



Child HCBS Authorizations and Reminder of State Billing and Claiming Requirements

This notice is to remind Children's Home and Community-Based Services (HCBS) providers of HCBS billing and claiming requirements, per the April 4, 2022, [NYSDOH memo](#).

Effective for dates of service on or after April 4, 2022, if a Medicaid Managed Care Plan (MMCP) receives an HCBS claim for a child whose enrollment in the Children's Waiver cannot be verified by confirming a K1 Recipient Restriction/Exemption (RR/E) code on the child's record, and if the MMCP has not received an Authorization and Care Manager Notification Form, the MMCP should deny the claim for lack of verification of Children's Waiver eligibility, enrollment, and approved service. The MMCP may also deny the claim if the units billed are not supported by the frequency, scope, and duration documented on the Authorization and Care Manager Notification Form.

The memo also addresses additional important information for providers:

- Providers must verify that a child/youth is eligible and enrolled in the 1915(c) Children's Waiver on the date of service, by verifying through eMedNY or ePACES that the member has an active RR/E K1 code on their record.
- Providers shall determine the focus of the service(s) and must identify and document the frequency, scope, and duration for each service that will be provided.
- Providers should be proactive and request authorization of continued HCBS prior to exhaustion of authorized services.

To review the entire memo and ensure you understand the new HCBS billing and claiming requirements, [click here](#).

Provider Alert

Healthfirst MMCP Requirements

Effective June 1, 2022, if Healthfirst receives a claim without all required information, the claim will be denied.

- Providers should submit the "Children's HCBS Authorization and Care Manager Notification Form" as soon as they know that a particular HCBS is going to be an ongoing service and have identified the frequency, scope, and duration of the service.
- Providers should not wait until the initial 60 days, 96 units, or 24 hours expire before requesting a continuation of services.
- Providers should [submit the HCBS form](#) via the Healthfirst Provider Portal on the Online Authorization Tool.

For additional information, please view the [important FAQs regarding Children's HCBS](#).

If you have any questions, please contact your Network Account Manager, or call Provider Services at **1-888-801-1660**, Monday to Friday, 8:30am–5:30pm.