



Dear Home & Community-Based Services Provider,

A **valid Prior Authorization Request (PAR)** must be on file for payment of Home and Community-Based Services (HCBS). Refer to the [HCBS/Community First Choice \(CFC\) Billing Manuals dropdown](#) on the [Billing Manuals web page](#) for instructions on submitting a PAR.

Claim denials were temporarily paused as part of the Long-Term Services and Supports (**LTSS**) **Stabilization Actions** to ensure timely payments and continued access to care during periods of system transition. Normal claim validation rules will resume as system stability is restored and Case Management Agencies (CMAs) are creating PARs timely.

Provider Requirements

Providers are required to verify that a member is eligible to receive HCBS prior to providing services. All HCBS services **must be authorized with an approved PAR** before they are delivered and billed.

- Verify **member eligibility** in the [Provider Web Portal](#) before providing services.
- Confirm that each billed service corresponds to an **approved PAR** covering the same service, dates and units.
- **Contact the Member's Case Management Agency (CMA)** prior to service delivery if there is uncertainty about service authorization.
- Claims billed for services without a valid PAR, or that exceed approved service units, **will be denied** once system edits are reinstated.

Provider Action Steps

1. **Confirm Authorizations:** Work with the CMA to ensure all active members have valid PARs in place covering all services and units.
2. **Review Billing Practices:** Reconcile claims to confirm that all services align with approved PARs prior to submission.
3. **Verify Eligibility:** Continue verifying member eligibility before each service encounter in the Provider Web Portal.

By **January 2026**, all temporary LTSS stabilization system flexibilities are scheduled to end. Claims billed for services without a valid, approved PAR, or that exceed approved units, will deny. This transition restores standard claim processing and ensures that all HCBS services are properly authorized prior to delivery.

For providers that already obtained a PAR number from the Case Management Agency, additional information can be viewed in the [Provider Web Portal](#).

Thank you,

Department of Health Care Policy & Financing
