

**Utilization Management/Authorization For Children's Home and Community Based Services (HCBS)** Information presented below was provided by plans.

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Affinity							
Amerigroup for BlueCross BlueShield of WNY Medicaid & CHP	Yes	Submit form with request for HCBS svcs via fax BH OP Fax line: 877.866.5229  Or Email Form: to child CM assigned to child's HCBS case internally  For Additional Information call Provider Service:18662310847	Jessica Iagrossi BHCM I: <a href="mailto:Jessica.iagrossi@amerigroup.com">Jessica.iagrossi@amerigroup.com</a>  Shanena DiMaggio: BH Manager: <a href="mailto:Shanena.dimaggio@amerigroup.com">Shanena.dimaggio@amerigroup.com</a>  Emily Higgins: BH PIC (UM): <a href="mailto:emily.higgins@amerigroup.com">emily.higgins@amerigroup.com</a>	N/A	Yes	Submit form with request for HCBS svcs via fax BH OP Fax line: 877.866.5229  Or Email Form: to child CM assigned to child's HCBS case internally.	Jessica Iagrossi BHCM I: <a href="mailto:Jessica.iagrossi@amerigroup.com">Jessica.iagrossi@amerigroup.com</a>  Shanena DiMaggio: BH Manager: <a href="mailto:Shanena.dimaggio@amerigroup.com">Shanena.dimaggio@amerigroup.com</a>  Emily Higgins: BH PIC (UM): <a href="mailto:emily.higgins@amerigroup.com">emily.higgins@amerigroup.com</a>
Amida Care	Yes	Submit the "Children's HCBS Authorization and Care Manager Notification Form" via email of fax	Fax (716-796-6483) or email <a href="mailto:childrenservicesunit@amidacareny.org">childrenservicesunit@amidacareny.org</a> . If sending PHI, please use your company's encryption services when emailing.	Member allotted authorization free window consisting of initial 96 units, 60 day, or 24 hour period, whichever comes first.	Yes	For ongoing authorization, the HCBS provider must submit the Children's HCBS Authorization and Care Manager Notification Form to Beacon at least 14 calendar days prior to end of current authorization with same process as above followed for authorization of continued services.	For questions regarding this benefit, please email <a href="mailto:childrenservicesunit@amidacareny.org">childrenservicesunit@amidacareny.org</a> . If sending PHI, please use your company's encryption services when emailing.
CDPHP	Yes, for Assistive Technology, EMods, and VMods  For all other HCBS, notification is preferred.	For Assistive Tech, EMods, and Vmods: Fax to 518-641-3402  For all other HCBS, fax treatment plan to 518-641-3601 or <a href="mailto:KidsPOC@cdphp.com">KidsPOC@cdphp.com</a>	N/A	Yes, for Assistive Technology, EMods, and VMods.  Fax to 518-641-3402	N/A	N/A	Clinical Director for Children Services – Jeremy Boyce, 518-641-3492, <a href="mailto:Jeremy.Boyce@cdphp.com">Jeremy.Boyce@cdphp.com</a>  Foster Care Liaison – Brianne Sullivan, 518-641-3479, <a href="mailto:Brianne.Sullivan@cdphp.com">Brianne.Sullivan@cdphp.com</a>

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<b>Emblem</b>	For Behavioral Health HCBS please contact Beacon Health Options  For Medical HCBS listed below contact EmblemHealth for Assistive Technology, EMods, and VMods	Submit request via email to Beacon: Nicole Cusimano <Nicole.Cusimano@beaconhealthoptions.com>  Submit request via email to EmblemHealth:  Amanda Barnabas at ChildrensCorrespondence <ChildrensCorrespondence@emblemhealth.com>	Only required for specific HCBS and some OLHRS. Please refer to the Emblem Health website.	Yes contact Beacon for Behavioral Health HCBS For Medical HCBS contact EmblemHealth Assistive Technology, EMods, and VMods.  Requests are to be sent to 212-510-3199	N/A	N/A	General inquires:  Amanda Barnabas at ChildrensCorrespondence <ChildrensCorrespondence@emblemhealth.com>  For Beacon Health Options General Inquiries: Nicole Cusimano <Nicole.Cusimano@beaconhealthoptions.com>
<b>Empire BlueCross Blue Shield HealthPlus</b>	Yes	Submit form with request for HCBS svcs via Email: <a href="mailto:NYChildren@anthem.com">NYChildren@anthem.com</a>  Or via fax BH OP Fax line:888-642-4009	For any questions/inquiries regarding HCBS for children or POC submission please use: <a href="mailto:NYChildren@anthem.com">NYChildren@anthem.com</a>  Wilsa Exantus-Simon – Child Team Clinical Lead <a href="mailto:Wilsa.Exantus-Simon@empireblue.com">Wilsa.Exantus-Simon@empireblue.com</a>  Amanda Bronson – Child HCBS BH Case Manager <a href="mailto:amanda.bronson@empireblue.com">amanda.bronson@empireblue.com</a>	Notification is required when service is beginning or has begun.	Yes	Submit form with request for HCBS svcs via Email: <a href="mailto:NYChildren@anthem.com">NYChildren@anthem.com</a>  Or via fax BH OP Fax line:888-642-4009	For any questions/inquiries regarding HCBS for children or POC submission please use: <a href="mailto:NYChildren@anthem.com">NYChildren@anthem.com</a>  Wilsa Exantus-Simon – Child Team Clinical Lead <a href="mailto:Wilsa.Exantus-Simon@empireblue.com">Wilsa.Exantus-Simon@empireblue.com</a>  Amanda Bronson – Child HCBS BH Case Manager <a href="mailto:amanda.bronson@empireblue.com">amanda.bronson@empireblue.com</a>
<b>Excellus Health Plan</b>							
<b>Fidelis</b>	No	N/A	Email address for general HCBS Inquiries  <a href="mailto:SM_Childrens_HCBS@fideliscare.org">SM_Childrens_HCBS@fideliscare.org</a>	No; subject to change based on NYS requirements	After COVID Emergency restrictions are lifted by NYS, YES.	Email: SM_Childrens_HCBS@fideliscare.org Fax: 347-690-7362 ext. 16879 Telephone Call: 718-896-6500 ext. 16879	Danielle Thomas, Children's Clinical Director  <a href="mailto:Dthomas3@fideliscare.org">Dthomas3@fideliscare.org</a>  (718) 685-5238

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HealthFirst	Yes	Email - <a href="mailto:MRTCCI@healthfirst.org">MRTCCI@healthfirst.org</a>  EMOD/VMOD/AT - <a href="mailto:#HFMODS@Healthfirst.org">#HFMODS@Healthfirst.org</a>	Contact Person Krystal Tejada - <a href="mailto:KTejada@Healthfirst.org">KTejada@Healthfirst.org</a> Neveta James-Angus - <a href="mailto:njames@Healthfirst.org">njames@Healthfirst.org</a>  <a href="https://hfproviders.org/documents/root/Childrens-HCBS-Authorization-and-care-manager-notification-Form-Fillable.pdf">https://hfproviders.org/documents/root/Childrens-HCBS-Authorization-and-care-manager-notification-Form-Fillable.pdf</a>	No due to PHE. Subject to Change	No due to PHE. Subject to Change	No due to PHE. Subject to Change	Contact Person Krystal Tejada - <a href="mailto:KTejada@Healthfirst.org">KTejada@Healthfirst.org</a> Neveta James-Angus - <a href="mailto:njames@Healthfirst.org">njames@Healthfirst.org</a>  <a href="https://hfproviders.org/documents/root/Childrens-HCBS-Authorization-and-care-manager-notification-Form-Fillable.pdf">https://hfproviders.org/documents/root/Childrens-HCBS-Authorization-and-care-manager-notification-Form-Fillable.pdf</a> Per State Guidance (June 2021), EMOD/VMOD/ATs require a pre-project evaluation, submission of service request packet and approval.
Independent Health	<b>IH:</b> Yes *Notification for E-Mods, V-Mods, and assistive technology  <b>Beacon:</b> Yes	<b>IH:</b> Michelle Tringali, Manager UM <a href="mailto:michelle.tringali@independenthealth.com">michelle.tringali@independenthealth.com</a>  <b>Beacon:</b> Nicole Cusimano, Director for Children's Services <a href="mailto:nicole.cusimano@beaconhealthoptions.com">nicole.cusimano@beaconhealthoptions.com</a>	<b>IH:</b> Karen Blersch, Clinical Foster Care Liaison <a href="mailto:karen.blersch@independenthealth.com">karen.blersch@independenthealth.com</a>  <b>Beacon:</b> Nicole Cusimano, Director for Children's Services <a href="mailto:nicole.cusimano@beaconhealthoptions.com">nicole.cusimano@beaconhealthoptions.com</a>	<b>IH:</b> Yes *Notification for E-Mods, V-Mods, and assistive technology  <b>Beacon:</b> No auth required. Members allotted an authorization free window consisting of 96 units, 60 days or 24 hours.	<b>IH:</b> None  <b>Beacon:</b> Yes, concurrent review is required for non-transitioning members	<b>IH:</b> Michelle Tringali, Manager UM <a href="mailto:michelle.tringali@independenthealth.com">michelle.tringali@independenthealth.com</a>  <b>Beacon:</b> Nicole Cusimano, Director for Children's Services <a href="mailto:nicole.cusimano@beaconhealthoptions.com">nicole.cusimano@beaconhealthoptions.com</a>	<b>IH:</b> Karen Blersch, Clinical Foster Care Liaison <a href="mailto:karen.blersch@independenthealth.com">karen.blersch@independenthealth.com</a>  <b>Beacon:</b> Nicole Cusimano, Director for Children's Services <a href="mailto:nicole.cusimano@beaconhealthoptions.com">nicole.cusimano@beaconhealthoptions.com</a>
MetroPlus	Yes	<b>MetroPlus:</b> <b>Email:</b> <a href="mailto:childrensspecialservice@metroplus.org">childrensspecialservice@metroplus.org</a> <b>Fax:</b> 212-908-3018  <b>Beacon:</b> <b>Email:</b> <a href="mailto:MetroPlusChildrensCareManagement@beaconhealthoptions.com">MetroPlusChildrensCareManagement@beaconhealthoptions.com</a>	<b>MetroPlus Foster Care Liaison:</b> Olanike (Nikki) Oyeyemi <a href="mailto:childrensspecialservice@metroplus.org">childrensspecialservice@metroplus.org</a>  <b>Beacon Director for Children's Services</b> <a href="mailto:MetroPlusChildrensCareManagement@beaconhealthoptions.com">MetroPlusChildrensCareManagement@beaconhealthoptions.com</a>  <a href="https://www.ny.gov/bh-hcbs-authorization-request-form">bh_hcbs_authorization_request_form.pdf</a> ( <a href="https://www.ny.gov">ny.gov</a> )	Yes	Yes. 180 transition of care rules apply for transitioning members.	<b>MetroPlus:</b> <b>Call:</b> 212-908-4000 <b>Email:</b> <a href="mailto:childrensspecialservice@metroplus.org">childrensspecialservice@metroplus.org</a> <b>Fax:</b> 212-908-3018  <b>Beacon:</b> <b>Email:</b> <a href="mailto:MetroPlusChildrensCareManagement@beaconhealthoptions.com">MetroPlusChildrensCareManagement@beaconhealthoptions.com</a>	<b>MetroPlus Director of Children's Special Services:</b> Rosemary Salopek. <a href="mailto:salopekr@metroplus.org">salopekr@metroplus.org</a>  <b>Beacon Director for Children's Services</b> <a href="mailto:MetroPlusChildrensCareManagement@beaconhealthoptions.com">MetroPlusChildrensCareManagement@beaconhealthoptions.com</a>

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<b>MVP</b>	Yes, 180 transition of care rules will apply	Fax Preferred	Fax Preferred	Yes, 180 transition of care rules will apply	Yes, 180 transition of care rules will apply	Fax Preferred	Fax Preferred: 1-855-853-4850 Email: <a href="mailto:CommunityServices@mvphealthcare.com">CommunityServices@mvphealthcare.com</a>
<b>Molina HealthCare of New York Inc.</b>	Yes	Fax (866-879-4742) or ePortal	<a href="#">Children's HCBS Auth Form</a>	No, but notification is required to complete an admin auth for payment	Yes except for VFCA PAR providers	Fax (866-879-4742) or ePortal	<a href="#">Children's HCBS Auth Form</a>
<b>United Healthcare</b>	Yes	<p><b>Electronic:</b> Electronic Prior Authorization and Notifications (PAAN), and supporting documentation including Notification Documents, can be submitted for New York Medicaid utilizing portal: <a href="http://www.uhcprovider.com/paan">www.uhcprovider.com/paan</a></p> <p><b>Telephonic</b> Telephonic requests for services that require authorization and notification can be obtained by calling: -Toll-free Provider Line (from the back of the Member card): (866)-362-3368 -Question: "Are you a member or a health care provider?" -Say: "Health Care Provider" -Question: "What can I help you with?" -Say: "Behavioral Health Authorization" -Enter Member UHC ID -Enter Member DOB</p>	<p><b>For escalated HCBS Provider concerns and questions:</b> Sarah Willis-Brown Email: <a href="mailto:sarah.willis-brown@uhc.com">sarah.willis-brown@uhc.com</a> Phone: 1(800)548-6549 x67680</p>	3-6 months authorization period	Yes, 14-days prior to end of authorization period	<p><b>Provider should initiate concurrent review, as follows:</b></p> <p><b>Electronic:</b> Electronic Prior Authorization and Notifications (PAAN), and supporting documentation including Notification Documents, can be submitted for New York Medicaid utilizing portal: <a href="http://www.uhcprovider.com/paan">www.uhcprovider.com/paan</a></p> <p><b>Telephonic</b> Telephonic requests for services that require authorization and notification can be obtained by calling: -Toll-free Provider Line (from the back of the Member card): (866)-362-3368 -Question: "Are you a member or a health care provider?" -Say: "Health Care Provider" -Question: "What can I help you with?" -Say: "Behavioral Health Authorization" -Enter Member UHC ID -Enter Member DOB</p>	<p><b>Children's HCBS Authorization and Care Management Notification Form</b></p> <p><a href="https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/ourNetworkMain/welcomeNtwk/NY/Childrens%20HCBS%20Authorization%20Notification%20Form.pdf">https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/ourNetworkMain/welcomeNtwk/NY/Childrens%20HCBS%20Authorization%20Notification%20Form.pdf</a></p>

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VNS	Beacon-Yes	Beacon: <a href="mailto:VNSChildrensCareManagement@beaconhealthoptions.com">VNSChildrensCareManagement@beaconhealthoptions.com</a> , Nicole Cusimano, Director for Children's Services <a href="mailto:nicole.cusimano@beaconhealthoptions.com">nicole.cusimano@beaconhealthoptions.com</a>	Beacon: <a href="mailto:VNSChildrensCareManagement@beaconhealthoptions.com">VNSChildrensCareManagement@beaconhealthoptions.com</a> , Nicole Cusimano, Director for Children's Services <a href="mailto:nicole.cusimano@beaconhealthoptions.com">nicole.cusimano@beaconhealthoptions.com</a>	Beacon: No auth required. Members allotted an authorization free window consisting of 96 units, 60 days or 24 hours.	Beacon- Yes	Beacon: <a href="mailto:VNSChildrensCareManagement@beaconhealthoptions.com">VNSChildrensCareManagement@beaconhealthoptions.com</a> , Nicole Cusimano, Director for Children's Services <a href="mailto:nicole.cusimano@beaconhealthoptions.com">nicole.cusimano@beaconhealthoptions.com</a>	Beacon: <a href="mailto:VNSChildrensCareManagement@beaconhealthoptions.com">VNSChildrensCareManagement@beaconhealthoptions.com</a> , Nicole Cusimano, Director for Children's Services <a href="mailto:nicole.cusimano@beaconhealthoptions.com">nicole.cusimano@beaconhealthoptions.com</a>

Have additional questions for Managed Care Plans around Utilization Management or other topics?  
Find the appropriate contact information on the MCO Plan Matrix at [www.matrix.ctacny.org](http://www.matrix.ctacny.org)

*Rows in gray represent plans that did not provide this information.*