

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

RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH 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.		

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20	<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.		
21	<b>Enrollee in Special Needs MC Plan (HIV SNP)</b>	YES (See notes)	
	This code is used to identify enrollees in Special Needs Plans.		
23	<b>OMH Children's Waiver</b>	NO (See notes)	Children that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019.
	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, OMH TCM and OPWDD care management have transitioned into Health Homes. Individuals receiving EI TCM services will transition to Health Home enrollment at a later date. First Time Mothers/Newborns (NFP Targeted Case Management) will not transition and can not be enrolled in the Health Home program while enrolled in NFP. NFP Care Managers should refer individuals to the Health Home program upon disenrollment, if appropriate .
	Comprehensive case management program.		

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38	<b>ICF/DD Res</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).		

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47	<b>OPWDD HCBS Community Habilitation Phase 2</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.
	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.		

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RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH 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 that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019.
	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 that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019.
	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 that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019.
	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.		

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RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH HEALTH HOME SERVICES	POLICY NOTES
65	<b>Care at Home (CAH) IV (OPWDD)</b>	NO (See notes)	Children that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019.
	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>	NO (See notes)	Children that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019.
	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>	NO (See notes)	
	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>	NO (See notes)	Children that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019.
	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>	NO (See notes)	
	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.		

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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"		

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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		



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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	
	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	Released 7/16/18.
	Member is in outreach or enrolled with a Care Management Agency		
A2	<b>Health Home Program - Health Home</b>	YES	Released 7/16/18.
	Member is in outreach or enrolled with a Health Home		
AL	<b>Assisted Living</b>	NO	
	System generated based on claims for assisted living.		

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RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH HEALTH HOME SERVICES	POLICY NOTES
B7	Non EP BHP Aliessa	YES	
C1	Copay Exempt (Hospice)	YES	
C2	Medicare or Medicaid Hospice Elected	YES (See Note)	HH/CMAAs must work with Hospice provider/program to ensure delineation of care management services is not duplicative.
CF	Community First Choice Option	YES	
CH	Home and Community Based Services - CREPS	YES	
CM	Managed Long Term Care - CREPS	YES	
CO	Community First Choice Option OPWDD	YES	
D0	DSRIP Opt Out Undeliverable Mail	YES	
D1	DSRIP Opt Out of Data Sharing	YES	
D2	DSRIP Opt In To Data Sharing	YES	
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	

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RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH HEALTH HOME SERVICES	POLICY NOTES
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	
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	
I5	CCO/HH Enrollment Level 1	NO	
I6	CCO/HH Enrollment Level 2	NO	
I7	CCO/HH Enrollment Level 3	NO	
I8	CCO/HH Enrollment Level 4	NO	

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RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH HEALTH HOME SERVICES	POLICY NOTES
I9	CCO/Basic HCBS Plan Support	NO	
K1	HCBS LOC	YES	
	HCBS At Level of Care Acuity		
K2	HCBS LON	YES	
	HCBS at Level of Need Acuity		
K3	HCBS SED	YES	
	HCBS Serious Emotional Disturbance		
K4	HCBS MF	YES	
	HCBS Medical Fragility		
K5	HCBS DDFC	YES	
	HCBS Developmental Disability & in Foster Care		
K6	HCBS DDMF	YES	
	HCBS Developmentally Disabled & Medically Fragile		
K7	HCBS CT	YES	
	HCBS Abuse Neglect Maltreatment Complex Trauma		
K8	VFCA	YES	
	Child in Care of a Voluntary Foster Care Agency		
K9	FC	YES	
	Child is in or Associated with Foster Care		
KK	FO1	YES	
	Child is Eligible for Medicaid as Family of One		
M1	MAGI Remains in WMS	YES	
N1	Regular SNF Rate - MC Enrollee	NO	These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral.
	Permanently placed in SNF		
N2	SNF AIDS - MC Enrollee	NO	These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral.
	Permanently placed in SNF		

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RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH HEALTH HOME SERVICES	POLICY NOTES
N3	SNF Neuro-Behavioral - MC Enrollee	NO	These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral.
	Permanently placed in SNF		
N4	SNF Traumatic Brain Injury - MC Enrollee	NO	These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral.
	Permanently placed in SNF		
N5	SNF Ventilator Dependent - MC Enrollee	NO	These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral.
	Permanently placed in SNF		
N6	Partial Cap 21+ Nursing Home Certifiable	NO	These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral.
	Permanently placed in SNF		
N7	NH Budgeting Approved	NO	These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral.
	Permanently placed in SNF		
N8	Transfer Penalty Period DHPKO	NO	These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral.
	Permanently placed in SNF		
N9	NH Resident Pending NH Eligibility Determination	NO	These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral.
	Permanently placed in SNF		
NH	Nursing Home	NO	Care Managers must work with the Nursing Home to identify if the member is permanently placed. If the member becomes permanently placed the member should be disenrolled from the Health Home Program. If a member is transitioning from the NH to the community the Care Manager should work with the NH to ensure a smooth transition for the member.
	System generated based on claims for nursing home.		
PL	Pre-Release Upstate MC Ineligible	YES (See Note)	Care manager can only work with member in the month this code is ended.
PR	Pre-Release Downstate MC Ineligible	YES (See Note)	Care manager can only work with member in the month this code is ended.
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.

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RE CODE	RE CODE DESCRIPTION	COMPATIBLE WITH HEALTH HOME SERVICES	POLICY NOTES
T1	Upstate Temporary Assistance Non-MAGI	YES	
T2	NYC Tax Claim	YES	
T3	NYC Enhanced Shelter Allowance	YES	

## 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
NH	<b>Nursing Home</b>	Added
	System generated based on claims for nursing home.	
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	<b>OMH Children's Waiver</b>	Changed policy notes to delete " (once Health Homes have been designated to serve children)"
	This code is used to identify recipients in the OMH Home & Community Based Services (HCBS) waiver for seriously emotionally disturbed (SED) children.	
35	<b>Case Management Program; Medicaid Service Coordination/Case Management Program (Medicaid OMH, COBRA, AI TCM, OPWDD)</b>	Changed policy notes to account for adults completion of transition and children transitioning into Health Homes.
	Comprehensive case management program.	
62	<b>Care at Home (CAH) I (Administered by DOH)</b>	Changed policy notes to delete " (once Health Homes have been designated to serve children)"
	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>	Changed policy notes to delete " (once Health Homes have been designated to serve children)"
	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>	Changed policy notes to delete " (once Health Homes have been designated to serve children)"
	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.	
65	<b>Care at Home (CAH) IV (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.	



## 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	<b>OPWDD Waivered Services Look-Alikes</b> Recipient exempt from managed care enrollment	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.

Updated  
5/9/17

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
CF	Community First Choice Option	Incorrectly labeled with OPWDD
CH	Home and Community Based Services - CREPS	Added
CM	Managed Long Term Care - CREPS	Added
CO	Community First Choice Option OPWDD	Incorrectly labeled without OPWDD
D0	DSRIP Opt Out Undeliverable Mail	Added
D1	DSRIP Opt Out of Data Sharing	Added
D2	DSRIP Opt In To Data Sharing	Added
PL	Pre-Release Upstate MC Ineligible	Added
PR	Pre-Release Downstate MC Ineligible	Added
T1	Upstate Temporary Assistance Non-MAGI	Added
T2	NYC Tax Claim	Added
T3	NYC Enhanced Shelter Allowance	Added

Updated  
3/2/2018

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
CF	Community First Choice Option	Compatibility Changed from No to Yes
CO	Community First Choice Option OPWDD	Compatibility Changed from No to Yes

Updated  
4/23/2018

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
15	CCO/HH Enrollment Level 1	Added
16	CCO/HH Enrollment Level 2	Added
17	CCO/HH Enrollment Level 3	Added
18	CCO/HH Enrollment Level 4	Added
19	CCO/Basic HCBS Plan Support	Added
35	Case Management Program; Medicaid Service Coordination/Case Management Program (Medicaid OMH, COBRA, AI TCM, OPWDD)	Changed description to add "OPWDD care management have transitioned into Health Homes." and "First Time Mothers/Newborns (NFP Targeted Case Management) will not transition and can not be enrolled in the Health Home program while enrolled in NFP. NFP Care Managers should refer individuals to the Health Home program upon disenrollment, if appropriate."
	Comprehensive case management program.	
A1	Health Home Program - Care Management Agency	Changed date
	Member is assigned, in outreach, or enrolled with a Care Management Agency	
A2	Health Home Program - Health Home	Changed date
	Member is assigned, in outreach, or enrolled with a Health Home	

Updated  
7/11/18

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
A1	<b>Health Home Program - Care Management Agency</b>	Changed Description from "Tentative date of release is July 2018" to "Released 7/16/18".
	Member is assigned, in outreach, or enrolled with a Care Management Agency	
A2	<b>Health Home Program - Health Home</b>	Changed Description from "Tentative date of release is July 2018" to "Released 7/16/18".
	Member is assigned, in outreach, or enrolled with a Health Home	

Updated  
7/16/18

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
23	<b>OMH Children's Waiver</b>	Changed Compatibility with the Health Home Program and Description
	This code is used to identify recipients in the OMH Home & Community Based Services (HCBS) waiver for seriously emotionally disturbed (SED) children.	
62	<b>Care at Home (CAH) I (Administered by DOH)</b>	Changed Compatibility with the Health Home Program and Description
	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>	Changed Compatibility with the Health Home Program and Description
	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>	Changed Compatibility with the Health Home Program and Description
	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.	
65	<b>Care at Home (CAH) IV (OPWDD)</b>	Changed Compatibility with the Health Home Program and Description
	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.	



## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
67	<b>Care at Home (CAH) VI (OPWDD)</b>	Changed Compatibility with the Health Home Program and Description
	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 Compatibility with the Health Home Program and Description
	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 Compatibility with the Health Home Program and Description
	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 Compatibility with the Health Home Program and Description
	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.	
K1	<b>HCBS LOC</b>	Added
	HCBS At Level of Care Acuity	
K2	<b>HCBS LON</b>	Added
	HCBS at Level of Need Acuity	
K3	<b>HCBS SED</b>	Added
	HCBS Serious Emotional Disturbance	
K4	<b>HCBS MF</b>	Added
	HCBS Medical Fragility	
K5	<b>HCBS DD</b>	Added
	HCBS Developmentally Disabled	
K6	<b>HCBS DDMF</b>	Added
	HCBS Developmentally Disabled & Medically Fragile	

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
K7	HCBS CT	Added
	HCBS Abuse Neglect Maltreatment Complex Trauma	
K8	VFCA	Added
	Child in Care of a Voluntary Foster Care Agency	
K9	FC	Added
	Child is in or Associated with Foster Care	
KK	FO1	Added
	Child is Eligible for Medicaid as Family of One	

Updated  
1/3/2019

## 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>	<p>Changed "March 30, 2019" to "at a later date"</p>
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>	<p>Changed "March 30, 2019" to "at a later date"</p>
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>	<p>Changed "March 30, 2019" to "at a later date"</p>

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
64	<b>Care at Home (CAH) III (OPWDD)</b>	
	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.	
Changed "March 30, 2019" to "at a later date"		
65	<b>Care at Home (CAH) IV (OPWDD)</b>	
	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.	
Changed "March 30, 2019" to "at a later date"		
67	<b>Care at Home (CAH) VI (OPWDD)</b>	
	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.	
Changed "March 30, 2019" to "at a later date"		
72	<b>Bridges to Health (B2H) Seriously Emotionally Disturbed (SED)</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.	
Changed "March 30, 2019" to "at a later date"		
73	<b>Bridges to Health (B2H) Developmentally Disabled</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.	
Changed "March 30, 2019" to "at a later date"		
74	<b>Bridges to Health (B2H) Medically Fragile (MedF)</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.	
Changed "March 30, 2019" to "at a later date"		

Updated  
2/1/2019

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
23	<b>OMH Children's Waiver</b>	<p>Changed compatibility from "Yes" to "No" and description from "Children receiving services through this waiver will be transitioning to Health Home Care Management or Care Management through an Independent Entity January 2019-March 2019. This RRE Code is expected to end at a future date." To: "Children that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019."</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>	
62	<b>Care at Home (CAH) I (Administered by DOH)</b>	<p>Changed compatibility from "Yes" to "No" and description from "Children receiving services through this waiver will be transitioning to Health Home Care Management or Care Management through an Independent Entity January 2019 -March 2019. This RRE Code is expected to end at a future date." To: "Children that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019."</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>	
63	<b>Care at Home (CAH) II (Administered by DOH)</b>	<p>Changed compatibility from "Yes" to "No" and description from "Children receiving services through this waiver will be transitioning to Health Home Care Management or Care Management through an Independent Entity January 2019-March 2019. This RRE Code is expected to end at a future date." To: "Children that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019."</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>	
64	<b>Care at Home (CAH) III (OPWDD)</b>	<p>Changed compatibility from "Yes" to "No" and description from "Children receiving services through this waiver will be transitioning to Health Home Care Management or Care Management through an Independent Entity January 2019 -March 2019. This RRE Code is expected to end at a future date." To: "Children that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019."</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>	
65	<b>Care at Home (CAH) IV (OPWDD)</b>	<p>Changed compatibility from "Yes" to "No" and description from "Children receiving services through this waiver will be transitioning to Health Home Care Management or Care Management through an Independent Entity January 2019 -March 2019. This RRE Code is expected to end at a future date." To: "Children that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019."</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>	

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
67	<b>Care at Home (CAH) VI (OPWDD)</b>	<p>Changed compatibility from "Yes" to "No" and description from "Children receiving services through this waiver will be transitioning to Health Home Care Management or Care Management through an Independent Entity January 2019 -March 2019. This RRE Code is expected to end at a future date." To: "Children that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019."</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>	
72	<b>Bridges to Health (B2H) Seriously Emotionally Disturbed (SED)</b>	<p>Changed compatibility from "Yes" to "No" and description from "Children receiving services through this waiver will be transitioning to Health Home Care Management or Care Management through an Independent Entity January 2019 -March 2019. This RRE Code is expected to end at a future date." To: "Children that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019."</p>
	<p>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.</p>	
73	<b>Bridges to Health (B2H) Developmentally Disabled</b>	<p>Changed compatibility from "Yes" to "No" and description from "Children receiving services through this waiver will be transitioning to Health Home Care Management or Care Management through an Independent Entity January 2019-March 2019. This RRE Code is expected to end at a future date." To: "Children that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019."</p>
	<p>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.</p>	
74	<b>Bridges to Health (B2H) Medically Fragile (MedF)</b>	<p>Changed compatibility from "Yes" to "No" and description from "Children receiving services through this waiver will be transitioning to Health Home Care Management or Care Management through an Independent Entity January 2019 -March 2019. This RRE Code is expected to end at a future date." To: "Children that received services through this previous waiver have been transitioned to the new Children's Waiver with Health Home Care Management or Care Management through an Independent Entity. The use of this RRE Code has ended effective 3/31/2019."</p>
	<p>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.</p>	
N1	<b>Regular SNF Rate - MC Enrollee</b>	<p>Added "Permanently placed in SNF" and "These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral."</p>
	<p>Permanently placed in SNF</p>	
N2	<b>SNF AIDS - MC Enrollee</b>	<p>Added "Permanently placed in SNF" and "These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral."</p>
	<p>Permanently placed in SNF</p>	
N3	<b>SNF Neuro-Behavioral - MC Enrollee</b>	<p>Added "Permanently placed in SNF" and "These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral."</p>
	<p>Permanently placed in SNF</p>	
N4	<b>SNF Traumatic Brain Injury - MC Enrollee</b>	<p>Added "Permanently placed in SNF" and "These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral."</p>
	<p>Permanently placed in SNF</p>	
N5	<b>SNF Ventilator Dependent - MC Enrollee</b>	<p>Added "Permanently placed in SNF" and "These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral."</p>
	<p>Permanently placed in SNF</p>	

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
N6	<b>Partial Cap 21+ Nursing Home Certifiable</b>	Added "Permanently placed in SNF" and "These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral."
	Permanently placed in SNF	
N7	<b>NH Budgeting Approved</b>	Added "Permanently placed in SNF" and "These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral."
	Permanently placed in SNF	
N8	<b>Transfer Penalty Period DHPCO</b>	Added "Permanently placed in SNF" and "These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral."
	Permanently placed in SNF	
N9	<b>NH Resident Pending NH Eligibility Determination</b>	Added "Permanently placed in SNF" and "These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral."
	Permanently placed in SNF	
NH	<b>Nursing Home</b>	Added "These members are not eligible for enrollment or continued enrollment in the Health Home Program while in the Skilled Nursing Facility. Care Managers should work with the Nursing Facility to transition members out when notified of referral."
	System generated based on claims for nursing home.	
K5	<b>HCBS DD</b>	Changed "HCBS DD, HCBS Developmentally Disabled" to "HCBS DDFC, HCBS Developmentally Disability & in Foster Care" on February 17, 2021.
	HCBS Developmentally Disabled	

Updated  
2/17/2021

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
95	<b>OPWDD Waivered Services Look-Alikes</b>	Code 95 remains compatible with Health Home services. However, the <i>Policy Notes</i> regarding the steps Health Home Care Managers must take are outdated and no longer apply, and have been removed:  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 <b>MUST</b> be taken to ensure there is not duplication of services: <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: <a href="mailto:fida-idd@opwdd.ny.gov">fida-idd@opwdd.ny.gov</a></li> <li>•Step 4 - Send the password to the same BML with the same subject line.</li> </ul>
	Recipient exempt from managed care enrollment	

Updated  
4/1/2022

## CHANGE LOG

CODE	CODE DESCRIPTION	WHAT CHANGED
C2	Medicare or Medicaid Hospice Elected	Added

Updated  
4/29/2022