

DATE: 08.03.2023

TO: HOME AND COMMUNITY BASED SERVICES (HCBS) PROVIDERS

RE: UTILIZATION MANAGEMENT AND OTHER REQUIREMENTS
IMPACTS - MEDICAID MANAGED CARE PLANS AND HIV SPECIAL
NEEDS PLANS (MMCPs)

SUMMARY

The purpose of this memorandum is to clarify expectations of MMCPs and HCBS providers related to the [Children's HCBS Authorization and Care Management Notification Form](#)

Medicaid Managed Care Plans and HIV Special Needs Plans (MMCPs) and Home and Community Based Services (HCBS) Providers must adhere to the following changes:

The MMCP has 14 days from the date of receipt of the *Children's HCBS Authorization and Care Management Notification Form* to review and issue a determination. Late submission is not an allowable reason for MMCPs to deny authorization of services.

If an HCBS provider submits the form late, less than 14 days prior to the initial or approved service period ending, the plans should begin their review starting on the day the form was received and have 14 days to complete their review.

Please note: Any claims submitted by MMCPs and HCBS for services provided during a lapse in authorization may be denied by the Plan.

In addition to soft unit limits, **flexibility for rounding of service time was allowed during the PHE but expired in 2021**. Therefore, providers/plans should currently be adhering to the guidance provided in the [Children's Home and Community Based Services Manual](#).

Services Provided During School Hours There are limitations when HCBS can be provided to school aged children/youth, refer to [HCBS vs State Plan Services Delivered During School/Day Time](#).

Please refer to the [Children's Home and Community Based Services Manual](#) for additional guidance.

Any questions can be submitted to BH.Transition@health.ny.gov.