



Department of Health

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March 14, 2020 (UPDATED June 10, 2020)

Re: COVID-19 Guidance for Children's
Waiver Services Providers

Dear Home and Community Based Services (HCBS) Providers Serving Children/Youth under the 1915(c) Children's Waiver:

The New York State Department of Health (NYSDOH) is providing this guidance to New York State Home and Community Based Services (HCBS) providers serving children/youth under the 1915(c) Children's Waiver, pertaining to the current novel coronavirus (COVID-19) outbreak.

Update – Home and Community Based Services (HCBS) Billing:

The Children's Medicaid services of 1915(c) Children's Waiver Home and Community Based Services (Children's HCBS) have always allowed for soft billing limits in an effort to give providers flexibility and the ability to provide the services based upon the child's/youth's identified needs. New York State is allowing additional flexibility regarding billing requirements for Medicaid Fee-for-Service and Medicaid managed care for Children's HCBS through the "Rounding of Service Time". Please refer to the [New York State Children's Health and Behavioral Health Services Billing and Coding Manual](#) for additional guidance.

Soft Limits Reminder

All service utilization limits (i.e. annual, daily, dollar amount) for Children's HCBS are "soft" – meaning that these limits can be exceeded if justified by medical necessity; documentation of the medical necessity for extended durations must be kept on file in the client's record. Providers are reminded to seek authorization for continued services where required for services provided to children enrolled in Medicaid managed care. See the [Children's Home and Community Based Services Provider Manual](#)

Rounding of Service Time

During the emergency period beginning March 7, 2020; to allow for billing flexibility allowable with CMS approval, the current time requirements are relaxed. Below is a chart of time frames and the associated billable minutes/units that may be used.

Range of minutes	Billable minutes	Billable units (15 minutes per unit)
Under 5 minutes	1-4 minutes	Not billable
5-19 minutes	15 minutes	1 unit

Range of minutes	Billable minutes	Billable units (15 minutes per unit)
20-34 minutes	30 minutes	2 units
35-49 minutes	45 minutes	3 units
50-64 minutes	60 minutes	4 units
65-79 minutes	75 minutes	5 units
80-94 minutes	90 minutes	6 units
95-109 minutes	105 minutes	7 units
110-124 minutes	120 minutes	8 units

Please utilize and reference all COVID-19 and Telehealth (telephonic) guidance available at https://health.ny.gov/health_care/medicaid/covid19/index.htm.

Face-to-Face Requirements Waived for Home and Community-Based Services Provided under the 1915(c) Children’s Waiver, Unless Medically Necessary

In response to concerns relating to the novel coronavirus (COVID-19) and in an effort to protect members and providers, effective immediately, the New York State Department of Health has authorized Home and Community-Based Services to be provided telephonically or via telehealth whenever possible. This temporary waiver will remain in effect until it is rescinded by the Department of Health.

In lieu of face-to-face contact, providers may utilize telephonic or telehealth following applicable NYS Telehealth Guidance.

Background

The health and safety of HCBS providers and our ability to provide and support patient care remain our priorities. Recently, community-wide transmission of COVID-19 has occurred in the United States (US), and the number of both Persons Under Investigation (PUIs) and confirmed cases are increasing in NYS. The situation with COVID-19 infections identified in the US continues to evolve and is very rapidly changing. It is important for all agencies to keep apprised of current guidance by regularly visiting the Centers for Disease Control and Prevention (CDC) and NYSDOH websites, as well as the NYSDOH Health Commerce System (HCS), for the most up-to-date information for healthcare providers.

- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- NYSDOH: <https://www.health.ny.gov/diseases/communicable/coronavirus.htm>
- HCS: <https://commerce.health.state.ny.us>

HCBS agency management should keep staff updated as the situation changes and educate them about the disease, its signs and symptoms, and necessary infection control to protect themselves and the people they serve. The NYSDOH distributes alerts and advisories through the HCS notification system, and therefore it is vital that providers maintain up-to-date contact information in the HCS Communications Directory. Agencies may wish to provide

internal contact information for their staff and clients to call with concerns, reports or questions.

Criteria for screening members prior to conducting a Face-to-Face Visit

While some HCBS can be delivered effective via telehealth, in certain instances, face-to-face contact may still be clinically indicated. Prior to conducting face-to-face activities, the provider should ask the member and/or their parent, guardian, legally authorized representative the following questions:

1. Ask whether the child/youth has a fever, cough or shortness of breath.
2. Ask the member, "Have you, or has someone with whom you have had close physical contact, traveled out of the United States within the last 14 days?"
3. (If yes) "To which countries did you/your contact, travel?" For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
4. Ask the member, "Within the last 14 days, have you had contact with any person(s) under investigation (PUI) for COVID-19, OR with any person(s) known to have COVID19?"

If the member screens positive in response to any of these questions, the HCBS staff should ensure that the member has been referred to the appropriate health care provider and coordinate next steps with the child/youth, their parent, guardian or legally authorized representative, and their public health/primary care provider.

If the member has immediate needs, the HCBS agency should take appropriate measures to ensure service needs are met to safeguard the health, safety and welfare of the child/youth. HCBS agency staff should follow CDC guidance to make sure precautions are used when conducting face-to-face visits.

<https://www.cdc.gov/coronavirus/2019ncov/infection-control/control-recommendations.html>

Instructions for HCBS agency personnel who are at risk of being a Person Under Investigation (PUI)

HCBS staff are exposed to the general community each day and could become infected with an acute respiratory illness (e.g. COVID-19, influenza, respiratory syncytial virus (RSV)), if community transmission of that illness is occurring. Agencies should ensure they have a policy in place to speak with staff prior to them conducting face-to-face visits with enrolled members in order to screen the staff for symptoms or contacts that might have put them at risk. It is important that agencies strictly enforce their illness and sick leave policies. Staff showing symptoms of illness should not be permitted to remain at work or visit members and should not return to work until completely recovered.

HCBS staff who have been potentially exposed to someone with confirmed COVID-19, or to someone who is a person under investigation (PUI) for COVID-19, might be placed

under movement restrictions by public health officials, based on exposure risk for having contracted COVID-19 and any presenting symptoms.

If an HCBS staff person is found to be ill upon screening, the agency should send the person home and suggest that they contact their primary care physician immediately or refer them to immediate medical care, if indicated.

Where can I direct my questions about COVID-19?

Questions can be directed to the following email address: icp@health.ny.gov ; or to the toll-free call center at 888-364-3065.

Your diligence in implementing appropriate measures for COVID-19 preparedness is appreciated.

Where can I direct my questions about this guidance?

Please send any questions relating to this guidance to HHSC@health.ny.gov

Your diligence in implementing appropriate measures for COVID-19 preparedness is appreciated.