



**Reminder:
Requirements Regarding the Children's Waiver
Home and Community Based Services (HCBS)
Participants Placed in a Restricted Setting**

When a child/youth enrolled in the Children's Waiver is hospitalized or placed in an HCBS restricted setting (please see: [Children's Home and Community Based Services Provider Manual – Appendix B](#)), the child/youth may remain in such setting for up to 90 consecutive calendar days while maintaining enrollment in the Children's Waiver. If the waiver child/youth is also enrolled in the Health Home program when entering an HCBS restricted setting, the Health Home care manager must "pend" the enrollment segment in the MAPP tracking system. The Health Home and HCBS providers are not able to bill while the child/youth is in a restricted setting, unless otherwise noted below.

When the child/youth remains in a hospital or restricted setting for more than 90 consecutive calendar days, the child/youth must be discharged from the Children's Waiver. The family/child will be issued a Notice of Decision (NOD) explaining the reason for the disenrollment from the Children's Waiver. The Health Home care manager (HHCM) or Children and Youth Evaluation Service (C-YES) will notify the Department of Health Capacity Management Team through the Health Commerce System (HCS) regarding the Children's Waiver discharge following information outlined in the [Communication with NYS DOH Capacity Management for the Children's Waiver](#) guidance document. The Capacity Management team, upon receipt of the notification, will end date the K-codes on the child's/youth's case based upon the date given by the HHCM or C-YES.

In keeping with the [Continuity of Care and Re-engagement for Enrolled Health Home Members # HH0006](#) policy, in the 30 days prior to the member's discharge from the restricted setting, the care manager must participate in active discharge planning activities to re-engage the member, the member's enrollment segment must be changed to 'active' status in the MAPP tracking system, and the care management agency may bill for services provided during the 30-day period. The Health Home care manager must also conduct the HCBS/LOC Eligibility Assessment 30 days prior to discharge from the restricted setting, if possible, or within 30-days after discharge to determine HCBS re-eligibility (if previously discharged from HCBS) and to ensure an updated Plan of Care (POC) and necessary services are in place to assist the child/youth in transitioning back to their home and/or community.

Please refer to the [Children's HCBS Provider Manual](#) for additional information regarding the HCBS Notice of Decision, the HCBS/LOC Eligibility Assessment, and other requirements of the Children's Waiver.

For any questions, please reach out to your lead Health Home for assistance, NYS DOH Children's Transformation contact at BH.transition@health.ny.gov, or HHSC@health.ny.gov.