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 | INFORMATIONAL LETTER |
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TRANSMITTAL: 92 INF-33

TO: Commissioners of
 Social Services

DIVISION: Medical
 Assistance

DATE: June 22, 1992

SUBJECT: Transportation Provided Under the Home and Community
 Based Services Waiver

SUGGESTED

DISTRIBUTION: Medical Assistance Staff
 Transportation Unit Staff
 Staff Development Coordinators

CONTACT PERSON: For additional information, contact Timothy
 Perry-Coon at 1-800-342-3715, extension 35958.

ATTACHMENTS: I. Notice of Decision (Not Available On-Line)
 II. OMRDD Developmental Center Listing
 (Not Available On-Line)

FILING REFERENCES

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
87 INF-67		505.10	20.3(d)		89 LCM-193
90 ADM-1		360-7.7	34.3(f) 365-a.2(j) 14 NYCRR 579.5(a)(1)j 585.10, .13		90 LCM-51

I. Purpose

The purpose of this letter is to inform district staff of:

- a. The New York State Office of Mental Retardation and Developmental Disabilities Home and Community Based Services Waiver; and,
- b. Guidelines for the authorization of transportation of persons covered under Medical Assistance.

A. The New York State Office of Mental Retardation and Developmental Disabilities Home and Community Based Services Waiver

The Health Care Financing Administration, on August 29, 1991, approved New York State's application for a Home and Community Based Services Waiver (HCBS) for persons with developmental disabilities. This program is to be administered by the New York State Office of Mental Retardation and Developmental Disabilities (OMRDD). Implementation was effective on September 1, 1991 in 11 counties:

Allegany	Nassau	Suffolk
Cattaraugus	Orange	Sullivan
Chautauqua	Putnam	Ulster
Dutchess	Rockland	

Federal approval to implement this program in the rest of the state was effective January 1, 1992.

In essence, the HCBS program adds a list of eight (8) Medical Assistance (MA) covered services to the existing services now covered under MA. However, these services are only for a limited target population. Total approved enrollment is approximately 4,500 people statewide over a three year period.

The HCBS program was created to allow New York State to use MA reimbursement to support individuals with disabilities in the community rather than in placement in an intermediate care facility for the mentally retarded (ICF/MR).

OMRDD's program includes eight additional services which are now eligible for Medicaid reimbursement for individuals who are enrolled in the program:

- 1. Case Management is the key service and the only required service. The case manager acts as an agent of the program participant to enable him/her to live in the community according to their personal goals, preferences and needs.

2. Residential Habilitation helps individuals with disabilities to acquire skills in activities of daily living in their home or residence.
3. Day Habilitation services enable individuals to attain their maximum functional level in the community by providing training and assistance in developing appropriate social, communication, basic safety and health related skills.
4. Pre-Vocational Services prepare individuals for paid or unpaid employment.
5. Supported Employment includes support services necessary to help individuals obtain and maintain competitive work in integrated settings in the community.
6. Respite provides the primary caregiver relief from the daily responsibilities of supporting an individual(s) with disabilities in the community. Respite may be hourly or residential.
7. Environmental Modifications are changes in the living environment to enhance the program participant's independence.
8. Adaptive Technologies are devices, aids, controls or supplies of either a communication or adaptive type which are necessary to enable the person to increase or maintain the ability to live at home with independence and safety.

New York State's approved application includes waiver of the following Medicaid rules:

- a. Amount, duration, and scope of services requirements of Medical Assistance as set forth in section 1902 (a)(10)(B) of the Social Security Act.
- b. Section 1902 (a)(10)(C)(i)(III) of the Social Security Act in order to be able to use institutional deeming rules when determining eligibility for Medicaid for individuals under the age of 18.

It should be noted that, since MA eligibility is the initial requirement for enrollment in the HCBS Program, an enrolled program participant is eligible for any existing MA covered service.

B. Guidelines for the Authorization of Transportation of Persons Covered Under Medical Assistance

Authorization of transportation expenses of MA recipients should be made following the same authorization procedures established by your department. Authorization of transportation expenses may be necessary only to and from services number 3 through 6 above.

The form "Notice of Decision" (Attachment I) will be sent to you from the director of the local Developmental Disabilities Services Office (DDSO). This notice will contain the name of a recipient who is your fiscal responsibility and who has qualified to participate in this program. All the notices received will comprise the entire group of MA recipients eligible for the above services and who, therefore, are eligible for MA transportation services.

The director of the DDSO will also notify you in writing when a recipient's enrollment in this program is terminated. For example, loss of a recipient's MA eligibility automatically terminates the recipient's enrollment in this program.

Requests for prior authorization for transportation services to and from the above services will be made only by those individuals who are knowledgeable of the recipient's involvement in this program. These individuals have been instructed to use other available modes of transportation before seeking authorization from you.

Questions regarding this program should be addressed to the director of your local DDSO. Attachment II contains the name and telephone number of the local director.

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance