



**Health Homes Serving Children (HHSC)**  
**UPDATED Guidance Surrounding (RE) Code 23 OMH Children's Waiver**  
**Stepdown to Health Home Serving Children**  
**(Effective June 1, 2017)**

Previous Health Home Serving Children's Guidance outlined a workaround process to billing for a child who was stepping down from the OMH Children's Waiver to the Health Home program. Since issuing that guidance, DOH and OMH adjusted this process so that a workaround is no longer needed to refer a child to the Health Home program from OMH Children's Waiver.

**(RE) Code 23 OMH Children's Waiver program**

Currently, the MAPP HHTS will not accept a HHSC referral through the MAPP HHTS Referral Portal if the member has a *Case/Care Management (RE) Code*. This ensures members are not enrolled in more than one care management program and prevents two different Medicaid service providers from billing case/care management services **within the same month**. Please see the capability list of (RE) codes with the HH program:

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/restriction\\_exception\\_codes.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/restriction_exception_codes.pdf)

The OMH Children's HCBS 1915(c) Waiver (RE) code 23 is not compatible with HHSC. To ensure duplicative care management services are not provided or billed for, children cannot simultaneously be enrolled in the OMH HCBS Waiver and the Health Home Program. When a child is stepping down from the OMH HCBS Waiver to Health Home, the (RE) code 23 will need to be end dated the last day of the discharge month for the child to be entered into the MAPP HHTS, the following month. The OMH HCBS Waiver ICC Agency will need to enter the discharge date into the OMH CAIRS in a timely manner for OMH to end date the code appropriately. Once the (RE) code 23 is end dated, the child can be entered into the MAPP HHTS the following month.

OMH has issued guidance (a copy is attached below) instructing their providers to use the last day of the service month as the date of service for the monthly OMH HCBS Waiver ICC claim, instead of the first of the following month. For example, if an OMH HCBS Waiver child/adolescent was discharged from OMH HCBS Waiver services on February 15, 2017, the (RE) code 23 ends on the last day of the month, which would be on February 28, 2017. OMH HCBS provider will bill February services with a DOS on February 28, 2017. The Health Home program can now enter the referral for the child into the MAPP HHTS Referral Portal with an effective date of March 1, 2017.



**Please note**, that with this change there will be NO gap month. Instructions issued prior to this date will no longer be required. There is no need to contact DOH to track children stepping down from OMH HCBS Waiver and there will be NO billing outside of MAPP for these children. Any child/adolescent who had previously stepped down from the OMH HCBS Waiver to the Health Home program between December 2016 through May 31, 2017 should be documented on the DOH tracker to clearly identify the Health Homes that would be billing outside of MAPP for which month and child/adolescent.

If you have not documented such information with DOH, please do so immediately by contacting DOH Health Home Serving Children program at [HHSC@health.ny.gov](mailto:HHSC@health.ny.gov) and provide the following information:

- Subject Line: *HCBS Waiver Step Down to HHSC*
- Email: a) the child/adolescent's initials and DOB,  
b) the HCBS waiver service end date,  
c) the start date/month HH CM enrolled services and  
d) contact information of the HH CMA

**Please DO NOT include PHI in this email** and contact DOH HHSC with any questions.

Providers who are following the above guidance but are stilling having difficulty entering a referral in MAPP HHTS for Health Home services should contact OMH immediately to ensure appropriate end dating of (RE) code 23.



**Please see the Notice from OMH that was issued to Waiver Providers:**

## ***Children’s HCBS Waiver Policy Change Notice # 33***

**The following changes have been made to the HCBS Waiver Guidance Document  
Effective: May 4, 2017**

**(1). Section 600.2 Billing for Individualized Care Coordination (ICC)**

Description of Change: The billing date, for Medicaid reimbursement, for Individualized Care Coordination has been changed to the last day of the service month. Prior to this notice, the billing date was the first of the following month. This change has been made to allow individuals who are stepping down from waiver services to be able to receive Health Home services the first of the following month.

- Update can be found in Section 600.2

[https://www.omh.ny.gov/omhweb/guidance/hcbs/html/section\\_600\\_2.htm](https://www.omh.ny.gov/omhweb/guidance/hcbs/html/section_600_2.htm)

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