

Caregiver/Family Supports and Services *and* Community Self-Advocacy Training and Supports Guidance

for Home and Community Based Service (HCBS) Providers, Health Home Serving Children (HHSC), and Medicaid Managed Care Plans (MMCPs)

Purpose

This guidance is to provide clarification regarding Caregiver/Family Supports and Services *and* Community Self Advocacy Training and Supports within the 1915(c) Children’s Waiver.

Background

Caregiver/Family Supports and Services *and* Community Self-Advocacy Training Supports will have the same service definitions to allow two (2) levels of practitioners to be reimbursed at different rates, and to have the ability to perform either service.

Overview of Services

Community Self-Advocacy Training and Supports provides family, caregivers, and collateral contacts with techniques and information not generally available so that they can better respond to the needs of the participant. *Caregiver/Family Supports and Services* enhance the child/youth’s ability, regardless of disability (developmental, physical, and/or behavioral), to function as part of a caregiver/family unit and enhance the caregiver/family’s ability to care for the child/youth in the home and/or community.

While Caregiver/Family Supports and Services *and* Community Self-Advocacy Training and Supports are not being combined at this time, both services will have the same description and allowable staff qualifications. The new service description for both services is below:

Caregiver/Family Supports and Services *and* Community Self-Advocacy Training and Supports enhance the child/youth’s ability, regardless of disability (developmental, physical, and/or behavioral), to function as part of a caregiver/family unit and enhance the caregiver/family’s ability to care for the child/youth in the home and/or community as well as, provides the child/youth, family, caregivers, and collateral contacts (family members, caregivers, and other stakeholders identified on the child/youth’s POC) with techniques and information not generally available so that they can better respond to the needs of the participant. These services are intended to assist the child/youth, family/caregiver, and collateral contacts in understanding and addressing the participant’s needs related to their disability(ies). These services can enhance the child/youth’s ability, regardless of disability (developmental, physical, and/or behavioral), to function as part of a caregiver/family unit and enhance the

caregiver/family's ability to care for the child/youth in the home and/or community.

The use of this service may appropriately be provided to prevent problems in community settings, when the child/youth is experiencing difficulty.

The POC objectives must clearly state how the service can prevent as well as ameliorate existing problems and to what degree. This service cannot be used to develop an Individualized Education Program (IEP), the plan for students with disabilities who meet the federal and state requirements for special education, or to provide special education services to the child/youth. Participating in community events and integrated interests/occupations are important activities for all children/youth, including those with disabilities (developmental, physical, and/or behavioral health in origin). Success in these activities is dependent not only on the child/youth, but on the people, who interact with and support the child/youth in these endeavors. Caregiver/Family Supports and Services *and* Community Self-Advocacy Training and Supports improves the child/youth's ability to gain from the community experience and enables the child/youth's environment to respond appropriately to the child/youth's disability and/or healthcare issues.

For more information on this service, please refer to the [HCBS Manual](#).

Provider Qualifications

While the provider qualifications will remain the same, the service description combination will allow two levels of practitioners, being reimbursed at different rates, to have the ability to perform each service. This expansion will allow for more practitioners to provide the services and increase access to services for children/youth waiting to receive Community Self-Advocacy Training and Support *and/or* Caregiver/Family Supports and Services.

Provider Designation

Providers who are designated to provide one of the services, but not the other, will be automatically added to the designated list for the service they are not currently designated for. The process of becoming designated for Caregiver Family Support and Services or Community Self-Advocacy Training and Support if already designated for one of the services, will be completed administratively by the State. Upon completion, providers will receive an updated Designation Letter indicating that they have been designated to provide the additional service. There is no action needed on behalf of the provider to receive this additional designation. Providers seeking designation for these services who are **not** currently designated for either service, will need to follow the standard provider designation process. Interested providers should contact the Provider Designation Team with their requests to become designated for

both Caregiver/Family Supports and Services *and* Community Self-Advocacy Training and Supports. The Provider Designation Team can be reached by emailing OMH-Childrens-Designation@omh.ny.gov.

MMCP Reimbursement

MMCPs will be able to reimburse for these claims as the rate codes have not changed, and prior authorization will remain the same. Eligibility determination and the POC are the only required elements for initial authorization. MMCPs will reimburse for the initial authorization of 96 units or a total of 24 hours of service for a period of 60 days from the time that the MMCP receives notification from the HCBS provider. Reminder that these are soft limits.

Current Service Delivery / Rate Codes

If a designated provider is already providing both services of Caregiver/Family Supports and Services *and* Community Self-Advocacy Training and Supports by two different staff prior to this change, they can continue to do so by choice of the member/family. However, the rate codes will remain the same. Therefore, two providers will be able to deliver each component of the service (different rate codes), but would not be able to deliver the same component(s) to the same child/youth on the same date of service (same rate codes).

Questions should be submitted to BH.Transition@health.ny.gov