New York Children Under 21 Supplemental Clinical Criteria -Home and Community Based Services (HCBS) & Children & Family Treatment & Support Services (CFTSS)

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Introduction & Instructions for Use

Introduction

The following State or Contract Specific Clinical Criteria defined by state regulations or contractual requirements are used to make medical necessity determinations, mandated for members of behavioral health plans managed by Optum and U.S. Behavioral Health Plan, California (doing business as Optum Health Behavioral Solutions of California ("Optum-CA")).

Other Clinical Criteria may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum®. These may be externally developed by independent third parties used in conjunction with or

in place of these Clinical Criteria when required, or when state or contractual requirements are absent for certain covered services.

Instructions for Use

When deciding coverage, the member's specific benefits must be referenced. All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member's benefits prior to using these Clinical Criteria. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this Clinical Criteria and the member's specific benefit, the member's specific benefit supersedes these Clinical Criteria.

These Clinical Criteria are provided for informational purposes and do not constitute medical advice.

Children's Home and Community Based Services (HCBS)

Adaptive and Assistive Equipment

This service provides technological aids and devices identified within the child/youth's Plan of Care (POC) which enable the accomplishment of daily living tasks that are necessary to support the health, welfare, and safety of the child/youth.

Service Components

Adaptive and Assistive Equipment includes but not limited to:

- Positioning devices
- Mobility devices
- Augmentative Communication devices
- Computer Accessibility devices
- Assistive Demotics/Home Automation devices
- Standing boards/frames and therapeutic equipment for the purpose of maintaining or improving the participant's strength, mobility, or flexibility to perform activities of daily living
- Adaptive switches/devices
- Meal preparation and eating aids/devices/appliances
- Specially adapted locks
- Motorized wheelchairs
- Guide dogs, hearing dogs, service dogs (as defined in New York Civil Rights Law Article 47-b(4)) (for additional guidance regarding service dogs, please refer to Appendix F)
- Electronic, wireless, solar-powered, or other energy powered devices that demonstrate to the satisfaction of the commissioner, or designee, that the device(s) will significantly enable the participant to live, work, or meaningfully participate in the community with less reliance on paid staff supervision or assistance
    - Such devices may include computers, observation cameras, sensors, telecommunication screens, and/or telephones and/or other telecare support services/systems that enable the participant to interact with remote staff to ensure health and safety
    - Such devices cannot be used for surveillance, but to support the person to live with greater independence including devices to assist with medication administration, including tele-care devices that prompt, teach, or otherwise assist the participant to independently self-administer medication routinely, portable generators necessary to support equipment, or devices needed for the health or safety of the person including stretcher stations

Adaptive and Assistive Equipment Services include:

- Evaluation of the assistive technology needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant
- Services consisting of purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for the participants
- Services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices

- Training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant
- Training or technical assistance for professionals or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of participants

Modality

The HHCM/C-YES will coordinate requests for AT with the LDSS in conjunction with DOH for children/youth enrolled in Fee-for Service Medicaid. The HHCM/C-YES will coordinate requests for AT with the Medicaid Managed Care Plan for children/youth enrolled in a MMCP.

Limitations/Exclusions

The Adaptive and Assistive Technology available through the HCBS authorities cannot duplicate equipment and/or technology otherwise available through the Medicaid State Plan under 1905(a) of the Social Security Act or other federal/state funding streams. Equipment must be beyond the scope of Durable Medical Equipment (DME). DME is a SPA service and needs to be pursued first, if the need meets the DME requirements. Care Managers can consult with NYS DOH prior to submitting the request for DME.

Refer to the DME Manual (under 'Fee Schedule') for further information.

Adaptive and assistive devices are expected to be a one-time only purchase. Replacements, repairs, upgrades, and/or enhancements made to existing equipment will be paid if documented as a necessity and approved by the State or its designee. Ongoing monitoring associated with telecare support services or other approved systems authorized under this definition may be provided, if necessary, for health and safety and documented to the satisfaction of the State or designee. The HHCM, C-YES, or MMCP will ensure, that where appropriate, justification from physicians or other specialists or clinicians has been obtained. Warranties, repairs, and/or maintenance on adaptive and assistive technology only when most cost effective and efficient means to meet the need and are not available through the Medicaid State Plan 1905(a) or third-party resources.

Cost Limits

All Adaptive and Assistive Technology costs require prior approval from the LDSS in conjunction with DOH or the MMCP. Adaptive and Assistive Technology is subject to a $15,000 per calendar year soft cap. The State or its designee may consider exceptions when medically necessary, including but not limited to a significant change in the child's needs or capabilities.

Caregiver/Family Advocacy & Support Services

Caregiver/Family Advocacy and Support Services enhance the child/youth's ability, regardless of disability (developmental, physical, and/or behavioral), to function as part of a caregiver/family unit and enhance the caregiver/family's ability to care for the child/youth in the home and/or community as well as, provides the child/youth, family, caregivers, and collateral contacts (family members, caregivers, and other stakeholders identified on the child/youth's POC) with techniques and information not generally available so that they can better respond to the needs of the participant.

These services are intended to assist the child/youth, family/caregiver, and collateral contacts in understanding and addressing the participant's needs related to their disability(ies). The use of this service may appropriately be provided to prevent problems in community settings when the child/youth is experiencing difficulty.

The POC objectives must clearly state how the service can prevent as well as ameliorate existing problems and to what degree. This service cannot be used to develop an Individualized Education Program (IEP), the plan for students with disabilities who meet the federal and state requirements for special education, or to provide special education services to the child/youth. Participating in community events and integrated interests/occupations are important activities for all children/youth, including those with disabilities (developmental, physical, and/or behavioral health in origin). Success in these activities is dependent not only on the child/youth, but on the people, who interact with and support the child/youth in these endeavors.

Caregiver/Family Advocacy and Support Services improve the child/youth's ability to gain from the community experience and enables the child/youth's environment to respond appropriately to the child/youth's disability and/or healthcare issues.

Service Components

Based upon the Caregiver/Family Supports and Services plan developed by the child/youth and caregiver/family team, this service provides opportunities to:

- Interact and engage with family/caregivers and children/youth to offer educational, advocacy, and support resources to develop family/caregivers' ability to independently access community services and activities
- Maintain and encourage the caregivers'/families' self-sufficiency in caring for the child/youth in the home and community
- Address needs and issues of relevance to the caregiver/family unit as the child/youth is supported in the home and community
- Educate and train the caregiver/family unit on available resources so that they might better support and advocate for the needs of the child and appropriately access needed services
- Provide guidance in the principles of children's chronic condition or life-threatening illness
- Training (one-on-one or group) for the child/youth and/or the family/caregiver regarding methods and behaviors to enable success in the community; each group must not exceed 12 participants (enrollees and collaterals)
- Direct self-advocacy training in the community with collateral contacts regarding the child/youth's disability(ies) and needs related to his or her health care issues
- Self-advocacy training for the child/youth and/or family/caregiver, including during community transitions

When outlined in the child/youth's POC, the service can be delivered to multiple family members or other identified resources for the child/youth by more than one practitioner to address the child/youth's needs by educating, engaging, and guiding their families to ensure that the child/youth and family's needs are met. In instances where two practitioners are required to meet the needs of the child/family, and the encounters occur at the same date and time, the agency can bill for both practitioners in one claim by adding the time the service was delivered by each practitioner into a combined claim. If one practitioner delivers the services to a child/youth and/or multiple family members/ resources at the same date and time, the claim should reflect the exact time spent as a single encounter.

Modality

- Individual in-person intervention
- Group in-person intervention (no more than three HCBS eligible children/families) Note: Services can be delivered with or without the child/youth present.

Limitations/Exclusions

- This service cannot be delivered nor billed while an enrolled child/youth is in an ineligible setting, including hospitalization
- Caregiver/Family Advocacy and Support Services cannot duplicate or replace special education and related services that are otherwise available to the individual through a local educational agency, under the provisions of the Individuals with Disabilities Education Act (IDEA)
- Caregiver/Family Advocacy and Support Services cannot duplicate or replace existing and required care management services provided through HH/C-YES
- Caregiver/Family Advocacy and Support Services are limited to six hours per day
- In acknowledgement of the need for checks against fraud and abuse, but to ensure a child/youth's access to services, service utilization in excess of the "soft" unit (i.e., annual, daily, dollar amount) limits must be based on medical necessity. Documentation of the medical necessity for extended durations must be kept on file in the child/youth's record. HCBS should be initially authorized for no more than six months at a time and based on each participant's unique needs. To exceed billing limits for children/youth enrolled in managed care, providers must contact the MMCP to receive guidance regarding the Plan's specific documentation requirements in these instances.

Admission Criteria

All criteria must be met:

- The child/youth's struggles with the ability, regardless of disability (developmental, physical, and/or behavioral), to function as part of a caregiver/ family unit and the caregiver/family struggles with the ability to care for the child/youth in the home and/or community.
  AND
- The above criteria has been captured in the HCBS LOC/Eligibility Assessment and the CANS-NY.
  AND

- The services are recommended by a Licensed Practitioner of the Healing Arts (LPHA) operating within the scope of their practice under State License and actively treating, or has previously treated, the child/youth.

The hours/ billing units are provided as guidance and may be exceeded with additional review. Factors to be considered regarding higher service levels include other available paid services. Consideration must also be made for natural supports and individual needs at the time of the request and included in the assessment and Plan of Care.

Ages	Ranges	Criteria
Age 0-2	4-6 hrs./ 16-24 units per week	Supports to enhance the child/youth's ability to function as part of a caregiver/family unit regardless of disability. Focus on assisting the family/caregiver and collateral contacts in understanding and addressing the participant's needs related to their disability.
Age 3-9	6-8 hrs./24-32 units per week	Facilitation of participation in community events and integrated interests, improve the child/youth's ability to gain from the community experience and enables the child/youth's environment to respond appropriately to the child/youth's disability.
Ages 10-13	6-8 hrs./24-32 units per week	Facilitation of participation in community events and integrated interests, improve the child/youth's ability to gain from the community experience and enables the child/youth's environment to respond appropriately to the child/youth's disability.
Ages 14-17	6-8 hrs./24-32 units per week	Facilitation of participation in community events and integrated interests, improve the child/youth's ability to gain from the community experience and enables the child/youth's environment to respond appropriately to the child/youth's disability.
18+	4-6 hrs./ 16-24 units per week	Focus on transition activities including increased independence including self-advocacy and parent/caregiver's education & training on independence

Continued Stay Criteria

- The child/youth continues to meet admission criteria;
  AND
- The child/youth is making progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the child/youth meeting service goals;
  AND
- The child/youth does not require an alternative and/or higher, more intensive level of care or treatment;
  AND

- The child/youth and/or family/caregiver is at risk of losing skills gained OR risk of higher level of care if the service is not continued.

Discharge Criteria

- The child/youth and/or family/caregiver no longer meets admission criteria;
  OR
- The family withdraws consent for services;
  OR
- The child/youth and/or family/caregiver is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies;
  OR
- The family/caregiver(s) no longer needs this service as they are obtaining a similar benefit through other services and resources.

Community Habilitation

Community Habilitation covers face-to-face services and supports related to the child/youth's acquisition, maintenance, and enhancement of skills necessary to perform Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and/or Health-Related Tasks delivered in the community (non-certified) settings.

Acquisition is described as the service available to a child/youth who is seeking greater independence by learning to perform the task for him or herself. There should be a reasonable expectation that the individual will acquire the skills necessary to perform that task within the authorization period.

Maintenance is described as the service available to prevent or slow regression in the child/youth's skill level and to prevent loss of skills necessary to accomplish the identified task.

Enhancement activities are provided to the child through training and demonstration to promote growth and independence with an already acquired skill level and to support the child/youth's goal outside of the training environment.

Community Habilitation covers face-to-face services and supports related to the child/youth's acquisition, maintenance, and enhancement of skills necessary to perform Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and/or Health-Related Tasks delivered in the community (non-certified) settings.

ADL, IADL, skill acquisition, maintenance, and enhancement are face-to-face services that are determined by the person-centered planning process and must be identified in the child/youth's POC on an individual or group basis. These identified services will be used to maximize personal independence and integration in the community, preserve functioning, and prevent the likelihood of future institutional placement. Skill acquisition, maintenance, and enhancement services are appropriate for children/youth who have the capacity to learn to live in the community, with or without support. Community Habilitation may be delivered in individual or group modality.

Service Components

ADL, IADL skill acquisition, maintenance, and enhancement is related to assistance with functional skills and may help a child/youth who has difficulties with these types of skills accomplish tasks related to, but not limited to:

- Self-care
- Life safety
- Medication and health management
- Communication skills
- Mobility
- Community transportation skills
- Community integration
- Appropriate social behaviors
- Problem solving
- Money management

Modality

- Individual in-person service
- Group in-person service

Setting

These services can be delivered at any non-certified, community setting. Such a setting might include the child/youth's home, which may be owned or rented, and work setting.

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) (see Appendix B) will exhibit characteristics and qualities most often articulated by the individual child/youth and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services, and/or socializes. While remaining inclusive of those in the family and caregiver network. Family is broadly defined, and can include families created through birth, foster care, adoption, or a self-created unit

Limitations/Exclusions

- Please note that this service cannot be substituted for vocational rehabilitation services provided under the Rehabilitation Act of 1973 or other Children's HCBS. Approved settings do not include an OPWDD certified residence, congregate or institutional settings, a social day care or health care setting in which employees of the particular setting care for or oversee the child/youth. Foster Care children/youth meeting LOC may receive these services in a home or community-based setting where they reside that is not an institution. OCFS Licensed Institutions are defined in New York State Social Services Law section 427.2(f) as a facility established for the 24-hour care and maintenance of 13 or more children and operated by a childcare agency (Voluntary Foster Care Agency).
- Only those services not reimbursable under the Community First Choice Option (CFCO) State Medicaid Plan will be reimbursable under this HCBS Waiver.
- Children/youth living in certified settings may only receive this service on weekdays with a start time prior to 3 pm and are limited to a maximum of six hours of non-residential services (or its equivalent) daily. For school-age children/youth, this service cannot be provided during the school day when a child/youth is participating or enrolled in a school program. Time spent receiving another Medicaid service cannot be counted toward the Community Habilitation billable service time. This service cannot be delivered nor billed while a child/youth is in an ineligible setting, such as in a hospital, ICF/IID, or skilled nursing facility. Community Habilitation services provided under this waiver cannot be duplicative or delivered at the same time as services otherwise available to a child/youth through a local educational agency including those services available under the Individuals with Disabilities Education Act (IDEA) or Rehabilitation Act of 1973.
- Community Habilitation is limited to six hours per day
- In acknowledgement of the need for checks against fraud and abuse, but to ensure a child/youth's access to services, service utilization in excess of the "soft" unit (i.e., annual, daily, dollar amount) limits must be based on medical necessity. Documentation of the medical necessity for extended durations must be kept on file in the child/youth's record. HCBS should be initially authorized for no more than six months at a time and based on each participant's unique needs. To exceed billing limits for children/youth enrolled in managed care, providers must contact the MMCP to receive guidance regarding the Plan's specific documentation requirements in these instances.

Admission Criteria

All criteria must be met:

- The child/youth has demonstrated that they struggle with the acquisition, maintenance, and enhancement of skills necessary to perform Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), and/or Health-Related Tasks delivered in the community (non-certified) settings due to medical conditions
  AND
- The above criteria has been captured in the HCBS LOC/Eligibility assessment and the CANS-NY;
  AND
- The services are recommended by a Licensed Practitioner of the Healing Arts (LPHA) operating within the scope of their practice under State License and actively treating, or has previously treated, the child/youth.

The hours/ billing units are provided as guidance and may be exceeded with additional review. Factors to be considered regarding higher service levels include other available paid services. Consideration must also be made for natural supports and individual needs at the time of the request and included in the assessment and Plan of Care.

Ages	Ranges	Criteria
Age 0-2	0 hrs./0 units per week	Skill building typically met through parental support/ natural caregivers and use of services such as Early Intervention (EI) and educational/ school programs. Services necessary at this age typically are provided by licensed practitioners including Occupational Therapy, Physical Therapy, and Speech Therapy• CH should be used as described and not in lieu of another, more appropriate service• CH will only be authorized when clear documentation exists of a lack of availability of EI services, EI Respite and/ or other Respite services and natural supports
Age 3-9	0-3 hrs./0 to 12 units per week	Supports to facilitate community inclusion, relationship building, and adaptive/ social skill development, when not available through Preschool Supportive Health services, School Supportive Health services, or other Respite services. May include social skills groups, music or art therapy where the child is working to develop specific goals on their person-centered plan such as appropriate social interaction and Not allowed during school/ educational hours mimicking others • CH should be used as described and not in lieu of another, more appropriate service • CH will only be authorized when clear documentation exists of a lack of availability of Respite services and natural supports (e.g., parent has a disability and the provision of CH supports the child and parent skill development or the family has significant stressors that negatively impact the ability to support the child) • Child/ youth no longer meets LOC for HCBS; OR • Child/ youth no longer wishes to receive the service or withdraws consent for the service; OR • Child/ youth has successfully met their specific goal outlined in their service plan and no

		longer needs this service; OR • Child/ youth is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies; OR • Child/ youth moves to a certified residential setting
Ages 10-13	0-10 hrs./0-40 units per week	Supports to facilitate community inclusion, relationship building, and adaptive/ social skill development • Average hours and need for CH typically increase over the years to support a growing level of developmental independence • Not allowed during school/ educational hours
Ages 14-17	0-15 hrs./0 to 60 units per week	Focus on transition activities including increased independence/ life skill building including prevocational type skills such as riding the bus, grocery shopping, using the library, understanding health issues, personal appearance and hygiene • Not allowed during school/ educational hours • If child/ youth graduates/ discontinues K-12 education services, CH can increase to meet additional need for skill building. Documentation for additional Vocational or Supported Employment services
18+	No State guidance	Need documentation for reasons why the member is not in OPWDD
Additional Considerations for Service Authorization Denials		
	Other Paid Supports	Department of Health (DOH) Personal Care and Respite services may be utilized in many instances. CH should be used as described above and not in lieu of DOH Personal Care or Respite services or other available services (e.g., services available through a 1915c waiver). • CH services can be

		increased or faded as the individual's needs, outcomes, goals and paid and unpaid supports change. • Individuals with behavioral health issues should be connected to the appropriate behavioral health and/or crisis services, if available and appropriate to maximize support.
	Natural Supports	Families in caregiving roles or other naturally supportive living situations should receive the support needed to assist in creating and maintaining a stable environment. Relief for family members/ caregivers may be provided through Respite services. • A family's capacity to provide natural supports should be evaluated, with additional support being required if the family situation is destabilized due to mental health issues, the death of a family member or other stressors. • Additional support may also be required as the primary caregiver ages or when multiple members of the family require the support of a single caregiver
	Individual Needs	Individuals may require reassessment when they: o Have significant/ complex medical or behavioral needs and are not presenting as clinically stable; OR o Have frequent use of hospital emergency rooms and inpatient services; OR o Require heightened levels of supervision such as being within line of sight or 1:1 within arm's length for safety • Individualized support models may need a blend of DOH Personal Care, Respite services, and CH.

Continued Stay Criteria

- The child/youth continues to meet admission criteria;
  AND
- The child/youth is making progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the child/youth meeting service goals;
  AND
- The child/youth does not require an alternative and/or higher, more intensive level of care or treatment;
  AND
- The Service Plan has been appropriately updated to establish or modify ongoing goals.
- The child/youth is at risk of losing skills gained if the service is not continued.

Discharge Criteria

- The child/youth and/or family/caregiver no longer meets admission criteria;
  OR
- The family withdraws consent for services;
  OR
- The child/youth and/or family/caregiver is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies;
  OR
- The family/caregiver no longer needs this service as they are obtaining a similar benefit through other services and resources.

Day Habilitation

Assistance with acquisition, retention or improvement in self-help, socialization and adaptive skills including communication, and travel that regularly takes place in a nonresidential setting, separate from the person's private residence or other residential arrangement. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, community inclusion, relationship building, self-advocacy, and informed choice. Day Habilitation (DH) services must be provided to a child/youth at an OPWDD certified setting typically between the daytime hours of 9 a.m. and 3 p.m.

Service Components

- Individual Day Habilitation (a one-to-one, individual-to-worker provided service with an hourly unit of service) and Group Day Habilitation services are furnished four or more hours per day on a regularly scheduled basis for one or more days per week or less frequently as specified in the participant's POC. Meals provided as part of these services shall not constitute a "full nutritional regimen" (three meals per day).
- A supplemental version of Individual and Group Day Habilitation is available for children/youth who do not reside in a certified setting. The supplemental Day Habilitation is provided outside the 9 a.m. to 3 p.m. weekday time period and includes later afternoon, evenings, and weekends. Day Habilitation and Supplemental Day Habilitation services cannot be delivered at the same time.
- All Day Habilitation services (Group and Individual) have the same service description and focus on enabling the participant to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies in the POC. In addition, Day Habilitation services may serve to reinforce skills, behaviors, or lessons taught in other settings. Provider agencies of Day Habilitation must develop a Day Habilitation service plan to document the child/youth's goal(s)/outcomes(s), health/safety needs required during the delivery of the service, and the necessary staff actions to assist the child/youth in reaching his/her Day Habilitation goal(s)/outcomes(s), and health/safety needs.

Limitations/Exclusions

- Group and Individual DH cannot be billed as overlapping services. Any child/youth receiving HCBS under this waiver may receive this service. Service necessity criteria for this service requires that the child/youth must have a developmental delay justifying the need for the provision of Day Habilitation, but the child/youth may meet NF, ICF/IID, or Hospital LOC.
- Day Habilitation services will not include funding for direct, hands-on physical therapy, occupational therapy, speech therapy, nutrition, or psychology services.
- Children/youth have a maximum daily amount of services that are available to individuals based upon their residence. Individuals residing in certified settings are limited to a maximum of six hours of non-residential services (or its equivalent) which must commence no later than 3 p.m. on weekdays.
- Supplemental DH services are those services provided on weekends and/or on weekdays with a service start time after 3 p.m. Supplemental DH services are not available to individuals residing in certified residential settings with paid, professional staff, because the certified residential habilitation provider is responsible for the habilitation needs of the individual on weekday evenings and anytime on weekends.
- Day Habilitation is limited to six hours per day
- In acknowledgement of the need for checks against fraud and abuse, but to ensure a child/youth's access to services, service utilization in excess of the "soft" unit (i.e., annual, daily, dollar amount) limits must be based on medical necessity. Documentation of the medical necessity for extended durations must be kept on file in the child/youth's record. HCBS should be initially authorized for no more than six months at a time and based on each participant's unique needs. To

exceed billing limits for children/youth enrolled in managed care, providers must contact the MMCP to receive guidance regarding the Plan's specific documentation requirements in these instances.
- Day Habilitation is limited to six hours per day
- In acknowledgement of the need for checks against fraud and abuse, but to ensure a child/youth's access to services, service utilization in excess of the "soft" unit (i.e., annual, daily, dollar amount) limits must be based on medical necessity. Documentation of the medical necessity for extended durations must be kept on file in the child/youth's record. HCBS should be initially authorized for no more than six months at a time and based on each participant's unique needs. To exceed billing limits for children/youth enrolled in managed care, providers must contact the MMCP to receive guidance regarding the Plan's specific documentation requirements in these instances.

Modality

- Individual in-person service
- Group in-person service

Setting

Day Habilitation (DH) services are provided to a child at an OPWDD certified setting.

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) (see Appendix B) will exhibit characteristics and qualities most often articulated by the individual child/youth and family/caregiver as key determinants of independence and community integration.

Admission Criteria

All criteria must be met:

- The child/youth has demonstrated that they struggle with acquisition, retention or improvement in self-help, socialization and adaptive skills including communication, and travel that regularly takes place in a non-residential setting, separate from the person's private residence or other residential arrangement due to medical conditions
  AND
- The above criteria has been captured in the HCBS LOC/Eligibility assessment and the CANS-NY
  AND
- The services are recommended by a Licensed Practitioner of the Healing Arts (LPHA) operating within the scope of their practice under State License and actively treating, or has previously treated, the child/youth.

The hours/ billing units are provided as guidance and may be exceeded with additional review. Factors to be considered regarding higher service levels include other available paid services. Consideration must also be made for natural supports and individual needs at the time of the request and included in the assessment and Plan of Care.

Ages	Ranges	Criteria
Age 0-2	0 hrs./0 units per week	DH will only be authorized when clear documentation exists of a lack of availability of EI services, EI Respite and/ or other Respite services and natural supports
Age 3-9	0-3 hrs./0 to 12 units per week	Supports to facilitate community inclusion, relationship building, and adaptive/ social skill development, when not available through Preschool Supportive Health services, School Supportive Health services, or other Respite services. May include social skills groups, music or art therapy where the child is working to develop specific goals on their person-centered plan such as appropriate social interaction

		and Not allowed during school/ educational hours mimicking others • DH should be used as described and not in lieu of another, more appropriate service DH services must be provided to a child/youth at an OPWDD certified setting typically between the daytime hours of 9a.m. and 3 p.m.
Ages 10-13	0-10 hrs./0-40 units per week	Supports to facilitate community inclusion, relationship building, and adaptive/ social skill development • Average hours and need for DH typically increase over the years to support a growing level of developmental independence
Ages 14-17	0-15 hrs./0 to 60 units per week	If child/ youth graduates/ discontinues K-12 education services, DH can increase to meet additional need for skill building.
18+	No State guidance	Need documentation for all hours of service for reasons why the member is not in OPWDD
Additional Considerations for Service Authorization Denials		
	Other Paid Supports	Department of Health (DOH) Personal Care and Respite services may be utilized in many instances. DH should be used as described above and not in lieu of DOH Personal Care or Respite services or other available services (e.g., services available through a 1915c waiver). DH services can be increased or faded as the individual's needs, outcomes, goals and paid and unpaid supports change. • Individuals with behavioral health issues should be connected to the appropriate behavioral health and/or crisis services, if available and appropriate to maximize support.
	Natural Supports	Families in caregiving roles or other naturally supportive living situations should receive the support needed to assist in creating and maintaining a stable environment. Relief for family members/ caregivers may be provided through Respite services. A family's capacity to provide natural supports should be evaluated, with additional support being required if the family situation

		is destabilized due to mental health issues, the death of a family member or other stressors. Additional support may also be required as the primary caregiver ages or when multiple members of the family require the support of a single caregiver
	Individual Needs	Individuals may require reassessment when they: o Have significant/ complex medical or behavioral needs and are not presenting as clinically stable; OR o Have frequent use of hospital emergency rooms and inpatient services; OR o Require heightened levels of supervision such as being within line of sight or 1:1 within arm's length for safety • Individualized support models may need a blend of DOH Personal Care, Respite services, and DH

Continued Stay Criteria

- The child/youth continues to meet admission criteria;
  AND
- The child/youth is making progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the child/youth meeting service goals;
  AND
- The child/youth does not require an alternative and/or higher, more intensive level of care or treatment;
  AND
- The Service Plan has been appropriately updated to establish or modify ongoing goals.
  AND
- The child/youth is at risk of losing skills gained if the service is not continued

Discharge Criteria

- The child/youth and/or family/caregiver no longer meets admission criteria;
  OR
- The family withdraws consent for services;
  OR
- The child/youth and/or family/caregiver is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies;
  OR

- The family/caregiver no longer needs this service as they are obtaining a similar benefit through other services and resources

Environmental Modifications

Environmental Modifications provides internal and external physical adaptations to the home or other eligible residences of the enrolled child/youth which, per the child/youth's POC, are identified as necessary to support the health, welfare, and safety of the child/youth or that enable the child/youth to function with greater independence in the home and without which the child/youth would require and institutional and/or more restrictive living setting.

Service Components

Modifications include but are not limited to:

- Installation of ramps, handrails, and grab-bars
- Widening of doorways (but not hallways);
- Modifications of bathroom facilities;
- Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies needed for the welfare of the recipient
- Lifts and related equipment
- Elevators when no feasible alternative is available
- Automatic or manual door openers/bells
- Modifications of the kitchen necessary for the participant to function more independently in his/her home
- Medically necessary air conditioning
- Braille identification systems
- Tactile orientation systems
- Bed shaker alarm devices
- Strobe light smoke detection and alarm devices
- Small area drive-way paving for wheel-chair entrance/egress from van to home

Safe environment modifications for behaviorally challenged participants require the prior review of a behavioral specialist and include window protections, reinforcement of walls, durable wall finishes, open-door signal devices, fencing, video monitoring systems, and shatter-proof shower doors. These may also include future technology devices that allow the participant to live more safely and independently to avoid possible institutional placement or placement in a more restrictive living environment, which are available at a reasonable cost in comparison to living in a more restrictive residential setting.

The scope of Environmental Modifications will also include necessary assessments to determine the types of modifications needed.

Note: This service does not duplicate other services available through the New York Medicaid State Plan. All services require prior authorization by the LDSS in conjunction with DOH if exceeding established limits or MMCP environment, which are available at a reasonable cost in comparison to living in a more restrictive residential setting. The scope of Environmental Modifications will also include necessary assessments to determine the types of modifications needed.

Modality

The HHCM/C-YES will coordinate requests for EMods with the LDSS in conjunction with DOH for children/youth enrolled in Fee-for-Service Medicaid. The HHCM/C-YES will coordinate requests for EMods with the Medicaid Managed Care Plan for children/youth enrolled in a MMCP.

Limitations/Exclusions

- Excluded are those adaptations or improvements to the home that are of general utility and are not of direct medical or remedial benefit to the child/youth. Adaptations that add to the total square footage of the home's footprint are excluded from this benefit except when necessary to complete an adaptation (e.g. in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair). Also excluded are pools and hot tubs and associated modifications for entering or exiting the pool or hot tub.

Repair & Replacement of Modification

- In most instances, a specific type of Environmental Modification is a one-time benefit. However, in reasonable circumstances determined and approved by the State, a second modification may be considered for funding as follows: if a person moves to another home; if the current modifications are in need of repair, worn-out, or unsafe; or if a participant wishes to spend considerable time with a non-cohabitating parent in their home and such modifications are required to ensure health and safety during these periods.
- State policy places certain limitations on environmental modifications requested when the home/apartment is a leased space, including property owner sign-off on the modification and limitations on federal/state liability for the cost of removal/replacement/repair of items in public spaces of rental properties.

Modification Limits

- Only those services not reimbursable under the Medicaid State Plan under 1905(a) of the Social Security Act, or other federal/state funding streams will be reimbursable under the HCBS Waiver.
- All Environmental Modifications require prior approval from the LDSS in conjunction with DOH or the MMCP. For Environmental Modifications, the LDSS or MMCP is the provider of record for billing purposes. Contracts for Environmental Modifications may not exceed $15,000 per calendar year The State may consider exceptions when medically necessary, including but not limited to a significant change in the child/youth's needs or capabilities.

  Note: This service does not duplicate other services available through the New York Medicaid State Plan. All services require prior authorization by the LDSS in conjunction with DOH if exceeding established limits or MMCP.

Non-Medical Transportation

Non-Medical Transportation services are offered, in addition to any medical transportation furnished under the 42 CFR 440.17(a) in the State Plan. Non-Medical Transportation services are available for individuals to access authorized HCBS and destinations that are related to a goal included on the child/youth's POC.

Service Components

Examples where this service may be requested include transportation to: HCBS that a child/youth was determined eligible to receive, a job interview, college fair, a wellness seminar, a GED preparatory class, etc. This service will be provided to meet the child/youth's needs as determined by an assessment performed in accordance with the State's requirements and as outlined in the child/youth's POC.

The care manager must document a need for transportation to support an individual's identified goals. The Health Home Care Manager will include justification for this service within the Person-Centered POC. For individuals not enrolled in a Health Home, the Independent Entity or MMCP will be responsible for completing documentation of which goals in an individual's POC to which the trips will be tied. For each participant utilizing Non-Medical Transportation, the Transportation Manager will provide a monthly report of authorized trips to the State.

Limitations/Exclusions

Generally, the same rules used to determine reimbursement of trips to medical appointments should be followed when considering reimbursement of non-medical trips for eligible participants. Only those services not reimbursable under the CFCO State Medicaid Plan will be reimbursable under the HCBS Waiver

The following guidelines apply to Non-Medical Transportation:

- Transportation must be tied to a goal in the POC
- Transportation is available for a specified duration
- Individuals receiving residential services are ineligible for Non-Medical Transportation
- Use transportation available free of charge
- Use the medically appropriate mode of transportation
- Travel within the common marketing area

Vouchers submitted for personal vehicle mileage reimbursement must be submitted within 90 days of the date of service. Only when there are extenuating circumstances, will the Department allow payment for trips that are submitted after the 90-day time period. These requests will be considered on a case-by-case basis provided valid justification is given.

Reimbursement for travel can be denied when the destination does not support the participant's integration into the community.

A participant's POC outlines the general parameters of the child/youth's Non-Medical Transportation needs. However, these needs can change or be amended based upon the participant's stated goals and/or successful ongoing integration into the community.

Medicaid Managed Care Plan Roles

The MMCP is responsible for approving the Person-Centered POC and for forwarding the completed Grid to DOH's Medicaid Transportation Manager. For individuals not enrolled in a HH, the MMCP will be responsible for completing the Grid based on the individual's POC and forwarding to the Transportation Manager. The Grid will include documentation for Non-Medical Transportation including documentation of which goals in an individual's POC the trips will be tied to.

Palliative Care – Expressive Therapy

Palliative care is specialized medical care focused on providing relief from the symptoms and stress of a chronic condition or life-threatening illness. The goal is to improve quality of life for both the child/youth and the family. Palliative care is provided by a specially trained team of doctors, nurses, social workers, and other specialists who work together with a child/youth's doctors to provide an extra layer of support. It is appropriate at any stage of a chronic condition or life-threatening illness and can be provided along with curative treatment.

Children/youth must meet LOC functional criteria and suffer from the symptoms and stress of a chronic medical, physical, or developmental condition or life-threatening illness. The HHCM or C-YES will assist the family with obtaining a doctor's written order including justification for Expressive Therapy from a Physician, Physician Assistant, Nurse Practitioner, Occupational Therapist, Physical Therapist or Psychiatrist. This written order is to be included with the child/youth's POC and made available to the MMCP as needed.

Expressive therapy helps children/youth to feel empowered in their own creativity, control, and aid in their communication of their feelings when their life and body may be rapidly changing during the stressful time of undergoing a chronic condition and/or life-threatening illness and the trauma that often comes with its treatment. Whether through music, art, and/or play therapy, the child/youth may find an outlet that allows them to express their emotions safely and have a medium where they have complete control to play and explore with abandon. The family can participate as well, whether in the form of memories shared together or by tangible objects made by the child/youth they can hold onto - scrapbooks, paintings, or sculpture - mementos that tell their child/youth's life from their perspective and aid in their family's own journey of grief and loss.

Service Components

Expressive Therapy (art, music and play) helps children/youth better understand and express their reactions through creative and kinesthetic treatment.

Modality

Expressive Therapy (art, music and play) 1:1

Setting

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) (see Appendix B) will exhibit characteristics and qualities most often articulated by the individual child/youth and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services, and/or socializes. While remaining inclusive of those in the family and caregiver network, family is broadly defined, and can include families created through birth, foster care, adoption, or a self-created unit.

Limitations/Exclusions

Palliative care benefits may not duplicate Hospice or other State Plan benefits accessible to participants.

Limited to the lesser of four appointments per month or 48 units per calendar year. This limit can be exceeded when medically necessary.

In acknowledgement of the need for checks against fraud and abuse, but to ensure a child/youth's access to services, service utilization in excess of the "soft" unit (i.e., annual, daily, dollar amount) limits must be based on medical necessity. Documentation of the medical necessity for extended durations must be kept on file in the child/youth's record. HCBS should

be initially authorized for no more than six months at a time and based on each participant's unique needs. To exceed billing limits for children/youth enrolled in managed care, providers must contact the MMCP to receive guidance regarding the Plan's specific documentation requirements in these instances.

Admission Criteria

All criteria must be met:

- The child/youth requires specialized medical care focused on providing relief from the symptoms and stress of a chronic condition or life-threatening illness.
  AND
- The above criteria has been captured in the HCBS LOC/Eligibility assessment and the CANS-NY
  AND
- The services are recommended by a Licensed Practitioner of the Healing Arts (LPHA) or treating physician operating within the scope of their practice under State License and actively treating, or has previously treated, the child/youth.

Continued Stay Criteria

- The child/youth continues to meet admission criteria;
  AND
- The child/youth is making progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the child/youth meeting service goals;
  AND
- The child/youth does not require an alternative and/or higher, more intensive level of care or treatment;
  AND
- The Service Plan has been appropriately updated to establish or modify ongoing goals.
  AND
- The child/youth is at risk of losing skills gained if the service is not continued

Discharge Criteria

- The child/youth and/or family/caregiver no longer meets admission criteria;
  OR
- The family withdraws consent for services;
  OR
- The child/youth and/or family/caregiver is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies;
  OR
- The family/caregiver(s) no longer needs this service as they are obtaining a similar benefit through other services and resources.

Palliative Care – Massage Therapy

Palliative Care is specialized medical care focused on providing relief from the symptoms and stress of a chronic medical, physical, or developmental condition or life-threatening illness. The goal of Palliative Care services is to improve quality of life for both the child/youth and the family. Palliative Care is provided by a specially trained team of doctors, nurses, social workers, and other specialists who work together with a child/youth's doctors to provide an extra layer of support. It is appropriate at any stage of a chronic medical, physical, or developmental condition or life-threatening illness and can be provided along with curative treatment. Children/youth must meet LOC functional criteria and suffer from the symptoms and stress of a chronic medical, physical, or developmental condition or life-threatening illness. The HHCM or C-YES will assist the family with obtaining a doctor's written order including justification for Massage Therapy from a Physician, Physician Assistant, Nurse Practitioner, Occupational Therapist, Physical Therapist or Psychiatrist. The written order is to be included with the child/youth's POC and made available to the MMCP as needed.

Service Components

Massage Therapy – To improve muscle tone, circulation, range of motion and address physical symptoms related to their chronic medical, physical, or developmental condition or life-threatening illness.

Modality

Massage Therapy 1:1

Setting

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) (see Appendix B) will exhibit characteristics and qualities most often articulated by the individual child/youth and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services, and/or socializes. While remaining inclusive of those in the family and caregiver network, family is broadly defined, and can include families created through birth, foster care, adoption, or a self-created unit.

Limitations/Exclusions

Palliative care benefits may not duplicate Hospice or other State Plan benefits accessible to participants.
Limited to the lesser of five appointments per month or 60 hours per calendar year.

In acknowledgement of the need for checks against fraud and abuse, but to ensure a child/youth's access to services, service utilization in excess of the "soft" unit (i.e., annual, daily, dollar amount) limits must be based on medical necessity. Documentation of the medical necessity for extended durations must be kept on file in the child/youth's record. HCBS should be initially authorized for no more than six months at a time and based on each participant's unique needs. To exceed billing limits for children/youth enrolled in managed care, providers must contact the MMCP to receive guidance regarding the Plan's specific documentation requirements in these instances ; for children/youth enrolled in FFS, HCBS providers must maintain documentation from a licensed professional that outlines the need to exceed the service limit (e.g., copy of an assessment from a licensed professional; letter from a licensed professional that clearly describes the need for additional units of service, etc.).

Admission Criteria

All criteria must be met:

- The child/youth requires specialized medical care focused on providing relief from the symptoms and stress of a chronic condition or life-threatening illness.
  AND
- The above criteria has been captured in the HCBS LOC/Eligibility assessment and the CANS-NY
  AND
- The services are recommended by a Licensed Practitioner of the Healing Arts (LPHA) or treating physician operating within the scope of their practice under State License and actively treating, or has previously treated, the child/youth.

Continued Stay Criteria

- The child/youth continues to meet admission criteria;
  AND
- The child/youth is making progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the child/youth meeting service goals;
  AND
- The child/youth does not require an alternative and/or higher, more intensive level of care or treatment;
  AND
- The Service Plan has been appropriately updated to establish or modify ongoing goals.
  AND
- The child/youth is at risk of losing skills gained if the service is not continued

Discharge Criteria

- The child/youth and/or family/caregiver no longer meets admission criteria;
  OR
- The family withdraws consent for services;
  OR

- The child/youth and/or family/caregiver is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies;
  OR
- The family/caregiver(s) no longer needs this service as they are obtaining a similar benefit through other services and resources.

Palliative Care – Counseling & Support Services

Palliative Care is specialized medical care focused on providing relief from the symptoms and stress of a chronic medical, physical, or developmental condition or life-threatening illness. The goal of Palliative Care services is to improve quality of life for both the child/youth and the family. Palliative Care is provided by a specially trained team of doctors, nurses, social workers, and other specialists who work together with a child/youth's doctors to provide an extra layer of support. It is appropriate at any stage of a chronic medical, physical, or developmental condition or life-threatening illness and can be provided along with curative treatment.

Children/youth must meet LOC functional criteria and suffer from the symptoms and stress of a chronic medical, physical, or developmental condition or life-threatening illness.

Palliative Care Counseling and Support Services can be delivered:

- To the participant with a chronic medical, physical, or developmental condition or life-threatening illness and the participant's identified family members prior to the passing of the participant, AND/OR
- To the participant's identified family after the passing of participant, if the HCBS provider's Service Plan and the care manager's plan of care (POC) denotes the service as outlined below.

The HHCM or C-YES will assist the family with obtaining a doctor's written order including justification for Counseling and Support Services from a Physician, Physician Assistant, Nurse Practitioner, Occupational Therapist, Physical Therapist or Psychiatrist. The written order is to be included with the child/youth's POC and made available to the MMCP as needed.

Service Components

Counseling and Support Services – Help for participants and their families to cope with the participant's chronic medical, physical, or developmental condition or life-threatening illness and with grief / loss related to the participant's passing.

Modality

Counseling and Support Services: 1:1, family eligible to participate

Setting

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) (see Appendix B) will exhibit characteristics and qualities most often articulated by the individual child/youth and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services, and/or socializes. While remaining inclusive of those in the family and caregiver network, family is broadly defined, and can include families created through birth, foster care, adoption, or a self-created unit.

Limitations/Exclusions

Palliative Care Counseling and Support Services benefits may not duplicate Hospice or other State Plan benefits accessible to participants. Limited to the lesser of five appointments per month or 60 hours per calendar year.

In acknowledgement of the need for checks against fraud and abuse, but to ensure a child/youth's access to services, service utilization in excess of the "soft" unit (i.e., annual, daily, dollar amount) limits must be based on medical necessity. Documentation of the medical necessity for extended durations must be kept on file in the child/youth's record. HCBS should be initially authorized for no more than six months at a time and based on each participant's unique needs. To exceed billing limits for children/youth enrolled in managed care, providers must contact the MMCP to receive guidance regarding the Plan's

specific documentation requirements in these instances ; for children/youth enrolled in FFS, HCBS providers must maintain documentation from a licensed professional that outlines the need to exceed the service limit (e.g., copy of an assessment from a licensed professional; letter from a licensed professional that clearly describes the need for additional units of service, etc.).

Admission Criteria

All criteria must be met:

- The child/youth requires specialized medical care focused on providing relief from the symptoms and stress of a chronic condition or life-threatening illness.
  AND
- The above criteria has been captured in the HCBS LOC/Eligibility assessment and the CANS-NY
  AND
- The services are recommended by a Licensed Practitioner of the Healing Arts (LPHA) or treating physician operating within the scope of their practice under State License and actively treating, or has previously treated, the child/youth.

Continued Stay Criteria

- The child/youth continues to meet admission criteria;
  AND
- The child/youth is making progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the child/youth meeting service goals;
  AND
- The child/youth does not require an alternative and/or higher, more intensive level of care or treatment;
  AND
- The Service Plan has been appropriately updated to establish or modify ongoing goals.
  AND
- The child/youth is at risk of losing skills gained if the service is not continued

Discharge Criteria

- The child/youth and/or family/caregiver no longer meets admission criteria;
  OR
- The family withdraws consent for services;
  OR
- The child/youth and/or family/caregiver is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies;
  OR
- The family/caregiver(s) no longer needs this service as they are obtaining a similar benefit through other services and resources.

Palliative Care – Pain and Symptom Management

Palliative care is specialized medical care focused on providing relief from the symptoms and stress of a chronic condition or life-threatening illness. The goal is to improve quality of life for both the child/youth and the family. Palliative care is provided by a specially trained team of doctors, nurses, social workers, and other specialists who work together with a child/youth's doctors to provide an extra layer of support. It is appropriate at any stage of a chronic condition or life-threatening illness and can be provided along with curative treatment.

Children/youth must meet LOC functional criteria and suffer from the symptoms and stress of chronic medical conditions or illnesses that put individuals at risk for death before age 21.

The Health Home Care Manager or C-YES will assist the family with obtaining a Doctor's written order including justification for Pain and Symptom Management from a Physician. The written order is to be included with the child/youth's POC and made available to the MMCP as needed.

Service Components

Pain and Symptom Management – Relief and/or control of the child/youth's suffering related to their chronic medical, physical, or developmental condition

Modality

Pain and Symptom Management – 1:1

Setting

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) (see Appendix B) will exhibit characteristics and qualities most often articulated by the individual child/youth and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services, and/or socializes. While remaining inclusive of those in the family and caregiver network, family is broadly defined, and can include families created through birth, foster care, adoption, or a self-created unit.

Limitations/Exclusions

Palliative care benefits may not duplicate Hospice or other State Plan benefits accessible to participants.

In acknowledgement of the need for checks against fraud and abuse, but to ensure a child/youth's access to services, service utilization in excess of the "soft" unit (i.e., annual, daily, dollar amount) limits must be based on medical necessity. Documentation of the medical necessity for extended durations must be kept on file in the child/youth's record. HCBS should be initially authorized for no more than six months at a time and based on each participant's unique needs. To exceed billing limits for children/youth enrolled in managed care, providers must contact the MMCP to receive guidance regarding the Plan's specific documentation requirements in these instances.

Admission Criteria

All criteria must be met:

- The child/youth requires specialized medical care focused on providing relief from the symptoms and stress of a chronic condition or life-threatening illness.
  AND
- The above criteria has been captured in the HCBS LOC/Eligibility assessment and the CANS-NY
  AND
- The services are recommended by a Licensed Practitioner of the Healing Arts (LPHA) or treating physician operating within the scope of their practice under State License and actively treating, or has previously treated, the child/youth.

Continued Stay Criteria

- The child/youth continues to meet admission criteria;
  AND
- The child/youth is making progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the child/youth meeting service goals;
  AND
- The child/youth does not require an alternative and/or higher, more intensive level of care or treatment;
  AND
- The Service Plan has been appropriately updated to establish or modify ongoing goals.
  AND
- The child/youth is at risk of losing skills gained if the service is not continued

Discharge Criteria

- The child/youth and/or family/caregiver no longer meets admission criteria;
  OR
- The family withdraws consent for services;
  OR

- The child/youth and/or family/caregiver is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies; OR
- The family/caregiver(s) no longer needs this service as they are obtaining a similar benefit through other services and resources.

Prevocational Services

Prevocational Services are individually designed to prepare a youth (age 14 or older) to engage in paid work, volunteer work, or career exploration. Prevocational Services are not job-specific, but rather are geared toward facilitating success in any work environment for youth whose disabilities do not permit them access to other prevocational services. The service will be reflected in youth's POC and must be directed to teaching skills rather than explicit employment objectives. In addition, Prevocational Services assist with facilitating appropriate work habits, acceptable job behaviors, and learning job production requirements.

Prevocational Services may include volunteer work, such as learning and training activities that prepare a person for entry into the paid workforce. Prevocational Services should enable each participant to attain the highest level of work in the most integrated setting and with the job matched to the participant's interests, strengths, priorities, abilities, and capabilities, while following applicable federal wage guidelines from the U.S. Department of Labor. Services are intended to develop and teach general skills.

Examples include, but are not limited to:

- Ability to communicate effectively with supervisors, co-workers, and customers • Generally accepted community workplace conducts and dress
- Ability to follow directions
- Ability to attend to and complete tasks
- Punctuality and attendance
- Appropriate behaviors in and outside the workplace
- Workplace problem solving skills and strategies
- Mobility training
- Career planning
- Proper use of job-related equipment and general workplace safety Prevocational Services include activities that are not primarily directed at teaching skills to perform a particular job, but at underlying habilitative goals (e.g., attention span, motor skills, interpersonal relations with co-workers and supervisors) that are associated with building skills necessary to perform work and optimally to perform competitive, integrated employment.
- Resume writing, interview techniques, role play, and job application completion
- Exploring career options, facilitating appropriate work habits, acceptable job behaviors, and learning job production requirements
- Assisting in identifying community service opportunities that could lead to paid employment
- Helping youth to connect their educational plans to future career/vocational goals
- Helping youth to complete college, technical school, or other applications to continue formal education/training
- Helping youth to apply for financial aid or scholarship opportunities Documentation is maintained that the service is not available under a program funded under Section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq)

Modality

This service may be delivered in a one-to-one session or in a group setting of two or three participants.

Setting

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) (see Appendix B) will exhibit characteristics and qualities most often articulated by the individual child/youth and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services, and/or socializes. While remaining inclusive of those in the family and caregiver network, family is broadly defined, and can include families created through birth, foster care, adoption, or a self-created unit

Limitations/Exclusions

Documentation is maintained that the service is not available under a program funded under Section 110 of the Rehabilitation Act of 1973 or the IDEA (20 U.S.C. 1401 et seq.).

Prevocational services will not be provided to an HCBS participant if:

- Special education and related services are otherwise available to the individual through a local educational agency, under the provisions of the Individuals with Disabilities Education Act (IDEA), and the provision of HCBS Prevocational services would be duplicative of such services.
- Vocational rehabilitation services are otherwise available to the individual through a program funded under section 110 of the Rehabilitation Act of 1973 (Access VR), and the provision of HCBS Prevocational services would be duplicative of such services.
- Vocational services are provided in facility-based work settings that are not integrated settings in the general community workforce.
- Prevocational services are limited to 2 hours per day.

In acknowledgement of the need for checks against fraud and abuse, but to ensure a child/youth's access to services, service utilization in excess of the "soft" unit (i.e., annual, daily, dollar amount) limits must be based on medical necessity. Documentation of the medical necessity for extended durations must be kept on file in the child/youth's record. HCBS should be initially authorized for no more than six months at a time and based on each participant's unique needs. To exceed billing limits for children/youth enrolled in managed care, providers must contact the MMCP to receive guidance regarding the Plan's specific documentation requirements in these instances ; for children/youth enrolled in FFS, HCBS providers must maintain documentation from a licensed professional that outlines the need to exceed the service limit (e.g., copy of an assessment from licensed professional; letter from a licensed professional that clearly describes the need for additional units of service, etc.).

Admission Criteria

All criteria must be met:

- The youth is age 14 or older and has demonstrated that they need assistance with gaining the skills necessary to facilitate appropriate work habit, acceptable job behaviors, and learning job production requirements due to a disability(s) and/or medical condition(s).
  AND
- The above criteria has been captured in the HCBS LOC/Eligibility assessment and the CANS-NY
  AND
- The services are recommended by a Licensed Practitioner of the Healing Arts (LPHA) operating within the scope of their practice under State License and actively treating, or has previously treated, the child/youth.

The hours/ billing units are provided as guidance and may be exceeded with additional review. Factors to be considered regarding higher service levels include other available paid services. Consideration must also be made for natural supports and individual needs at the time of the request and included in the assessment and Plan of Care.

Ages	Ranges	Criteria
14-17	6-8 hrs./24-32 units per week	If child/ youth graduates/ discontinues education services, PV can increase to meet additional need for vocational skills
18+	6-8 hrs./24-32 units per week	If child/ youth graduates/ discontinues education services, PV can increase to meet additional need for vocational skills
Additional Considerations for Service Authorization Denials		
	Other Paid Supports	Vocational rehabilitation services are otherwise available to the individual through a program funded under section 110 of the

		Rehabilitation Act of 1973 (Access VR), and the provision of HCBS Prevocational services would be duplicative of such services. Vocational rehabilitation services are otherwise available to the individual through a program funded under section 110 of the Rehabilitation Act of 1973 (Access VR), and the provision of HCBS Prevocational services would be duplicative of such services.
	Natural Supports	N/A
	Individual Needs	Individuals may require additional activities related to their educational plans and future career/vocational goals

Continued Stay Criteria

- The child/youth continues to meet admission criteria;
  AND
- The child/youth is making progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the child/youth meeting service goals;
  AND
- The child/youth does not require an alternative and/or higher, more intensive level of care or treatment;
  AND
- The Service Plan has been appropriately updated to establish or modify ongoing goals.
  AND
- The child/youth is at risk of losing skills gained if the service is not continued

Discharge Criteria

- The child/youth and/or family/caregiver no longer meets admission criteria;
  OR
- The family withdraws consent for services;
  OR
- The child/youth and/or family/caregiver is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies;
  OR
- 4The family/caregiver(s) no longer needs this service as they are obtaining a similar benefit through other services and resources.

Planned Respite

Planned Respite services provide planned short-term relief for the child/youth or family/primary caregivers to enhance the family/primary caregiver's ability to support the child/youth's functional, developmental, behavioral health, and/or health care needs. The service is direct care for the child/youth by individuals trained to support the child/youth's needs. This support may occur in short-term increments of time (usually during the day) or on an overnight or longer-term increment. Planned Respite activities support the POC goals and include providing supervision and activities that match the child/youth's developmental stage and continue to maintain the child/youth health and safety.

Respite services may be delivered in a home or residence by qualified practitioners, out-of-home/residence by staff in community-based sites (e.g., community centers, camps, parks), or in allowable facilities.

Modality

Planned Day Respite, Planned Overnight Respite, Crisis Day Respite, Crisis Overnight Respite: These services may be delivered with support of staffing ratios necessary to keep the child/youth, and other children/youth in the environment, safe and as indicated in the child/youth's POC overseen by the Respite provider. Overnight Respite is defined as Respite services provided to a person on two consecutive days when Respite staff are providing oversight to a participant during Overnight Respite should be used in instances to enhance the family/primary caregiver's ability to support the child/youth's functional, developmental, behavioral health, and/or health care needs or to help alleviate the risk for an escalation of symptoms, a loss of functioning, and/or a disruption in a stable living environment. Overnight Respite is not a substitute for childcare.

Setting

Planned or Crisis Day Respite services can be provided in the home of an eligible child/youth or a community setting. Community settings may include areas where a child/youth lives, attends school, works, engages in services and/or socializes and is in compliance with CMS Final Rule (§441.301(c)(4) and (§441.710), HCBS Settings Rule (Appendix B). Note: a provider can be designated for Crisis or Planned Respite without an overnight setting; however, they will only be authorized to provide Respite that does not include an overnight stay or overnight service provision. If the Respite service is provided overnight, it can only be done so in an authorized overnight setting, and that setting must be a licensed/certified facility as outlined below. Planned or Crisis Overnight Respite settings include those licensed or certified by OCFS, OMH, or OPWDD and designated to provide Respite services. Please note there is an exemption in the CMS HCBS Final Rule (March 16, 2014) for allowable Respite care settings. • OMH licensed Community Residence (community-based or state-operated), including Crisis Residence, which has an OMH Operating Certificate demonstrating compliance with 14 NYCRR 594 • OCFS Licensed agency boarding home, a group home, a group residence, or an institution and certified foster boarding homes • OPWDD certified residential setting where the individual does not permanently reside (i.e., Family Care Home; Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IDD); Individualized Residential Alternative (IRA) or Community Residence (CR); or Free-Standing Respite facility under the auspices of OPWDD).

Limitations/Exclusions

Services to children/youth in foster care must comply with Part 435 of 18 NYCRR. Respite is not an allowable substitute for permanent housing arrangements.

- For Respite services that may be provided as crisis or overnight, Federal Financial Participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.
- It is the responsibility of the HHCM/C-YES upon referral to ensure that Respite providers have adequate training and knowledge to address the individual child/youth's needs (including but not limited to physical and/or medical needs such as medications or technology), OR have made arrangements for an appropriately trained and knowledgeable individual to address the individual child/youth's needs (including but not limited to physical and/or medical needs such as medications or technology). Examples include arrangement of an approved Private Duty Nurse for a technology dependent child/youth while in a Respite setting.
- Respite is not a substitute for child care and should only be used in instances to enhance the family/primary caregiver's ability to support the child/youth's functional, developmental, behavioral health, and/or health care needs. The needs of the child/youth should be driving this service and not the availability of the family/primary caregiver to supervise the child/youth. For example, accompanying a child/youth to a community activity at a local park from 5 PM – 7 PM would be billable if aligned with the child/youth's POC and in alignment with the f/s/d outlined in the HCBS Service Plan, whereas the provider staying in the home from 8 PM – 10 PM to provide supervision after bedtime would not be billable
- Annual units for Planned and Crisis Respite are limited to 14 days (full per diems) during the calendar year or 1,344 15-minute units annually. The cumulative total hours of all Planned and Crisis Respite services received may not exceed the 14 day/1,344 15- minute unit annual amount without medical necessity documented in the child's case record. If the child is enrolled in a MMCP, approval from the MMCP must also be documented in the child's case record.
- In acknowledgement of the need for checks against fraud and abuse, but to ensure a child/youth's access to services, service utilization in excess of the "soft" unit (i.e., annual, daily, dollar amount) limits must be based on medical necessity. Documentation of the medical necessity for extended durations must be kept on file in the child/youth's record. HCBS should be initially authorized for no more than six months at a time and based on each participant's unique needs. To exceed billing limits for children/youth enrolled in managed care, providers must contact the MMCP to receive guidance regarding the Plan's specific documentation requirements in these instances.

Admission Criteria

All criteria must be met:

- The child/youth has demonstrated that they require short-term assistance, regardless of disability (developmental, physical, and/or behavioral), because of the absence of or need for relief of the child/youth or the child/youth's family caregiver;
  AND
- The above criteria has been captured in the HCBS LOC/Eligibility Assessment and the CANS-NY.
  AND
- The services are recommended by a Licensed Practitioner of the Healing Arts (LPHA) operating within the scope of their practice under State License and actively treating, or has previously treated, the child/youth.

Continued Stay Criteria

- The child/youth continues to meet admission criteria;
  AND
- The child/youth is making progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the child/youth meeting service goals;
  AND
- The child/youth does not require an alternative and/or higher, more intensive level of care or treatment;
  AND
- The Service Plan has been appropriately updated to establish or modify ongoing goals.

Discharge Criteria

- The child/youth and/or family/caregiver no longer meets admission criteria;
  OR
- The family withdraws consent for services;
  OR
- The child/youth and/or family/caregiver is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies;
  OR
- The family/caregiver no longer needs this service as they are obtaining a similar benefit through other services and resources

Crisis Respite

Crisis Respite is a short-term care and intervention strategy for children/youth and their families that helps to alleviate the risk for an escalation of symptoms, a loss of functioning, and/or a disruption in a stable living environment. It may be used when challenging behavioral or situational crises occur that the child/youth and/or family/caregiver is unable to manage without intensive assistance and support.

Crisis Respite can also be used for crisis intervention or from visiting the emergency room. Crisis Respite should be included on the POC to the extent that it is an element of the crisis plan or risk mitigation strategy. Crisis Respite should only be used in response to an immediate crisis.

Crisis Respite services may be delivered in a home or residence by qualified practitioners, out-of-home/residence by staff in community-based sites, or in allowable facilities. Services offered may include site-based crisis residence, monitoring for high risk behavior, health and wellness skill building, wellness activities, family/caregiver support, conflict resolution, and other services as needed.

Ongoing communication between child/youth or the family/primary caregiver receiving Crisis Respite for their child, the Crisis Respite staff, and the child/youth's established behavioral health and healthcare providers is required to assure collaboration and continuity in managing the crisis situations and identifying subsequent support and service needs.

At the conclusion of a Crisis Respite period, Crisis Respite staff, together with the child/youth and family/primary caregiver, and his or her established behavioral health or health care providers when needed, will make a determination as to the continuation

of necessary care and make recommendations for modifications to the child's POC. Children/youth are encouraged to receive Crisis Respite in the most integrated and cost-effective settings appropriate to meet their respite needs. Out-of-home Crisis Respite is not intended as a substitute for permanent housing arrangements.

Modality

Planned Day Respite, Planned Overnight Respite, Crisis Day Respite, Crisis Overnight Respite: These services may be delivered with support of staffing ratios necessary to keep the child/youth, and other children/youth in the environment, safe and as indicated in the child/youth's POC overseen by the Respite provider. Overnight Respite is defined as Respite services provided to a person on two consecutive days when Respite staff are providing oversight to a participant during Overnight Respite should be used in instances to enhance the family/primary caregiver's ability to support the child/youth's functional, developmental, behavioral health, and/or health care needs or to help alleviate the risk for an escalation of symptoms, a loss of functioning, and/or a disruption in a stable living environment. Overnight Respite is not a substitute for childcare.

Setting

Planned or Crisis Day Respite services can be provided in the home of an eligible child/youth or a community setting. Community settings may include areas where a child/youth lives, attends school, works, engages in services and/or socializes and is in compliance with CMS Final Rule (§441.301(c)(4) and (§441.710), HCBS Settings Rule (Appendix B). Note: a provider can be designated for Crisis or Planned Respite without an overnight setting; however, they will only be authorized to provide Respite that does not include an overnight stay or overnight service provision. If the Respite service is provided overnight, it can only be done so in an authorized overnight setting, and that setting must be a licensed/certified facility as outlined below. Planned or Crisis Overnight Respite settings include those licensed or certified by OCFS, OMH, or OPWDD and designated to provide Respite services. Please note there is an exemption in the CMS HCBS Final Rule (March 16, 2014) for allowable Respite care settings. • OMH licensed Community Residence (community-based or state-operated), including Crisis Residence, which has an OMH Operating Certificate demonstrating compliance with 14 NYCRR 594 • OCFS Licensed agency boarding home, a group home, a group residence, or an institution and certified foster boarding homes • OPWDD certified residential setting where the individual does not permanently reside (i.e., Family Care Home; Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF/IDD); Individualized Residential Alternative (IRA) or Community Residence (CR); or Free-Standing Respite facility under the auspices of OPWDD).

Limitations/Exclusions

Services to children/youth in foster care must comply with Part 435 of 18 NYCRR. Respite is not an allowable substitute for permanent housing arrangements.

- For Respite services that may be provided as crisis or overnight, Federal Financial Participation is not claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.
- It is the responsibility of the HHCM/C-YES upon referral to ensure that Respite providers have adequate training and knowledge to address the individual child/youth's needs (including but not limited to physical and/or medical needs such as medications or technology), OR have made arrangements for an appropriately trained and knowledgeable individual to address the individual child/youth's needs (including but not limited to physical and/or medical needs such as medications or technology). Examples include arrangement of an approved Private Duty Nurse for a technology dependent child/youth while in a Respite setting.
- Respite is not a substitute for child care and should only be used in instances to enhance the family/primary caregiver's ability to support the child/youth's functional, developmental, behavioral health, and/or health care needs. The needs of the child/youth should be driving this service and not the availability of the family/primary caregiver to supervise the child/youth. For example, accompanying a child/youth to a community activity at a local park from 5 PM – 7 PM would be billable if aligned with the child/youth's POC and in alignment with the f/s/d outlined in the HCBS Service Plan, whereas the provider staying in the home from 8 PM – 10 PM to provide supervision after bedtime would not be billable
- Annual units for Planned and Crisis Respite are limited to 14 days (full per diems) during the calendar year or 1,344 15-minute units annually. The cumulative total hours of all Planned and Crisis Respite services received may not exceed the 14 day/1,344 15- minute unit annual amount without medical necessity documented in the child's case record. If the child is enrolled in a MMCP, approval from the MMCP must also be documented in the child's case record.
- In acknowledgement of the need for checks against fraud and abuse, but to ensure a child/youth's access to services, service utilization in excess of the "soft" unit (i.e., annual, daily, dollar amount) limits must be based on medical

necessity. Documentation of the medical necessity for extended durations must be kept on file in the child/youth's record. HCBS should be initially authorized for no more than six months at a time and based on each participant's unique needs. To exceed billing limits for children/youth enrolled in managed care, providers must contact the MMCP to receive guidance regarding the Plan's specific documentation requirements in these instances.

Admission Criteria

All criteria must be met:

- The child/youth has demonstrated that they require immediate short-term assistance to help alleviate the risk for escalation of child/youth's symptoms, a loss of functioning, and/or disruption in a stable living environment OR when a challenging behavioral or situational crisis occurs that the child/youth and/or family/caregiver is unable to manage
  AND
- A behavioral and/or health-related need has previously been identified and documented in the HCBS LOC/Eligibility Assessment and the CANS-NY.

Continued Stay Criteria

- The child/youth continues to meet admission criteria;
  AND
- The child/youth does not require an alternative and/or higher, more intensive level of care or treatment;
  AND
- The Service Plan has been appropriately updated to establish or modify ongoing goals.

Discharge Criteria

- The child/youth and/or family/caregiver no longer meets admission criteria;
  OR
- The family withdraws consent for services;
  OR
- The family/caregiver(s) no longer needs this service as they are obtaining a similar benefit through other services and resources;
  OR
- The HHCM/C-YES, HCBS provider, and/or other involved parties has determined that the situation leading to the need for crisis respite has been resolved.

Supported Employment

Supported Employment services are individually designed to prepare youth with disabilities (age 14 or older) to engage in paid work. Supported Employment services provide assistance to participants with disabilities as they perform in a work setting. Supported Employment provides ongoing supports to participants who, because of their disabilities, need intensive on-going support to obtain and maintain an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals without disabilities.

The outcome of this service is sustained paid employment at or above the minimum wage in an integrated setting in the general workforce, in a job that meets personal and career goals.

Supported Employment services are individualized and may include any combination of the following services: vocational/job-related discovery or assessment, person-centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instruction, job coaching, benefits support, training and planning, transportation, career advancement services, and other workplace support services including services not specifically related to job skill training that enable the participant to successfully integrate into the job setting.

Supported Employment services may also include services and supports that assist the participant in achieving self-employment through the operation of a business including home-based self-employment. However, Medicaid funds are not

used to defray the expenses associated with starting up or operating a business. In addition to the need for an appropriate job match that meets the individual's skills and interests, individuals may also need long term employment support to successfully maintain a job due to the ongoing nature of the HCBS participant's support needs, changes in life situations, or evolving and changing job responsibilities.

Service Components

Supported employment services may be provided in a variety of settings, particularly work sites. Supported employment services include the following:

- Supervision and training that are not job-related
- Intensive ongoing support
- Transportation to and from the job site
- Interface with employers regarding the individual's disability(ies) and needs related to healthcare issue(s)
- Other activities needed to sustain paid work (e.g., employment assessment, job placement, and/or adaptive/assistive equipment and/or technology necessary for employment)
- Job finding and development training in work behaviors
- Assessing the interest and fit of an individual for particular job opportunities, staff work with employers and job sites preparing them to be able to make necessary and reasonable accommodations
- On-site support for the individual as they learn specific job tasks
- Monitoring through on-site observation and through communication with job supervisors and employers

Modality

Individual in-person intervention

Setting

Allowable settings in compliance with Medicaid regulations and the Home and Community Based Settings Final Rule (§441.301(c)(4) and §441.710) (see Appendix B) will exhibit characteristics and qualities most often articulated by the individual child/youth and family/caregiver as key determinants of independence and community integration. Services should be offered in the setting least restrictive for desired outcomes, including the most integrated home or other community-based settings where the beneficiary lives, works, engages in services, and/or socializes. While remaining inclusive of those in the family and caregiver network, family is broadly defined, and can include families created through birth, foster care, adoption, or a self-created unit.

Limitations/Exclusions

Medicaid funds may not be used to defray the expenses associated with starting up or operating a business. Supported Employment service will not be provided to an HCBS participant if: • Special education and related services are otherwise available to the individual through a local educational agency, under the provisions of the Individuals with Disabilities Education Act (IDEA), and the provision of Supported Employment would be duplicative of such services. • Vocational rehabilitation services are otherwise available to the individual through a program funded under section 110 of the Rehabilitation Act of 1973, and the provision of Supported Employment would be duplicative of such services. • Supported employment does not include facility based, or other similar types of vocational services furnished in specialized facilities that are not a part of the general workplace.

- Supported employment does not include payment for supervision, training, support, and/or adaptations typically available to other workers without disabilities filling similar positions in the business.
- Supported employment does not include volunteer work. Such volunteer learning and un-paid training activities that prepare a person for entry into the paid workforce are addressed through Prevocational services.
- Medicaid funding cannot be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:
    - Incentive payments made to an employer to encourage or subsidize the employer's participation in Supported Employment
    - Payments that are passed through to users of Supported Employment services
    - Supported Employment is limited to three hours per day

- In acknowledgement of the need for checks against fraud and abuse, but to ensure a child/youth's access to services, service utilization in excess of the "soft" unit (i.e., annual, daily, dollar amount) limits must be based on medical necessity.

Documentation of the medical necessity for extended durations must be kept on file in the child/youth's record. HCBS should be initially authorized for no more than six months at a time and based on each participant's unique needs. To exceed billing limits for children/youth enrolled in managed care, providers must contact the MMCP to receive guidance regarding the Plan's specific documentation requirements in these instances.

Admission Criteria

All criteria must be met:

- The youth is age 14 or older and has demonstrated that they need assistance with gaining the skills necessary to facilitate appropriate work habit, acceptable job behaviors, and learning job production requirements due to a disability(s) and/or medical condition(s).
  AND
- The above criteria has been captured in the HCBS LOC/Eligibility assessment and the CANS-NY
  AND
- The services are recommended by a Licensed Practitioner of the Healing Arts (LPHA) operating within the scope of their practice under State License and actively treating, or has previously treated, the child/youth.

The hours/ billing units are provided as guidance and may be exceeded with additional review. Factors to be considered regarding higher service levels include other available paid services. Consideration must also be made for natural supports and individual needs at the time of the request and included in the assessment and Plan of Care.

Ages	Ranges	Criteria
Ages 14-17	4-6 hrs./16-24 units per week	If child/ youth graduates/ discontinues education services, SE can increase to meet additional need for vocational skills
18+	4-6 hrs./16-24 units per week	If child/ youth graduates/ discontinues education services, SE can increase to meet additional need for vocational skills
Additional Considerations for Service Authorization Denials		
	Other Paid Supports	Vocational rehabilitation services are otherwise available to the individual through a program funded under section 110 of the Rehabilitation Act of 1973 (Access VR), and the provision of HCBS Prevocational services would be duplicative of such services. Vocational rehabilitation services are otherwise available to the individual through a program funded under section 110 of the Rehabilitation Act of 1973 (Access VR), and the provision of HCBS Prevocational services would be duplicative of such services.
	Natural Supports	Workplace environment

	Individual Needs	Individuals may require additional activities related to their educational plans and future career/vocational goals

Continued Stay Criteria

- The child/youth continues to meet admission criteria;
  AND
- The child/youth is making progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the child/youth meeting service goals;
  AND
- The child/youth does not require an alternative and/or higher, more intensive level of care or treatment;
  AND
- The Service Plan has been appropriately updated to establish or modify ongoing goals.
  AND
- The child/youth is at risk of losing skills gained if the service is not continued

Discharge Criteria

- The child/youth and/or family/caregiver no longer meets admission criteria;
  OR
- The family withdraws consent for services;
  OR
- The child/youth and/or family/caregiver is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies;
  OR
- The family/caregiver(s) no longer needs this service as they are obtaining a similar benefit through other services and resources.

Vehicle Modifications

Vehicle Modifications (VMods) provide physical adaptations to the primary vehicle of the enrolled child/youth which, per the child/youth's POC, are identified as necessary to support the health, welfare, and safety of the child/youth or that enable the child/youth to function with greater independence.

Service Components

Modifications include but are not limited to:

- Portable electric/hydraulic and manual lift
- Ramps
- Foot controls
- Wheelchair lock downs/wheelchair floor
- Deep dish steering wheel
- Spinner knobs
- Hand controls
- Parking brake extension
- Replacement of roof with fiberglass top
- Floor cut outs
- Extension of steering wheel column
- Raised door
- Repositioning of seats
- Dashboard adaptations
- Other ancillary equipment or modifications necessary to guarantee full access to, and safety in, a motor vehicle.

Modality

The HHCM/C-YES will coordinate requests for VMods with the LDSS in conjunction with DOH for children/youth enrolled in Fee-for-Service Medicaid. The HHCM/C-YES will coordinate requests for VMods with the Medicaid Managed Care Plan for children/youth enrolled in a MMCP.

Limitations/Exclusions

Other exclusions include the purchase, installation, and/or maintenance of items such as cellular phones, global positioning/tracking devices, or other mobile communication devices; repair or replacement of modified equipment damaged or destroyed in an accident; alarm systems; auto loan payments; insurance coverage; costs related to obtaining a driver's license, title/registration, license plates, emergency road service, or rental vehicles when a vehicle modification is in process.

Repair & Replacement of Modification

In most instances a specific type of Vehicle Modification is a one-time benefit to motor vehicles used by the child/youth. However, in reasonable circumstances determined and approved by the State, a second modification may be considered for funding if the current modifications are in need of repair, worn-out, or unsafe. Replacements, repairs, upgrades, or enhancements made to existing equipment will be paid if documented as a necessity. In addition, when the modification must be replaced or repaired, a depreciation schedule will be used to determine the limit of the amount to be applied to the cost.

Vehicle Modifications are limited to the primary means of transportation for the child/youth. The vehicle may be owned by the child/youth or by a family member or non-relative who provides primary, consistent, and ongoing transportation for the child/youth. All equipment and technology used for entertainment is prohibited.

Modification Limits

Only those services not reimbursable under the Medicaid State Plan under 1905(a) of the Social Security Act, or other federal/state funding streams will be reimbursable under the HCBS Waiver.

Only those services not reimbursable under the Medicaid State Plan under 1905(a) of the Social Security Act, or other federal/state funding streams will be reimbursable under the HCBS Waiver. Contracts for Vehicle Modifications may not exceed $25,000 per calendar year without prior approval from DOH or the MMCP. The State may consider exceptions when medically necessary, including but not limited to a significant change in the child's needs or capabilities.

Additional State Plan Behavioral Health Services (Children under 21)

Crisis Intervention

Crisis Intervention: Crisis Intervention (CI) Services are provided to children/youth who are identified as experiencing an acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it. A child/youth in crisis may be referred by a family member or other collateral contact who has knowledge of the child/youth's capabilities and functioning. The goals of CI are engagement, symptom reduction, stabilization, and restoring individuals to a previous level of functioning or developing the coping mechanisms to minimize or prevent the crisis in the future. Please refer to "Children's Health and Behavioral Health Services Transformation-Medicaid State Plan Provider Manual for Children's BH Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services" for additional information regarding this service. This service is available for children from birth to 21 years of age.

Admission Criteria

- The child/youth experiencing acute psychological/emotional change which results in a marked increase in personal distress and which exceeds the abilities and the resources of those involved (e.g. collateral, provider, community member) to effectively resolve it; AND
- The child/youth demonstrates at least one of the following:
  - Suicidal/assaultive/destructive ideas, threats, plans or actions that represent a risk to self or others; or
  - Impairment in mood/thought/behavior disruptive to home, school, or the community or
  - Behavior escalating to the extent that a higher intensity of services will likely be required; AND
- The intervention is necessary to further evaluate, resolve, and/or stabilize the; AND
- The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License:
  - Psychiatrist
  - Physician
  - Licensed Psychoanalyst
  - Registered Professional Nurse
  - Nurse Practitioner
  - Clinical Nurse Specialist
  - Licensed Clinical Social Worker
  - Licensed Marriage and Family Therapist
  - Licensed Mental Health Counselor or
  - Licensed Psychologist
  - Addictionologist/Addiction Specialist
  - Physician Assistant

Discharge Criteria

- The child/youth no longer meets admission criteria (demonstrates symptom reduction, stabilization, and restoration, or developing the coping mechanisms to pre-crisis levels of functioning) and/or meets criteria for another level of care, either more or less intensive; OR
- The child/youth or parent/caregiver(s) withdraws consent for services

Limitations/Exclusions

- Within the 72 hour time-frame of a crisis, de-escalation techniques are utilized in an attempt to calm the child; information is gathered from the child, family, and/or other collateral supports on what may have triggered the crisis; information is gathered on the child's history; review of medications occurs, as appropriate, and a crisis plan is developed with the child/family. Warm handoff to providers of needed services should also be occurring following these expectations.
- The following activities are excluded: financial management, supportive housing, supportive employment services, and basic skill acquisition services that are habilitative in nature.
- Services may not be primarily educational, vocational, recreational, or custodial (i.e., for the purpose of assisting in the activities of daily living such as bathing, dressing, eating, and maintaining personal hygiene and safety; for maintaining the recipient's or anyone else's safety, and could be provided by persons without professional skills or training). Services also do not include services, supplies or procedures performed in a nonconventional setting including resorts, spas, therapeutic programs, and camps. Once the current crisis episode and follow up exceeds 72 hours, then it shall be considered a new crisis intervention episode or will be transferred to a longer-term service for rehabilitation skill-building such as CPST. An episode is defined as starting with the initial face to face contact with the child.
- The child/youth's chart must reflect resolution of the crisis which marks the end of the episode. Warm handoff to follow up services with a developed plan should follow.
- Substance Use should be recognized and addressed in an integrated fashion as it may add to the risk and increase the need for engagement in care. Crisis services cannot be denied based upon substance use. Crisis Team members should be trained on screening for substance use disorders.

Family Peer Support Services (FPSS)

Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges

in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child/youth. The service is needed to allow the child the best opportunity to remain in the community. Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth's treatment plan. This service is needed to achieve specific outcome(s), such as: strengthening the family unit, building skills within the family for the benefit of the child, promoting empowerment within the family, and strengthening overall supports in the child's environment Please refer to "Children's Health and Behavioral Health Services Transformation-Medicaid State Plan Provider Manual for Children's BH Early and Periodic Screening and Diagnostic Treatment (EPSDT) Services" for additional information regarding this service. This service is available for children from birth to 21 years of age.

Admission Criteria

- The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM OR
- The child/youth displays demonstrated evidence of skill(s) lost or undeveloped as a result of the impact of their physical health diagnosis; AND
- The child/youth is likely to benefit from and respond to the service to prevent the onset or the worsening of symptoms; AND
- The child/youth's family is available, receptive to and demonstrates need for improvement in the following areas such as but not limited to:
  - strengthening the family unit
  - building skills within the family for the benefit of the child
  - promoting empowerment within the family
  - strengthening overall supports in the child's environment; AND
- The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License:
  - Licensed Master Social Worker
  - Licensed Clinical Social Worker
  - Licensed Mental Health Counselor
  - Licensed Creative Arts Therapist
  - Licensed Marriage and Family Therapist
  - Licensed Psychoanalyst
  - Licensed Psychologist
  - Physician's Assistant
  - Psychiatrist
  - Physician
  - Registered Professional Nurse or
  - Nurse Practitioner

Continued Service Criteria

- The child/youth continues to meet admission criteria; AND
- The child/youth is making progress but has not fully reached established service goals and there is a reasonable expectation that continued services will increase the Child/youth meeting services goals; AND
- Family/caregiver(s) participation in treatment is adequate to meaningfully contribute to the child/youth's progress in achieving service goals; AND
- Additional psychoeducation or training to assist the family/caregiver understanding the child's progress and treatment or to care for the child would contribute to the child/youth's progress; AND
- The child/youth does not require an alternative and/or higher, more intensive level of care or treatment; AND
- The child/youth is at risk of losing skills gained if the service is not continued; AND
- Treatment planning includes family/caregiver(s) and/or other support systems, unless not clinically indicated or relevant.

Discharge Criteria

- The child/youth and/or family no longer meets admission criteria OR
- The child/youth has successfully met the specific goals outlined in the treatment plan for discharge; OR
- The family withdraws consent for services; OR

- The child/youth and/or family is not making progress on established service goals, nor is there expectation of any progress with continued provision of services; OR
- The child/youth and/or family is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies; OR
- The family/caregiver(s) no longer needs this service as they are obtaining a similar benefit through other services and resources.

Limitations/Exclusions

- The provider agency will assess the child prior to developing the treatment plan for the child.
- Treatment services must be part of the treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.
- A child with a developmental disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative service.
- A group cannot exceed more than 12 individuals in total.

Medicaid family support programs will not reimburse for the following:

- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTAs, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g., during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment/recovery plan goals, objectives, and approved services will not be reimbursed.

Community Psychiatric Support & Treatment (CPST)

Community Psychiatric Support & Treatment (CPST) services are goal-directed supports and solution-focused interventions intended to address challenges associated with a behavioral health need and to achieve identified goals or objectives as set forth in the child/youth's treatment plan. This includes the implementation of interventions using evidenced-based techniques, drawn from cognitive-behavioral therapy and/or other evidenced-based psychotherapeutic interventions approved by New York State. CPST includes the following components: Rehabilitative Psychoeducation, Intensive Interventions, Strengths Based Treatment Planning, Rehabilitative Supports, Crisis Avoidance, and Intermediate Term Crisis Management. CPST is designed to provide community-based services to children and families who may have difficulty engaging in formal office settings but can benefit from community based rehabilitative services. CPST allows for delivery of services within a variety of permissible settings including community locations where the member lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes.

Admission Criteria

All criteria must be met:

1. The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM OR the child/youth is at risk of development of a behavioral health diagnosis*; AND
2. The child/youth is expected to achieve skill restoration in one of the following areas: a. participation in community activities and/or positive peer support networks b. personal relationships; c. personal safety and/or self-regulation d. independence/productivity; e. daily living skills f. symptom management g. coping strategies and effective functioning in the home, school, social or work environment; AND

3. The child/youth is likely to benefit from and respond to the service to prevent the onset or the worsening of symptoms, AND

4. The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License:

- Licensed Master Social Worker
- Licensed Clinical Social Worker
- Licensed Mental Health Counselor
- Licensed Creative Arts Therapist
- Licensed Marriage and Family Therapist
- Licensed Psychoanalyst
- Licensed Psychologist
- Physicians Assistant
- Psychiatrist
- Physician
- Registered Professional Nurse or
- Nurse Practitioner

* In instances where behavioral health needs have been identified but a diagnosis is not yet known and/or not specified, providers can use an unspecified ICD-10 diagnosis code, such as R69 (illness, unspecified), F99 (mental disorder, not otherwise specified), or an appropriate Z-code. Throughout the course of the screening and assessment process, should another diagnosis or need outside of behavioral health be identified, then that child/youth should be referred to the appropriate service and/or resource for the condition identified (e.g., children/youth assessed as I/DD should be referred to OPWDD; children/youth assessed for Early Intervention). See Appendix B for more information.

Continuing Service Criteria

All criteria must be met:

1. The child/youth continues to meet admission criteria; AND

2. The child/youth shows evidence of engagement toward resolution of symptoms but has not fully reached established service goals and there is expectation that if the service continues, the child/youth will continue to improve; AND

3. The child/youth does not require an alternative and/or higher, more intensive level of care or treatment; AND

4. The child/youth is at risk of losing skills gained if the service is not continued; AND
5. Treatment planning includes family/caregiver(s) and/or other support systems, unless not clinically indicated or relevant

Discharge Criteria

Any one of criteria 1-6 must be met:

1. The child/youth no longer meets admission criteria and/or meets criteria for another level of care, either more or less intensive; OR
2. The child/youth has successfully met the specific goals outlined in the treatment plan for discharge; OR
3. The child/youth or parent/caregiver(s) withdraws consent for services; OR
4. The child/youth is not making progress on established service goals, nor is there expectation of any progress with continued provision of services; OR

5. The child/youth is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies; OR
6. The child/youth and/or family/caregiver(s) no longer needs this service as he/she is obtaining a similar benefit through other services and resources.

Limitations/Exclusions

- The provider agency will assess the child prior to developing a treatment plan for the child
- Treatment services must be part of the treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits
- A child with a developmental disability diagnosis without a co-occuring behavioral health condition is ineligible to receive this rehabilitative service.
- Group face-to-face may be delivered under Rehabilitative Supports and Rehabilitative Psychoeducation
- Group limit refers to number of child/youth participants, regardless of payor. Groups cannot exceed 8 children/youth. • The provider agency will assess the child prior to developing a treatment plan for the child.
- Treatment services must be part of the treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.
- A child with a developmental disability diagnosis without a co-occuring behavioral health condition is ineligible to receive this rehabilitative service.
- Group face-to-face may be delivered under Rehabilitative Supports and Rehabilitative Psychoeducation
- Group limit refers to number of child/youth participants, regardless of payor. Groups cannot exceed 8 children/youth.

Other Licensed Practitioner

Other Licensed Practitioner: OLP service is delivered by a Non-physician licensed behavioral health practitioner (NP-LBHP) who is licensed in the state of New York operating within the scope of practice defined in State law and in any setting permissible under State practice law. OLP does not require a DSM diagnosis in order for the service to be delivered. NP-LBHPs include individuals licensed and able to practice independently as a:

- Licensed Psychoanalyst
- Licensed Clinical Social Worker (LCSW)
- Licensed Marriage & Family Therapist; or
- Licensed Mental Health Counselor
- Licensed Psychologist
- Licensed Masters Social Workers when under the supervision of Licensed Clinical Social Workers (LCSWs), Licensed Psychologists, or Psychiatrists

In addition to licensure, service providers that offer addiction services must demonstrate competency as defined by state law and regulations. Any practitioner above must operate within a child serving agency that is licensed, certified, designated and/or approved by OCFS, OMH, OASAS OR DOH or its designee, in settings permissible by that designation.

Licensed Evaluation (assessment)
Psychotherapy
Crisis Intervention Activities:
Crisis Triage (by telephone)
Crisis – Off-site (in-person)
Crisis Complex Care (follow -up)

Modality:

- Individual
- Family
- Collateral
- Group

Setting: Services should be offered in the setting best suited for desired outcomes, including site-based, home, or other community-based setting in compliance with State practice law.

Admission Criteria

- The child/youth is being assessed by the NP-LBHP to determine the need for treatment. The NP-LBHP develops a treatment plan for goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits that:
- Corrects or ameliorates conditions that are found through an EPSDT screening; OR
- Addresses the prevention, diagnosis, and/or treatment of health impairments; the ability to achieve age-appropriate growth and development, and the ability to attain, maintain, or regain functional capacity.

Continuing Service Criteria

- The child/youth is making some progress but has not fully reached established service goals and there is expectation that if the child/youth continues to improve, then the service continues; OR
- Continuation of the service is needed to prevent the loss of functional skills already achieved.
- The child/youth continues to meet admission criteria AND
- The child/youth and/or family/caregiver(s) continue to be engaged in services AND
- An alternative service(s) would not meet the child/youth needs AND
- The treatment plan has been appropriately updated to establish or modify ongoing goals.

Discharge Criteria

- The child/youth no longer meets continued stay criteria OR
- The child/youth has successfully reached individual/family established service goals for discharge; OR
- The child/youth or parent/caregiver(s) withdraws consent for services; OR
- The child/youth is not making progress on established service goals, nor is there expectation of any progress with continued provision of services; OR
- The child/youth is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies; OR
- The child/youth and/or family/caregiver(s) no longer needs OLP as he/she is obtaining a similar benefit through other services and resources.

Limitations/Exclusions

• Group limit refers to number of child/youth participants, regardless of payor. Groups should not exceed 8 children/youth. • Consideration may be given to smaller limit of members if participants are younger than 8 years of age. Consideration should be given to group size when family/collaterals are included.
• Consideration for group limits, or, the inclusion of an additional group clinician/facilitator, should be based on, but not limited to: the purpose/nature of the group, the clinical characteristics of the participants, age of participants, developmental level and severity of needs of the participants, inclusion of family/collaterals in group; as well as the experience and skill of the group clinician/facilitator
• Inpatient hospital facilities are allowed for licensed professional other than social workers if a Preadmission Screening and Resident Review (PASRR) indicate it is medically necessary treatment. Social worker visits are included in the Nursing Facility Visits and may not be billed separately.
• Visits to Intermediate Care Facilities for individuals with Mental Retardation (ICF-MR) are not covered.
• All NP-LBHP services provided while the person is a resident of an institution for Mental Disease, such a free standing psychiatric hospital or psychiatric residential treatment facility, are part of the institutional service and not otherwise reimbursable by Medicaid.
• If a child requires medically necessary services that are best delivered in the school setting by a community provider the service needs to be detailed on the treatment plan.
• If a child needs assistance in the schools (educationally necessary) and a school employee will be providing the service, the service must be on the child's Individualized Education Plan (IEP)(504 plan services are not reimbursable by Medicaid).
• Evidence based practices (EBP) require approval, designations, and fidelity reviews on an ongoing basis as determined necessary by New York State. Treatment services must be a part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.

Youth Peer Support

Youth Peer Support and Training: Youth Peer Support and Training (YPST) services are formal and informal services and supports provided to youth, who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services. These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Youth Peer Support and Training activities must be intended to develop and achieve the identified goals and/or objectives as set forth in the youth's individualized treatment plan. The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy skills, and to support their transition into adulthood.

Admission Criteria

- The youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM; OR
- The youth displays demonstrated evidence of skill(s) lost or undeveloped as a result of the impact of their physical health diagnosis; AND
- The youth requires involvement of a Youth Peer Advocate to implement the intervention(s) outlined in the treatment plan, AND
- The youth demonstrates a need for improvement in the following areas such as but not limited to:
  - Enhancing youth's abilities to effectively manage comprehensive health needs
  - Maintaining recovery
  - Strengthening resiliency, self-advocacy
  - Self-efficacy and empowerment
  - Developing competency to utilize resources and supports in the community
  - Transition into adulthood or participate in treatment; AND
- The youth is involved in the admission process and helps determine service goals; AND
- The youth is available and receptive to receiving this service; AND
- The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License:
  - Licensed Master Social Worker
  - Licensed Clinical Social Worker
  - Licensed Mental Health Counselor
  - Licensed Creative Arts Therapist
  - Licensed Marriage and Family Therapist
  - Licensed Psychoanalyst
  - Licensed Psychologist
  - Physician's Assistant
  - Psychiatrist
  - Physician
  - Registered Professional Nurse or
  - Nurse Practitioner

Continued Service Criteria

- The youth continues to meet admission criteria; AND
- The youth shows evidence of engagement toward resolution of symptoms but has not fully reached established service goals and there is expectation that if the service continues, the youth will continue to improve; AND
- The youth does not require an alternative and/or higher, more intensive level of care or treatment; AND
- The youth is at risk of losing skills gained if the service is not continued.; AND
- Treatment planning includes family/caregiver(s) and/or other support systems, unless not clinically indicated.

Discharge Criteria

- The youth no longer meets admission criteria; OR
- The youth has successfully met the specific goals outlined in the treatment plan for discharge; OR
- The youth or parent/caregiver withdraws consent for services; OR

- The youth is not making progress on established service goals, nor is there expectation of any progress with continued provision of services; OR
- The youth is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies; OR
- The youth no longer needs this service as they are obtaining a similar benefit through other services and resources.

Limitations/Exclusions

- The provider agency will assess the child prior to developing the treatment plan for the child.
- Treatment services must be part of the treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visits.
- A youth with a developmental disability diagnosis without a co-occuring behavioral health condition is ineligible to receive this rehabilitative service.
- A group is composed of two or more youth and cannot exceed more than 12 individuals total.
- The intervention plan should identify the medical or remedial services intended to reduce the identified condition as well as the anticipated outcomes of the individual. The intervention plan must specify the amount, duration and scope of services. The intervention plan must be signed by the licensed mental health practitioner or physician responsible for developing the plan with the participant (or authorized representative) also signing to note concurrence with the treatment plan. The plan will specify a timeline for reevaluation of the plan that is at least a quarterly review. The reevaluation should involve the individual, family and providers and include a reevaluation of plan to determine whether services have contributed to meeting the stated goals. A new treatment plan should be developed if there is no measurable reduction of disability or restoration of functional level. The new plan should identify different rehabilitation strategies with revised goals and services.
- 12-step programs run by peers.
- General outreach and education including participation in health fairs, and other activities designed to increase the number of individuals served or the number of services received by individuals accessing services; community education services, such as health presentations to community groups, PTAs, etc.
- Contacts that are not medically necessary.
- Time spent doing, attending, or participating in recreational activities.
- Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor.
- Time spent attending school (e.g., during a day treatment program).
- Habilitative services for the beneficiary (child) to acquire self-help, socialization, and adaptive skills necessary to reside successfully in community settings.
- Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision.
- Respite care.
- Transportation for the beneficiary or family. Services provided in the car are considered transportation and time may not be billed under rehabilitation.
- Services not identified on the beneficiary's authorized treatment plan.
- Services not in compliance with the service manual and not in compliance with State Medicaid standards.
- Services provided to children, spouse, parents, or siblings of the eligible beneficiary under treatment or others in the eligible beneficiary's life to address problems not directly related to the eligible beneficiary's issues and not listed on the eligible beneficiary's treatment plan.
- Any intervention or contact not documented or consistent with the approved treatment/recovery plan goals, objectives, and approved services will not be reimbursed.
- The state assures that rehabilitative services do not include and FFP is not available for any of the following in accordance with section 1905(a0(13) of the Act.
    - Educational
    - Room and board
    - Habilitation services
    - Services to inmates in public institutions as defined in 42 CFR 435.1010;
    - Services to individuals residing in institutions for mental disease as described in 42 CFR 435.1010
    - Recreational and social activities
    - Services that must be covered elsewhere in the state Medicaid plan

Psychosocial Rehabilitation

Psychosocial Rehabilitation Services (PSR) are designed for children/youth and their families/caregivers to assist with implementing interventions outlined in the treatment plan to compensate for or eliminate functional deficits and interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs. The intent of PSR is to restore, rehabilitate, and support a child/youth's functional level as possible and as necessary for the integration of the child/youth as an active and productive member of their community and family with minimal ongoing professional interventions. Activities included must be intended to achieve the identified goals or objectives as set forth in the child/youth's individualized treatment plan.

Admission Criteria

All criteria must be met:
1. The child/youth has a behavioral health diagnosis that demonstrates symptoms consistent or corresponding with the DSM; AND
2. The child/youth is likely to benefit from and respond to the service to prevent the onset or the worsening of symptoms; AND
3. The service is needed to meet rehabilitative goals by restoring, rehabilitating, and/or supporting a child/youth's functional level to facilitate integration of the child/youth as participant of their community and family AND
4. The services are recommended by the following Licensed Practitioners of the Healing Arts operating within the scope of their practice under State License:
- Licensed Master Social Worker
- Licensed Clinical Social Worker
- Licensed Mental Health Counselor Licensed Creative Arts Therapist
- Licensed Marriage and Family Therapist
- Licensed Psychoanalyst
- Licensed Psychologist
- Physicians Assistant
- Psychiatrist
- Physician
- Registered Professional Nurse or
- Nurse Practitioner

Continued Service Criteria

All criteria must be met:
1. The child/youth continues to meet admission criteria; AND
2. The child/youth shows evidence of engagement toward resolution of symptoms but has not fully reached established service goals and there is expectation that if the service continues, the child/youth will continue to improve; AND
3. The child/youth does not require an alternative and/or higher, more intensive level of care or treatment; AND
4. The child/youth is at risk of losing skills gained if the service is not continued; AND
5.Treatment planning includes family/caregiver(s) and/or other support systems, unless not clinically indicated or relevant.

Discharge Criteria

Any one of criteria 1-6 must be met:
1. The child/youth and/or family no longer meets admission criteria OR
2. The child/youth has successfully met the specific goals outlined in the treatment plan for discharge; OR
3. The family withdraws consent for services; OR
4. The child/youth and/or family is not making progress on established service goals, nor is there expectation of any progress with continued provision of services; OR
5. The child/youth and/or family is no longer engaged in the service, despite multiple attempts on the part of the provider to apply reasonable engagement strategies; OR
6. The child/youth and/or family/caregiver(s) no longer needs this service as he/she is obtaining a similar benefit through other services and resources.

Limitations/Exclusions

• The provider agency will assess the child prior to developing a treatment plan for the child., with the PSR worker implementing the intervention identified on the treatment plan
. • A child with a developmental disability diagnosis without a co-occurring behavioral health condition is ineligible to receive this rehabilitative service
. • Group limit refers to number of child/youth participants, regardless of payor. Groups cannot exceed 8 children/youth.
• Consideration for group limits, or, the inclusion of an additional group clinician/facilitator, should be based on, but not limited to: the purpose/nature of the group, the clinical characteristics of the participants, age of participants, developmental level and severity of needs of the participants, inclusion of family/collaterals in group; as well as the experience and skill of the group clinician/facilitator
• Treatment services must be a part of a treatment plan including goals and activities necessary to correct or ameliorate conditions discovered during the initial assessment visit

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New York Office of Mental Health, Crisis Residence Benefit Medicaid Managed Care Implementation, October 15, 2020.

Revision History

Date	Summary of Changes
12/17/2018	Version 1
08/19/2019	Version 2
01/31/2020	Version 3
02/15/2021	Version 4
04/15/2022	Version 5
07/18/2023	Version 1 (Children only Criteria)
08/8/2023	Version 2 (Children only Criteria)