

TO: Local District Commissioners, Medicaid Directors, and Long Term Home Health Care Program/Home Care Services Staff

FROM: Betty Rice, Director
Division of Consumer and Local District Relations
Office of Medicaid Management (OMM)

SUBJECT: Long Term Home Health Care Program Unique Identifier
Code/Restriction Exception Code 30

EFFECTIVE DATE: Immediately

CONTACT PERSON: Doreen Sharp, Division of Consumer and Local District Relations, Bureau of Long Term Care - (518) 474-6580

This GIS is being sent to notify Local Departments of Social Services (LDSS) of a systems project under development to create a unique identifier code in the restriction exception subsystem of WMS for local district approved participants in the Long Term Home Health Care Program (LTHHCP).

New York State has multiple home and community-based services (HCBS) waiver programs in operation across the State and has recently submitted an application to CMS for an additional HCBS waiver program, the Nursing Home Transition and Diversion Medicaid Waiver (NHTD). Since individuals may meet the eligibility requirements for multiple waivers and federal policy precludes individuals from participation in more than one waiver program at the same time, the Department is developing a system code to identify participants of the LTHHCP in order to differentiate these individuals from other waiver program participants.

The Restriction/ Exception Code (R/E Code 30) for the LTHHCP is intended to:

- Identify the individual as approved for LTHHCP waiver participation;
- Inform providers verifying Medicaid coverage through MEVS, of an individual's participation in the LTHHCP or other program;
- Allow payment to certified LTHHCP providers using the LTHHCP unique rate codes for any LTHHCP service, waiver or non-waiver, provided to LTHHCP waiver participants;
- Deny Medicaid payment of LTHHCP services claims using rate codes unique to the LTHHCP for individuals not authorized for participation in the LTHHCP;
- Prevent participation by LTHHCP participants in other waiver programs, Medicaid Managed Care and managed care products such as Pre-Paid Mental Health Plan (PMHP), Special Needs Plans (SNP) or Managed Long Term Care (MLTC), Comprehensive Medicaid Case Management (CMCM) programs, and other case management services reimbursed by Medicaid;
- Deny Medicaid payment when an individual's Medicaid coverage does not allow the individual to receive long term care community-based services;

- Deny Medicaid payment for home care services provided under the State Plan that are provided for within the LTHHCP as non-waiver services, such as Certified Home Health Agency (CHHA) services or personal care as well as Private Duty Nursing (PDN), Personal Emergency Response System (PERS), and Assisted Living Program (ALP) that are reimbursed through rate codes not identified as unique to the LTHHCP; and,
- Provide a more inclusive and accurate monitoring and reporting structure of Medicaid expenditures for the LTHHCP to ensure compliance with the participant's monthly expenditure cap and the federal requirement for overall cost neutrality of the LTHHCP.

The Bureau of Long Term Care anticipates completion of systems programming during the summer of 2006. We anticipate using an auto-enrollment process and WMS will generate an Exception Code 30 for individuals identified by the LDSS as an approved participant of the LTHHCP. For any case subsequently approved for participation in the waiver, LDSS staff will assign R/E Code 30 in the restriction exception subsystem of WMS. Staff in the Bureau of Long Term Care will work with local district staff to verify current approved participants in the LTHHCP and proactively address conflicts that will minimize the number of edit failures during the system implementation auto-enrollment process. An implementing Administrative Directive will follow.

For questions regarding the LTHHCP R/E Code 30 project, contact the Bureau of Long Term Care at (518) 474-6580.