



**To: HCBS and CFTSS Providers, Health Plan CEOs, and Government Program Liaisons**

**Please share this information immediately with appropriate staff.**

This guidance is being issued to clarify the relaxed billable time requirements outlined in recently updated COVID-19 Emergency billing guidance for 1915(c) Children's Waiver Home and Community Based Services (HCBS) and Children and Family Treatment and Support Services (CFTSS).

The NYS Department of Health (NYSDOH) provided guidance as outlined in the [Update – Home and Community Based Services \(HCBS\) Billing](#) and the [Update - Children and Family Treatment and Support Services \(CFTSS\) Billing](#) for Medicaid fee-for-services and Medicaid managed care claim submission, which took effect for dates of service beginning on March 7, 2020 for the emergency period.

**Medicaid Fee-for-Service (FFS) claims:**

If HCBS/CFTSS providers identify claims that need to be adjusted or voided due to issued emergency guidance, they must adhere to existing timely filing rules. For claims submitted more than 90 days after the date of service, please utilize the resources outlined below.

Additional information on adjustments and voids can be found here: **Guide to Timely Billing Office of Health Insurance Programs (OHIP) Division of OHIP Operations and Systems - August 9, 2018**

[https://www.emedny.org/ProviderManuals/AllProviders/Guide\\_to\\_Timely\\_Billing.pdf](https://www.emedny.org/ProviderManuals/AllProviders/Guide_to_Timely_Billing.pdf)

**eMedNY Guide to Timely Filing:**

[https://www.emedny.org/info/TimelyBillingInformation\\_index.aspx](https://www.emedny.org/info/TimelyBillingInformation_index.aspx)

After reviewing the resources above, additional assistance can be sought by calling **1-800-343-9000 OR submitting an email form:**

<https://www.emedny.org/contacts/emedny.aspx>

**Managed Care claims:**

Children's HCBS and CFTSS providers should contact the Medicaid Managed Care Plan (MMCP) for billing procedures when seeking to adjust claims already submitted or submitting claims beyond the plan's timely filing standards. Medicaid managed care plans are encouraged to work collaboratively with children's services providers toward avoiding delays in payment due to automatic denials for timely filing.

As a reminder, all service utilization limits (i.e. annual, daily, dollar amount) for Children's HCBS and CFTSS are "soft" for both FFS and MMC to give providers flexibility to provide the services based upon the child's/youth's identified needs. Soft 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.

Please send any questions or comments to [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov).