Care at Home (CAH) Waiver Consolidation
Information Session for Families

Date of Presentation(s): February 16, 2017 (AM & PM sessions)

Questions and Answers from the CAH WebEx Session

General Questions

Question: What is the DDRO?

Answer: DDRO stands for OPWDD’s Developmental Disabilities Regional Office. There are 5 OPWDD DDROs statewide and each Regional Office has CAH Coordinators that cover various counties of the state.

Question: What age do children in the CAH Waiver age out?

Answer: The CAH Waiver serves children up until the age of 18.

Question: How do CDPAP (Consumer Directed Personal Assistance Program) services continue after the child turns 18?

Answer: CDPAP is a service authorized through the NYS Department of Health (DOH) and is authorized though the Medicaid State Plan. CDPAP is not a CAH waiver service although children in the CAH waiver do use this service. CDPAP is also available to Medicaid Beneficiaries over the age of 18. CDPAP services continue to be authorized by the LDSS for individuals that are not enrolled in a Managed Long Term Care Plan.

Question: Where is the best place to get information on residential options for my child for the future?

Answer: As a child approaches the age of 18 and will be aging out of the CAH waiver, service needs should be accessed through OPWDD’s Front Door. The Front Door can also be accessed at any time that there is a need to discuss services and supports available through OPWDD. For information on OPWDD’s Front Door Contacts, go to:

https://opwdd.ny.gov/welcome-front-door/Front_Door_Contact_Numbers
**Assistive Technology and Environmental Modifications**

**Question:** What are the new cost caps for Assistive Technology (AT) and Environmental Modifications (E-Mods)?

**Answer:** The cost limit for Assistive Technology, which includes vehicle modifications, is $35,000 in a two-year period. Vehicle modifications, though, are allowed only once in a five-year period. The cost limit for Environmental Modifications is $60,000 in a five-year period. For both of these services, the cost-limits are effective for projects that were received by OPWDD on or after April 1, 2017.

**Question:** After the time period for ATs and E-Mods expires, does it restart?

**Answer:** Yes it will restart. The 2-year period (for ATs) or the 5-year period (for E-Mods) starts with the first project. Once the person meets the limit in the time period, it will restart (i.e., a new 2 or 5 year time period).

**Question:** If we had a van modified 8 years ago, does that mean we could be approved for a new van modification since it has been more than 2 years?

**Answer:** The cost-limits for Assistive Technology are in effect as of January 20, 2017 and vehicle modifications fall under this service. If there is a new need for a vehicle modification, an application will be reviewed by the DDRO. Vehicle Modifications may be approved once in a five-year period.

**Question:** If an E-Mod costs more than $60,000 (for example, an elevator), who pays the excess?

**Answer:** Medicaid payment for Environmental Modifications is limited to $60,000 in a 5-year period.

**Question:** As I understood it, prior to this you could only do either an e-mod or a van modification in the same year. Am I correct in understanding that since the two now fall into separate categories, both can be done in the same year if approved?

**Answer:** Services under these categories that are requested for a child in the CAH waiver will be evaluated by the OPWDD Regional Offices in reviewing the child’s Plan of Care. An Assistive Technology project and an Environmental Modification project can both occur within the same time period.

**Question:** Are the AT and E-Mod limits on a rolling basis?

**Answer:** For projects received by the DDRO on or after April 1, 2017, the first project would be the date the limit starts. Further guidance is pending from OPWDD.
Question: Will a list be created on the OPWDD website for parents to find contractors for E-Mods to obtain the three bids?

Answer: The DDRO can provide information regarding the bidding process for these services. OPWDD does not provide a list of contractors.

Question: We just put in a request for an E-Mod, will this request be included in the new limits?

Answer: Requests submitted to the DDRO prior to April 1, 2017 will be grandfathered in and the new limits will not be applied.

Question: What would be considered a real need in terms of requesting a new modified van? We have already had to make several major repairs on the van in the past 2 years and our concern as it gets older is the amount of money we will continue to have to put into it.

Answer: Vehicle modifications may be requested once in a five-year period, although the cost limits for Assistive Technology ($35,000) now applies. If a family is looking to purchase a replacement vehicle that will also need modifications to suit the child’s needs, a request to fund the modification costs can be made to the Regional Office. General maintenance of a vehicle, and the purchase of the vehicle itself, is not a waiver fundable item.

Question: Is there any way of expediting the approval of an Environmental Modification? I have an urgent need of modifying my bathroom in order to bathe my daughter in a safe manner.

Answer: Requests for Environmental Modifications must be reviewed and approved by the Regional Office. As soon as a need is identified, the CAH Case Manager should work with the OPWDD CAH Coordinator and the Regional Office in moving the request along. Specific situations should be brought to the attention of the Regional Office.

Question: We have had a porch lift on our house for 10 years and I was told this is something that can only be approved for funding once. Since it has been over 5 years, does this now fall under the new $60,000 cap on E-Mods? Is it possible to request a new porch lift before my child ages out of the CAH waiver?

Answer: If there is a justified need for another lift to be considered, such as the current lift is in need of repair, worn-out or unsafe, the parent should work with their child’s CAH Case Manager and the OPWDD Regional Office. If the child is close to aging out and is pursuing services under OPWDD’s Comprehensive HCBS Waiver, there is a similar Environmental Modification waiver service that may be accessed.
Respite

Question: What is Respite?

Answer: Respite is a CAH service that is provided on a short-term basis to provide relief for the child’s primary caregivers. The DDRO can provide further information on Respite providers in your area.

Question: Are there any changes to the number of hours allowed for Respite services per year?

Answer: There is no cap to the number of hours of Respite available. However, there is a cap on the daily rate for Respite Providers under the CAH Waiver.

Conflict Free Case Management/Transition Plan

Note: The Conflict Free Case Management Transition Plan described in the waiver relates to federal mandates for conflict-free case management. The transition plan described in the waiver notes two paths that are being explored by the New York State Department of Health and OPWDD. More information is pending as New York State develops next steps.

Question: Can you explain the Children’s Health Home Model again? Where can we find out more information on the Children’s Health Home Model (i.e., eligibility, services provided)?

Answer: Information on Health Homes can be found on the Department of Health website at the following link:

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

Question: Could you also explain the Transition Plan as it relates to Case Management being independent from Waiver service provision? Would this mean that we would lose our current case manager?

Answer: The federal Conflict of Interest rule states that the same agency that provides case management cannot also provide an HCBS waiver service. The only service in the CAH waiver where there is a potential for conflict of interest is Respite. This means that the Case Management agency cannot also provide Respite services for the child. Again DOH and OPWDD will be providing guidance to CAH agencies in the near future. It is important to note that there are currently very few families with this service arrangement. There are significant advantages of Health Home case management, and OPWDD is now examining the opportunities and implications of implementing Health Home case management for the CAH Waiver within the NYS 1115 Waiver.
Question: Will the use of Health Homes change a family’s ability to see their own Medical providers when they need to? Will the care coordinator need to decide when care is needed?

Answer: There is no immediate effect on a child’s ability to continue seeing their of choice Medicaid medical providers if CAH Case Management transitions to Health Homes. Under a Health Home model, a case manager will be able to better assist families to access medical care through integrated information sharing at a regional level but the Health Home is not a managed care plan. Health Home services can provide case management in fee-for-service and in managed care. One of the major advantages of the Health Home service is that it provides a path for CAH Case Managers to continue to serve CAH Waiver enrollees as the NYS Medicaid system transitions all populations into managed care.

Question: Are there any changes in case management, such as the hours Case Managers are allowed to work with each child each month?

Answer: The OPWDD CAH Waiver only includes changes related to the reimbursement strategy for CAH Case Management providers. The case manager continues to have the responsibility to provide needed case management services for the child each month. Further information on these new Case Management rates will be provided by DOH and OPWDD in the near future.

Question: What is Fee-For-Service (FFS)?

Answer: Fee-For-Service is the current way that CAH Case Managers and CAH Respite Providers are paid for the services provided to a child in the CAH Waiver. The provider (i.e., Case Manager) provides a service (i.e., Case Management) and the provider then submits a billing claim to the NYS Medicaid system. The service providers are paid for services based on set fees that are established by the NYS Department of Health.

Additional Questions

Question: Were there any Public Comment requirements for the CAH Waiver?

Answer: Public notice was provided by DOH and OPWDD in 2012 pertaining to the pending CAH Waiver Consolidation. The consolidation was in deferred status with the federal Centers for Medicare and Medicaid Services (CMS) for several years while CMS and NYS were in negotiations related to OPWDD’s larger Comprehensive HCBS Waiver.