

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

Plans	Notification Required	Notification Process (call, email, submit form via portal, etc.)	Additional Information (for example contact person, link to form, etc.)	Pre-authorization Required (Visits 1-3)	Concurrent Review Required	Concurrent Review Process (call, email, contact person, submit form via portal, etc.)	Additional Information (for example contact person, link to form, etc.)
Affinity							
Amerigroup for BlueCross BlueShield of WNY Medicaid & CHP	Yes	Submit form with request for HCBS svs 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: Jessica.iagrossi@amerigroup.com Shanena DiMaggio: BH Manager: Shanena.dimaggio@amerigroup.com Emily Higgings: BH PIC (UM): emily.higgings@amerigroup.com	N/A	Yes	Submit form with request for HCBS svs 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: Jessica.iagrossi@amerigroup.com Shanena DiMaggio: BH Manager: Shanena.dimaggio@amerigroup.com Emily Higgings: BH PIC (UM): emily.higgings@amerigroup.com
Amida Care	Yes	Submit the "Children's HCBS Authorization and Care Manager Notification Form" via email or fax	Fax (716-796-6483) or email childrenservicesunit@amidacareny.org . 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 childrenservicesunit@amidacareny.org . 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 KidsPOC@cdphp.com	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, Jeremy.Boyce@cdphp.com Foster Care Liaison – Brianne Sullivan, 518-641-3479, Brianne.Sullivan@cdphp.com
Emblem							

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Empire BlueCross Blue Shield HealthPlus	Yes	Submit form with request for HCBS svcs via Email: NYChildren@anthem.com Or via fax BH OP Fax line: 888-642-4009	For any questions/inquiries regarding HCBS for children or POC submission please use: NYChildren@anthem.com Wilsa Exantus-Simon – Child Team Clinical Lead Wilsa.Exantus-Simon@empireblue.com Amanda Bronson – Child HCBS BH Case Manager amanda.bronson@empireblue.com	Notification is required when service is beginning or has begun.	Yes	Submit form with request for HCBS svcs via Email: NYChildren@anthem.com Or via fax BH OP Fax line: 888-642-4009	For any questions/inquiries regarding HCBS for children or POC submission please use: NYChildren@anthem.com Wilsa Exantus-Simon – Child Team Clinical Lead Wilsa.Exantus-Simon@empireblue.com Amanda Bronson – Child HCBS BH Case Manager amanda.bronson@empireblue.com
Excellus Health Plan							
Fidelis	No	N/A	Email address for general HCBS Inquiries SM_Childrens_HCBS@fideliscare.org	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 Dthomas3@fideliscare.org (718) 685-5238
HealthFirst	Yes	Email - MRTCCI@healthfirst.org EMOD/VMOD/AT - #HFMODS@Healthfirst.org	Contact Person Krystal Tejada - KTejada@Healthfirst.org Neveta James-Angus - njames@Healthfirst.org https://hfproviders.org/documents/root/Childrens-HCBS-Authorization-and-care-manager-notification-Form-Fillable.pdf	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 - KTejada@Healthfirst.org Neveta James-Angus - njames@Healthfirst.org https://hfproviders.org/documents/root/Childrens-HCBS-Authorization-and-care-manager-notification-Form-Fillable.pdf Per State Guidance (June 2021), EMOD/VMOD/ATs require a pre-project evaluation, submission of service request packet and approval.

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Independent Health	<p>IH: Yes *Notification for E-Mods, V-Mods, and assistive technology</p> <p>Beacon: Yes</p>	<p>IH: Michelle Tringali, Manager UM michelle.tringali@independenthealth.com</p> <p>Beacon: Nicole Cusimano, Director for Children's Services nicole.cusimano@beaconhealthoptions.com</p>	<p>IH: Karen Blersch, Clinical Foster Care Liaison karen.blersch@independenthealth.com</p> <p>Beacon: Nicole Cusimano, Director for Children's Services nicole.cusimano@beaconhealthoptions.com</p>	<p>IH: Yes *Notification for E-Mods, V-Mods, and assistive technology</p> <p>Beacon: No auth required. Members allotted an authorization free window consisting of 96 units, 60 days or 24 hours.</p>	<p>IH: None</p> <p>Beacon: Yes, concurrent review is required for non-transitioning members</p>	<p>IH: Michelle Tringali, Manager UM michelle.tringali@independenthealth.com</p> <p>Beacon: Nicole Cusimano, Director for Children's Services nicole.cusimano@beaconhealthoptions.com</p>	<p>IH: Karen Blersch, Clinical Foster Care Liaison karen.blersch@independenthealth.com</p> <p>Beacon: Nicole Cusimano, Director for Children's Services nicole.cusimano@beaconhealthoptions.com</p>
MetroPlus	Yes	<p>MetroPlus: Email: childrensspecialservice@metroplus.org Fax: 212-908-3018</p> <p>Beacon: Email: MetroPlusChildrensCareManagement@beaconhealthoptions.com</p>	<p>MetroPlus Foster Care Liaison: Olanike (Nikki) Oyeyemi childrensspecialservice@metroplus.org</p> <p>Beacon Director for Children's Services MetroPlusChildrensCareManagement@beaconhealthoptions.com bh_hcbs_authorization_request_form.pdf (ny.gov)</p>	Yes	Yes. 180 transition of care rules apply for transitioning members.	<p>MetroPlus: Call: 212-908-4000 Email: childrensspecialservice@metroplus.org Fax: 212-908-3018</p> <p>Beacon: Email: MetroPlusChildrensCareManagement@beaconhealthoptions.com</p>	<p>MetroPlus Director of Children's Special Services: Rosemary Salopek. salopekr@metroplus.org</p> <p>Beacon Director for Children's Services MetroPlusChildrensCareManagement@beaconhealthoptions.com</p>
MVP	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: CommunityServices@mvphealthcare.com
Molina HealthCare of New York Inc.	Yes	Fax (866-879-4742) or ePortal	Children's HCBS Auth Form	No, but notification is required to complete an admin auth for payment	Yes except for VFCA PAR providers	Fax (866-879-4742) or ePortal	Children's HCBS Auth Form

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United Healthcare	Yes	<p>Electronic: Electronic Prior Authorization and Notifications (PAAN), and supporting documentation including Notification Documents, can be submitted for New York Medicaid utilizing portal: www.uhcprovider.com/paan</p> <p>Telephonic 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>For escalated HCBS Provider concerns and questions: Sarah Willis-Brown Email: sarah.willis-brown@uhc.com Phone: 1(800)548-6549 x67680</p>	3-6 months authorization period	Yes, 14-days prior to end of authorization period	<p>Provider should initiate concurrent review, as follows:</p> <p>Electronic: Electronic Prior Authorization and Notifications (PAAN), and supporting documentation including Notification Documents, can be submitted for New York Medicaid utilizing portal: www.uhcprovider.com/paan</p> <p>Telephonic 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>Children's HCBS Authorization and Care Management Notification Form</p> <p>https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/ourNetworkMain/welcomeNtwk/NY/Childrens%20HCBS%20Authorization%20Notification%20Form.pdf</p>
VNS	Beacon-Yes	<p>Beacon: VNSChildrensCareManagement@beaconhealthoptions.com, Nicole Cusimano, Director for Children's Services nicole.cusimano@beaconhealthoptions.com</p>	<p>Beacon: VNSChildrensCareManagement@beaconhealthoptions.com, Nicole Cusimano, Director for Children's Services nicole.cusimano@beaconhealthoptions.com</p>	Beacon: No auth required. Members allotted an authorization free window consisting of 96 units, 60 days or 24 hours.	Beacon- Yes	<p>Beacon: VNSChildrensCareManagement@beaconhealthoptions.com, Nicole Cusimano, Director for Children's Services nicole.cusimano@beaconhealthoptions.com</p>	<p>Beacon: VNSChildrensCareManagement@beaconhealthoptions.com, Nicole Cusimano, Director for Children's Services nicole.cusimano@beaconhealthoptions.com</p>

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

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