



Information about 1915c Children's Waiver- Home and Community Based Services (HCBS)

What are the 1915(c) waivers transitioning?

- OMH SED HCBS 1915(c) waiver
- DOH Care at Home (CAH) I/II 1915(c) waiver
- OPWDD Care at Home 1915(c) waiver
- OCFS Bridges to Health (B2H) SED 1915(c) waiver
- OCFS B2H Medically Fragile 1915(c) waiver
- OCFS B2H DD 1915(c) waiver

What are Home and Community Based Services (HCBS)?

An array of services to allow children/youth to remain in their homes and communities. It is designed for children who, without these services, would require the level of care provided in a more restrictive environment, such a residential care facility, nursing home or psychiatric inpatient care.

What are the goals of HCBS?

- Offer support and services in non-institutionalized and least restrictive settings;
- Allow the child to remain at home and in their community;
- Provide integrated recovery-oriented person-centered care;
- Evolve care over time through ongoing coordination; and
- Support the integration of trauma-informed care principles into the delivery of services

What are the HCBS offered?

- Respite (Planned or Crisis)
- Prevocational Services
- Supported Employment
- Community Self-Advocacy Training and Support
- Caregiver/Family Support & Services
- Community Habilitation
- Day Habilitation
- Palliative Care Pain and Symptom Management
- Palliative Care Bereavement
- Palliative Care Massage Therapy
- Palliative Care Expressive Therapy (art, music, & play)
- Adaptive and Assistive Equipment
- Accessibility Modifications
- Non-Medical Transportation



Who is eligible for these services?

Medicaid eligible children under the age of 21 who meet eligibility and without these services the child will be at risk of being hospitalized or in an institution.

Children who are not yet enrolled in Medicaid but meet HCBS eligibility criteria and can enroll in Medicaid based on Family of One budgeting.

Will there be changes in the services that children receive?

No, to ensure continuity of care, the services children receive today will be continued.

How will the services be selected?

Once the child is determined eligible for HCBS, the Health Home Care Manager or the Independent Entity will work with the child, their family, and the child's identified care team to develop a person-centered plan of care. The Health Home Care Manager or the Independent Entity will identify the available services that will address the needs and goals of the child and family. The Health Home Care Manager or the Independent Entity will know the services and providers of those services within the child's community.

Who will provide these services?

Providers within your community and county. Providers must be in your child's Medicaid Managed Care Plan's network if he or she is enrolled in Medicaid Managed Care.

How will services be coordinated?

Services provided to children and youth must include communication and coordination with the family, caregiver and/or legal guardian. Services will be coordinated through a Care Management Agency or the Independent Entity.

What is a Care Management Agency?

Care management agencies are agencies that provides services where all doctors and care givers work together to make sure a child or student gets the care and services needed to stay healthy.

What is a Care Manager?

A care manager is someone who works closely with a child or student and their family to provide access to doctors, other healthcare and community services. The Care Manager can also help the family with making appointments and connecting you to community supports. The Care Manager will make every effort to learn about the unique needs of the child and family.

Who is the Independent Entity?

The State Designated Independent Entity (IE). Children without Medicaid who appear to be eligible for HCBS will be provided referral to the State Designated Independent Entity. Children who opt out of HHCM may work with the IE to develop an HCBS POC



How are HCBS provider chosen?

The Health Home Care Manager can help youth and families pick a provider. If the child is enrolled in a Medicaid Managed Care Plan (MMCP), the HCBS provider must be in that Plan's network. The MMCP can also help choose a provider within their network. When choosing a HCBS provider it is important to consider what provider will best fit with the child's needs. Picking a provider should be a location convenience as well as ability to provide the appropriate care for the child and family.

What happens after January 2019?

After January 1, 2019, members will be moved from Medicaid to Medicaid Managed Care.

What is Medicaid Managed Care?

Medicaid Managed Care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and Managed Care Organizations (MCOs) that accept a set per member per month payment for these services.

What happens if the family does not pick a plan?

A Medicaid Managed Care Plan will be auto-picked for the family.

For more information got to:

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/index.htm