



Children's Waiver Home and Community Based Services (HCBS) Change in Recipient Restriction/Exemptions (R/RE) K-Codes for Eligibility and Enrollment

October 11, 2024

To: Health Homes Serving Children, Care Management Agencies, Children and Youth Evaluation Services (C-YES), Medicaid Managed Care Plans (MMCPs) and HIV Special Needs Plans (HIV-SNPs), and Home and Community Based Service (HCBS) Providers

The New York State (NYS) Department of Health (DOH) implemented a change **effective September 16, 2024**, regarding how the Recipient Restriction/Exemptions (R/RE) Children's Waiver K-code "end dates" are placed on enrolled participant's Medicaid files. Previously, the K-code "end date" was set to 12/31/9999 and was not actually ended until the care manager requested an "end date" from NYS DOH Capacity Management. To alleviate several challenges with this process, the K-code "end date" will automatically be 365-days from the date of the finalized HCBS Eligibility Determination. This change was effective for all HCBS Eligibility Determinations that were finalized as of September 16, 2024. This change will not be retroactive to previous HCBS Eligibility Determinations that occurred prior to September 16, 2024.

For Example: For a newly eligible HCBS Eligibility Determination with a finalized outcome date of September 18, 2024, the K-code start date will be September 18, 2024; and the end date will be September 17, 2025.

Additionally, **effective October 14, 2024**, the Local Department of Social Services (LDSS) will no longer be responsible for entering the start or end dates for K1-K6 RR/E codes. The NYS DOH Capacity Management will now enter all RR/E K1-K6 codes and the specific "end date" of 365-days timeframe. The LDSS will continue to be responsible for identifying children who are Medicaid eligible under a family-of-one budget and the data entry of RR/E KK code. The "From" date is the first day the month in which Medicaid eligibility is approved. The "Thru" date will continue to equal 12/31/9999.

If a participant's Target Population changes at the time of an HCBS Eligibility Determination re-assessment, the K-codes associated with the previous Target Population (i.e. K1, and K3-K6) will be end dated. The K-code associated with the new Target Population will be added to the participant's file with an end date of 365-days from the date of the most recent HCBS Eligibility Determination. If a participant's Medicaid Client Identification Number (CIN) changes (at any time), all K-codes associated with the previous CIN will be end dated. All applicable K-codes will be added to the new CIN with an end date that is 365-days from the date of the most recent HCBS Eligibility Determination. Care managers are encouraged to utilize the Uniform Assessment System (UAS), "CANS-NY and HCBS Report" within the aggregate reports section to assist with managing due dates for the HCBS Eligibility Determination.

HCBS Providers must continue to check K-codes prior to service delivery. HCBS providers are not permitted to provide HCBS to participants with expired K-codes. K-codes must be active on the date of service delivery in order to provide and submit claims for HCBS.

Please reach out to the capacitymanagement@health.ny.gov with any questions.