



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

REMINDER: Children's Home and Community Based Services (HCBS) Plan of Care Workflow Policy Requirements

TO: Children's HCBS Providers, Medicaid Managed Care Plans (MMCPs), including Mainstream Medicaid Managed Care and HIV Special Needs Plans, and HH/C-YES Care Managers

DATE: November 16, 2022

This is a reminder that the [Children's Home and Community Based Services \(HCBS\) Plan of Care \(POC\) Workflow Policy](#) remains in effect. This workflow policy, previously agreed to by stakeholders, was **not** suspended as a result of the Public Health Emergency (PHE). Plans, HCBS providers, and HHCM/C-YES must follow the POC workflow as outlined in the policy. This includes, but is not limited to the following:

1. **HH/C-YES Care Managers** **MUST** complete the [Children's HCBS Referral Form](#) entirely for the referred member, with all the information required on the form entered for timely assignment of services from the HCBS providers.
2. **HCBS providers** must accept the State provided [Children's HCBS Referral Form](#) from a referring HHCM/C-YES care manager. Additional confirmation of Waiver enrollment beyond K-code verification is not required. Any additional assessment information, plan of care, etc. should only be requested after accepting the referral and plans to serve the member.
3. Notification by the **HCBS provider** to the MMCP regarding the HCBS first appointment must be made **IMMEDIATELY** upon the first appointment being scheduled or completed.
4. Timely submission of the [Children's HCBS Authorization and Care Manager Notification Form](#) by the **HCBS provider** to the Plan.
 - a. For initial authorizations, providers **should not wait** until the initial 60 days, 96 units or 24 hours has been exceeded to seek authorization from the Plan.
 - b. For existing authorizations, providers must submit the *Children's HCBS Authorization and Care Manager Notification Form* **at least** 14 calendar days prior to the existing HCBS authorization period ending.
 - i. Requests from **HCBS providers** on the *Children's HCBS Authorization and Care Manager Notification form* regarding Frequency, Scope, and Duration (F,S,D) should be specific to the needs of the members, the availability of the family, and the HCBS provider's ability to provide the service.
 - ii. The Duration should not exceed 6 months at a time and the Frequency and Scope should not be the maximum required.
5. Acceptance and Timely review of the *Children's HCBS Authorization and Care Manager Notification Form* by the **MMCP** as outlined in the above policy. This includes review of the form earlier than 14 days prior to the existing HCBS authorization period ending, if appropriate. The HHCM/C-YES plan of care inclusive of F,S,D is not appropriate or required for the initial service referrals.
6. Timely updates to the child/youth's Plan of Care, as needed.

Children's HCBS providers who are experiencing delays or disruptions in HCB service delivery due to MMCP processes that are not aligned with the HCBS POC Workflow Policy are encouraged to contact the Managed Care Complaint Team at 1-800-206-8125 or managedcarecomplaint@health.ny.gov.

The State is currently exploring ways to streamline the HCBS POC Workflow process with various stakeholder groups, including the development of an electronic referral process, etc. Until an updated process is announced, the current policy must be followed. If you have ideas or suggestions on how to improve the HCBS POC workflow or any associated forms, we welcome your feedback. Please submit any suggestions to BH.Transition@health.ny.gov.