



CHILDREN'S HCBS AUTHORIZATION AND CARE MANAGER NOTIFICATION FORM

Instructions: The Children's Waiver HCBS Provider must complete this form for Children's Waiver HCBS beyond the initial service period of 24 hours/96 units/60 days. Services must be provided in accordance with a person-centered plan of care, the Children's Waiver, HCBS Provider Manual, and the Children's Health and Behavioral Health Services - Children's Medicaid System Transformation Billing and Coding Manual.

- For Children enrolled in Medicaid managed care, the HCBS Provider completes Section 1 of this form and submits it to the child's Medicaid managed care plan for review according to the plan's authorization procedures. The Medicaid managed care plan issues a service authorization determination to the enrollee and HCBS Provider. The HCBS Provider completes Section 2 and sends this form with a copy of the service authorization determination to the child's Health Home care manager, if applicable.
For Children covered by fee-for-service Medicaid (not enrolled in Medicaid managed care), the HCBS Provider completes Section 1 of the form and sends it to the child's Health Home/ C-YES care manager, as applicable. Services provided are subject to State audit.

SECTION 1 - COMPLETED BY HCBS PROVIDER

CHILD INFORMATION

Child Name: Child DOB: Child/Legal Representative Phone: Email (optional): Child Address: Child CIN: Managed Care Plan ID: Care Manager: CM Phone: Email: Health Home:

HCBS PROVIDER INFORMATION

HCBS Provider Name: Provider Address: Tax ID #: Contact person name: Title: Phone: Email:

HCBS REQUESTED

Please select Children's Waiver HCBS being requested/included in this notice:

- Community Habilitation, Day Habilitation, Caregiver/Family Support and Services, Community Self Advocacy Training, Support Prevocational Services, Supported Employment, Respite Services, Palliative Care (Specify below between): Massage, Bereavement, Expressive, Pain and Symptom

Please note the anticipated start date, frequency, scope, duration, and modality of each requested HCBS Indicate service date range being requested/included in this notice. Please consider what the member needs to reasonably achieve the objectives listed in the following section:

Table with 6 columns: HCBS #1, Start Date* (1st service date), Start Date for this authorization Period, Frequency (# services per wk), Scope (hrs. per service), Duration (e.g. 3 most). Row 1: List:

Modality (check all that apply): Individual, Group, On-site, Off-site

HCBS #2	Start Date* (1st service date)	Start Date for this authorization Period	Frequency (# services per wk)	Scope (hrs. per service)	Duration (e.g. 3 most)
List:					

Modality (check all that apply): _____ Individual Group On-site Off-site

HCBS #3	Start Date* (1st service date)	Start Date for this authorization Period	Frequency (# services per wk)	Scope (hrs. per service)	Duration (e.g. 3 most)
List:					

Modality (check all that apply): _____ Individual Group On-site Off-site

GOALS AND OBJECTIVES

Clearly state the child’s goal(s) and list specific objectives for the period of requested services. Goals must accurately reflect the member’s approved Plan of Care. Objectives should be results-oriented, measurable steps towards the overall goal that can be achieved within the requested period of services.

GOAL #1: _____

HCBS: _____

Objective #1: _____

Status: New Accomplished Existing (Partially met) Existing (Not met)

GOAL #2: _____

HCBS: _____

Justify continued/modified service for Existing (Partially met) or Existing (Not met) objectives:

Objective #2: _____

Status: New Accomplished Existing (Partially met) Existing (Not met)

Justify continued/modified service for Existing (Partially met) or Existing (Not met) objectives:

Objective #3: _____

Status: New Accomplished Existing (Partially met) Existing (Not met)

Justify continued/modified service for Existing (Partially met) or Existing (Not met) objectives:

Status: New Accomplished Existing (Partially met) Existing (Not met)

Objective #1: _____

Status: New Accomplished Existing (Partially met) Existing (Not met)

Justify continued/modified service for Existing (Partially met) or Existing (Not met) objectives:

Objective #2: _____

Status: New Accomplished Existing (Partially met) Existing (Not met)

Justify continued/modified service for Existing (Partially met) or Existing (Not met) objectives:

Objective #3: _____

Status: New Accomplished Existing (Partially met) Existing (Not met)

Justify continued/modified service for Existing (Partially met) or Existing (Not met) objectives:

Status: New Accomplished Existing (Partially met) Existing (Not met)

GOAL #3: _____

HCBS: _____

Objective #1: _____

Status: New Accomplished Existing (Partially met) Existing (Not met)

Justify continued/modified service for Existing (Partially met) or Existing (Not met) objectives:

Objective #2: _____

Status: New Accomplished Existing (Partially met) Existing (Not met)

Justify continued/modified service for Existing (Partially met) or Existing (Not met) objectives:

Objective #3: _____

Status: New Accomplished Existing (Partially met) Existing (Not met)

Justify continued/modified service for Existing (Partially met) or Existing (Not met) objectives:

