



Public Health Emergency (PHE) Unwind Clarification for Health Homes and Children's Waiver Services

February 16, 2023

President Biden [announced](#) on January 30, 2023, that the federal Public Health Emergency (PHE) declaration will end on May 11, 2023. The New York State Department of Health (NYS DOH) will issue guidance to providers regarding all PHE flexibilities impacting DOH Health Homes Serving Adults and Children and Children's Waiver providers during the coming weeks, at least 30 days prior to end the of the PHE. This includes guidance related to:

- What services will be required to be delivered in-person and what may be delivered via telehealth for Health Home care management and Children's Waiver Home and Community Based Services (HCBS);
- Minimum monthly service requirements to maintain enrollment in the Children's Waiver;
- Obtaining member signatures for consents and Health Home's Plan of Care and HCBS service plans;
- Timelines for completion of the Health Home Plan of Care and Comprehensive Assessment;
- Requirements related to Children's Waiver HCBS level of care eligibility determination and all supporting documentation for initial assessments, annual reassessments, and significant life events, inclusive of requirements surrounding the HCBS Licensed Practitioner of the Healing Arts (LPHA) form and supporting documentation;
- Requirements related to multidisciplinary team/care team meetings;
- Utilization management (UM) by Medicaid Managed Care Plans of Children's Waiver HCBS and concurrent reviews, and;
- Guidance related to providing Respite¹ in person, which was issued in December 2022.

Recently, the NYS DOH released, "[End of the Public Health Emergency Regarding Children's Home and Community Based Services \(HCBS\) Level of Care \(LOC\) Eligibility Determination Flexibility](#)", which is specific to the children's HCBS LOC eligibility determination. That guidance was intended to clarify that Medicaid members eligible for the Children's Waiver under "Family of One" budgeting should remain in the Children's Waiver, even if found ineligible for HCBS upon reassessment. This is required to comply with requirement to allow Medicaid members to remain enrolled during the PHE. During the PHE, members deemed eligible for Medicaid under "Family of One" budgeting, who are determined no longer in need of HCBS, will not be disenrolled from Medicaid. The only reasons a "Family of One" member should be disenrolled, is if the member has asked to be disenrolled or has moved out of state.

Please send questions to BH.Transition@health.ny.gov or healthhomes@health.ny.gov

¹ For more guidance on the updated Respite telehealth guidance, please refer to the [Respite Telehealth Announcement](#).