



TO: Medicaid Managed Care Plans and HIV Special Needs Plans (MMCPs), Health Homes Serving Children (HHSC), and Children’s Home and Community Based Services (HCBS) Providers

RE: Children’s Waiver Amendment and Related Changes

DATE: December 3, 2021

Children’s Waiver Amendment Changes

This guidance is for Children’s HCBS providers, Health Homes Serving Children, and MMCPs. The Centers for Medicare and Medicaid Services (CMS) has approved Amendment 4125.R05.11 of the Children’s Waiver effective December 1, 2021. This amendment includes **three** (3) changes to HCBS as described below:

1. Families of children or youth who pass away who are enrolled in the Children’s Waiver at the time of their passing, may receive six (6) months of Bereavement Counseling when the family has received a bereavement counseling review and bereavement counseling is stated on the Service Plan and Plan of Care, prior to the child passing.
2. After the passing a child or youth enrolled in the Children’s Waiver and in Health Home, families may continue to receive Health Home care management services for one additional month.
3. The service descriptions of Caregiver/Family Supports and Services **and** Community Self-Advocacy Training and Supports are now the same and the types of practitioners who can provide the services have been expanded.

❖ *Please reference the update Children’s Waiver HCBS Manual for all requirements regarding the above items.*

Palliative Care – Bereavement Counseling and Rates Codes

Families are now able to receive additional Palliative Care Bereavement Counseling for up to six (6) months and Health Home care management services for one (1) additional month following the passing of a child or youth that was enrolled in the Children’s Waiver at the time of their passing. The appropriate rate codes and procedure codes for these services are provided in the table below.

Service	Rate Code	Procedure Code	Unit Measure	Unit Limit
Palliative Care Bereavement Services	7952 - Assess/Counseling	96156	Bereavement Risk Assessment and up to six (6) months of Bereavement counseling	1 unit/calendar year Per member

Health Home / C-YES Care Coordination Based Upon Acuity	7946 - HH Upstate Low 7947 - HH Upstate Med 7948 - HH Upstate High 7949 – HH Downstate Low 7950 – HH Downstate Med 7951 – HH Downstate High	96156	Care Coordination for one (1) month	
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Medicaid Managed Care Plans are directed to update their systems to accommodate these new rate codes no later than January 31, 2022 with an effective date of December 1, 2021. Providers will be able to claim with the new rate codes via Medicaid Fee-for-Service or Medicaid Managed Care once systems are updated.

As a reminder, MMCPs are mandated to pay State rates for these services and should refer to the May 27, 2020 notice *Reminder: State Mandated Provider Rates vs MMC ATB* from NYSDOH.

Additional information regarding the rate changes is available on the DOH website:

https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/manuals.htm

Caregiver/Family Supports and Services and Community Self-Advocacy Training and Supports

The Caregiver/Family Supports and Services **and** Community Self-Advocacy Training and Supports **are not** combined into one service at this time; however, both services will have the same service description and allowable staff qualifications.

The purpose of this change is to allow two (2) levels of practitioners to be reimbursed at different rates, and to have the ability to perform either service. Providers who are designated to provide one (1) of the services, but not the other, will be added to the designated list for the service they are not currently designated to provide. Providers who are **not** designated for either service will have to become designated for the services to then be added to the designation list **for both** Caregiver/Family Supports and Services **and** Community Self-Advocacy Training and Supports. Additional guidance is forthcoming.

Rate Codes

The rate codes for these services will remain the same. Providers should bill the rate code that corresponds with the practitioner qualifications. For example, a practitioner with high school diploma would be billed at the Level 1 (Caregiver/Family Supports and Services) rate code, whereas, a practitioner with a Bachelor’s degree would be billed using the Level 2 (Community Self Advocacy and Training) rate code. See the [**NYS Children’s Health and Behavioral Health Services Billing and Coding Manual**](#) for additional information.

Questions should be submitted to BH.Transition@health.ny.gov.