



## Requirement to Share Plans of Care with Medicaid Managed Care Plans

This guidance clarifies the requirements and timing for Health Home Care Managers and the Children and Youth Evaluation Service (C-YES) sharing Plans of Care (POCs) with Medicaid Managed Care Plans (MMCPs) for children/youth participating in the 1915(c) Children's Waiver.

On October 1, 2019:

1. The exemption from mandatory enrollment in a MMCP for participants of the 1915(c) Children's Waiver will be removed – meaning that, unless the child/youth has another exemption or exclusion, they will be required to enroll in a MMCP.
2. Children's Waiver Home and Community Based Services (HCBS) will become a MMCP benefit.

Care managers must share the POCs of all children/youth participating in the 1915(c) Children's Waiver with the MMCPs selected by the participant/family. To mitigate delays in processing, care managers must request consent to share the POCs with the MMCP as soon as possible after the child's MMCP is known, but not later than October 1, 2019. Once consent is obtained, the POC should be shared with the MMCP.<sup>1</sup> The sooner the MMCP receives the POC, the more time they will have to ensure necessary service providers and authorizations are set-up in their systems in preparation for benefit coverage beginning on October 1, 2019.

Health Homes should utilize the *Health Home Consent Information Sharing For Use with Children Under 18 Years of Age* form ([DOH 5201](#)) or the *Health Home Patient Information Sharing Consent* form [DOH 5055](#) for children and adolescents who over the age of 18 or who are parents, pregnant, and/or married to obtain consent for sharing POCs with MMCPs. C-YES should use its DOH-approved Children's Waiver consent forms for this purpose.

### **For participants enrolled in a MMCP prior to September 1, 2019:**

- The information sharing consent form should already have the MMCP listed, if it does, share the POC with the MMCP as soon as possible and no later than September 1, 2019.
- If the consent form does not include the MMCP, request consent and update the consent form at the next monthly meeting with the child/family and share the POC with the MMCP as soon as possible and no later than September 1, 2019.
- As a reminder, for the purposes of continuity of care, the MMCP may not perform utilization management on Children's Waiver HCBS for 180 days after the carve-in of the services on October 1, 2019, consistent with State guidance.

### **For participants newly enrolling in a MMCP on or after September 1, 2019:**

- In August 2019, affected families will receive notice to select an MMCP, which includes direction to speak with the State's enrollment broker for assistance. (see the attached example letters)

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<sup>1</sup> Contact information for the MMCP can be found in the MCO Plan Matrix on the MCTAC website: <https://matrix.ctacny.org/>



- During the next monthly meeting with each family, care managers should assist families in choosing the MMCP that best meets their needs.
  - Assist the child/family to list out all their health and behavioral health providers
  - Assist in contacting the State's enrollment broker to choose an MMCP
- Participants/families who do not select a MMCP will be auto-enrolled<sup>2</sup>.
- Once the family has selected an MMCP, care managers should update the consent form by adding the MMCP and obtaining appropriate signature and or initials to share information with MMCP.
- Once the consent form is updated, the POC can be shared with the MMCP.
- As a reminder, for the purposes of continuity of care, the MMCP may not perform utilization management on Children's HCBS for 180 days after enrollment, consistent with DOH guidance.

MMCP-specific processes and submission information can be found in **Attachment A**.

Health Home Care Managers should utilize their Lead Health Home for any processing questions they may have. Otherwise feel free to contact [BH.Transition@health.ny.gov](mailto:BH.Transition@health.ny.gov) or [HHSC@health.ny.gov](mailto:HHSC@health.ny.gov)

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<sup>2</sup> Autoenrollment occurs after additional notice to the child/youth and family. Recipients auto-enrolled have 90 days from enrollment to switch to another MMCP where available in their county.



Attachment A: MMCP Plan of Care Submission Process Guide

Plan	Children's HCBS Contact	Contact who should receive Children's HCBS Plan of Care (POC)	Preferred method for submitting Children's HCBS Plan of Care
<b>Affinity</b>	<p><b>Shari Lubeck</b>  <b>Email:</b>  <a href="mailto:Shari.lubeck@beaconhealthoptions.com">Shari.lubeck@beaconhealthoptions.com</a></p> <p><b>Joshua Maldonado</b>  <b>Email:</b>  <a href="mailto:Joshua.Maldonado@beaconhealthoptions.com">Joshua.Maldonado@beaconhealthoptions.com</a></p>	<p><b>Email:</b>  <a href="mailto:AffinityChildrensCareManagement@beaconhealthoptions.com">AffinityChildrensCareManagement@beaconhealthoptions.com</a></p>	<p><b>Email:</b>  <a href="mailto:AffinityChildrensCareManagement@beaconhealthoptions.com">AffinityChildrensCareManagement@beaconhealthoptions.com</a></p>
<b>Amida Care</b>	<p><b>Beacon:</b> Shari Lubeck and Aimee Tucci  <a href="mailto:AmidaCareChildrensCareManagement@beaconhealthoptions.com">AmidaCareChildrensCareManagement@beaconhealthoptions.com</a></p> <p><b>AmidaCare:</b> Nicholas A Calabro  <a href="mailto:ncalabro@amidacareny.org">ncalabro@amidacareny.org</a></p>	<p><b>Beacon:</b> Shari Lubeck and Aimee Tucci  <a href="mailto:AmidaCareChildrensCareManagement@beaconhealthoptions.com">AmidaCareChildrensCareManagement@beaconhealthoptions.com</a></p> <p><b>AmidaCare:</b> Nicholas A Calabro  <a href="mailto:ncalabro@amidacareny.org">ncalabro@amidacareny.org</a></p>	<p><b>Secure email to:</b> Shari Lubeck, Aimee Tucci and Nicholas A. Calabro  <a href="mailto:AmidaCareChildrensCareManagement@beaconhealthoptions.com">AmidaCareChildrensCareManagement@beaconhealthoptions.com</a>  <a href="mailto:ncalabro@amidacareny.org">ncalabro@amidacareny.org</a></p>
<b>CDPHP</b>	<p><b>Christopher Zeppieri</b>  Manager, Care Management and the Medicaid Long Term Services and Support Programs  <b>Email:</b>  <a href="mailto:Christopher.Zeppieri@cdphp.com">Christopher.Zeppieri@cdphp.com</a>  <b>Phone:</b> 518-641-3429</p> <p><b>Jeremy Boyce</b>  Manager, Behavioral Health  Clinical Director, Children's Services  <b>Email:</b> <a href="mailto:Jeremy.Boyce@cdphp.com">Jeremy.Boyce@cdphp.com</a>  <b>Phone:</b> 518-641-3492</p>	<p>A CDPHP contact name is not needed for POC submission</p>	<p><b>eFax:</b> (518) 641-3105  <b>Email:</b> <a href="mailto:kids poc@cdphp.com">kids poc@cdphp.com</a></p>



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	<b>Resource for Any BH Questions from Providers or Health Homes: CDPHP BH Access Center –</b> <b>Phone: 518-641-3600</b>		
<b>Emblem</b>	<b>Amanda Barnabas</b> <b>Phone: 646-447-5058</b> <b>Email: <a href="mailto:abarnabas@EmblemHealth.com">abarnabas@EmblemHealth.com</a></b>  <b>For more information please see:</b>  POC flow AB 7.29.19 (002).pdf	<b>Amanda Barnabas</b> <b>Phone: 646-447-5058</b> <b>Email: <a href="mailto:abarnabas@EmblemHealth.com">abarnabas@EmblemHealth.com</a></b>  <b>Email:</b> <a href="mailto:ChildrensCorrespondence@EmblemHealth.com">ChildrensCorrespondence@EmblemHealth.com</a>	<b>Fax: 646-447-5058 and/ or</b> <b>Email:</b> <a href="mailto:ChildrensCorrespondence@EmblemHealth.com">ChildrensCorrespondence@EmblemHealth.com</a>
<b>Excellus</b>	<b>Jennifer Demars</b> Manager, Behavioral Health Provider Relations <b>Phone: 315-671-7332</b> <b>Email: <a href="mailto:Jennifer.demars@excellus.com">Jennifer.demars@excellus.com</a></b>	Process will be same for members connected with both HHs and C-YES.  <a href="mailto:childrens.documents@excellus.com">childrens.documents@excellus.com</a>  <a href="mailto:childrens.documents@univerahealthcare.com">childrens.documents@univerahealthcare.com</a>	<b>Secure email is the preferred method for POC:</b> <a href="mailto:childrens.documents@excellus.com">childrens.documents@excellus.com</a>  <a href="mailto:childrens.documents@univerahealthcare.com">childrens.documents@univerahealthcare.com</a>
<b>Fidelis</b>	<b>Danielle L. Thomas, LCSW, MPH</b> Director, Children's Clinical Director   Fidelis Care 95-25 Queens Blvd Rego Park, NY 11374 <b>Office: (718) 685-5238</b> <b>Email: <a href="mailto:dthomas3@fideliscare.org">dthomas3@fideliscare.org</a></b>	POCs should be sent to the dedicated mailbox in order to be routed to the child's specific care manager  <b>Email:</b> <a href="mailto:SM_Childrens_HCBS@Fideliscare.org">SM_Childrens_HCBS@Fideliscare.org</a>	<b>The preferred method is that these POCs are sent via SECURE email.</b> <a href="mailto:SM_Childrens_HCBS@fideliscare.org">SM_Childrens_HCBS@fideliscare.org</a>



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HealthFirst	<p><b>Children's HCBS Contact – For Clinical Questions</b>  <b>Jennifer Pelletier</b> (primary)  <b>Phone:</b> 212-519-7958  <b>Email:</b> <a href="mailto:JPelletier-Young@healthfirst.org">JPelletier-Young@healthfirst.org</a></p> <p><b>Heather Mermel</b> (secondary)  <b>Phone:</b> 718-484-5469  <b>Email:</b> <a href="mailto:hmermel@healthfirst.org">hmermel@healthfirst.org</a></p>	<p><b>Email:</b>  <a href="mailto:welcomerollment@healthfirst.org">welcomerollment@healthfirst.org</a>  with subject line "Child POC"</p>	<p>SFTP site via the lead Health Homes and C-YES</p>
HealthNow	<p><b>Shanena DiMaggio</b>, LMHC CASAC-2, BH Case Manager  Amerigroup Partnership Plan, LLC for BlueCross BlueShield of Western New York  <b>W:</b> 1-866-231-0847 x 1061270361   <b>C:</b> 716-341-4293   <b>Email:</b> <a href="mailto:Shanena.DiMaggio@amerigroup.com">Shanena.DiMaggio@amerigroup.com</a></p> <p><b>Alison West, LMHC</b>   Manager Behavioral Health Services  Amerigroup Partnership Plan, LLC for BlueCross BlueShield of Western New York  <b>C:</b> 716-449-9529   <b>Email:</b> <a href="mailto:alison.west@amerigroup.com">alison.west@amerigroup.com</a></p>	<p>Plans of care can be faxed to our op line or via email (email is the preferred method).</p> <p><b>Fax line:</b> 866-877-5229  <b>Email:</b> <a href="mailto:Shanena.DiMaggio@amerigroup.com">Shanena.DiMaggio@amerigroup.com</a>  <b>Email:</b> <a href="mailto:alison.west@amerigroup.com">alison.west@amerigroup.com</a></p>	<p>Plans of care can be faxed to our op line or via email (email is the preferred method).</p> <p><b>Fax line:</b> 866-877-5229  <b>Email:</b> <a href="mailto:Shanena.DiMaggio@amerigroup.com">Shanena.DiMaggio@amerigroup.com</a>  <b>Email:</b> <a href="mailto:alison.west@amerigroup.com">alison.west@amerigroup.com</a></p>
HealthPlus	<p><b>Wilsa Exantus</b>  <b>Phone:</b> 1 347-714-1421  <b>Email:</b> <a href="mailto:Wilsa.Exantus-Simon@empireblue.com">Wilsa.Exantus-Simon@empireblue.com</a></p>	<p><b>Wilsa Exantus</b>  <b>Phone:</b> 1 347-714-1421  <b>Email:</b> <a href="mailto:Wilsa.Exantus-Simon@empireblue.com">Wilsa.Exantus-Simon@empireblue.com</a></p>	<p><b>Fax line:</b> 866-877-5229</p>



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IHA	<p><b>Beacon for IHA:</b>  <b>Shari Lubeck</b>  <b>Phone:</b> 646-916-0173  <b>Email:</b>  <a href="mailto:Shari.lubeck@beaconhealthoptions.com">Shari.lubeck@beaconhealthoptions.com</a></p> <p><b>Joshua Madonado</b>  <b>Phone:</b> 716-796-6488  <b>Email:</b>  <a href="mailto:Joshua.Maldonado@beaconhealthoptions.com">Joshua.Maldonado@beaconhealthoptions.com</a></p> <p><b>IHA:</b>  <b>Angela Salemi</b>  <b>Email:</b>  <a href="mailto:angela.salemi@independenthealth.com">angela.salemi@independenthealth.com</a></p>	<p><b>Email:</b>  <a href="mailto:IHAChildrensCareManagement@beaconhealthoptions.com">IHAChildrensCareManagement@beaconhealthoptions.com</a></p>	<p><b>Email:</b>  <a href="mailto:IHAChildrensCareManagement@beaconhealthoptions.com">IHAChildrensCareManagement@beaconhealthoptions.com</a></p>
Molina	<p><b>Michelle Woolever</b>  <b>Phone:</b> 315-928-4871  <b>Email:</b>  <a href="mailto:michelle.woolever@molinahealthcare.com">michelle.woolever@molinahealthcare.com</a></p>	<p><b>Michelle Woolever</b>  <b>Phone:</b> 315-928-4871  <b>Email:</b>  <a href="mailto:michelle.woolever@molinahealthcare.com">michelle.woolever@molinahealthcare.com</a></p>	<p><b>Email:</b>  <a href="mailto:MHNYChildrens@molinahealthcare.com">MHNYChildrens@molinahealthcare.com</a>  <b>Fax:</b> <a href="tel:1-844-206-2192">1-844-206-2192</a></p>
MVP	<p><b>Elizabeth Fallone-Torhan</b>  <b>Email:</b> <a href="mailto:EFallone-Torhan@mvphealthcare.com">EFallone-Torhan@mvphealthcare.com</a></p>	<p><b>Kijana Danzy</b>  <b>Phone:</b> 1-800-247-6550  <b>Email:</b> <a href="mailto:KDanzy@mvphealthcare.com">KDanzy@mvphealthcare.com</a></p>	<p><b>Fax:</b> 855-853-4850</p>
MetroPlus	<p><b>Rosemary Salopek</b>, Director of Children's Special Services  <b>Office:</b> 212-908-3744  <b>Cell:</b> 646-901-6547  <b>Email:</b> <a href="mailto:salopekr@metroplus.org">salopekr@metroplus.org</a></p>	<p>All Children's POCs should be sent to Metro Plus's Children's Special Services (CSS) Department. Health Homes and C-YES should follow the same steps.</p>	<p><b>Fax or Email</b>  <b>CSS Fax:</b> 212-908-3018  <b>CSS Email:</b>  <a href="mailto:childrensspecialservice@metroplus.org">childrensspecialservice@metroplus.org</a></p>



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<p><b>United</b></p>	<p><b>From the Provider Alert:</b>            1. Electronic Prior Authorization and Notifications (PAAN), and supporting documentation including Notification Documents can be submitted for New York Medicaid:            UHCprovider.com/priorauth</p> <p><b>Pathway to Access PAAN:</b>            UnitedHealthcare Community Plan of New York Homepage:  <a href="http://uhcprovider.com/NYcommunityplan">http://uhcprovider.com/NYcommunityplan</a>            Provider Authorization and Notification Resources: Click Learn More            Click on Go To Prior Authorization and Notification Tool</p> <p><b>Quick Reference and Other Helpful Resources and Videos and Training to assist in the transition can be found at:</b>  <a href="https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html">https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html</a></p> <p>2. <b>Telephonic requests for services that require authorization and notification can be obtained by calling:</b>  <b>Toll-free line:</b> 866-362-3368</p> <p>3. <b>Escalated HCBS Provider</b></p>	<p><b>HCBS POC submission – HHCM &amp; C-YES:</b>  <b>Secure Portal (ECG SFTP):</b> Email Ariel Rios for access  <b>Ariel Rios</b>  <b>Email:</b> <a href="mailto:ariel.rios@uhc.com">ariel.rios@uhc.com</a>  <b>Phone:</b> 1-800-548-6549 ext: 67393</p>	<p><b>HCBS POC submission – HHCM &amp; C-YES:</b>  <b>Secure Portal (ECG SFTP):</b> Email Ariel Rios for access  <b>Ariel Rios</b>  <b>Email:</b> <a href="mailto:ariel.rios@uhc.com">ariel.rios@uhc.com</a>  <b>Phone:</b> 1-800-548-6549 ext: 67393</p>



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	<b>Concerns and Questions:</b> <b>Ariel Rios</b> <b>Email:</b> <a href="mailto:ariel.rios@uhc.com">ariel.rios@uhc.com</a> <b>Phone:</b> 1-800-548-6549 ext: 67393		
<b>VNS</b>	<b>Shari Lubeck</b> <b>Email:</b> <a href="mailto:Shari.lubeck@beaconhealthoptions.com">Shari.lubeck@beaconhealthoptions.com</a>  <b>Aimee Tucci</b> <b>Email:</b> <a href="mailto:Aimee.tucci@beaconhealthoptions.com">Aimee.tucci@beaconhealthoptions.com</a>	<b>Email:</b> <a href="mailto:VNSChildrensCareManagement@beaconhealthoptions.com">VNSChildrensCareManagement@beaconhealthoptions.com</a>	<b>Email:</b> <a href="mailto:VNSChildrensCareManagement@beaconhealthoptions.com">VNSChildrensCareManagement@beaconhealthoptions.com</a>
<b>Wellcare</b>	<b>Lynette Prince</b> <b>Email:</b> <a href="mailto:lynette.prince@wellcare.com">lynette.prince@wellcare.com</a> <b>Phone:</b> 917-454-6735	<b>Lynette Prince</b> <b>Email:</b> <a href="mailto:lynette.prince@wellcare.com">lynette.prince@wellcare.com</a> <b>Phone:</b> 917-454-6735	<b>POCs for both HH and C-YES to be submitted by Fax:</b> (855) 696-7557
<b>Yourcare</b>	<b>Joshua Maldonado (Beacon)</b> <b>Email:</b> <a href="mailto:Joshua.Maldonado@beaconhealthoptions.com">Joshua.Maldonado@beaconhealthoptions.com</a> <b>Phone:</b> 716.796.6488	<b>Beacon Health Options</b> <b>Email:</b> <a href="mailto:YourCareChildrensCareManagement@beaconhealthoptions.com">YourCareChildrensCareManagement@beaconhealthoptions.com</a> <b>Fax:</b> 716.265.7591	<b>Beacon Health Options</b> <b>Email:</b> <a href="mailto:YourCareChildrensCareManagement@beaconhealthoptions.com">YourCareChildrensCareManagement@beaconhealthoptions.com</a> <b>Fax:</b> 716.265.7591

**Note:** The information provided in Attachment A will be also be made available in the MCTAC Plan Matrix referenced above.