



New York Children’s Health and Behavioral Health Transition: Children’s Health and Behavioral Health System Transformation Webinar for Children and Families Frequently Asked Questions (FAQs)

#	Topic	Question	State Response
1	Accessing Services: Children and Family Treatment and Support Services (CFTSS)	What do I do if I cannot find a CFTSS provider?	<p>If you or your child is enrolled in a Medicaid Managed Care Plan, you can contact the Plan to get connected to a provider in the Plan’s network.</p> <p>You can contact your Health Home Care Manager if you have one.</p> <p>You can contact your local Department of Mental Health/Single Point of Access (SPOA). To find your county information, go to: http://www.clmhd.org/contact_local_mental_hygiene_departments/.</p>
2	Accessing Services: Children’s Home and Community Based Services (HCBS)	Who is the first person I should call to apply for the Children’s Waiver/ Children’s Home and Community Based Services (HCBS)?	<p>1) For children and youth who do not have Medicaid: Call the Children and Youth Evaluation Service (C-YES) at 1-833-333-2937. C-YES can find out if you are eligible for HCBS and for Medicaid.</p> <p>2) For children and youth who already have Medicaid: Talk to a Health Home Care Manager. You can find the Health Home nearest you by clicking on your county in this online map: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_map/index.htm. Your Health Home care manager can work with you to find out if you find out are eligible for HCBS.</p>
3	Service Availability	What should I do if some services are not available in my local area?	<p>Discuss your situation and needs with your current provider, Medicaid Managed Care Plan, Health Home Care Manager or county representative, so they can assist you in finding other services or supports that may help you. New York State and Medicaid Managed Care Plans are working together to increase the availability of providers in any area where there are service gaps.</p>



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4	Eligibility	Can an 18 or 19-year-old still get these children’s services?	<p>Yes. Children’s HCBS and CFTSS are for children and youth under age 21.</p> <p>Health Home Care Managers/C-YES can work with older youth (around age 18) and their families to identify any available adult services that may better address the needs of the youth or start planning for a change to adult services as the youth reaches the age of 21. They can explain services and find which ones might work best for you or your child.</p>
5	General	What HCBS Respite services will be available for an 11-year-old with high functioning autism?	<p>Children’s HCBS Respite services are available to all children and youth in the Children’s waiver who need them. You can work with your Health Home Care Manager or C-YES to find a respite service and a provider that meets your needs.</p>
6	Health Home Care Management	How does a Health Home Care Manager coordinate Home and Community Based Services (HCBS)?	<p>Health Home Care Managers work with you and your child to update the child/youth’s Plan of Care and coordinate access to services.</p> <p>Health Home Care Managers can connect children/youth to HCBS providers. They work with all providers to make sure services are meeting your child’s needs.</p>
7	Health Home Care Management	What is the difference between Health Home Care Management and the 1915c transition?	<p>A Health Home is not a place, it is a Medicaid service that can help support children/youth and their family. A Health Home Care Manager works as team with the child/youth, their family and service providers to help a child/youth receive the care and services they need to stay healthy.</p> <p>The 1915c transition refers to:</p> <ol style="list-style-type: none"> 1) Moving six different 1915(c) children’s waivers into one new consolidated Children’s Waiver; and 2) The change from 1915 (c) care coordination services to children’s Health Home Care Management or care management through the Children and Youth Evaluation Service (C-YES).



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8	Children and Youth Evaluation Service (C-YES)	How do I find out who the C-YES worker is in my county?	<p>You can call C-YES at 1-833-333-2937 TTY: 1-888-329-1541; or email CYESREFERRAL@MAXIMUS.COM.</p> <p>If you choose not to get Health Home Care Management, the Health Home Care Management Agency will refer you to C-YES.</p> <p>More information about C-YES can be found here https://nymedicaidchoice.com/connecting-children-home-and-community-based-services</p>
8	Plan of Care	Can a child or youth sign off on their HCBS Plan of Care, or do they need a medical consentor?	The Plan of Care is meant to be person-centered, where goals are set by the child and family. If a child or youth can understand what is on their Plan of Care, then they will sign their Plan of Care and be a part of that process.
9	Services: Crisis Intervention	Does <i>Crisis Intervention</i> have to be listed in a child/youth's Plan of Care to get the service, or can any youth or family member call the crisis number?	If a child/youth is likely to need Crisis Intervention, the service should be listed in the Plan of Care and the number to call in a crisis should be included on the Safety Plan. The Health Home Care Manager can notify the crisis provider that the service is on the Plan of Care. In a time of crisis, the youth or family can call the number on the Safety Plan in order to reach the crisis provider.
10	Services: Community Habilitation and Respite	<p>Who is providing <i>Community Habilitation and Respite</i>?</p> <p>Can we still work with the individuals who provided us with the service before?</p>	<p>Children's HCBS providers must be designated to provide HCBS, including Community Habilitation and Respite. Workers must meet qualifications to provide the services.</p> <p>If your current provider is designated for HCBS under the new waiver, then their workers can continue to provide these services.</p>



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11	Services: Environmental and Vehicle Modifications	How does getting <i>Environmental and Vehicle Modifications</i> work? What if we used grants before? What are the budget caps?	<p>If you think your child/youth may need <i>Environmental and/or Vehicle Modifications</i>, please discuss it with your Health Home Care Manager or C-YES. They can work with you to evaluate your needs.</p> <p>If modifications are needed, Environmental and/or Vehicle Modifications will be added to the Plan of Care and the Plan of Care will be sent to the Local Department of Social Services (LDSS). Until October 1, 2019, all approvals must go through the LDSS.</p> <p>The LDSS will contact a provider(s) who will come out to your home to find out the cost and how to go about doing the modification. There is a cap of \$15,000 unless pre-approved by state.</p> <p>If you have had a modification before, discuss that with your Health Home Care Manager so they have all the details and can determine if new/additional modification is appropriate.</p> <p>Effective October 1, 2019, when the Children’s Wavier (HCBS) that includes Environmental and Vehicle Modifications become part of the Managed Care Benefit package, children enrolled in Managed Care will work with the Managed Care plan (not the LDSS) to arrange for these services.</p>
12	Services: Adaptive and Assistive Equipment	Is medical equipment (adaptive strollers, walkers, wheelchairs, etc.) covered under HCBS?	<p>Yes, this is most likely covered under <i>Adaptive and Assistive Equipment</i> if not covered under CFCO or DME.</p> <p>You can discuss this with your Health Home Care Manager or C-YES.</p>
13	Services: Non-Medical Transportation	When can <i>Non-Medical Transportation</i> be used?	<p><i>Non-Medical Transportation</i> services are used for children/youth to get to their HCBS visits, and to get to places or events that are related to goals listed in the Plan of Care. It cannot be used for places you go regularly such as the grocery store or work.</p> <p><i>Example(s): HCBS that a child/youth was determined eligible to receive, a job interview, college fair, a wellness seminar, a GED prep class, etc.</i></p> <p>The need for non-medical transportation has to be included on the Plan of Care.</p>



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14	Services: Palliative Care	How soon can we get access to <i>Palliative Care</i> services?	<i>Palliative Care</i> services are part of HCBS and are available as of April 1, 2019 to children who are enrolled in the new Children’s waiver and need them.
15	Transition to Medicaid Managed Care	What is Medicaid Managed Care?	Medicaid Managed Care Plans are health insurance companies that contract with New York State to cover Medicaid services and benefits. When you are enrolled in a Medicaid Managed Care Plan, the plan helps oversee and coordinate your healthcare.
16	Transition to Medicaid Managed Care	Who needs to enroll in a Medicaid Managed Care Plan? Who does not need to enroll in a Medicaid Managed Care Plan?	Currently, children and youth who get HCBS from the Children’s Waiver can enroll in a Medicaid Managed Care Plan, but they do not have to. Starting October 1, 2019, children getting HCBS from the Children’s waiver will need to enroll in Medicaid Managed Care, unless they have another reason for not joining. Some children have comprehensive health insurance in addition to Medicaid. These children cannot enroll in Medicaid Managed Care Plans. Children with Medicare also cannot enroll in a Medicaid Managed Care Plan. Children who need to enroll will get a letter letting them know it’s time to join a Medicaid Managed Care Plan.
17	Transition to Medicaid Managed Care	If my child has private insurance, are they excluded from Medicaid Managed Care?	Some children with limited private insurance can be eligible for Medicaid Managed Care. Children with private comprehensive health insurance are excluded from Medicaid Managed Care. <i>Comprehensive</i> health insurance coverage means that your health insurance Plan covers a wide range of health services, including the ten essential benefits listed in the Affordable Care Act, and that it is not a supplemental or limited-benefit insurance plan. Contact New York Medicaid Choice at 1-800-505-5678 to find out more information.
18	Transition to Medicaid Managed Care	If my child is getting HCBS through the Children’s waiver, and is excluded from Medicaid	Yes, children enrolled in the new Children’s Waiver who are getting HCBS and are excluded from Medicaid Managed Care can still get HCBS through Medicaid as long as they are in the Waiver.



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		Managed Care, can they still get HCBS?	
19	Transition to Medicaid Managed Care	How will the changes affect my child's daily prescription/medication requirements?	The changes do not impact the prescriptions/medications your child has. Some medications for mental health and substance use disorders are newly covered by Medicaid Managed Care. This means that, if you are enrolled in Medicaid Managed Care, you may have to give your insurance company card at the pharmacy instead of your Medicaid card.
20	Transition to Medicaid Managed Care	Are the Foster Care population going to stay under regular Medicaid or will they be moving to a Medicaid Managed Care Plan?	Upstate, some children are in direct care of the LDSS and most of those children are already enrolled in Medicaid Managed Care Plans. There are also children placed in the care of Voluntary Foster Care Agencies who are not currently enrolled in Medicaid Managed Care. With federal approval, most of these children will enroll in Medicaid Managed Care in 2020.
21	Transition to Medicaid Managed Care	What happens if I do not choose a Medicaid Managed Care Plan within 60 days of getting my Managed Care eligibility letter?	<p>If you do not choose a Medicaid Managed Care Plan on time, a plan will be chosen for you. You will get a letter if this happens.</p> <p>After you are enrolled, you will have 90 days to:</p> <ol style="list-style-type: none"> 1) Choose to stay in your Plan, or 2) Pick another Plan <p>After you have been in a plan for 90 days, you will stay in your plan for nine more months before you can change to another plan. You will still be able to change plans if you have a good reason, for example, if you move to an area your current plan doesn't serve.</p>
22	Impact of Transition	Are there any changes to mental health clinic-based services?	Mental health clinic-based services should not be affected by this transition. All clinic services for children are covered under Medicaid Managed Care as of July 1, 2019, along with other behavioral health services that are now covered by Medicaid Managed Care.
23	Resources and Contacts	<p>Where can families find more information on the service changes?</p> <p>Is there an expert that families can call to discuss the transformation?</p>	<p>You can talk to your Health Home Care Manager, or the Children and Youth Evaluation Service at 1-833-333-2937.</p> <p>If you or your child is enrolled in a Medicaid Managed Care Plan, you can contact the Plan directly.</p>



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			<p>You can also visit https://www.omh.ny.gov/omhweb/bho/childrensmc.html or https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/info.htm for more information.</p> <p>If a child is found to have problems keeping his/her services during this transition, call the State's toll-free managed care help line at: 1-800-206-8125 or email: managedcarecomplaint@health.ny.gov.</p>
24	Resources and Contacts	Is there a resource that families can reach out to beyond their Health Home if they need more help?	<p>If a child is found to have problems keeping his/her services during this transition, call the State's toll-free managed care help line at: 1-800-206-8125 or email: managedcarecomplaint@health.ny.gov.</p> <p>More information can be found at: https://www.omh.ny.gov/omhweb/bho/childrensmc.html or https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/info.htm</p>
25	Resources and Contacts	Where can we find a list of which agencies provide which services?	<p>Information about which agencies are designated to provide which services can be found here: https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/provider_design.htm</p>
26	Timeline	Has the 1915c Children's Waiver approved by CMS?	<p>The Children's 1915c waiver amendment has been approved. The new Children's Waiver (NY.4125) was effective April 1, 2019.</p>
27	Waivers: OCFS Bridges to Health (B2H)	When did the Bridges to Health (B2H) Waivers transition to the new Children's Waiver?	<p>All Bridges to Health (B2H) services moved into the new Children's waiver along with the other five waivers on April 1, 2019.</p>
28	Waivers: OCFS Bridges to Health (B2H)	How does my child transition from B2H to an OPWDD program?	<p>OPWDD would have to determine that a child is eligible for their services. This eligibility is different than the B2H eligibility. If a family wishes to switch to the OPWDD Waiver, children should stay in the Children's Waiver while getting their eligibility determined by OPWDD so there is no gap in services. If the child is found eligible for OPWDD services, then the family can decide what waiver services is best to meet th needs of their child.</p>



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29	Waivers: OCFS Bridges to Health (B2H)	Can all children currently enrolled in Bridges to Health (B2H) stay in their Health Home care management program after the transition period (and beyond the one year of continuity of care)?	All children enrolled in one of the six waivers that moved into the Children’s waiver on April 1, 2019 (including the Bridges to Health [B2H] waivers) need to have either Health Home care management or care management from the Children and Youth Evaluation Service (C-YES) in order to get HCBS. All children enrolled in the new Children’s waiver must have an HCBS/Level of Care evaluation at least once every 12 months.
30	Waivers: Other OPWDD Waivers	If my child is eligible for OPWDD services can I transition my child to OPWDD services outside the Children’s wavier services?	If your child is eligible for OPWDD services and you choose to have your child receive services within the OPWDD Comprehensive Waiver, then the child can be referred to OPWDD’s Front Door for service option information. https://opwdd.ny.gov/welcome-front-door/home Link for comparison: https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_children/docs/childrens_opwdd_services_compare.pdf
31	Waivers: Other OPWDD Waivers	Will self-direction be a service that is still offered under the new Children’s Waiver?	Self-Direction is not a service that is offered in the new Children’s Waiver.
32	Waivers: Other OPWDD Waivers	Will children under age 18 who are in an OPWDD HCBS waiver that is not the Care at Home waiver be auto enrolled in the new Children’s Waiver?	Children in OPWDD waivers that are not the Care at Home waiver are not part of the Children’s waiver that began on April 1, 2019. Only the following waiver programs are a part of the new Children’s waiver: <ul style="list-style-type: none"> • Department of Health (DOH) Care at Home (CAH) I/II waiver #NY.4125; • Office for People with Developmental Disabilities (OPWDD) Care at Home waiver #40176; and • Office of Children and Families (OCFS) Bridges to Health (B2H) SED waiver #NY.0469; • Office of Children and Families (OCFS) Bridges to Health B2H Developmental Disability (DD) waiver #NY.0470; and • Office of Children and Families (OCFS) Bridges to Health B2H Medically Fragile waiver #NY.0471.



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			Children will not be auto-enrolled in the Children’s Waiver as choice and consent of service options remains an integral component of this transition.