

**NEW YORK STATE  
MEDICAID PROGRAM**

**OFFICE OF MENTAL RETARDATION  
AND DEVELOPMENTAL DISABILITIES  
HOME AND COMMUNITY BASED  
SERVICES WAIVER  
MANUAL**

**POLICY GUIDELINES**

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## Section I - Description of the OMRDD HCBS Waiver

The OMRDD (Office of Mental Retardation and Developmental Disabilities) HCBS (Home and Community Based Services) Waiver is a federally approved initiative permitting New York State to make available under Medicaid certain services not included in the Medicaid State Plan, to a targeted group of individuals with developmental disabilities who meet specific eligibility criteria.

The waiver is intended to decrease the risk of institutionalization by providing personalized services in the community. These services are based on the needs, preferences and personal goals of the consumer.

Waiver-funded services emphasize individualized services, community inclusion, independence and productivity. The HCBS Waiver was designed to reduce cost while increasing choice and flexibility in service.

The OMRDD HCBS Waiver receives its authority from Section 2176 of Public Law 97-35, Omnibus Reconciliation Act of 1981, which added Section 1915(c) to the Social Security Act.

## Section II - Requirements for Participation in Medicaid

This section outlines the requirements for participation in the New York State Medicaid Program.

### Who May Provide Care

An **incorporated not-for profit agency or governmental entity** may apply to be a provider of waiver services. Individuals interested in becoming an authorized provider must obtain not-for-profit status. Evidence of article of incorporation noting that they will provide services to persons with mental retardation and developmental disabilities will be required.

Interested agencies should contact the OMRDD Developmental Disabilities Services Office (DDSO) in their county. For a listing of DDSOs, go to:

[http://www.omr.state.ny.us/document/hp\\_contacts.jsp](http://www.omr.state.ny.us/document/hp_contacts.jsp)

The DDSO will inform the interested agency about the kinds of documentation required to determine the character and competence of the agency or individual practitioner seeking to provide waiver services.

Additionally, all prospective providers must comply with the terms of the Provider Agreement, approved by the Department of Health (DOH, designated as the single state Medicaid agency with oversight responsibility for the HCBS waiver). Issuance of a Provider Agreement constitutes certification of the covered services. It **does not** constitute a blanket commitment to sponsor unlimited services.

Providers of Waiver Services must operate in accordance with the Parts 624, 633, 635, 636, and Parts 686 and 671 of Title 14 of the New York Code of Rules and Regulations (NYCRR) as applicable.

Providers of waiver services must meet the standards established for each waiver service, apply to, and be approved by OMRDD and DOH for participation in the waiver. Additionally, providers must be enrolled in the Medicaid Program to be reimbursed for the provision of waiver services.

Monthly contact requirements, service coordinator duties and service standards, specific to the HCBS Waiver are found in the OMRDD Waiver Guide entitled "The Key to Individualized Services, The Home and Community Based Services Waiver, A Provider Guide."

## Section III - Targeted Population

To be eligible to participate in the OMRDD HCBS Waiver, an individual must:

- have a diagnosis of a developmental disability
- be eligible for Intermediate Care Facility (ICF)/Mental Retardation (MR) level of care
- be eligible for Medicaid
- choose HCBS waiver services over institutional care

An individual with a developmental disability and residing in New York State can request enrollment in the HCBS waiver by contacting the DDSO that serves the county in which the person resides (Please refer to the DDSO listing in the **Inquiry, Information for All Providers** on this website, or go to:

[http://www.omr.state.ny.us/document/hp\\_contacts.jsp](http://www.omr.state.ny.us/document/hp_contacts.jsp)

## Section IV - Definition of OMRDD HCBS Waiver Services

For the purpose of the Medicaid program and as used in this Manual, HCBS Waiver services are defined as follows:

### Adaptive Technologies

**Adaptive Technologies** are devices, aids, controls, appliances or supplies determined necessary to enable the waiver participant to increase his or her ability to function in a home and community based setting with independence and safety. The array of adaptive technologies to be provided is divided into two categories: communication aids and adaptive aids. Both must be documented as essential to the habilitation, ability to function or safety of the person with a developmental disability who is a waiver participant and essential to avoid or delay more costly institutional placement.

### Consolidated Supports and Services

**Consolidated Supports and Services** includes resources, supports and services to individuals with developmental disabilities in order to improve and maintain the individuals' opportunities for full membership in the community. In comparison with traditional practices around agencies' provision of services, persons with developmental disabilities have increased authority to control the resources associated with this services and other resources at their disposal, with the help of freely chosen circles of support. Circles may include family, friends, clergy, community members, advocates, other self-advocates, a service coordinator or personal agent and/or service broker, other direct care staff and professional staff. Circles should have both paid and unpaid members. The individuals may change any aspect of their supports to pursue the variety and intensity of supports that the individuals desire and need in order to achieve their personal goals and valued outcomes, and to prevent institutionalization. Supports and services must be self-determined, self-directed, and/or person-centered.

### Day Habilitation

**Day Habilitation** provides assistance with the acquisition, retention or improvement of self-help, socialization and adaptive skills which take place in a non-residential setting separate from the home or facility in which the resident lives. Services can include supports to achieve community connections and relationships based on the person's valued outcomes. Services are normally furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week, unless provided as an adjunct to other day activities included in the consumer's plan of care.

### Environmental Modifications

**Environmental Modifications** are provided on a limited one-time only basis to the extent necessary to enable people with physical infirmities and disabilities to live safely in community homes outside the institutional setting. There are selected internal and external modifications to the home environment, required by the recipient's plan of care which is necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home and without which, the recipient would require institutionalization.

## Family Education and Training

**Family Education and Training** is training given to families of consumers enrolled in the HCBS waiver who are under 18 years of age. The purpose of family education and training is to enhance the decision making capacity of the family unit, provide orientation regarding the nature and impact of developmental disability upon the consumer and his or her family and teach them about alternatives. This is a distinct service from service coordination in that the purpose is to support the family unit in understanding and coping with the developmental disability. The information and knowledge imparted in family education and training increases the chances of creating a supportive environment at home and decreases the chances of a premature residential placement outside the home.

## Plan of Care Support Services

**Plan of Care Support Services (PCSS)** assists the consumer and his or her advocate to create and maintain the Individualized Service Environment (ISE). The waiver case manager primarily achieves this outcome by developing, implementing, reviewing, and revising the Individualized Service Plan (ISP). The case manager should have a comprehensive knowledge of community resources, be well versed in the HCBS Waiver and have a thorough knowledge of the participant's personal goals, preferences and needs. Plan of Care Support Services will be provided only to individuals enrolled in the HCBS waiver who have chosen not to receive Medicaid Service Coordination. This is a service needed to review and maintain a consumer's current ISP and to maintain documentation of the consumer's level of care eligibility.

## Prevocational Services

**Prevocational Services** are designed to assist an individual in acquiring and maintaining basic work and work-related skills necessary to acquire and retain work in a paid, integrated work setting. Services may include vocational assessment, skills training, behavior management, problem solving, and the development of appropriate work attitudes and habits necessary for successful job performance. These services will be available to waiver participants who are not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year.

## Residential Habilitation

**Residential Habilitation** provides assistance with acquisition, retention or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Residential Habilitation services are those provided in the waiver participant's residence or as part of services associated with the residence. Habilitation Services are directed toward acquiring and retaining self-help, socialization, adaptive skills and receiving supports necessary to reside in home and community-based settings.

## Respite

**Respite** is a temporary relocation of a person with developmental disabilities from his or her home for the purpose of providing short term relief for care givers in a family setting. Respite can be provided in the home by bringing qualified individuals into the home to care for the participant for a period of hours or overnight, (not to exceed thirty (30) days, for each participant each year). Respite can also be provided outside the home (in a "free standing" respite program or in a supervised setting such as a certified congregate care setting where space and staff have been designated for that purpose).

## Supported Employment

**Supported Employment** services are planned and designed to assist the recipient to engage in paid work in regular integrated work settings. These services are especially designed for persons with disabilities facing severe impediments to employment irrespective of age or vocational potential. These services are targeted to persons for whom employment without support at or above the minimum wage is unlikely. Services include assessment, counseling, job development and placement, on-the-job training, work skill training, ongoing supervision and monitoring, and ongoing support necessary to assure job retention, including transportation.

## Section V - The Service Plan

A written ISP must be developed for each waiver participant. The written plan must describe the participant's strengths, abilities and preferences and must include an assessment of the individual to determine the services needed to prevent institutionalization. The written plan must identify the waiver service(s) to be furnished; the amount, frequency and duration of each service; and the provider who will furnish each service. The plan must also describe supports provided by informal caregivers, such as family or neighbors, as well as services provided under the Medicaid State Plan and other federal and state funding sources.

The process for developing the Service Plan includes, at a minimum, the potential



waiver participant and a service coordinator selected by the participant or their advocate. The participant may choose to have family, friends or advocates participate in the process.

The Service Plan must be reviewed at least every 6 months. The Service Plan must be also be reviewed when there are significant changes in the waiver participant's physical, cognitive, or behavioral status, when expected outcomes are not realized, or when there is a change in the availability of informal supports or formal services.

## Section VI - Providers of HCBS Waiver Services

The OMRDD administers the HCBS Waiver.

It is OMRDD's primary funding mechanism for supporting individuals in the community by providing a variety of services and supports that are uniquely tailored and individualized to meet each person's needs. These services can include:

- habilitation services,
- respite,
- services coordination, and,
- adaptive technologies.

Services are provided either by DDSO staff or through voluntary not-for-profit agencies that have been authorized to provide HCBS waiver services by the DOH.

Providers of OMRDD waiver services must demonstrate to OMRDD and DOH that they meet program qualifications, which include:

- assessments of character,
- competence, and,
- the ability to provide services according to waiver standards.

DDSO staff initially review and approve provider qualifications. The OMRDD Division of Quality Assurance reviews the application and requests formal issuance of a provider agreement from the DOH. As the single state Medicaid agency responsible for oversight of the HCBS waiver, DOH conducts the final review and approval, assuring that the provider has met all the license and certification requirements.

**Providers of waiver services must also be enrolled in the Medicaid Program for billing and reimbursement purposes.**

For additional information regarding the OMRDD HCBS Waiver, and other services available to persons with developmental disabilities, go to the Office of Mental Retardation and Developmental Disabilities' website at:

<http://www.omr.state.ny.us>

For a listing of DDSOs, go to:

[http://www.omr.state.ny.us/document/hp\\_contacts.jsp](http://www.omr.state.ny.us/document/hp_contacts.jsp)