

New York State Office for People with Developmental Disabilities (OPWDD)
Statement Regarding the Need for a Home and Community-Based Settings Transition Plan for OPWDD's
Care at Home (CAH) waivers (CAH III, IV and VI)

Post Date: October 2, 2014

Posted for Public Comment until October 31, 2014

Purpose:

The purpose of this posting is to provide public notice and receive public comments for consideration regarding OPWDD's CAH Waivers in relation to the CMS final rule on appropriate home or community based residential settings, which took effect on March 17, 2014. NYS operates several waivers for children, under the age of 18, including three waivers operated by OPWDD, known as Care at Home (CAH III, IV, and VI) for children with developmental disabilities and complex medical needs.

The Rule itself can be found on the Federal Register at:

<http://www.thefederalregister.com/d.p/2014-01-16-2014-00487>

While additional information regarding the HCBS Settings Rule can be found on the website of the Centers for Medicare and Medicaid Services (CMS) at:

www.cms.gov

Comments:

Public comments are requested in writing no later than October 31, 2014 and can be directed to the following email address:

peoplefirstwaiver@opwdd.ny.gov

Statement Regarding the Need for a Home and Community-Based Settings Transition Plan

OPWDD's Care at Home Waivers (CAH III, IV, VI)

Summary:

CMS' final rule, which took effect March 17, 2014, outlines new requirements on what is considered appropriate home and community based residential settings under HCBS waivers. NYS operates several waivers for children, under the age of 18, including three waivers operated by OPWDD, known as Care at Home (CAH III, IV, and VI) for persons with developmental disabilities and complex medical needs.

The Department of Health, NYS' single state Medicaid agency, has published its proposal for a statewide transition plan for its HCBS waivers to meet the final rule. The CAH waivers operated by OPWDD would be included in the transition plan's detailed census of existing settings where the settings will be evaluated based on exploratory questions in CMS toolkit. This assessment will take place from September 2014 – August 2015. It is not expected that changes to the waivers will be needed due to the reasons outlined below.

A requirement of CAH is that the child is living at home, in a private home in the community with their parent(s) or legal guardian(s). Therefore, requirements related to provider-owned or controlled settings and identified limitations in residential settings will not apply to services and supports for children enrolled in CAH. These children participate in family and community life, to the best of their ability, given their complex medical needs, and have meaningful relationships. The final rule also addresses the need for states to provide person-centered planning which identifies the strengths, preferences and needs (clinical and support) as well as the desired outcomes of the individual. The service plan for the child in CAH is developed by the Case Manager and is person-centered, individualized and includes activities that are both medically necessary and meaningful to the child in order for participation at home and in the community. As CAH recipients are children, their parent(s)/guardian(s) are responsible for their overall care. The services provided in this waiver are in compliance with the federal home and community-based (HCB) requirements at 42 CFR 441.301(c)(4)-(5). The CAH waivers do not appear to require development of mitigation strategies for those settings not in compliance; therefore, a transition plan as required in 42 CFR 441.301(c)(6) is unnecessary for the services provided in these waivers.

Services provided in these waivers:

Case Management: Case Management under the CAH Waivers is provided to assist in gaining access to needed waiver and other State Plan services, as well as medical, social, educational and other services and resources available in the community.

Respite: Respite services are provided to CAH participants, when needed, to provide for relief of those persons who normally provide care for the child. Respite provides the family time to meet other obligations while the CAH child is provided with needed care. These services are being provided in the family's home; however, site-based respite may occur at a freestanding building that is supervised and certified by OPWDD. While site-based respite is an option, respite services are being utilized in the home setting.

Assistive Technologies/Environmental Modifications: These services are available to CAH participants to help them live safely at home with independence and dignity. Assistive Technology-Adaptive Devices are items that are used to increase, maintain, or improve functional capabilities. Vehicle modifications are adaptations to the individual's primary vehicle for full access and safety in a motor vehicle. Environmental modifications are physical adaptations to the CAH waiver participant's home to ensure health, welfare and safety and to function with greater independence.

Conclusion:

All of the services in OPWDD's Care at Home waivers are provided in order to help keep the child living at home with their family, to maximize independence and safety within their home and to gain access to the community.