



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

What are Children's Home and Community Based Services (HCBS)?

Children's 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.

Which Healthfirst members are eligible for HCBS?

Healthfirst Medicaid Managed Care Plan members under the age of 21 who meet HCBS Level of Care (LOC) eligibility determination criteria. LOC eligibility includes three components:

- Target Population Criteria
- Risk Factors
- Functional Criteria (from assessment)

Once determined eligible, members will have a K1 code in ePaces (HCBS LOC Acuity).

Should I check member enrollment and eligibility status?

Before delivering services to an individual, providers 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

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) are submitted by providers to eMedNY. This includes children who are exempt or excluded from enrollment in MMC (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 UB-04 claim form.

Frequently Asked Questions

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

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

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

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-enrolled members, to follow up with the member.

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

HCBS providers 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 Tool (preferred method) or via email: **MRTCCI@healthfirst.org**.

When submitting an HCBS authorization via the Healthfirst provider portal, 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 should be submitted. The form must be submitted at least 14 calendar days before the end of the existing authorization.

For questions about uploading documents to the Healthfirst provider portal, please contact your dedicated Account Manager.

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.

Frequently Asked Questions

Are Children's HCBS subjected to utilization review?

Utilization review will occur starting on 4/1/20. However, it is important we are notified now regarding any member receiving HCBS.

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

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

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

What are other considerations I should be aware of?

In order for a child to receive HCBS, it must be included in the POC.

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 (5) calendar days after receiving MMCP authorization for frequency, scope, and duration of HCBS.

For Health Home-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 Care Management Agencies (CMAs). The CMA will ensure these services are documented in the POC.

For members who are not enrolled in a Health Home (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 HH CMAs 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 HH CMA.

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

How do I access Healthfirst's Provider Portal?

Call Provider Services at **1-888-801-1660** or contact your dedicated Behavioral Health Account Manager for help.

Frequently Asked Questions

Healthfirst UBA members

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

- Log into the **Healthfirst Secure 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**
 - Once in the Healthfirst Online Provider Lookup Tool, select the benefit the member has (e.g., Healthfirst Medicaid Managed Care)
 - Paste the PCPs name into the search field; Press 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 **Corinthian Medical IPA** or **Essen Medical Associates PC**
- For additional assistance on how to identify the individual as a Healthfirst UBA member, please contact your dedicated Account Manager. If you do not know who your dedicated Account Manager is, you may contact Maurice White, Behavioral Health Team Lead, at **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 Healthfirst via the Healthfirst provider portal using the Online Authorization Tool (preferred method) or via email: **MRTCCI@healthfirst.org**.

Frequently Asked Questions

Where can I get more information?

Follow these links to find out more 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 & Care Manager Notification Form](#)

Whom can I contact if I have more questions?

For clinical questions, please contact Maria Astudillo, Clinical Operations Director of Children's Services, at **1-212-401-8562** or mastudillo@healthfirst.org.

For billing, provider portal, and other questions, please reach out to your dedicated Account Manager in your area:

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Behavioral Health Account Manager

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