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Children's Waiver Capacity Management and RR/E K-Codes

For Children's Home Community Based Services (HCBS) Providers
& Health Home Care Managers (HHCM)

March 2021

HCBS Children’s Waiver Webinar Overview

HCBS Overview	LOC/ Eligibility Determination	Waiver Enrollment	POC Development	Referral	Maintaining Waiver Enrollment / Service Delivery	Transfer / Disenroll
Children’s Medicaid System Overview / Children’s Waiver Overview	CANS-NY/ Eligibility Assessment	Capacity Management	Plan of Care/Person-Centered Planning Requirements	HCBS POC Workflow and MMCP Authorization	Care Management Requirements for HCBS	Waiver Disenrollment
Health Home Care Management Basics	NODs, Fair Hearing, Critical Incident Reporting, Grievances and Complaints	Participant Rights and Protections	Service Definitions and Delivery		Service Delivery Requirements	Transferring to Adult Services (aging out) or OPWDD waiver
HCBS Provider Requirements for Designation	Children and Youth Evaluation Services (C-YES) – the Role of the Independent Entity	Conflict Free Case Management				
Medicaid Overview / Medicaid and the Children’s Waiver						

Required for only Health Home Care Managers

Required for only HCBS Providers

Required for Both

Optional for Both

Agenda

- ✓ How Capacity Management Began
- ✓ What is Capacity Management?
- ✓ Process and Operations
 - Communication
 - Secure File Transfer Protocol
 - Eligibility
- ✓ Management of Capacity
 - Partnership
- ✓ Recipient Restriction/Exemption (RR/E) Codes
- ✓ Waiver Capacity and K-Code Linkage

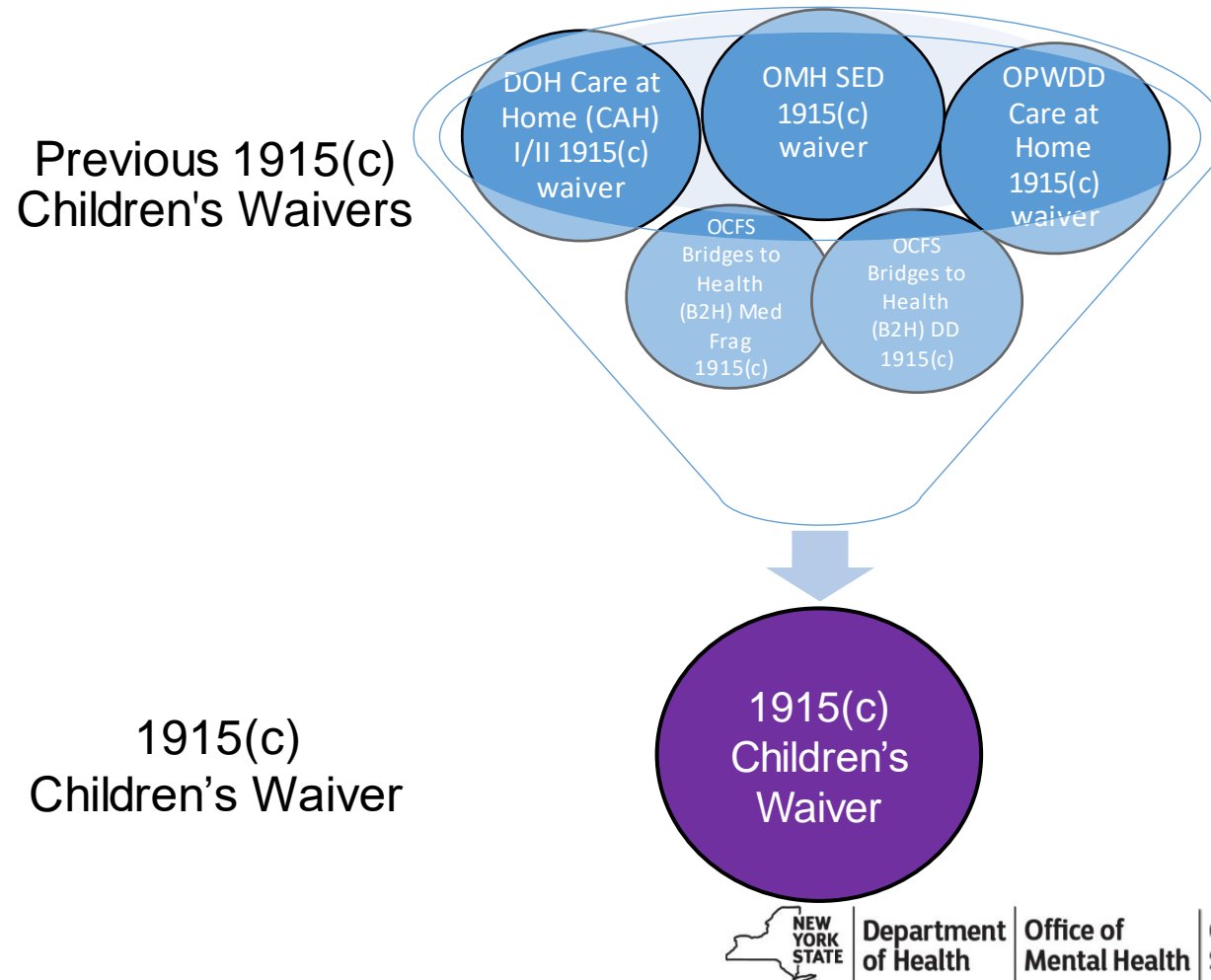


Children's Waiver Home and Community Based Services

- The New Children's Waiver began on April 1, 2019
- The previous six 1915c waivers had varying slot amounts and allocation processes
- The Children's Waiver developed a Statewide Access to HCBS through a Capacity Tracking System called Capacity Management
- Capacity Management is overseen by NYS DOH
- Communication with Capacity Management is through the Health Commerce System (HCS) Secure File Transfer emailing system

Capacity Management Overview

Capacity Management is the process by which New York State DOH manages the combined slots for the 1915(c) Children's Waiver, which went into effect April 1, 2019



Capacity Management Method

Base number of Slots will increase each month.

- Year 3 began April 1, 2019, when the Children's Waiver was implemented.
- There is a three-year phase in of Level of Care (LOC) expansion whereas the number of slots increased beginning July 2019 and then again January 2020 and yearly thereafter

Year 3			
Month	Base Number	Change	Participant Limit
April	1755	5840	7595
May	7595	0	7595
June	7595	0	7595
July	7595	191	7786
August	7786	191	7977
September	7977	191	8168
October	8168	191	8359
November	8359	191	8550
December	8550	191	8741
January	8741	191	8932
February	8932	191	9123
March	9123	190	9313

Year 4			
Month	Base Number	Change	Participant Limit
April	9313	191	9504
May	9504	191	9695
June	9695	191	9886
July	9886	191	10077
August	10077	191	10268
September	10268	191	10459
October	10459	191	10650
November	10650	191	10841
December	10841	191	11032
January	11032	191	11223
February	11223	191	11414
March	11414	190	11604

Year 5			
Month	Base Number	Change	Participant Limit
April	11604	191	11795
May	11795	191	11986
June	11986	191	12177
July	12177	191	12368
August	12368	191	12559
September	12559	191	12750
October	12750	191	12941
November	12941	191	13132
December	13132	191	13323
January	13323	191	13514
February	13514	191	13705
March	13705	189	13894



What is Capacity Management?

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Capacity Management Overview

The new 1915c Children's Waiver has the combined waiver slots for each of the six waivers

NYS has developed a Capacity Management process –

1. The HCBS/LOC Eligibility Determination is conducted by HHCM or CYES within the Uniform Assessment System (UAS) and HCBS/LOC Assessment **OUTCOMES** are signed and finalized

AND

2. The child/youth has met all criteria to be found HCBS eligible;

THEN

A slot **MUST be allocated prior to the child beginning services**

- If no slot available, the child will be placed on a waitlist
- If a slot is available, the child will be placed into services



Capacity Management Allocation – Target Population

The HCBS/LOC Eligibility Determination is based upon the choice of one of four Target Populations:

Medically
Fragile

Serious
Emotional
Disturbance

Developmental
Disability and
Medically
Fragile

Developmental
Disability and
in Foster Care

Slot Capacity is tracked by each Target Population separately and then also by five (5) Regions (the regions are based upon the OMH Regions)

Slot Capacity is monitored by the Regions to ensure that all regions have equitable access to the Children's Waiver.



Capacity Management Allocation – Regions

There are Five Regions:

Region	County
Region 1 Central New York	Broome, Cayuga, Chenango, Clinton, Cortland, Delaware, Essex, Fulton, Franklin, Hamilton, Herkimer, Jefferson, Madison, Montgomery, Lewis, Oneida, Onondaga, Oswego, Otsego and St. Lawrence
Region 2 Hudson River	Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington and Westchester
Region 3 Long Island	Nassau & Suffolk
Region 4 New York City	Bronx, Kings, New York, Queens, Richmond
Region 5 Western New York	Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Ontario, Orleans, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, and Yates



Capacity Management Method

- NYS DOH Capacity Management team monitors the number of Children's Waiver participants by Target Population and Region.
- Should Capacity Management become concerned about enrollment reaching a threshold, then a waitlist for the Children's Waiver might occur and limits by Region and Target population will be set.
- To review how a waitlist will be managed and Crisis slots developed, please review the previous Capacity Management [webinar](#).



Children's Waiver Enrollment Data

Enrollment By Target Population and Region

Total Enrollment as of February 26, 2021 - 6436

SED – 4187	Med Frag – 1910	DD & Med Frag – 66	DD & FC – 273
Region 1 – 429	Region 1 – 172	Region 1 – 26	Region 1 – 41
Region 2 – 760	Region 2 – 410	Region 2 – 27	Region 2 – 37
Region 3 – 289	Region 3 – 413	Region 3 – 9	Region 3 – 2
Region 4 – 2020	Region 4 – 483	Region 4 – 4	Region 4 – 161
Region 5 – 653	Region 5 – 431	Region 5 – 0	Region 5 – 32



Process and Operations

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New Child Process – **HCBS CANNOT Begin Without a SLOT**



Children are determined eligible/ineligible for HCBS based upon the HCBS/LOC Eligibility Determination- **Note: You must sign the outcome!**

The HCBS LOC Eligibility Determination must be completed in the UAS-NY by a HHCM/C-YES



Each night, the DOH Capacity Management Team Capacity Tracker is updated with information from the Uniform Assessment System, MAPP, and Medicaid Data Warehouse (MDW)

Note: Remember to keep UAS and MAPP information current.



Each business day, a Capacity team member will look for new information, the data system flags newly eligible children. **Note: The HCBS/LOC Eligibility Determination outcome must be signed and finalized for a child/youth to be found eligible.**



The Capacity Management Team will review and notify HHCM/CYES staff of an available slot for a newly eligible child/youth.

Note: The data system will automatically notify Capacity Management that there is a newly eligible child.



The HHCM/CYES will receive an HCS secure file transfer email indicating whether the child/youth has been secured a slot. **Note: If 3 business days have passed since the outcome was signed, please notify the Capacity Management Team.**



UAS
HCBS/LOC
Assessment
– Need to
Sign the Tool


ANDREA ANDERSON

+ Add
Refresh
Delete
Check Missing
← → ⌚

Andrea Anderson

- Identification Info
- Assessments
 - 02/24/2021 CANS-NY 0-5
 - Reference Date
 - Target Pop Selection
 - Link to CANS-NY
 - Intake / Demographics
 - HCBS/LOC Eligibility 0-5
 - Sign/Finalize** ←
 - Assessment Outcomes
 - Fair Hearing / State Review

Sign/Finalize




Assessor Signature

Instructions:
Enter name (required), title and/or any comment then click on [Sign/Finalize].

Assessor Name ←

Assessor Title ←

Assessor Comments

Date of Signature/Finalization 

HCS User ID: *taguas*

HCS User Name: *Andrew King*

Organization Name: *APICHA (HHCMA)*

The HCBS/LOC must be Signed/Finalized to know if the child/youth is HCBS Eligible



ANDREA ANDERSON

+ Add Refresh Delete Check Missing

Andrea Anderson

- Identification Info
- Assessments
 - 02/24/2021 CANS-NY 0-5
 - Reference Date
 - Target Pop Selection
 - Link to CANS-NY
 - Intake / Demographics
 - HCBS/LOC Eligibility 0-5
 - Sign/Finalize
 - Assessment Outcomes**
 - Fair Hearing / State Review

Summary

All outcomes must be finalized. Signing and finalizing the outcomes is required to start the one year HCBS Eligibility period for all determinations, including negative results that are appealed.

HCBS/LOC Eligibility

HCBS/LOC Eligibility	Yes, eligible
Serious Emotional Disturbance	Not selected
Medically Fragile	Yes
Developmental Disability & Foster Care	Not selected
Developmental Disability & Medically Fragile	Not selected

Outcomes Finalization

Assessor Name	Andrew King
Date of Signature	02/24/2021

Indicates the Eligibility of the child/youth and Target Population

The HCBS/LOC Outcomes must be signed to be sent to Capacity Management and be Assigned an HCBS Slot

Slot Assignment and HCBS Beginning

- Once the HCBS/LOC Eligibility Determination is completed for an eligible child/youth due to the signed and finalized Outcomes, only then does Capacity Management know there is a child/youth awaiting a slot
 - No Outcomes = No HCBS Slot
- Once a slot is assigned to a child/youth, the appropriate R/RE K-Codes are placed on the child/youth's Medicaid file.
 - The K-codes indicate to HCBS providers, Managed Care Plans, Health Homes, and other medical and behavioral health providers that the child/youth are enrolled in the Children's Waiver
- ❖ **REQUIREMENT:**
 - ✓ Lead HHs and HHCM/C-YES supervisors must be running UAS aggregate report at least bi-weekly to capture any HCBS/LOC Assessment OUTCOME that might not be signed, so it can be fixed IMMEDIATELY, and the eligible child/youth can obtain a slot, K-code, and receive HCBS



Communicating with Capacity Management

Secure File Transfer (SFT) Protocol

- Secure File Transfer, or SFT, is a secure way of transferring sensitive data.
- DOH utilizes the Health Commerce System (HCS) Secure File Transfer process as a platform for the exchange of protected health information.
- Having HCS Secure File Transfer access for HHCM/C-YES is mandatory.
- All correspondence regarding member information and status between NYS DOH Capacity Management and the HHCM/C-YES must be through the HCS Secure File Transfer process.
- For the Capacity Management Team to communicate to HHCMs regarding slots, **HHCMs must be registered for the SFT**, as not being registered causes a delay in slot allocation.

NOTE: Personal Health Information (PHI) cannot be shared over email.



Secure File Transfer Protocol

- The State has released guidance on the HCS Secure File Transfer
 - Each HHCM that will conduct an HCBS/LOC Eligibility Determination must activate the Secure File Transfer within their HCS account
 - The HHCM must be connected to receive communication from Capacity Management
 - HCS Secure File Transfer must be part of all new employees' access training, similar to MAPP HHTS and the UAS
 - When a HHCM is not connected and conducts an HCBS/LOC Eligibility Determination for a child/youth, then Capacity Management will be unable to directly notify the HHCM of slot availability

[Secure File Transfer 2.0 Quick Reference Guide](#)

[Secure File Transfer 2.0 FAQ](#)

Contact for questions or need assistance in connecting to the Secure File Transfer contact
HHSC@Health.ny.gov



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New Child Process (cont.)

Rules:

- A slot notification must be issued by the Capacity Management Team to the care manager (CM)/assessor for the child/youth to receive Waiver services.
- The method of communication between the Capacity Management Team and the care manager/assessor is the HCS Secure File Transfer (SFT).
- Slot notification may be delayed if the CM/assessor forgot to register to receive a HCS SFT.
- The CM should note whether 3 days have passed since they signed the Outcome for an eligible child/youth; if the answer is yes and the CM has not received a slot notification, then the CM can send Capacity Management a HCS SFT inquiring about a newly eligible child/youth that needs a slot. Capacity Management will respond within two business days.
- HHCM/C-YES sends the child/youth/family [Notice of Determination](#).



Eligibility Reassessment



Children are determined eligible/ineligible for HCBS based upon the HCBS Eligibility Determination- **Tip: Remember to look at the UAS LOC and make sure that the Outcomes are signed/finalized.**



Each night, the NYS DOH Capacity Management Team Capacity Tracker is updated with information from the Uniform Assessment System, MAPP, and MDW.

Note: Remember to keep UAS and MAPP information current.



Each business day, a team member will look for new information, the data system captures new assessments and updates eligibility information. **Note: The HCBS/LOC Eligibility Determination outcome must be signed and finalized for a child/youth to be redetermined eligible.**



For children/youth who already has a slot, codes in place and have a new LOC to determine their continued HCBS eligibility - if found eligible, the child/youth retains their slot, HCBS services continue, and coding remains in place on the child/youth's record.

Note: Notification from Capacity Management is unnecessary.



Notification between the CM and capacity management is unnecessary if the child/youth is found eligible. **Note: If child/youth is found ineligible, CM must notify capacity management.**



Management of Capacity

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Partnership

Capacity Management is a partnership with HHCM/C-YES staff

- Good communication between HHCM/C-YES staff with NYS DOH Capacity Management is crucial.
- Ensures that HCBS eligible and enrolled children/youth have obtained a slot in the Children's Waiver.
- Timely communication prevents coding and billing/claiming issues.
- HHCM/C-YES must report changes to a child/youth status to Capacity Management to ensure proper tracking of the Children's Waiver capacity.
- Lack of communication between HHCM/C-YES can potentially lead to a waitlist for eligible children/youth due to the inaccurate tracking of Capacity.
- Capacity Management will ensure that children/youth keep their slot and/or position on any eligibility waitlist that may occur.

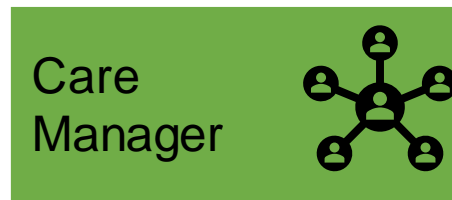


Communication

Communication is a vital component of the Capacity Management Process.

Capacity Management contacts the Care Manager when:

- Notification of available slots



Communication is ongoing between HHCM, HCBS provider, and family/child

Care Manager Contacts Capacity Management when:

- A change in the child/youth's status
- Child/youth's Medicaid eligibility status has changed
- Child/youth has completed service goals and no longer needs waiver services

Change of Child/Youth's Status

When does the HHCM/C-YES need to send a secure file email to the Capacity Management Team?

- Child/youth already receiving HCBS with slot and has a name **or** CIN # change
- Child/youth is discharged from HCBS due to goal reached **or** by choice
 - Children/youth who cannot self consent must have a parent/guardian/legal authorized representative agree to discharge
- Child/youth is disenrolled due to loss of Medicaid
 - HHCM/C-YES can work with the child/youth/family for 90 days to assist with restoring Medicaid
- Child/youth is no longer HCBS eligible during re-assessment**
- Child/youth is no longer HCBS eligible due to being admitted to an Institutional level of care
 - If a child/youth is hospitalized or placed in an HCBS restricted setting, then the child/youth can remain in such setting for ninety (90) days prior to having to be discharged from the Children's Waiver program.
- If the HHCM/C-YES is unsure of slot allocation

If the child/youth requests a transfer from the Children's Waiver to the OPWDD Comprehensive Waiver or vice versa, Capacity Management must be involved – please follow the Transfer Step by Step Process [here](#).

****Must follow policies for NOD. Refer to COVID-19 guidance prior to HCBS discharge and notification to Capacity Management that the child/youth no longer needs a slot**



Needed Information for Capacity Management

When reporting a change in status, the HHCM/C-YES must provide:

For ALL types of changes:

- Child/Youth's Name
- CIN #
- Date of Birth
- Type of Change in Status

Change in Name and/or CIN#:

- Previous Name and New Name
- Previous CIN # and New CIN #
- Date of the Change

Discharge and Disenrollment:

- Date of Discharge or Disenrollment
- Reason for Discharge or Disenrollment
- Target Population



Management of Capacity

Rules:

- Capacity management is for HCBS children/youth **only**, it is not for Health Home only children/youth.
- Double check information before submitting - watch for typos, transposing, and misspellings in vital information, this will delay the change process.
- Capacity Management pulls information from the UAS in order to update slot information and assign K codes to the correct CIN#. **MAKE SURE TO VERIFY HCBS SIGNED OUTCOMES**
- Remember to associate the child/youth's new CIN# with the child/youth's existing UAS record. If the new CIN# is not associated, this will delay the change process.
- MAPP segments - If the HH and CMA are not associated with the new CIN# and the segment is not ended for the old CIN#, Capacity Management will not be able to assign a K code to the new CIN#, this will delay the change process.
- Notify Capacity Management as changes occur, this will prevent long agency lists and the information which is initially received tends to be clearer, sufficient, and correct.



Management of Capacity (cont.)

Rules:

- Given the high volume of coding requests, Capacity Management will respond to code change requests only if the information is insufficient.
- If a list is supplied, even one child/youth info error may delay the processing of the whole list.
 - HH CMA should verify everything is complete and reach out to their Lead HH first with list of issues
- Depending on volume, once made, the code change may be viewable within 5 business days. The CM should allow at least two weeks for end date of the K code to appear, but it may be longer depending on CM's type of eMedNY view/access.
- If the K code change is not viewed within 15 business days, then the CM should reach out to their Lead HH for assistance and the lead HH will work with Capacity Management via HCS SFT.
- If there is an urgent need for the K codes to be on a child/youth's file so that the child/youth can immediately access services, the CM should bring that to the attention of Capacity Management via HCS SFT, so that coding for that child/youth can be prioritized.



Recipient Restriction/ Exemption (RR/E) codes

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K-Codes RR/E for the Children's Waiver

Members enrolled in the HCBS Children's Waiver will have Recipient Restriction/Exemption (RR/E) codes, identified as "K codes" to indicate which children are enrolled in waiver services and their specific population category.

RR/E code	R/RE Code Description
K1	HCBS LOC
K2	HCBS LON (not in use currently)
K3	HCBS Serious Emotional Disturbance (SED)
K4	HCBS Medically Fragile (MF)
K5	HCBS Developmentally Disabled and Foster Care (DD & FC)
K6	HCBS Developmentally Disabled and Medically Fragile (DD & MF)
K7	HCBS Complex Trauma (not in use currently)
K9	Foster Care
KK	Family of One
A1	Children's Health Home: indicates the member is in outreach or enrolled with a Care Management Agency (CMA)
A2	Children's Health Home: indicates the member is in outreach or enrolled with a Health Home (HH)



Waiver Capacity and K-Code Linkage

- All HCBS eligible and enrolled children/youth in the Children's Waiver must receive a slot and the appropriate aligned K-Code(s).
- Once a slot is assigned to a child/youth, the appropriate K-codes are placed on the child/youth's Medicaid file.
- Once a slot is removed for a child/youth, the appropriate K-codes are removed from the child/youth's Medicaid file.
 - The K-codes indicate to HCBS providers, Managed Care Plans, Health Homes, and other medical and behavioral health providers for the child/youth that they are enrolled in the Children's Waiver
 - The K-codes allow for billing to occur by the HCBS provider
 - The K-codes allow for proper tracking of capacity, needs for services and expenditures for the Children's Waiver
- HHCM/CYES must verify K codes for HCBS services referrals and also ensure the K code is ended if the member is discharged.

Please Note: If a child/youth is enrolled and receiving HCBS without K-codes, then Capacity Management must be notified immediately.



Verification of K-Code and HCBS Eligibility

EVERYONE'S RESPONSIBILITY to verify K-codes and Medicaid Eligibility

- HHCM/C-YES to ensure that the eligible child/youth has a slot and get services
- HCBS Providers to ensure the services they provide can be billed and paid for
 - HCBS provider need to contact the care manager if there is a missing K-code for a child/youth they are serving
- MMCP and Lead HHs to track and oversight of children/youth's access to HCBS

Monthly verification of K-codes and Medicaid eligibility should occur at minimum

Please Note: If a child/youth is enrolled and receiving HCBS without K-codes, then Capacity Management must be notified immediately.



Recipient Restriction/Exemption (RR/E) Codes

Snapshot: K-codes
processed from
1/1/2021 – 1/15/2021

DISTRICT	NEW ENROLLMENTS	CHANGE IN STATUS	DISENROLLMENTS	TOTAL
ALBANY		1	1	1
BROOME	2		1	1
CHEMUNG		1	1	5
CLINTON	1			1
COLUMBIA	1			1
DELAWARE			1	1
DUTCHESS	3	1	1	5
ERIE	6		6	12
ESSEX			1	1
FRANKLIN	1			1
FULTON	1			1
GREENE	2	1		3
HBE	90		3	93
HRA	75	2	42	119
HRA (Services)	18	2	25	45
JEFFERSON	2			2
MONROE	1		3	4
MONTGOMERY	1			1
NASSAU	2	3		5
NIAGARA	2		1	3
ONEIDA	2		2	4
ONONDAGA	1		1	2
ONTARIO			1	1
ORANGE	3	2	2	7
OTSEGO			1	1
PUTMAN			1	1
ROCKLAND	4		2	6
SARATOGA			1	1
SCHENECTADY	1		2	3
SCHULYLER			2	2
SENECA	1			1
STEUBEN			1	1
SUFFOLK	4	1	2	7
ULSTER	1		2	3
WARREN	1			1
WASHINGTON	1		2	3
WAYNE			1	1
WESTCHESTER	3	1	2	6
	230	15	111	356



Contact DOH Capacity Management Team

For general questions without PHI:
capacitymanagement@health.ny.gov

For child/youth specific issues:
Use the HCS Secure File Transfer and send to Capacity Management





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Resources and Questions

- HHCMs and HH CMAs should first talk with their Lead Health Home regarding questions and issues they may have
- Questions, comments or feedback on Health Homes Serving Children to: hhsc@health.ny.gov or contact the Health Home Program at the Department of Health at 518.473.5569
- Questions/Comments regarding the Children's Waiver BH.Transition@health.ny.gov
- Questions specific to the HCBS Settings Final Rule can be sent to ChildrensWaiverHCBSFinalRule@health.ny.gov
- Subscribe to the HH Listserv http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/listserv.htm



NYS DOH Website

Find guidance, policies, forms, webinars, and more on the NYS DOH 1915c Children's Waiver webpage located at, https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/1115_waiver_amend.htm

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Individuals/Families Providers/Professionals Health Facilities Search

Children's Behavioral Health You are Here: [Home Page](#) > [Behavioral Health](#) > 1915(c) Children's Waiver and 1115 Waiver Amendments

1915(c) Children's Waiver and 1115 Waiver Amendments

As part of the Children's Medicaid System Redesign, the 1915(c) Children's Waiver and 1115 Demonstration Waiver work together to offer an array of services to provide the communities in the least restrictive settings. The goals of the Children's Waiver are to keep children/youth on their developmental trajectory, identify needs early and intervene to maintain accountability for improved outcomes and delivery of quality care, and make more services available to children/youth from birth to age 21.

This site provides information related to the Children's Waiver – including guidance and resources for providers, care managers, managed care organizations, families, and BH.Transition@health.ny.gov

IMPORTANT: Please visit our main Health Home page for COVID-19 Updates and Policy Guidance

CANS-NY Information and Resources can be found on the Health Home Serving Children page

<ul style="list-style-type: none"> Home Children's Medicaid System Transformation—Webinars/Trainings/Timelines Children and Family Treatment and Support Services 1915(c) Children's Waiver and 1115 Waiver Provider Designation Managed Care Organization (MCO) Qualification Process Billing Guidance Information for Consumers/Medicaid Recipients Children's Medicaid Redesign Team (MRT) 29-I Health Facility (VFCA Transition) Children's Health Homes Links/Learn More 	Overview of 1915c Children's Waiver and 1115 Waiver	Family and Consumer Information	Children's HCBS Waiver Provider Guidance, Policies, & Training	Children's HCBS Manuals and Rates
<ul style="list-style-type: none"> Adult Behavioral Health Home MRT BH Subcommittees Archive Behavioral Health Home and Community Based Services (BH HCBS) Health Homes for Individuals in HARP and HARP Eligibles in HIV 	Capacity Management	Eligibility	Plan of Care	Care Management Guidance, Policies, & Training
<ul style="list-style-type: none"> Child and Youth Evaluation Services (C-YES) EMods, VMods, AT, & Non-Medical Transportation OPWDD Resources Archive 	Child and Youth Evaluation Services (C-YES)	EMods, VMods, AT, & Non-Medical Transportation	OPWDD Resources	Archive



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1915c RR/E Waiver Comparison to K Codes

Previous 1915c RR/E Codes	Previous 1915c RR/E Code Description	K Code RR/E Series	K Code RR/E Series Description
23	OMH SED HCBS Waiver	K1	HCBS LOC
		K3	HCBS SED
62	DOH Care at Home MF HCBS Waiver	K1	HCBS LOC
		K4	HCBS MF
63	DOH Care at Home MF HCBS Waiver	K1	HCBS LOC
		K4	HCBS MF
65	OPWDD Care at Home MF HCBS Waiver	K1	HCBS LOC
		K6	HCBS DD/MF
72	OCFS B2H SED HCBS Waiver	K1	HCBS LOC
		K9	Foster Care
		K3	HCBS SED
73	OCFS B2H DD HCBS Waiver	K1	HCBS LOC
		K9	Foster Care
		K5	HCBS DD Foster Care
74	OCFS B2H MF HCBS Waiver	K1	HCBS LOC
		K9	Foster Care
		K4	HCBS MF



Resources: Policies & Guidance

Secure File Transfer 2.0 Quick Reference Guide

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/sft_instruct.pdf

Secure File Transfer 2.0 FAQ

https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/sft_faq.pdf

1915(c) waiver (October 2020)

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/1915c_waiver.ny.4125.r05.06.pdf

Notice of Determination

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/docs/nod_elig.pdf



Department of Health Complaints

- Enrollees and providers may file a complaint regarding managed care plans to DOH
 - 1-800-206-8125
 - managedcarecomplaint@health.ny.gov
- When filing:
 - Identify plan and enrollee
 - Provide all documents from/to plan
 - Medical record not necessary
- Issues not within DOH jurisdiction may be referred
- DOH is unable to arbitrate or resolve contractual disputes in the absence of a specific governing law
- File Prompt Pay complaints with Department of Financial Services:
<https://www.dfs.ny.gov/insurance/provlhow.htm>





Referral Form Instructions

- The Children and Youth Evaluation Service (C-YES) accepts referrals from individuals and providers including a parent, wider family member, doctor, therapist, school guidance counselor, CBOs and others:
- Individuals and families should call C-YES so that we can send you a Referral Form and a pre-paid return envelope in the mail right away! You can mail back the form in the envelope at no cost to you. Call C-YES at 1-833-333-CYES (1-833-333-2937). TTY: 1-888-329-1541
- Providers and Organizations with secure email protocols can download the Referral Form below. Return the form to: CYESREFERRAL@MAXIMUS.COM. Be sure to include the child/youth's name and contact information.
- [C-YES Referral Form](#)

