Adirondack Health Institute

Lead Empower Innovate

POLICY AND PROCEDURE

Title: Children's HCBS Waiver Disenrollment and Discharge

Department: Health Home

Intended Population: Children enrolled in HCBS Waiver

Effective Date: 5/1/2021

Review Date: 5/1/2022, 8/1/2022,10/1/2023

DOH Policy Number: CW0006

Purpose of Policy

The purpose of this policy is to outline those circumstances under which children/youth should be disenrolled from the Children's Waiver or discharged from an HCBS and the steps that Health Home Care Manager's should take to effectively disenroll/discharge and ensure the child/youth continues receive appropriate care. This policy pertains to all children and youth receiving Home and Community Based Services (HCBS) HCBS under the 1915(c) Children's Waiver.

Scope

1. This policy must be distributed to all AHI Health Home Program staff and all subcontracting Health Home Service Providers.
2. All recipients of this policy must acknowledge their receipt and understanding of the policy by referring any questions, problems, or compliance issues with the policy within ten days of the issue date to the AHI's Health Home program Assistant Director.
3. All questions regarding this policy or its implementation may be directed to the AHI Health Home Assistant Director.

Statement of Policy

AHI shall develop, disseminate, and review at least annually a Children's HCBS Waiver Disenrollment and Discharge Policy that addresses purpose, scope, roles and responsibilities, management commitment, coordination among organization entities, and compliance. AHI shall formalize documented procedures to facilitate the implementation of the Children's HCBS Waiver Disenrollment and Discharge Policy.

Definitions

AHI HH: AHI Health Home, a designated lead Health Home by the New York State Department of Health

Child: A person age 21 or younger who is not on AOT (Assisted Outpatient Treatment).

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Health Home Network Partners: The group of medical, behavioral, social services, and other community-based organizations by which a Health Home Participant receives services to address needs identified in the comprehensive care management plan developed by the Health Home Participant's AHI Health Home Services Provider.

Health Home Participant: A Health Home Candidate who is participating in the AHI Health Home and is assigned to an AHI Health Home Services Provider for care management.

Health Home Service Provider: An organization that has a fully executed contract (the "Health Home Services Provider Agreement") with the Adirondack Health Institute to provide health home outreach and/or care management services.

Children and Youth Evaluation Service (C-YES): C-YES is the State-designated independent entity which conducts HCBS/Level of Care (LOC) eligibility determinations and provides Medicaid application assistance for children who are eligible for HCBS not yet enrolled in Medicaid. C-YES also develops an HCBS Plan of Care, refers eligible children for HCBS, and monitors access to care for children who opt out of Health Home care management.

Family: Within this document the term "family" is used and defined as the primary caregiving unit inclusive of the wide diversity of primary caregiving units in our society. Family is a birth, foster, adoptive or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Home and Community Based Services (HCBS)/Level of Care (LOC) Eligibility Determination: A tiered assessment where multiple factors must be met for child's HCBS/LOC eligibility to be determined. To access Children's HCBS, a child must meet target population, risk factors, and functional criteria as described in the Children's Waiver. The HCBS/LOC Eligibility Determination is housed within the Uniform Assessment System (UAS).

Discharge: Is used when a specific HCBS has ended. This could occur if the member no longer needs/wants the service, the service is no longer appropriate to meet the member's needs, or the member was successful in meeting the goals of the service.

Disenrollment: Is used when indicating that the member is no longer enrolled in the Children's Waiver and all HCBS due to being found ineligible upon re-assessment, the member went to an institutional level of care more than 90 days, the member no longer has Medicaid, or the member wanted to leave the Children's Waiver.

Workforce member means Employees, board members, volunteers, interns, independent contractors, vendors, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity. This includes full and part time employees, affiliates, associates, volunteers, and staff from third party entities who provide service to the covered entity.

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Background

The Children's HCBS Waiver Disenrollment and Discharge Program Policy at AHI is intended to facilitate the effective implementation of the processes necessary to meet the Health Home Program standards and requirements as stipulated by the NYS DOH, federal regulations, and best practices. This policy directs that AHI meet these requirements.

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When a participant is being disenrolled from the Children's Waiver and/or discharged from HCBS, the HHCM maintains a responsibility for carrying out the discharge planning for the child/youth. The disenrollment/discharge process must include involvement of the child/youth/family, members of the interdisciplinary care team (when possible), lead Health Home, and the Medicaid Managed Care Plan (MMCP).

If the child/youth is being disenrolled from the Health Home program as well, HHCMs must additionally follow the Health Home Disenrollment Policy

Situations when child/youth may be disenrolled from the Children's Waiver and/or discharged from HCBS:

1. Child/youth no longer meets eligibility criteria and/or meets criteria for another, more appropriate service, either more or less intensive.

Loss of Medicaid - All Waiver service recipients must have active Medicaid status (either Community Medicaid or Family of One budgeting) to receive HCBS. Children/youth may lose Medicaid due to a change in the family's financial situation, untimely Medicaid recertification, or not meeting their spenddown amount. If a child/youth loses active Medicaid status, the HHCM should contact the LDSS to understand the reason for the loss of Medicaid and to share with the LDSS that the child/youth is enrolled in the HCBS Children's Waiver and has active Recipient Restriction/Exemption RR/E K- codes. If the family's financial situation has changed so that they are no longer eligible for community Medicaid, the LDSS should conduct the "Family of One" (KK code) Medicaid budgeting to determine Medicaid eligibility for the child/youth, which, if found eligible, would allow the child/youth to remain in HCBS. When a member's Medicaid is no longer active, the Health Home Care Manager (HHCM) can continue to work with the member and the LDSS for up to 90 days to assist with the re-establishment of Medicaid. The HHCM may continue to work with the member but may not bill for services while the member's Medicaid is inactive. HHCM may not refer children/youth to C-YES due to loss of Medicaid, as it is the responsibility of HHCM to assist the child/youth/family with obtaining Medicaid whenever possible. HCBS providers should also be aware of the child/youth's Medicaid status, as it is imperative that HCBS providers verify Medicaid eligibility plus HCBS enrollment (R/RE: K-codes) through eMedNY on a

monthly basis prior to providing services and billing. If a child/youth has lost their Medicaid, the HCBS provider will not be paid for services provided when Medicaid has lapsed.

Lack of annual HCBS/Level of Care (LOC) re-determination **-** HHCMs are required to complete an annual HCBS Level of Care (LOC) Eligibility Re-determination for the child/youth to remain in the Children's Waiver and continue receiving Children's Waiver services. If completed prior to its annual expiration, the child/youth may lose eligibility for the Children's Waiver and will need to be disenrolled.

The annual re-determination should begin two months prior to the expiration of the current HCBS/LOC determination. It is the responsibility of the HHCM to know and understand the requirements and necessary paperwork needed to make an HCBS/LOC eligibility re-determination.

If the HCBS/LOC is completed and the child/youth is no longer found HCBS eligible, then the individual would need to be disenrolled, unless the child/youth/family determines to file for a Fair Hearing with continued aid. If the child/youth/family requests continued aid while awaiting the outcome of a Fair Hearing, then HCBS must continue to be provided until the Fair Hearing decision is determined.

Institutional Level of Care or placement in a restricted setting **-** Children/youth will also be disenrolled from the Children's Waiver if placed in an institutional level of care (such as a hospital, residential placement, nursing home) for longer than 90 consecutive calendar days. Once the HHCM determines or informed that the child/youth's stay will be longer than 90 days, then the child/youth should be disenrolled.

In these situations, HHCMs should work with the hospital or other placements to notify HHCM when the child/youth is being discharged to determine whether HCBS will be needed/wanted upon discharge. HHCMs should conduct an HCBS/LOC Eligibility Determination 30 days prior to the discharge date to determine if the child/youth can be re-enrolled in the Children's Waiver, participate in discharge planning with members of the team working with the child/youth at the facility, and begin planning to ensure that necessary services are in place to assist the child/youth in transitioning back to their home and/or community.

Youth Turns 21 **-** Youth must be disenrolled from the Children's Waiver at age 21. HHCMs should begin working on transition planning with the youth starting at age 18. The Children's Waiver requires that the youth's Plan of Care identify transitional goals starting at the age of 18. HHCMs must explain the benefits of Health Home Serving Adults, HCBS adult services, and other appropriate services that may meet the youth's need through adult service providers.

Death of Child/Youth **-** In the unfortunate event of a Children's Waiver participant's death, HHCMs must disenroll the child/youth in a timely manner. Every effort should be made to notify all care team members inclusive of Medicaid Managed Care Plan (MMCP) and HCBS providers, so collaborative effort can be made to complete the disenrollment for the family with the least amount of burden as possible, while ensuring that the family receives assistance (i.e., connection to other services such as counseling), if needed due to the passing of their child.

2. Child/youth or parent/guardian withdraws consent for treatment

Children/youth must be discharged from HCBS if the member (if age of self-consent) or the parent/guardian/legally authorized representative withdraws consent for services. In these circumstances, the HHCM must work with the member/parent/guardian/legally authorized representative to understand the reasons for withdrawal of consent.

If the member/parent/guardian/legally authorized representative wishes to withdraw from the HCBS the child/youth was receiving, the HHCM must determine if the child/youth is appropriate for alternative HCBS that would better meet the child/youth's needs or refer the child/youth to a different provider if the member/parent/guardian/legally authorized representative has expressed concerns with the particular HCBS/provider. In these situations, the Plan of Care should be updated accordingly.
If the member/parent/guardian/legally authorized representative expresses they would like the child/youth disenrolled from Children's Waiver services altogether, the HHCM must take active steps to disenroll from the Children's Waiver, notify all interdisciplinary care team members, document the reason(s) for disenrollment in the case file, and notify the DOH Capacity Management Team.

3. Child/youth is not participating in the Plan of Care (POC) development.

Every child/youth receiving Children's Waiver services must have a POC that reflects the child/youth's needs and goals and directs the course of services. The POC must be developed using person-centered planning principles and involve active participation of the child/youth and family, as well as care team member input. Thus, if the child/youth/family is not participating in the POC development which includes signature on the POC, there would not be a valid POC to guide services.

In these circumstances, the HHCM should document the attempts to engage the child/youth/family in the development of the person-centered POC. Contact already involved care team providers to assist with a multi-disciplinary meeting to discuss how to assist the child/youth/family and if other programs and/or services may be helpful if there is no interest by the family to participate in a POC for HCBS.

4. Child/youth is not participating and/or utilizing referred services

If a child/youth has been determined eligible for HCBS and the child/family consents to receive HCBS, then at least one HCBS must be received monthly to maintain Children's Waiver eligibility.

Note: If a child/youth is eligible for Children's Waiver and has Family of One Medicaid budgeting, and does not use or need an HCBS, the child/youth may receive Health Home comprehensive care management services as a Home and Community Based to continue to be enrolled in the Children's Waiver.

If the child/youth is not connected to an HCBS upon eligibility being determined or misses monthly HCBS, then the child/youth should be considered for disenrolled from Children's Waiver services, as it is a Federal requirement that an HCBS must be provided monthly.

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Prior to disenrollment, HHCMs must make diligent efforts to engage the child/family in the identified needed HCBS and must document the efforts made to ensure engagement and access in the case record. If there is a concern regarding the child/family's interest in continuing HCBS and attendance/engagement issues occur regularly, then the HHCM should review the Plan of Care (POC) monthly with the child/family to re-engage the family and discuss with the care team to determine if HCBS should be continued, terminated, or changed and/or if a referral to a different provider/service is needed. HHCMs and the HCBS provider(s) should work together in these instances in efforts to engage the family. If the HHCM staff cannot find available HCBS, then they should contact the child/youth's lead Health Home and MMCP, if the child/youth is enrolled. In these instances, the Health Home Care Management Agency (CMA) must contact the lead Health Home for assistance to ensure the health and welfare of the child/youth. Additionally, the lead Health Home should alert NYS DOH or the MMCP of the access issue and work with the HHCM to provide necessary services to enrolled children/youth.

5. Child/youth's needs have changed, and current services are not meeting those needs.

HHCMs must evaluate the child/youth's Plan of Care (POC) goals and progress toward those goals on a regular basis, at minimum every six months or following the occurrence of a Significant Life Event when updating the POC. During the review of goals, it may be identified and/or determined that alternative services and/or service level would better meet the child/youth's needs.

When considering discharge from an HCBS, a review of the HCBS POC goals and needs of the child/youth should be discussed with the child/youth/family and involved interdisciplinary team members and if alternate HCBS or a higher/lower level of care would be more appropriate. Identifying alternative HCBS that would be more appropriate for the child/youth's goals would still allow the child/youth to remain enrolled in the Children's Waiver, while referral to a higher/lower level of care may result in disenrollment from the Children's Waiver.

When discharging a child/youth from a particular HCBS, planning needs to happen surrounding when the service will end and when the last appointment will occur. A review of how the child/youth were initially referred to the service, the goals accomplished and those not met, and a review of the discharge reason. The child/youth/family should feel well informed, know (when possible, agreeing) about the discharge and the next steps needed to transition out of the service.

6. Child/youth's goals would be better served with an alternate service and/or service level.

It may be appropriate to discharge children/youth from a specific Children's Waiver service if the goals outlined in the POC are not being met by the current HCBS, met by the HCBS provider, or requested by the child/youth/family that a change occur. Prior to discharge from the service, however, HHCM should identify whether child/youth's goals would be better served with an alternative HCBS, a different HCBS provider, and/or service level (i.e., change in frequency/scope/duration). HHCMs should work with the HCBS provider(s), child/youth, and family in making this determination.

Children/youth who are eligible for Children's Waiver services through Community Medicaid (as opposed to Family of One Medicaid) and whose needs are met through State Plan Services of Children and Family Treatment Support Services (CFTSS) should be considered for disenrollment from the Children's Waiver.

7. Child/youth's POC goals have been met.

Once a child/youth has been successful in reaching the goals indicated on the POC and no other HCBS are needed for the child/youth to maintain residing in the community, disenrollment from the Children's Waiver may be indicated. The HHCM and HCBS provider(s) should review the POC with the child/youth/family and interdisciplinary care team and determine whether other HCBS goals would be appropriate and necessary.

8. Child/youth support system is in agreement with the aftercare service plan.

When disenrollment from the Children's Waiver is being considered, the interdisciplinary care team should be regularly communicating regarding the child/youth's progress toward stated goals and should be in agreement with the disenrollment plan and/or transition plan.

Disenrollment Process

The HHCM should actively engage with the child/youth and family and document these conversations prior to actively disenrolling the child/youth from the Children's Waiver. HHCMs should additionally engage in collaborative discussions regarding whether disenrollment is necessary, indicated, and/or appropriate, including consultation with supervisors and/or other members of the interdisciplinary care team, as appropriate.

Once determined that disenrollment is appropriate and/or necessary, the HHCM will issue the child/youth/family a Notice of Decision (NOD) explaining the reason for the disenrollment from the Children's Waiver. This notice should be sent within 1-2 business days of the decision. Prior to sending the NOD, the HHCM must discuss options with the child/youth/family, if they are no longer found eligible for HCBS, including their option to request a Fair Hearing.

If the child/youth is actively receiving HCBS at the time the disenrollment decision is made and the family requests a Fair Hearing, the HHCM should ask the family if they would like to request a continuation of HCBS while awaiting the determination of a Fair Hearing; the HHCM must communicate this decision to all involved parties to ensure continuation of services while awaiting the Fair Hearing.

The HHCM must also communicate any changes in status due to disenrollment to NYS DOH Capacity Management and provide the date of disenrollment, reason for disenrollment, and Target Population. In instances of disenrollment, Capacity Management will remove the R/RE K-codes from the file.

In addition to communication with Capacity Management, the HHCM must also communicate the change in status with all involved interdisciplinary team members, provider(s), and MMCP, as appropriate.

The HHCM will also need to complete the Fair Hearing / State Review node within the child/youth's HCBS/LOC Eligibility Determination in the Uniform Assessment System (UAS) to indicate the change in

status. This is especially needed if the child/youth is found HCBS ineligible and is filing a Fair Hearing with continued services, as this will notify why the child/youth continues to receive HCBS with an ineligibility on the child/youth's file. In these circumstances, DOH Capacity Management does not need to be notified as there is continuation of HCBS pending the Fair Hearing Decision.

Discharge Process

Not all instances of service discharge will result in disenrollment from Children's Waiver services. In some cases, a child/youth may be discharged from HCBS that no longer meets the child/youth's goals but may remain in receipt of additional HCBS. In all instances of service discharge, whether accompanied by disenrollment from the Children's Waiver or continuation of alternative HCBS, both the HHCM and HCBS provider(s) will need to execute and document the discharge planning process for the particular service in the Case Record. All appropriate multi-disciplinary care team members should be notified. The Plan of Care appropriately updated according to any and all changes.

Training

This policy will be disseminated for review and questions before policy training is given. If more time is needed outside of the initial policy training, future in-depth training will be developed and/or identified for Health Home Care Managers to gain an understanding of the Children's HCBS and Waiver workflow.

Quality and Performance Improvement

AHI Health Home will review a selection of cases from each HHSP's member attributions that have had a member with a K Code in e-paces. Each case will be assessed for completeness and adherence to the Health Home Policy. Any record found to not have adequate documentation in the member's Electronic Care Management Record is expected to review this policy with their direct supervisor to ensure future adherence.

Contact Person: Assistant Director, Care Management and Health Home

Responsible Person: Health Home Service Provider

Reviewed By: Director, Care Management and Health Home

Approved By: Chief Operating and Compliance Officer