Application for

Section 1915(b) (4) Waiver
Fee-for-Service
Selective Contracting Program

November 1, 2020

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Application for Section 1915(b) (4) Waiver Fee-for-Service (FFS) Selective Contracting Program

Face-Sheet

The State of New York requests a waiver/amendment under the authority of section 1915(b) of the Act. The Medicaid agency will directly operate the waiver.

The **name of the waiver program is** Tenancy Supports.
(List each program name if the waiver authorizes more than one program.).

Type of request. This is:
☒an initial request for new waiver.
☐a request to amend an existing waiver, which modifies Section/Part ____
☐a renewal request
Section A is:
☐replaced in full
☐carried over with no changes
☐changes noted in **BOLD**.
Section B is:
☐replaced in full
☐changes noted in **BOLD**.

Effective Dates: This waiver/renewal/amendment is requested for a period of 5 years beginning 11/01/2020 and ending 10/31/2025

State Contact: The State contact person for this waiver is Emily Engel, Deputy Director, Bureau of Social Determinants of Health and he can be reached by telephone at 518-486-2168, or e-mail at emily.engel@health.ny.gov. (List for each program)

Section A – Waiver Program Description

Part I: Program Overview

Tribal Consultation:
Describe the efforts the State has made to ensure that Federally recognized tribes in the State are aware of and have had the opportunity to comment on this waiver proposal (if additional space is needed, please supplement your answer with a Word attachment).

Response: A Tribal Notification was sent out on January 31, 2020 informing the Tribes of the submission of a new 1915(b)(4) waiver application to allow selective contracting for Home Rehabilitative Services (HRS).

Program Description:
Provide a brief description of the proposed selective contracting program or, if this is a request to amend an existing selective contracting waiver, the history of and changes requested to the existing program. Please include the estimated number of enrollees served throughout the waiver (if additional space is needed, please supplement your answer with a Word attachment).

Response: New York requests a waiver to selectively contract for Home Rehabilitative Services (HRS), which are Medicaid State Plan Rehabilitative services to assist an individual eligible with mental health, substance use disorder, HIV/AIDS, chronic homeless as defined by HUD, elderly or behavioral health needs to successfully live in the community. This waiver request includes all dual eligibles for whom the service is medically necessary. This application requests a five-year waiver approval for selective contracting for HRS providers who will provide the crisis services outlined in the approved State Plan. The estimated number of enrollees, at a given time, projected to be served through the HRS service is approximately 27,000 individuals.

An alternative payment structure will be utilized for HRS. The monthly payments are based upon the expected monthly utilization of the State Plan services. All payments to the HRS provider are paid through eMedNY, the State's MMIS.

Waiver Services:
Please list all existing State Plan services the State will provide through this selective contracting waiver (if additional space is needed, please supplement your answer with a Word attachment).

Response:
This waiver will allow selective contracting of:

- Home Rehabilitative Services (HRS) which consist broadly of those which are furnished to assist individuals in transitioning from institutional settings (including emergency housing) to access safe, decent and affordable housing that is integrated within the broader community; arranging connection to community supports and encouraging building of natural supports necessary to assist residents to remain in their preferred housing; and providing tenancy related services to promote housing stability.
- Home Rehabilitative Services include individual housing transition services that support an

individual's ability to prepare for and transition to housing; and individual housing and tenancy sustaining services that support the individual in being a successful tenant in his/her housing arrangement and thus able to sustain tenancy. HRS is a face-to-face intervention between housing provider staff and an individual enrolled receiving HRS; and may include collateral contacts beyond the individual, as necessary to achieve goals or objectives in the individualized support plan. Services are delivered in a variety of settings in the community or in the individual's place of residence.

A. Statutory Authority

1. **Waiver Authority.** The State is seeking authority under the following subsection of 1915(b):

   ___X___ 1915(b) (4) - FFS Selective Contracting program

2. **Sections Waived.** The State requests a waiver of these sections of 1902 of the Social Security Act:

   a. **_____ Section 1902(a) (1) – Statewideness**
   b. **_____ Section 1902(a) (10) (B) - Comparability of Services**
   c. **__X__ Section 1902(a) (23) - Freedom of Choice**
   d. **_____ Other Sections of 1902 – (please specify)**

B. Delivery Systems

1. **Reimbursement.** Payment for the selective contracting program is:

   __X__ The same as stipulated in the State Plan and HCBS waiver
   _____ Is different than stipulated in the State Plan (please describe)

2. **Procurement.** The State will select the contractor in the following manner:

   _X_ **Competitive** Procurement
   _____ **Open** cooperative procurement
   _____ **Sole** source procurement
   _____ **Other** (please describe)

C. Restriction of Freedom of Choice

1. **Provider Limitations.**

   __X__ Beneficiaries will be limited to a single provider in their service area.
   _____ Beneficiaries will be given a choice of providers in their service area.

   (NOTE: Please indicate the area(s) of the State where the waiver program will be implemented.

The HRS services are provided statewide. State agencies would serve as single designated entities for their respective populations. For example, the Office of Mental Health would be the single designated entity for individuals qualifying for HRS based on a disabling mental health condition. The provision of HRS would be limited to HRS providers under contract with a single designated entity. DOH will coordinate with Single Designated Providers on reporting and payment. HRS would be provided and documented by subcontracted providers, billed by the DOH on the subcontracted provider's behalf, and paid for by the Single Designated Entity overseeing the subcontracted provider.

2. **State Standards.**

Detail any difference between the state standards that will be applied under this waiver and those detailed in the State Plan coverage or reimbursement documents (if additional space is needed, please supplement your answer with a Word attachment).

Response: 1915(b)(4) Waiver service providers are required to:

- Have a plan with data-driven strategies to address homelessness in the specific populations for the locality they are serving with HRS Medicaid services. The provider's proposal must be consistent with their most recent HUD Continuum of Care (CoC) data, local planning or other local, state and federal reports/data or demonstrate the need in the geographic area using pertinent statistics. The provider's proposal must demonstrate that it will have a meaningful impact on addressing the identified needs of the eligible target population(s), including by demonstrating the appropriateness of the program's approach to meet the needs of the target population, including providing culturally-competent and trauma-informed services. The plan? will also demonstrate cost-effectiveness and include a realistic and comprehensive budget.
- Ensure eligibility of Home Rehabilitative Services designed to assist eligible individuals to live independently and remain stably housed. Services include counseling, independent living skills training, community transitional services, housing transition services, housing tenancy support, transitional housing support, and benefits advocacy. The services provided should be tailored and appropriate to the specific population to be served by the provider. The provider should demonstrate that barriers to primary healthcare are eliminated.
- Provide services and supports to help individuals manage health and behavioral health conditions, address other disabling conditions or life challenges that become and barriers to being stably housed;
- Facilitate access to health services and improve the health status and quality of life experiences of individuals who are enrolled in Medicaid;
- Provide services that promote housing stability in a supportive environment based on positive development principles that recognize and build on the individuals' strengths, and to maximize opportunities. The contractor will provide linkage to all Medicaid services to which the individual is eligible:

1. Housing Transition Services (Pre-Tenancy Supports)

Housing Transition Services are intended to assist eligible individuals to obtain housing in

the community and may include one or more of the following components:

- Conducting an individual housing needs assessment to identify the individual's preferences and barriers related to obtaining housing and maintaining community integration.
- Helping individuals with establishing a household, becoming acquainted with the local community; providing linkages to health home care coordination and community resources, including: primary care; substance use treatment providers; mental health providers; medical, vision, nutritional and dental providers; vocational, education, employment and volunteer supports; parenting resources; hospitals and emergency rooms; probation and parole; crisis services; end of life planning; and other support groups and natural supports.
- Developing an individualized housing support plan based upon the housing needs assessment that addresses identified barriers, includes short and long-term measurable goals for each issue, establishes the participant's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medicaid, may be required to meet the goal.
- Rehabilitative skills training to assist apply for and locate housing, identify and secure resources to obtain housing, ensure that their living environment is safe and ready for move-in, and arrange for moving.

2. Tenancy Sustaining Services

Tenancy Sustaining Services occur once a participant has a residence in a community setting. Tenancy Sustaining Services may include the following, as needed:

- Individualized service planning with individuals to review, update and modify housing support and crisis plan to reflect current needs and address existing or recurring housing retention barriers. This includes developing emergency and crisis plans that includes prevention and early intervention services when housing is jeopardized.
- Health literacy skills training and helping individuals understand care instructions.
- Living skills training and support, including nutritional counseling, understanding transportation routes, and financial/household management and budgeting skills training.
- Assisting individuals to navigate and obtain entitlements for which they may qualify, including advocacy skills training to assist individuals successfully interact with an entitlement agency.
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- Assisting individuals to understand their rights and responsibilities as tenants, comply with the terms of their lease, navigate the housing recertification process, communicate with the landlord and/or property manager regarding the participant's disability, and negotiate and obtain any accommodations needed.
- Coaching on developing and maintaining key relationships with landlord's/property managers, including instruction and assistance with resolving apartment and building maintenance issues, with a goal of promoting successful tenancy.
- Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized.

- Crisis planning and ongoing support for individuals concerning housing-related issues during and after an emergency situation, such as hospitalization.

D. Populations Affected by Waiver

(May be modified as needed to fit the State's specific circumstances)

1. **Included Populations.** The following populations are included in the waiver:

_____Section 1931 Children and Related Populations
__X____Section 1931 Adults and Related Populations
__X____Blind/Disabled Adults and Related Populations
_____Blind/Disabled Children and Related Populations
__X____Aged and Related Populations
_____Foster Care Children
_____Title XXI CHIP Children
_X_____Other: Individuals having mental illness, substance use disorder or behavioral challenges and at risk of homelessness who currently receive or will receive a rental subsidy through a supportive housing program operated by the Department of Health (DOH), Office of Mental Health (OMH), Office of Temporary and Disability Assistance (OTDA), Office of Alcoholism and Substance Abuse Services (OASAS), or Office for People with Developmental Disabilities (OPWDD). *Note: The covered activities do not constitute the direct delivery of the rental subsidy ogram.*

2. **Excluded Populations.** The following populations are excluded from participating in the waiver:

_____Dual Eligibles
_____Poverty Level Pregnant Women
_____Individuals with other insurance
_____Individuals residing in a nursing facility or ICF/MR
_____Individuals enrolled in a managed care program
_____Individuals participating in a HCBS Waiver program
_____American Indians/Alaskan Natives
_____Special Needs Children (State Defined) Please provide this definition.
_____Individuals receiving retroactive eligibility
__X_____Other (Please define): Individuals without mental health, substance use disorder or significant behavioral health needs who do not meet the medical necessity for the HRS services are excluded from this waiver

Part II: Access, Provider Capacity and Utilization Standards

A. Timely Access Standards

Describe the standard that the State will adopt (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has adopted) defining timely Medicaid beneficiary access to the contracted services, *i.e.*, what constitutes timely access to the service?

1. How does the State measure (or propose to measure) the timeliness of Medicaid beneficiary access to the services covered under the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment)?

   Response: HRS designated provider(s) must have enough professional staffing to operate in each region and the ability to coordinate a network of providers to ensure the provision of services for HRS service recipients. Providers must ensure the team includes professionals from appropriate disciplines who services and supports and initial contact within two weeks of referral from the Single Designated Providers. Services will be provided to all individuals who meet medical necessity criteria for the service and teams will maintain service accessibility throughout the entire course of the individual's treatment.

   All referrals for HRS services will go through the Single Designated Provider points of contact. DOH will monitor point-in-time reports for timeliness of access, monitor the demand for services, and evaluate the need for additional providers if needed.

The State will oversee all referrals and monitor access and performance standards to ensure service delivery according to policies and standards. This includes the timely completion of assessment and outreach (including intake). The State will also monitor referrals for individuals not meeting the eligibility criteria or who have other unmet needs. These individuals will be referred for other Medicaid long term supports and services.

2. Describe the remedies the State has or will put in place if Medicaid beneficiaries are unable to access the contracted service in a timely fashion (if additional space is needed, please supplement your answer with a Word attachment).

   Response: The State will monitor access and performance and will require providers to increase professional staff to provide services in a timely manner. The state may also contract with additional providers to provide HRS, if eligible Medicaid beneficiaries are unable to access services in a timely manner.

B. Provider Capacity Standards

Describe how the State will ensure (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State has ensured) that its selective contracting program provides an enough supply of contracted providers to meet Medicaid beneficiaries' needs.

1. Provide a detailed capacity analysis of the number of providers (e.g., by type, or number of beds for facility-based programs), or vehicles (by type, per contractor for non-emergency

transportation programs), needed per location or region to assure sufficient capacity under the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

Response: DOH in coordination with each Single Designated Entity has conducted a statewide analysis of need. Each team varies in size based on the initial identified demand. To ensure adequate access, the State will work with HRS providers to determine if additional providers are needed to meet the needs of beneficiaries.

2. Describe how the State will evaluate and ensure on an ongoing basis that providers are appropriately distributed throughout the geographic regions covered by the selective contracting program so that Medicaid beneficiaries have sufficient and timely access throughout the regions affected by the program (if additional space is needed, please supplement your answer with a Word attachment).

Response: Contractors are required to report: 1) utilization data regarding service delivery, 2) assessments and HRS Plan completion, and 3) quality benchmarks that are currently under development and include timeliness of intake, training and technical assistance, and successful discharge. DOH will track and monitor point-in-time reports for timeliness of beneficiary access as well as ongoing delivery of service elements while the beneficiary is enrolled. DOH will monitor demand of the service and evaluate the need to add providers.

C. Utilization Standards

Describe the State's utilization standards specific to the selective contracting program.

1. How will the State (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State) regularly monitor(s) the selective contracting program to determine appropriate Medicaid beneficiary utilization, as defined by the utilization standard described above (if additional space is needed, please supplement your answer with a Word attachment)?

Response:
The utilization standard is that consumers receive medically necessary services in the amount, scope and duration identified on their treatment plan. The review process includes random review of selected treatment plans. Each selected treatment plan is compared with the assessments and the services billed to Medicaid for the specified time frame. If services were not provided as needed and planned, the review team looks for explanation as to why not. If the reason was access to, or availability of, qualified direct service providers, the review team looks for documentation of the steps taken by the HRS to address the problem. If the problem has not been resolved at the time of the review, the HRS must address the issue in its Plan of Correction (POC).

Through regularly occurring point-in-time required reporting, the State will monitor the services compared to the treatment plan requirements. The State plans to use benchmark standards that are currently under development to evaluate a providers' ability to meet set performance measures. Results will be monitored for deficiencies. Any deficiencies

identified will be addressed and monitored to ensure that appropriate remediation is completed.

DOH will also utilize documentation and billing standards that are currently under development to monitor and ensure the delivery of all service components as a condition of payment.

2. Describe the remedies the State has or will put in place if Medicaid beneficiary utilization falls below the utilization standards described above (if additional space is needed, please supplement your answer with a Word attachment).

Response: Providers who fall below benchmark utilization standards will be required to submit an action plan for performance improvement. Action plans for performance improvement will be required for any benchmark standard that has been previously noted as a programmatic trend and/or area that continues to lack significant improvement. The State will monitor action plans, provide technical assistance and complete remedial site visits if necessary. If a remedial site visit is warranted, a written summary of the site visit will be issued, including findings and recommendations.

All monitoring of individual cases will be maintained and completed by the HRS provider. If there is an indication of non-compliance or deficiency identified in the level of HRS clinical team involvement requirements additional information will be requested and reviewed to evaluate fully.

Part III: Quality

A. Quality Standards and Contract Monitoring

1. Describe the State's quality measurement standards specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

i. Regularly monitor(s) the contracted providers to determine compliance with the State's quality standards for the selective contracting program.

Response: The State's quality standard is that individuals receive at least three contacts per month including at least one direct contact and up to two collateral contacts:

- The rate of homelessness will decrease over time for individuals once they have joined the program (Post-enrollment homelessness rates will drop compared to Pre-enrollment rates)
- Placements will stabilize through increased collateral contact satisfaction (Post-enrollment collateral contact satisfaction rates will increase compared to collateral contact satisfaction rates at the

point of intake)
- Individuals will improve in their satisfaction with their living arrangement

Through regularly occurring point-in-time reporting, the State will monitor contracted providers using benchmarks and performance and programmatic standards.

ii. Take(s) corrective action if there is a failure to comply.

Response: All providers found to have deficiencies will be required to submit an action plan for performance improvement for review and approval by their respective Single Designated Provider point of contact and/or DOH statewide coordinator. Areas found deficient become a focus of future review and analysis of compliance. DOH will provide technical assistance as necessary to ensure the HRS provider comes into compliance and meets required benchmarks. If a provider fails to comply it may be determined that they no longer meet the requirements to be a qualified provider of the service.

2. Describe the State's contract monitoring process specific to the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

a. Describe how the State will (or if this is a renewal or amendment of an existing selective contracting waiver, provide evidence that the State):

i. Regularly monitor(s) the contracted providers to determine compliance with the contractual requirements of the selective contracting program.

Response: DOH's processes for monitoring the programmatic and performance standards is on-going and comprehensive. Methods include routine data collection, action plans for performance improvement, remedial site visits, satisfaction surveys, and meeting with providers and Single Designated staff. DOH intends to issue guidance and/or administrative directives to all HRS providers to address identified concerns and provide clarification on HRS service delivery. The provision of regular technical assistance provides additional opportunities for evaluating compliance.

ii. Take(s) corrective action if there is a failure to comply.

Response: All providers found to have deficiencies will be required to submit an action plan for performance improvement for review and approval by their respective Single Designated Provider point of contact and/or DOH statewide coordinator. Areas found deficient become a focus of future review and analysis of compliance. DOH will provide technical assistance as necessary to ensure the HRS provider comes into compliance and meets required benchmarks. If a provider fails to comply it may be determined that they no

longer meet the requirements to be a qualified provider of the service.

B. Coordination and Continuity of Care Standards

Describe how the State assures that coordination and continuity of care is not negatively impacted by the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

Response: The robust enforcement of program standards for HRS ensure that everyone receiving HRS has a treatment plan that is coordinated with any other provider providing services including a health home provider developing an HCBS or LIFE plan. Therefore, by identifying the HRS as the selective contracting program, coordination of care is assured.

Part IV: Program Operations

A. Beneficiary Information

Describe how beneficiaries will get information about the selective contracting program (if additional space is needed, please supplement your answer with a Word attachment).

Response: NYS will publicize the availability of HRS through state-selected contractors to individuals at risk of homelessness who currently receive or will receive a rental subsidy through a supportive housing program operated by the Department of Health (DOH), Office of Mental Health (OMH), Office of Temporary and Disability Assistance (OTDA), Office of Alcoholism and Substance Abuse Services (OASAS), or Office for People with Developmental Disabilities (OPWDD). *Note: The covered activities do not constitute the direct delivery of the rental subsidy program.*

Additionally, NYS will engage with the following types of providers, who will serve as primary referral sources for HRS, to share information about the program with beneficiaries who may be eligible for the program:

- Health Home Care Manager
- Family Member
- Single Designated Providers
- Emergency Department/mobile crisis
- Hospital/ID Center
- Mental Health Practitioner/Behavior Specialist
- Other (school, medical personnel)

Lastly, information about HRS will be available on the DOH website.

B. Individuals with Special Needs

X The State has special processes in place for persons with special needs (Please provide detail).

Response: HRS providers must make arrangements or work with the individual's Health Home Care Management entity to provide interpretation, translation or any other service the participant

may require due to special needs. This may be accomplished through a variety of means, including employing culturally competent bi-lingual staff, resources from the community or other HRS providers. HRS providers are responsible for promoting and implementing cultural competencies, practices and procedures to ensure that diverse cultures are considered in all aspects of the delivery of the service.

Section B – Waiver Cost-Effectiveness & Efficiency

Efficient and economic provision of covered care and services:

1. Provide a description of the State's efficient and economic provision of covered care and services (if additional space is needed, please supplement your answer with a Word attachment)

New York's actual expenditures for the prospective years will not exceed projected expenditures for the prospective years; and actual expenditures for the prospective years will be equal to the demand under the Medicaid State Plan. 14,384 individuals are projected to meet medical necessity under the newly approved State Plan and will be served at a cost of approximately $4,968 each (90% of the downstate rate of $460 a month to account for the upstate/downstate rate difference and the takeup rate being less than 12 months). This is less costly than a single hospitalization. There is no historic Medicaid trend factor for this service.

2. Project the waiver expenditures for the upcoming waiver period.

Year 1 from: 11/01/2020 to 10/31/2021

Trend rate from current expenditures (or historical figures): 2.00 %

Projected pre-waiver cost $71.5M
Projected Waiver cost $71.5M
Difference: $0

Year 2 from: 11/01/2021 to 10/31/2022

Trend rate from current expenditures (or historical figures): 2.00 %

Projected pre-waiver cost $72.9M
Projected Waiver cost $72.9M
Difference: $0

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Year 3 (if applicable) from: 11/01/2022 to 10/31/2023
(*For renewals, use trend rate from previous year and claims data from the CMS-64*)
Projected pre-waiver cost $74.3M
Projected Waiver cost $74.3M
Difference: $0

Year 4 (if applicable) from: 11/01/2023 to 10/31/2024
(*For renewals, use trend rate from previous year and claims data from the CMS-64*)
Projected pre-waiver cost $75.8M
Projected Waiver cost $75.8M
Difference: $0

Year 5 (if applicable) from: 11/01/2024 to 10/31/2025
(*For renewals, use trend rate from previous year and claims data from the CMS-64*)
Projected pre-waiver cost $77.4M
Projected Waiver cost $77.4M
Difference: $0