

TO: Local District Commissioners, Medicaid Directors

FROM: Judith Arnold, Director, Division of Coverage and Enrollment

SUBJECT: Medicaid Renewal of Home and Community-Based Waiver Participants

EFFECTIVE DATE: June 18, 2007

CONTACT PERSON: Local District Liaison
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This is to advise local districts of a revision to the Mail-in renewal form that will be effective June 18, 2007.

Individuals receiving waiver services through any of New York State's Home and Community-Based Services (HCBS) waiver programs are required to provide documentation of resources for the 36 months (or 60 months for trusts) immediately prior to the date the individual requests Medicaid coverage. If no prohibited transfer has occurred, Medicaid coverage for all covered care and services (Full coverage (coverage code 01)) should be authorized. Outpatient Only coverage (coverage code 02) is authorized for individuals who meet a monthly spenddown, providing resource documentation is submitted for the past 36/60 months. Both Full coverage and Outpatient Only coverage will insure payment of the services provided through the waiver program. With documentation of current resources at the time of renewal, the Full or Outpatient coverage previously authorized should be continued, as appropriate.

To assist districts with identifying individuals enrolled in a HCBS Waiver Program in an effort to facilitate continuity of coverage, renewals that are generated on or after June 18, 2007, will include a HCBS Waiver Program Indicator. At the time the renewal is generated, if any individual included on the renewal is found to have an active HCBS Waiver registration on the Restriction/Exception Subsystem, the HCBS Waiver Program Indicator will be pre-printed in the existing Program field of Question 1 of the renewal form. The following Exception codes are used to identify HCBS waiver participants:

Exception Code	HCBS Waiver	Indicator
30	Long Term Home Health Care program	LTHHCP*
46-49	OMRDD Waiver	OMR HCBS
60	Nursing Home Transition and Diversion Waiver	NHTD**
62-65, 67	Care At Home	CAH
81	Traumatic Brain Injury	TBI

*Individuals enrolled in the Long Term Home Health Care Program (LTHHCP) who are **NOT** receiving a waiver service will be identified in this process. As these individuals do not require Full or Outpatient Only coverage for payment of a waiver service, districts should exercise caution not to authorize Full or Outpatient Only coverage at renewal, unless a change in coverage is specifically requested and appropriate

resource documentation is provided. Appropriate coverage for individuals in the LTHHCP, but not receiving a waiver service, are Community Coverage With Long-Term Care (coverage code 19) or Outpatient Coverage With Long-Term Care (coverage code 21).

**Waiver to be implemented later this year.

For additional information, please refer to the WMS/CNS Coordinator letter associated with WMS Migration 2007.2