healthfirst
Health Insurance for New Yorkers

FAQs

May 2023

# 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, if not receiving these services, would require the level of care provided in a more restrictive environment such as a long-term care facility or psychiatric inpatient care, as well as children/youth stepping down from a long-term care facility or psychiatric inpatient care. 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.



## IMPORTANT WORKFLOW REMINDERS

1. Prior to rendering services, please check **ePaces** to ensure member eligibility and active K1 code.
2. Notify Healthfirst immediately when the first appointment is scheduled, but no later than one business day after the first appointment, by calling **1-833-358-2634**, Monday to Friday, 8:30am–5pm, or emailing **MRTCCI@healthfirst.org** (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 so the administrative authorization can be updated to the appropriate date of the first appointment.

3. As soon as you identify frequency, scope, and duration, submit the **Children's HCBS Authorization Form** to request a continuation of services.
   - This form may be submitted via email at **MRTCCI@healthfirst.org** or via the **Healthfirst Provider Portal**.
   - Please do not wait until the initial 60 days, 96 units, or 24 hours expire before requesting a continuation of services.
4. The Frequency, Scope, and Duration (F, S, D) listed in the Children's HCBS Authorization Form must be tailored to the availability and needs of the member and family and should consider other appointments or commitments the member/family may have. The requested duration should not exceed six months. HCBS providers must comply with State guidance regarding specific days/unit requirements and medical necessity criteria. HCBS in excess of the unit (i.e., annual, daily, dollar amount) limits as outlined in the HCBS manual must be based on medical necessity. Documentation of medical necessity must be provided to Healthfirst and must be a part of the member's record.
   - Goals must be measurable and person-centered
   - Must include progress and barriers to goal attainment and justify continuation of service(s)

## 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 a "Children's HCBS Authorization Form?"

Yes. Healthfirst will deny an HCBS claim if a member does not have an active K1 RR/E Code or has not received an active "Children's HCBS Authorization Form." Both components are required. In addition, providers should be proactive and request authorization of continued HCBS at least 14 calendar days before 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 "Children's HCBS Authorization Form?"

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

### Can I provide respite services through telehealth?

No. As of 1/1/2023, respite services cannot be provided through the telehealth modality.

## NOTIFICATION OF INITIAL APPOINTMENT

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

As the HCBS provider, you must notify Healthfirst immediately when the first appointment is scheduled, but no later than one business day after the first appointment, by calling **1-833-358-2634**, Monday to Friday, 8:30am–5pm, or emailing **MRTCCI@healthfirst.org**. 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 Health Home (HH)-enrolled member does not show for an initial appointment or requests a different provider, the HCBS provider should notify the CMA to follow up with the member. For a no-show non-Health Home enrolled member, the provider should contact Healthfirst to follow up. If the first appointment is canceled or rescheduled, please ensure Healthfirst is notified, so the administrative authorization can be updated to the appropriate date for the first appointment.

### 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 Form** to Healthfirst via the **Healthfirst Provider Portal** using the Online Authorization or via email at **MRTCCI@healthfirst.org**.

- 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.

# Frequently Asked Questions

### 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 Form, what should I expect?

The Children's HCBS Authorization Form will be reviewed on receipt and you may be outreached by a Care Manager if additional information is needed. A determination will be issued once all of the necessary information is received.

You will be notified verbally of the determination and will receive a letter noting the authorized service(s) and units. The member will also receive a copy of the letter.

### 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, each service must be documented within the POC. If the HCBS is not listed at the time the initial appointment notification is made, the HCBS provider must work with the CMA to get the service(s) added to the POC.

### When should I submit the Children's HCBS Authorization Form for ongoing authorizations?

The Children's HCBS Authorization Form must 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.

# Frequently Asked Questions

For HH-enrolled members, HCBS providers should complete **Section 2** of the **Children's HCBS Authorization Form** and send the form and 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 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.

## RESOURCES

Additional information about Children's HCBS:

- **Children's Home and Community Based Services Provider Manual**
- **NYS Children's HCBS Brochure**
- **Children's HCBS Authorization Form**

## SUPPORT

For clinical questions, please email **MRTCCI@Healthfirst.org**.

For support for billing, provider portal, and other questions, contact your dedicated Account Manager.



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