Screening, Diagnosis and Treatment program, the next step is identifying the waiver participant's strengths, abilities, and preferences as the starting point for developing the IHP. Each IHP includes an assessment of the individual to determine the services needed. The assessment process is completed utilizing a multi-faceted approach which may include self-assessment, speaking with biological, adoptive or foster family members, school personnel and other professionals and/or service providers involved with the child.

The process to develop the Initial IHP includes obtaining pertinent information from relevant parties to fully understand and document the strengths and needs of the waiver participant. The HCI needs to have a complete and accurate picture of the waiver participant or medical consentor's preferences including such areas as family/caregiver, living situation, education status, recreation or leisure time, physical and mental health, spiritual beliefs, vocation or job and community service. The assessment includes the following: demographic information; description of the individual in person centered terms including personal or valued outcomes and goals; psycho-social history; a needs assessment and an assessment of risk factors. HCIs use the Child and Adolescent Needs and Strength tool, an evidence-based instrument, to obtain a baseline assessment and monitor progress.

The waiver participant and medical consentor are afforded the opportunity to have family/caregiver, friends and/or advocates participate in the development of the IHP. However, the request by a capable waiver participant and medical consentor that a specific individual not participate in the planning process is respected unless otherwise required by the court.

(c) How the participant is informed of the services that are available under the waiver: The HCI contractor must provide detailed written information to the waiver participant and medical consentor on the purpose and design of available B2H waiver services and the IHP development process. The HCI is responsible for providing unbiased and comprehensive information about available B2H waiver services and waiver service providers. This dialogue leads to decisions regarding the services and service providers to be included in the IHP.

(d) How the plan development process ensures that the service plan addresses participant goals, needs, and preferences: Upon gathering all relevant information and assessments, the HCI meets with the waiver participant and medical consentor. Over one or two face-to-face meetings, the HCI summarizes the child's current health care services, foster care-related services and the disability-related personal outcomes and needs that are to be addressed and outlines the waiver and non-waiver services that are appropriate. The HCI presents options for meeting the needs and preferences that the waiver participant and medical consentor have deemed to be important. The IHP is based primarily on the potential waiver participant and medical consentor's choice of services and reflects the potential waiver participant's dignity, tolerance to risk and right to fail. At the same time the HCI identifies the providers in the community who are authorized to deliver such services.

(e) How waiver and other services are coordinated: The IHP itemizes the waiver services to be furnished, the amount, frequency and duration of each service, and the service provider who will furnish each service. This part of the assessment of services includes the waiver service providers who are responsible for the completion of Detailed

**Service Plans.** The IHP specifies supports to be provided to the waiver participant, including but not limited to: Medicaid State Plan services, waiver services and community based services not available through Medicaid. Waiver services are those that are provided when informal or formal supports are not available to meet the participant's needs.

(f) How the plan development process provides for the assignment of responsibilities to implement and monitor the plan: The IHP is the essential tool that clearly states responsibility for each of the services and supports that the waiver participant needs based on a comprehensive, person centered assessment. The HCI arranges and coordinates the waiver services that have been jointly developed for the IHP. The IHP reflects coordination among providers involved with the waiver participant. The HCI has ultimate responsibility for the completion of the IHP and monitoring that the waiver participants are receiving the specified services.

(g) How and when the plan is updated, including when the participant's needs change: The IHP must be updated at least annually using updated information from all appropriate sources and a similar series of face-to-face meetings with the waiver participant and medical consentor. If a waiver participant should experience significant life changing events, or at the discretion of the HCI, the IHP is updated more frequently as needed. The IHP must reflect that the waiver participant and medical consentor were actively involved in the development of the IHP. By signing the IHP, the medical consentor acknowledges that he/she has contributed to the development of the IHP, and agrees with its contents.

## **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 B2H waiver recognizes the waiver participant's right to risk and the dignity to fail as it relates to his or her successful integration into the community and family/caregiver environment, within the parameters of the foster care program, and balances this with responsibilities to support the health and welfare of the participant and the waiver participant's and medical consentor's right to select their services and providers. It is critical to obtain an accurate picture of what services and supports might be needed to maintain the health and welfare of the waiver participant thereby providing the opportunity to mitigate the consequences of the problems that can be triggered by sentinel events. Through the development of the IHP, a comprehensive understanding of the waiver participant's needs, risks and setting is obtained. This provides the background to understand the areas which may cause a crisis in the life of the waiver participant. Every effort is made to assist the waiver participant and medical consentor to understand his/her risks that may be associated with his/her life. The medical consentor has the right to accept or reject any services offered.

There may come a point when the waiver participant and medical consentor's choices are such that the waiver becomes concerned that it will not be able to support the waiver participant's health and welfare. This concern is clearly discussed with the waiver participant and medical consentor. If the waiver participant's health and welfare can be supported, then the waiver participant can remain in the waiver. If this is not possible, then the waiver participant and medical consentor are issued a Notice of Decision of Discontinuance, with Fair Hearing rights attached. Should it be necessary to discontinue the child from the waiver, the LDSS is required to refer the child to other community resources and to document the referrals in the child's case record. Parents receive the Notice of Decision of Discontinuance, unless the parental rights of the parent have been terminated. When the LDSS is exercising its responsibilities as the custodian of a child placed as an abused or neglected child or taken into protective custody under Article 10 of the Family Court Act, the district's decision is the final decision. However, decisions are reflected in the child's permanency plan. All permanency plans are subject to periodic review by the Family Court.

The IHP explicitly states the individuals who are responsible for assisting the waiver participant with daily activities, medication management, and financial transactions. Emergency contact information is also included in the event of a fire, health and safety issue, natural disaster or other public emergency. The IHP includes a system to reduce risk and address safety issues. The IHP may address back-up issues for activities which are directly related to health and welfare. The HCI is responsible for monitoring that the activities outlined in the IHP are carried out and are sufficient.

Participant risk and safety considerations are identified and potential interventions considered that promote independence and safety with informed involvement of the waiver participant and medical consentor.

#### 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.

Upon determination that a waiver participant is potentially eligible for the B2H waiver and after providing a list of the HCIA contractors serving the catchment area to the participant and medical consentor, the LDSS refers the participant to the selected HCIA contractor to assist in the waiver application and enrollment process. As part of that responsibility, the HCIA contractor provides the potential waiver participant and medical consentor with a list of HCIs who are available to assist in developing the IHP once enrollment is completed and encourages them to select one based on a information provided by the HCIA contractor regarding the availability, specific experiences and skills of individual HCIs, knowledge of the community where the child lives, cultural sensitivities of the HCIs and other criteria of relevance to the child and medical consentor. The selected HCIA contractor is responsible for ensuring that the medical consenters sign a Health Care Integrator Selection form during the enrollment process, indicating that they have been informed of all approved HCIs and HCIA contractors within their region. This form also acknowledges that the HCI assists in the selection of services to help develop, implement and monitor the IHP. Enrollees in B2H have the right to choose among HCIA contractors, HCI providers and waiver service providers. During the development and any subsequent reevaluations of the IHP, HCIs will continue to inform them of all authorized waiver service providers and work with the enrollee to find appropriate service providers.

The Waiver Participant Rights Form, which is signed annually, is a description of the right to choose and change waiver service providers, as requested by the medical consentor. The HCI is responsible for informing the waiver participant and medical consentor about their ability to choose or change waiver service providers and assist the waiver participant to do so. OCFS has developed a user friendly process for changing waiver service providers. The Change of Provider Form is completed when a request to change HCIA contractors, HCI or waiver service providers.

#### 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 IHP is the service plan. The LDSS is responsible for reviewing and authorizing every IHP upon enrollment and during the annual reauthorization process for each child who is participating in the waiver. The HCIA contractor may provide an already authorized service by notifying the LDSS. The LDSS administers the State plan on behalf of the New York State Department of Health (NYSDOH), the State Medicaid Agency.

OCFS annually reviews a statistically valid random sample of all IHPs as part of its quality management function. A review of specific IHPs may also be conducted at the request of the waiver participant and/or consentor or as needed. IHPs are reviewed to determine that the plans support the health and welfare of the participant and are responsive to participants' needs and goals.

#### 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:*

- 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 LDSS retains copies of each IHP for each person it enrolls in the waiver for the required three (3) years, at a minimum, in its offices. In addition, each HCI contractor retains copies of each IHP for those children who choose its Health Care Integration service for the required three (3) years, at a minimum, in its program office case files.

## 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.

Once the IHP has been recommended by the HCI contractor and approved by the medical consentor and the LDSS, the HCI is responsible for monitoring the implementation of the IHP and the waiver participant's health and welfare. The HCI has, at a minimum, two contacts a month with the waiver participant to determine that waiver and non-waiver services are: 1) provided in accordance with the authorized IHP; 2) accessed and delivered by providers of their choice; and 3) meet the waiver participant's needs. Additionally, the HCI monitors the waiver participant's overall health and welfare and assesses the waiver participant's and medical consentor's satisfaction with the services being provided. Additionally, the HCI, on at least a quarterly basis, is required to meet face to face with the waiver participant, in the waiver participant's home. The standard of at least a quarterly meeting is the minimum threshold, recognizing that many participants could require more frequent meetings.

The HCI convenes team meetings to coordinate services with the waiver participant, medical consentor and WSPs to monitor service plans. Team meetings are convened at regular intervals, prior to submission of a Revised IHP and can be called at any time by the HCI or at the request of the waiver participant/medical consentor. The HCI facilitates team meetings to discuss significant changes in the participant's circumstances since enrollment and/or if there is an identified need for a significant change in the level or amount of services that a participant receives. LDSS and OCFS Regional Quality Management Specialist (QMS) may attend team meetings to monitor service plan implementation as necessary.

HCI contractors are responsible for the review of every IHP to monitor that they are meeting the waiver participant's health and welfare and that they are cost effective. The IHP can be revised if needed, as a result of changes in the waiver participant's condition. If a service needs to be added, modified or deleted then a revision must be made. When a problem arises, the HCI works with the waiver participant and medical consentor to find an agreeable resolution. If an agreeable solution is not found, then a team meeting may be called to further discuss the issue. If the issue is not resolved, then a Fair Hearing may be requested.

OCFS and NYSDOH retrospectively review a random sample of case records. During these reviews, OCFS staff verify that IHPs are completed in accordance with the policies and procedures set forth in the B2H Program Manual and that the services provided reflect the participant/medical consentor's goals, needs, strengths and preferences.

Another way that IHPs are monitored is through the Satisfaction Survey conducted by OCFS. As part of this survey, waiver participants are asked if they received the services in their service plan and their experiences with the services. These results are compiled, evaluated for trends and shared with HCIA contractors.

Monitoring of the service plan is also done through the Serious Reportable Incident (SRI) Process. All SRIs are reported to the HCIA contractor and OCFS Regional QMS. When an SRI involves issues affecting the waiver participant's health and welfare, such as unplanned hospitalizations, follow-up includes the HCIA contractor working with the waiver participant to review the service plan to determine if a change in service provision is appropriate.

**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:*

To safeguard the best interests of the waiver participant the following are expected:

(1) The Health Care Integration monitoring function as part of its overall case management function has reporting lines to a cabinet or executive level manager who does not have responsibility for other B2H programs and services;

(2) The Health Care Integration monitoring function cannot be provided by staff who also deliver or manage other B2H waiver services; and

(3) The HCIA contractors have a quality management function that reviews the Health Care Integration monitoring activities, its impact on IHPs and its impact on the best interest of the waiver participant.

The OCFS activities related to the monitoring of services provision safeguards include: Retrospective Case Record Reviews, HCIA Administrative Site Visit Reviews, Serious Reportable Incident Process, Satisfaction Surveys, Team Meeting Reviews, Consultation Line and the Complaint and Grievance Process. These activities are detailed in Appendix H.

Freedom of Choice is monitored through the annual completion of the Waiver Participant's Rights Form which describes the right to choose and change providers and services as requested. Waiver participants maintain a copy of the signed form, as does the HCIA contractor. HCIA contractors and OCFS monitor completion of this form.

## **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**
- 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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).*

*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:**

The number and percent of participants reviewed who had service plans that were adequate and appropriate to their needs as indicated in the assessments.

**Data Source (Select one):**

**Other**

If Other is selected, specify:

B2H Case Record Review

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<input 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="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

**Data Aggregation and Analysis:**

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

Specify:	
	<input type="checkbox"/> Continuously and Ongoing <input type="checkbox"/> Other Specify:

**Performance Measure:**  
 The number and percent of service plans that address participants' goals as indicated in the assessments.

**Data Source (Select one):**

Other

If 'Other' is selected, specify:

B2H Case Record Review

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

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

**Performance Measures**

*For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).*

*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:**

The number and percent of service plan development activities that are completed as described in the waiver application: Who participates in the plan development process, Service plan content follows state requirements regarding completion of the Child and Adolescent Needs and Strengths Assessment and Plan development provides for assignment of responsibilities to implement and monitor the plan.

Data Source (Select one):

Other

If 'Other' is selected, specify:

B2H Case Record Review

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 =

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

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<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. *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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

*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:**  
 The number and percent of service plans that were reviewed and revised as warranted, on or before waiver participants' annual review date.

Data Source (Select one):

Other

If 'Other' is selected, specify:

B2H Case Record Review

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

Other  
Specify:

**Performance Measure:**  
The number and percent of waiver participants reviewed whose service plans were revised, as needed to address changing need.

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**B2H Case Record Review**

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 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 <input type="checkbox"/> Confidence Interval = 95%
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input checked="" 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	<input checked="" type="checkbox"/> Annually

Specify:	
	<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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).*

*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:**

The number and percent of Satisfaction Survey respondents reporting they received all the services in their plan.

Data Source (Select one):

Other

If 'Other' is selected, specify:  
B2H Satisfaction Survey.

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="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:

	<input checked="" 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
	Continuously and Ongoing
	Other Specify:

- 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/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).*

*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:**

The number and percent of waiver participant records reviewed with an appropriately completed and signed freedom of choice form that specified choice was offered between institutional care and waiver services.

Data Source (Select one):

Other

If 'Other' is selected, specify:

**B2H Case Record Review**

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 checked="" type="checkbox"/> Operating Agency	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> 100% Review <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="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"/> Quarterly
<input type="checkbox"/> Sub-State Entity	<input checked="" type="checkbox"/> Annually
<input type="checkbox"/> Other Specify:	<input type="checkbox"/> Continuously and Ongoing <input type="checkbox"/> Other Specify:

**Performance Measure:**  
 The number and percent of waiver participant records reviewed with an appropriately completed and signed Freedom of Choice form that specific choice was offered among waiver services and providers.

Data Source (Select one):

Other

If "Other" is selected, specify:

B2H Case Record Review

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

<b>Continuously and Ongoing</b>
<input type="checkbox"/> <b>Other</b> 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.
- In addition to demographic and fiscal reports, OCFS conducts HCIA Administrative Site Visit Reviews at each HCIA contractor on an annual basis by a team led and organized by OCFS Regional QMS and BWM. The administrative reviews follow specific guidelines set by OCFS to document that each HCIA contractor is adhering to the philosophy and all requirements of the B2H waiver. Administrative reviews include examination of all topics listed in the HCIA Administrative Site Visit Review Form including elements described in the above performance measures. If a program requires remediation in any of these requirements, corrective actions are identified and the agency is formally notified.

To further provide that participants' needs are being addressed and that consumer feedback is being obtained, OCFS requires all HCIA contractors distribute the Satisfaction Survey to birth parents, foster parents, pre-adoptive and adoptive parents, and other caregivers of B2H participants. The survey solicits feedback on the quality and effectiveness of the fourteen waiver services and asks for caregivers to assess the extent of the child's improvement in specific aspects of child and family functioning since participation in B2H. The survey and direct consumer feedback of their waiver experience is offered to every caregiver whose child has been enrolled for at least six months to gather actionable service improvement opportunities and assess the impact of attempted improvements.

**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.
- When individual problems are identified, the standard procedure is for OCFS and HCIA contractor management staff to discuss the situation and collaboratively develop a plan of correction. Implementation and compliance with the plan of correction is monitored by OCFS and HCIA contractor staff. Should the plan of correction require a change in the waiver participant's service, OCFS and the HCIA contractor work cooperatively to address the service deficiency and when necessary, transition the participant to another B2H waiver service provider. If the deficiency involves a service provider and implementation of the plan of correction does not sufficiently meet program requirements, OCFS and the HCIA contractor may decide to temporarily defer new referrals to the HCIA contractor via the HCIA Intake Deferral Process. When necessary, OCFS notifies the HCIA contractor in writing of the necessity to invoke Intake Deferral and requests a written correction plan describing the actions to address and remediate identified deficiencies, in addition to strategies to prevent future occurrence of the problems.

Any HCIA contractor found to need remediation as a result of its HCIA Administrative Site Visit Review must submit a plan of corrective action for review and approval by the respective OCFS Regional QMS and BWM as directed. OCFS Regional QMS and BWM approve and verify corrective action. The subsequent annual administrative review focuses on areas previously found to be in need of remediation to ensure plans of corrective action continue to be fully implemented. OCFS also reviews and analyzes data for statewide, regional and agency trends to determine areas that require technical assistance. When systemic problems are identified, OCFS BWM meet with relevant OCFS division and the NYSDOH, as indicated, to develop solutions.

If the plan of corrective action does not sufficiently meet program requirements, the provider may be deemed unfit to continue to provide B2H waiver services. Accordingly, OCFS issues a letter to the provider terminating their waiver provider status and notifies NYSDOH.

Documentation of remediation activities is accomplished by the following measures: findings and remediation of retroactive Case Record Reviews, Team Meeting reviews and HCIA Administrative Site Visit Reviews and corrective action plans.

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
<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

NY State Office of Temporary and Disability Assistance

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

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**Appendix E: Participant Direction of Services**

**E-1: Overview (2 of 13)**

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

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**Appendix E: Participant Direction of Services**

**E-1: Overview (3 of 13)**

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

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**Appendix E: Participant Direction of Services**

**E-1: Overview (4 of 13)**

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

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**Appendix E: Participant Direction of Services**

**E-1: Overview (5 of 13)**

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

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**Appendix E: Participant Direction of Services**

**E-1: Overview (6 of 13)**

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

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**Appendix E: Participant Direction of Services**

**E-1: Overview (7 of 13)**

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

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**Appendix E: Participant Direction of Services**

**E-1: Overview (8 of 13)**

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

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**Appendix E: Participant Direction of Services**

**E-1: Overview (9 of 13)**

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

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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.

Transmittals to medical consenters include detailed, easy-to-read instructions about the right to a Fair Hearing, and the process for applying for one. This process conforms to the Federal and State statutory and regulatory provisions Fair Hearing requirements. In the State of New York, the Office of Temporary and Disability Assistance (OTDA) conducts and manages the Fair Hearings and the associated processes. OTDA, which has an Memorandum of Understanding (MOU) with New York State Department of Health (NYSDOH), conducts all fair hearings relating to the Bridges to Health (B2H) waiver. When a waiver enrollee receives any waiver Notice of Decision, it includes the process to request a fair hearing. Upon contacting the OTDA Fair Hearing Office, the waiver participant receives additional information and a description of his/her rights under 42 CFR Part 431 and New York State Regulations 18 NYCRR, Part 358.

Specific actions taken to inform a waiver participant of their rights and responsibilities related to Medical Assistance include: At the time of application for public assistance and/or Medical Assistance, applicants are provided with a copy of informational booklets concerning their rights and responsibilities with respect to the receipt of such assistance. Book 1 is entitled "What You Should Know About Your Rights and Responsibilities"; pages 6 through 11 contain detailed information on the Fair Hearings process, and how it may be accessed. For children in foster care, pages 6 through 11 will be provided to the child and the medical consentor by the Local Department of Social Services (LDSS) at the time of application for enrollment in the B2H program.

The recipients and medical consenters will also be informed that there is a link to fair hearing information on the OTDA website: <http://www.otda.state.ny.us/oah/default.asp>.

Every Notice of Decision contains an extensive recital of the right to a fair hearing and the various means to access the hearing process. LDSS sends a Notice of Decision directly to the child/medical consentor. When LDSS determines it concurs with the Health Care Integration Agency (HCIA) contractor recommendation(s) for B2H waiver enrollment, the LDSS authorizes the child to receive B2H Waiver services and issues the Notice of Decision – Authorization. When LDSS makes a determination that the applicant is not eligible for enrollment in the B2H waiver, the LDSS also must provide the applicant with a Notice of Decision – Denial of Enrollment, indicating the reason(s) for denial. In addition, LDSS is responsible for referring ineligible individuals to other resources within the community and documenting the referral in the child's case record.

Where the action is a Discontinuance from the Waiver Program, Waiver Service(s) or Waiver Service Provider(s) or a Reduction of Service(s), the notice of action also contains language advising that a timely request for a hearing will result in "aid continuing" at the current level pending the appeal. Notice of Decisions provide fair hearing information, such as rights to a conference, right to the hearing, the availability of legal assistance through legal aid services, the availability of access to the participant's file, copies of documents and a contact person in the LDSS. If a timely request for a fair hearing is made, the LDSS must provide notice to the child's LDSS case manager and the HCIA contractor that B2H services must be continued pending the appeal and until the fair hearing decision is issued. The great majority of notices are processed by

OTDA's Client Notice System (CNS), and contains language that is similar to that included in the manual Notice of Decisions sent by the LDSS. The CNS notices implement actions that have been initiated by LDSS, based on data entered by LDSS caseworkers.

Copies of manual notices are maintained by the LDSS in the affected client's case file. Copies of notices sent out through CNS are maintained in electronic form, and are accessible by both OTDA and the LDSS through the Computer Output to Laser Disk system.

#### 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.

#### 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:  
NYS Office of Children and Family Services (OCFS) is responsible for verifying that a grievance complaint system is developed by each waiver service provider.
- 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).

OCFS requires that each waiver service provider develop and implement a policy for responding to grievances and complaints raised by the waiver participant and medical consentor. Each policy must be in compliance with the laws and regulations of the oversight agency as appropriate including OCFS, NYS Office of Mental Health, Office for People with Developmental Disabilities and NYSDOH. The grievance process is limited to those areas that are external to, but not in lieu of, the existing right to request a Medicaid Fair Hearing system. Waiver participants and medical consentor are informed that making a complaint is not a pre-requisite or substitute for a Medicaid Fair Hearing.

The HCIA contractor utilizes the Contact Information List, to provide the waiver participants and the medical

consenter with a list of telephone numbers of waiver service providers and their supervisors, LDSS contact, OCFS Regional Quality Management Specialist (QMS), OCFS toll-free B2H Consultation Line telephone number, the NYSDOH Medicaid Helpline and the NYS OCFS Statewide Central Register for Child Abuse and Neglect.

a. The types of grievances/complaints that waiver participants may file include: The type, delivery and frequency of waiver services, problematic issues regarding staff and general waiver program concerns. A waiver participant, medical consenter or caregiver may initiate a verbal or written grievance/complaint at any time through the Health Care Integrator (HCI), HCIA contractor, Waiver Service Provider agency, OCFS Regional QMS, or OCFS Bureau of Waiver Management (BWM). In addition, OCFS operates a toll-free B2H Consultation Line telephone number which offers an alternative means of communicating grievances or complaints. Regardless of the filing method, all parts of any grievance and complaint investigation must be documented by the investigating agency, from intake through resolution.

b. The process and timelines for addressing grievances/complaints: The HCIA contractor is responsible for developing a process and for informing the participant, medical consenter and caregiver of the process for addressing written and verbal complaints. This process must include contacting the participant, medical consenter and caregiver within seventy-two (72) hours of receiving the complaint. If a complaint cannot be resolved to the satisfaction of the grievant by the HCIA contractor's internal process within seven calendar days of the complaint, the OCFS Formal Grievance/Complaint procedure begins with notification to the LDSS and OCFS Regional QMS.

c. Mechanisms used to resolve grievances/complaints: The OCFS BWM and Regional QMS staff may meet with the waiver participant, medical consenter and anyone else the waiver participant or medical consenter would like to have present, at the earliest and most convenient time for all interested parties, to resolve the grievance/complaint. This process must be completed within a maximum of forty-five (45) business days from the receipt of the complaint. Written notification of the resolution of the complaint is provided to the waiver participant and medical consenter.

If the HCIA contractor is cited in the complaint, OCFS Regional QMS may conduct the review. If the OCFS Regional QMS and/or the HCIA contractor deem the complaint to raise a significant level of concern, it may be determined to be a Serious Reportable Incident. The OCFS Regional QMS informs the LDSS of complaints and grievances.

See Appendix G-1 for further details regarding Serious Reportable Incidents.

## 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).

**SERIOUS REPORTABLE INCIDENT (SRI)** is defined as any situation in which the waiver participant experiences a

perceived or actual threat to his/her health and welfare. These SRIs fall into three general categories:

- Allegations of physical, sexual, and psychological abuse or maltreatment, including all such allegations types contained in the child abuse or maltreatment reporting protocols;
- Serious injury and/or accident to the children that threatens their ability to maintain waiver services. This includes death of a waiver participant; hospitalization, and missing person as well as instances of serious bodily injury occurring during the provision of Bridges to Health (B2H) waiver services;
- An incident that causes significant disruption of the caregivers' capacity to care for the waiver participant.

Time Frame for reporting a SRI:

1. A reporting waiver provider must notify the HCIA contractor within one business day of becoming aware of a SRI.
2. The HCIA contractor must notify the appropriate Local Department of Social Services (LDSS) and the OCFS Regional Quality Management Specialist (QMS) within one business day using the OCFS Serious Reportable Incident Form. In the case of a waiver participants' death, the OCFS Bureau of Waiver Management (BWM) is also notified within one business day. Each OCFS QMS maintain a SRI database and report to OCFS BWM on a quarterly basis, at minimum.
3. The HCIA contractor must inform the medical consentor and caregivers of a SRI that does not involve a report to the New York State Central Register (SCR) of Child Abuse and Maltreatment. The medical consentor and caregiver (s) must be informed within one business day by the HCIA contractor when the SRI impacts the provision of B2H services.
4. The existing laws, regulations, and protocols regarding reports to the SCR apply, including but not limited to Mandated Reporter requirements, training for staff and residents, timeframes for investigation, notifications of reports, determinations of reports and corrective action plans.
5. The reporting/involved waiver provider must immediately comply with any requests for supplemental information by the HCIA contractor, the appropriate LDSS, OCFS BWM and/or Regional QMS as well as cooperate in all on-site inquiries and elements of any investigation.
6. Within thirty (30) days following the initial SRI report, the HCIA contractor must submit a status report using the Serious Reportable Incident Status Progress Report form to the appropriate LDSS and OCFS Regional QMS.
7. If the SRI is still 'open' at the time of the Status Progress Report is due, the HCIA contractor submits updated Serious Reportable Incident Status Progress Report on a monthly basis to the appropriate LDSS and OCFS Regional QMS until the SRI is closed. OCFS requires that HCIA contractors report, the outcome for the waiver participant in a format that can be aggregated and analyzed for statewide and regional trends.
8. If the SRI is reported to the SCR, then all SCR-related investigation and reporting requirements and timeframes apply.

Who must report a Serious Reportable Incident:

Any employee of a waiver provider witnessing any action or lack of attention that constitutes a SRI as described above. If no waiver provider employee witnessed the incident, the employee who first becomes aware of the SRI must notify the child's HCIA contractor. The HCIA contractor is responsible for completing the OCFS Serious Reportable Incident form. If an HCIA contractor employee becomes aware of a SRI that has not been reported, the HCIA contractor shall notify the appropriate LDSS and Regional QMS within one business day of becoming aware of the SRI using the Serious Reportable Incident form. The reporting and/or involved waiver provider is responsible for follow-up action regarding the SRI and submitting requested reports. Any incidents of suspected abuse or maltreatment must also be reported to the SCR.

- A RECORDABLE INCIDENT is defined as an incident that does not meet the level of severity of a SRI but does impact the waiver participant's life in the community. Each waiver provider must adhere to the agency's follow-up and time frame policy and procedures for reporting a recordable incident. As necessary, these policies and procedures must delineate when a recordable incident should be reported beyond the HCIA contractor.
- 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.

The Health Care Integrator (HCI) provides the waiver participant and medical consentor with information to identify actions that may constitute abuse, neglect and exploitation. The HCI provides information to the waiver participant and medical consentor with the Waiver Participant's Rights form, as well as information on how to contact the HCIA contractor, OCFS BWM and Regional QMS, the toll-free telephone number for the B2H Consultation Line, and the SCR and NYSDOH listed on the Contact Information List. The HCI provides all of the above noted information to the waiver participant and medical consentor at the time of the development of the Individualized Health Plan (IHP)

and annually thereafter. If the waiver participant's health and welfare are noted as being of concern, additional education may be necessary.

- 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 entities that receive reports of critical events, referred to as SRLs, in above G-1-b include the medical consentor, OCFS, the LDSS, the HCI and the HCIA contractor. In some instances, the SCR may also receive reports of Serious Reportable Incidents. Within one business day of becoming aware of the SRL, an OCFS Serious Reportable Incident form is completed by the HCIA contractor and submitted to OCFS.

OCFS evaluates the Serious Reportable Incident form within one week of receipt to determine if further follow-up is necessary based on the current status of the incident. If further follow-up is not necessary, OCFS notifies the HCIA contractor and appropriate LDSS that the report is deemed closed.

If it is determined necessary to conduct additional follow-up, OCFS requests that the HCIA contractor submit a Serious Reportable Incident Status/Progress Report within thirty (30) days of the initial report and monthly thereafter until a determination is made by OCFS that the inquiry is closed.

The HCIA contractor organizes a Serious Reportable Incident Review Committee which meets at least quarterly and always within one-month of a SRL. The Committee determines if its response and that of any involved waiver provider have been thorough and complete and whether final recommendations and actions taken are in accordance with both best clinical practice and the waiver guidelines. This Committee determines if there is a need for recommendations for changes that may prevent or minimize recurrence of the serious reportable incident and identify trends in SRLs. The Committee submits a quarterly and annual report to OCFS regarding SRLs; the waiver providers' response to the SRLs and identified preventive and disciplinary actions.

OCFS reviews the Serious Reportable Incident Committees' quarterly and annual reports and identifies trends or best practices that will assist the HCIA contractors with implementing training and other activities needed to address concerns. OCFS summarizes these annual reports and submits this summary to NYSDOH. OCFS also notifies NYSDOH within one business day of a waiver participant's death or of any special circumstances that occur.

- 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.

OCFS, through a Memorandum of Understanding with the NYSDOH, has responsibility for oversight of SRLs and events. BWM has responsibility for the design, development, implementation and oversight of the B2H waiver, reviews and analyzes all reports on a quarterly basis and determine if there are systemic issues involved that need redress. OCFS prepares a yearly report for submittal to NYSDOH. This report includes the number of SRLs and any analysis deemed appropriate by NYSDOH or OCFS. The BWM utilizes the data collected and included in these reports to prevent SRLs and events from reoccurring.

## Appendix G: Participant Safeguards

### Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (1 of 2)

- a. Use of Restraints or Seclusion.** *(Select one):*

**The State does not permit or prohibits the use of restraints or seclusion**

Specify the State agency (or agencies) responsible for detecting the unauthorized use of restraints or seclusion and how this oversight is conducted and its frequency:

B2H waiver service providers are not authorized to use a restraint or seclusion on a waiver service enrollee during the course of providing a waiver service. The State oversight responsibility rests with the OCFS regional offices and the HCIA contractor.

- Any use of a restraint or seclusion by a waiver service provider is considered a Recordable Incident and follows the processes described in Appendix G-1 unless the incident falls into one of the three categories outlined above in the definition of a Serious Reportable Incident.
- OCFS provides comprehensive training in a train the trainer format in crisis prevention, de-escalation and intervention at no cost for voluntary agency staff. This curriculum and delivery mechanism is reviewed annually.

OCFS has policies concerning the use restraint or seclusion by foster care or other licensed non-B2H services providers. These policies do not apply to B2H waiver service providers. Restraints and restrictive interventions performed by a foster care parent or other non-B2H service provider must adhere to established OCFS policies.

**The use of restraints or seclusion is permitted during the course of the delivery of waiver services.** Complete Items G-2-a-i and G-2-a-ii.

- Safeguards Concerning the Use of Restraints or Seclusion.** 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 or 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).

- State Oversight Responsibility.** Specify the State agency (or agencies) responsible for overseeing the use of restraints or seclusion and ensuring that State safeguards concerning their use are followed and how such oversight is conducted and its frequency:

### Appendix C: Participant Safeguards

#### Appendix G-2: Safeguards Concerning Restraints and Restrictive Interventions (2 of 2)

##### **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:

Waiver service providers are not authorized to use a restrictive intervention on a waiver service enrollee during the course of providing a waiver service. The State oversight responsibility rests with the OCFS regional offices and the HCIA contractor.

- Any use of restrictive interventions by a waiver service provider is considered a Recordable Incident and follows the processes described in Appendix G-1 unless the incident falls into one of the three categories outlined above in the definition of a Serious Reportable Incident.
- OCFS provides comprehensive training in a train the trainer format in crisis prevention, de-escalation and intervention at no cost for voluntary agency staff. This curriculum and delivery mechanism is reviewed annually.

OCFS has policies concerning the use restrictive interventions by foster care or other non-B2H licensed services providers. These policies do not apply to B2H waiver service providers. Restraints and restrictive interventions performed by a foster care parent or other non-B2H service provider must adhere to established OCFS policies.

**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.

- 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

restrains 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-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.

Waiver participants living in homes (foster homes, kinship homes or their own homes) must be monitored regarding their ability to self-administer medications. Upon admission into the waiver, every six months and as necessary, the HCI gathers information regarding the child's ability to self-administer medications. If problems are identified, the child and family/caregiver are referred to an appropriate service provider for an assessment and/or training and assistance so that safe management of the child's medication will occur. An appropriate service provider may include providers of Medicaid State Plan services, other local, State or Federal program providers or a waiver services provider. In some instances, informal supports may be utilized. All waiver staff are responsible for reporting cognitive, physical and/or behavioral changes to the HCI which may require intervention. Children residing in foster boarding homes are under the supervision of trained foster parents. These parents provide routine care to children, including medication administration.

Each child in an agency operated boarding home (AOBH) or group home setting must have an Individual Medication Plan (IMP) maintained in the child's medical record and accessible to staff who administer medication to that child. The IMP is developed at the initial comprehensive health assessment by a licensed medical practitioner and reviewed and updated at least annually and whenever there is a change. The IMP shall include the condition or diagnosis for which a prescribed or over-the-counter medication is to be used, medication name, dosage and route of administration, the frequency of administration, monitoring standards for each medication, the child's capability to self-administer medication, and specific instructions related to the medication. An Individual Medication Administration Record (MAR) will also be maintained in the child's medical record and made accessible to staff who administer medication to that child. The MAR must include the date and time that each dose is administered and the initials of the individual who administered, assisted or supervised the self-administration of the medication. The MAR must also include documentation of medication errors, actions taken, and effects of the errors.

A determination must be made for each child receiving medication in an AOBH or group home as to the child's ability to self-administer medication. The determination of the child's ability to self-administer medication is made by the prescribing physician in conjunction with the child's treatment team. Any such determination must be documented in the child's medical record.

All authorized agencies that provide AOBH or group home care for children in foster care must use the services of a licensed medical practitioner to oversee all aspects of medication administration in those settings. These include but are not limited to: reviewing the prescribing practitioner's medication orders; reviewing medications received from pharmacies for accuracy and compliance with orders; reviewing medication administration records for accuracy, timeliness, and compliance with orders; working with trained staff in the administration of medication to children; directing the storage and handling of medication in accordance with applicable statutes; reviewing the content and provision of medication training for agency staff; and overseeing the maintenance of each child's IMP and MAR.

During the time frame that a child is in foster care, second-line monitoring is provided by the LDSS' case manager, at minimum, every six (6) months at Service Plan Reviews and the voluntary agency's case planner on a more frequent, routine basis, tailored to the individual child. Second-line monitoring detects potentially harmful practices through observation of the child and dialogue with the child's caregivers. When concerns are identified, the prescribing medical professionals engage in determining further action to be taken. As needed, additional training is provided to the child and the child's caregivers, as appropriate.

- 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.

AOBHs and group homes are licensed and monitored by OCFS. OCFS has specific regulations to file regarding medication management and medication assistance for children in AOBHs and group homes. These regulations require that child caring agencies must have written policies and procedures to address the safe and effective administration of medication and require OCFS to review and approve each agency's policies. Policies must address: communication, documentation, and staffing requirements for safe and effective medication management; procedures for medication administration when the child is off-site, including home visits and school; procedures and safeguards for the use of 'as needed' and over-the-counter medications; procedures and safeguards to prevent medication errors; a plan for training staff involved in administering, assisting and supervising the self-administration of medication. Training includes written and skills competency tests, and annual updates. OCFS conducts periodic reviews, at a minimum once every three years, of agencies that include an evaluation of compliance with the policies for administration of medication. The management of each waiver participant's medication is described in the Individualized Health Plan (IHP). The HCI is responsible for reviewing and validating that involved staff and caregivers are familiar with this plan. OCFS Regional QMS will regularly review SRI reports to identify trends and the need for additional training, technical assistance, and intervention and/or policy changes.

### Appendix G: Participant Safeguards

#### Appendix G-3: Medication Management and Administration (2 of 2)

##### c. Medication Administration by Waiver Providers

- 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).

B2H waiver service providers and staff who are authorized to administer medication by the Nurse Practice Act (New York State Education Law, Article 139, §6900 et. Seq.) or other statute or regulation and who have

- completed training may administer medication to waiver participants. No waiver participant will self-administer medication unless it is authorized in writing by the child's physician and agreement with this authorization is confirmed in writing by the medical consentor.
- 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:

Providers are required to record the following errors: waiver participant in receipt of prescribed medication, dosage, routing, dosage timing and frequency. Any reporting of medication errors must be documented on the Medication Error Report form and must be made available to OCFS and/or NYSDOH upon request.

- 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.

The management of each waiver participant's medication is described in the IHP. The HCI is responsible for reviewing and validating that involved staff and caregivers are familiar with this plan. While the waiver participant is in foster care, HCI's will also review practice in the waiver participants' residences to verify compliance with OCFS policy with regard to who is authorized to conduct medication administration activities and how medication administration errors are reported. The appropriate HCIA will collect information regarding the performances of waiver providers in the administration of medications to waiver participants, including data to identify trends and patterns, support improvement strategies, and identify problems in provider performance and support. OCFS QMS staff will regularly review Serious Reportable Incident reports to identify the need for additional training, technical assistance, intervention and/or policy changes. OCFS Regional QMS staff also will conduct oversight activities, as detailed in Attachment #1 to Appendix H, to address the performance of waiver providers in the administration of medication.

#### **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, on an ongoing basis, identifies, addresses and seeks to prevent the occurrence of abuse, neglect and exploitation.*

**i. Performance Measures**

*For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).*

*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:**

The number and percent of participant records reviewed where the participant (and/or family or legal guardian) received information/education about how to report abuse, neglect, exploitation and other critical incidents as specified in the approved waiver.

**Data Source (Select one):**

Other

IF 'Other' is selected, specify:

B2H Case Record Review

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="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input checked="" 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:**  
The number and percent of critical incidents that were reported within the required time frames as specified in the approved waiver.

**Data Source (Select one):**  
Other

If "Other" is selected, specify:

**B2H Serious Reportable Incident 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 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 checked="" 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:**

The number and percent of critical incident reviews that were initiated within required time frames as specified in the approved waiver.

Data Source (Select one):

Other

If 'Other' is selected, specify:

B2H Serious Reportable Incident Database

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 checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:

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

**Data Aggregation and Analysis:**

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

**Performance Measure:**  
The number and percent of critical incident reviews that were completed with required time frames as specified in the approved waiver.

**Data Source** (Select one):

**Other**

If 'Other' is selected, specify:

**B2H Serious Reportable Incident Database**

<b>Responsible Party for data collection/generation</b> <i>(check each that applies):</i>	<b>Frequency of data collection/generation</b> <i>(check each that applies):</i>	<b>Sampling Approach</b> <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 type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group: _____

	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

**Data Aggregation and Analysis:**

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

**Performance Measure:**

The number and percent of critical incidents requiring review where the state adhered to the follow-up methods as specified in the approved waiver.

**Data Source (Select one):**

**Other**

If 'Other' is selected, specify:

**B2H Serious Reportable Incident Database**

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<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"/> <b>Other</b> Specify:	<input type="checkbox"/> <b>Annually</b>	<input type="checkbox"/> <b>Stratified</b> Describe Group:
	<input checked="" type="checkbox"/> <b>Continuously and Ongoing</b>	<input type="checkbox"/> <b>Other</b> Specify:
	<input type="checkbox"/> <b>Other</b> Specify:	

**Data Aggregation and Analysis:**

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

<b>Performance Measure:</b> The number of substantiated complaints.	<input type="checkbox"/> <b>Other</b> Specify:
--	---

**Data Source (Select one):**  
 **Other**  
 IF 'Other' is selected, specify:  
**B2H Database**

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

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

**Data Aggregation and Analysis:**

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

**Performance Measure:**  
The number and percent of complaints addressed within required timeframes.

**Data Source (Select one):**

Other  
If 'Other' is selected, specify:  
B2H Database

<b>Responsible Party for data collection/generation (check each that applies):</b>	<b>Frequency of data collection/generation (check each that applies):</b>	<b>Sampling Approach (check each that applies):</b>
<input type="checkbox"/> State Medicaid Agency	<input type="checkbox"/> Weekly	<input 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="checkbox"/> Other Specify:	<input type="checkbox"/> Annually	<input type="checkbox"/> Stratified Describe Group:
	<input checked="" type="checkbox"/> Continuously and Ongoing	<input type="checkbox"/> Other Specify:
	<input type="checkbox"/> Other Specify:	

**Data Aggregation and Analysis:**

<b>Responsible Party for data aggregation and analysis (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<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.

OCFS provides a toll-free B2H Consultation Line telephone number for access to the B2H waiver participants where problems, issues or complaints can be reported. In addition, OCFS requires the HCI to provide the waiver participant and medical consentor with information on how to contact the HCI contractor, OCFS BWM and Regional QMS, the NYS SCR, NYSDOH and the OCFS toll-free B2H Consultation Line telephone number.

**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. Individual problems are addressed by the HCIA contractor, OCFS Regional QMS or BWM as appropriate. Problems not satisfactorily resolved at the HCIA contractor level are moved to the OCFS Regional QMS for resolution. As needed, the OCFS Regional QMS forwards issues and/or problems to OCFS BWM. The OCFS Regional QMS or BWM will initiate a written corrective action plan to the responsible parties. OCFS Regional QMS is responsible for verifying implementation of all corrective actions.

ii. Remediation Data Aggregation

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

<b>Responsible Party (check each that applies):</b>	<b>Frequency of data aggregation and analysis (check each that applies):</b>
<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.

**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 QMS 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 QMS* 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 QMS spans more than one waiver, the State must be able to stratify information that is related to each approved waiver program.

## **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.

Trending and Implementing System Improvements:

New York State (NYS) Office of Children and Family Services (OCFS) and NYS Department of Health (NYSDOH) are committed to the provision of optimal quality of care for waiver participants and seek system design improvements that support this commitment. The Bridges to Health (B2H) Quality Improvement Strategy process is a collaborative effort that involves gathering and analyzing information from all programmatic levels including waiver participants and their caregivers, Health Care Integration Agencies (HCIA) contractors and Waiver Service Providers (WSP) agencies, Local Departments of Social Services (LDSS) and other interested stakeholders, NYSDOH, and the various Divisions within NYSDOH responsible for Medicaid waivers and Medicaid eligibility policy, offer data and analysis support.

The B2H Quality Improvement Strategy strives to continuously improve processes and services within the federal principles of Freedom of Choice using a strength-based, person-centered and family focused approach

to service planning and delivery. This process is data-driven. Data collected throughout the year is analyzed and trended annually, and includes the three necessary elements of discovery, remediation and continuous improvement. The B2H system improvement activities include the following: technical assistance; training to B2H administrators and service providers; oversight to enhance health and welfare; monitoring the resolution of individual problems; on-going monitoring to identify and address emerging issues and appropriate policy clarification.

OCFS shares identified remediation initiatives with the NYSDOH. If the system design change entails a policy change, OCFS Bureau of Waiver Management (BWM) staff consults with NYSDOH for input and guidance. Relevant information is shared, next steps are determined, prioritized and methods for implementing are decided upon. For instance, OCFS discovered that parents of enrolled children were receiving Explanation of Medical Benefits (EOMBs) indicating "hospice" as the location description for B2H services. An interagency meeting identified that the hospice message was a programming error that resulted in the EOMB's identifying an inaccurate description (hospice) as the location of service. An eMedNY evolution project eliminated this coding from future EOMBs altogether by June 2009 and effectively eliminated the problem. OCFS and NYSDOH collaborate in producing the Centers for Medicare and Medicaid Services' (CMS) Quality Review and the CMS' 372 reports.

Quality Improvement Strategies and Assurance Categories: as a result of the discovery, analysis and remediation information obtained during the initial three years of waiver operations and the CMS assurances, the following quality improvement steps have been designed and/or developed.

a. Case Record Review Sample Size and Coordinated Complimentary Monitoring by OCFS and NYSDOH: Case record reviews verify the adequacy of the following CMS assurances: Assurance I Level of Care Determination, Assurance II Service Plans, Assurance III Qualified Providers, Assurance IV Health and Welfare as well as Assurance VI Financial Accountability. OCFS and NYSDOH collaborated in developing the statistically and representatively appropriate sampling processes for case record monitoring which avoids duplication of effort and promotes efficiency for both agencies. Data Aggregation and Systems Improvement: A statistically valid sample provides valid aggregate data for OCFS to identify and analyze statewide and regional trends. It also supports processes for remediation and systems improvement. Findings obtained through the case record reviews are communicated to the HCIA contractor for remediation. OCFS Regional Quality Management Specialist (QMS) provides technical assistance in areas requiring timely remediation and verifies these activities subsequent to the review. An integral component of this includes a system for verifying Level of Care, the congruency between billable services indicated in the Individualized Health Plan (IHP) and actual expenditures as evidenced in the eMedNY claim reports. This analysis is also used to monitor health and safety, sufficiency of qualified providers and whether services are delivered in accordance with the service plan.

b. HCIA Administrative Site Visit Reviews: OCFS BWM and Regional QMS conduct Administrative Reviews on an annual basis to verify the adequacy of the following CMS assurances: Assurance I Level of Care Determination, Assurance II Service Plans, Assurance III Qualified Providers, Assurance IV Health and Welfare, Assurance V Administrative Authority as well as Assurance VI Financial Accountability. OCFS monitors the extent to which B2H policies and procedures are implemented in accordance with the CMS assurances. Data Aggregation and Systems Improvement: Data analysis of trends is completed as part of the HCIA Administrative Site Visit Review and is monitored against policy and procedural standards. OCFS requires corrective action plans to be submitted within one month of the report and verifies implementation of all remediation activities. To assure that service providers meet the appropriate background clearances and training, OCFS reviews a sample of personnel records to verify direct care staff meet the requisite clearances and training. In addition to routine scheduled trainings, OCFS continuously canvasses HCIA contractor agencies throughout the year to determine regional need. This data is used to identify the areas most frequently cited as needing improvement. Based on this analysis, OCFS designs and implement provider training and communications to increase competencies in identified areas. OCFS monitors compliance areas in which training was provided to verify training efficacy.

c. Serious Reportable Incident (SRI) monitoring: OCFS BWM and Regional QMS review SRIs to verify the adequacy of the CMS Assurance IV Health and Welfare. The SRI database is used to identify problems and issues threatening the health, welfare and safety of waiver participants. Reported data includes the number and types of incidents by participant and in the aggregate. Data Aggregation and System Improvement: Information obtained from SRI analysis is used to identify areas of risk to participant health and safety and is reviewed as part of the Administrative Review of HCIA contractors. OCFS analyzes information in the SRI database, as well as each HCIA Quarterly SRI Committee report, to identify and analyze statewide and regional trends and support processes for remediation and systems improvement.

d. Other Methods of Discovery: To verify the adequacy of each the CMS assurances, OCFS and NYSDOH continually seek discovery and remediation information to make certain that services are of the highest quality, individuals served are healthy and safe, and expectations of waiver participants and stakeholders are met. Information is obtained from B2H stakeholders including service providers, LDSS, waiver participants and caregivers in a variety of formats. Feedback is gathered and analyzed from the following activities:

**Regional Forums:** OCFS/BWM conducts forums in each B2H region. The forums include participation from BWM, Regional QMS, HCIA contractors, Waiver Service Provider (WSP) agencies, LDSS, waiver participants, families, and other involved state agencies as appropriate. The forums provide BWM with information and feedback regarding the functioning of B2H and share information and updates.

**Quarterly Reports:** OCFS receives routine reports from each HCIA contractor that identify trends and best practices to assist with the implementation of the B2H waiver. Reports have yielded information on trends and needs requiring training and technical assistance from OCFS. These areas have included: referral information, including the number of inappropriate referrals; the sufficiency of the HCIA contractor provider network; budgeting information and trends; compliance with the submission of service plans and best practices. BWM continues to analyze these reports and accordingly reviews B2H policies and procedures to enhance fidelity to the B2H model, as well as further clarify and refine technical assistance to providers.

**B2H Consultation Line:** On January 1, 2008, OCFS implemented the toll-free telephone B2H Waiver Consultation Line for use by waiver participants, medical consenters and others. This telephone number is widely circulated to the B2H constituents.

**Team Meetings:** Team Meetings provide an opportunity for waiver participants, caregivers, B2H service providers and Medicaid State Plan services providers offer feedback in the development and revisions to the Individualized Health Plan (IHP) as well as discuss needs, strengths and preferences. OCFS Regional QMS attend Team Meetings to provide technical assistance and verify Freedom of Choice, participant safeguards, person centered planning, and assurance that services are delivered in a strength-based approach. OCFS Regional QMS offer feedback to the HCIA contractor staff member facilitating the meeting, as well as to the staff member's supervisor and OCFS BWM for data aggregation and analysis.

**Satisfaction Surveys:** OCFS solicits input of each of the 14 waiver services and measure caregivers' perceptions of the quality of B2H services received as well as the caregivers' assessment of changes in participant and family functioning since participation in the B2H. OCFS analyzes the survey data for trend analysis and potential recommendations for service provision improvement. OCFS also reviews survey findings with NYSDOH as well as the HCIA contractors and LDSS at Regional Forums.

**B2H Quality Advisory Board:** composed of representatives from key stakeholder groups including the HCIA contractors, LDSS, the Council of Family and Child Caring Agencies (COFCCA) and representatives from NYSDOH. The Quality Advisory Board meets regularly to evaluate the effectiveness of the waiver Quality Management Program as well as determine areas of the waiver in need of intervention, training and/or modification.

**Grievance and Complaint Process:** A waiver participant, medical consentor or caregiver may initiate a verbal or written grievance/complaint at any time through the Health Care Integrator (HCI), HCIA contractors, Waiver Service Provider (WSP) agencies, OCFS Regional QMS, or OCFS BWM. All parts of any grievance and complaint must be documented from intake through resolution.

**Prioritizing and Implementing System Improvement Activities:**  
Reports summarizing analysis, findings and recommendations for the B2H Quality Improvement Strategy are presented to NYSDOH and OCFS management. Recommendations are prioritized and implemented on the basis of the scope of the policy, impact on waiver participants and overall ability of the State to accommodate any fiscal impact. Subsequent recommendations are approved in keeping with programmatic priorities, benefit to assurances for participant health and welfare, and the opportunity for administrative efficiency and system-wide reform.

As the State Medicaid Agency, NYSDOH's primary focus is that OCFS' operation and administration of the waiver in a manner that adheres to the six waiver assurances. This is accomplished primarily through DOH's oversight activities in the following four areas: IHP reviews, CMS 372 Reporting, Provider Enrollment and Intra-agency Communications via the Annual and Monthly reports and meetings.

If a recommended system change is accepted, but requires fiscal and/or legislative support, OCFS and DOH

engage the annual NYS Budget and legislative process. OCFS and NYSDOH brief NYS Division of the Budget and legislative staff, and discuss the proposals with B2H stakeholders to gain input and support.

ii. **System Improvement Activities**

<b>Responsible Party</b> <i>(check each that applies):</i>	<b>Frequency of Monitoring and Analysis</b> <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 type="checkbox"/> Other Specify: Ongoing, based on 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 evaluation of systems design changes resulting from OCFS's Quality Improvement Strategy activities occur through OCFS's commitment to a shared approach among NYSDOH, OCFS and the network of stakeholders at the service providers and LDSS. While performance measures, strategies and monitoring activities and tools detailed in the waiver renewal application form the basis of activities, all levels of stakeholder input are encouraged, each with a responsibility and opportunity described below for identifying problems (Discovery), developing solutions at the provider level (Remediation), and assisting in system changes in program policy (Improvement).

**Level One: Waiver Participant and Caregiver Supports.**  
Waiver participants and their families have an active role in the Discovery process through communicating problems or issues to his/her waiver service providers. Participants' active role in the Remediation process through their input for solutions is essential to assurance of successful outcomes.

**B2H Quality Assurance and Improvement initiatives** assure that waiver participants receive ongoing support, and have an opportunity to report concerns about their health and welfare through: service provider team meetings held at least every six (6) months; ongoing visits with the HCI; utilization of the B2H Consultation Line; participation in Satisfaction Surveys; and timely response and follow-up to SRIs.

OCFS BWM and Regional QMS monitor participant issues through analysis of information received from B2H Consultation Line telephone calls, HCIA Administrative Site Visit Reviews, Case Record Reviews, Team Meeting Reviews, responses from Satisfaction Surveys and outcomes from SRIs.

**Level Two: Health Care Integrators and Other Waiver Service Providers.**  
Providers have a vital responsibility to monitor participant satisfaction through the Satisfaction Survey, during service provision, through an internal grievance procedure, and SRI outcomes. Feedback is provided to the HCIA contractor staff on identified positive and negative program effects. Negative effects will be remediated by providers and monitored by the HCIA contractor staff for success. OCFS provides technical assistance to providers as needed.

OCFS BWM and Regional QMS monitor providers annually through the HCIA Administrative Site Visit Review, and during attendance at HCIA contractor technical assistance visits, and trend analysis of the SRI process.

**Level Three: Local Departments of Social Services (LDSS):**  
The LDSS is the initial point of contact for the B2H waiver. The LDSS is responsible for the following

activities: referrals; authorization and annual re-authorization decisions; appropriate Notice of Decisions of Authorization, Denial, and Discontinuance; authorizing changes to an enrolled child's Individualized Health Plan and budget; managing enrollment utilization in concert with OCFS and assisting in resolving concerns/grievances/ complaints as necessary.

OCFS BWM and Regional QMS monitor LDSS through LDSS technical assistance reviews.

Level Four: Health Care Integration Agencies (HCIA) contractors.

HCIA contractors have five primary functions: oversight of Health Care Integration services; pre-enrollment/enrollment activities; reauthorization activities; service provider development and network management and quality management.

HCIA contractors are responsible for monitoring Level of Care and service providers, developing and keeping current IHPs, and tracking waiver expenditures. HCIA contractors play a vital role in quality assurance by providing efficient and prompt attention to the review and investigation of SRL reports and complaints (Appendix G). In addition, data is used on an ongoing basis to track trends and identify systemic quality issues for remediation. Follow-up by OCFS staff is provided as needed to address findings and improve quality of care. Ongoing communication and quarterly reports of activities, issues, and adverse findings is provided by the HCIA contractors to OCFS BWM.

OCFS BWM and Regional QMS monitor HCIA contractor performance through analysis of the following: HCIA contractor quarterly reports, Case Record Reviews, Team Meeting Reviews, Satisfaction Surveys, Regional Forums, SRLs and B2H Consultation Line telephone calls.

Level Five OCFS BWM and Regional QMS Staff:

OCFS BWM and Regional QMS conduct ongoing reviews of waiver service providers and work collaboratively with NYSDOH and other State agencies, such as the NYS Office of the Medicaid Inspector General to monitor the effectiveness of B2H.

The Discovery process includes review of outcomes of SRLs, fair hearing decisions, B2H Consultation Line telephone calls; Case Record Reviews; annual HCIA Site Visit Reviews; financial desk audits; surveys of waiver providers; Satisfaction Surveys; LOC reviews; and, timeliness of IHP renewal and provision of services. OCFS utilizes discovery measures on an ongoing basis to monitor participant outcomes so that waiver program standards are maintained, and Quality Improvement initiatives implemented as needed. OCFS waiver staff review the success of quality improvement strategies through data analysis submitted in quarterly reports, quarterly meetings, technical assistance calls, and other informal communications. Through ongoing collaborative efforts, OCFS shares and analyzes data for use in implementing remediation at the provider and/or regional level, and in developing strategies for implementation of system change initiatives on a Statewide level.

Monitoring efforts include review of outcomes of SRLs, fair hearing decisions, B2H Consultation Line telephone calls; Case Record Reviews; HCIA Administrative Site Visit Review; financial desk audits; Satisfaction Surveys; LOC reviews; and, timeliness of service plan renewal and provision of services.

Level Six: NYS DOH waiver staff:

NYSDOH is ultimately responsible for administering, oversight, and monitoring of the B2H waiver. OCFS and NYSDOH confer on each of the activities identified in this renewal.

Results of these system change evaluation efforts and outcomes are communicated to stakeholders, including participants, families, providers, agencies and other interested parties through conference calls with waivers contractors; participation in Regional Forums with LDSS staff, routinely updated information and reports posted on the OCFS website; contact lists provided to all participants for ease of communication with waiver staff, and publication of policy changes and/or other points of programmatic interest in the monthly Medicaid Update. As necessary, providers and participants may be contacted directly through the mail.

- ii. Describe the process to periodically evaluate, as appropriate, the Quality Improvement Strategy.

On an ongoing basis, OCFS BWM and Regional QMS review the successes of the B2H Quality Improvement Strategy. This is done through analysis of data submitted in quarterly reports. In addition, information will be reviewed and analyzed obtained from quarterly meetings, technical assistance calls, and wherever improvements can be identified.

## 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).

(a) requirements concerning the independent audit of provider agencies: In accordance with the Single Audit Act Amendments of 1996, the waiver is audited on a yearly basis by an independent auditing agency, using the State's single audit process and firm. The process provides for the single state auditor to calculate necessary recoveries.

(b) the financial audit program that the state conducts: The New York State (NYS) Office of the Medicaid Inspector General (OMIG) is the State agency responsible for monitoring payments made under the NYS Medicaid Program. As part of this responsibility, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are directed at monitoring provider compliance with applicable laws, regulations, rules and policies of the Medicaid program as set forth by the Departments of Health and Mental Hygiene [Titles 10, 14 and 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York] and the eMedNY provider manuals. The NYS Office of Children and Family Services (OCFS) Bureau of Waiver Management (BWM) reviews all audit results and keeps New York State Department of Health (NYSDOH) informed of any issues or concerns. Statewide audits of Medicaid funded programs are also conducted the New York State Office of State Comptroller and the NYS Office of the Attorney General. Additionally, the Local Departments of Social Services (LDSS) conduct reviews and audit Medicaid funded program in their districts.

As with any Medicaid service, Medicaid is the payer of last resort. If a waiver participant has third-party insurance coverage, he/she is required to inform the LDSS of that coverage. Waiver service billing is the same as all Medicaid billing. Claims are subject to the same adjudication process, which involves prepayment edits for third party billing. If a waiver participant has third party coverage in the system and a provider tries to submit a claim to Medicaid prior to billing the third party, an edit prevents the provider from receiving payment. If it was found that a claim was paid prior to the input of their party insurance information, the State will pursue retroactive recovery of funds from the potentially liable third party insurance.

(c) the agency (or agencies) responsible for conducting the financial audit program: To support the integrity of provider claims for Medicaid payment of waiver services, OCFS, in conjunction with NYSDOH, the OMIG, conducts audits and reviews of a sample of waiver service providers. These providers will be targeted via Data Warehouse monitoring and provider profiling which will identify claiming patterns that appear suspicious or aberrant. OCFS BWM and the Health Care Integration Agency (HCIA) contractor may also recommend providers to be audited and reviewed. A statistically valid random sample of waiver services will be selected from a provider's paid claims for the calendar year most recently completed. The purpose of the review is to determine if the records maintained by waiver providers adequately support Medicaid claims for waiver services and if federal claiming standards have been met. Any errors will result in a calculation of overpayments and will be projected to the provider's universe of claims following completion of the first audit cycle. Services provided to children under this waiver would not otherwise be paid for under foster care, educational, or any monies from other funding streams.

Under the provisions of the Single Audit Act as amended by the Single Audit Act Amendments of 1996, the New York State Division of Budget contracts with an independent entity, Toski et al, to conduct the independent audit of state agencies, including the NYSDOH and its waiver programs.

## 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.

i. Performance Measures

For each performance measure/indicator the State will use to assess compliance with the statutory assurance complete the following. Where possible, include numerator/denominator. Each performance measure must be specific to this waiver (i.e., data presented must be waiver specific).

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:

The number and percent of waiver claims reviewed that were submitted using the correct rate as specified in the waiver application.

Data Source (Select one):

Other

If 'Other' is selected, specify:

OCFS Audit and Quality Control Audits

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
Sub-State Entity	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Representative Sample Confidence Interval = 90%
<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 checked="" type="checkbox"/> Other Specify: cyclical	

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):
State Medicaid Agency	<input type="checkbox"/> Weekly
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: cyclical

**Performance Measure:**

The number and percent of waiver service claims reviewed that were submitted for participants who were enrolled in the waiver on the date that the service was delivered.

Data Source (Select one):

Other

If Other is selected, specify:

OCFS Audit and Quality Control Audits

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 = 90%
<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 checked="" type="checkbox"/> Other Specify: cyclical	

**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

Sub-State Entity	Quarterly
Other Specify:	Annually
	<input type="checkbox"/> Continuously and Ongoing <input checked="" type="checkbox"/> Other Specify: cyclical

- 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.  
 OCFS BWM and Regional Quality Management Specialists (QMS) perform a continuous and on-going statistically valid sample of retrospective Case Record Reviews to compare authorized services in the Individualized Health Plans (IHPs) with eMedNY paid claims. OCFS BWM also runs queries to review participant IHPs against claims data from the eMedNY system.

**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.  
 OCFS Audit and Quality Control conducts audits of B2H service providers. HCIA contractors and Waiver Service Provider agencies are informed of audit results in writing and are required to implement appropriate corrective actions. Waiver providers are instructed to void invalid claims and disallowances will be calculated based on an extrapolation methodology following completion of the first audit cycle.

HCIA's found to have claiming discrepancies discovered during OCFS BWM and Regional QMS case record and paid claim reviews are notified of the findings and are required to implement appropriate remediation. OCFS Regional QMS verify the remediation activities.

**ii. Remediation Data Aggregation**

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

<b>Responsible Party</b> <i>(check each that applies):</i>	<b>Frequency of data aggregation and analysis</b> <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
	Continuously and Ongoing
	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 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.

## Appendix 1: Financial Accountability

### 1-2: 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).

The following methodology was used by OCFS to construct and set the fees for the following waiver services: Health Care Integration; Special Needs Community Advocacy and Support; Crisis Avoidance; Management and Training; Immediate Crisis Response Services and Intensive In-Home Supports and Services. For each of these waiver services, OCFS established a set of functions and duties required to perform a specific waiver service. OCFS established provider qualifications related to those functions and duties. Based on the provider qualifications and utilizing salary and fringe benefit assumptions that exist in comparable service systems in New York's health care system, salary and fringe benefit allowances were determined. Costs such as salary and fringe benefit allowances, supervisory costs, other than personal service and agency administration and overhead percentages that are typical of agencies providing comparable Home Community Based Services (HCBS) waiver services in New York were designed in an Upstate and Downstate configuration to account for geographic differences within the state and included in determining the fee. Separate fee for service rates were identified for each waiver service. The same fee for service rate was established for all providers within a geographic section. Final rates are published and available to all willing and qualified providers.

The remaining waiver services proposed in this application are similar to or equivalent to waiver services provided under other 1915 (c) waivers in New York State (NYS HCBS Waiver # 0238,90,R2 and NY HCBS Waiver # 0296,90,R1) in that the services and providers authorized under those waivers have similar or equivalent service definition and provider qualifications in the B2H waiver. OCFS established rates for these waiver services using the methodology outlined the above paragraph of this Appendix 1-2. OCFS utilized that methodology across each specific waiver service category.

Prior to the effective date of the rates, the State provided public notice through publication of the methodology and standards upon which the rates were based. This conformed to the requirements set forth at 42 C.F.R. §447.205.

Rate information is available to waiver participants as part of their IHPs which require medical consentor signatures. Medical consenters are provided with copies of their signed IHPs.

Accessibility modification services and adaptive and assistive equipment do not fit into the traditional rate setting process. The fees for these services are based on actual costs plus an administrative fee where applicable. Billing is processed through the eMedNY system using per unit rate codes.

The Explanation of Medical Benefits (EOMB) process is designed to inform participants of services provided to them according to Medicaid records, and seek to verify that services billed by providers were actually delivered. eMedNY provides waiver participants with EOMBs and instructions to be used as a means of communicating any discrepancies as it relates to the services billed by the waiver providers. EOMBs can be produced for all, or for a random sample of participants who received services. They can also be produced for specific participants; participants who received services from a specified provider, or participants receiving services related to a specified procedure or formulary code. The population of participants who receive EOMBs is dictated by a set of user specified criteria. The maximum number that will be produced for a month is limited to 5,000 EOMBs for New York State Medicaid recipients.

- 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:

All waiver service providers are enrolled as Medicaid providers, have waiver service billing codes and their claims for services delivered are processed directly through New York State's claims processing system, eMedNY.

In the eMedNY system, the reimbursement claims for the services provided are tested against whether the waiver service was provided to a Medicaid recipient who has been approved for this waiver, whether it has the correct rate code and whether the waiver provider has been approved to provide the billed service.

The Medicaid providers are responsible for verifying the accuracy of appropriate Medicaid data, such as the Medicaid provider ID, Medicaid recipient ID, that the service was provided to an approved waiver participant and the rate code for the services provided.

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#### 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)*

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#### 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:

- When the payment claim is submitted to eMedNY, there are a series of edits performed that examines data validity. Some edits include: whether the waiver participant is Medicaid eligible; whether the individual was enrolled in the waiver; and, whether the service providers are enrolled waiver service providers in NYS. A retrospective review of a representative sample of IHPs focus on whether the services provided were part of the approved IHP and whether the amount of services had proper authorization. In addition, validation of services provided occurs through provider reports and caregiver satisfaction process. OCFS BWM routinely compares eMedNY claims data to the IHPs.
- 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.

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### 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.

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### 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: *Complete item I-3-e.*

County mental health agencies may choose to participate in the waiver. These entities can provide any waiver service, providing they meet the qualifications established in Appendix C of this application.

### 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:*

**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 (OHCD) 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 OHCD and how these entities qualify for designation as an OHCD; (b) the procedures for direct provider enrollment when a provider does not voluntarily agree to contract with a designated OHCD; (c) the method(s) for assuring that participants have free choice of qualified providers when an OHCD arrangement is employed, including the selection of providers not affiliated with the OHCD; (d) the method(s) for assuring that providers that furnish services under contract with an OHCD meet applicable provider qualifications under the waiver; (e) how it is assured that OHCD contracts with providers meet applicable requirements; and, (f) how financial accountability is assured when an OHCD arrangement is used:

**iii. Contracts with MCOs, PHPs or PAHPs. *Select one:***

The State does not contract with MCOs, PHPs or PAHPs for the provision of waiver services.

The State contracts with a Managed Care Organization(s) (MCO) and/or prepaid inpatient health plan(s) (PHIP) 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 (PHIP) 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 General Fund (state tax revenue supported) state share for Medicaid is also appropriated in the NYS Office of Mental Health (OMH), NYS Office for People With Developmental Disabilities (OPWDD), OCFS, NYS Office of Alcoholism and Substance Abuse Services, and NYS State Education Department budgets. Funds are transferred from these agencies, upon approval from the NYS Division of Budget, to the NYS Department of Health (NYSDOH) using the certificate of approval process (funding control mechanism specified in the State Finance Law, or through journal transfers to NYSDOH).
- 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:

Medicaid State share is also provided through appropriations in NYSDOH for funds (net of any federal share) received from drug rebates, audit recoveries and refunds, and third party recoveries; assessments on nursing home and hospital gross revenue receipts; and Health Care Reform Act (HCRA) revenues. Appropriations in OPWDD for the Mental Hygiene Patient Income Account and in OMH for HCRA also fund the state share of Medicaid and are transferred to NYSDOH.

## 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:

Counties in New York State and the City of New York have the authority to levy taxes and other revenues. These local entities may raise revenue in a variety of ways including taxes, surcharges and user fees. The State, through a state/county agreement, has an established system by which local entities are notified at regular intervals of the local share of Medicaid expenditures for those individuals for which they are fiscally responsible. In turn, the local entities remit payment of these expenditures directly to the State.

**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:

The State utilizes revenue from the following health provider tax programs to assist in financing its overall health care delivery system:

- Surcharges on net patient services revenue for certain hospitals and comprehensive clinics.
- An assessment on general hospitals' gross inpatient hospital revenue.
- An assessment on certain hospitals' gross receipts for patient care services and other operating revenue.
- An assessment on certain nursing homes' gross receipts for patient care services and other operating revenue.

#### 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:

Room and Board costs, as defined by federal regulation, are included in only two (2) B2H waiver services, and then only for subsets of those services. They are: Daily/Overnight Out-of-home Planned Respite Services that are provided in a qualifying residence or facility and Daily/Overnight Crisis Respite services that are provided in a qualifying residence or facility. Those two sub-sets have rate methodologies that include room and board costs, in accordance with 42 CFR 441.310(a) (2). Duplication of payments is prohibited.

#### 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-2d Estimate of Factor D tables. Col. 2 fields will be populated ONLY when the Estimate of Factor D tables in J-2d have been completed.

Level(s) of Care: ICF/MR

Col. 1 Year	Col. 2 Factor D	Col. 3 Factor D'	Col. 4 Total: D+D'	Col. 5 Factor G	Col. 6 Factor G'	Col. 7 Total: G+G'	Col. 8 Difference (Col 7 less Column 4)
1	39279.37	13744.00	53023.37	428469.00	10412.00	438881.00	385857.63
2	40880.58	14293.00	55173.58	440037.00	10724.00	450761.00	395587.42
3	42803.01	14865.00	57668.01	451918.00	11046.00	462964.00	405295.99
4	43395.67	15460.00	58855.67	469995.00	11488.00	481483.00	422627.33
5	43556.93	16078.00	59634.93	488795.00	11947.00	500742.00	441107.07

**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 Number Unduplicated Number of Participants (from Item B-3-a)	Distribution of Unduplicated Participants by Level of Care (if applicable)	
		Level of Care:	
		ICF/MR	
Year 1	676	676	676
Year 2	676	676	676
Year 3	676	676	676
Year 4	676	676	676
Year 5	676	676	676

**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.

The calculation of average length of stay in the waiver assumes waiver participants continually enroll into the waiver whenever an enrollment opportunity is available. The average length of stay is calculated by comparing enrollment

data to discharge data for all unduplicated participants. The Office of Children and Family Services (OCFS) reviews the Bridges to Health (B2H) enrollment database to project average length of stay in the Waiver per calendar year.

The average length of stay in Calendar Year 2008 was 267 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 values are derived from the estimated unit cost of each waiver service based on established payment rates, the number of units of service expected to be delivered annually to each participant, multiplied by the number of participants expected to receive each service. D estimates for the number of users for each service were based on the most current information available at the time of renewal application. The projected number of users reflects the percentage of the total number of B2H participants using each service on April 2010 multiplied by the estimated average enrollment for each waiver year.
- 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' values are derived from Medicaid cost data for State Plan Medicaid services that were supplied to children enrolled in the B2H for Children with Developmental Disabilities Waiver in Waiver Year 2008. These Medicaid expenditures (i.e. hospitalization, physician, dental, eye care, pharmacy, etc) provided to children enrolled in the B2H Developmental Disabilities waiver are consistent with submitted 372 reports. The total cost to provide these services to all children in the B2H Developmental Disabilities waiver was then divided by the total number of unduplicated recipients to determine the average annual cost per enrolled participant. The average annual cost per enrolled participant was then trended forward using the Medical Consumer Price Index from the Bureau of Labor Statistics.

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:

For B2H waiver years 1, 2 and 3, Factor G reflects the costs of care estimate in an Intermediate Care Facility (ICF) authorized in the New York State Office of Mental Retardation and Developmental Disabilities (now Office for People With Developmental Disabilities) Waiver (Waiver #0238) for the respective waiver years. For waiver years 4 and 5, Factor G is adjusted using the Medical Consumer Price Index.

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:

For B2H waiver years 1, 2, and 3, Factor G' reflects the cost of care estimate in an ICF authorized in the New York State OMR/DD (now OPWDD) Waiver (Waiver #0238) for the respective waiver years. For waiver years 4 and 5, Factor G' is adjusted using the Medical Consumer Price Index.

### 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
Day Habilitation

Health Care Integration
Skill Building
Special Needs Community Advocacy and Support
Accessibility Modifications
Adaptive and Assistive Equipment
Crisis Avoidance and Management and Training
Crisis Respite Services
Family/Caregiver Supports and Services
Immediate Crisis Response Services
Intensive In-Home Supports and Services
Planned Respite Services
Vocational Services

**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
<b>Day Habilitation Total:</b>						1442945.57
Day Habilitation	per hour	196	94.36	78.02	1442945.57	
<b>Health Care Integration Total:</b>						12285198.66
Health Care Integration	per one month	676	8.78	2069.86	12285198.66	
<b>Skill Building Total:</b>						2091150.75
Skill Building	per 15 min	460	336.49	13.51	2091150.75	
<b>Special Needs Community Advocacy and Support Total:</b>						583592.46
Special Needs Community Advocacy and Support	per 15 min	331	88.51	19.92	583592.46	
<b>Accessibility Modifications Total:</b>						4842.24
Accessibility Modifications	per year	7	0.73	947.60	4842.24	
<b>Adaptive and Assistive Equipment Total:</b>						213776.45
Adaptive and Assistive Equipment	per year	101	0.73	2899.45	213776.45	
<b>Crisis Avoidance and Management and Training Total:</b>						1513729.82

Crisis Avoidance and Management and Training	per 15 min	608	124.36	20.02	1513729.82	
<b>Crisis Respite Services Total:</b>						648393.24
Per 15 min	per 15 min	115	85.59	18.00	177171.30	
Per Day	per day	115	13.17	311.13	471221.94	
<b>Family/Caregiver Supports and Services Total:</b>						940562.96
Family/Caregiver Supports and Services	per 15 min	412	168.98	13.51	940562.96	
<b>Immediate Crisis Response Services Total:</b>						209116.91
Immediate Crisis Response Services	per 15 min	210	49.74	20.02	209116.91	
<b>Intensive In-Home Supports and Services Total:</b>						184904.92
Intensive In-Home Supports and Services	per 15 min	183	50.47	20.02	184904.92	
<b>Planned Respite Services Total:</b>						6237852.34
Per 15 min	per 15 min	507	370.14	13.51	2535299.84	
Per day	per day	507	29.99	243.51	3702552.50	
<b>Vocational Services Total:</b>						196788.55
Vocational Services	per hour	47	51.21	55.63	133894.18	
<b>Prevocational Services</b>						
Prevocational Services	per hour	47	51.21	55.63	133894.18	
<b>Supported Employment</b>						
Supported Employment	per hour	20	43.89	71.65	62894.37	
GRAND TOTAL:						
Total Estimated Unduplicated Participants:						
Factor D (Divide total by number of participants):						
Average Length of Stay on the Waiver:						
					26552854.86	
					676	
					39279.37	
					267	

**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
<b>Day Habilitation Total:</b>						1508282.25
Day Habilitation	per hour	196	94.84	81.14	1508282.25	
<b>Health Care Integration Total:</b>						12732924.75

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
<b>Day Habilitation Total:</b>						1585070.37
Day Habilitation	per hour	196	95.83	84.39	1585070.37	
<b>Health Care Integration Total:</b>						13287667.45
Health Care Integration	per one month	676	8.78	2238.76	13287667.45	
<b>Skill Building Total:</b>						2310609.49
Skill Building	per 15 min	460	343.81	14.61	2310609.49	
<b>Special Needs Community Advocacy and Support Total:</b>						641831.84
Special Needs Community Advocacy and Support	per 15 min	331	89.98	21.55	641831.84	
<b>Accessibility Modifications Total:</b>						5237.34
Accessibility Modifications	per year	7	0.73	1024.92	5237.34	
<b>Adaptive and Assistive Equipment Total:</b>						231220.97
Adaptive and Assistive Equipment	per year	101	0.73	3136.05	231220.97	
<b>Crisis Avoidance and Management and Training Total:</b>						1675412.10
Crisis Avoidance and Management and Training	per 15 min	608	127.28	21.65	1675412.10	
<b>Crisis Respite Services Total:</b>						704585.67
Per 15 min	per 15 min	115	87.05	19.47	194909.30	
Per Day	per day	115	13.17	336.52	509676.37	
<b>Family/Caregiver Supports and Services Total:</b>						1034721.11
Family/Caregiver Supports and Services	per 15 min	412	171.90	14.61	1034721.11	
<b>Immediate Crisis Response Services Total:</b>						232826.26
Immediate Crisis Response Services	per 15 min	210	51.21	21.65	232826.26	
<b>Intensive In-Home Supports and Services Total:</b>						205783.68
Intensive In-Home Supports and Services	per 15 min	183	51.94	21.65	205783.68	
<b>Planned Respite Services Total:</b>						6800622.60
Per 15 min	per 15 min	507	377.46	14.61	2795948.13	

Per day	per day	507	29.99	263.38	4004674.46	
<b>Vocational Services Total:</b>						219242.73
Prevocational Services	per hour	47	52.67	60.17	148950.23	
Supported Employment	per hour	20	45.35	77.50	70292.50	
<b>GRAND TOTAL:</b>						
					28934831.60	28934831.60
					676	676
					Factor D (Divide total by number of participants):	42803.01
					Average Length of Stay on the Waiver:	267

**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
<b>Day Habilitation Total:</b>						1613042.52
Day Habilitation	per hour	196	96.56	85.23	1613042.52	
<b>Health Care Integration Total:</b>						13420558.37
Health Care Integration	per one month	676	8.78	2261.15	13420558.37	
<b>Skill Building Total:</b>						2359182.31
Skill Building	per 15 min	460	347.47	14.76	2359182.31	
<b>Special Needs Community Advocacy and Support Total:</b>						653644.47
Special Needs Community Advocacy and Support	per 15 min	331	90.71	21.77	653644.47	
<b>Accessibility Modifications Total:</b>						5289.72
Accessibility Modifications	per year	7	0.73	1035.17	5289.72	
<b>Adaptive and Assistive Equipment Total:</b>						233533.14
Adaptive and Assistive Equipment	per year	101	0.73	3167.41	233533.14	
<b>Crisis Avoidance and Management and Training Total:</b>						1711983.60
Crisis Avoidance and Management and Training	per 15 min	608	128.75	21.87	1711983.60	
<b>Crisis Respite Services Total:</b>						713242.20

Per 15 min	per 15 min	115	87.78	19.66	198461.80	
Per Day	per day	115	13.17	339.89	514780.40	
<b>Family/Caregiver Supports and Services Total:</b>						1054283.77
Family/Caregiver Supports and Services	per 15 min	412	173.37	14.76	1054283.77	
<b>Immediate Crisis Response Services Total:</b>						238544.84
Immediate Crisis Response Services	per 15 min	210	51.94	21.87	238544.84	
<b>Intensive In-Home Supports and Services Total:</b>						210796.40
Intensive In-Home Supports and Services	per 15 min	183	52.67	21.87	210796.40	
<b>Planned Respite Services Total:</b>						6896706.35
Per 15 min	per 15 min	507	381.12	14.76	2852042.92	
Per day	per day	507	29.99	266.01	4044663.43	
<b>Vocational Services Total:</b>						224663.39
Prevocational Services	per hour	47	53.40	60.77	152520.55	
Supported Employment	per hour	20	46.08	78.28	72142.85	
<b>GRAND TOTAL:</b>						
Total Estimated Unduplicated Participants: 29335471.09						
Factor D (Divide total by number of participants): 676						
Average Length of Stay on the Waiver: 43395.67						
<b>267</b>						

**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
<b>Day Habilitation Total:</b>						1625237.23
Day Habilitation	per hour	196	97.29	85.23	1625237.23	
<b>Health Care Integration Total:</b>						13420558.37
Health Care Integration	per one month	676	8.78	2261.15	13420558.37	
<b>Skill Building Total:</b>						2383964.35

Skill Building	per 15 min	460	351.12	14.76	2383964.35	
Special Needs Community Advocacy and Support Total:						658904.75
Special Needs Community Advocacy and Support	per 15 min	331	91.44	21.77	658904.75	
Accessibility Modifications Total:						5289.72
Accessibility Modifications	per year	7	0.73	1035.17	5289.72	
Adaptive and Assistive Equipment Total:						233533.14
Adaptive and Assistive Equipment	per year	101	0.73	3167.41	233533.14	
Crisis Avoidance and Management and Training Total:						1731397.16
Crisis Avoidance and Management and Training	per 15 min	608	130.21	21.87	1731397.16	
Crisis Respite Services Total:						714892.66
Per 15 min	per 15 min	115	88.51	19.66	200112.26	
Per Day	per day	115	13.17	339.89	514780.40	
Family/Caregiver Supports and Services Total:						1063162.21
Family/Caregiver Supports and Services	per 15 min	412	174.83	14.76	1063162.21	
Immediate Crisis Response Services Total:						241897.51
Immediate Crisis Response Services	per 15 min	210	52.67	21.87	241897.51	
Intensive In-Home Supports and Services Total:						213718.01
Intensive In-Home Supports and Services	per 15 min	183	53.40	21.87	213718.01	
Planned Respite Services Total:						6924020.47
Per 15 min	per 15 min	507	384.77	14.76	2879357.04	
Per day	per day	507	29.99	266.01	4044663.43	
Vocational Services Total:						227906.96
Prevocational Services	per hour	47	54.13	60.77	154605.56	
Supported Employment	per hour	20	46.82	78.28	73301.39	
<b>GRAND TOTAL:</b> Total Estimated Unduplicated Participants: 294448234 Factor D (Divide total by number of participant(s)): 676 Average Length of Stay on the Waiver: 43556.93 267						