



Announcement

Approval of Children’s Waiver Home and Community Based Services (HCBS) Planned Respite Group of 2 and Rural Rates

July 24, 2024

TO: Children’s HCBS Providers and Medicaid Managed Care Plans (MMCPs) including Mainstream Managed Care and HIV Special Needs Plans

The New York State Department of Health (NYSDOH) has received approval from the Centers from Medicare and Medicaid Services (CMS) and the New York State Division of Budget to implement the following changes to Children’s HCBS rates and billing guidance:

1. Planned Respite Group of 2

NYSDOH has updated billing for Group Planned Respite, by establishing a new rate for Group Planned Respite provided to 2 participants. When billing for Group Planned Respite, utilize the following billing codes:

Respite - Planned					
Service	Rate Code	Procedure Code	Modifier	Unit Measure	Unit Limit
Planned Respite - Group of 2 (less than 6 hours)	8065*	S5150	HA, UN	15 minutes	23/day
Planned Respite - Group of 2 per diem (6 hours up to 12 hours)	8066*	S5151	HA, UN	Per diem	1/day
Planned Respite – Group of 3 (less than 6 hours)	8027	S5150	HA, HQ	15 minutes	23/day
Planned Respite – Group of 3 per diem (6 hours up to 12 hours)	8026	S5150	HA, HK, HQ	Per diem	1/day

*Indicates a newly established rate code. This information will be available in an upcoming iteration of the Children’s HCBS Manual.



Group Planned Respite provided to 2 participants will be billed using Rate Codes 8065 and 8066 effective immediately for Medicaid Fee-for-Service (FFS) Claims, and in 90 days of this announcement for MMCP claims. Group Planned Respite provided to 3 participants will be billed using Rate Codes 8026 and 8027 effective immediately for Medicaid FFS claims, and in 90 days of this announcement for MMCP claims.

MMCPs must configure their systems to accept these new billing codes no later than 90 days from the date of this announcement. If MMCP configurations are complete earlier than 90 days from the date of this announcement, MMCPs must notify their network providers.

2. HCBS Rural Rates

St Lawrence, Hamilton, Franklin, Essex, Delaware, Clinton and Allegany counties have been established as rural counties. Effective December 1, 2023, HCBS provided within these counties will be reimbursed at Rural Rates. Rural Rates are separate from Upstate and Downstate Rates. Information on these rates can be found in the [HCBS Rate Sheet](#).

Children's HCBS Providers will automatically receive retroactive adjustments on Medicaid FFS claims for services provided in rural counties already submitted/paid with dates of service on or after December 1, 2023. These retro-payments will be included in providers' cycle 2449 payments, which are scheduled to be issued on August 14, 2024. MMCPs must configure their systems with the updated rates and issue retroactive payment adjustments to providers for Rural Rate claims with dates of service on or after December 1, 2023; no later than 90 days from this notice.

Questions related to HCBS Planned Respite Group of Two or Rural Rates can be directed to BH.Transition@health.ny.gov.