Process for Renewing and Establishing Medicaid for Children's Waiver Participants

For Health Home, Child and Youth Evaluation Services (C-YES) Care Managers, and HCBS Providers

Background – Enrollment in the Children's Waiver:
In preparation for the implementation of the Children's Waiver on April 1, 2019, a streamlined process was developed to determine Medicaid eligibility, Children's Waiver Home and Community Based Services (HCBS) eligibility, and subsequent entering of Children's Waiver Recipient Restriction Exception (RRE) codes (K-codes) for wavier enrolled children/youth.

Child/Youth *with Active* Medicaid
When a child/youth has active Medicaid, their HCBS eligibility determination is performed by the Health Home Care Management Agency's accessor/care manager (HHCM), unless the child/youth has opted-out of Health Home, in which case the HCBS eligibility determination would be conducted by C-YES. The Department of Health (DOH) Capacity Management Team (CMT) receives a report of all completed HCBS/Level of Care (LOC) eligibility determinations. The CMT will review the report for new eligible children/youth, notify the HHCM/C-YES accessor of slot availability, and enter the appropriate K-codes into eMedNY to indicate HCBS/LOC eligibility and target population.

The K-code of K1 in eMedNY, indicates to Medicaid Managed Care Plans, the Local Department of Social Services (LDSS), HCBS providers, and others, that the child/youth is eligible and enrolled in the HCBS Children's Waiver.

Children/youth who are enrolled in Health Home and want/need HCBS, the HHCM can complete and determine HCBS/LOC eligibility. If the child's/youth's Medicaid recertification is upcoming, if there is a concern that the child's/youth's Medicaid may lapse, or there is a need for "Family of One" (KK code) Medicaid budgeting, the HHCM can determine HCBS/LOC eligibility and work with the LDSS/HRA. *The HHCM should not refer an enrolled Health Home child/youth to C-YES for HCBS/LOC eligibility.* It is imperative that children/youth are not passed back and forth between Health Home and C-YES.

Child/Youth *without Active* Medicaid
When a child/youth who is not enrolled in a Health Home and does not have active Medicaid seeks HCBS eligibility, their HCBS eligibility determination must be performed by C-YES. The CMT receives a report of all completed HCBS/LOC eligibility determinations. The CMT will review the report for new eligible children/youth and will notify the C-YES accessor of slot availability. The LDSS is responsible for entering the appropriate K-codes after the child/youth is determined Medicaid eligible as outlined by Administrative Directive Memorandum.

Monitoring Active **Medicaid Status – Children Enrolled in Children's Waiver**

According to the *Health Home Standards and Requirements of Health Homes, Care Management Agencies, and Managed Care Organizations*, the HHCM must verify an individual's Medicaid eligibility/status on a regular basis and prior to billing for services. The HHCM should be aware of the member's Medicaid recertification date and should assist the member/family with Medicaid recertification whenever possible.

For children/youth enrolled in the HCBS Children's Waiver, it is imperative that HCBS providers verify the child/youth's Medicaid eligibility **plus** HCBS enrollment (through eMedNY), prior to providing services and billing. HCBS providers may not bill while the child/youth does not have active Medicaid. If the HCBS provider continues to deliver services while the child/youth's Medicaid enrollment is not active, the provider is at risk of not recovering those costs.

Loss of Active **Medicaid – Children Enrolled in Children's Waiver**

If an HCBS enrolled child/youth loses their Medicaid, the HHCM or C-YES should reach out to the LDSS to understand the reason for the loss of Medicaid and to share with the LDSS that the child/youth is enrolled in the HCBS Children's Waiver and has active K-codes. If the family's financial situation has changed so that they are no longer eligible for community Medicaid, the LDSS should conduct the "Family of One" (KK code) Medicaid budgeting to determine Medicaid eligibility for the child/youth, which, if found eligible, would allow the child/youth to remain in HCBS.

HCBS enrolled children/youth receiving Health Home care management who lose their Medicaid should *not* be referred to C-YES for assistance with Medicaid. It is the responsibility of the HHCM to assist in restoring active Medicaid status, if possible.

When a member's Medicaid is no longer active, the HHCM can continue to work with the member and the LDSS for up to 90 days to assist with the re-establishment of Medicaid. The HHCM may continue to work with the member but may not bill for services while the member's Medicaid is inactive. The Health Home may retroactively bill for care management services provided during this 90-day period prior to the date Medicaid is re-established, if the member is later deemed eligible, enrolled in Medicaid, and the Medicaid date is effective for this time period. If the HHCM learns that the member/family's Medicaid cannot be restored, the HHCM must initiate the Health Home discharge planning process.

For children/youth receiving HCBS care coordination through C-YES, C-YES may work with the member/family and/or LDSS to assist with re-establishing Medicaid eligibility.

Please refer to the *Children's Wavier Medicaid Eligibility Status Impact on HCBS Eligible Children* guidance document and the Children's HCBS Provider Manual for additional information. For any questions, please reach out to your lead Health Home for assistance. NYS DOH Children's Transformation contact information: BH.transition@health.ny.gov or HHSC@health.ny.gov