

## GUIDE TO RESTRICTION EXCEPTION (RE) CODES AND HEALTH HOME SERVICES

RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH ADULT HEALTH HOME SERVICES	POLICY NOTES
02	<b>RRP Podiatry</b>	YES (See notes)	Individuals can be in a Restricted Recipient Program (RRP) and enrolled in Health Home, but the Care Manager should work with the recipient and contact their Managed Care Plan, if applicable, to ensure compliance with any restrictions.
	These are codes to restrict recipient to specific podiatric providers.		
03	<b>RRP Dental</b>	YES (See notes)	
	These are codes to restrict recipient to specific dental providers.		
04	<b>RRP Durable Medical Equipment</b>	YES (See notes)	
	These are codes to restrict recipient to specific durable medical equipment providers.		
05	<b>RRP Pharmacy</b>	YES (See notes)	
	These are codes to restrict recipient to specific pharmacy providers.		
06	<b>RRP Physician</b>	YES (See notes)	
	These are codes to restrict recipient to specific physicians.		
08	<b>RRP Clinic</b>	YES (See notes)	
	These are codes to restrict recipient to specific clinics.		
09	<b>RRP In-Patient Hospital</b>	YES (See notes)	
	These are codes to restrict recipient to specific hospitals for inpatient services.		
10	<b>RRP Dental Clinic</b>	YES (See notes)	
	These are codes to restrict recipient to specific dental clinics.		
11	<b>RRP Physician Group</b>	YES (See notes)	
	These are codes to restrict recipient to specific physician groups.		
12	<b>RRP Physician Assistant/Nurse Practitioner</b>	YES (See notes)	
	These are codes to restrict recipient to specific PA/NP providers.		
13	<b>RRP Alternative Pharmacy</b>	YES (See notes)	
	These are codes to restrict recipient to specific alternative pharmacy providers.		

## GUIDE TO RESTRICTION EXCEPTION (RE) CODES AND HEALTH HOME SERVICES

RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH ADULT HEALTH HOME SERVICES	POLICY NOTES
20	<b>Enrollee in Special Needs MC Plan (HIV SNP)</b>	YES (See notes)	
	This code is used to identify enrollees in Special Needs Plans.		
21	<b>Enrollee in Special Needs MC Plan (HIV SNP)</b>	YES (See notes)	Like mainstream plans, recipients can be members of HIV SNP and enrolled in a Health Home program.
	This code is used to identify enrollees in Special Needs Plans.		
23	<b>OMH Children's Waiver</b>	NO (See notes)	Children receiving services through this waiver can either be enrolled in a Health Home or in the waiver, but cannot be in both as each provides individual care management services. Care managers should work with individuals to determine which service best meets their needs.
	This code is used to identify recipients in the OMH Home & Community Based Services (HCBS) waiver for seriously emotionally disturbed (SED) children.		
25	<b>OPWDD - Sub-Chapter A Exception</b>	NO	
	This code is for individuals receiving OPWDD for a limited period of time with no local shares.		
30	<b>LTHHCP - Long Term Home Health Care Program (Lombardi Waiver)</b>	NO (See notes)	Individuals receiving services through this waiver can either be enrolled in a Health Home or in the waiver, but cannot be in both as each provides care management services. Care managers should work with individuals to determine which service best meets their needs.
	Code used for individuals authorized for long term care services who are eligible for nursing home level of care and are residing in the community. Services provided through a certified LTHHCP provider.		
35	<b>Case Management Program; Medicaid Service Coordination/Case Management Program (Medicaid OMH, COBRA, AI TCM, OPWDD)</b>	YES (See notes)	Children receiving OMH TCM services are being transitioned and adults receiving HIV COBRA and OMH TCM care management have transitioned into Health Homes. Individuals receiving OPWDD and EI TCM services will transition to Health Home enrollment at a later date. First Time Mothers/Newborns will not transition.
	Comprehensive case management program.		

## GUIDE TO RESTRICTION EXCEPTION (RE) CODES AND HEALTH HOME SERVICES

RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH ADULT HEALTH HOME SERVICES	POLICY NOTES
38	<b>Utilization Threshold Exempt</b>	<b>NO (See notes)</b>	Individuals receiving services through this waiver can either be enrolled in a Health Home or in the waiver, but cannot be in both as each provides care management services. Care managers should work with individuals to determine which service best meets their needs.
	Recipient is a resident of an ICF-DD Facility.		
39	<b>Aid Continuing</b>	<b>YES (See notes)</b>	The care managers must work within the individuals established UT. Limitations on services may apply.
	Recipient is subject to Utilization Threshold (UT) and exempt from copay.		
44	<b>HCBS at Home Non-Intensive Residential Habilitation</b>	<b>NO (See notes)</b>	At this time OPWDD waiver participants cannot be in a Health Home and the waiver. If waiver participants wish to receive care management through a Health Home they must dis-enroll from the waiver. Health Home care managers and OPWDD Medicaid Service Coordinator (MSC) managers should work with individuals to determine whether the waiver or Health Homes can best meet their needs.
	Recipient is in a HCBS Non-Intensive AHRH to better serve consumers in their own homes and reduce demand for more costly residential placement.		
45	<b>HCBS at Home Intensive Residential Habilitation</b>	<b>NO (See notes)</b>	At this time OPWDD waiver participants cannot be in a Health Home and the waiver. If waiver participants wish to receive care management through a Health Home they must dis-enroll from the waiver. Health Home care managers and OPWDD Medicaid Service Coordinator (MSC) managers should work with individuals to determine whether the waiver or Health Homes can best meet their needs.
	Recipient is in a HCBS IBS to better serve consumers in their own homes and reduce demand for more costly residential placement.		
46	<b>OPWDD Home &amp; Community Based Services Waiver - HCB (Pure Waiver)</b>	<b>NO (See notes)</b>	
	Identifies a recipient in home & community based services waiver program (HCBS).		

## GUIDE TO RESTRICTION EXCEPTION (RE) CODES AND HEALTH HOME SERVICES

RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH ADULT HEALTH HOME SERVICES	POLICY NOTES
47	<b>OPWDD HCBS Community Habilitation Phase 2</b>	<b>NO (See notes)</b>	<p>At this time OPWDD waiver participants cannot be in a Health Home and the waiver. If waiver participants wish to receive care management through a Health Home they must dis-enroll from the waiver. Health Home care managers and OPWDD Medicaid Service Coordinator (MSC) managers should work with individuals to determine whether the waiver or Health Homes can best meet their needs.</p>
	Identifies a recipient in home & community based services waiver supervised CR or supervised IRA.		
48	<b>OPWDD HCBS Supportive IRAs and CRs</b>	<b>NO (See notes)</b>	
	Identifies a recipient in home & community based services waiver supportive IRA & CR.		
49	<b>OPWDD HCBS Supervised IRA</b>	<b>NO (See notes)</b>	
	Identifies a recipient in home & community based services waiver supervised IRA & CR.		
55	<b>MCC Pharmacy</b>	<b>YES</b>	
	An HR recipient enrolled in the MCCP and receiving pharmacy services from the primary pharmacy.		
56	<b>MCC Physician</b>	<b>YES</b>	
	An HR recipient enrolled in the MCCP and assigned to a primary physician or a preferred provider. Non-emergent transportation must be ordered by a primary provider only. Ancillary services (pharmacy, DME & lab) must be ordered by primary or referred provider.		
58	<b>MCC Clinic</b>	<b>YES (See notes)</b>	
	An HR recipient enrolled in the MCCP and assigned to a primary clinic where s/he must receive care or be referred for care. Ancillary services (pharmacy, DME & lab) must be ordered by primary only.		

## GUIDE TO RESTRICTION EXCEPTION (RE) CODES AND HEALTH HOME SERVICES

RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH ADULT HEALTH HOME SERVICES	POLICY NOTES
59	<b>MCC Hospital</b>	<b>YES (See notes)</b>	Individuals can be in a Managed Care Coordinator Program (MCCP) and enrolled in Health Home, but the care manager should work with the recipient and contact their Managed Care Plan to ensure compliance with any restrictions.
	A recipient enrolled in the MCCP and assigned to a primary inpatient provider where s/he must receive care.		
60	<b>Nursing Home Transition and Diversion Waiver</b>	<b>NO (See notes)</b>	Individuals receiving services through this waiver can either be enrolled in a Health Home or in the waiver, but cannot be in both as each provides care management services. Care managers should work with individuals to determine which service best meets their needs.
	Recipient enrolled in Nursing Home Transition & Nursing Home Diversion waiver		
62	<b>Care at Home (CAH) I (Administered by DOH)</b>	<b>NO (See notes)</b>	Children receiving services through this waiver can either be enrolled in a Health Home or in the waiver, but cannot be in both as each provides care management services. Care managers should work with individuals to determine which service best meets their needs.
	The Medicaid-waiver CAH I program provides community-based services to physically disabled children who require hospital or skilled nursing home level of care, and allows the child to be at home instead of in an institutional setting.		
63	<b>Care at Home (CAH) II (Administered by DOH)</b>	<b>NO (See notes)</b>	Children receiving services through this waiver can either be enrolled in a Health Home or in the waiver, but cannot be in both as each provides care management services. Care managers should work with individuals to determine which service best meets their needs.
	The Medicaid-waiver CAH II program provides community-based services to physically disabled children who require hospital or skilled nursing home level of care, and allows the child to be at home instead of in an institutional setting.		
64	<b>Care at Home (CAH) III (OPWDD)</b>	<b>NO (See notes)</b>	Children receiving services through this waiver can either be enrolled in a Health Home or in the waiver, but cannot be in both as each provides care management services. Care managers should work with individuals to determine which service best meets their needs.
	The Medicaid-waiver CAH III program provides community-based services to physically disabled children who require hospital or skilled nursing home level of care, and allows the child to be at home instead of in an institutional setting.		

## GUIDE TO RESTRICTION EXCEPTION (RE) CODES AND HEALTH HOME SERVICES

RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH ADULT HEALTH HOME SERVICES	POLICY NOTES
65	<b>Care at Home (CAH) IV (OPWDD)</b>	<b>NO (See notes)</b>	Children receiving services through this waiver can either be enrolled in a Health Home or in the waiver, but cannot be in both as each provides care management services. Care managers should work with individuals to determine which service best meets their needs.
	The Medicaid-waiver CAH IV program provides community-based services to physically disabled children who require hospital or skilled nursing home level of care, and allows the child to be at home instead of in an institutional setting.		
67	<b>Care at Home (CAH) VI (OPWDD)</b>	<b>NO (See notes)</b>	Children receiving services through this waiver can either be enrolled in a Health Home or in the waiver, but cannot be in both as each provides care management services. Care managers should work with individuals to determine which service best meets their needs.
	The Medicaid-waiver CAH IV program provides community-based services to physically disabled children who require hospital or skilled nursing home level of care, and allows the child to be at home instead of in an institutional setting.		
72	<b>Bridges to Health (B2H) Seriously Emotionally Disturbed (SED)</b>	<b>NO (See notes)</b>	
	Bridges to Health (B2H) Waiver services are tailored to meet the child's specific, presenting health care needs, and are not available through other programs these children attend.		
73	<b>Bridges to Health (B2H) Developmentally Disabled</b>	<b>NO (See notes)</b>	Children receiving services through this waiver can either be enrolled in a Health Home or in the waiver, but cannot be in both as each provides care management services. Care managers should work with individuals to determine which service best meets their needs.
	Bridges to Health (B2H) Waiver services are tailored to meet the child's specific, presenting health care needs, and are not available through other programs these children attend.		
74	<b>Bridges to Health (B2H) Medically Fragile (MedF)</b>	<b>NO (See notes)</b>	
	Bridges to Health (B2H) Waiver services are tailored to meet the child's specific, presenting health care needs, and are not available through other programs these children attend.		

## GUIDE TO RESTRICTION EXCEPTION (RE) CODES AND HEALTH HOME SERVICES

RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH ADULT HEALTH HOME SERVICES	POLICY NOTES
75	<b>LTC D/D Asset Protection</b>	YES	
	Recipients are those who receive resource exemptions in the amount of LTC insurance benefit dollars paid to date. The amount determines the amount of resources disregarded in the Medicaid Budget Logic (MBL) budget.		
76	<b>LTC Total Asset Protection</b>	YES	
	Recipients are those who have complete disregard of resources in Medicaid Budget Logic (MBL).		
77	<b>LTC Insurance-Non-Partnership</b>	YES	
	Recipients have LTC insurance but not through the Partnership for LTC.		
81	<b>Traumatic Brain Injury (TBI)</b>	NO (See notes)	Individuals receiving services through this waiver can either be enrolled in a Health Home or in the waiver, but cannot be in both as each provides care management services. Care managers should work with individuals to determine which service best meets their needs.
	HCBS/TBI waiver services include: service coordination, independent living skills training and development (ILST), structured day program services, substance abuse program services, positive behavioral interventions and support services (PBIS), community integration counseling (CIC), home and community support services (HCSS), environmental modifications (emods), respite services, assistive technology (AT), waiver transportation, and community transitional services (CTS).		
82	<b>Non-MMIS ID RRP Provider</b>	YES (See notes)	Individuals can be in a Restricted Recipient Program (RRP) and enrolled in Health Home, but the Care Managers should work with the individual and contact their Managed Care Plan to ensure compliance with any restrictions.
	This code returns an eligible message "Restricted recipient contact MC plan for provider information"		

## GUIDE TO RESTRICTION EXCEPTION (RE) CODES AND HEALTH HOME SERVICES

RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH ADULT HEALTH HOME SERVICES	POLICY NOTES
83	<b>Alcohol &amp; Substance Abuse (ASA)</b>	YES (See notes)	The care manager should coordinate services within existing Fee-For-Services and Managed Care Plan eligibility requirements.
	Recipient has been mandated to receive ASA services FFS in some instances. The recipient may also be in PCP where the plan is responsible for payment of some services.		
84	<b>OMH Base/Community Rehab &amp; Support (CRS) with Clinical Treatment</b>	YES	
	Recipient is enrolled in an outpatient rehab program for mentally ill adults (OMH). Recipients are exempt from UT.		
85	<b>OMH Base/Community Rehab &amp; Support (CRS) without Clinical Treatment</b>	YES	
	Recipient is enrolled in an outpatient rehab program for mentally ill adults (OMH). Recipients are exempt from UT.		
86	<b>OMH Intensive Rehab &amp; Ongoing Rehab Services (IR/OR)</b>	YES	
	Recipient is enrolled in an outpatient rehab program for mentally ill adults (OMH). Recipients are exempt from UT.		
89	<b>Money Follows the Person</b>	YES	
90	<b>Managed Care Excluded</b>	YES	
	Recipient is excluded from mandated managed care auto assignment of a plan		
91	<b>Managed Care Exempt</b>	YES	
	Recipient is exempt from managed care enrollment		



## GUIDE TO RESTRICTION EXCEPTION (RE) CODES AND HEALTH HOME SERVICES

RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH ADULT HEALTH HOME SERVICES	POLICY NOTES
92	<b>DOH/ Managed Care Exempt</b>	YES	
	Recipient is exempt from managed care enrollment		
93	<b>Managed LTC</b>	YES (See notes)	Individuals can be in both a Health Home and a MLTC plan. The Health Home and MLTC plan must have an administrative services agreement outlining their respective responsibilities.
	Recipients are marked who are required to enroll in a managed LTC program		
94	<b>OMH Exempt</b>	YES	
	Recipient exempt from managed care enrollment		
95	<b>OPWDD Waivered Services Look-Alikes</b>	YES (See notes)	<p>Care Managers must check with OPWDD to ensure an individual is not receiving Care Management from OPWDD before they can be outreached or enrolled in the Health Home Program. The following steps MUST be taken to ensure there is not duplication of services:</p> <ul style="list-style-type: none"> <li>• Step 1 - Enter Member's Name, Date of Birth, and CIN number in an excel file.</li> <li>• Step 2 - Encrypt with password the excel file.</li> <li>• Step 3 - Send excel file with subject line "RRE Code 95 Check" to OPWDD's BML at: <b>fida-idd@opwdd.ny.gov</b></li> <li>• Step 4 - Send the password to the same BML with the same subject line.</li> </ul>
	Recipient exempt from managed care enrollment		
96	<b>Seriously &amp; Persistently Mentally Ill Adults (SPMI) &amp; Seriously Emotionally Disturbed Children (SED)</b>	YES (See notes)	Children receiving services through this waiver can either be enrolled in a Health Home or in the waiver, but cannot be in both as each provides care management services. Care managers should work with individuals to determine which service best meets their needs.
	Recipient exempt from managed care enrollment		
A1	<b>Health Home Program - Care Management Agency</b>	YES	Tentative date of release is March 2017.
	Member is assigned, in outreach, or enrolled with a Care Management Agency		
A2	<b>Health Home Program - Health Home</b>	YES	Tentative date of release is March 2017.
	Member is assigned, in outreach, or enrolled with a Health Home		
AL	<b>Assisted Living</b>	NO	
	System generated based on claims for assisted living.		

## GUIDE TO RESTRICTION EXCEPTION (RE) CODES AND HEALTH HOME SERVICES

RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH ADULT HEALTH HOME SERVICES	POLICY NOTES
B7	Non EP BHP Aliessa	YES	
C1	Copay Exempt (Hospice)	YES	
CO	Community First Choice Option	NO	
CF	Community First Choice Option OPWDD	NO	
G1	Transgender Male to Female	YES	
G2	Transgender Female to Male	YES	
H1	HARP Enrolled without HCBS Eligibility	YES	
H2	HARP Enrolled with Tier 1 HCBS Eligibility	YES	
H3	HARP Enrolled with Tier 2 HCBS Eligibility	YES	
H4	HIV SNP HARP Eligible without HCBS Eligibility	YES	
H5	HIV SNP HARP Eligible with Tier 1 HCBS Eligibility	YES	

## GUIDE TO RESTRICTION EXCEPTION (RE) CODES AND HEALTH HOME SERVICES

RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH ADULT HEALTH HOME SERVICES	POLICY NOTES
H6	HIV SNP HARP Eligible with Tier 2 HCBS Eligibility	YES	
H7	Opted out of HARP	YES	
H8	State-Identified for HARP Assessment	YES	
H9	HARP Eligible- Pending Enrollment	YES	
I1	OPWDD MC Class 1	NO	
I2	OPWDD MC Class 2	NO	
I3	OPWDD MC Class 3	NO	
I4	OPWDD MC Willowbrook	NO	
M1	MAGI Remains in WMS	YES	
N1	Regular SNF Rate - MC Enrollee	NO	
N2	SNF AIDS - MC Enrollee	NO	

## GUIDE TO RESTRICTION EXCEPTION (RE) CODES AND HEALTH HOME SERVICES

RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH ADULT HEALTH HOME SERVICES	POLICY NOTES
N3	SNF Neuro-Behavioral - MC Enrollee	NO	
N4	SNF Traumatic Brain Injury - MC Enrollee	NO	
N5	SNF Ventilator Dependent - MC Enrollee	NO	
N6	Partial Cap 21+ Nursing Home Certifiable	NO	
N7	NH Budgeting Approved	NO	
N8	Transfer Penalty Period DHPCO	NO	
N9	NH Resident Pending NH Eligibility Determination	NO	
NH	Nursing Home System generated based on claims for nursing home.	NO	
S1	Surplus Client Not Eligible for Medicaid MC or Medicaid Advantage (NYC ONLY)	YES (See Note)	Care manager should work with the individual to maintain their Medicaid eligibility.

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
95	<b>OPWDD Waivered Services Look-Alikes</b>	The Health Home Compatibility Changed from No to Yes with stipulations. Please see above.
	Recipient exempt from managed care enrollment	
A1	<b>Health Home Program - Care Management Agency</b>	Added
	Member is assigned, in outreach, or enrolled with a Care Management Agency	
A2	<b>Health Home Program - Health Home</b>	Added
	Member is assigned, in outreach, or enrolled with a Health Home	
AL	<b>Assisted Living</b>	Added
	System generated based on claims for assisted living.	
B7	<b>Non EP BHP Aliessa</b>	Added
C1	<b>Copay Exempt (Hospice)</b>	Added
G1	<b>Transgender Male to Female</b>	Added
G2	<b>Transgender Female to Male</b>	Added
TR	<b>Transgender Individual</b>	Deleted as more specific codes were added. Please see G1 and G2.

Updated 1/25/2017

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
23	<p><b>OMH Children's Waiver</b></p> <p>This code is used to identify recipients in the OMH Home &amp; Community Based Services (HCBS) waiver for seriously emotionally disturbed (SED) children.</p>	Changed policy notes to delete " (once Health Homes have been designated to serve children)"
35	<p><b>Case Management Program; Medicaid Service Coordination/Case Management Program</b></p> <p>Comprehensive case management program.</p>	Changed policy notes to account for adults completion of transition and children transitioning into Health Homes.
62	<p><b>Care at Home (CAH) I (Administered by DOH)</b></p> <p>The Medicaid-waiver CAH I program provides community-based services to physically disabled children who require hospital or skilled nursing home level of care, and allows the child to be at home instead of in an institutional setting.</p>	Changed policy notes to delete " (once Health Homes have been designated to serve children)"
63	<p><b>Care at Home (CAH) II (Administered by DOH)</b></p> <p>The Medicaid-waiver CAH II program provides community-based services to physically disabled children who require hospital or skilled nursing home level of care, and allows the child to be at home instead of in an institutional setting.</p>	Changed policy notes to delete " (once Health Homes have been designated to serve children)"
64	<p><b>Care at Home (CAH) III (OPWDD)</b></p> <p>The Medicaid-waiver CAH III program provides community-based services to physically disabled children who require hospital or skilled nursing home level of care, and allows the child to be at home instead of in an institutional setting.</p>	Changed policy notes to delete " (once Health Homes have been designated to serve children)"
65	<p><b>Care at Home (CAH) IV (OPWDD)</b></p> <p>The Medicaid-waiver CAH IV program provides community-based services to physically disabled children who require hospital or skilled nursing home level of care, and allows the child to be at home instead of in an institutional setting.</p>	Changed policy notes to delete " (once Health Homes have been designated to serve children)"

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
67	<b>Care at Home (CAH) VI (OPWDD)</b>	Changed policy notes to delete " (once Health Homes have been designated to serve children)"
	The Medicaid-waiver CAH IV program provides community-based services to physically disabled children who require hospital or skilled nursing home level of care, and allows the child to be at home instead of in an institutional setting.	
72	<b>Bridges to Health (B2H) Seriously Emotionally Disturbed (SED)</b>	Changed policy notes to delete " (once Health Homes have been designated to serve children)"
	Bridges to Health (B2H) Waiver services are tailored to meet the child's specific, presenting health care needs, and are not available through other programs these children attend.	
73	<b>Bridges to Health (B2H) Developmentally Disabled</b>	Changed policy notes to delete " (once Health Homes have been designated to serve children)"
	Bridges to Health (B2H) Waiver services are tailored to meet the child's specific, presenting health care needs, and are not available through other programs these children attend.	
74	<b>Bridges to Health (B2H) Medically Fragile (MedF)</b>	Changed policy notes to delete " (once Health Homes have been designated to serve children)"
	Bridges to Health (B2H) Waiver services are tailored to meet the child's specific, presenting health care needs, and are not available through other programs these children attend.	
92	<b>DOH/ Managed Care Exempt</b>	Added
	Recipient is exempt from managed care enrollment	
CO	<b>Community First Choice Option</b>	Added
CF	<b>Community First Choice Option OPWDD</b>	Added
I1	<b>OPWDD MC Class 1</b>	Added
I2	<b>OPWDD MC Class 2</b>	Added
I3	<b>OPWDD MC Class 3</b>	Added

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
I4	OPWDD MC Willowbrook	Added
M1	MAGI Remains in WMS	Added
N8	Transfer Penalty Period DHPKO	Added
N9	NH Resident Pending NH Eligibility Determination	Added

Updated  
2/21/2017

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
95	OPWDD Waivered Services Look-Alikes	DELETED: To find a Developmental Disability Regional Office copy and paste the following link in your web browser: <a href="https://opwdd.ny.gov/sites/default/files/documents/OPWDD-DDRO-Eligibility-Coordinators.pdf">https://opwdd.ny.gov/sites/default/files/documents/OPWDD-DDRO-Eligibility-Coordinators.pdf</a> ADDED: new instructions for inquiries.
	Recipient exempt from managed care enrollment	

Updated  
5/9/17