



## Children's Home and Community-Based Services (HCBS) Frequently Asked Questions

Children's Home and Community-Based Services (HCBS) are for children and youth who need extra care at home/in the community and want to avoid going to the hospital or a long-term facility. The services are provided in the community and help children and youth be successful at home, in school, and in other environments. HCBS are personal and flexible and are meant to meet the physical health, behavioral health, and/or developmental needs of each child/youth.

Below you will find important workflow reminders, answers to questions you may have about HCBS, and other helpful resources.

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### IMPORTANT WORKFLOW REMINDERS

1. Prior to rendering services, please check [ePaces](#) to ensure member eligibility and active K1 code.
2. Notify Healthfirst at **1-844-532-2148**, Monday to Friday, 8:30am–5pm, of the member's first appointment date for each service (this is the initial notification for the first 60 days, 96 units, or 24 hours).
  - If the first appointment is canceled or rescheduled, please ensure Healthfirst is notified of the change.
3. As soon as you identify frequency, scope, and duration, you should submit the [Children's HCBS Authorization and Care Manager Notification Form](#) to request a continuation of services.
  - This form should be submitted to the [Healthfirst Provider Portal](#).

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- Please do not wait until the initial 60 days, 96 units, or 24 hours expire before requesting a continuation of services.
- Once the authorization is reviewed and approved, you will receive an authorization for six months.

## MEMBER ELIGIBILITY

### Which Healthfirst members are eligible for HCBS?

Healthfirst Medicaid Managed Care plan members under the age of 21 who have been assigned a K1 code in ePaces for HCBS Level of Care (LOC) Acuity are eligible.

### Should I check member enrollment and eligibility status?

Yes. Before delivering services to an individual, you should always check [ePaces](#) to verify the individual's:

- Medicaid enrollment status
- HCBS eligibility status (K1 code)
- Active Healthfirst insurance coverage on the date of service

## CHILDREN'S HCBS BILLING AND CLAIMING REQUIREMENTS

### Can Healthfirst deny an HCBS claim if a member does not have an active K1 RR/E Code or has not received an "Authorization and Care Manager Notification Form?"

Yes. Healthfirst can deny an HCBS claim if a member does not have an active K1 RR/E Code or has not received an active "Authorization and Care Manager Notification Form." Both components are required. In addition, providers should be proactive and request authorization of continued HCBS at least 14 calendar days prior to exhaustion of authorized services.

### Can Healthfirst deny an HCBS claim if the units billed are not supported by the frequency, scope, and duration documented on the "Authorization and Care Manager Notification Form?"

Yes. Healthfirst can deny an HCBS claim if the units billed are not supported by the frequency, scope, and duration documented on the "Authorization and Care Manager Notification Form."

## NOTIFICATION OF INITIAL APPOINTMENT

### After receiving a referral from the CMA or C-YES, what are Healthfirst's notification requirements for scheduling the initial appointment?

As the HCBS provider, before the member's first appointment you should call **1-844-532-2148**, Monday to Friday, 8:30am–5pm, to notify Healthfirst of the identified service and the date of the

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member's first appointment. The call to Healthfirst is the initial notification for the first 60 days, 96 units, or 24 hours.

You will be notified verbally of the approval and will also receive an approval letter noting the authorized service(s) and units in several weeks. The member will also receive a letter.

## **What if the member does not show up for the initial appointment or requests a different provider?**

If a member does not show for an initial appointment or requests a different provider, the HCBS provider should notify the CMA, for Health Home (HH)-enrolled members, to follow up with the member. If the first appointment is canceled or rescheduled, please ensure Healthfirst is notified so we can update the service period.

## **How do I submit an HCBS authorization for services after the initial HCBS appointment?**

You should submit **Section 1** of the [Children's HCBS Authorization and Care Manager Notification Form](#) to Healthfirst via the [Healthfirst Provider Portal](#) using the Online Authorization.

- Under the "Auth Type" dropdown, please select "Home and Community Based Services" or "Home and Community Based Services – Physical Health" (based on member's primary dx). You will list all of the appropriate CPT codes under the "Procedure Information" field.
- Please do not wait until the initial authorization expires before requesting a continuation of service. As soon as you determine the frequency/scope/duration, the form must be submitted at least 14 calendar days before the end of the existing authorization.

## **How should I submit a claim for HCBS?**

- Claims for services delivered to an individual covered by fee-for-service Medicaid (not enrolled in Medicaid Managed Care) should be submitted to eMedNY. This includes children who are exempt or excluded from enrollment in Medicaid Managed Care (i.e., available comprehensive third-party health insurance and/or Medicare).
- Claims for services delivered to an individual enrolled in Medicaid Managed Care should be submitted on the 837i or UB-04 claim form.

## **INITIAL AUTHORIZATION PROCESS**

### **Once the HCBS provider submits the Children's HCBS Authorization and Care Manager Notification Form, what should I expect?**

Once the submitted [Children's HCBS Authorization and Care Manager Notification Form](#) is approved, you will receive a six-month authorization for ongoing services.

You will be notified verbally of the approval, and you will receive the authorization approval letter noting the authorized service(s) and units. The member will also receive the authorization approval letter.

### **Are Children's HCBS subject to utilization review?**

Due to the COVID-19 Public Health Emergency (PHE), Children's HCBS are currently not subject to

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utilization review. This may change once the PHE expires. However, providers are still required to notify Healthfirst and follow the NYC Children's POC HCBS workflow.

## **Should the HCBS provider submit the Plan of Care (POC) to Healthfirst?**

Generally, C-YES and Health Homes (HH) are responsible for submitting POCs to Healthfirst. We understand that at times Children's HCBS providers are also HH CMAs; however, only lead HH or C-YES should submit POCs to Healthfirst.

The CMA should consult with their lead HH regarding the preferred method to transfer the updated POC to the lead HH.

## **ONGOING AUTHORIZATION PROCESS**

### **Can I submit for services that are not documented in the POC?**

In order for a child to receive HCBS, service must be documented within the POC.

### **When should I resubmit the Children's HCBS Authorization and Care Manager Notification Form for ongoing authorizations?**

You should resubmit the [Children's HCBS Authorization and Care Manager Notification Form](#) every six months for continuation of services. The form should be submitted at least 14 calendar days before the end of the existing authorization.

### **What are the coordination expectations between HCBS providers and HH Care Management Agencies (CMAs) (for children enrolled in a HH)?**

HCBS providers must notify the HH CMA within five calendar days after receiving Healthfirst authorization for frequency, scope, and duration of HCBS.

For HH-enrolled members, HCBS providers should complete **Section 2** of the [Children's HCBS Authorization and Care Manager Notification Form](#) and send the form along with a copy of Healthfirst's service authorization determination to the HH CMAs. The CMA will ensure these services are documented in the POC.

For members who are not enrolled in a HH (C-YES members), you do not need to send **Section 2** of the [Children's HCBS Authorization and Care Manager Notification Form](#) to C-YES. HCBS providers need to update Healthfirst Care Managers on any changes to the member's treatment plan to ensure that the POC is as current as possible. For example, updates to the frequency, scope, and duration should be relayed to the Healthfirst Care Managers.

Upon receiving the referral from the Healthfirst Care Manager, if the member is not able to attend their first appointment or needs language assistance, please contact the Healthfirst Care Manager to ensure that the member connects with a provider who meets their needs.

## **CHILDREN'S HCBS FOR UNIVERSITY BEHAVIORAL HEALTH ASSOCIATES (UBA) MEMBERS**

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## Healthfirst UBA members

### How do I identify the individual as a Healthfirst UBA member?

- Log in to the [Healthfirst Provider Portal](#)
  - Research the member’s eligibility to find the member’s PCP information
  - Copy the member’s PCP’s first and last name to use in the [Healthfirst Online Provider Lookup Tool](#)
  - Select the plan the member has (e.g., Healthfirst Medicaid Managed Care)
  - Paste the PCP’s name into the search field and click Enter
  - Select “More about this provider” in the results section under the PCP’s name
  - Review the PCP’s Hospital Affiliation and Group Affiliation information

The individual is a Healthfirst UBA member if the PCP’s hospital affiliation is **Montefiore Medical Center** or **Elmhurst Hospital Center**.
- **Exceptions:** The individual is not considered a Healthfirst UBA member if the PCP’s Group Affiliation is either **Somos IPA**, **Corinthian Medical IPA**, or **Essen Medical Associates PC**.
- For additional assistance, please contact your dedicated Account Manager, or Maurice White, Senior Behavioral Health Account Manager, at [mwhite@healthfirst.org](mailto:mwhite@healthfirst.org).

### When should I contact UBA?

- Contact UBA at **1-800-401-4822** when the member has been referred for one of the following HCBS:
  - Caregiver/Family Supports and Services
  - Community Self-Advocacy Training and Supports
  - Community Habilitation
  - Day Habilitation
  - Palliative Care
  - Prevocational Services
  - Respite
  - Supported Employment

### How, and to whom, do I submit the Children’s HCBS Authorization and Care Manager Notification Form?

- For UBA members, HCBS providers should submit the Children’s HCBS Authorization and Care Manager Notification Form to UBA via fax at **1-914-377-4788**.

For more information on UBA, visit [HFProviders.org](http://HFProviders.org), scroll down, and click on Provider Manuals. Specific information on UBA can be found in section 9, Behavioral Health Services.

# Frequently Asked Questions

## RESOURCES

Additional information about Children's HCBS:

- [Children's Home and Community Based Services Provider Manual](#)
- [NYS Children's Health and Behavioral Health Services Billing and Coding Manual](#)
- [NYS Children's HCBS Brochure](#)
- [Children's HCBS Authorization and Care Manager Notification Form](#)

## SUPPORT

For clinical questions, please contact Juliet Skeete, Clinical Operations Director of Children's Services, at **1-212-209-5868** or [jskeete@Healthfirst.org](mailto:jskeete@Healthfirst.org).

For support for billing, provider portal, and other questions, contact the dedicated Account Manager in your area:

### Jessy Amores-Clemente

Behavioral Health Account Manager

**1-347-602-3766**

[yamores@healthfirst.org](mailto:yamores@healthfirst.org)

Territory: Nassau, Suffolk, Staten Island

### Ashley Sotomayor

Behavioral Health Account Manager

**1-646-771-1600**

[asotomayor@healthfirst.org](mailto:asotomayor@healthfirst.org)

Territory: Bronx, Westchester

### Anthony O'Galdez

Behavioral Health Account Manager

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Territory: Manhattan

### David Singh

Senior Behavioral Health Account Manager

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Territory: Queens

### Maurice White

Senior Behavioral Health Account Manager

**1-718-916-6265**

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Territory: Brooklyn